

PSU	BLOCK	DWELLING	HH	PERSON					
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Schedule obtained from person him/herself... .. <input type="checkbox"/> 1 Other Responsible Adult... .. <input type="checkbox"/> 2 1B. Schedule obtained by phone <input type="checkbox"/> 1 Schedule obtained face to face... .. <input type="checkbox"/> 2				
1C. OFFICE USE ONLY <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> <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> <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> <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> <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>					7. WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE USUALLY LIVES? A. If respondent knows postcode, enter below <input type="checkbox"/> 1 If respondent does not know postcode ask for:- <input type="checkbox"/> 2 Suburb City/Town State When editing, enter postcode below Not known <input type="checkbox"/> 3 B. Postcode <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div>	8B. YEAR OF ARRIVAL <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div>			
2. SEX Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2					9. INDIGENOUS STATUS No <input type="checkbox"/> 1 Aboriginal <input type="checkbox"/> 2 Torres Strait Islander <input type="checkbox"/> 3 Both <input type="checkbox"/> 4				
3. AGE <div> <div></div><div></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div>					10. Sequence Guide . If aged 25 years or more → Q.18 <input type="checkbox"/> 1 . If aged 20-24 years → Q.17 <input type="checkbox"/> 2 . If still at school → Q.18 <input type="checkbox"/> 3 . Otherwise → Q.11 <input type="checkbox"/> 4				
4. PERSON TYPE Usual resident of P.D. (Complete Q.12 to Q.15 when editing) → Q.84 <input type="checkbox"/> 1 Visitor to P.D. <input type="checkbox"/> 2 S.D. <input type="checkbox"/> 3					8A. COUNTRY OF BIRTH Australia → Q.9 <input type="checkbox"/> 1101 England <input type="checkbox"/> 2102 New Zealand <input type="checkbox"/> 1201 Italy <input type="checkbox"/> 3104 Viet Nam <input type="checkbox"/> 5105 Scotland <input type="checkbox"/> 2105 Greece <input type="checkbox"/> 3207 Germany <input type="checkbox"/> 2304 Philippines <input type="checkbox"/> 5204 <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div>				
5. MARITAL STATUS Usually lives with a spouse/partner <input type="checkbox"/> 1 Does not usually live with a spouse/partner <input type="checkbox"/> 2					11. DATE LEFT SCHOOL Enter month and year → Q.17 <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div> <div> <div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div> </div>				
6. S.D. ONLY S.D. Institutionalised person (No more questions) ◀ <input type="checkbox"/> 1 S.D. Boarding school pupil (No more questions) ◀ <input type="checkbox"/> 2 S.D. Other <input type="checkbox"/> 3									

12. HOUSEHOLD TYPE (PSO) 1 (Nothing further) ... <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 (Complete Q.14) ... <input type="checkbox"/> 6 7 (Complete Q.15) ... <input type="checkbox"/> 7 8 (Complete Q.14) ... <input type="checkbox"/> 8 9 (Nothing further) ... <input type="checkbox"/> 9	16. OFFICE USE ONLY						
13. Husband (Complete Q.15) ... <input type="checkbox"/> 1 Wife (Nothing further) ... <input type="checkbox"/> 2 Son/daughter (Nothing further) ... <input type="checkbox"/> 3	A Relationship <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	B Family number <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	C Children 0-14 years <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	D UR scope/coverage exclusion <input type="checkbox"/> 0 <input type="checkbox"/> 1	E Incomplete H/H, L/U <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	F Schedule, initial response <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	G Schedule, final response <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
14. Father/mother ... <input type="checkbox"/> 1 Son/daughter (Nothing further) ... <input type="checkbox"/> 2							
15. If Household Type 2, 3 or 6 in Q.12, nothing further. If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years.	H <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	J <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	K <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	L <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	M <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 1	N <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 1	
	Interviewer number <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9	Week <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> 0 <input type="checkbox"/> 1	Workload number <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 1 <input type="checkbox"/> 1				

