



LABOUR FORCE SURVEY

INDIVIDUAL QUESTIONNAIRE

Survey						
Q		/	2	0	2	4

Parish Const. ED Dwell HH Num.

Name:		Respondent Number <input type="text"/> <input type="text"/> <input type="checkbox"/> Proxy Respondent
Telephone Number:		
Email Address:		

Good day, my name is I am an interviewer from the Statistical Institute of Jamaica (STATIN). We are currently conducting the quarterly Labour Force Survey (LFS) which measures the labour market activity of people in Jamaica. Your participation in this survey would be greatly appreciated to ensure the accuracy and completeness of the survey results. I assure you that any answer you provide will be kept confidential. May I ask you some questions at this time?

CONTACT HISTORY						
Visit Number	Date (dd/mm/yyyy)	Visit Time (24 hr)		A. Initial Contact Code	B. Result Code	C. Refusal Code
		Start Time	End Time			
1		:	:			
2		:	:			
3		:	:			
4		:	:			

CODES			
A. Contact Code	B. Result Code	C. Refusal Code	D. Final Result Code
01 Contact made with household	01 Completed interview	01 Does not have the time	01 Completed interview
02 Temporarily absent	02 Partially completed interview	02 Questions too personal	02 Partially completed interview
03 Non-contact	03 Call back scheduled	03 Does not trust surveys/confidentiality	03 Non-contact
04 No access to household	04 Unable to provide information	04 Doesn't get anything in exchange for answering	04 Unable to provide information
96 Other (Specify)	05 Refused (> C. Refusal Code)	05 Is tired of answering surveys	05 No access to household
	06 Other (Specify)	06 Does not respond to surveys	06 Refused
		07 Is prevented from answering	07 Closed
		08 No reason given	96 Other (Specify)
		96 Other (Specify)	

INTERVIEWER COMMENTS:

SUPERVISOR COMMENTS:

FOR INTERNAL USE ONLY					
	INTERVIEWER	SUPERVISOR	DATA CODING OFFICER	DATA ENTRY OFFICER	DATA ENTRY SUPERVISOR
Name:					
Signature:					
Date:					
Interview Key:					

1 DEMOGRAPHIC

1.1 WHAT IS [YOUR/ NAME'S] SEX?

1. Male

2. Female

1.2 WHAT IS [YOUR/ NAME'S] RELATIONSHIP TO ... (HOUSEHOLD REFERENCE PERSON-HRP)?

1. Household Reference Person-HRP

8. Grandchild of ...(HRP)/Spouse/Partner

2. Wife/Husband of ...(HRP)

9. Parent of ...(HRP)/Spouse/Partner

3. Common-Law Partner of ...(HRP)

10. Brother/Sister of ...(HRP)/Spouse/Partner

4. Child of ...(HRP) and Spouse/ Partner

11. Other Relative of ...(HRP)/Spouse/Partner

5. Child of ...(HRP) Only

12. Domestic Employee

6. Child of Spouse/Partner Only

13. Other Non-Relative

7. Spouse/Partner of Child

99. Not Stated

1.3 WHAT IS [YOUR/ NAME'S] DATE OF BIRTH?

d d

m m

y y

99. Not stated

1.4 HOW OLD [ARE/ IS] [YOU/ NAME]? [IF UNDER 14 YEARS OLD -> END OF INTERVIEW]

Years Old

999. Not stated

2 EDUCATION AND TRAINING

PARTICIPATION IN AN EDUCATION PROGRAMME

2.1 [HAVE/ HAS] [YOU/ NAME] EVER ATTENDED SCHOOL OR PARTICIPATED IN ANY STRUCTURED EDUCATION PROGRAMME?

1. Yes

2. No [-> Q2.9]

2.2 WHAT IS THE HIGHEST GRADE/LEVEL OF SCHOOLING THAT [YOU/ NAME] LAST ATTENDED (I.E. GRADE/LEVEL NOT CURRENTLY ATTENDING)?

1. None [-> Q2.6]

7. Short cycle tertiary or equivalent (tertiary

2. Pre-school/Basic/Infant [-> Q2.4]

certificate/diploma) [-> Q2.4]

3. Primary (Grades 1-6)

Grade

8. Undergraduate/First Degree or equivalent [-> Q2.4]

4. Lower Secondary (Grades 7-9) or equivalent

Grade

9. Graduate degree or equivalent [-> Q2.4]

5. Upper Secondary (Grades 10-11)

Grade

10. Doctorate/Ph.D. or equivalent [-> Q2.4]

6. Grade 12-13/ other post-secondary, non-tertiary or equivalent

Grade

96. Other (Specify)

98. Don't know [-> Q2.6]

99. Not stated/Refused [-> Q2.6]

COMPLETION OF AN EDUCATION PROGRAMME

2.3 DID [YOU/ NAME] COMPLETE THE EDUCATION PROGRAMME AT THIS GRADE/LEVEL?

1. Yes

2. No

9. Don't know

2.4 WHAT IS THE HIGHEST QUALIFICATION THAT [YOU/ NAME] RECEIVED IN AN EDUCATION PROGRAMME (INCLUDING PEP/GSAT/COMMON ENTRANCE)?

