

PART A

Classification information

Region Name:

Code:

Constituency Code

Rural/Urban

DU Number

Sample PSU number

Sample Household Number

If there are more than 08 persons in the household, use a second questionnaire

Questionnaire of completed for this Household.

Base Form Number (First Questionnaire Form Number, incase more than 08 people in household).

Physical location of the household
.....
.....

Telephone number of enumerated household (if any)

Name of head of household.....

Name of primary respondent.....

Field administrative information

FINAL RESULTS

- 1 = Completed
- 2 = Partially completed
- 3 = Non-contact
- 4 = Refusal
- 5 = Other

RESULT CODE

Comments on all (non-response)

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.....

Field staff

Interviewer Name:..... Number

Signature:.....

Supervisor Name:..... Number

Signature:.....

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B FOR ALL PERSONS This part covers the household's composition and particulars of each person in the household. The following information must be obtained in respect of every person, including babies who spent the night of 29th September 2013 in this household.							
Person Line Number	Write first Name and surName of all persons who spent the reference night in this household. <small>(Write down firstName and surName of each member of the household, starting with the head)</small>	What is (Name)'s relation to the head of the Household? <small>(i.e. Person line number 01)</small> 1 = HEAD 2 = SPOUSE 3 = SON/DAUGHTER 4 = SON/DAUGHTER IN LAW 5 = GRAND SON/DAUGHTER 6 = FATHER/MOTHER 7 = OTHER RELATIVE 8 = OTHER NON-RELATIVE 9 = DON'T KNOW	Is (Name) female or male? 1 = Female 2 = Male	How old was (Name) at his/her last birthday? Write two digits. Less than 1 year = 00. 95 or more = 95. Don't know=99.	What is (Name's) citizenship? 01 = Namibia 02 = Angola 03 = Botswana 04 = South Africa 05 = Zambia 06 = Zimbabwe 07 = Other SADC Countries 08 = Other African Countries 09 = China 10 = European 11 = All other Countries 99 = Don't Know	Does (Name) receive any grants/pension? (multiple responses) 01 = Old age Pension 02 = War Veterans/ex-combatants Grants 03 = Disability Grants for adults (over 16 years) 04 = Child Maintenance grants 05 = Foster care grant 06 = Special maintenance grant for disable children (16 years and less) 07 = From the workmen's compensation unemployment insurance, social security, MVA and similar funds 08 = Other grants 09 = None 99 = Don't know	What is (Name)'s marital status? 1= NEVER MARRIED 2 =MARRIED WITH CERTIFICATE 3 =MARRIED TRADITIONALLY 4 =CONSENSUAL UNION 5= DIVORCED 6 =WIDOWED 7 =SEPARATED 9 =DON'T KNOW
B1	B2	B3	B4	B5	B6	B7	B8
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C Ask for all persons aged 6 years and above							
Person Line Number	What is (Name)'s schooling status? <small>1 = NEVER ATTENDED 2 = AT SCHOOL (FULL TIME) 3 = LEFT SCHOOL 4 = PART TIME 5 = DISTANCE LEARNING 9 = DON'T KNOW</small>	What is the highest grade/standard/level of education (Name) has completed? <small>(Give highest grade/standard/level of education, if never attended or don't know, write None or don't know respectively)</small>	For office use only	Name the two languages that (Name) can speak best with understanding?	For office use only	Name the two languages that (Name) can read and write best with understanding ?	For office use only
B1	C1	C2	C3	C4	C5	C6	C7
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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9						
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D	Ask for all persons aged 8 years and above								(If answered yes in any of D1 to D8, go to E1)	If coded NO , go to I1		
Person Line Number	In the last seven days, did (Name) do any work for pay, profit or any payment in kind (including paid domestic work) for at least one hour? 1 = Yes 2 = No	In the last seven days, did (Name) run or do any kind of business, big or small, for him/herself or with one or more partners for at least one hour? 1 = Yes 2 = No	In the last seven days, did (Name) help without being paid in any kind of business run by his/her household, for at least one hour? 1 = Yes 2 = No	In the last seven days, did (Name) do any work for his/her own or household farm / plot / garden/cattle post or Kraal or help in growing farm produce, looking after animals for the household or own consumption, for at least one hour? 1 = Yes 2 = No	In the last seven days, did (Name) fetch water or collect wood/dung for household sale for at least one hour? 1 = Yes 2 = No	In the last seven days, did (Name) produce any other goods for household use for at least one hour? 1 = Yes 2 = No	In the last seven days, did (Name) do any construction or major repair work on his/her own home, plot, cattle post or those of the household for at least one hour? 1 = Yes 2 = No	In the last seven days, did (Name) catch any fish, prawns, shells, wild animals or other food for household consumption, for at least one hour? 1 = Yes 2 = No	Even though (Name) did not do any kind of work in the last seven days, does he/she have a job, business, or other economic or farming activity or crop farming activities that he/she will definitely return to? 1 = Yes 2 = No	Why did (Name) not work or do any crop farming during the last seven days? 01 = SICK, INJURY 02 = MATERNITY, PARENTAL LEAVE 03 = HOLIDAY, VACATION 04 = EDUCATION LEAVE 05 = STRIKE, LOCK-OUT 06 = TEMPORARY LAY-OFF 07 = REDUCTION IN ECONOMIC ACTIVITY 08 = TEMPORARY REORGANIZATION, SUSPENSION OF WORK 09 = PERSONAL, FAMILY RESPONSIBILITIES 10 = OFF SEASON 11 = OTHER REASON 99 = DON'T KNOW	Was (Name) being paid or did his/her business/ farm continued to operate despite being absent from work during the Last seven days? 1 = Yes 2 = No	
B1	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10		D11
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E CURRENT MAIN JOB EMPLOYED (ASK FOR ALL PERSONS AGED 8 YEARS AND ABOVE, WHO ANSWERED YES TO ANY IN D1 - D9)							
Person Line Number	What kind of work did (Name) do in his/her main job during the last 7 days or usually does, even if he/she was absent in the last seven days? <i>Describe the work or give occupation or job title. (Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.) For agricultural work on own/household farm/plot, state whether for own use or sale mostly.</i>	For office use only	What kind of activities are carried out at (Name) current work place? What are its main functions? <i>examples: Repairing cars, Selling commercial real estate, Sell food (wholesale) to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary education, delivering newspapers to homes</i>	For office use only	In (Name) main job, did he/she work as? 01 = SUBSISTENCE/COMMUNAL FARMER (WITH PAID EMPLOYEES) 02 = SUBSISTENCE/COMMUNAL FARMER (WITHOUT PAID EMPLOYEES) 03 = OTHER EMPLOYER 04 = OTHER OWN ACCOUNT WORKER (WITHOUT PAID EMPLOYEES) 05 = EMPLOYEE (DOMESTIC WORKER) 06 = OTHER EMPLOYEE 07 = UNPAID FAMILY WORKER (SUBSISTENCE/COMMUNAL) 08 = OTHER UNPAID FAMILY WORKER 09 = OTHER, SPECIFY..... 99 = DON'T KNOW <i>(If coded 5 or 6 continue, else go to E11)</i>	In which entity/business is (Name) employed? 01= Government 02 =Parastatal 03 =A private enterprise (formal) 04 =A private enterprise (informal) 05 =Non-profit organization 06 =Cooperative 07 =Private household (subsistence farm) 08 = Private household (commercial farm) 09 = Private household (non-farm) 10 = Other reason, specify..... 99 = Don't know	How many people including (Name) do work at his/her work place? 1 = 1 2 = 2- 3 3 = 4- 5 4 = 6-10 5 = 11-15 6 = 16-20 7 = >20 9 = dont know
B1	E1	E2	E3	E4	E5	E6	E7
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					<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9
					<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9

