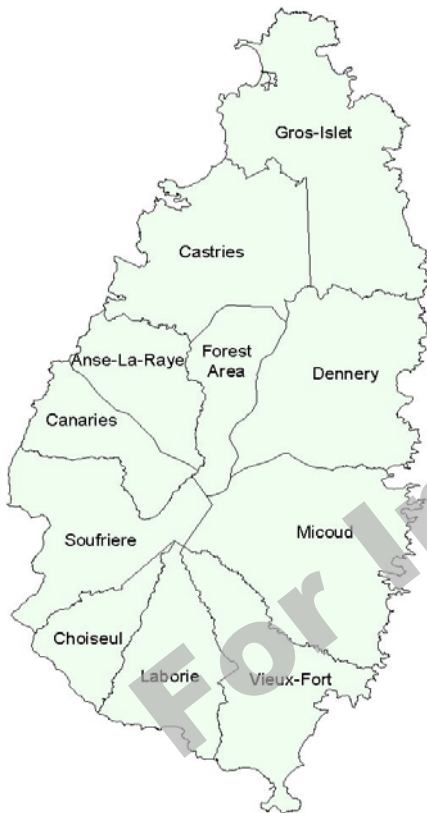




# SAINT LUCIA LABOUR FORCE SURVEY QUESTIONNAIRE



Place an X in the box for multiple choice options

**DISTRICT**

**HOUSEHOLD NO**

**No of Forms**<sup>\*\*</sup>

**SUB-SAMPLE**

**ENUMERATION DISTRICT**

\*\*For households with 8 or less persons No of Forms will be 1, for more than 8 it will be 2.



# LABOUR FORCE SURVEY QUESTIONNAIRE



FOR THE WEEK ENDING

 /  / 

Place an X in the box for multiple choice options

The information that you give in this questionnaire will be treated confidentially and will be used by the Central Statistical Office to produce aggregate tabulations. Information on individuals will not be disclosed.

IDENTIFICATION

Address of Household \_\_\_\_\_

Community \_\_\_\_\_

Town/Village \_\_\_\_\_

District/Parish \_\_\_\_\_

Phone Number

 - 

Contact Person: \_\_\_\_\_

1. Number of persons in this household

2. How many persons in this household left St. Lucia to live abroad in the 12 month period preceding .../.../...?

Male	Female	Total
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

3. Has any child under the age of 5 years died in this household in the past 12 months?

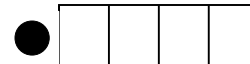
1 Yes  2 No

4. In the past 30 days did you or any household member eat fewer meals in a day because there was not enough food because of a lack of resources?  1 Yes  2 No

How many times in the past 30 days did this happen?

Place an X in the box for multiple choice options

Place an X in the box for multiple choice options



INTERVIEWER SAY: I am the Labour Force Survey Interviewer assigned to this area and I would like to get some information about this household and its members. Here is my identification card. (Show card)

RECORD OF VISITS

Interviewer	1	2	3	4
Date				
Time				
Time Ended				
Duration				
Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Results: 1 = Completed  
 2 = Partially completed, call back  
 3 = Dwelling Closed  
 4 = Dwelling Vacant  
 5 = No Contact  
 6 = Refusal  
 7 = No suitable respondent at home  
 8 = Unable to find address  
 9 = Other (please specify)