<p>17. IS CURRENTLY A <u>FULL-TIME</u> STUDENT AT A TAFE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Dec, Jan, Feb <u>only</u> - Not known, unclear <input type="checkbox"/> 3</p>	<p>24. (YOU TOLD ME THAT DIDN'T LOOK FOR WORK DURING THE LAST 4 WEEKS.)</p> <p>WAS THAT BECAUSE WAS WAITING TO START WORK HAD ALREADY OBTAINED?</p> <p>Yes <input type="checkbox"/> → Q.82 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> → Q.94 <input type="checkbox"/> 2</p>
<p>18. <i>Interviewer: Read statement for the first person to be interviewed in the household, or if the respondent changes.</i></p> <p>I WOULD LIKE TO ASK ABOUT LAST WEEK, THAT IS, THE WEEK STARTING MONDAY THE AND ENDING (LAST SUNDAY THE/YESTERDAY).</p>	<p>25. DID HAVE MORE THAN 1 JOB OR BUSINESS LAST WEEK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> → Q.28 <input type="checkbox"/> 2</p>
<p>19. LAST WEEK, DID DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?</p> <p>Yes <input type="checkbox"/> → Q.25 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently unable to work <input type="checkbox"/> 3</p> <p>→ Q.94 <input type="checkbox"/> 3</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 4</p>	<p>26. WAS THAT BECAUSE CHANGED JOBS DURING THE WEEK?</p> <p>Yes <input type="checkbox"/> → Q.27A <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> → Q.27B <input type="checkbox"/> 2</p> <p>27A. THE NEXT FEW QUESTIONS ARE ABOUT THE WORK DOES NOW.</p> <p>27B. THE NEXT FEW QUESTIONS ARE ABOUT THE JOB OR BUSINESS IN WHICH USUALLY WORKS THE MOST HOURS, THAT IS, <u>MAIN JOB</u>.</p>
<p>20. LAST WEEK, DID DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?</p> <p>Yes <input type="checkbox"/> → Q.25 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	<p>28. DID WORK FOR AN EMPLOYER, OR IN OWN BUSINESS?</p> <p>Employer <input type="checkbox"/> 1</p> <p>Own business <input type="checkbox"/> → Q.31 <input type="checkbox"/> 2</p> <p>Other/Uncertain <input type="checkbox"/> → Q.30 <input type="checkbox"/> 3</p>
<p>21. DID HAVE A JOB, BUSINESS OR FARM THAT WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?</p> <p>Yes <input type="checkbox"/> → Q.45 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	<p>29. IS PAID A WAGE OR SALARY, <u>OR</u> SOME OTHER FORM OF PAYMENT?</p> <p>Wage/Salary <input type="checkbox"/> → Q.33 <input type="checkbox"/> 1</p> <p>Other/Uncertain <input type="checkbox"/> 2</p>
<p>22. AT ANY TIME DURING THE LAST 4 WEEKS HAS BEEN LOOKING FOR FULL-TIME WORK?</p> <p>Yes <input type="checkbox"/> → Q.75 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	<p>30. WHAT ARE (WORKING/PAYMENT) ARRANGEMENTS?</p> <p>Unpaid voluntary work <input type="checkbox"/> → Q.73 <input type="checkbox"/> 01</p> <p>Contractor/Subcontractor <input type="checkbox"/> 02</p> <p>Own business/Partnership <input type="checkbox"/> 03</p> <p>Commission only <input type="checkbox"/> 04</p> <p>Commission with retainer <input type="checkbox"/> → Q.33 <input type="checkbox"/> 05</p> <p>In a family business without pay <input type="checkbox"/> → Q.33 <input type="checkbox"/> 06</p> <p>Payment in kind <input type="checkbox"/> → Q.33 <input type="checkbox"/> 07</p> <p>Paid by the piece/ item produced <input type="checkbox"/> → Q.33 <input type="checkbox"/> 08</p> <p>Wage/salary earner <input type="checkbox"/> → Q.33 <input type="checkbox"/> 09</p> <p>Other <input type="checkbox"/> → Q.33 <input type="checkbox"/> 10</p>
<p>23. HAS BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?</p> <p>Yes <input type="checkbox"/> → Q.75 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	

