**Bangladesh Quarterly Labour Force Survey 2022**

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| **SECTION 1: HOUSEHOLD INFORMATION**  PART A: SOCIO-ECONOMIC CONDITION (HOUSING, ASSETS, ETC.) | | | | |  | |
| **HI\_01** | **What is the tenancy status of the dwelling occupied by this household?** | 01  02  03 | Owned  Rented  Rent-free |  | |  | |
| **HI\_02** | **Type of dwelling** | 01  02  03 | Individual  Apartment  Joint |  | |  | |
| **HI\_03** | **Construction material of walls** | 01  02  03  04  05  99 | Straw/Bamboo/Polythene/Plastic Mud / Unburnt brick  Tin (CI sheet)  Wood  Brick / Cement  Other |  | |  | |
| **HI\_04** | **Construction material of roof** | 01  02  03  04  99 | Straw/Bamboo/Polythene/Plastic  Tin (CI sheet)  Tally  Brick / Cement  Other |  | |  | |
| **HI\_05** | **Construction material of floor** | 01  02  03  04  99 | Mud / Unburnt brick  Wood/Bamboo  Brick/Cement  Mosaic/Tiles  Other |  | |  | |
| **HI\_06** | **Number of rooms** | 01  02 | Total  Living Room |  | |  | |
| **HI\_07** | **What is the main source of drinking water of your household?** | 01  02  03  04  05  06  99 | Tap/Pipe/Supply  Tube well /deep tube well  Well  Pond/river/canal/ditch  Bottle water/jar  Fountain/Chora  Rain Water/Other |  | |  | |
| **HI\_08** | **What is the main source of light in your household?** | 01  02  03  04  99 | Electricity  Solar Electricity  Kerosene  Bio-gas  Other |  | |  | |
| **HI\_09** | **Which is the most used fuel for cooking in your household?** | 01  02  03  04  05  06  99 | Wood / firewood  Dung / Leave / Straw  Gas / LP  Bio-gas  Kerosene  Electricity  Other |  | |  | |
| **HI\_10** | **What type of toilet is used by your household?** | 01  02  03  99 | Sanitary (water-sealed)  Pit latrine/Non-sanitary  Kaccha/Hanging (permanent/Temporary)  Open air / No toilet facilities |  | |  | |
| **HI\_11** | **What is the main source of income of your household?** | 01  02  03  04  05  99 | Agriculture  Industry  Service  Income recipient  Remittances  Other |  | |  | |
| **HI\_12** | **What is the total amount of land owned by all household members?** | 00  01  02  03  04 | No land  0.01-0.04 acres  0.05-2.49 acres  2.50-7.49 acres  7.5 acres and above |  | |  | |
| **HI\_13** | **Which of the following assets are available in your household?**  **(Multiple Answer)** | 01  02  03  04  05  06  07  08  09  10  11  12  1314  15 | Almirah/wardrobe/Wooden furniture  Sewing machine  Microwave oven  Freezer/Fridge  Push cart/Rickshaw/Rickshaw van  Bicycle  Motorcycle  3-weeled motor vehicle/easy bike/Trucktor  Vehicle of 4 wheels or more  Boat / Motorboat  Electric fan  Mobile  Telephone (Land phone)  Television  Computer (Desktop, Laptop, Tablet) | **Cross (x) all that applies** | |  | |
| **HI\_14** | **How many members in this house?**  **List of all members in the household**  **(All persons who usually live and eat together in the same house or compound and share the same housekeeping arrangement. A person is counted as a household member if s/he lives here or has been absent for less than 6 months.**  **Exclude- Guests and strangers)** |  |  |  | |  | |
| Identification of Migrant Worker | | | | | | |
| **HI\_15** | **Have you or any member of your family gone abroad as a migrant worker for the last 04 years?**  **(Jan, 2017-Dec, 2020)**  **(Enter the total number of immigrant members)** | 01  02  03 | Yes, member of this HH  Yes, another member of the family  No | For option 01, fill all the modules including Household Roster and Migration module from MGT\_02  For option 02, fill only Migration module  For option 03, Don’t fill Migration module | | |

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| **SECTION 2: HOUSEHOLD ROSTER, DIFFICULTY and SOCIAL PROTECTION**  **PART-A: HOUSEHOLD ROSTER**  FOR ALL MEMBERS | | | | | |
| **HI\_01** | **FULL NAME**  **(First of all, the name of the household head, then the head’s spouse, smallest son/daughter, then elder son/daughter, spouse, children from smallest to eldest, father/ mother, brother sister, father/mother-in-law, brother/sister-in-law, Other relatives, household worker and Others)** | 01  02  03  04  05  06  07  08  09  10  11  12  13  14  15 |  |  |  |
| **HI\_02** | **Relation to the household head** | 01  02  03  04  05  06  0708 | Head  Husband/Wife  Son/Daughter  Mother/Father/In-Law  Brother/Sister  Domestic Worker  Other Relatives  Non Relative |  |  |
| **HI\_03** | **Gender** | 01  02  03 | Male  Female  Third Gender |  |  |
| **HI\_04** | **Age (Complete Years)**  **If age < 1**  **then write 00, If Age>99then write 99** |  |  |  |  |
| **HI\_05** | **What is your religion?** | 01  02  03  04  99 | Islam  Sanatan (Hinduism)  Buddhism  Christianity  Other |  |  |
| **HI\_06** | **Current Marital status**  Only if ≥ 10 years | 01  02  03  04  05 | Single  Married  Widow/widower  Separated  Divorced |  |  |