1. None [-> Q2.6]
2. PEP/GSAT/Common Entrance [-> Q2.6]
3. CSEC/CXC/GCE O-Level/ SSC Subjects [-> Q2.6] Number
4. CAPE/GCE A-Level Subjects [-> Q2.6] Number
5. Non-Tertiary Certificate/Diploma
6. Professional/Technical Certificate/Diploma
7. Bachelor's Degree or equivalent
8. Master's Degree/Post Graduate Diploma/ Certificate or equivalent
9. Doctorate/Ph.D. or equivalent
96. Other (Specify): _____
98. Don't know [-> Q2.6]
99. Not stated/Refused [-> Q2.6]

2.5 WHAT WAS [YOUR/ NAME'S] AREA OF STUDY?

FIELD OF STUDY

JSCED-F CODE				

CURRENTLY IN SCHOOL

2.6 [ARE/ IS] [YOU/ NAME] CURRENTLY ATTENDING AN EDUCATION PROGRAMME?

1. Yes 2. No [If Q2.4 is 8 or 9 -> Q2.12, If Q2.4 is NOT 8 or 9 -> Q2.9] 9. Don't know [If Q2.4 is 8 or 9 -> Q2.12, If Q2.4 is NOT 8 or 9 -> Q2.9]

2.7 WHAT QUALIFICATION [DO/ DOES] [YOU/ NAME] EXPECT TO RECEIVE AT THE END OF THIS PROGRAMME?

1. None [-> Q2.9]
2. PEP/GSAT/Common Entrance [-> Q2.9]
3. CSEC/CXC/GCE O-Level/ SSC Subjects [-> Q2.9]
4. CAPE/GCE A-Level Subjects [-> Q2.9]
5. Non-Tertiary Certificate/Diploma
6. Professional/Technical Certificate/Diploma
7. Bachelor's Degree or equivalent
8. Master's Degree/Post Graduate Diploma/ Certificate or equivalent
9. Doctorate/Ph.D. or equivalent
96. Other (Specify): _____
98. Don't know
99. Not stated/Refused [-> Q2.9]

2.8 WHAT IS [YOUR/ NAME'S] AREA OF STUDY?

FIELD OF STUDY

JSCED-F CODE				

PARTICIPATION IN A TRAINING PROGRAMME

2.9 [HAVE/ HAS] [YOU/ NAME] EVER ATTENDED OR PARTICIPATED IN ANY STRUCTURED TRAINING PROGRAMME?

1. Yes 2. No [-> Q2.12] 9. Don't know [-> Q2.12]

2.10 WHAT IS THE HIGHEST QUALIFICATION THAT [YOU/ NAME] RECEIVED IN A TRAINING PROGRAMME?

1. None [-> Q2.12]
2. NVQ-J Certificate Level
3. Non-Tertiary Certificate/ Diploma
4. Professional/ Technical Certificate/ Diploma
5. Bachelor's Degree or equivalent
6. Master's Degree/Post Graduate Diploma/ Certificate or equivalent
96. Other (Specify): _____
98. Don't know [-> Q2.12]
99. Not stated/ refused [-> Q2.12]

2.11 WHAT WAS [YOUR/ NAME'S] AREA OF STUDY?

FIELD OF STUDY

ISCED-F CODE				

2.12 [HAVE/ HAS] [YOU/ NAME] RECEIVED ANY OTHER TYPE OF TRAINING?

1. Yes 2. No [-> Q3.1] 9. Don't know [-> Q3.1]

2.13 WHAT OTHER TYPES OF TRAINING [HAVE/ HAS] [YOU/ NAME] RECEIVED? (SELECT ALL THAT APPLY)

- a) On-the-job- training e) Internship
 b) Formal/Unpaid apprenticeship f) Other (specify): _____
 c) Informal apprenticeship x) Don't know
 d) Training seminar/ course y) Not stated/ Refused

ISCED Code		

3 MAIN ACTIVITY

3.1 DURING THE WEEK ENDING JANUARY 13, 2024, DID [YOU/ NAME] ...	Yes 1	No 2
A. Do any work for someone else for wage, salary, commission, or any payment in kind, even if only for one hour ?	<input type="checkbox"/> [-> Q6.1]	<input type="checkbox"/>
B. Run or do any kind of business/activity to generate income, big or small, for yourself or with one or more partners, even if only for one hour ? For example: [making things for sale, buying and reselling things, provided services for pay]	<input type="checkbox"/> [-> Q6.1]	<input type="checkbox"/>
C. Do any work as a domestic worker or gardener for wage, salary, or any payment in kind, even if only for one hour ?	<input type="checkbox"/> [-> Q6.1]	<input type="checkbox"/>
D. Do any odd jobs or hustling for pay, even if only for one hour ?	<input type="checkbox"/> [-> Q6.1]	<input type="checkbox"/>
E. Do any kind of farming, catch fish, wild animals, or other food to generate income, even if only for one hour ?	<input type="checkbox"/> [-> Q4.1]	<input type="checkbox"/>
F. Help, without being paid, in any job or business of a household or family member, even if only for one hour ?	<input type="checkbox"/> [-> Q6.1]	<input type="checkbox"/>
G. Have a job or business from which you/he/she were/ was temporarily absent (e.g. on vacation or sick leave)?	<input type="checkbox"/> [-> Q5.1]	<input type="checkbox"/>

