

# LFS 2019

## Labour Force Survey

### REPEATED INTERVIEWING

Administrative number: 2 5 8 1 Panel: ■■ Week no: ■■ Year: 2 0 1 9

A1 COUNTY CODE: ■■

A2 SEGMENT NUMBER: ■■■■■■

A3 ENUMERATION AREA CODE: ■■■■

A4 DWELLING CODE: ■■■

A5 NUMBER OF HOUSEHOLDS WITHIN THE DWELLING: ■

A6 SEQUENCE NUMBER OF HOUSEHOLD: ■

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

**A13** The most important reason why the household does not participate in the Survey (select one of the modalities offered below): .....

**NON-RESPONSE (refusal)**

- 21 – NON-RESPONSE – lack of interest
- 22 – NON-RESPONSE – on principle alone
- 23 – NON-RESPONSE – lack of time
- 24 – NON-RESPONSE – considers not to be a good selection for the survey or not interested in the survey's aims
- 25 – NON-RESPONSE – does not want to be interviewed by phone
- 26 – NON-RESPONSE – survey burnout
- 27 – NON-RESPONSE – unknown reason

**NON-RESPONSE (unsuccessfully contacted)**

- 31 – NON-RESPONSE – the household could not be contacted, although the address (phone) is known (no one answers the phone)
- 32 – NON-RESPONSE – a new household at a selected address could not be contacted
- 34 – NON-RESPONSE – not possible to contact the household due to natural disaster
- 35 – NON-RESPONSE – the household could not be contacted due to other reasons (e.g., phone line out of order)

**NON-RESPONSE (unable to respond)**

- 41 – NON-RESPONSE – not able to answer the survey due to illness or disability
- 42 – NON-RESPONSE – not able to answer the survey due to language barrier
- 43 – NON-RESPONSE – not able to answer the survey due to other reasons

- 51 – INVALID UNITS – all household members are deceased
- 52 – INVALID UNITS – the whole household moved abroad for at least a year
- 53 – INVALID UNITS – the whole household became/moved to a collective household/institution (monastery, prison, home for elderly people)
- 55 – INVALID UNITS – a company/cottage is now located at the address
- 56 – INVALID UNITS – unoccupied dwelling (a housing unit no longer exists)
- 57 – INVALID UNITS – other reasons

**END OF INTERVIEWING**

**A141** Last time you were interviewed, your household consisted of \_\_\_\_\_ members.

Has this number changed?

1 - No changes, the household members are the same.

**A14** ▶

2 - Yes, the household members are different. ....

**A142** Are there new members in your household?

If yes, how many of them?

(Note: if there are not new members, enter 0.)

**A143** ▶

**A143** Has any member permanently left the household, either for moving elsewhere, or some other reasons or because he/she died?

- 1 - YES
- 2 - NO



.....

**A14** Number of persons in the interviewed household:

**A15** THE BEGINNING OF THE INTERVIEW:

Time: hour   min

**TO BE FILLED IN AT THE END OF THE INTERVIEW!**

**A17** Please, give me your phone/GSM number.

.....

- 1 - Enter the phone number:     /
- 2 - Does not want to give the phone number.
- 3 - Does not have a phone.

**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:

**A22** CODED BY:

**A23** DATA ENTRY:

**INTERVIEWER'S NOTES:** \_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

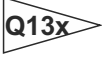
Se- quence number of the house- hold member	NAME	SURNAME	Are you permanently present in this settlement?	Does a person intend to be absent for more than a year?  1 - YES → <b>END OF INTERVIEWING</b>  2 - NO 
0	1a	1b	11	13x
01			<input type="checkbox"/>	<input type="checkbox"/>
02			<input type="checkbox"/>	<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"/>

↑

**Are you permanently present in this settlement?**

1 - YES 

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2 - NO, absent less than a year 

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3 - NO, absent more than a year


4 - NO, a person died **END OF  
INTERVIEWING**

DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

0	2	Family relationships within the household:			Sex 1 - Men 2 - Women	Date of birth Enter DAY, MONTH, YEAR		
		3a SPOUSE Enter the sequence number of the person	3b FATHER Enter the sequence number of the person	3c MOTHER Enter the sequence number of the person		DAY	MONTH	YEAR
01	<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="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="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="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="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="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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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

