

## Survey Questionnaire Module for SGS Indicators

### NOTES FOR USE:

1. This document contains sample questions for employment and asset modules for the indicators covered by the Strengthening Gender Statistics (SGS) project.

2. These modules should be integrated into household surveys.

3. The document is divided into the following:

#### **SECTION I** Employment Module

Section I(A): Labour

Section I(B): Own-Use Production of Services

Section I(C): Own-Use Production of Goods

( **Source:** *LSMS Employment and Own-Use Guidebook; and questions on occupational injuries sourced through ILO;*

*Section I(B) modelled by the SGS team on Section I(C) module in LSMS Guidebook)*

#### **SECTION II** Asset Module

Section II(A): Mobile Ownership

Section II(B): Individual Land Roster

Section II(C): Financial Assets

( **Source:** *LSMS+ Operational Guidance Document)*

4. The SGS indicators are mapped to the questions needed for their data collection.

Please refer to 'Relevant to SDGs' row in each sheet as well as the table at the bottom of the Section I(A) sheet.

### Relevant Links to Source Documents

- 1 LSMS Employment and Own-Use Guidebook: <https://www.worldbank.org/en/programs/lsms/publi>
- 2 ILO Occupational Injuries Module: <https://www.ilo.org/wcmsp5/groups/public/--->
- 3 LSMS+ Operational Guidance Document: <https://openknowledge.worldbank.org/handle/10986/>





**Q6a-7:** Optional but encouraged. If included, must include the whole set. Not needed in contexts where most of work is formal employment.

	6c	7	E3	E4
	8.5.2, 8.6.1, 8.3.1, I.3, I.15	8.5.2, 8.6.1, 8.3.1, I.3, I.15		
I D  C O D E	<p>Was [NAME]'s work in household farming, livestock, fishing, or forestry activities?</p> <p>YES.1 NO..2 &gt;&gt;E3</p>	<p>Thinking about all the products [NAME] worked on, are they intended...</p> <p>READ OPTIONS</p> <p>Only for sale...1 Mainly for sale..2 Mainly for household use..3 Only for household use..4</p>	<p>ENUMERATOR: IS (Q5==3   Q5==4)   (Q7==3   Q7==4)</p> <p>YES.1 (FAM) NO..2 (MARKET)</p>	<p>CAPI/ENUMERATOR/ENTER APPROPRIATE CODE:</p> <p>1. NO TYPE OF WORK, go to temporary absence Q1a=Q2a=Q3a=Q3aa=2 &amp; Q4a=Q4aa=2 &amp; Q6a=Q6aa=2 ENTER 1 &gt;&gt;Q8</p> <p>2. HOUSEHOLD FARM ONLY, go to job search E3==1 &amp; Q1a==Q2a==Q3a==2 ENTER 2 &gt;&gt;Q13</p> <p>3. WORKED ANY AGRIC FOR MARKET, ANY WAGE, OR ANY NFE, go to main occupation E3==2   Q1a==1   Q2a==1   Q3a==1   Q3aa==1   Q6c==2 ENTER 3 &gt;&gt;Q23</p>
1				
2				
3				
4				
5				
6				

Temporary Absence

	8	9	10	11	12a	12
	8.5.2, 8.6.1, I.3, I.15	8.5.2, 8.6.1, I.3, I.15	8.5.2, 8.6.1, I.3, I.15	8.5.2, 8.6.1, I.3, I.15	8.5.2, 8.6.1, I.3, I.15	8.5.2, 8.6.1, I.3, I.15
I D  C O D E	Does [NAME] have a job, business or family farm from which he/she was absent last week?  YES.1 NO..2 >>Q13	Why did [NAME] not work during the last week?  WAITING TO START NEW JOB OR BUSINESS ...1 LOW OR OFF-SEASON .....2 >>Q11 SHIFT WORK, FLEXI TIME, NATURE OF WORK..3 VACATION, HOLIDAYS .....4 SICKNESS, ILLNESS, ACCIDENT .....5 MATERNITY, PATERNITY LEAVE .....6 EDUCATION LEAVE OR TRAINING .....7 OTHER PERSONAL LEAVE (CARE FOR HOUSEHOLD, CIVIC DUTIES...).....8 TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS, WORK BREAK .....9 BAD WEATHER, NATURAL DISASTER .....10 STRIKE OR LABOUR DISPUTE .....11 LONG-TERM DISABILITY .....12 OTHER (SPECIFY) .....13	Including the time that [NAME] has already been absent, will [NAME] return to that same job, business or household farm in <u>three months or less</u> ?  YES.1 >>Q12a NO..2 >>Q13	During the low or off-season, does [NAME] continue to do some work for that job, business, or household farm?  YES.1 NO..2>>Q13	Was [NAME]'s work in household farming, livestock, fishing or forestry activities?  YES.1 NO..2 >>Q23	Thinking about all the products [NAME] worked on, are they intended...  READ OPTIONS  Only for sale ..1 >>Q23 Mainly for sale.....2 >>Q23 Mainly for household use..3 Only for household use..4
1						
2						
3						
4						
5						
6						

