

LFS 2008

Labour Force Survey

Administrative number: 2 5 8 1 Panel: ■ ■ Week no: ■ ■ Year: 2 0 0 8

A1 COUNTY CODE: ■ ■

A2 SEGMENT NUMBER: ■ ■ ■ ■ ■ ■

A3 TERRITORIAL UNIT CODE: ■ ■ ■ ■

A4 DWELLING CODE: ■ ■ ■

A5 NUMBER OF HOUSEHOLDS WITHIN THE DWELLING: ■

A6 SEQUENCE NUMBER OF THE HOUSEHOLD: ■

1. COUNTY	▶	
2. SETTLEMENT	▶	Changes: ▼
3. STREET AND HOUSE NUMBER	▶	▶
4. NAME OF THE HEAD OF THE HOUSEHOLD	▶	▶

A7 Number of interviewer's visits (enter number of visits):

Number of visits	1.	2.	3.	4.	5.
Date of visit (dd/mm)					
Time of visit (h/min)					

A8 Urbanisation level:

- 1 - Urban settlement 2 - Suburb
3 - Rural settlement 4 - House outside a settlement

DATA ON HOUSING UNIT

A9 Did you find a selected housing unit at a given address?

1 - Yes

A10

- 2 - Yes, but now it has a different function (e.g., business premise, etc.)
3 - Yes, but the dwelling is empty (long-term absence or death, etc.)
4 - No, the dwelling cannot be found
5 - The dwelling can not be reached (a natural disaster, etc.)
6 - No, the dwelling does not exist any more

THE
END

A10 Did you contact residents of the dwelling?

1 - Yes, and the number of households in the dwelling is known (state the number _____)

A12

- 2 - Residents are absent, but the number of households in the dwelling is known
(state the number _____)
3 - Residents refused cooperation, but the number of households in the dwelling is known
(state the number _____)

A11

4 - It is not possible to find out the number of households in the dwelling

THE
END

A11 The number of persons in all households in this dwelling:

Sequence number of the household in this dwelling	1.	THE END
Number of persons:		

DATA ON HOUSEHOLD

A12 Does the household accept to participate in the interview?

1 - Yes

A14

2 - No (state the number of persons in the household _____)

A13

3 - The household is absent (if there are more than one households in the dwelling,
only one can be absent) (state the number of persons in the household _____)

THE
END

A13 Which of the following is the main reason the household gave for refusing to be interviewed?

- 1 - No time
- 2 - Bad experience with interviews
- 3 - Not interested in being interviewed
- 4 - Inability to participate (e.g. illness, old age, etc.)

THE
END

5 - Other reasons for refusal State the reason: _____

A14 Number of persons in the interviewed household: _____

A15 THE BEGINNING OF THE INTERVIEW: Time: hour min

A16 Ownership status of the household:

- 1 - Owner of the dwelling
- 2 - Holder of tenancy rights
- 3 - Subtenant in the whole dwelling
- 4 - Subtenant in a part of the dwelling
- 5 - Relative of the owner/holder of tenancy rights
- 6 - Other

TO BE FILLED IN AT THE END OF THE INTERVIEW!

A17 Was the household willing to be interviewed by telephone?

- 1 - Yes, enter the telephone number: /
- 2 - No
- 3 - The household has no telephone

A18 Rate the willingness of the household to participate in the survey:

- 1 - Very good
- 2 - Good
- 3 - Poor

A19 THE END OF THE INTERVIEW: Time: hour min

CONTROL INFO:

A20 INTERVIEWER:

A21 CONTROLLER BY:

A22 CODED BY:

A23 DATA ENTRY:


INTERVIEWER'S NOTES: _____

DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

Seq- uence number of the house- hold member	NAME		Relationship to the head of the household	Family relationships within the household:		
		SURNAME		SPOUSE Enter the sequence number of the person	FATHER Enter the sequence number of the person	MOTHER Enter the sequence number of the person
0	1		2	3		
01			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 1 - Head of the household
- 2 - Spouse
- 3 - Daughter/son
- 4 - Daughter in law/son in law
- 5 - Father/mother of head or of spouse
- 6 - Grandparent of head or of spouse
- 7 - Granddaughter/grandson
- 8 - Sister or brother
- 9 - Other relatives
- 10 - Others

DEMOGRAPHIC CHARACTERISTICS, MIGRATIONS

	Sex	Citizenship	Were you born in Croatia?	In which country were you born?	When did you immigrate to Croatia?
	1 - Male 2 - Female	Enter HR for Croatian for other, enter the name of the country (on the line)	1 - YES  2 - NO	- Enter the name of the country	ENTER MONTH AND YEAR
	4	5	6	7	8
01	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DEMOGRAPHIC CHARACTERISTICS, MIGRATIONS