	Marital status	Citizenship  Enter HR for Croatian (into boxes).  for other, enter the name of the country (into boxes)	Were you born in Croatia?  1 - YES  Q9x  2 - NO	In which country were you born?  Enter the name of the country	When did you immigrate to Croatia?  ENTER YEAR
	13	5	6	7	8a
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

- 1 - Single
- 2 - Married
- 3 - Widowed
- 4 - Divorced
- 5 - Cohabiting couple

# DEMOGRAPHIC CHARACTERISTICS, MIGRATIONS

	Were you born in this settlement (town, village) or have you moved in here later?  1 - YES, <b>FILTER</b> born here  2 - NO, <b>Q9a</b> moved in	Since when have you been living here?  ENTER YEAR	Where did you come from?  ENTER THE COUNTY CODE <b>FILTER</b>  If from other country, enter the name on the line
	9x	9a	10
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
- |   |   |
|---|---|
| <b>01</b> - County of Zagreb                | <b>12</b> - County of Slavonski Brod-Posavina |
| <b>02</b> - County of Krapina-Zagorje       | <b>13</b> - County of Zadar                   |
| <b>03</b> - County of Sisak-Moslavina       | <b>14</b> - County of Osijek-Baranja          |
| <b>04</b> - County of Karlovac              | <b>15</b> - County of Šibenik-Knin            |
| <b>05</b> - County of Varaždin              | <b>16</b> - County of Vukovar-Sirmium         |
| <b>06</b> - County of Koprivnica-Križevci   | <b>17</b> - County of Split-Dalmatia          |
| <b>07</b> - County of Bjelovar-Bilogora     | <b>18</b> - County of Istria                  |
| <b>08</b> - County of Primorje-Gorski kotar | <b>19</b> - County of Dubrovnik-Neretva       |
| <b>09</b> - County of Lika-Senj             | <b>20</b> - County of Međimurje               |
| <b>10</b> - County of Virovitica-Podravina  | <b>21</b> - City of Zagreb                    |
| <b>11</b> - County of Požega-Slavonia       |   |

## DEMOGRAPHIC AND EDUCATIONAL CHARACTERISTICS

	<b>FILTER</b> For persons who have not turned 15 years on the survey day 	Total number of years in schooling <i>(Repeated years are not to be counted)</i>  <b>0</b> - No schooling and less than 1 year in schooling  ENTER NUMBER OF YEARS OF SCHOOLING	The highest attained level of education	When did you successfully complete the highest level of education?  ENTER YEAR	What is the main field of your education?  ENTER NAME OF COURSE FINISHED	CODE
	<b>END OF INTERVIEWING</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17x</b>	<b>17</b>
01		□ □	□ □	□ □ □ □	_____	□ □ □ □
02		□ □	□ □	□ □ □ □	_____	□ □ □ □
03		□ □	□ □	□ □ □ □	_____	□ □ □ □
04		□ □	□ □	□ □ □ □	_____	□ □ □ □
05		□ □	□ □	□ □ □ □	_____	□ □ □ □
06		□ □	□ □	□ □ □ □	_____	□ □ □ □
07		□ □	□ □	□ □ □ □	_____	□ □ □ □

- Q18**

**01** - No school

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**02** - Uncompleted basic school

**03** - Lower secondary school

**04** - Industrial and crafts schools, vocational schools for skilled and highly-skilled workers (1 year)

**05** - Industrial and crafts schools, vocational schools for skilled and highly-skilled workers (2 years)

**06** - Industrial and crafts schools, vocational schools for skilled and highly-skilled workers (3 years or more)

**07** - Technical and related secondary schools (4 or more years)

**08** - Grammar school

**09** - Short-term professional study (2 – 2.5 years)

**10** - Undergraduate professional study and undergraduate university study (3 – 4 years)

**11** - University graduate study, integrated undergraduate and graduate university study, specialist professional graduate study and postgraduate specialist study, masters of science and masters specialists

**12** - Doctorate

- 0001** - Basic programmes and qualifications

**0100** - Education

**0200** - Arts and humanities (language acquisition)

**0300** - Social sciences, journalism and information

**0400** - Business, administration and law

**0500** - Natural sciences, mathematics and statistics

**0600** - Information and communication technologies

**0700** - Engineering, manufacturing and construction

**0800** - Agriculture, forestry, fisheries and veterinary

**0900** - Health and welfare

**1000** - Services (Personal services, Transport services, Environmental protection and Protection of persons and property)