<p>31. DOES HAVE EMPLOYEES (IN THAT BUSINESS)?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>40. HOW MANY HOURS DOES USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL JOBS)?</p> <p>a 35 hours or more ... <input type="text"/></p> <p> 1 - 34 hours → Q.60 <input type="text"/></p> <p>b Less than 1 hour/ No hours → Q.60 <input type="text"/></p>																											
<p>32. IS THAT BUSINESS INCORPORATED?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>41. → Q.65</p>																											
<p>33. I WOULD NOW LIKE TO ASK ABOUT WHEN WORKED (IN MAIN JOB) LAST WEEK.</p> <p>[REMEMBERING THAT (<i>Day</i>) WAS A PUBLIC HOLIDAY,] DID WORK (IN THAT JOB) ON</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>SUN?</th> <th></th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2</td> </tr> </tbody> </table>		MON	TUES	WED	THU	FRI	SAT	SUN?		Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<p>42. HOW MANY HOURS DOES USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL JOBS)?</p> <p>a 35 hours or more ... <input type="text"/></p> <p> 1 - 34 hours → Q.60 <input type="text"/></p> <p>b Less than 1 hour/ No hours → Q.60 <input type="text"/></p>
	MON	TUES	WED	THU	FRI	SAT	SUN?																					
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1																				
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2																				
<p>34. Sequence Guide</p> <p>. If no days worked in Q.33 ... → Q.39 <input type="checkbox"/> 1</p> <p>. If Q.31 answered ... → Q.37 <input type="checkbox"/> 2</p> <p>. Otherwise ... → Q.35 <input type="checkbox"/> 3</p>	<p>43. WHAT WAS THE MAIN REASON WORKED LESS THAN 35 HOURS LAST WEEK?</p> <table style="width: 100%;"> <tbody> <tr> <td>Holiday/Flextime/Study/ Personal reasons</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Own illness or injury/Sick leave ...</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Standard work arrangements/ Shift work/RDO</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Stood down/On short time/ Insufficient work</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Bad weather/Plant breakdown</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Began/left/lost job during week ...</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>On strike/Locked out/ Industrial dispute</td> <td><input type="checkbox"/> 7</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> 8</td> </tr> </tbody> </table>	Holiday/Flextime/Study/ Personal reasons	<input type="checkbox"/> 1	Own illness or injury/Sick leave ...	<input type="checkbox"/> 2	Standard work arrangements/ Shift work/RDO	<input type="checkbox"/> 3	Stood down/On short time/ Insufficient work	<input type="checkbox"/> 4	Bad weather/Plant breakdown	<input type="checkbox"/> 5	Began/left/lost job during week ...	<input type="checkbox"/> 6	On strike/Locked out/ Industrial dispute	<input type="checkbox"/> 7	Other	<input type="checkbox"/> 8											
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On strike/Locked out/ Industrial dispute	<input type="checkbox"/> 7																											
Other	<input type="checkbox"/> 8																											
<p>35. ON THE DAYS THAT WORKED (IN THAT JOB), DID HAVE ANY TIME OFF?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>44. → Q.65</p>																											
<p>36. DID WORK ANY EXTRA HOURS OR OVERTIME?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>45. DID HAVE MORE THAN 1 JOB OR BUSINESS LAST WEEK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No → Q.47 <input type="checkbox"/> 2</p>																											
<p>37. Sequence Guide</p> <p>. If only 1 job/business (‘2’ in Q.25 or ‘1’ in Q.26) ... → Q.39 <input type="checkbox"/> 1</p> <p>. Otherwise ... → Q.38 <input type="checkbox"/> 2</p>	<p>46. THE NEXT FEW QUESTIONS ARE ABOUT THE JOB OR BUSINESS IN WHICH USUALLY WORKS THE MOST HOURS.</p>																											
<p>38. HOW MANY HOURS DID ACTUALLY WORK IN MAIN JOB LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE EXTRA HOURS WORKED)?</p> <p>a 1 hour or more ... <input type="text"/></p> <p>b Less than 1 hour/ No hours ... <input type="text"/></p>	<p>47. DOES WORK FOR AN EMPLOYER, OR IN OWN BUSINESS?</p> <p>Employer <input type="checkbox"/> 1</p> <p>Own business ... → Q.50 <input type="checkbox"/> 2</p> <p>Other/Uncertain ... → Q.49 <input type="checkbox"/> 3</p>																											
<p>39. HOW MANY HOURS DID ACTUALLY WORK (IN ALL JOBS) LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE EXTRA HOURS WORKED)?</p> <p>a 35 hours or more ... <input type="text"/></p> <p> 1-34 hours → Q.42 <input type="text"/></p> <p>b Less than 1 hour/ No hours → Q.53 <input type="text"/></p>																												

