



GOVERNMENT OF PAKISTAN
PAKISTAN BUREAU OF STATISTICS
LABOUR FORCE SURVEY
(2020-21)



Survey Period:		Month	Year	Quarter		
Section 1: Identification		Processing Code:				
1. Province:	8. Address:					
2. District:	9. Serial number of Household: →					
3. Tehsil/Taluka:	10. Name of head of Household					
4. City/Town	11. Father's name					
5. Mouza/Deh/Village:	12. Respondent's name					
6. Enumeration Block Code:				13. Respondent's Sex 1=Male → 2=Female		
7. Locality	14. Respondent's relation to head of household: 1 = Head of Household → 2 = Other member of household (Relative/Non-relative) 3 = Others (Relative/Non-relative)					
Section 2: Field Operations and Editing/Coding						
Item (1)	Date (2)	Name (3)	Code	Designation (4)	Code	Signature (5)
1. Survey						
2. Inspection (i)						
(ii)						
3. Checking/editing/coding in the Regional/Field Offices						
4. Despatch to Headquarter						
5. Receipt at Headquarter						
Section 3: Checking at Headquarter						
Item (1)	Date (2)	Name (3)	Code	Designation (4)	Code	Signature (5)
1. Checking by staff						
2. Checking (i) by Officer						
(ii)						
3. Dispatch to D.P.Centre						

SECTION 4: HOUSEHOLD COMPOSITION AND DEMOGRAPHIC INFORMATION

S. No	Name of household members who usually live here. Do not list guests, visitors, etc.	What is (Name) ... Relationship to head of the household?	Present status	Gender	How old was (Name) at (his/her) last birthday?	For all persons 10 years and over	For all persons 5 years and over		
							Literacy		Education Level
							Can..... read a simple statement with understanding in any language?	Can..... write a simple statement with understanding in any language?	01. No formal education 02. Nursery but below K.G. 03. K.G but below primary 04. Primary but below middle 05. Middle but below matric 06. Matric but below intermediate 07. Inter. but below degree 08. Degree in engineering 09. Degree in medicine 10. Degree in computer 11. Degree in agriculture 12. Degree in other subjects 13. M.A/M.Sc 14. M.Phil 15. Ph.D
		1. Head of household 2. Spouse 3. Son/daughter (unmarried) 4. Son/daughter (married) 5. Father/ mother 6. Brother/sister 7. Other relative 8. Servant 9. Non relative	1. Present 2. Temporarily absent	1. Male 2. Female 3. Trans-gender	Enter age in completed years	What is.... current marital status? 1. Never married 2. Married 3. Widow/ Widower 4. Divorced	1. Yes 2. No	1. Yes 2. NO	
(4.1)	(4.2)	(4.3) Code	(4.4) Code	(4.5) Code	(4.6)	(4.7) Code	(4.8.1) Code	(4.8.2) Code	(4.9) Code
1		1							
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

**SECTION 4: HOUSEHOLD COMPOSITION AND DEMOGRAPHIC INFORMATION:
FUNCTIONAL LIMITATIONS/DISABILITY STATUS**

(For all Persons 05 Years and Over)

P.S.N	Do/Does (Name's) have difficulty seeing, even if wearing glasses?	Do/Does (Names') have difficulty hearing, even if using hearing aid?	Do/Does (Names') have difficulty walking or climbing steps?	Do/Does (Names') have difficulty remembering or concentrating?	Do/Does (Names') have difficulty (with self-care such as) washing all over or dressing?	Using usual (customary /local) language, do/does (Names) have difficulty in communicating, for example understanding or being understood?	Having code 3 or 4 in any Col. 4.19 or 4.20 or 4.21 or 4.22 or 4.23 or 4.24	
	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Is [your ...] disability been officially recognized (certified)?	Do/Does (Names') receive any cash/in-kind benefits from the government linked to your disability?
	(4.19) Code	(4.20) Code	(4.21) Code	(4.22) Code	(4.23) Code	(4.24) Code	4.25 Code	4.26 Code
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

SECTION- 8: OCCUPATIONAL INJURIES/DISEASES (All Employed Persons)

Transfer all person's serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 in column 5.1 or 5.2 or 5.3.	In the past 12 months, did..... suffer any occupational injury/disease that caused to take time off work and/or consulted a doctor? 1. Only one 2. More than one Specify how many 3. None (Go to next person or household as the case may be)	In case of more than one injury/disease i.e. code 2 in Col.8.1, then Col.8.2 to 8.5 should be repeated for each of the separate occupational injury/disease noted in Col. 8.1				
		What was the unsafe act that caused the accident/disease? 01. Operating without authority 02. Excess speed 03. Horse play 04. Failure of safety devices 05. Using unsafe equipment or equipment unsafely 06. Taking unsafe position 07. Disobeying instruction 08. Failure to use the provided personal protective equipment 09. Unsafe loading or stacking 10. Wrong order of supervisor (Specify what and by whom) 11. Unsafe act by fellow employee (Specify what and by whom) 12. Unsafe act of outsiders (Specify what and by whom) 13. Other (Specify)	Did...receive treatment for injury/ disease or have to take any time off work because of it? (Please include any time off work no matter how short it was). 1. Hospitalized 2. Consulted a doctor, nurse or other medical professional 3. Took time off work 4. None	What were the unsafe conditions causing the accident/disease? 01. Unguarded or inadequately guarded 02. Defective tool, equipment or material 03. Unsafe design or construction 04. Poor illumination 05. Inadequate ventilation 06. Improper clothing and footwear 07. Non-provision of necessary protection equipment 08. Poor house keeping 09. Slippery surfaces 10. Other (Specify)	How soon was ... able to go back to work/resume normal activities after the accident/disease? 01. Still not at work/have not resumed normal activities 02. Will never be able to go back to work/resume normal activities 03. On the same day as the accident/disease occurred 04. On the first day after the accident/disease 05. On the second day after the accident/disease 06. 3 to 7 days after the accident/disease 07. 8 to 15 days after the accident/disease 08. 16 to 22 days after the accident/disease 09. 23 days to 1 month after the accident/disease 10. 2 to 4 months after the accident/disease 11. 5 to 7 months after the accident/disease 12. 8 to 12 months after the accident/disease 13. Don't Know.	Did ... receive any injury compensation in cash/ in kind from the employer? 1. Yes 2. No

P.S.N.	(8.1) Code	(8.2) (Injury/disease)			(8.3) (Injury/disease)			(8.4) (Injury/disease)			(8.5) (Injury/disease)			(8.6) Code
		(8.2.1) 1 st	(8.2.2) 2 nd	(8.2.3) 3 rd	(8.3.1) 1 st	(8.3.2) 2 nd	(8.3.3) 3 rd	(8.4.1) 1 st	(8.4.2) 2 nd	(8.4.3) 3 rd	(8.5.1) 1 st	(8.5.2) 2 nd	(8.5.3) 3 rd	