**8888** - Unknown or unspecified







DEMOGRAPHIC 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?	Did you attend any course (e.g., a foreign language course), seminar, conference, private lessons or extra tuition outside the regular educational programme during the last 4 weeks? 1 - YES 2 - NO
	18	19	20
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 - Basic school
- 02 - Lower secondary school
- 03 - Industrial and crafts schools, vocational schools for skilled and highly-skilled workers (1 – 3 years or more)
- 04 - Technical and related secondary schools (4 or more years)
- 05 - Grammar school
- 06 - Short-term professional study (2 – 2.5 years)
- 07 - Undergraduate professional study and undergraduate university study (3 – 4 years)
- 08 - University graduate study, integrated undergraduate and graduate university study, specialist professional graduate study and postgraduate specialist study, masters of science and masters specialists
- 09 - Postgraduate university study – doctoral study


**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 <b>the last 4 weeks?</b>  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
	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
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>(Reading of items required)</i>	Were you at work/engaged in any activity aimed at gaining means of livelihood <b>LAST WEEK (FOR AT LEAST 1 HOUR)?</b>	Did you work ( <b>FOR AT LEAST 1 HOUR</b> ) DURING LAST WEEK for payment in cash or kind or family gain?
		<input type="checkbox"/> 1 - YES  Q58 <input type="checkbox"/> 2 - NO  Q28	<input type="checkbox"/> 1 - YES  Q58 <input type="checkbox"/> 2 - NO  Q75x
	<b>25</b>	<b>26</b>	<b>27</b>
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)  Q26
- 05 - Working on 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

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- 09 - Pupil or student
- 10 - Housewife, househusband  Q27
- 11 - Pensioner
- 12 - Do not work, but able to work

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- 13 - Unable to work
- 14 - Imprisonment  Q75x

MAIN JOB: ABSENCE FROM WORK, REASONS AND DURATION			MAIN JOB: BENEFITS WHILE ABSENT FROM WORK
Even though you did not work last week, do you have a job you can return to?	Why did you not work last week?	For how long, in total, do you expect to be absent from work?	Which benefits are you entitled to while absent from work?
1 - YES 2 - NO <span style="border: 1px solid black; padding: 2px;">Q75x</span>		FOR LONGER THAN ONE MONTH, ENTER NUMBER OF MONTHS  0 - UP TO 1 MONTH	Several 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
28	29	30	31
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 - Own illness, injury or temporary incapacitation
- 02 - Maternity leave
- 03 - Parental leave
- 04 - Annual leave
- 05 - Bad weather conditions
- 06 - Technical or other stoppages
- 07 - Education, training
- 08 - Strike, labour dispute or suspension from work
- 09 - Compensation of working hours
- 10 - On lay-off
- 11 - Other reasons

MAIN JOB CHARACTERISTICS: ACTIVITY

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

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

58

01

A)

B)

C)

02

A)

B)

C)

03

A)

B)

C)

04

A)

B)

C)

05

A)

B)

C)

06

A)

B)

C)

07

A)

B)

C)

MAIN JOB CHARACTERISTICS: OCCUPATION

A) Describe the main tasks that you do at your job

B) What is the title of your working post?

59

01

A)

B)

C)

02

A)

B)

C)

03

A)

B)

C)

04

A)

B)

C)

05

A)

B)

C)

06

A)

B)

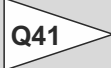
C)

07

A)

B)



C)

MAIN JOB: STATUS IN EMPLOYMENT		MAIN JOB: EMPLOYERS AND EMPLOYEES	
What is your status in employment?  <i>(Reading of items required)</i>		How many workers do you employ (unpaid family workers not to be counted)?  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>ENTER NUMBER OF WORKERS</b>              0 - Not employing workers           </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">  </div>	
<b>32</b>		<b>33</b>	
01	□ □		□ □ □ □
02	■ ■		■ ■ ■ ■
03	□ □		□ □ □ □
04	■ ■		■ ■ ■ ■
05	□ □		□ □ □ □
06	■ ■		■ ■ ■ ■
07	□ □		□ □ □ □