3.2 WHAT [WERE/ WAS] [YOU/ NAME] DOING MOST OF THE TIME DURING WEEK ENDING JANUARY 13, 2024? [READ OPTIONS]

3.3

1. Studying or training [-> Q8.1]
 2. With a long-term illness, injury, or disability [-> Q8.6]
 3. Looking for work [-> Q8.1]
 4. Retired or pensioner [-> Q8.1]
 96. Other (specify): _____ [-> Q8.1]
 98. Don't know (Proxy only) [-> Q8.1]

4 AGRICULTURAL WORK AND MARKET ORIENTATION

4.1 THINKING ABOUT THE WORK IN FARMING, REARING ANIMALS, FISHING OR FISH FARMING [YOU/ NAME] [DO/ DOES], ARE THE PRODUCTS INTENDED ...? [READ OPTIONS]

1. Only for sale [-> Q6.1] 4. Only for family use [-> Q8.1]
 2. Mainly for sale [-> Q6.1] 9. Don't know (Proxy only) [-> Q8.1]
 3. Mainly for family use [-> Q8.1]

5 TEMPORARY ABSENCE

5.1 WHY DID [YOU/ NAME] NOT WORK DURING THE WEEK ENDING JANUARY 13, 2024, OR WHY [WERE /WAS] [YOU/ NAME] TEMPORARILY ABSENT FROM WORK OR BUSINESS DURING THE WEEK ENDING JANUARY 13, 2024?

- | | |
|---|--|
| <input type="checkbox"/> 1. Illness [-> Q6.1] | <input type="checkbox"/> 7. Educational Leave/Training |
| <input type="checkbox"/> 2. Vacation/Holiday/Leave [-> Q6.1] | <input type="checkbox"/> 8. Low or off-season [-> Q5.4] |
| <input type="checkbox"/> 3. Bad Weather | <input type="checkbox"/> 9. Working time arrangement, flexi time, nature of work [-> Q6.1] |
| <input type="checkbox"/> 4. Labor Dispute | <input type="checkbox"/> 10. Long-term disability |
| <input type="checkbox"/> 5. Temporary Lay-Off | <input type="checkbox"/> 11. Waiting to start a new job/business [-> Q8.1] |
| <input type="checkbox"/> 6. Maternity/Paternity Leave [-> Q6.1] | <input type="checkbox"/> 96. Other (specify): _____ |

5.2 WHEN [DO/ DOES] [YOU/ NAME] EXPECT TO RETURN TO THAT SAME JOB/BUSINESS?

- | | |
|---|--|
| <input type="checkbox"/> 1. Within [3 months or less] [-> Q6.1] | <input type="checkbox"/> 4. Unsure to return [-> Q8.1] |
| <input type="checkbox"/> 2. After [3 months] | <input type="checkbox"/> 9. Don't know (Proxy only) |
| <input type="checkbox"/> 3. Will not return [-> Q8.1] | |

5.3 [DO/ DOES] [YOU/ NAME] CONTINUE TO RECEIVE AN INCOME, INCLUDING PARTIAL OR DEFERRED/ EXPECTED, FROM [YOUR/HIS/HER] JOB OR BUSINESS DURING THIS ABSENCE?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No [-> Q8.1] |
|---------------------------------|--|

5.3A IS THE INCOME RECEIVED FROM [YOUR/ NAME'S] JOB OR BUSINESS ...?

- | |
|--|
| <input type="checkbox"/> 1. The same [-> Q6.1] |
| <input type="checkbox"/> 2. Reduced [-> Q6.1] |
| <input type="checkbox"/> 3. Deferred [-> Q6.1] |

5.4 DURING THE LOW/OFF SEASON, [DO/ DOES] [YOU/ NAME] CONTINUE TO DO SOME WORK FOR THAT JOB/BUSINESS?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No [-> 8.1] |
|---------------------------------|---|

6 JOB CHARACTERISTICS

6.1 HOW MANY INCOME-EARNING ACTIVITIES DID [YOU/ NAME] CARRY OUT DURING THE WEEK ENDING JANUARY 13, 2024?

- | | | |
|-------------------------------|-------------------|--|
| <input type="text" value=""/> | Activities | <input type="checkbox"/> 98. Don't know (Proxy only) |
|-------------------------------|-------------------|--|

CHARACTERISTICS OF MAIN JOB

[READ IF MORE THAN ONE INCOME-EARNING ACTIVITY]

INTERVIEWER TO READ:

I AM NOW GOING TO ASK YOU SOME QUESTIONS ABOUT THE INCOME GENERATING ACTIVITY IN WHICH (YOU/NAME) USUALLY WORK THE MOST HOURS.

6.2 WHAT IS THE MAIN KIND OF WORK THAT [YOU/ NAME] [WERE/WAS] DO?

Main Job

JSOC CODE				

6.2A WHAT IS [YOUR/ HIS/ HER] JOB TITLE?