| **PART B: FUNCTIONAL DIFFICULTIY (ELIGIBILITY)**  *(For all aged 15 and over who are not in employment and have responded “A lot of difficulty” or “cannot do at all / Unable to do” to at least one of questions DIF 1-6)* | | | | | |
| **DIF\_01** | **[Do/Does] [you/he/she] have difficulty seeing, even when wearing [your/his/her] glasses]? Would you say… [*Read response categories*]** | 01  02  03  04 | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all / Unable to do |  |  |
| **DIF\_02** | **[Do/Does] [you/he/she] have difficulty hearing, even when using a hearing aid(s)]? Would you say… [*Read response categories*]** | 01  02  03  04 | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all / Unable to do |  |  |
| **DIF\_03** | **[Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say…?**  **[*Read response categories*]** | 01  02  03  04 | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all / Unable to do |  |  |
| **DIF\_04** | **Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say…?** | 01  02  03  04 | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all / Unable to do |  |  |
| **DIF\_05** | **[Do/Does] [you/he/she] have difficulty remembering or concentrating? Would you say…[*Read response categories*]** | 01  02  03  04 | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all / Unable to do |  |  |
| **DIF\_06** | **[Do/Does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say… [*Read response categories*]** | 01  02  03  04 | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all / Unable to do |  |  |
| **PART C: SOCIAL PROTECTION**  *For all aged 15 and over who are not in employment and have responded “A lot of difficulty” or “cannot do at all / Unable to do” to at least one of questions DIF 1-6* | | | | | |
| **SP\_01** | **Have the difficulties (you/NAME) have been officially recognized (certified) as a disability? (Certificate/Subarna Card)** | 01  02 | Yes  No |  |  |
| **SP\_02** | **(Do/Does) (you/NAME) receive any cash benefits from the government linked to [your/his/her] disability?** | 01  02 | Yes  No |  |  |
| **SP\_03** | **(Do/Does) (you/NAME) receive any goods or services from the government linked to [your/his/her] disability?** | 01  02 | Yes  No |  |  |

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| **SECTION 3: EDUCATION**  **PART-A: GENERAL EDUCATION SYSTEM**  FOR PERSONS AGED 5 YEARS AND ABOVE | | | | | |
| **EDU\_01** | **Can you read and write in any languages?** | 01  02 | Yes  No |  |  |
| **EDU\_02** | **Have you ever attended school?** | 01  02  03 | Yes, currently attending  Yes, attended in the past  No, never attended | For option 02  EDU\_04 |  |
| **EDU\_03** | **What class are you currently attending?** | 00  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15 | Pre-school  Class 1  Class 2  Class 3  Class 4  Class 5  Class 6  Class 7  Class 8  Class 9  SSC/Equivalent  HSC/Equivalent  Diploma  Bachelor degree  Masters degree  PhD |  |  |
| **EDU\_04** | **What is the highest grade that you have completed?** | 00  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15 | No class passed  Class 1  Class 2  Class 3  Class 4  Class 5  Class 6  Class 7  Class 8  Class 9  SSC/Equivalent  HSC/Equivalent  Diploma  Bachelor degree  Masters degree  PhD |  |  |
| **PART-B: VOCATIONAL TRAINING (OUTSIDE THE GENERAL EDUCATION SYSTEM)**  FOR HOUSEHOLD MEMBERS WHO ARE 15 YEARS AND ABOVE | | | | | |
| **VT\_01** | **In the last 12 (twelve) months have you attended any vocational training?** | 01  02 | Yes  No | For option 02  VT\_05 | 12 Month |
| **VT\_02** | **For how long did you attend this training? (In case of multiple trainings, the most important one should be identified and the duration for that needs to be mentioned)** | 01  02  03  04  05  06 | < 1 week  1 - 2 weeks  3 - 4 weeks  1 - 3 months  4 - 6 months  > 6 months |  |  |
| **VT\_03** | **What type of training did you receive?** | 01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20  21  22  23  99 | Mechanical / civil engineering  Electrical and electronic engineering  Computer  Leather and Textile  Catering, hotel and restaurant  Craftsman/handicraft and cottage work  Creative arts/artists/photography  Agriculture crop production and preservation  Non-crop agricultural activities  Health and paramedical services  Office management  Driving and motor mechanic  Beautician & hairdressing  Tourism  Journalism, mass communication  Printing  Foreign language  Construction related works  Furniture  Welding  Poultry  Plumbing / Pipe Fitting  RMG  Other | |  |
| **VT\_04** | **From what source did you receive this training (diploma/certificate)?** | 01  02  03  04  05  99 | Government institute  Non-government institute  NGO  Foreign institute  Joint venture institute  Other |  |  |