	Is this place (town, village) your usual place of residence?	Since when have you been living here?	Where did you come from?	
	1 - YES 2 - NO	ENTER MONTH AND YEAR 0 - Since birth Q12	ENTER THE COUNTY CODE Q12	If from other country, enter the its name on the line
	9	10	11	
01	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
02	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
03	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
04	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
05	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
06	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
07	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>

- 0** - Another country
-
- | | |
|---|---|
| 01 - County of Zagreb | 12 - County of Slavonski Brod-Posavina |
| 02 - County of Krapina-Zagorje | 13 - County of Zadar |
| 03 - County of Sisak-Moslavina | 14 - County of Osijek-Baranja |
| 04 - County of Karlovac | 15 - County of Šibenik-Knin |
| 05 - County of Varaždin | 16 - County of Vukovar-Sirmium |
| 06 - County of Koprivnica-Križevci | 17 - County of Split-Dalmatia |
| 07 - County of Bjelovar-Bilogora | 18 - County of Istria |
| 08 - County of Primorje-Gorski kotar | 19 - County of Dubrovnik-Neretva |
| 09 - County of Lika-Senj | 20 - County of Međimurje |
| 10 - County of Virovitica-Podravina | 21 - City of Zagreb |
| 11 - County of Požega-Slavonia | |

DEMOGRAPHIC CHARACTERISTICS, MIGRATION

	Are you permanently present in this place? 1 - YES 2 - NO, I am absent for a period shorter than 3 months 3 - NO, I am staying in another place in Croatia for a period longer than 3, but shorter than 12 months 4 - NO, I am staying abroad for a period longer than 3, but shorter than 12 months 5 - NO, I am staying abroad, for a period longer than 12 months, but have a close economic links with my household Q14 6 - NO, I am living in another place in Croatia or abroad for a period longer than 12 months Q13	Since when have you been absent from this place of residence? ENTER YEAR Q102	Date of birth If the interviewee is younger than 15 Q103 Enter DAY, MONTH, YEAR	Marital status 1 - Single 2 - Married 3 - Widowed 4 - Divorced 5 - Cohabiting couple 6 - Separated from spouse
	12	13	14	15
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>




DEMOGRAPHICAL AND EDUCATIONAL CHARACTERISTICS

	Total number of years of schooling <i>(Repeated years are not to be counted)</i> 0 - No schooling and less than 1 year of schooling	The highest attained level of education	When did you successfully complete the highest level of education?	What is the main field of your education?
	ENTER THE NUMBER OF YEARS OF SCHOOLING		ENTER YEAR	ENTER THE NAME OF THE COURSE FINISHED
	16	17	18	19
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 01** - No school
- Q20**
-
- 02** - 1-3 years of basic school
03 - 4-7 years of basic school
04 - Basic school
05 - Industrial and crafts schools, vocational schools for skilled and highly skilled workers
06 - Technical, economic, medicinal and related secondary schools
07 - Grammar school
08 - Non-university college
09 - Faculty, academy and university study
10 - Master's degree
11 - Doctor's degree

- 000** - General programmes
100 - Teacher training and education science
200 - Humanities, languages and arts
222 - Foreign languages
300 - Social sciences, business and law
400 - Life sciences, mathematics and computing
420 - Biological sciences (including biology and environmental science)
440 - Physical science (including physics, chemistry and earth sciences)
460 - Mathematics and statistics
481 - Computer science
482 - Computer use
500 - Engineering, manufacturing and construction
600 - Agriculture and veterinary services
700 - Health care and welfare
800 - Services

DEMOGRAPHICAL AND EDUCATIONAL CHARACTERISTICS

	Did you attend any regular educational program during the last 4 weeks? 1 - YES 2 - NO, because of school vacations  3 - NO 	What was the level of that education?	What was the main field of that education?	Did you attend any other educational/training programme or on the job training during the last 4 weeks? 1 - YES 2 - NO 
	20	21	22	23
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

- 1 - 1-4 years of elementary school
- 2 - 5-8 years of elementary school
- 3 - Industrial and crafts schools, vocational schools for skilled and highly skilled workers
- 4 - Technical, economic, medicinal and related secondary schools
- 5 - Grammar school
- 6 - Non-university college
- 7 - University study
- 8 - Post-graduate studies master's degree
- 9 - Post-graduate studies doctor's degree

- 000 - General programmes
- 100 - Teacher training and education science
- 200 - Humanities, languages and arts
- 222 - Foreign languages
- 300 - Social sciences, business and law
- 400 - Life sciences, mathematics and computing
- 420 - Biological sciences (including biology and environmental science)
- 440 - Physical science (including physics, chemistry and earth sciences)
- 460 - Mathematics and statistics
- 481 - Computer science
- 482 - Computer use
- 500 - Engineering, manufacturing and construction
- 600 - Agriculture and veterinary services
- 700 - Health care and welfare
- 800 - Services