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

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  - 5 - Employed in the state firm, institution, organisation
  - 6 - Employed in the private sector
  - 7 - Unpaid family worker on farm, family business or craft
  - 8 - Working on contract (authors)
  - 9 - Work under contract (professionals, students etc.)
  - 10 - Working for payment in cash, kind or as agreed


**MAIN JOB: EMPLOYERS AND EMPLOYEES**

	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?		Are you supervising other employees/ workers on your main job?
		1 - 1 - 10 - state the exact number 2 - 11 - 19 3 - 20 - 49 4 - 50 - 99 5 - 100 - 199 6 - 200 - 499 7 - 500 and more 8 - Do not know, but less than 11 9 - Do not know, but more than 10		1 - YES 2 - NO
	<b>34</b>	<b>35</b>	<b>35a</b>	<b>36</b>
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"/>

- 01 - You applied for job on the basis of announced vacancy
- 02 - Through the Croatian Employment Service
- 03 - Through a private employment agency
- 04 - The employer contacted you 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

	Have you got a contract with a private agency providing temporary employment?  1 - YES 2 - NO	Have you got a permanent, temporary, seasonal or occasional job?  1 - Permanent  2 - Temporary 3 - Seasonal 4 - Occasional
	37	38
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"/>

## MAIN JOB CHARACTERISTICS: DURATION OF CONTRACT

	Why have you not got a permanent job? 1 - You cannot find a permanent job 2 - The contract covers a period of training (apprentices, trainees, interns, research assistants, etc.) 3 - You do not want a permanent job 4 - It is a contract for a probation period	What is the total duration of your contract? 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	Where is your regular or usual place of work? 22 In my place of residence 23 In other place within the same county - In another county (enter the code) - Abroad (enter the name of the country)
	<b>39</b>	<b>40</b>	<b>41</b>
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"/>

**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

**Q42**

**MAIN JOB CHARACTERISTICS: LOCATION, WORKING HOURS, WORKING TIME**

	On what kind of location do 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 Q46 2 - A part-time job? Q44	Why do you work part time? Q45	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 – 40 hours Q48
	42	43	44	45	46
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 Q45

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 – 40 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 Q46

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 40 hours a week?	How many hours did you work <b>during the last week?</b> ENTER NUMBER OF HOURS 0 - Did not work, were absent form work  If the number of hours is: Q48=Q46  Q48≠Q46 	Why did you work less/more than the usual number of hours <b>during the last week?</b>	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 
	47	48	49	50
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 duration of work on this job is longer than 40 hours  
 2 - Usually work overtime  
 3 - Have to work longer hours in order to earn enough for living

**REASONS FOR WORKING MORE:**  
 01 - Overtime  
 02 - Rearrangement of working hours  
 03 - Other reasons

**REASONS FOR WORKING LESS:**  
 04 - Technical or economic reasons  
 05 - Illness, injury  
 06 - Annual leave and other paid or unpaid types of leave  
 07 - Special types of leave for personal or family reasons  
 08 - Maternal or parental leave  
 09 - Bad weather conditions  
 10 - Education, training  
 11 - Change of job or starting a new job  
 12 - Rearrangement of working hours  
 13 - Strike, labour dispute or suspension from work  
 14 - Termination of working contract without starting (accepting) a new working contract (in reference week)  
 15 - Other reasons

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 Q52 = 1 - 4  Q52 = 5 	Would you be ready to work more hours in the next 2 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>Reading of items required</i> TWO ANSWERS ARE POSSIBLE
	51	52	53	54	55
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"/>


1 - Salary or part of the salary, compensation 

2 - Health insurance

3 - Pension insurance

4 - No benefits

---

5 - All of them 



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 - Yes 2 - No	IN THE EVENINGS 1 - Usually 2 - Sometimes 3 - Never	AT NIGHTS 1 - Usually 2 - Sometimes 3 - Never	ON SATURDAYS 1 - Usually 2 - Sometimes 3 - Never	ON SUNDAYS 1 - Usually 2 - Sometimes 3 - Never	AT HOME 1 - Usually 2 - Sometimes 3 - Never
	<b>56</b>	<b>57</b>					
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: YEARS OF WORK