SURVEY SUPERVISOR

NAME

DATE

FIELD SUPERVISOR

NAME

DATE

INTERVIEWER

NAME

DATE

EDITOR/VERIFIER

NAME

DATE

EDITOR/VERIFIER

NAME

DATE

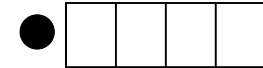




**PART 1: TO BE COMPLETED FOR ALL MEMBERS OF THE HOUSEHOLD**

<b>PERSON NUMBER</b>	<b>1. NAME OF PERSON</b> What are the names of all those who slept four or more nights and shared at least one daily meal in this dwelling during the week ending .../.../.../? <b>ENTER SURNAME FIRST</b>	<b>2. RELATIONSHIP TO HEAD OF HOUSEHOLD</b> What is your relation to the head of the household? 1. Head 2. Spouse 3. Child 4. Parent 5. Other Relative 6. Employee 7. Non-relative 9. Other	<b>3. SEX</b> What is your (...)'s sex? 1. Male 2. Female	<b>4. STATUS</b> What is your (...)'s place of birth <b>IF RESPONSE IS ST. LUCIA GO TO QU.6</b> <b>WRITE IN COUNTRY NAME</b>	<b>5. MIGRATION</b> How many months have you lived in St. Lucia before the week ending .../.../.../?	<b>6. EDUCATIONAL ATTAINMENT</b> What is the highest level of education that you have (.....has) attained? 1. None 2. Pre-primary (Infant) or Primary 3. Lower / Junior Secondary (Forms 1-3) / Senior Primary 4. Upper Secondary (Forms 4 & 5) 5. Post Secondary, non-tertiary (diploma or associate degree) 6. Tertiary (University) 7. Other 8. Pre-school
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**PART 1: FOR ALL PERSONS**

**PART 2: PERSONS 15 YEARS OF AGE AND OLDER**

**DETERMINATION OF EMPLOYMENT STATUS - EDUCATION & TRAINING**

<b>PERSON NUMBER</b>	<b>7. Health</b> In the last year, what did you/..... do in case of any illness, accident, dental problem or any other health issue excluding emergencies and hospitalization?  1. You did not ask for medical assistance 2. You went to general practitioner, dentist or therapist 3. You went to a pharmacist 4. You went to a healer, herbalist 5. You used alternative therapies (acupuncture, flower essences, music therapy, homeopathy, etc.) 6. You used home-made medicine 7. You self prescribed your own treatment or medicine 8. Nothing	<b>8. Age</b> What was your (...)'s age at last birthday?  <b>ENTER FULL AGE OR 98 FOR AGE MORE THAN OR EQUAL TO 98</b>  (may use age flash card)
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<b>9. EDUCATIONAL QUALIFICATION</b> What is the highest level/type of examination that you have (...has) passed?  1. None 2. Common Ent. 3. GCE/CXC 1-2 4. GCE/CXC 3-4 5. GCE/CXC 5+ 6. GCE A: 1-2 7. GCE A: 3+ 8. Degree 9. Std. 6 10. Masters 11. PHD	<b>10. TRAINING RECEIVED</b> Have you (has ...) received training for any occupation?  1. Yes 2. No ( <b>Go to Q12</b> )	<b>11. METHOD OF TRAINING</b> How did you (...) acquire most of this training?  1. Apprenticeship 2. On the job 3. Correspondence Course 4. Virtual/Internet Learning 5. Private Study 6. Institution Full Time 7. Institution Part Time 8. Other
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**END OF INTERVIEW FOR PERSONS UNDER 15 YEARS**

**END OF INTERVIEW FOR PERSONS UNDER 15 YEARS**

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**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER**

**DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

<b>PERSON NUMBER</b>	<b>12. PAST ECONOMIC ACTIVITY</b> During the past 12 months, how many weeks were you (was...) 1. Working 2. Without work, wanting and available for work 3. Without work, not wanting work and/or not available for work? (see below)	<b>13. To which of the following groups did you (...) belong?</b> 1. Student 2. Housewife/homemaker 3. Reciever of income from abroad 4. Retired, old age 5. Disabled 6. Other - Please specify _____	<b>14. ECONOMIC ACTIVITY</b> Did you work for pay, profit or family gain, during the week ending.../.../...? 1. Yes - Worked for Pay * (Salary, wages, profit) 2. Yes - Worked for pay in kind * 3. Yes - Did volunteer work 4. Yes - Produce for own consumption 5. Yes - Job trainee, intern unpaid 6. No - Did not work	<b>15. TEMPORARY ABSENCE</b> Did you (...) have a job or business from which you were (... was) absent during the week ending .../.../...? 1. Yes 2. No (go to Q.17)
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IF 3 IS GREATER THAN 26 WEEKS, CONTINUE.  
IF NOT, GO TO QU. 14

(If 1 or 2, go to PART 3, Q.21)

ANSWERS IN WEEKS

<b>01</b>	1      2      3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<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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**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER**

**DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

PERSON NUMBER	16. WHY ABSENT Why were you (was...) absent from work during week ending .../.../...? 1. Vacation 2. Maternity Leave 3. Sick leave 4. Temporary Lay-off 5. Other. Please specify	17. WANTING WORK Did you (...) want to work during week ending .../.../...? 1. Yes 2. No (go to PART 5 QU.51) 3. Have Job(Go to Q21)	18. SEEKING WORK What steps did you ..... take during the last four weeks to look for work? 1. Nothing (GO TO QU.19)* 2. Register at a public employment exchange 3. Register at a private employment exchange 4. Direct application 5. Checking at work sites, farms factory gates, markets etc. 6. Answering newspaper advertisement 7. Seeking assistance of friends, relatives, colleagues, unions etc 8. Looking for land, building, etc to establish own business 9. Arranging for financial resources, applying for permits, licenses 10. Other
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IF RESPONSE IS 1,2,3 OR 4 GO TO PART 3 QU. 21

\* IF RESPONSE IS 1, CONTINUE. IF NOT GO TO QU. 20

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**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER**

**DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

<b>PERSON NUMBER</b>	<b>19. NOT SEEKING WORK</b>	<b>20. CURRENT AVAILABILITY</b>
	<p>Why did you (...) not seek work during that period?</p> <p>1. Own illness, injury, pregnancy  2. Personal, family responsibilities  3. In school, training  4. Already found work to start later  5. Already made arrangements for self employment activities  6. Awaiting recall to former job  7. Awaiting replies from employers  8. Awaiting busy season</p> <p>9. Believe no suitable work available  10. Believe no financial resources, land, equipment permits etc. available to start own business  11. Lack employer's requirements  12. Could not find suitable work  13. Do not know how or where to seek work  14. Not yet started to seek work</p>	<p>If you (...) had been offered a job or had an opportunity to work during last week which of the following reasons would have prevented you (...)?</p> <p>1. In school, training *  2. Retirement/old age *  3. Illness/disability *  4. Household/family duties *  5. Other. Please specify (<b>go to PART 4, Q.43</b>)  9. Nothing (<b>go to PART 4, Q.43</b>)</p>

**\* GO ON TO PART 5, QU.51**

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<b>03</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 13	<input type="checkbox"/> 1 <input type="checkbox"/> 4
	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 14	<input type="checkbox"/> 2 <input type="checkbox"/> 5
	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 3 <input type="checkbox"/> 9
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	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 14	<input type="checkbox"/> 2 <input type="checkbox"/> 5
	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 3 <input type="checkbox"/> 9
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	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 14	<input type="checkbox"/> 2 <input type="checkbox"/> 5
	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 3 <input type="checkbox"/> 9
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	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 14	<input type="checkbox"/> 2 <input type="checkbox"/> 5
	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 3 <input type="checkbox"/> 9
<b>08</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 13	<input type="checkbox"/> 1 <input type="checkbox"/> 4
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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	21. MULTIPLE JOB HOLDING	22. USUAL HOURS OF WORK	23. ACTUAL HOURS	24. REASON FOR DIFFERENCE IN HOURS WORKED	INTERVIEWER NOTE
	Did you (...) have more than one job, enterprise or activity during the week ending .../.../...?  1. Yes (go to PART 3A, QU.32) 2. No	How many hours do you (does...) usually work per week?  <b>ENTER NUMBER OF HOURS BELOW.</b>	How many hours did you work during the week ending .../.../...?  <b>ENTER NUMBER OF HOURS BELOW.</b>	What is the reason for the difference in hours worked?  1. actual = usual  <b>actual greater than usual</b> 11. Overtime work 12. Other reason. specify  <b>actual less than usual</b> 2. Own illness 3. Holiday/vacation 4. Personal/family Responsibilities 5. In school training 6. Strike, lock-out 7. Job started/ended in reference week 8. Reduction in economic activity 9. Temporary disorganisation 10. Other reason. specify	Are actual hours worked at Qu. 23 greater than or equal to 35?  1. Yes (go to Q26)  2. No (go to Q25)

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
04	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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06	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2