FIELD OF TRAINING

	Was this training related to your: 1 - First employment 2 - Further training for your present job 3 - Further training for another job 4 - Specific employment measures 5 - Personal interest 6 - Something else? What?	When did the training take place? 1 - During paid working hours 2 - Outside paid working hours 3 - No job at that time	How many hours in total were spent on these educational/training activities during the last 4 weeks? ENTER NUMBER OF HOURS	What was the total duration of this training? 1 - Less than one week 2 - 1 - 4 weeks 3 - 5 weeks - 3 months 4 - 4 - 6 months 5 - 7 - 12 months 6 - 13 - 24 months 7 - Longer than 2 years
	24	25	26	27
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

ACTIVITY STATUS		WORKING ACTIVITY IN REFERENCE WEEK	
	Which of the following categories best describes your current activity status? <i>(Obligatory reading of items)</i>	Were you at work LAST WEEK / did you carry out any activity for the purpose of attaining your means of livelihood FOR AT LEAST ONE HOUR?	Did you work (FOR AT LEAST ONE HOUR) DURING LAST WEEK for payment in cash or kind or family gain?
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1 - YES Q35</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 - NO Q31</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1 - YES Q35</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 - NO Q79</div>
28		29	30
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 01 - Working / employed by employer regardless of ownership sector
 - 02 - Working in own enterprise or craft
 - 03 - Free-lance activity
 - 04 - Working on farm (own or rented) Q29
 - 05 - Working under contract (authors, professionals, etc.)
 - 06 - Work under contract
 - 07 - Working for payment in cash, kind or as agreed
 - 08 - Working as unpaid family worker on family farm, family business or craft
-
- 09 - School pupil or student
 - 10 - Housewife, househusband Q30
 - 11 - Pensioner
 - 12 - Do not work, but able to work
-
- 13 - Military service
 - 14 - Unable to work
 - 15 - Imprisonment Q99

MAIN JOB: ABSENCE FROM WORK, REASONS AND DURATION

	Even though you did not work last week, do you have a job you can return to? 1 - YES 2 - NO 	Why did you not work last week?	For how long, in total, do you expect to be absent from work? FOR LONGER THAN ONE MONTH, ENTER NUMBER OF MONTHS 0 - UP TO ONE MONTH
	31	32	33
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- PERSONAL REASONS**
- 01 - Own illness, injury or temporary incapacitation
 - 02 - Maternity leave
 - 03 - Parental leave
 - 04 - Standstill for personal reasons
 - 05 - Caring for member of family
 - 06 - Annual leave
 - 07 - Other types of leave
- GENERAL AND ECONOMIC REASONS**
- 08 - Bad weather conditions, technical and other stoppages
 - 09 - The firm is shut down due to natural disasters or effects of war
 - 10 - Education, training
 - 11 - No work, orders, clients
 - 12 - Bankruptcy, closing down
 - 13 - Strike, labour dispute, lock-out
 - 14 - On lay-off

MAIN JOB: BENEFITS WHILE ABSENT FROM WORK		MAIN JOB: STATUS IN EMPLOYMENT	
Which benefits are you receiving while you are absent from work? Up to three answers are possible 1 - Salary, 50% or more 2 - Allowance, less than 50% of the salary 3 - Health insurance 4 - Pension insurance 5 - No benefits		What is your status in employment? <i>(Obligatory reading of items)</i>	
34		35	
01	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

- 1 - Working/entrepreneur in own enterprise
 - 2 - Working/entrepreneur in own craft
 - 3 - Farmer on own farm
 - 4 - Working/entrepreneur in free-lance activity

 - 5 - Employed in the state firm, institution, organisation
 - 6 - Employed in the private sector
 - 7 - Employed in firm that is in process of transformation (privatisation)
 - 8 - Unpaid family worker on farm, family business or craft

 - 9 - Working under contract
 - 10 - Work under contract (authors, professionals, students etc.)
 - 11 - Working for payment in cash, kind or as agreed
- Q36**

Q37

Q44

MAIN JOB: EMPLOYERS AND EMPLOYEES

	How many workers do you employ (unpaid family workers not to be counted)?	In which of the following ways have you started working in your present job?	How many persons work in the firm, craft, institution or farm where you are employed?
	<p>ENTER NUMBER OF WORKERS</p> <p>0 - Not employing workers</p> <p>Q44</p>		<p>1 - 1 do 10 – state the exact number</p> <p>2 - 11 do 19</p> <p>3 - 20 do 49</p> <p>4 - 50 do 99</p> <p>5 - 100 do 199</p> <p>6 - 200 do 499</p> <p>7 - 500 and more</p> <p>8 - Do not know, but less than 11</p> <p>9 - Do not know, but more than 10</p>
	36	37	38
01	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