| **VT\_05** | **What type of training would you like to receive?** | 00  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20  21  22  23  99 | No need for training  Mechanical / civil engineering  Electrical and electronic engineering  Computer  Leather and Textile  Catering, hotel and restaurant  Craftsman/handicraft and cottage work  Creative arts/artists/photography  Agriculture crop production and preservation  Non-crop agricultural activities  Health and paramedical services  Office management  Driving and motor mechanic  Beautician & hairdressing  Tourism  Journalism, mass communication  Printing  Foreign language  Construction related works  Furniture  Welding  Poultry  Plumbing / Pipe Fitting  RMG  Other | |  |

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| **SECTION 4: IDENTIFICATION OF PERSONS IN EMPLOYMENT**  FOR PERSONS AGED 15 YEARS AND ABOVE | | | | | |
| **EMP\_01** | **During the LAST WEEK, did you do any work for a wage, salary, commission, tips or any other pay, even if only for one hour?** | 01  02 | Yes  No | →Sec. 5 | Work for pay |
| **EMP\_02** | **During the LAST WEEK, did you run or do any kind of business, farming or other activity to generate income/ profit, even if only for one hour?** | 01  02 | Yes  No | →Sec. 5 | Work for profit |
| **EMP\_03** | **During the LAST WEEK, did you help unpaid in a business owned by a household member, even if only for one hour?** | 01  02 | Yes  No | → **EMP\_05** | Work as contributing family worker |
| **EMP\_04** | **In the LAST WEEK, did you work for at least 1 (one) hour to produce goods and services in agriculture or fishing for your own household?** | 01  02 | Yes  No | → **EMP\_05**  → **EMP\_06** | Check for market activity |
| **EMP\_05** | **In general, are the products obtained from this activity for sale/barter or for family use?** | 01  02  03  04 | Only for sale/barter  Mainly for sale/barter  Mainly for family use  Only for family use | →Sec. 5  →Sec. 5  MJ\_02a-MJ-04c & then Sec 9 | Check for market activity |
| **EMP\_06** | **During LAST WEEK, did you have a paid job or a business from which you were on temporary absence and to which you expect to return?** | 01  02 | Yes  No | →Sec. 9 | Temporary absence from work for pay / profit |
| **EMP\_07** | **Why were you absent from work during the LAST WEEK?** | 01  02  03  04  05  06  07  08  09  10  11  12  99 | Shift work, flexi time, ...  Vacation, holidays  Sickness, illness, accident  Maternity, paternity leave  Education leave  Other personal leave (care for family, civic duties, …)  Temporary reduction in clients, work break  Laid off  Bad weather conditions  Strike or labour dispute  Long-term disability  Seasonal work  Other (specify): \_\_\_\_\_\_\_\_\_\_\_ | →Sec. 5  For option 01,02,03,04,05. | Reason for absence |
| **EMP\_08** | **Including the time that you have been absent, will you return to that same job / business…** | 01  02  03 | Within 3 months or less\*  After 3 months  Not sure to return | →Sec. 5  For option 01 | Total duration of absence |
| **EMP\_09** | **Do you continue receiving an income from your job during this absence?** | 01  02 | Yes  No | →Sec. 5  →Sec. 9 | Remuneration during absence |

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| **SECTION 5: CHARACTERISTICS OF MAIN PAID JOB/BUSINESS ACTIVITY**  Applicable to household members who are 15 years and above (In the last 7 (seven) days those who did not work but were employed, they should also be asked these questions).  *INTERVIEWER: The main job/business is that with the highest hours usually worked. If the hours of work are the same in each job, the main job/business is the one that generates the highest income*. | | | | | | | | | |
| **MJ\_01** | **During the last week did you have more than one job income generating activity?** | | 01  02 | | | One job/business  More than one job/business | For option 02 both **Sec 5 & 6** | Multiple job holding | |
| **MJ\_01a** | **Is the work you did last week full-time or part-time?** | | 01  02 | | | Full-time  Part-time |  |  | |
| **MJ\_02a** | **In your main job/business what kind of work do you usually do?** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *OCCUPATIONAL TITLE, if any*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MAIN TASKS AND DUTIES*  *BSCO CODE:* | | | |  | Occupation | |
| **MJ\_02b** | **What are your main tasks and duties**?  *Examples**: policeman - patrol the streets, protect people and property, investigate crimes; primary school teacher- teach children how to read and write; cattle farmer –breed, raise and sell cattle; registered nurse - look after sick persons; domestic worker- clean rooms; truck driver- drive a truck, etc.* | |
| **MJ\_02c** | **BSCO CODE** | |