**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

<b>PERSON NUMBER</b>	<b>25. REASON FOR WORKING LESS THAN 35 HOURS</b>	<b>26. SEEKING/ AVAILABLE FOR ADDITIONAL WORK</b>	<b>27. STATUS IN EMPLOYMENT</b>
	<p>What is the <b>MAIN</b> reason why you (. . .) worked less than 35 hours during the week ending.../.../...?</p> <p>1. Own illness, injury 2. Holiday, vacation 3. Personal, family responsibilities 4. In school, training 5. Did not want more work 6. Full time work is less than 35 hours a week</p> <p>7. Strike, lock-out 8. Job started/ended within reference period 9. Reduction in economic activity 10. Temporary disorganisation/suspension from work 11. Could not find more work 12. Other specify _____</p>	<p>Did you (...) seek or were you (was...) available for additional work during the last four weeks?</p> <p>1. Yes 2. No</p>	<p>What category of worker are you (is...) in your (his/her) job?</p> <p>1. Central Gov't Employee 2. Employee of statutory board 3. Private employee <b>Go to Q27B</b> 4. Apprentice 5. Self-employed with employee 6. Self-employed without employee 7. Unpaid family worker <b>Go to Q27B</b> 8. Member of Production Cooperative 9. Other, specify _____</p>

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<b>02</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	
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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	27A. ACCOUNTS	(For employees only)			(For self employed only)		
	What kind of accounts do you/does.... keep for this activity/business?  1. Complete set of written accounts 2. Simplified written accounts 3. Only through informal records of orders, sales, purchases 4. No records are kept.	27B. EMPLOYMENT CONTRACT  Are you/does.... employed on the basis of a written contract?  1. Yes, Written contract 2. No, Verbal agreement	27C. PAY SLIP  Do you/does... get a pay slip for this job?  1. Yes 2. No	27D.  Do you/does ..... benefit from paid annual leave?  1. Yes... 2. No. 3. I don't know	27E. Do you/does... receive or are you/is... entitled to employment related insurance benefits?  1. Yes, from the NIC 2. Yes from an Insurance other than NIC 3. No 4. I don't know	27F. Are you/is... registered with the National Insurance Corporation as a self-employed person or an employer?  1. Employer 2. Self-Employed 3. Not Registered	27G. SIZE  How many persons (including yourself) usually work in the business where you work?  1. only one 2. 2-5 3. 6-9 4. 10- 49 5. 50 or more

[After this question, SKIP to Q27F]

[SKIP to Q28]

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02	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<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"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3
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08	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<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"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3



**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

*(For All)*

PERSON NUMBER	28. OCCUPATION	29. INDUSTRY	30. JOB TURNOVER	31. INCOME
		What is your (...)'s job title?  <b>GIVE BRIEF DESCRIPTION OF MAIN DUTIES</b>	What is the name of the business where you work?  What type of activity is carried on there?	How long ago did you start working in this job?  1. Less than 6 months 2. 6 months but less than 1 year 3. 1 year but less than 5 years 4. 5 years but less than 10 years 5. Ten years or more  <b>NB: For an employer substitute the word job for business</b>

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**END OF INTERVIEW FOR EMPLOYED PERSONS**