- 01 - You applied for job on the basis of announced vacancy
- 02 - Through the Croatian Employment Service
- 03 - Through a private employment agency
- 04 - You contacted the employer personally
- 05 - You placed an ad in a paper
- 06 - You asked information directly from the employer
- 07 - You received a (scholarship) from a firm or organisation
- 08 - The employer contacted your school, university, organisation
- 09 - With the help of acquaintances, relatives, friends
- 10 - There was a need for help in the family business, craft, farm
- 11 - Something else, specify what?

MAIN JOB CHARACTERISTICS: DURATION OF WORK CONTRACT

	Are you supervising other employees/ workers on your main job? 1 - YES 2 - NO	Have you got a contract with a temporary employment agency? 1 - YES 2 - NO	Have you got a permanent, temporary, seasonal or occasional job? 1 - Permanent 2 - Temporary 3 - Seasonal 4 - Occasional
	39	40	41
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q44 

MAIN JOB CHARACTERISTICS: DURATION OF CONTRACT

	Why have you not got a permanent job?	What is the total duration of your contract?	Where is your regular or usual place of work?	
	1 - You can not find a permanent job 2 - Duration of your job is defined by a contract mandate 3 - You do not want to have a permanent job 4 - Apprenticeship 5 - Education 6 - Probation period 7 - Something else, specify what?	1 - Less than 1 month 2 - 1 - 3 months 3 - 4 - 6 months 4 - 7 - 12 months 5 - 13 - 18 months 6 - 19 - 24 months 7 - 25 - 36 months 8 - Longer than 3 years 9 - As long as required	22	23
	42	43	44	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 0** - Another country
-
- | | |
|---|---|
| 01 - County of Zagreb | 11 - County of Požega-Slavonia |
| 02 - County of Krapina-Zagorje | 12 - County of Slavonski Brod-Posavina |
| 03 - County of Sisak-Moslavina | 13 - County of Zadar |
| 04 - County of Karlovac | 14 - County of Osijek-Baranja |
| 05 - County of Varaždin | 15 - County of Šibenik-Knin |
| 06 - County of Koprivnica-Križevci | 16 - County of Vukovar-Sirmium |
| 07 - County of Bjelovar-Bilogora | 17 - County of Split-Dalmatia |
| 08 - County of Primorje-Gorski kotar | 18 - County of Istria |
| 09 - County of Lika-Senj | 19 - County of Dubrovnik-Neretva |
| 10 - County of Virovitica-Podravina | 20 - County of Međimurje |

MAIN JOB CHARACTERISTICS: LOCATION, WORKING HOURS, WORKING TIME

	On what kind of location does you work? 1 - Business building, institution, factory (plant) 2 - Farm, field, woods or similar 3 - Mobile (selling food, street shoe cleaning or similar) 4 - Market place 5 - Changeable place (construction worker, taxi driver, etc.) 6 - At home	Have you got: 1 - a full time job Q49 2 - a part-time job? Q47	Why do you work part-time?	Do you consider that: 1 - Suitable care services for children are not available or affordable 2 - Suitable care services for incapacitated (elderly) adults are not available or affordable 3 - Suitable care services for both children and incapacitated (elderly) adults are not available or affordable 4 - (Daily) care services do not influence your job and working time	How many hours a week do you usually spend on your main job? ENTER NUMBER OF HOURS If 1-42 hours Q51
	45	46	47	48	49
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- WORKING PART TIME**
- 01 - Looking after child/children **Q48**
 - 02 - Looking after incapacitated (elderly) adults
 - 03 - Looking after children and incapacitated (elderly) adults
-
- 04 - Usual duration of work on this job is shorter than 36/42 hours
 - 05 - Illness or disability
 - 06 - Personal or family reasons
 - 07 - Do not want to work longer hours
 - 08 - Can not find a full-time job
 - 09 - Education, training **Q49**
 - 10 - Partial retirement
 - 11 - Parental leave and working part-time
 - 12 - Something else, specify what?