E	PREVIOUS JOB								
Person Line Number	Which of the following does (Name)'s employer provide to him/her? (Multiple answers possible) 1 = Food 2 = Accommodation 3 = Clothes 4 = Transport 5 = Pension schemes 6 = Medical aid 7 = Social security 8 = Other, specify 9 = None (If coded 9, Go to E11)	Does (Name) employer deduct for any of the items provided? 1 = Yes 2 = No 9 = Don't know	How much is deducted? (write down the amount in N\$ per month)	Have (Name) changed jobs in the last 12 months? 1 = Yes 2 = No (If coded 2, go to E17)	What kind of work did (Name) do in his/her previous job? Describe the work or give occupation or job title. (Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.) For agricultural work on own/household farm/plot, state whether for own use or sale mostly.	For office use only	What kind of activities were carried out at (Name)'s previous work place? What are its main functions? examples: Repairing cars, Selling commercial real estate, Sell food (wholesale) to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary education, delivering newspapers to homes	For office use only	Name region where (Name) worked before? If in Namibia write region or if outside Namibia write country Name in the space provided
B1	E8	E9	E10	E11	E12	E13	E14	E15	E16
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2	-----		-----		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2	-----		-----		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2	-----		-----		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2	-----		-----		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2	-----		-----		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2	-----		-----		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2	-----		-----		