**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**

**INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	<b>32. USUAL HOURS OF WORK</b> How many hours do you does (...) usually work per week in all jobs?  <b>GIVE THE NUMBER OF HOURS FOR THE MAIN AND OTHER JOBS BELOW.</b>	<b>33. ACTUAL HOURS OF WORK</b> How many hours did you work during the week ending .../.../...?  <b>GIVE THE NUMBER OF HOURS FOR THE MAIN AND OTHER JOBS BELOW.</b>	<b>34. REASON FOR DIFFERENCE IN HOURS WORKED</b> What is the reason for the difference in hours worked?  1. actual = usual <b>actual greater than usual</b>  <b>actual less than usual</b> 11. Overtime work 2. Own illness                      12. Other reason. specify 3. Holiday/vacation              6. Strike, lock-out 4. Personal/family                7. Job started/ended in reference week Responsibilities                    8. Reduction in economic activity 5. In school training              9. Temporary disorganisation 10. Other reason. specify	<b>INTERVIEWER NOTE</b>  Are actual hours worked at Qu. 33 greater than or equal to 35?  1. Yes (go to Q36)  2. No (go to Q35)
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01	main <input type="text"/> <input type="text"/> <input type="text"/> other <input type="text"/> <input type="text"/> <input type="text"/>	main <input type="text"/> <input type="text"/> <input type="text"/> other <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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06	main <input type="text"/> <input type="text"/> <input type="text"/> other <input type="text"/> <input type="text"/> <input type="text"/>	main <input type="text"/> <input type="text"/> <input type="text"/> other <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07	main <input type="text"/> <input type="text"/> <input type="text"/> other <input type="text"/> <input type="text"/> <input type="text"/>	main <input type="text"/> <input type="text"/> <input type="text"/> other <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK****INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	35. REASON FOR WORKING LESS THAN 35 HOURS	36. SEEKING/ AVAILABLE FOR ADDITIONAL WORK	37. STATUS IN EMPLOYMENT
	What is the <b>MAIN</b> reason why you (. . .) worked less than 35 hours during the week ending.../.../...?  1. Own illness, injury 2. Holiday, vacation 3. Personal, family responsibilities 3. In school, training 4. Did not want more work 5. Full time work is less than 35 hours a week  7. Strike, lock-out 8. Job started/ended within reference period 9. Reduction in economic activity 10. Temporary disorganisation/suspension from work 11. Could not find more work 12. Other specify _____	Did you (...) seek or were you (was...) available for additional work during week ending .../.../...?  1. Yes 2. No	What category of worker are you (is...) in your (his/her) job?  1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Apprentice <b>Go to Q37B</b> 5. Self-employed with employee 6. Self-employed without employee 7. Unpaid family worker <b>Go to Q37B</b> 8. Member of Production Cooperative 9. Other, specify _____

	MAIN JOB				SECOND JOB			
<b>01</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 5
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	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 3	<input type="checkbox"/> 7
					<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 4	<input type="checkbox"/> 8
					<input type="checkbox"/> 9		<input type="checkbox"/> 9	
<b>02</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 5
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					<input type="checkbox"/> 9		<input type="checkbox"/> 9	
<b>03</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 5
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<b>04</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 5
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					<input type="checkbox"/> 9		<input type="checkbox"/> 9	
<b>05</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 5
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	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 3	<input type="checkbox"/> 7
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					<input type="checkbox"/> 9		<input type="checkbox"/> 9	





**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**

PERSON NUMBER	37A. ACCOUNTS	(For employees MAIN JOB only)			(For self employed only)	
	What kind of accounts do you/does.... keep for this activity/business?  1. Complete set of written accounts 2. Simplified written accounts 3. Only through informal records of orders, sales, purchases 4. No records are kept.	37B. EMPLOYMENT CONTRACT  Are you/does.... employed on the basis of a written contract?  1. Yes, Written contract 2. No, Verbal agreement	37C. PAY SLIP  Do you/does... get a pay slip for this job?  1. Yes 2. No	37D.  Do you/does ..... benefit from paid annual leave?  1. Yes... 2. No. 3. I don't know	37E. Do you/does... receive or are you/is... entitled to employment related insurance benefits?  1. Yes, from the NIC 2. Yes from an Insurance other than NIC 3. No 4. I don't know	37F. Are you/is... registered with the National Insurance Corporation as a self-employed person or an employer?  1. Employer 2. Self-Employed 3. Not Registered

[After this question, SKIP to Q37F]

[SKIP to Q38]

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02	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<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"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3
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07	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<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"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3
08	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<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"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3



**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**

**INFORMATION ON MULTIPLE JOB HOLDERS**

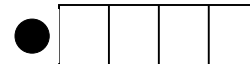
<b>PERSON NUMBER</b>	<b>38. OCCUPATION</b> What is your (...)'s) job title?  <b>GIVE TITLES FOR BOTH THE MAIN JOB AND THE SECOND JOB</b>	<b>39. INDUSTRY</b> What is (are) the name(s) of the business(es) where you (...) work?  What type of activity is carried on there?  <b>GIVE TITLES FOR BOTH THE MAIN JOB AND THE SECOND JOB</b>