MAIN JOB CHARACTERISTICS: WORKING HOURS, WORKING TIME

	Why do you usually work longer than 42 hours a week?	How many hours did you work during the last week? ENTER NUMBER OF HOURS 0 - Did not work, were absent form work Q55 If the number of hours is: Q51=Q49 Q53 Q51≠Q49 Q52	Why did you work less/more than the usual number of hours during the last week?	If the number of less/more than usual working hours includes overtime hours, then how many overtime hours did you work last week? 0 - Did not work overtime Q55
	50	51	52	53
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

REASONS FOR LONGER HOURS

- 1 - Usual working hours of this job are longer than 42 hours
- 2 - Usually work overtime
- 3 - Have to work longer hours in order to earn enough for living

REASONS FOR WORKING LESS:

- 01 - Less work or other economic reason
- 02 - Illness, injury
- 03 - Annual leave and other paid or unpaid types of leave
- 04 - Parental leave, child care or care for a member of the family/household
- 05 - Parental leave and working part-time
- 06 - Bad weather conditions
- 07 - Technical and similar reasons
- 08 - Education, training
- 09 - Change of job or starting a new job
- 10 - Flexitime (days off)
- 11 - Strike, labour dispute or suspension from work
- 12 - Closing down of the firm or plant last week
- 13 - You were laid off last week
- 14 - Job with variable working time
- 15 - Something else, specify what?

REASONS FOR WORKING MORE:

- 16 - Overtime
- 17 - Larger work-load last week
- 18 - Flexi-time
- 19 - Job with variable working time
- 20 - Something else, specify what?

MAIN JOB CHARACTERISTICS: WORKING HOURS, WORKING TIME

	How many overtime hours of your work did your employer commit to remunerate?	Would you want your usual working hours to be longer than they are now? 1 - Yes, if I had an additional job 2 - Yes, if I could find another main, more appropriate job 3 - Yes, at my current main job 4 Yes, in any way 5 - No	How many hours would you like to work per week? ENTER NUMBER OF HOURS	Would you be ready to work more hours in the next two weeks? 1 - Yes 2 - No	What type of benefits are you receiving from your main job? (For those absent from work, benefits that they would be granted if present at work) <i>Obligatory reading of items</i> TWO ANSWERS ARE POSSIBLE
	54	55	56	57	58
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Q58

- 1 - Salary or part of the salary, compensation
 - 2 - Health insurance
 - 3 - Pension insurance
 - 4 - No benefits
-
- 5 - All of them

Q59

Q60

MAIN JOB CHARACTERISTICS: WORKING HOURS, WORKING TIME, WORKING ON WEEKENDS

	What is the reason for not receiving stated benefits at your main job)? 1 - The employer does not provide me with these benefits 2 - I get these benefits from another source 3 - I can not afford to pay for these benefits 4 - I do not know 5 - Something else, specify what?	Do you work:					
		IN SHIFTS 1 - Always 2 - Sometimes 3 - Never	IN THE EVENINGS 1 - Always 2 - Sometimes 3 - Never	AT NIGHTS 1 - Always 2 - Sometimes 3 - Never	ON SATURDAYS 1 - Always 2 - Sometimes 3 - Never	ON SUNDAYS 1 - Always 2 - Sometimes 3 - Never	AT HOME 1 - Always 2 - Sometimes 3 - Never
	59	60					
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN JOB CHARACTERISTICS: ACTIVITY

A) What is produced or what services are rendered in enterprise, craft, institution, organisation or activity?

B) Name and the address of your enterprise, organisation and working unit

61

01

A)

B)

02

A)

B)

03

A)

B)

04

A)

B)

05

A)

B)

06

A)

B)

07






A)

B)

MAIN JOB CHARACTERISTICS: OCCUPATION

	A) Describe the main tasks that you do at your job	State your usual net monthly income/salary at your main job.
	B) What is the title of your working post?	ENTER AMOUNT IN KUNA 0 - Do not receive any income/salary
	62	63
01	A)	
	B)	<input type="text"/>
02	A)	
	B)	<input type="text"/>
03	A)	
	B)	<input type="text"/>
04	A)	
	B)	<input type="text"/>
05	A)	
	B)	<input type="text"/>
06	A)	
	B)	<input type="text"/>
07	A)	
	B)	<input type="text"/>

MAIN JOB CHARACTERISTICS: YEARS OF WORK


	What is the ownership status of the entity in which you work? 1 - State or prevailing state ownership 2 - Enterprises (trade companies) and other forms of private or prevailing privately-owned entities 3 - Ownership of tradesmen 4 - Ownership of freelances 5 - Ownership of an individual farmer 6 - Private household 7 - I do not know 8 - Something else, specify what?	When did you start working with your present employer / when did you start your self-employment? ENTER MONTH AND YEAR If you work for longer than 12 months 	Have you been informed about this job by the Croatian Employment Service (CES) or the CES counsellor? 1 - YES  2 - NO 	Have you found the advertisement for this job on the CES notice-board? 1 - YES  2 - NO 
	64	65	66	67
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN JOB CHARACTERISTICS: YEARS OF WORK