Job Search

	13	14	15		16	17
	8.5.2, I.3	8.5.2, I.3	8.5.2, I.3		8.5.2, I.3	8.5.2, I.3
I D  C O D E	During the <u>last four weeks</u> , did [NAME] do anything to find a paid job?  YES.1 >>Q15 NO..2	Or did [NAME] try to start a business?  YES.1 NO..2 >>Q17	What did [NAME] mainly do in the last four weeks to find a paid job or start a business? SELECT UP TO TWO		For how long has [NAME] been without work and trying to find a job or start a business?  LESS THAN 1 MONTH .....1 1 MONTH TO < 3 MONTHS ...2 3 MONTHS TO < 6 MONTHS ..3 6 MONTHS TO < 12 MONTHS .4 1 YEAR TO < 2 YEARS .....5 2 YEARS OR MORE .....6  <b>ALL &gt;&gt; Q19</b>	At present does [NAME] want to work?  YES.1 NO..2 >>Q22
			APPLY TO PROSPECTIVE EMPLOYERS FOR A PAID JOB OR INTERNSHIP.....1 PLACE OR ANSWER JOB ADVERTISEMENTS .....2 POST/UPDATE RESUME ON PROFESSIONAL /SOCIAL NETWORKING SITES .....3 REGISTER WITH PUBLIC EMPLOYMENT SERVICE.....4 REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY .....5 TAKE PUBLIC SERVICE EXAM OR INTERVIEW.....6 TAKE PRIVATE COMPANY'S EXAM OR INTERVIEW ...7 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS ..8 CHECK AT FACTORIES, WORK SITES .....9 WAIT ON THE STREET TO BE RECRUITED .....10 SEEK FINANCIAL HELP TO START A BUSINESS ...11 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS .....12 DEVELOPED A BUSINESS PLAN .....13 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS .....14 NO SECOND ACTIVITY.....15 OTHER (SPECIFY) .....16	Action 1		
1						
2						
3						
4						
5						
6						

	18	19	20	21
	8.5.2, I.3	8.5.2, I.3	8.5.2, I.3	8.5.2, I.3
I D  C O D E	<p>What is the main reason [NAME] did not try to find a paid job or start a business in the last 4 weeks?</p> <p>WAITING FOR RESULTS OF A PREVIOUS SEARCH .....1 AWAITING RECALL FROM A PREVIOUS JOB ...2 WAITING FOR THE SEASON TO START .....3 WAITING TO START NEW JOB OR BUSINESS ..4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA .....5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE .....6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS .7 IN STUDIES, TRAINING .....8 HOUSEHOLD RESPONSIBILITIES ...9 IN AGRICULTURE / FISHING FOR HOUSEHOLD USE .....10 OWN DISABILITY, INJURY, ILLNESS .....11 RETIRED, PENSIONER .....12 OTHER SOURCES OF INCOME .....13 OLD AGE.....14 OTHER (SPECIFY) .....15</p>	<p>If a job or business opportunity had been available, could [NAME] have started working last week?</p> <p>YES.1 &gt;&gt;Q22 NO..2</p>	<p>Or could [NAME] start working within the next 2 weeks?</p> <p>YES.1 &gt;&gt;Q22 NO..2</p>	<p>Why is [NAME] not available to start working?</p> <p>AWAITING RECALL FROM A PREVIOUS JOB .....1 WAITING FOR SEASON TO START..2 IN STUDIES, TRAINING.....3 HOUSEHOLD / HOUSEHOLD RESPONSIBILITIES .....4 IN HOUSEHOLD FARMING/LIVESTOCK/ FISHING FOR HOUSEHOLD USE .....5 RETIRED, PENSIONER .....6 OWN DISABILITY, INJURY, OR ILLNESS .....7</p> <p>YES.1 NO..2 &gt;&gt;Q22</p>
1				
2				
3				
4				
5				
6				



