

Person's Number	01	02	03		04	05	06	07	08	09	10
1.9 What was your principal occupation in the <u>last 30 days?</u> Describe nature of occupation. [see instruction]											
1.10 Industry – Give name and address of your employer and if self-employed, what is your trade or business [see instructions]											
1.11 Employment status – How is the person paid? <div>Wage/salary earner</div> <div>Employer</div> <div>Self –employed</div> <div>Unpaid family/community worker</div> <div><div>1</div><div>2</div><div>3</div><div>4</div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
1.12 [a] Reason for not working <div>Available for work but no work available</div> <div>Not actively seeking work</div> <div>Student</div> <div>Housewife/Domestic duties</div> <div>Retired/Pensioner</div> <div>Other, eg. Disabled etc</div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div></div> <div>Go to Q1.12[b] End of Block1</div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
1.12 [b] f answered UNEMP in 1.8[b] How long have you been without work? <div>Less than 3 months</div> <div>months but less than 6 months</div> <div>6 months but less than 12 months</div> <div>more than 1 year</div> <div><div>1</div><div>2</div><div>3</div><div>4</div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
1.13 [a] School Attendance <div>Never been</div> <div>Attending school</div> <div>Left school</div> <div><div>1</div><div>2</div><div>3</div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
[b] Highest level of Education Attained [Give details]											
1.14 [a] Do you have a mobile phone <div>Yes</div> <div>No</div> <div><div>1</div><div>2</div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
[b] Do you use internet <div>Yes</div> <div>No</div> <div><div>1</div><div>2</div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
[c] Do you use e-mail <div>Yes</div> <div>No</div> <div><div>1</div><div>2</div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
[d] If yes for [b]and /or [c] where do you access these? <div>Home</div> <div>Institute</div> <div><div>1</div><div>4</div></div> <div>Work</div> <div>Other</div> <div><div>2</div><div>5</div></div> <div>Educational</div> <div><div>3</div></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>		<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>