	Have you found the advertisement for this job on the CES website? 1 - YES 2 - NO	What was your activity status immediately before you started working on your present job?	How many years have you been working altogether ? ENTER NUMBER OF YEARS 0 - Less than 1 year
	68	69	70
01	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

- 01 - Worked in sector of state ownership
- 02 - Worked as employee in the private sector
- 03 - Worked in private sector as an entrepreneur
- 04 - Worked as a farmer on the family farm
- 05 - Worked as unpaid family worker on the family farm, enterprise or craft
- 06 - Attended school, training
- 07 - You were without job - and registered with the Croatian Employment Service
- 08 - You were without job - and not registered with the Croatian Employment Service
- 09 - You were a housewife or househusband
- 10 - You were a pensioner
- 11 - Military service, mobilised person

ADDITIONAL JOB CHARACTERISTICS: STATUS IN EMPLOYMENT, WORKING HOURS

	Had you got any other job in addition to your main job which you did for money, payment in kind or family gain DURING THE LAST WEEK? 1 - YES 2 - NO 	Do you work on your additional job: <i>(If you have more than one additional job, choose the main one)</i> 1 - Regularly 2 - Seasonally 3 - Occasionally	What is your status in employment on your additional job?	How many hours did you work on your additional job during the last week? ENTER NUMBER OF HOURS
	71	72	73	74
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

- 1 - Working in/entrepreneur of a firm, craft, farm, free-lance and **do not employ workers**
- 2 - Working in/entrepreneur of a firm, craft, farm, free-lance and **employ workers**
- 3 - Working in a state-owned enterprise, institution, organization
- 4 - Working for an employer in the private sector
- 5 - Working in a firm in the process of transition
- 6 - Helping out on your family farm, business or craft
- 7 Working on contract, authorial contract or for payment in cash or kind

ADDITIONAL JOB CHARACTERISTICS: ACTIVITY

A) What is produced or which services are rendered on your additional job?

B) Name and address of your firm, organisation and working unit

75

01

A)

B)

02

A)

B)

03

A)

B)

04

A)

B)

05

A)

B)

06

A)

B)

07

A)

B)

ADDITIONAL JOB CHARACTERISTICS: OCCUPATION

A) Describe main working tasks which you do on your additional job

B) Title of your working post on your additional job?

76

01

A)

B)



02

A)

B)



03

A)

B)



04

A)

B)



05

A)

B)



06

A)

B)






07

A)

B)



CHANGE OF EMPLOYMENT, PREVIOUS JOB

	Would you like to change your main job or find an additional job? 1 - Yes, I want to change my main job 2 - Yes, I want to find an additional job 3 - No, I do not want to change anything 	What is the main reason for wanting to change your main job or find additional one? 	When was the last time you worked? ENTER MONTH AND YEAR 0 - I have never worked 
	77	78	79
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 01 - You suppose or know that you will loose your current job
- 02 - Your current job is occasional or defined by contract
- 03 - You are looking for an additional job, because you want more working hours
- 04 - You are looking for a new main job, because you want more working hours
- 05 - Personal, family or health-related reasons
- 06 - You want better salary/remuneration for work
- 07 - You want better working conditions (working time, less strenuous job)
- 08 - You want a job more in line with your own qualifications, skills
- 09 - You are looking for a job with less working hours
- 10 - Something else, specify what?

PREVIOUS JOB CHARACTERISTICS

	Why did you stop working?	What was your status in employment on your last job?
	80	81
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

- 01 - Retirement
- 02 - Early retirement
- 03 - Own illness
- 04 - Care of children or incapacitated (elderly) persons
- 05 - Personal or family-related reasons
- 06 - End of temporary contract
- 07 - Less amount of work
- 08 - You were fired (surplus labour, reduction of labour force, etc.)
- 09 - Did not want to work any more
- 10 - The firm went bankrupt
- 11 - The firm closed down
- 12 - It was a seasonal job
- 13 - Attended further training, school
- 14 - Military service or mobilised
- 15 - Something else, specify what?

- 1 - Worked in/entrepreneur of a firm, craft, farm, free-lance and **did not employ workers**
- 2 - Worked in/entrepreneur of firm, craft, farm, free-lance and **employed workers**
- 3 - Worked in a state-owned enterprise, institution, organization
- 4 - Worked for an employer in the private sector
- 5 - Worked in a firm in the process of transformation
- 6 - Helped out on your family farm, business or craft
- 7 - Worked on contract, authorial contract or for payment in cash or kind

PREVIOUS JOB CHARACTERISTICS: ACTIVITY

A) What was produced or which services were rendered in your firm, craft, institution, organisation?