<p>48. IS PAID A WAGE OR SALARY, <u>OR</u> SOME OTHER FORM OF PAYMENT?</p> <p style="margin-left: 40px;">Wage/Salary → Q.53 1</p> <p style="margin-left: 40px;">Other/Uncertain 2</p>	<p>54. WAS ON WORKERS' COMPENSATION LAST WEEK?</p> <p style="margin-left: 40px;">Yes 1</p> <p style="margin-left: 40px;">No → Q.56 2</p>
<p>49. WHAT ARE (WORKING/PAYMENT) ARRANGEMENTS?</p> <p style="margin-left: 40px;">Unpaid voluntary work → Q.73 01</p> <p style="margin-left: 40px;">Contractor/Subcontractor 02</p> <p style="margin-left: 40px;">Own business/Partnership 03</p> <p style="margin-left: 40px;">Commission only 04</p> <p style="margin-left: 40px;">Commission with retainer → Q.53 05</p> <p style="margin-left: 40px;">In a family business without pay → Q.73 06</p> <p style="margin-left: 40px;">Payment in kind → Q.53 07</p> <p style="margin-left: 40px;">Paid by the piece/item produced → Q.53 08</p> <p style="margin-left: 40px;">Wage/salary earner → Q.53 09</p> <p style="margin-left: 40px;">Other → Q.53 10</p>	<p>55. WILL BE RETURNING TO WORK FOR EMPLOYER?</p> <p style="margin-left: 40px;">Yes → Q.59 1</p> <p style="margin-left: 40px;">No → Q.73 2</p> <p style="margin-left: 40px;">Don't know → Q.73 3</p>
<p>50. DOES HAVE EMPLOYEES (IN THAT BUSINESS)?</p> <p style="margin-left: 40px;">Yes 1</p> <p style="margin-left: 40px;">No 2</p>	<p>56. UP UNTIL THE END OF LAST WEEK, HOW LONG HAD BEEN AWAY FROM WORK?</p> <p style="margin-left: 40px;">Less than 4 weeks → Q.59 1</p> <p style="margin-left: 40px;">4 weeks or more 2</p>
<p>51. IS THAT BUSINESS INCORPORATED?</p> <p style="margin-left: 40px;">Yes → Q.53 1</p> <p style="margin-left: 40px;">No 2</p>	<p>57. WAS PAID, OR WILL BE PAID, FOR ANY PART OF THE LAST 4 WEEKS?</p> <p style="margin-left: 40px;">Yes → Q.59 1</p> <p style="margin-left: 40px;">No → Q.73 2</p>
<p>52. → Q.58</p>	<p>58. WHAT WAS THE MAIN REASON WAS AWAY FROM WORK LAST WEEK?</p> <p style="margin-left: 40px;">Holiday/Study/Personal reasons 1</p> <p style="margin-left: 40px;">Own illness or injury 2</p> <p style="margin-left: 40px;">No work available/Not enough work 3</p> <p style="margin-left: 40px;">Locked out/Industrial dispute 4</p> <p style="margin-left: 40px;">Bad weather/Plant breakdown 5</p> <p style="margin-left: 40px;">Other 6</p>
<p>53. WHAT WAS THE MAIN REASON WAS AWAY FROM WORK LAST WEEK?</p> <p style="margin-left: 40px;">Holiday/Flexitime/Study/Personal reasons → Q.56 1</p> <p style="margin-left: 40px;">Own illness or injury/Sick leave 2</p> <p style="margin-left: 40px;">No work available/Not enough work → Q.56 3</p> <p style="margin-left: 40px;">Standard work arrangements/Shift work → Q.59 4</p> <p style="margin-left: 40px;">On strike/Locked out/Industrial dispute → Q.59 5</p> <p style="margin-left: 40px;">Stood down → Q.56 6</p> <p style="margin-left: 40px;">Bad weather/Plant breakdown → Q.56 7</p> <p style="margin-left: 40px;">Other → Q.56 8</p>	<p>59. HOW MANY HOURS DOES USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL JOBS)?</p> <div style="margin-left: 40px;"> <p>a 35 hours or more → Q.65 1</p> <p>1 - 34 hours 2</p> <p>b Less than 1 hour/No hours → Q.73 3</p> </div>
	<p>60. WOULD PREFER TO WORK MORE HOURS THAN USUALLY WORKS?</p> <p style="margin-left: 40px;">Yes 1</p> <p style="margin-left: 40px;">No → Q.65 2</p> <p style="margin-left: 40px;">Don't know → Q.65 3</p>
	<p>61. LAST WEEK, WAS AVAILABLE TO WORK MORE HOURS THAN USUALLY WORKS?</p> <p style="margin-left: 40px;">Yes → Q.62 1</p> <p style="margin-left: 40px;">No 2</p>