**Designer Note:** static text in CAPI

**Designer Note:** determine IN ADVANCE who will code, or how it will be coded/incorporated into CAPI

**Main Job Identification**

**Main Job**

	22	23	E5	24a	24b	25a	25b
	8.5.2	8.5.1		8.5.1, 5.5.2		8.5.1, UNSD I.8	
I D  C O D E	<p>Which of the following best describes what [NAME] is mainly doing at present?</p> <p>PLEASE READ ALL OPTIONS</p> <p>Studying or training .....1  Engaged in household responsibilities .....2  Household farming, livestock, fishing, or forest activities <b>for household use</b>.....3  Retired or pensioner .....4  With a long term illness, injury or disability .....5  Doing volunteering, community or charity work .....6  Engaged in cultural or leisure activities .....7  old age.....8</p> <p style="text-align: center;">ALL &gt;&gt;NEXT SECTION</p>	<p><u>Last week, that is from Monday [DATE] up to Sunday [DATE],</u> did [NAME] have more than one job or business?</p> <p style="text-align: center;">YES.1 NO..2 &gt;&gt;Q24a</p>	<p>ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s main job. The main job is the one where [NAME] usually works the highest number of hours (even if [NAME] was temporarily absent last week).</p>	<p>What are [NAME]'s main tasks and duties in [NAME]'s main job?</p> <p style="text-align: center;">WRITTEN DESCRIPTION</p>	<p>What is the main activity of this business or organization where [NAME] works in this main job?</p> <p style="text-align: center;">ISCO CODE</p>	<p style="text-align: center;">WRITTEN DESCRIPTION</p>	<p style="text-align: center;">ISIC CODE</p>
	1						
	2						
	3						
	4						
	5						
	6						

**Designer Note:** 0 is a valid option if Q26=2or5

	26	27	28	29	30	31a	31b
	8.3.1, UNSD I.4, I.5, I.6	8.5.1	8.5.1, I.14	8.5.1, I.14	8.5.1, I.14	8.5.1	
I D C O D E	In [NAME]'s main job, does [NAME] work ... READ RESPONSES  In own business or farming activity .....1 In a business or farm operated by a household member .....2 As an employee for someone else ...3 As an apprentice, trainee, intern ..4 Helping a household member who works for someone else.....5	In the past 12 months, during how many months did [NAME] work this job?	How many weeks per month does [NAME] usually work in this job?	How many days per week does [NAME] usually work in this main job?	How many hours per day does [NAME] usually work in this main job?	How much does [NAME] usually earn in this main job? Over what time interval?  FOR HH BUSINESS, REPORT PROFIT (IE. NET INCOME AFTER COST DEDUCTIONS)  <b>TIME UNIT</b> HOUR.....1 DAY.....2 WEEK.....3 FORTNIGHT..4 MONTH.....5 QUARTER....6 HALF YEAR..7	
		MONTHS	WEEKS	DAYS	HOURS PER DAY	CURRENCY	TIME UNIT
1							
2							
3							
4							
5							
6							

	32	32b	33	34	35
	8.3.1	8.3.1	8.3.1	8.3.1	8.3.1
I D  C O D E	What kind of enterprise/ establishment does [NAME] work for in his/her main job?  GOVERNMENT OR STATE-OWNED ENTERPRISE (FEDERAL, STATE, LOCAL) .....1 >>Q37 PRIVATE AGRICULTURAL ENTITY.....2 PRIVATE NON-AGRICULTURAL ENTITY...3 OTHER HOUSEHOLD(S) / INDIVIDUAL: (EX: DOMESTIC WORKER) .....4 >>Q36 NGO, NON-PROFIT INSTITUTION, OR CHURCH...5 INTERNATIONAL ORG. OR A FOREIGN EMBASSY ....6 >>Q37	In what kind of place does [NAME] typically work?  DO NOT READ OUT LOUD, CODE RESPONSE AS APPROPRIATE.  AT YOUR HOME (NO SPECIAL WORK SPACE)..... 1 WORK SPACE INSIDE OR ATTACHED TO YOUR HOME..... 2 FACTORY, OFFICE, WORKSHOP, SHOP, KIOSK, ETC. (INDEPENDENT FROM HOME).... 3 HOME OR WORKPLACE OF CLIENT (EXCEPT CONSTRUCTION)..... 4 EMPLOYER'S HOME ..... 5 CONSTRUCTION SITE ..... 6 MARKET OR BAZAAR STALL ..... 7 STREET STALL (SEPARATE FROM THE DWELLING)..... 8 NO FIXED LOCATION (MOBILE) ... 9 PLANTATION, FARMS, ESTATES, SHADES, SEA ETC. (AGRICULTURAL RELATED).... 10	Is the business [NAME] works for incorporated, for example as a [limited company or partnership]?  YES.....1 <b>&gt;&gt;E6</b> NO.....2 DON'T KNOW....98	Is the business [NAME] works for registered in the [National Business Register]?  YES.....1 NO.....2 DON'T KNOW...98	What kind of accounts or records does this business keep?  READ ALL OPTIONS  Complete written accounts, for tax purposes .....1  Simplified written accounts, not for tax purposes .....2  Informal records of orders, sales, purchases...3  No records kept.....4  Don't know .....98
	1				
	2				
	3				
	4				
	5				
	6				