B) Name and address of the firm, organisation and working unit where you used to work

82

01

A)

B)

02

A)

B)

03

A)

B)

04

A)

B)

05

A)

B)

06

A)

B)

07

A)

B)

PREVIOUS JOB CHARACTERISTICS: OCCUPATION

A) Describe main working tasks that you used to do on your job

B) What was the title of your working post?

83

01

A)

B)



02

A)

B)



03

A)

B)



04

A)

B)



05

A)

B)



06

A)

B)



07

A)

B)






UNEMPLOYMENT: JOB SEARCH

	Since you do not work, how do you provide your means of livelihood?	Did you in any way search for job or try to open your own business, craft or other activity which would provide your means of livelihood DURING THE LAST 4 WEEKS?	What is the main reason you did not search for job DURING THE LAST 4 WEEKS?
	2 answers are possible	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 - YES ▶ Q90 2 - NO </div>	<i>Obligatory reading of items</i>
	84	85	86
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

- 1 - Supported by other household/family members
- 2 - Your own or family pension
- 3 - Other earnings: rent, savings interest, share profits, copyright, securities
- 4 - You have personal savings acquired while you were working
- 5 - Scholarships, grants
- 6 - Social care aid, supports or other allowances from the State
- 7 - Supported by the head of the household living abroad

- 01 - You have found a job/activity to start working later, but in the period not longer than 3 months ▶ Q89
- 02 - You have found a job/an activity to start working later, in the period longer than 3 months
- 03 - Care of children ▶ Q87
- 04 - Care of incapacitated (elderly) persons
- 05 - Care of children and incapacitated (elderly) persons
- 06 - You expected to return to previous job
- 07 - Own illness
- 08 - Personal, family or health-related reasons
- 09 - You are convinced that there are no adequate jobs
- 10 - You think that you are unemployable
- 11 - You were attending regular school or additional training ▶ Q88
- 12 - You were waiting to start a seasonal job
- 13 - Military service, mobilised
- 14 - You do not know how or where to look for a job or open own business, craft, etc.
- 15 - You are retired
- 16 - Something else, specify what?

UNEMPLOYMENT: JOB SEARCH

	Do you consider that: 1 - Suitable care services for children are not available or affordable 2 - Suitable care services for incapacitated (elderly) adults are not available or affordable 3 - Suitable care services for both children and incapacitated (elderly) adults are not available or affordable 4 - Daily care services do not influence your looking for a job	Would you like to work, provided that you could find an adequate job? 1 - YES  Q93 2 - NO  Q97	What sort of job, concerning duration and working hours, would you like to find?  Q95
	87	88	89
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ↑
- 1 - Permanent full-time job
 - 2 - Temporary full-time job
 - 3 - Permanent part-time job
 - 4 - Temporary part-time job
 - 5 - Seasonal job

UNEMPLOYMENT: JOB SEARCH

In which way did you look for job, or try to become self-employed, during the last 4 weeks?

A	B	C	D	E	F	G	H	I	J	K	L	M
1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO

90

01

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

02

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

03

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

04

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

05

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

06

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

07

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------


- A - Have you enquired about the job at the CES?
- B - Have you applied directly to an employer?
- C - Have you placed an advertisement for vacancy in newspapers or replied to an advertisement?
- D - Have you enquired at the private employment agency or applied to one?
- E - Have you enquired about the job with friends, relatives, etc.?
- F - Have you read job advertisements in newspapers?
- G - Have you undertaken a testing procedure for a job?
- H - Have you applied for permissions, licences, financial resources?
- I - Have you expected a call from the CES?
- J - Have you looked for a job in any other way?
- K - Have you looked for (agricultural) land, premises or work equipment?
- L - Have you been waiting for the response to your job application?
- M - Have you been waiting for results of testing procedure (job application) in a state institution?

UNEMPLOYMENT: JOB SEARCH, STATUS IN ACTIVITY BEFORE UNEMPLOYMENT



	How long have you been looking for a job or trying to become self-employed? ENTER NUMBER OF MONTHS 0 - Less than 1 month	What was your status in activity immediately before you started looking for a job?	If you could choose, would you work for: 1 - An employer in the state-owned sector 2 - Employer in the private sector 3 - In own business, firm, craft, etc.
	91	92	93
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

- 01 - Worked in the state-owned sector
- 02 - Worked as employee in the private sector
- 03 - Entrepreneur in the private sector
- 04 - Unpaid family worker on a family farm, enterprise or craft
- 05 - You had occasional jobs for payment in kind
- 06 - Attended school, training
- 07 - You had family duties and did housework
- 08 - Pensioner
- 09 - Military service, mobilised
- 10 - Something else, specify what?