<p>61A. IN THE NEXT 4 WEEKS, WOULD BE AVAILABLE TO WORK MORE HOURS THAN USUALLY WORKS?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>66. WHAT KIND OF BUSINESS OR SERVICE IS CARRIED OUT BY (EMPLOYER AT THE PLACE WHERE WORKS/ BUSINESS)?</p> <div style="display: flex; justify-content: space-between;"> <div> <p>.....</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> </div> </div>
<p>62. IN THE LAST 4 WEEKS, HAS DONE ANYTHING TO OBTAIN MORE HOURS OF WORK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2 → Q.65</p>	<p>67. WHAT IS THE NAME OF (EMPLOYER/BUSINESS)?</p> <p>.....</p> <p>.....</p> <p>.....</p> <div style="border: 1px solid black; padding: 2px; width: 50px; float: right;"> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> </div>
<p>63. DOES WANT TO WORK 35 HOURS OR MORE A WEEK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>68. HAS WORKED (FOR EMPLOYER/IN BUSINESS) FOR 12 MONTHS OR MORE?</p> <p>Yes/More → Q.70 <input type="checkbox"/> 1</p> <p>No/Less <input type="checkbox"/> 2</p>
<p>64. AT ANY TIME IN THE LAST 4 WEEKS HAS (ASKED CURRENT EMPLOYER FOR MORE HOURS?) <input type="checkbox"/> 01</p> <p>WRITTEN, PHONED OR APPLIED IN PERSON TO (AN/ANOTHER) EMPLOYER FOR WORK? <input type="checkbox"/> 02</p> <p>ANSWERED AN ADVERTISEMENT FOR A JOB? <input type="checkbox"/> 03</p> <p>LOOKED IN NEWSPAPERS?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>CHECKED FACTORY NOTICE BOARDS, OR USED THE TOUCHSCREENS AT CENTRELINK OFFICES? <input type="checkbox"/> 04</p> <p>AT ANY TIME IN THE LAST 4 WEEKS HAS BEEN REGISTERED WITH CENTRELINK AS A JOBSEEKER? <input type="checkbox"/> 05</p> <p>CHECKED OR REGISTERED WITH AN EMPLOYMENT AGENCY? <input type="checkbox"/> 06</p> <p>DONE ANYTHING ELSE TO FIND A JOB?</p> <p>Advertised or tendered for work <input type="checkbox"/> 07</p> <p>Contacted friends/relatives <input type="checkbox"/> 08</p> <p>Other <input type="checkbox"/> 09</p> <p>Only looked in newspapers <input type="checkbox"/> 10</p> <p>None of these <input type="checkbox"/> 11</p>	<p>69. HOW MANY MONTHS HAS WORKED (FOR EMPLOYER/IN BUSINESS)?</p> <p>Months ... <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <div style="border: 1px solid black; padding: 2px; width: 50px; float: right;"> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> </div>
<p>65. WHAT (WAS/IS) OCCUPATION IN (THAT/..... MAIN) (JOB/BUSINESS)?</p> <p>(Title)</p> <p>.....</p> <p>WHAT (WERE/ARE) MAIN TASKS AND DUTIES?</p> <p>(Main tasks/duties)</p> <p>.....</p> <p>.....</p>	<p>70. DOES EXPECT TO BE WORKING (FOR EMPLOYER/IN BUSINESS) IN 12 MONTHS TIME?</p> <p>Yes/Don't know → Q.94 <input type="checkbox"/> 1</p> <p>No/Depends <input type="checkbox"/> 2</p>
<p>71. WHAT IS THE MAIN REASON (EXPECTS TO/MAY) FINISH WORK (FOR EMPLOYER/IN BUSINESS) IN THE NEXT 12 MONTHS?</p> <p>Changing jobs/Seeking other employment <input type="checkbox"/> 1</p> <p>Returning to study/Travel/Family reasons <input type="checkbox"/> 2</p> <p>Retiring <input type="checkbox"/> 3</p> <p>Seasonal/Temporary job/Fixed contract <input type="checkbox"/> 4</p> <p>Employer/business closing down/downsizing <input type="checkbox"/> 5</p> <p>Other <input type="checkbox"/> 6</p>	<p>72. → Q.94</p>