6.3 DOES THE PLACE OR BUSINESS WHERE [YOU/ NAME] WORK(S) HAVE A NAME?

- 1. Yes
- 2. Business without a name [-> Q6.5]
- 3. Private household as a domestic worker [-> Q6.6]

6.4 WHAT IS THE NAME OF THE BUSINESS ESTABLISHMENT WHERE [YOU/ NAME] WORK(S)?

(Name of Establishment)

6.5 WHAT IS THE MAIN KIND OF ACTIVITY THAT IS CARRIED OUT AT [YOUR/ NAME'S] PLACE OF WORK?

Main Job

JIC CODE				

6.6 [DO/ DOES] [YOU/ NAME] WORK AS ...? [READ OPTIONS]

- 1. An employee [-> Q6.11]
- 2. An own account worker/ employer [-> Q6.8]
- 3. Helping in a family or household business
- 4. An apprentice/intern [-> Q6.11]
- 5. Helping a family member who works for someone else [-> Q6.11]
- 99. Not Stated/ Refused [-> Q6.11]

THE FOLLOWING QUESTION IS FOR SELF-IDENTIFIED CONTRIBUTING FAMILY WORKERS

6.7 WHO USUALLY MAKES THE DECISIONS ABOUT THE RUNNING OF THE FAMILY BUSINESS?

- 1. [You/ Name]
- 2. [You/ Name] together with other(s)
- 3. Other family member(s) only [-> Q6.13]
- 4. Other (non-related) person(s) only [-> Q6.13]

THE FOLLOWING SET OF QUESTIONS IS FOR THOSE IDENTIFIED AS SELF-EMPLOYED

6.8 DOES [YOUR/ NAME'S] BUSINESS HIRE ANY PAID EMPLOYEES ON A REGULAR BASIS?

- 1. Yes [IF RESPONDENT IS 15-49 YEARS OLD AND FEMALE -> Q6.23, OTHERWISE -> Q6.24]
- 2. No

6.9 CAN [YOU/ NAME] SET THE PRICE OF THE PRODUCTS OR SERVICES THAT [YOU/ HE/ SHE] OFFER(S)?

- 1. Yes [IF RESPONDENT IS 15-49 YEARS OLD AND FEMALE -> Q6.23, OTHERWISE -> Q6.24]
- 2. No

6.10 WHY CAN [YOU/ NAME] NOT SET THE PRICE? [IF RESPONDENT IS 15-49 YEARS OLD AND FEMALE -> Q6.23, OTHERWISE -> Q6.24]

- 1. Another enterprise or agent sets the price
- 2. Prices are set by the customer(s)
- 3. Government defines the price by law/regulation
- 4. Prices are negotiated with the customer
- 5. It's the going rate on the market
- 96. Other (specify): _____

THE FOLLOWING SET OF QUESTIONS IS FOR THOSE IDENTIFIED AS EMPLOYEES, APPRENTICES OR ASSISTING FAMILY MEMBERS.

QUESTIONS FROM 6.13 ONWARD, ARE ALSO ADDRESSED TO CONTRIBUTING FAMILY MEMBERS.

6.11 IN THIS JOB [ARE/IS] [YOU/ NAME] WORKING IN ...? [READ OPTIONS]

- 1. The government or state-owned enterprise
- 2. An NGO, non-profit institution, church
- 3. A private business
- 4. A household as a domestic worker
- 5. An international organization or foreign embassy
- 96. Other (specify): _____

- 6.12 WHICH OF THE FOLLOWING TYPES OF PAY *[DO/DOES]* *[YOU/NAME]* RECEIVE FOR THIS WORK? *[READ OPTIONS]*
- a) A wage or salary f) Payment with meals or accommodation
- b) Payment by piece of work completed g) Payment in products
- c) Commissions h) Other cash payment (specify): _____
- d) Tips i) Not paid *[IF RESPONDENT IS 15-49 YEARS OLD AND FEMALE -> Q6.23, OTHERWISE -> Q6.24]*
- e) Fees for services provided

- 6.13 *[DO/DOES]* *[YOU/ NAME]* HAVE A WRITTEN CONTRACT OR VERBAL AGREEMENT FOR THE WORK *[YOU/NAME]* *[DO/DOES]* IN *[YOUR/ HIS/ HER]* MAIN JOB?
1. Written contract 2. Verbal agreement 9. Don't know *[-> Q6.19]*

- 6.14 DOES *[YOUR/ NAME'S]* CONTRACT SPECIFY THE NUMBER OF HOURS *[YOU/ HE/ SHE]* *[ARE/ IS]* SUPPOSED TO WORK?
1. Yes *[-> Q6.16]* 2. No

- 6.15 *[ARE/ IS]* *[YOU/ NAME]* AT LEAST GUARANTEED THAT *[YOU/ HE/ SHE]* WILL GET SOME WORK OR HOURS IN *[YOUR/ HIS/ HER]* JOB?
1. Yes, minimum hours or work guaranteed 2. No, 0-hour contract, contacted when needed

- 6.16 IS *[YOUR/ NAME'S]* CONTRACT OR AGREEMENT....? *[READ OPTIONS]*
1. For a specified period of time 3. Permanent (until retirement)/ no specific end date) *[-> Q6.19]*
2. Until the date a task is completed