**Occupational Injuries**

*(Question to ask one adult household member)*

	54	55	56	57	58
	8.8.1	8.8.1	8.8.1	8.8.1	8.8.1
I D C O D E	<p>Have you ever been hurt in an occupational accident (that is, an unexpected event that happened at work or in connection with your work and that caused you personal injury or illness) ?</p> <p>YES . 1 NO . . 2 &gt;&gt; NEXT SECTION</p>	<p>Did any of these accidents occur in the last [REFERENCE PERIOD], that is, since [DATE]?</p> <p>YES . 1 NO . . 2 &gt;&gt; NEXT SECTION</p>	<p>Did any of the injuries you received in the last [REFERENCE PERIOD] result in you being absent from work, or unable to work, for at least one day, apart from the day of the accident ?</p> <p>YES . 1 NO . . 2 &gt;&gt; Q58</p>	<p>How many of these injuries (with lost time) did you have in the last [REFERENCE PERIOD]?</p> <p>&gt;&gt; Q58</p>	<p>Has any member of this household died in the last [REFERENCE PERIOD], as a result of an accident at work?</p> <p>YES . 1 NO . . 2</p>
1					
2					
3					
4					
5					
6					





	5.4.1	5.4.1, I.2	5.4.1	5.4.1, I.2	5.4.1	5.4.1, I.2
	3a	3b	4a	4b	5a	5b
I D C O D E	Last week, did [NAME] spend any time providing care or assistance to adult household members or family members such as the elderly, the sick or the disabled?	How many hours did [NAME] do this activity last week?	Last week, did [NAME] spend any time on household work such as cooking, cleaning and upkeep of dwelling, laundry, ironing, dishwashing, gardening, and upkeep or repair of personal and household goods?	How many hours in total did [NAME] do these activities last week?	Last week, did [NAME] spend any time caring for pets?	How many hours did [NAME] do this activity last week?
	YES.1 NO..2 >>Q4a		YES.1 NO..2 >>Q5a		YES.1 NO..2>>NEXT SECTION	
		HOURS		HOURS		HOURS
1						
2						
3						
4						
5						
6						
7						





I.2		
	7a	7b
I D C O D E	Last week, did [NAME] do any construction work her/himself to renovate, extend or build the household's dwelling?	How many hours did [NAME] do this activity last week?
	YES .1 NO . . 2 >>Q18a	HOURS
1		
2		
3		
4		
5		
6		
7		

**SECTION II(A): MOBILE PHONE OWNERSHIP**

**TO BE ADMINISTERED TO EACH HOUSEHOLD MEMBER AGED 18 YEARS AND ABOVE**

Relevant to SDGs	5.b.1	AP		5.b.1	AP				
	<p><b>1.</b></p> <p>Do you own any mobile phones, exclusively or jointly with someone else?</p> <p>INSTRUCTION: THIS REFERS TO MOBILE PHONES IN WORKING CONDITION. ABLE TO BE CHARGED TO INITIATE AT LEAST ONE CALL.</p> <p>YES...1 NO...2 &gt; NEXT SECTION</p>	<p><b>2.</b></p> <p>How many mobile phones do you own, exclusively or jointly, with someone else?</p>	<p>A S S E T  C O N D E</p>	<p><b>3.</b></p> <p>Does anyone else jointly own this mobile phone with you?</p> <p>YES...1 NO...2. ► Q5</p>	<p><b>4.</b></p> <p>Who else jointly owns this [MOBILE PHONE] with you?</p> <p>LIST UP TO 3 FROM THE HOUSEHOLD AND THE NUMBER OF ADULT (18+ YEARS OLD) NON HOUSEHOLD MEMBERS</p>				
		<p>Number</p>				HH ID #1	HH ID #2	HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS
1			1						
2			2						