| **MJ\_03** | **What is the name of your working place or business?** |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *NAME OF ESTABLISHMENT* | | If there is no name of the establishment then put 00 and skip | Name of business or place of work |
| **MJ\_04a** | **What is the main activity of the place or business where work?** |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MAIN ACTIVITY*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *GOODS OR SERVICES*  *BSIC CODE*: | |  | Industry |
| **MJ\_04b** | **What goods/services are produced there?**  (*E.g.:* *Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods*) |
| **MJ\_04c** | **BSIC CODE** |
| **MJ\_05** | **In this job do you work as …?**  *READ* | 01  02  03  04  05  06  07  08 | | | *Working for someone else for pay*  Employee  Paid apprentice/intern  Day Laborer  Domestic Worker  *Working as an*  Employer (with regular employees)  Own-account worker (without  regular employees in own business  activity, in own agriculture activity)  Helping without pay in a family or household business  Member of producers’ cooperatives | | For option 03 & 07→**MJ\_13**  For option 05,06 & 08→**MJ\_09** | Status in employment |
| **MJ\_06** | **Are you employed on the basis of written contract or oral agreement?** | 01  0203  97 | | | Written contract (time not specified)  Written contract (time limited)  Verbal contract  Don’t know | | For option 01,03 & 97→ **MJ\_08** | Contract type |
| **MJ\_07** | **Why is your contract / agreement temporary?** | 01  02  03  04  05  06  07  08  99 | | | Chain contract (renewable)  Probation period  Apprenticeship, internship  Specific service or task  Seasonal work  Occasional/daily work  Work as a replacement/substitute  Public employment programme  Other (specify): \_\_\_\_\_\_\_\_\_\_\_ | |  | Reason for limited duration |
| **MJ\_08** | **Benefit from employer** | 01  02  03  04  05  06  07  08 | | | Pension or retirement fund  Annual Leave  Maternity leave  Paid sick leave  Day care facilities  Protection equipment’s or cloth  Transport /subsidized food facilities  Insurance | |  | De facto job-related benefits |
| **MJ\_09** | **What is the type of ownership of the business / farm / firm where you work?** | 01  02  03  04  05  06  07  08  09  99 | | *READ*  Government  Autonomous  Local Government  Private  Private/Joint enterprise or business  Household(s)  Agricultural farm  An NGO, non-profit institution, church  International organization or a foreign embassy  Other | | | For option 01,02,03,06,08 & 09→**MJ\_12** | Institutional sector |
| **MJ\_10** | **Does the business has registration or not?** | 01  02  03  97 | | Yes (name of the Authority \_\_\_\_\_\_\_\_)  In the process of being registered  No  Don’t Know | | |  | Business registration |
| **MJ\_11** | **Does the business / farm / firm/ office where you work maintain accounts?** | 01  02  03  97 | | Written accounts  Verbal accounts  No accounts  Don’t know | | |  | Record of accounts kept |
| **MJ\_12** | **How many persons including yourself work at the business / farm /firm where you work?** | 01  02  03  04  05  06  07 | | Only me  2-4 persons  5-9 persons  10-24 persons  25-99 persons  100-249 persons  250+ persons | | |  | Establishment size |
| **MJ\_13** | **In what type of place do you usually work?** | 01  02  03  04  05  06  07  08  99 | | Inside house  In front of the house  Factory, office, workshop, shop  Farm, agricultural plot, river etc  Workplace of employer/client  Construction site  Road side stall  Mobile/ Without fixed location  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Type of place of work |
| **MJ\_14** | **What is the periodicity of payments in your main job?** (Only for option 01, 03 & 04 0f MJ\_05) | 01  02  03  99 | | Daily  Weekly  Monthly  Other | | | (Only for option 01, 03 & 04 0f MJ\_05) | Periodicity of payment |
| **MJ\_15** | **How much money did you earn in the last 1 (one) month for this job?**  (Only for option 01, 03 & 04 0f MJ\_05) | 01  02  03 | | In cash (TK) \_\_\_\_\_\_\_\_\_\_  In kind (equivalent in TK)  Total (01+02) = \_\_\_\_\_\_\_\_\_\_ | | | (Only for option 01, 03 & 04 0f MJ\_05) | Amount of remuneration/income  received |

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| **SECTION 6: CHARACTERISTICS OF SECONDARY PAID JOB/BUSINESS ACTIVITY** | | | | | |
| Applicable for household members who are 15 years and above (In the last 7 (seven) days those who did not work but were employed, they should also be asked these questions). For option 02 0f MJ\_01 | | | | | |
| **ID** | **QUESTIONS & INSTRUCTIONS** | **CODING CATEGORIES** | | **SKIPS** | **LABEL** |