- 6.17 HOW LONG IN TOTAL IS *[YOUR/ NAME'S]* CURRENT CONTRACT OR AGREEMENT?
1. Daily 5. 6 to < 12 months
2. Less than 1 month 6. Twelve months or more
3. 1 to < 3 months 9. Don't Know *[-> Q6.19]*
4. 3 to < 6 months

- 6.18 WHICH OF THE FOLLOWING APPLIES TO *[YOUR/ NAME'S]* CURRENT CONTRACT OR AGREEMENT?
- a) It covers a particular season c) It is part of an employment creation program
- b) It covers a period of training (apprentice, trainee, research assistant, etc.) d) It is for substitute work
- e) NONE OF THE ABOVE

- 6.19 WHO IS RESPONSIBLE FOR DEDUCTING ANY TAXES FROM *[YOUR/ HIS/ HER]* INCOME?
1. Employer is responsible 3. Not applicable *[-> Q6.21]*
2. (You are/ name is) responsible 9. Don't know *[-> Q6.21]*

6.20 <i>[DO/DOES]</i> <i>[YOU/NAME]</i> OR <i>[YOUR/HIS/HER]</i> EMPLOYER DEDUCT FOR <i>[YOU/NAME]</i> ANY CONTRIBUTIONS TO ...	1. Yes	2. No	9. Don't know
a) Pension Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) N.I.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 6.21 *[DO/DOES]* *[YOU/ NAME]* BENEFIT FROM PAID ANNUAL LEAVE?
1. Yes 2. No 9. Don't know

- 6.22 WOULD *[YOU/ NAME]* BENEFIT FROM PAID SICK LEAVE IN CASE OF ILLNESS? *[IF RESPONDENT IS 15-49 YEARS OLD AND FEMALE -> Q6.23, OTHERWISE -> Q6.24]*
1. Yes 2. No 9. Don't know

THE FOLLOWING QUESTION IS FOR WOMEN 15-49 YEARS ONLY

- 6.23 IF *[YOU/ NAME]* WISHED TO HAVE A BABY, WOULD *[YOU/ SHE]* BENEFIT FROM MATERNITY LEAVE WITH PAY?
1. Yes 3. No
2. Not sure 9. Don't know (Proxy only)

THE FOLLOWING SET OF QUESTIONS IS FOR ALL PERSONS IN EMPLOYMENT

6.24 FOR HOW LONG [HAVE/HAS] [YOU/NAME] BEEN WORKING IN [YOUR/HER/HIS] CURRENT JOB OR BUSINESS?

- | | |
|--|---|
| <input type="checkbox"/> 1. Less than 3 months | <input type="checkbox"/> 5. 1 year but less than 2 years |
| <input type="checkbox"/> 2. 3 months but less than 6 months | <input type="checkbox"/> 6. 2 years but less than 5 years |
| <input type="checkbox"/> 3. 6 months but less than 9 months | <input type="checkbox"/> 7. 5 or more years |
| <input type="checkbox"/> 4. 9 months but less than 12 months | <input type="checkbox"/> 99. Not stated |

6.25 WHERE [DO/DOES] [YOU/NAME] MAINLY CARRY OUT THIS WORK?

- | | |
|---|---|
| <input type="checkbox"/> 1. At family dwelling | <input type="checkbox"/> 7. On the street (No fixed location) |
| <input type="checkbox"/> 2. Plantation, farm, garden | <input type="checkbox"/> 8. Shop, store |
| <input type="checkbox"/> 3. Client or employer's house | <input type="checkbox"/> 9. Market |
| <input type="checkbox"/> 4. At a factory, office, or business | <input type="checkbox"/> 96. Other (specify) _____ |
| <input type="checkbox"/> 5. Construction site | <input type="checkbox"/> 98. Don't know (Proxy only) |
| <input type="checkbox"/> 6. On the street (fixed location) | |

6.26 HOW MANY PERSONS (INCLUDING [YOURSELF/NAME]) ARE WORKING IN THE BUSINESS OR AT THE WORKPLACE?

- | | |
|---|---|
| <input type="checkbox"/> 1. 1 Person | <input type="checkbox"/> 4. 10-49 Persons |
| <input type="checkbox"/> 2. 2-4 Persons | <input type="checkbox"/> 5. 50+ Persons |
| <input type="checkbox"/> 3. 5-9 Persons | <input type="checkbox"/> 99. Not stated |

6.27 IS THE BUSINESS [YOU/NAME] WORK(S) FOR INCORPORATED? FOR EXAMPLE, AS A [LIMITED COMPANY OR PARTNERSHIP]?

1. Yes *[If Respondent has 1 job -> Q6.32, otherwise -> Q6.30]* 2. No 9. Don't know

6.28 IS THE PLACE IN WHICH [YOU/NAME] WORK REGISTERED BY ANY OF THESE (NATIONAL/STATUTORY OR LOCAL GOVERNMENT) AGENCIES?	1. Yes	2. No	3. In the process	9. Don't know
a. Inland Revenue (Tax Office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Business registration at the Companies Office of Jamaica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. National Insurance Scheme (NIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other forms of business Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.29 WHAT KIND OF ACCOUNTS OR RECORDS DOES THE (BUSINESS/FARM) KEEP? [IF RESPONDENT HAS 1 JOB -> Q6.32]

- | | |
|---|--|
| <input type="checkbox"/> 1. A complete set of written accounts for tax purposes | <input type="checkbox"/> 3. Informal records of orders, sales, purchases |
| <input type="checkbox"/> 2. Simplified written accounts not for tax purposes | <input type="checkbox"/> 4. No records are kept |
| | <input type="checkbox"/> 9. Don't Know/Not Stated |

CHARACTERISTICS OF SECOND JOB

ASK ONLY IF RESPONDENT HAD MORE THAN ONE JOB OR BUSINESS (6.1). OTHERWISE, SKIP TO Q6.32.