<b>01</b>	main _____	main _____
	second _____	second _____
<b>02</b>	main _____	main _____
	second _____	second _____
<b>03</b>	main _____	main _____
	second _____	second _____
<b>04</b>	main _____	main _____
	second _____	second _____
<b>05</b>	main _____	main _____
	second _____	second _____
<b>06</b>	main _____	main _____
	second _____	second _____
<b>07</b>	main _____	main _____
	second _____	second _____
<b>08</b>	main _____	main _____
	second _____	second _____

For Information only







**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**

**INFORMATION ON MULTIPLE JOB HOLDERS**

<b>PERSON NUMBER</b>	<b>40. JOB TURNOVER</b> How long ago did you/..... start working in this job?  1. Less than 6 months 2. Six months but less than one year 3. One year but less than five years 4. Five years but less than ten years 5. Ten years or more  <i>NB: For an employer substitute the word job for business</i>	<b>41. INCOME</b>  What is your (. . .)'s gross monthly income from employment for your main job and other jobs?  <b>SHOW FLASH CARDS</b>	<b>42. REASON FOR MULTIPLE JOB HOLDING</b>  What is the main reason for you (. . .) holding more than one job?  1. Additional income needed 2. Starting own business 3. Hobby 4. Other specify.
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**MAIN JOB SECOND JOB**

	<input type="checkbox"/> 1 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 4	MAIN JOB	SECOND JOB	<input type="checkbox"/> 1 <input type="checkbox"/> 3
<b>01</b>	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 4
<b>02</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
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<b>04</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
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<b>08</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4

**END OF INTERVIEW FOR MULTIPLE JOB HOLDERS**



**PART 4: TO BE COMPLETED FOR UNEMPLOYED PERSONS**

PERSON NUMBER	<b>43. LENGTH OF UNEMPLOYMENT</b> How long have you (has ...) been without work and available for work?  1. Less than 1 month 2. One to three months 3. Four to six months 4. More than six months	<b>44. EVER WORKED</b> Have you (has ...) ever worked or had a job?  1. Yes 2. No( <b>GO TO QU.49</b> )	<b>45. WHY STOP WORKING</b> Why did you (...) stop working?  1. Lost job 2. Job completed 3. Resigned to study 4. Resigned to take care of children 5. Retrenched 6. Business failed 7. Moved to new area 8. Other . Specify	<b>46. STATUS IN EMPLOYMENT</b> What category of worker were you (is...) in your (his/her) last job?  1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Self-employed with employee 5. Self-employed without employee 6. Unpaid family worker 7. Apprentice 8. Member of Production Coop 9. Other, specify	<b>47. OCCUPATION</b> What was your (...)'s job title?  <b>GIVE BRIEF DESCRIPTION OF MAIN DUTIES</b>
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**PART 4: TO BE COMPLETED FOR UNEMPLOYED PERSONS**

PERSON NUMBER	<b>48. INDUSTRY</b> What is the name of the business where you (...) last worked?  What type of business activity was carried on there?	<b>49. LAST LOOK FOR WORK</b> When last did you (...) actively look for work?  1. Never looked 2. Less than one month 3. One month but less than three months 4. Three months but less than six months 5. Six months and more	<b>50. FINANCIAL SUPPORT</b> What was your/..... main source of financial support during the week ending .../.../...?  1. Parent/Guardian 2. Spouse/Partner 3. Money from abroad 4. Savings/investment/pension 5. Friend/relative in St. Lucia 6. Social Security 7. Other. Please specify
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01		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
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END OF INTERVIEW FOR PERSONS NOT EMPLOYED - GO TO HOUSING SECTION H1, PAGE 28

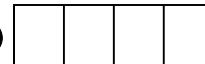
**END OF INTERVIEW FOR PERSON NOT EMPLOYED - GO TO HOUSING SECTION H1, PAGE 28**