| **SJ\_01a** | **READ: You indicated that you have more than one job, I would now like to ask you a few questions about your second job.**  **In the second job/ business that you had last week, what kind of work do you usually do?**  *Examples: policeman, primary school teacher, registered nurse, domestic worker, truck driver*  **What are your main tasks or duties?**  Description  **BSCOCODE** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *OCCUPATIONAL TITLE, if any*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MAIN TASKS AND DUTIES*  *BSCO:* | | | Occupation in second job |
| **SJ\_01b** |
| **SJ\_01c** |
| **SJ\_02a** | **What is the second job/ business activity of the place or business where work?**  **What goods/services are produced there? (second job/ business)**  *Examples: selling fish, teaching children to read and write, caring for the sick, livestock farming*  **BSICCODE** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MAIN ACTIVITY*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *GOODS OR SERVICES*  *BSIC CODE*: | | | Industry |
| **SJ\_02b** |
| **SJ\_02c** |
| **SJ\_03** | **In your second job are you…?** | 01  02  03  04  05  99 | *Working for someone else for pay*  Employee  Paid apprentice / intern  *Working as an*  Employer (with regular employees)  Own-account worker (without regular employees)  Helping without pay in a household / family business  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_ |  | Status in employment in second job |
| **SJ\_04** | **What is the periodicity of payments in your main job?** (Only for option 01, 03 & 04 0f SJ\_03) | 01  02  03  99 | *Daily*  *Weekly*  *Monthly*  *Other* | (Only for option 01, 03 & 04 0f SJ\_03) | Periodicity of payment |
| **SJ\_05** | **How much money did you earn in the last 1 (one) month for this job?**  (Only for option 01, 03 & 04 0f SJ\_03) | 01  02  03 | In cash (TK) \_\_\_\_\_\_\_\_\_\_  In kind (equivalent in TK)  Total (01+02) = \_\_\_\_\_\_\_\_\_\_ | (Only for option 01, 03 & 04 0f SJ\_03) | Amount of remuneration/income received |

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| **SECTION 7: OCCUPATIONAL SAFETY AND HEALTH**  Applicable for employed household members who are 15 years and above | | | | |  |
| **OSH\_01** | **In the last 12 months have you been hurt in any accident while working that caused you injury or illness?**  **(Include accidents that took place while commuting to/from work)** | 01  02 | Yes  No | →**OSH\_06** |  |
| **OSH\_02** | **Did any of the injuries result in your being absent from work /school, or unable to work/ attend school, for at least one day, apart from the day of the accident?** | 01  02 | Yes  No | →**OSH\_04** |  |
| **OSH\_03** | **Did the injuries seriously restrict your work or activities even though you were not absent from work or unable to work?** | 01  02 | Yes  No | →**OSH\_05** |  |
| **OSH\_04** | **How many of these injuries did you have in the last 12 months?** |  | (Number of accidents)  12 MONTHS |  |  |
| **OSH\_05** | **In the last 12 (twelve) months how many days were you absent from work due to injuries sustained from accidents?**  **If no days away from work write 00**  **If it is impossible to return to work due to accident then write 99** |  | \_\_\_\_\_\_\_\_\_  *Days* |  |  |
| **OSH\_06** | **During the last 12 months have you been exposed to any of the following hazards at work?**  **(Multiple Answer)** | 01  02  03  04  05  06  07  08  09  99 | Dust, fumes, Loud noise or vibration  Fire, gas, flames  Extreme cold or heat  Dangerous tools knives, blades, etc)  Working too much below or above the surface of the earth  Work in water / pond / river  Workplace too dark or confined /Insufficient ventilation  Chemicals (pesticides, glues, etc.), Explosives  Didn’t work in a risky environment  Other (specify):\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **OSH\_07** | **During the last 12 months, have you been subjected to the following at work?** | 01  02  03  04  99 | Constantly shouted at/ repeatedly insulted  Beaten /physically hurt  Sexually abused (touched)  None of the above  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **OSH\_08** | **During the last 12 months, Did you get any compensation from your work place due to injuries?** | 01  02 | Yes  No | Only for option 01 of OSH\_01 |  |
| **Work Place accommodation for functional disabled persons only**  *For all aged 15 and over who are in employment and have responded “A lot of difficulty” or “cannot do at all / Unable to do” to at least one of question DIF 1-6* | | | | | |
| **OSH\_09** | **Is your work schedule or work tasks arranged to account for difficulties you have in doing certain activities…?** | 01  02  03  04 | Yes, fully  Yes, partially  Not at all  I do not have difficulties that require special arrangements | |  |

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| **SECTION 8: WORKING TIME**(ALL JOBS) | | | | | |