6.30 IN THIS SECOND JOB, WHAT KIND OF WORK [DO/DOES] [YOU/NAME] DO?

a. Second Job

JSOC CODE				

6.31 WHAT IS THE MAIN KIND OF ACTIVITY THAT IS CARRIED OUT AT [YOUR/NAME'S] PLACE OF WORK?

a. Second Job

JIC CODE				

INCOME

THE FOLLOWING SET OF QUESTIONS IS FOR ALL RESPONDENTS IN EMPLOYMENT

6.32 WHAT IS [YOUR/NAME'S] WEEKLY, FORTNIGHTLY, OR MONTHLY INCOME ...?

a. From Employment (all jobs)

\$

99. Not stated

1. Weekly 2. Fortnightly 3. Monthly 4. Yearly

96. Other (specify): _____

1. JMD

4. Pound Sterling

2. USD

5. Euro

3. Canadian

96. Other (specify): _____

b. From other sources

\$

99. Not stated

1. Weekly 2. Fortnightly 3. Monthly 4. Yearly

96. Other (specify): _____

1. JMD

4. Pound Sterling

2. USD

5. Euro

3. Canadian

97. Other (specify): _____

6.33 [ARE/IS] [YOU/NAME] CURRENTLY A MEMBER OF A TRADE UNION OR A STAFF ASSOCIATION

1. Yes

2. No [[→ Q6.35](#)]

9. Don't know [[→ Q6.35](#)]

6.34 WHAT IS THE NAME OF THE TRADE UNION OR A STAFF ASSOCIATION THAT [YOU/NAME] [ARE/IS] A MEMBER?

9. Don't know

(NAME OF TRADE UNION OR STAFF ASSOCIATION)

6.35 [ARE/IS] [YOU/NAME] CURRENTLY ENROLLED IN A RETIREMENT PENSION SCHEME (PLAN)?

1. Yes [[→ Q6.37](#)]

2. No

9. Don't know

6.36 [ARE/IS] [YOU/NAME] CURRENTLY BENEFITTING FROM A RETIREMENT PENSION SCHEME PLAN? [[→ Q6.38](#)]

1. Yes

2. No

9. Don't know (Proxy only)

6.37 WHAT TYPE OF PENSION SCHEME (PLAN) [ARE/IS] [YOU/NAME] ENROLLED IN?

a) Contributory (Private)

d) National Insurance Scheme (NIS)

b) Non-Contributory (Private)

x) Other (specify) _____

c) Government

y) Don't know

THE FOLLOWING QUESTION IS FOR RESPONDENTS WHO ANSWERED "NOT PAID" AT 6.12 AND "NOT STATED" AT 6.32

6.38 WHAT IS [YOUR/NAME'S] PRESENT MEANS OF SUPPORT?

a. Type of Support

1. Overseas Remittance

2. Other support

99. Not Stated

b. Source

1. Parent/Guardian

5. Savings

2. Spouse/Partner

96. Other (specify) _____

3. Other relatives

99. Not stated

4. Friend

7 WORKING TIME IN EMPLOYMENT

THE FOLLOWING SET OF QUESTIONS IS ABOUT THE HOURS WORKED IN [YOUR/NAME'S] MAIN JOB

7.1 HOW MANY HOURS [DO/DOES] [YOU/NAME] USUALLY WORK PER WEEK IN [YOUR/HIS/HER] MAIN JOB? [IF HOURS ARE GIVEN → Q7.4, IF NOT STATED, GO TO NEXT QUESTION]

--	--	--

Hours

999. Not stated

7.2 HOW MANY DAYS PER WEEK [DO/DOES] [YOU/NAME] USUALLY WORK IN [YOUR/HIS/HER] MAIN JOB?

--

Number of days

7.3 HOW MANY HOURS PER DAY [DO/DOES] [YOU/NAME] USUALLY WORK IN [YOUR/HIS/HER] MAIN JOB?

--	--

Hours

999. Not stated

7.4 DURING THE WEEK ENDING JANUARY 13, 2024, DID [YOU/NAME] HAVE ANY ABSENCES OR TAKE TIME OFF FROM [YOUR/HIS/HER] MAIN JOB FOR ANY REASON, FOR EXAMPLE HOLIDAYS, ILLNESS, FAMILY REASONS?

1. Yes 2. No 9. Don't know (Proxy only)

7.5 DURING THE WEEK ENDING JANUARY 13, 2024, WERE THERE ANY DAYS WHEN [YOU/NAME] WORKED FOR MORE THAN USUAL OR EXTRA HOURS IN [YOUR/HIS/HER] MAIN JOB, PAID OR UNPAID?