**PART 5: FOR PERSONS NOT IN THE LABOUR FORCE DURING THE REFERENCE WEEK**

<b>PERSON NUMBER</b>	<b>51. EVER WORKED</b> Have you (has . . .) ever worked either for others or in your (his/her) own business?  1. Yes 2. No (go to Qu56)	<b>52. LAST WORKED</b> How long ago did you (. . .) stop working?  1. Less than one month 2. One month but less than two mths 3. Two but less than 3 months 4. Three but less than six months 5. Six months to one year 6. More than one year	<b>53. STATUS IN EMPLOYMENT</b> What category of worker were you (was...) in your (his/her) last job?  1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Self-employed with employee 5. Self-employed without employee 6. Unpaid family worker 7. Apprentice 8. Member of Production Cooperative 9. Other, specify	<b>54. OCCUPATION</b> What is your (...)'s) job title?  <b>GIVE BRIEF DESCRIPTION OF MAIN DUTIES</b>
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<b>04</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
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**PART 5: FOR PERSONS NOT IN THE LABOUR FORCE DURING THE REFERENCE WEEK**

PERSON NUMBER	55. INDUSTRY	56. FINANCIAL SUPPORT	57. FUTURE LABOUR FORCE PARTICIPATION
	What is the name of the business where you ( . . . ) last worked?  What type of business activity is carried on there?	What was your main source of financial support during the week ending . . . / . . . / . . . ?  1. Parent/Guardian 2. Spouse/Partner 3. Money from abroad 4. Savings/investment/pension 5. Friend/relative in St. Lucia 6. Social Security 7. Other. Please specify	Do you (does . . . ) expect to seek and/or be available for work, or start own business within the next six months?  1. Yes 2. No

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08		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2

END OF INTERVIEW FOR PERSONS NOT IN THE LABOUR FORCE - GO TO HOUSING SECTION, H1, PAGE 28

**END OF INTERVIEW FOR PERSONS NOT IN THE LABOUR FORCE  
GO TO HOUSING SECTION H1, PAGE 28**



**H1 What type of dwelling does this household occupy?**

- 1 Undivided private house
- 2 Part of a private house
- 3 Flat, apartment, condominium
- 4 Townhouse
- 5 Double house/Duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Other

**H2 What is the construction material of the outer walls?**

- 1 Wood/Timber
- 2 Concrete/Concrete Blocks
- 3 Wood & Concrete
- 4 Stone
- 5 Brick/Blocks
- 6 Plywood
- 7 Makeshift (Specify.....)
- 8 Other/Don't Know

**H2.1 What is the main source of drinking water for household members?**

- 1. Piped water
- 2. Piped into dwelling
- 3. Piped into yard or plot
- 4. Public tap/standpipe
- 5. Rainwater
- 6. Tanker/truck
- 7. Cart with small tank/drum
- 8. Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
- 9. Bottled Water
- 10. Other (specify)

**H3 Does this household own, rent or lease this dwelling?**

- 1 Owned (with mortgage)
- 2 Owned (Without mortgage)
- 3 Rented-Furnished **Go to H5**
- 4 Rented-Unfurnished **Go to H5**
- 6 Leased to own
- 7 Provided Rent-free
- 9 Other (please specify.....)
- 8 Squatted

**H4 How much rent would you charge monthly if you were to rent this accommodation?**

\$   ,    EC

**H5 How much rent do you / does . . . pay for this accommodation per month?**

\$   ,    EC

**H6 How many rooms/bedrooms does your dwelling unit contain? (Do not count bathrooms, porches, kitchens, laundry rooms, balcony, arttic, corridor )**

Number of Rooms	Number of Bedrooms
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**H7 Indicate whether your household owns any of the following items? (Items must be in good working condition and can be owned by any household member)**

**Select ALL That Apply**

- 1 Television Set
- 2 Refrigerator
- 3 Washing Machine
- 4 Telephone - LandLine
- 5 Mobile Cellular Telephone **WITH Internet Access**
- 6 Mobile Cellular Telephone **WITHOUT Internet Access**
- 7 Personal Computer/Laptop **WITH Internet Access**
- 8 Personal Computer/Laptop **WITHOUT Internet Access**
- 9 Electric/Gas Stove
- 10 Motor Vehicle
- 11 Video/VCR
- 12 Electric Iron

**COMMENTS**

Please enter below any comments, concerns and difficulties which you think is necessary to bring to the attention of survey organisers. If you are referring to a particular question please enter the number of the question before you comment on it.