| **WT\_01** | **Thinking about the LAST WEEK, how many hours in total did you actually work in your jo?** | **Main job Second job**  **(M) (S)**  \_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_ \_\_\_\_\_\_\_ | | If work less than 40 hours, WT**\_**02  If work for 40 or more than 40 hours, WT\_03 | Hours actually worked |
| **WT\_02** | **Why did you work less than 40 hours during the LAST WEEK?** | 01  02  03  04  05  06  07  08  09  10  11  12  13  99 | Contractual hours (part-time job, government job)  Usually works less than 40 hours Technical unemployment (lack of raw material or energy, lack of orders or clients etc.)  Schooling or training  Days off, holidays, special leave  Ended a job without starting a new one  Variable working time/ nature of work (shift work, flexible hours, .)  Family responsibilities  Personal/family reasons (illness, injury, annual leave, ...)  Strike or labour dispute  Start/End/Change of jobs  Low season  Bad weather  Other (specify): \_\_\_\_\_\_\_\_\_\_ | **WT\_04**  (For any selection) | Reason for working less time |
| **WT\_03** | **What is the main reason that you worked more than 40 hours during LAST WEEK?** | 01  02  03  04  99 | To have a higher income  Exceptionally high workload during last week  Seasonal work  Variable timetable  Other (specify) \_\_\_\_\_\_\_\_\_\_ |  | Reason for working overtime time |
| **WT\_04** | **During the last month, did you look for additional or other work?** | 01  02 | Yes  No |  | Search for other/ additional work |
| **WT\_05** | **Would you want to work more hours per week than usually worked, provided the extra hours are paid?** | 01  02 | Yes  No | → **WT\_07** | Desire to work more hours |
| **WT\_06** | **If an opportunity for additional work became available, could you start working more hours within the next two weeks?** | 01  02 | Yes  No | →Sec 10 | Availability to work more hours |
| **WT\_07** | **Do you want to change your current employment situation?** | 01  02 | Yes  No | →Sec 10 | Desire to change employment |
| **WT\_08** | **What is the main reason why want to change his/her current employment situation?** | 01  02  03  04  05  06  07  08  09  99 | Present job(s) is/are temporary  To have better paid job (higher pay/hr.)  To have more clients/business  To work more hours  To work fewer hours  To better match skills  To improve working conditions  Work environment is not so good  Not satisfied with the current job  Other (specify): |  | Type of inadequate employment |

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| **SECTION 9: JOB SEARCH AND AVAILABILITY**  FOR PERSONS NOT IN EMPLOYMENT, AGED 15+ YEARS | | | | |  |
| **JSA\_01** | **During the last month, did you do anything to find a paid job?** | 01  02 | Yes  No | →JSA\_03 | Active search to find a paid job |
| **JSA\_02** | **Or did you try/arranged to start a businessduring the last month?** | 01  02 | Yes  No | →JSA\_04 | Active search to start a business |
| **JSA\_03** | **What did you mainly do in the last four weeks to find a paid job/start a business?**  ***Only record the main job search activity used in case the respondent reports multiple job search methods*.** | 01  02  03  04  05  06  07  08  09  10  11  12  13  99 | Apply to prospective employers  Place or answer job advertisements  Study or read job advertisements  Post/update resume on professional/social networking sites  Register with state employment center  Register with private employment center  Take test or interview  Seek help from relatives, friends, others  Check at factories, work sites  Wait on the street to be recruited  Seek financial help to start a business  Look for land, building, equipment, materials to start a business  Apply for a permit or license to start a business  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Active method of job search |
| **JSA\_04** | **For how long have you been trying to find a paid job or start a business and were available to do the work?** | 01  02  03  04  05  06  07 | Less than 1 month  1 month to less than 3 months  3 months to less than 6 months  6 months to less than 12 months  1 year to less than 2 years  2 years or more  Didn’t find a job or wasn’t ready to work |  | Duration of job search |
| **JSA\_05** | **What is the main reason why you did not try to find a paid job or start a business in the last month?** | 01  02  03  04  05  06  07  08  09  10  11  12  13  99 | Waiting for joining workplace  In school/training/Studies  No jobs available/ Tired of looking for jobs  Housework/family work  Off-season  Waiting for setting self-business  Inadequate work  No desire to work  Illness, injury, disability  Retired, pensioner, other source of income  No jobs matching skills, lack experience  Considered too young/old by employers  Waiting for results of a previous search/recall from a previous job  Others (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Only applicable for option 2 of JSA\_01 & option 7 of JSA\_04 | Main reason for not seeking work for pay/profit |