AP: For analytical purposes

5.b.1		5.b.1	AP	AP	AP	AP
	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>
A S S E T  C O D E	Does this [MOBILE PHONE] have a SIM card?	Has this SIM card been used in the last 3 months?	Do you currently have enough airtime to initiate a call with this [MOBILE PHONE]?	Can you access the internet on this [MOBILE PHONE]?	If you were to sell this [MOBILE PHONE] today, how much would you receive?	Who was present along with the respondent during the individual interview? SEE CODE BELOW  (Reasons interview not administered with the respondent(s) alone should be explained in the remarks)  <input type="checkbox"/>
	YES....1 NO....2▶Q8	YES....1 NO....2	YES....1 NO....2 DK....98			RESPONSE CODES: ALONE .....(1) WITH ADULT FEMALES PRESENT .....(2) WITH ADULT MALES PRESENT .....(3) WITH ADULTS MIXED SEX PRESENT .....(4) WITH CHILDREN PRESENT .....(5) WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....(6)
			Number		Currency	
	1					
	2					



















**SECTION II(B) (CONTINUED)**

AP: For analytical purposes

		AP			1.4.2	AP							
	23.	24.	25.			26.	27.						
<b>P A R C E L  I D</b>	If this [PARCEL] were to be sold today, would you be among the individuals to decide how the money is used?  YES..1 NO ..2 ▶Q26	If this [PARCEL] were to be sold today, is anyone else among the individuals to decide how the money is used?  YES..1 NO ..2 ▶26	If this [PARCEL] were to be sold today, who (or who else) would decide how the money is used?  LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. RECORD THE NUMBER OF ADULT MALES OUTSIDE OF THE HOUSEHOLD WHO WOULD DECIDE AS WELL AS THE NUMBER OF ADULT FEMALES OUTSIDE OF THE HOUSEHOLD WHO WOULD DECIDE.  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <b># OF 18+ OLD MALE NON-HH MEMBERS</b> </div> <div style="text-align: center;"> <b># OF 18+ OLD FEMALE NON-HH MEMBERS</b> </div> </div>			How likely are you to <b>involuntarily</b> lose ownership or use rights to this [PARCEL] in the next 5 years?      NOT AT ALL LIKELY.....1 SLIGHTLY LIKELY.....2 YES, MODERATELY LIKELY..3 YES, VERY LIKELY.....4 YES, EXTREMELY LIKELY...5	Who was present along with the respondent during the individual interview? SEE CODE BELOW <i>(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)</i>  <u><b>RESPONSE CODES:</b></u> ALONE.....1 WITH ADULT FEMALES PRESENT.....2 WITH ADULT MALES PRESENT.....3 WITH ADULTS MIXED SEX PRESENT.....4 WITH CHILDREN PRESENT.....5 WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....6						
								1					
								2					
								3					
								4					
								5					
								6					
								7					
								8					

**Section II(C). INDIVIDUAL INTERVIEW - FINANCIAL ASSETS**

**Will be administered to each adult hh members aged 18 and above**

Relevant to SDGs		8.10.2	8.10.2
A S S E T  C O D E	A S S E T  N A M E	1.	2.
1	CURRENT ACCOUNT		
2	SAVINGS ACCOUNT		
3	FIXED ACCOUNT		
4	INFORMAL SAVINGS PROGRAM/ CLUB (VSLA)		
96	OTHER (SPECIFY)		

		8.10.2	8.10.2	8.10.2				
A S S E T  N O	NAME OF FINANCIAL INSTITUTION	3.	4.	5.				
				List code of [FINANCIAL ASSET] owned by respondent  CURRENT ACCOUNT.....1 SAVINGS ACCOUN.....2 FIXED ACCOUNT.....3 INFORMAL SAVINGS PROGRAM/CLUB.....4 OTHER FINANCIAL ASSETS (SPECIFY) .....96	Does anyone else jointly own [FINANCIAL ASSET] with you?  YES..1 NO...2 ▶Q6	Who else jointly owns [FINANCIAL ASSET] with you?  LIST UP TO 3 FROM THE HOUSEHOLD/ FOR NON HOUSEHOLD MEMER CASE WRITE THE NUMBER OF ADULT (18+ YEARS OLD)		
				HH ID #1	HH ID #2	HH ID #3	#18+ male non HH-membr	#18+ female non HH-membr
	FA1							
	FA2							
	FA3							
	FA4							
	FA9							