<p>73. AT ANY TIME DURING THE LAST 4 WEEKS HAS BEEN LOOKING FOR FULL-TIME WORK?</p> <p>Yes → Q.75 <input type="checkbox"/> 1</p> <p>No → <input type="checkbox"/> 2</p>	<p>79. COULD START IN THE NEXT 4 WEEKS IF WORK WAS AVAILABLE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>																																	
<p>74. HAS BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No → Q.81A <input type="checkbox"/> 2</p>	<p>80. → Q.94</p>																																	
<p>75. AT ANY TIME IN THE LAST 4 WEEKS HAS WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? <input type="checkbox"/> 01</p> <p>ANSWERED AN ADVERTISEMENT FOR A JOB? <input type="checkbox"/> 02</p> <p>LOOKED IN NEWSPAPERS?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>CHECKED FACTORY NOTICE BOARDS, OR USED THE TOUCHSCREENS AT CENTRELINK OFFICES? <input type="checkbox"/> 03</p> <p>AT ANY TIME IN THE LAST 4 WEEKS HAS BEEN REGISTERED WITH CENTRELINK AS A JOBSEEKER? <input type="checkbox"/> 04</p> <p>CHECKED OR REGISTERED WITH AN EMPLOYMENT AGENCY? <input type="checkbox"/> 05</p> <p>DONE ANYTHING ELSE TO FIND A JOB?</p> <p>Advertised or tendered for work <input type="checkbox"/> 06</p> <p>Contacted friends/relatives <input type="checkbox"/> 07</p> <p>Other → Q.81B <input type="checkbox"/> 08</p> <p>Only looked in newspapers → Q.81B <input type="checkbox"/> 09</p> <p>None of these → Q.81B <input type="checkbox"/> 10</p>	<p>81A. (YOU TOLD ME THAT DIDN'T LOOK FOR WORK DURING THE LAST 4 WEEKS.)</p> <p>WAS THAT BECAUSE WAS WAITING TO START (PAID) WORK HAD ALREADY OBTAINED?</p> <p>81B. LAST WEEK, WAS WAITING TO START (PAID) WORK HAD ALREADY OBTAINED?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No → Q.94 <input type="checkbox"/> 2</p>																																	
	<p>82. WILL BE STARTING THAT WORK IN THE NEXT 4 WEEKS?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No → Q.94 <input type="checkbox"/> 2</p>																																	
	<p>83. COULD HAVE STARTED LAST WEEK IF THAT WORK HAD BEEN AVAILABLE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No → Q.94 <input type="checkbox"/> 2</p>																																	
	<p>84. WILL THAT WORK BE FULL-TIME?</p> <p>Yes/Full-time <input type="checkbox"/> 1</p> <p>No/Part-time <input type="checkbox"/> 2</p>																																	
	<p>85. WHEN DID BEGIN LOOKING FOR WORK?</p> <p>a Enter date</p> <p>Less than 2 years ago/...../.....</p> <p style="text-align: center;">DD MM YY</p> <p>2 years to less than 5 years ago/.....</p> <p style="text-align: center;">MM YY</p> <p>5 years or more ago YY</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 0</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 6</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 8</td></tr> <tr><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 9</td></tr> </tbody> </table> <p>b Did not look for work <input type="checkbox"/></p>	Day	Month	Year	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
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<p>76. IF HAD FOUND A (PART-TIME) JOB COULD HAVE STARTED WORK LAST WEEK?</p> <p>Yes → Q.85 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know → Q.85 <input type="checkbox"/> 3</p>																																		
<p>77. WHAT WERE THE REASONS COULD NOT HAVE STARTED WORK LAST WEEK?</p> <p>Waiting to start a job <input type="checkbox"/> 1</p> <p>Other → Q.79 <input type="checkbox"/> 2</p>																																		
<p>78. WILL BE STARTING THAT WORK IN THE NEXT 4 WEEKS?</p> <p>Yes → Q.83 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>																																		