| **JSA\_06** | **If you got a job / business opportunity, how long were you ready to join that job?** | 01  0203 | Could you have started working last week  Within the next two weeks  Not available | →Sec. 10  →Sec.10 | Availability to start working |
| **JSA\_07** | **What is the main reason why you are not available to start working in the next two weeks?** | 01  02  03  04  05  06  07  99 | In school/training  Housework/family work  Illness, injury, disability  Retired, too old for work,Pensioner  Too young/should stay at home  Off-season  Not interested to work/Voluntary inactive  Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | For all option →Sec.10 | Main reason for unavailability to start working in the next two weeks |
| **Barriers for functional disabled persons**  *For all aged 15 and over who are not in employment and have responded “A lot of difficulty” or “cannot do at all / Unable to do” to at least one of questions DIF 1-6* | | | | | |
| **JSA\_08** | **Which of the following factors would make it more likely for you to seek or find a job…?** | 01  02  03  04  05  06  07  99 | Getting higher qualifications/training/skills  Availability of suitable transportation to and from workplace  Help in locating appropriate jobs  More positive attitudes towards persons with disabilities  Availability of assistive devices, such as a wheelchair, or special technology to help with my disability  A workplace/a work schedule that is more accommodative  Work from home  Other: please specify | | This question will be visible only for the disabled people |

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| **SECTION 10: OWN-USE PRODUCTION OF GOODS**  FOR ALL PERSONS, AGED 15+ YEARS | | | | |  |
| ***READ:***  **I am now going to ask you some questions about (other) unpaid activities you may have done to produce different goods for use by your household or family.** | | | | | |
| **OPG\_01a** | **In the Last week, did you work on your own plot, farm, or help grow farm produce or tending animal for the household’s own consumption?**  (Examples: Ploughing, harvesting, tending livestock) | 01  02 | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* | Production of foodstuff |
| **OPG\_01b** | **In the Last week, did you catch any fish, prawns, shells, wild animals or other food for the household’s own consumption?** | 01  02 | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* | Hunting &Gathering foodstuff |
| **OPG\_01c** | **In the Last week, did you conduct construction in own land, plot, etc for the household’s own consumption?** | 01  02 | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* | Construction of own household/buildings |
| **OPG\_01d** | **In the Last week, did you collect water or firewood for own consumption** | 01  02 | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* | Fetching water |
| **OPG\_01e** | **In the Last week, did you produce clothing, furniture or other goods for household use?** | 01  02 | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* | Manufacturing of goods for household or family use |
| **OPG\_01f** | **In the Last week, did you prepared preserved food or drinks for storage such as (flour, dried fish, butter, cheese…..)?** | 01  02 | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* | Preservation of foodstuff |

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| **SECTION 11: OWN-USE PROVISION OF SERVICES**  FOR ALL PERSONS, AGED 15+ YEARS | | | |  |
| ***READ:***  **I am now going to ask you some questions about (other) unpaid activities you may have done to produce different services for use by your household or family.** | | | | |
| **OPS\_01** | **In the last 7 (seven) days, did you do any of the following activities for your household?**   1. **Cooking** 2. **Cleaning clothes and dishes** 3. **Cleaning utensil / house** 4. **Shopping** 5. **Caring for children /old /sick** 6. **Others** |  | \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* |  |

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| **SECTION 12: UNPAID TRAINEE WORK**  FOR ALL PERSONS AGED 15+ YEARS | | | | |  |
| **UTW\_01** | **During the last 7 days did you attend any traineeship, apprenticeship or internship in which you had to produce goods or services for others, even if only for 1 hour?**  (The skill enhancement training of already employed persons cannot be considered here) | 01  02 | Yes  No | → **Sec 13** |  |
| **UTW\_02** | **Did you or will you receive any payment for this specific activity (in cash or in kind)?**  (Snacks, lunch or travel allowance cannot be included) | 01  02  03  04 | Yes, in cash  No  Yes, in kind  No | → **Sec 13**  → **Sec 13** |  |