1. Yes 2. No [→ Q7.7] 9. Don't know (Proxy only) [→ Q7.7]

7.6 HOW MANY HOURS DID [YOU/NAME] WORK IN YOUR MAIN JOB, DURING THE WEEK ENDING JANUARY 13, 2024?

--	--	--

Hours

999. Not stated

THE FOLLOWING QUESTION IS ABOUT THE HOURS WORKED IN ALL JOBS

7.7 WHAT IS THE TOTAL AMOUNT OF HOURS USUALLY WORKED IN ALL JOBS PER WEEK?

--	--	--

Hours

999. Not stated

7.8 DURING THE 4 WEEKS ENDING JANUARY 13, 2024, DID [YOU/NAME] LOOK FOR ADDITIONAL OR OTHER PAID WORK?

1. Yes 2. No 9. Don't know (Proxy only)

ASK 7.9 – 7.11 ONLY IF 7.7 LESS THAN 40, OTHERWISE END OF INTERVIEW

7.9 WOULD [YOU/NAME] WANT TO WORK MORE HOURS PER WEEK THAN USUALLY WORKED, PROVIDED THE ADDITIONAL HOURS ARE PAID?

1. Yes 2. No 9. Don't know (Proxy only)

7.10 COULD [YOU/NAME] START WORKING MORE HOURS WITHIN THE NEXT TWO WEEKS?

1. Yes 2. No [END OF INTERVIEW] 9. Don't know (Proxy only) [END OF INTERVIEW]

7.11 HOW MANY ADDITIONAL HOURS PER WEEK COULD [YOU/NAME] WORK?

--	--	--

Hours

999. Not stated

[END OF INTERVIEW]

8 JOB SEARCH AND AVAILABILITY

8.1 DURING THE 4 WEEKS ENDING JANUARY 13, 2024, DID [YOU/NAME] DO ANYTHING TO FIND A PAID JOB?

1. Yes [→ Q8.3] 2. No

8.2 DURING THE 4 WEEKS ENDING JANUARY 13, 2024, DID [YOU/NAME] DO ANYTHING TO START A BUSINESS?

1. Yes 2. No [→ Q8.5]

8.3 WHAT WERE THE MOST RECENT EFFORTS [YOU/ NAME] MADE TO GET A JOB OR START A BUSINESS?

READ AND SELECT ALL THAT APPLY, STARTING WITH THE MAIN EFFORT

- | | |
|---|---|
| <input type="checkbox"/> a) Apply to prospective employers | <input type="checkbox"/> h) Wait to be recruited |
| <input type="checkbox"/> b) Place or answer job advertisements | <input type="checkbox"/> i) Seek financial help to start a business |
| <input type="checkbox"/> c) Post resume on professional/social networking sites | <input type="checkbox"/> j) Look for land, building, equipment, materials to start a business |
| <input type="checkbox"/> d) Register with public employment centre/agency | <input type="checkbox"/> k) Apply for permit/license to start a business |
| <input type="checkbox"/> e) Take a test or interview | <input type="checkbox"/> x) Other (Specify) _____ |
| <input type="checkbox"/> f) Seek help from relatives, friends, others | |
| <input type="checkbox"/> g) Check at factories, work sites | |

8.4 FOR HOW LONG [HAS/ HAVE] [YOU/ NAME] BEEN WITHOUT WORK AND TRYING TO FIND A PAID JOB OR START A BUSINESS? [→ Q8.9]

- | | |
|---|--|
| <input type="checkbox"/> 1. Less than 1 month | <input type="checkbox"/> 5. 9 months but less than 12 months |
| <input type="checkbox"/> 2. 1 month but less than 3 months | <input type="checkbox"/> 6. 1 year but less than 2 years |
| <input type="checkbox"/> 3. 3 months but less than 6 months | <input type="checkbox"/> 7. 2 years and over |
| <input type="checkbox"/> 4. 6 months but less than 9 months | <input type="checkbox"/> 99. Not stated |

8.5 AT ANY TIME IN THE LAST 12 MONTHS, DID [YOU/ NAME] LOOK FOR A PAID JOB OR TRY TO START A BUSINESS?

1. Yes 2. No

8.6 AT PRESENT [DO/ DOES] [YOU/ NAME] WANT TO WORK?

1. Yes 2. No [→ Q8.12]

8.7 WHAT IS THE MAIN REASON WHY [YOU/ NAME] DID NOT TRY TO FIND A PAID JOB OR START A BUSINESS IN THE 4 WEEKS ENDING JANUARY 13, 2024?