86. WHEN DID LAST WORK FOR 2 WEEKS OR MORE?

a Enter date

Less than 2 years ago/...../.....
DD MM YY

2 years to less than 5 years ago/.....
MM YY

5 years or more ago
YY

Day	Month	Year
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b Has never worked (for 2 weeks or more) → **Q.94** ☐

87. Sequence Guide

. If less than 2 years ago in Q.86 → **Q.88** ☐ 1

. Otherwise → **Q.92** ☐ 2

88. WHAT WAS OCCUPATION IN THAT JOB OR BUSINESS?

(Title)

.....

WHAT WERE MAIN TASKS AND DUTIES?

(Main tasks/duties)

.....

.....

89. WHAT KIND OF BUSINESS OR SERVICE WAS CARRIED OUT BY EMPLOYER OR BUSINESS AT THE PLACE WHERE WORKED?

.....

.....

.....

90. WHAT WAS THE NAME OF EMPLOYER OR BUSINESS?

.....

.....

.....

91. WHAT WAS THE MAIN REASON STOPPED WORKING IN JOB OR BUSINESS?

Lost job - (Retrenched/Made redundant/Employer went out of business/Dismissed/No work available etc.) ☐ 1

Job ended/Temporary/seasonal job ☐ 2

Unsatisfactory work arrangements/ pay/hours ☐ 3

Own ill health or injury ☐ 4

Holiday job/Returned to studies ... ☐ 5

Self-employed: Business closed down for economic reasons (Went broke/Liquidated/No work/ No supply or demand etc.) ☐ 6

Other ☐ 7

92. DID USUALLY WORK 35 HOURS OR MORE A WEEK IN JOB OR BUSINESS?

Yes → **Q.94** ☐ 1

No ☐ 2

93. WHEN DID LAST WORK FOR AT LEAST 2 WEEKS IN A JOB OF 35 HOURS OR MORE A WEEK?

a Enter date

Less than 2 years ago/...../.....
DD MM YY

2 years to less than 5 years ago/.....
MM YY

5 years or more ago
YY

Day	Month	Year
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b Has never worked in a job of 35+ hrs/week (for 2 weeks or more) ☐

→ **Q.94**