| **UTW\_03a** | **What are your main tasks and duties as unpaid trainee worker**? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MAIN TASKS AND DUTIES*  *BSCO :* | |  |  |
| **UTW\_03b** | **BSCO CODE** |
| **UTW\_04a** | **What goods/services are produced there?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *GOODS/SERVICES*  *BSIC CODE*: | |  |  |
| **UTW\_04b** | **BSIC CODE** |
| **UTW\_05** | **For how many hours did you perform this activity during the last week?** | \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST WEEK* | |  |  |
| **UTW\_06** | **What is the total duration of this traineeship, apprenticeship, internship or skills training?** | \_\_\_\_\_\_\_\_\_  *Days* | |  |  |

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| **SECTION 13: VOLUNTARY WORK**  FOR ALL PERSONS AGED 15+ YEARS | | | | |  |
| **VW\_01** | **In the last 30 days did you do any of the following activities for at least one hour voluntarily and without pay (in cash or in kind) for persons outside your household and outside your family?** | 01  02  03  04  05  06  07  08  09  10  11  12  13  99 | Personal assistance  Activities related to healthcare  Activities related to education  Activities related to youths and children  Cultural and recreational activities  Social Welfare  Emergency and Relief  Financial help  Activities related to religion  Human rights and politics  Environment protection  No Voluntary Work Performed  Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | For Option 13 Skip & go to g**Sec 14** |  |
| **VW\_02** | **How many times have you done such work?**  **Ask for the most important voluntary work if multiple cases of such work are present** | 01  02  03  04  05 | Daily  3-6 times/week  1-2 times/week  Once in two weeks  Only once in last 30 days |  |  |
| **VW\_03** | **What was your main mode of doing this kind of work?** | 01  02  03 | Alone  Through a local group  Through an organization |  |  |
| **VW\_04** | **In the last 30 (thirty) days how many hours did your work voluntarily?** | \_\_\_\_\_\_\_\_\_\_\_  *HOURS LAST MONTH* | |  |  |

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| **SECTION 14: RECRUITMENT COST AND IMCOME OF MIGRANT**  FOR ALL PERSONS AGED 15+ YEARS | | | | |  |
| **Line No** | **MGT\_01a**  **Full Name** | **MGT\_01b**  **Gender**  01 Male  02 Female | **MGT\_01c**  **Age**  **(Complete Years)** | **MGT\_01d**  **Religion**  01Islam  02Sanatan (Hindu)  03Buddhism  04 Christianity  99Others | **MGT\_01e**  **Marital Status**  01Unmarried  02Married  03Widow/  widower  04 Separated  05 Divorced |
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| **MGT\_02** | **Which country did you go as a migrant worker in the last 04 years?**  **(Jan, 2017-Dec, 2020)** |  | Country Name: \_\_\_\_\_\_\_\_\_\_\_\_\_  CountryCode: |  |  |
| **MGT\_03** | **How much money has been spent in migrating abroad as a migrant worker?** | 01  02  03  04  05  06  07  08  09  10  11  12  13  14  99 | |  | | --- | | Brokers/ Recruiter’s fee | | Visa fee | | Domestic travel expenses | | International travel expenses | | Passport fee | | Medical fee | | Insurance fee | | Security clearance fee | | Pre-emigration briefing | | Language training | | Skill assessment fee | | Contract approval fee | | Welfare fund related fee | | Interest on loan taken for job/ work | | Other costs |   \_\_\_\_\_\_\_\_\_\_\_\_\_  Total amount of money |  |  |
| **MGT\_04** | **What was your monthly earnings from your first job ?**  (Including Overtime, Tips, Commission, Transportation Allowance, Medical Allowance, Risk Allowance, Family Allowance, Social Allowance etc.) | \_\_\_\_\_\_\_\_\_\_\_\_  Total Amount of money | |  |  |
| **MGT\_05** | **What were the other income received other than salary /wages or benefits ? (Monthly average)** | 01  02  03  99 | Bonus  Profit Sharing  Leave with salary/ wages  Others  \_\_\_\_\_\_\_\_\_\_\_\_\_  Total amount of money |  |  |
| **MGT\_06** | **How much salary/wages have you received in the first 3 (three) months from your first job/work?** | \_\_\_\_\_\_\_\_\_\_\_  Total Amount of money | |  |  |
| **MGT\_07** | **How much salary/wages have you received in the last month of the first 12 months of your first job/work?** | \_\_\_\_\_\_\_\_\_\_\_  Total Amount of money | |  |  |
| **MGT\_08** | **Was the housing cost deducted from your salary / wages?** | 01  02  97 | Yes  No  Don’t know |  |  |
| **MGT\_09** | **What were the deductions & how much was deducted from the monthly salary/wages ? (There can be multiple answers)** | 01  02  03  04  05  06  99 | Income tax  Social security or other provident fund  Foreign worker levy  Housing  Food  Air fare  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_  Total amount of money |  |  |