

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