E FOR SECOND MAIN JOB/BUSINESS							
Person Line Number	Does (Name) have a second main job? 1 = Yes 2 = No 9 = Don't know (If coded 2 or 9, Go to E23)	What kind of work did (Name) do in his/her second main job ? <i>Describe the work or give occupation or job title. (Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.) For agricultural work on own/household farm/plot, state whether for own use or sale mostly.</i>	For office use only	What kind of activities are carried out at (Name)'s second work place? What are its main functions? <i>examples: Repairing cars, Selling commercial real estate, Sell food (wholesale) to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary education, delivering newspapers to homes</i>	For office use only	In (Name) second main job, did he/she work as? 01 = SUBSISTENCE/COMMUNAL FARMER (WITH PAID EMPLOYEES) 02 = SUBSISTENCE/COMMUNAL FARMER (WITHOUT PAID EMPLOYEES) 03 = OTHER EMPLOYER (WITH PAID EMPLOYEES) 04 = OTHER OWN ACCOUNT WORKER (WITHOUT PAID EMPLOYEES) 05 = EMPLOYEE (DOMESTIC WORKER) 06 = OTHER EMPLOYEE 07 = UNPAID FAMILY WORKER (SUBSISTENCE/COMMUNAL) 08 = OTHER UNPAID FAMILY WORKER 09 = OTHER, SPECIFY..... 99 = DON'T KNOW	What steps did (Name) take to find the current job? <i>(multiple responses)</i> 1= Registration at Ministry of Labour offices 2 = Registration at other employment agencies 3 = direct applications to employers 4 = Checking at work sites, farms, factory gates market or other assembly places 5 = Placed or answered media advertisement 6 = Seeking assistance of friends, relatives, colleagues, unions, etc 7 = take action to start business or subsistence farming 8 = other, Specify.....
B1	E17	E18	E19	E20	E21	E22	E23
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----		-----		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

F		G EMPLOYEES (Who have worked the last seven days or who did not work but have a job to return to, coded 5 or 6 in E5 or E22)										
Person Line Number	Total Hours in the Main Job plus Second Main Job/ Business <small>1 = Usual Hours 2 = Actual Hours</small>	Would you have preferred to work for more hours during the last 7 days? <small>1 = Yes 2 = No 9 = Don't know (If coded 2 or 9, Go to F21, otherwise proceed)</small>	Where would you have preferred to work? <small>1 = AT PRESENT JOB 2 = OTHER JOBS IN ADDITION TO PRESENT JOBA 3 = OTHER JOBS WITH MORE HOURS TO REPLACE THE PRESENT JOB</small>	How many hours would (Name) have preferred to work during the last 7 days? <small>(Record number of hours)</small>	Did (Name) look for additional work during the last 7 days? <small>1 = Yes 2 = No</small>	Is (Name) entitled/ allowed to take his/her annual paid leave? <small>1 = Yes 2 = No 9 = don't know (If coded 2 or 9, Go to G3)</small>	Which of the following paid leaves would (Name) benefit from? <small>(multiple answers possible)</small> 1 = Sick 2 = Maternity 3 = Vacation 4 = Compassionate 5 = Study 6 = Other, specify..... 9 = Don't know	Have (Name) been employed on the basis of.....? <small>1 = Written contract 2 = Verbal contract</small>	Is the contract or agreement of a.....? <small>1 = Limited duration 2 = Permanent 3 = Unspecified duration (If coded 2 or 3, Go to G6)</small>	What is the duration of your contract or agreement? <small>1 = Daily contract/ agreement 2 = < 1 Month 3 = 1 - 2 Month 4 = 3 - 6 Month 5 = 7 - 12 Months 6 = > 12 Months 9 = don't Know</small>	How long have you been employed in this job? <small>1 = <1 Year 2 = 1-2 Years 3 = 3-5 Years 4 = 6-10 Years 5 = >=11 Years</small>	Which time period do you get paid in your main job? <small>1 = Hourly 2 = daily 3 = Weekly 4 = Fortnightly 5 = Monthly</small>
B1	F17	F18	F19	F20	F21	G1	G2	G3	G4	G5	G6	G7
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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G INCOME		H EMPLOYERS, OWN ACCOUNT WORKERS (Who have worked in the last 7 days and coded 01,02,03,04 in E5 or E22, including persons who have a business to return to)							
Person Line Number	How much is (Name)'s gross income in his/her main job? <i>(Write the amount in N\$ per month)</i>	How much is (Name)'s gross income in his/her second main job? <i>(Write the amount in N\$ per month)</i>	Is (Name)'s business/enterprise registered, e.g. Ministry of Trade & Industry)? 1 = Yes 2 = No 3 = in the process of Registration (If coded 2 or 3, go to H3)	In which of the following is it registered? <i>(More than one response possible)</i> 1 = Social Security Commission 2 = Ministry of trade And industry 3 = Ministry of Finance 4 = other, specify.....	Does (Name)'s business keep accounts? 1 = Yes 2 = No 3 = Don't know <i>If coded 2, go to H5</i>	Has (Name) been employed on the basis of.....? 1 = WRITTEN CONTRACT 2 = VERBAL CONTRACT	Is the business expenditure Separate from that of the owner's household? 1 = Yes 2 = No 3 = Don't know	How many employees (excluding business partners and unpaid family workers) are employed? <i>(Write down the number of employees)</i>	What is the estimated monthly turnover of your business? <i>(Write down the average monthly turnover in N\$)</i>
B1	G8	G9	H1	H2	H3	H4	H5	H6	H7
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
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			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