UNEMPLOYMENT: CHARACTERISTICS OF JOB SOUGHT FOR



	What sort of job are you looking for, or would prefer, regarding working hours? 1 - Full-time job 2 - Part-time job 3 - Any job 	Would you accept a job with different working hours than those you are looking for or would prefer? 1 - YES 2 - NO
	93	94
01	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>

UNEMPLOYMENT: CHARACTERISTICS OF JOB SOUGHT FOR



	If you were offered a job now, either for an employer or as self-employed, would you be able to start working within the next 2 weeks ? 1 - YES  Q97 2 - NO	Why would you not be able to start working?	Are you registered with the Croatian Employment Agency? 1 - YES 2 - NO  Q99
	95	96	97
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ↑
- 1 - Own illness
 - 2 - Personal or family-related reasons
 - 3 - Regular schooling
 - 4 - Concluding present job
 - 5 - Training or retraining, etc.
 - 6 - Military service
 - 7 - Preparations for a self-employment activity (documents, equipment, resources, etc.)

UNEMPLOYMENT: CHARACTERISTICS OF JOB SOUGHT FOR

	If you were offered a job now, either for an employer or as self-employed, would you be able to start working within the next 2 weeks ? 1 - YES  2 - NO	Why would you not be able to start working?	Do you think that the Croatian Employment Agency can help you find an employment in line with your needs? 1 - YES 2 - NO	Are you registered with the Croatian Employment Agency? 1 - YES 2 - NO 
	101	102	103	104
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ↑
- 1 - Own illness
 - 2 - Personal or family-related reasons
 - 3 - Regular schooling
 - 4 - Concluding present job
 - 5 - Training or retraining, etc.
 - 6 - Military service
 - 7 - Preparations for a self-employment activity (documents, equipment, resources, etc.)

	State the activity code of the enterprise or other legal entity where you worked one year ago:	Were you living in Croatia one year ago?	Enter the name of the country where you lived (or are living now) or the county code	
		1 - YES  P103 2 - NO  P102	Enter the county code	Enter the name of the country where you lived (or are living now)
	100	101	102	
01	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- 01 - Agriculture, hunting and forestry
- 02 - Fishing
- 03 - Mining and quarrying
- 04 - Manufacturing
- 05 - Electricity, gas and water supply
- 06 - Construction
- 07 - Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
- 08 - Hotels and restaurants
- 09 - Transport, storage and communication
- 10 - Financial intermediation
- 11 - Real estate, renting and business activities
- 12 - Public administration and defence: compulsory social security
- 13 - Education
- 14 - Health and social work
- 15 - Other community, social and personal service activities
- 16 - Private households with employed persons
- 17 - Extra-territorial organizations and bodies

- 0 - Another Country
- 01 - County of Zagreb
- 02 - County of Krapina-Zagorje
- 03 - County of Sisak-Moslavina
- 04 - County of Karlovac
- 05 - County of Varaždin
- 06 - County of Koprivnica-Križevci
- 07 - County of Bjelovar-Bilogora
- 08 - County of Primorje-Gorski kotar
- 09 - County of Lika-Senj
- 10 - County of Virovitica-Podravina
- 11 - County of Požega-Slavonia
- 12 - County of Slavonski Brod-Posavina
- 13 - County of Zadar
- 14 - County of Osijek-Baranja
- 15 - County of Šibenik-Knin
- 16 - County of Vukovar-Sirmium
- 17 - County of Split-Dalmatia
- 18 - County of Istria
- 19 - County of Dubrovnik-Neretva
- 20 - County of Međimurje
- 21 - City of Zagreb

		HOUSEHOLD INCOME (TO BE ANSWERED BY THE HEAD OF THE HOUSEHOLD OR SPOUSE)	
	Who gave the answers to the questions in this questionnaire? 1 - Household member in person 2 - Other member of the household	What is the monthly net income of your household (the net income gained by all members of the household)?	How do you estimate the financial situation of your household? 1 - Very good 2 - Mostly good 3 - Mostly poor 4 - Poor
	103	104	105
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>		
03	<input type="checkbox"/>		
04	<input type="checkbox"/>		
05	<input type="checkbox"/>		
06	<input type="checkbox"/>		
07	<input type="checkbox"/>		

01 - up 500 kuna
02 - 501 – 1 000
03 - 1 001 – 1 500
04 - 1 501 – 2 000
05 - 2 001 – 3 000
06 - 3 001 – 4 000
07 - 4 001 – 5 000
08 - 5 001 – 6 000
09 - 6 001 – 7 000
10 - 7 001 – 8 000
11 - 8 001 – 10 000
12 - 10 001 – 12 000
13 - 12 001 – 14 000
14 - 14 001 – 16 000
15 - 16 001 – 18 000
16 - 18 001 – 20 000
17 - 20 001 – 25 000
18 - 25 001 – 30 000
19 - 30 001 and more

Handwriting practice lines on page 42.