- | | |
|---|--|
| <input type="checkbox"/> 1. Pregnancy [→ Q8.9] | <input type="checkbox"/> 7. Own disability, injury, illness [→ Q8.9] |
| <input type="checkbox"/> 2. No jobs matching skills, lack experience [→ Q8.9] | <input type="checkbox"/> 8. Waiting for the season to start [→ Q8.9] |
| <input type="checkbox"/> 3. Awaiting recall from a previous job [→ Q8.9] | <input type="checkbox"/> 9. Waiting to start new job or business |
| <input type="checkbox"/> 4. Tired of looking for jobs [→ Q8.9] | <input type="checkbox"/> 10. Retired, pensioner [→ Q8.9] |
| <input type="checkbox"/> 5. Needed at home [→ Q8.9] | <input type="checkbox"/> 96. Other (specify) _____ [→ Q8.9] |
| <input type="checkbox"/> 6. Awaiting replies to applications [→ Q8.9] | <input type="checkbox"/> 99. Not stated [→ Q8.9] |

8.8 HOW SOON [DO/ DOES] [YOU/ NAME] EXPECT TO START WORKING IN THIS NEW JOB OR BUSINESS?

- | | |
|---|---|
| <input type="checkbox"/> 1. In 1 month or less | <input type="checkbox"/> 3. In more than 3 months |
| <input type="checkbox"/> 2. In more than 1 month and up to 3 months | <input type="checkbox"/> 9. Don't know |

8.9 IF IT DEPENDED ON [YOU/ NAME], COULD [YOU/ NAME] HAVE STARTED WORKING LAST WEEK?

1. Yes [→ Q8.13] 2. No

8.10 COULD [YOU/ NAME] START WORKING WITHIN THE NEXT TWO WEEKS?

1. Yes [→ Q8.13] 2. No

8.11 WHY IS THAT? [→ Q9.1]

- | | |
|---|--|
| <input type="checkbox"/> 1. Awaiting recall from a previous job | <input type="checkbox"/> 5. In agriculture/ fishing for family use |
| <input type="checkbox"/> 2. Waiting for the season to start | <input type="checkbox"/> 6. Retired, pensioner |
| <input type="checkbox"/> 3. In studies, training | <input type="checkbox"/> 7. Own disability, injury, illness |
| <input type="checkbox"/> 4. Family/ household responsibilities | <input type="checkbox"/> 96. Other (Specify) _____ |

8.12 WHICH OF THE FOLLOWING BEST DESCRIBES WHAT [YOU/ NAME] [ARE/ IS] MAINLY DOING AT PRESENT? [→ Q9.1]

- | | |
|---|---|
| <input type="checkbox"/> 1. Studying or training | <input type="checkbox"/> 5. With a long-term illness, injury, or disability |
| <input type="checkbox"/> 2. Engaged in household or family responsibilities | <input type="checkbox"/> 6. Doing volunteering, community, or charity work |
| <input type="checkbox"/> 3. Farming or fishing to produce food for the family | <input type="checkbox"/> 7. Engaged in cultural or leisure activities |
| <input type="checkbox"/> 4. Retired or pensioner | <input type="checkbox"/> 96. Other (Specify) _____ |

8.13 HOW MANY HOURS PER WEEK WOULD [YOU/ NAME] LIKE TO WORK IN [YOUR/HIS/ HER] NEXT JOB?

Hours

99. Not stated

8.14 IN WHAT OCCUPATION WOULD [YOU/ NAME] LIKE TO WORK IN [YOUR/HIS/HER] NEXT JOB?

JSOC CODE				

8.15 IN WHAT INDUSTRY WOULD [YOU/ NAME] LIKE TO GET THIS JOB?

JIC CODE				

9 PREVIOUS WORK EXPERIENCE

9.1 [HAVE/HAS] [YOU/ NAME] EVER HAD A PAID JOB OR ANOTHER INCOME-GENERATING ACTIVITY, EVEN IF FOR A SHORT PERIOD?

1. Yes 2. No [→ END OF INTERVIEW]

9.2 HOW LONG AGO WAS IT THAT [YOU/ NAME] LAST STOPPED WORKING?

1. Less than one month ago 6. 3 to less than 5 years ago
 2. 1 to less than 3 months ago 7. 5 to less than 8 years ago
 3. 3 to less than 6 months ago 8. 8 years and more ago
 4. 6 to less than 12 months ago 98. Don't know
 5. 1 to less than 3 years ago

9.3 WHY DID [YOU/ NAME] STOP WORKING IN THAT JOB OR INCOME GENERATING ACTIVITY?

1. Job Completed 8. Moved to new area
 2. Resigned - Personal reasons 9. Made Redundant
 3. Resigned - Job conditions 10. Education, training
 4. Lost Job Dismissed 11. Childbirth, care for children
 5. Laid-off 12. Illness, injury, disability
 6. Business Failed 96. Other (Specify) _____
 7. Retired

9.4 WHAT WAS THE MAIN KIND OF WORK THAT [YOU/ NAME] [WERE/WAS] ENGAGED IN, IN THAT JOB OR INCOME GENERATING ACTIVITY?

a. Previous Job

JSOC CODE				

9.5 WHAT WAS [YOUR/ NAME'S] EMPLOYMENT STATUS IN [YOUR/HIS/HER] PREVIOUS JOB?

1. An employee 4. A contributing family worker in a family or household business
 2. An employer (with hired employees) 5. An apprentice/ intern
 3. An own account worker (without hired employees)

9.6 IN WHAT KIND OF BUSINESS OR INDUSTRY [WERE/ WAS] [YOU/ NAME] WORKING?

a. Previous Job

JIC CODE				

[END OF INTERVIEW]