I UNEMPLOYED (Ask for all persons who have not worked during the last 7 days, had no job and were ready to work coded 2 in D1 - D9)							
Person Line Number	If (Name) has been offered job, would he/she have been ready to work during the last 7 days? 1 = Yes 2 = No <i>(If coded Yes in I1, go to I3)</i>	Since (Name) was not working for pay, profit or family gain, nor ready to work, what was (Name) doing the last 7 days? 1 = Retired 2 = old age 3 = illness/disabled 4 = Homemaker 5 = Student 6 = income Recipient 7 = other, Specify..... <i>(For any answer in I2, end interviews for that person)</i>	Did (Name) look for work or try to start his/her own business during the last 30 days? 1 = Yes 2 = No <i>(If coded 2, go to I5)</i>	How did (Name) look for work or try to start his/her own business during the last 30 days? <small>(more than one response is possible)</small> 1= Registration at Ministry of Labour offices 2 = Registration at other employment agencies 3 = Direct applications to employers 4 = Checking at work sites, farms, factory gates market or other assembly places 5 = Placed or answered media advertisement 6 = Seeking assistance of friends, relatives, colleagues, unions, etc 7 = Take action to start business or subsistence farming 8 = Other, Specify... <i>(For any answer go to I6)</i>	What was the main reason that (Name) didn't look for work or try to start his/her business during the last 30 days? 1 = Thought no work available 2 = Awaiting replies from employers 3 = Got tired of seeking work 4 = Already found work to start within one month 5 = Awaiting busy season 6 = Lack of resources 7 = Other, Specify.....	For how long have (Name) been without work and available for work? 1 = <1 month 2 = 1 month < 3 months 3 = 3 months < 6 months 4 = 6 months < 1 year 5 = 1 year < 2 years 6 = 2 years or more	Has (Name) worked in the past 12 months)? 1 = Yes 2 = No <i>(if coded 2, go to I14)</i>
B1	I1	I2	I3	I4	I5	I6	I7
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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I							
Person Line Number	What kind of work did (Name) do in his/her last job	Office use only	What kind of activities were carried out at (Name)'s last work place? What were its main functions	For office use only	Name region where (Name) worked before? <small>If in Namibia write region or if outside Namibia write country Name in the space provided</small>	What is the reason that (Name) left his/her last job? <small>01 = Retrenched 02 = dismissed 03 = Resigned 04 = disabled 05 = Sick 06 = Closure of company 07 = end of temporary activity 08 = Retirement or old age 09 = Personal/Family reasons 10 = other, specify.....</small>	How did (Name) support him/herself? <small>1 = did odd jobs during the last seven days GO BACK TO D1 2 = Supported by someone in the household 3 = Supported by someone outside household 4 = old age/ disability grant 5 = Supported by charity, church 6 = From savings 7 = Child support/foster care grant 8 = income from sale of property 9 = other, specify.....</small>
B1	I8	I9	I10	I11	I12	I13	I14
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
						<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

J Housing conditions: This section is only for head of household or main respondent				
Type of housing unit <small>(observe and cross the correct descriptions)</small> 01 = Detached house 02 = Semi-detached house/town house 03 = Apartment 04 = Guest flat 05 = Part commercial/industrial building 06 = Mobile home (caravan/tent) 07 = Single quarters 08 = Traditional dwelling 09 = Improvised housing unit 10 = Other, specify.....	Tenure or occupancy of housing unit.... 1 = RENTED (NOT TIED TO THE JOB) 2 = OWNER OCCUPIED (WITH MORTGAGE) 3 = OWNER OCCUPIED (WITHOUT MORTGAGE) 4 = RENT FREE (NOT OWNER OCCUPIED) 5 = PROVIDED BY EMPLOYER (PUBLIC) WITHOUT PAY 6 = PROVIDED BY EMPLOYER (PUBLIC) WITH PAY 7 = PROVIDED BY EMPLOYER (PRIVATE) WITH PAY 8 = PROVIDED BY EMPLOYER (PRIVATE) WITHOUT PAY 9 = OTHER, SPECIFY.....	What is the MAIN source of income for this household in the past 12 months ? 1 = Subsistence farming (crop & animal) 2 = Cash cropping commercial 3 = Animal rearing commercial 4 = Business activities (non-agricultural) 5 = Salaries and/or wages 6 = Old age pension 7 = Pension from employment 8 = Cash remittances 9 = Other means of income, specify.....	What the household's secondary source of income in the past 12 months? 1 = Subsistence farming (crop & animal) 2 = Cash cropping commercial 3 = Animal rearing commercial 4 = Business activities (non-agricultural) 5 = Salaries and/or wages 6 = Old age pension 7 = Pension from employment 8 = Cash remittances 9 = Other means of income, specify.....	How much do you estimate your household's total disposable income for last month? 01 = <1000 02 = 1000 - 2000 03 = 2001 - 3000 04 = 3001 - 4000 05 = 4001 - 5000 06 = 5001 - 6000 07 = 6001 - 7000 08 = 7001 - 8000 09 = 8001 - 9000 10 = 9001 - 10000 11 > 10000
J1	J2	J3	J4	J5
<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
Last month did your household employ a domestic worker or did you have anybody to help with domestic chores such as cleaning, washing, gardening, driving, security etc.? 1 = Yes 2 = No <small>(if coded 1, go to J7 else J8)</small>	How many persons did you employ as domestic workers? Options: Live-in domestic workers and Live-out domestic workers In = Live-in Out = Live-out <small>(enter number in appropriate box)</small>	Has this household engaged in any own account agricultural activity in the past 12 months? 1 = Yes 2 = No <small>(If "no" end interview)</small>	If yes in J8, indicate the type of own account agricultural activity <small>(More than one response possible)</small>	Under which agricultural farming sector are the household agricultural activities in J9 performed? 1 = Communal/Subsistence sector 2 = Commercial sector 3 = Emerging sector 4 = Small scale sector
J6	J7	J8	J9	J10
<input type="checkbox"/> 1 <input type="checkbox"/> 2	In <input type="text"/> <input type="text"/> <input type="text"/> Out <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	1 = Livestock <input type="checkbox"/> 2 = Crop <input type="checkbox"/> 3 = Poultry <input type="checkbox"/> 4 = Agro-processing <input type="checkbox"/> 5 = Horticulture <input type="checkbox"/> 6 = Other, specify <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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PART K Control Section (Data Collection)

Number of persons enumerated in the Household Total: Male: Female:	TO BE COMPLETED BY Coder/editor Checked by: Name of Editor/Coder Signature /...../..... Date	TO BE COMPLETED BY Regional Supervisor Checked by: Name of Regional Supervisor Signature /...../..... Date	TO BE COMPLETED BY National Supervisor Checked by: Name of National Supervisor Signature /...../..... Date
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Control Section (Data Entry)

OFFICE ACTIVITIES		
Activity	Data Entry	Final validation
Date		
Full Name		