	<p>State your usual net monthly income/salary at your main job.</p> <p><b>ENTER AMOUNT IN KUNA</b> 0 - Do not receive any income/salary</p>	<p>When did you start working for your present employer/when did you start your self-employment?</p> <p><b>ENTER YEAR AND MONTH</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>If you work for longer than 12 months</p> <p style="text-align: center;">▶ <b>Q65</b></p> </div>		<p>Have you been informed about this job by the Croatian Employment Service (CES) or the CES counsellor?</p> <p>1 - YES ▶ <b>Q65</b></p> <p>2 - NO ▶ <b>Q63</b></p>
	<b>60</b>	<b>61a</b>	<b>61</b>	<b>62</b>
01	□ □ □ □ □	□ □ □ □	□ □	□
02	■ ■ ■ ■ ■	■ ■ ■ ■	■ ■	■
03	□ □ □ □ □	□ □ □ □	□ □	□
04	■ ■ ■ ■ ■	■ ■ ■ ■	■ ■	■
05	□ □ □ □ □	□ □ □ □	□ □	□
06	■ ■ ■ ■ ■	■ ■ ■ ■	■ ■	■
07	□ □ □ □ □	□ □ □ □	□ □	□


MAIN JOB CHARACTERISTICS: YEARS OF WORK

	Have you found the advertisement for this job on the CES dashboard?  1 - YES  2 - NO 	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 <b>working altogether</b> ?  ENTER NUMBER OF YEARS 0 - Less than 1 year
	63	64	65	66
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 - Worked in government sector
- 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
	67	68	69	70
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/entrepreneur in own firm, craft, farm, free-lance and **do not employ workers**
- 2 - Working/entrepreneur in own 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 - Helping out on your family farm, business or craft
- 6 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

71

01

A)

B)

C)

02

A)

B)

C)

03

A)

B)

C)

04

A)

B)

C)

05

A)

B)

C)

06

A)

B)

C)

07

A)

B)

C)

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

72

01

A)

B)

C)

02

A)

B)

C)

03

A)

B)

C)

04

A)

B)

C)

05

A)

B)

C)

06

A)

B)

C)





07

A)

B)

C)

## CHANGE OF EMPLOYMENT, PREVIOUS JOB

	<p>Would you like to change your main job or find an additional job?</p> <p>1 - Yes, I want to change my main job 2 - Yes, I want to find an additional job</p> <p>3 - No, I do not want to change anything </p>	<p>What is the main reason for wanting to change your main job or find additional one?</p> <p></p>	<p>Have you ever worked?</p> <p>1 - YES </p> <p>2 - NO </p>
	73	74	75x
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** - You suppose or know that you will lose 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

	When was the last time you worked?  ENTER YEAR AND MONTH		Why did you stop working?	What was your status in employment on your last job?
	75a	75	76	77
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"/>

- 01 - Retirement
- 02 - Early retirement
- 03 - Own illness
- 04 - Looking after 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 - Something else, specify what?

- 1 - Worked/entrepreneur in own firm, craft, farm, free-lance and **did not employ workers**
- 2 - Worked/entrepreneur in own 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

78

01

A)

B)

C)

02

A)

B)

C)

03

A)

B)

C)

04

A)

B)

C)

05

A)

B)

C)

06

A)

B)

C)

07

A)

B)

C)

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?

79

01

A)

B)

C)

02

A)

B)

C)

03

A)

B)

C)

04

A)

B)

C)

05

A)

B)

C)

06

A)

B)

C)

07

A)

B)

C)

UNEMPLOYMENT: JOB SEARCH

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?**

1 - YES

Q84

2 - NO

What is the main reason you did not search for job **DURING THE LAST 4 WEEKS?**

*Reading of items required*

80

81

01



02



03



04



05



06



07



01 - You have found a job/activity to start working later, but in the period not longer than 3 months

Q85

02 You have found a job/an activity to start working later, in the period longer than 3 months

Q86

03 Looking after children

04 Looking after incapacitated (elderly) persons

05 Looking after children and incapacitated (elderly) persons

Q82

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

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?

Q83



## 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  Q87

2 - NO  Q92

82

83

01



02



03



04



05



06



07

## 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
	<b>84</b>												
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 or registered with 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 advertisements for vacancy 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 been looking for (agricultural) land, premises or work equipment?  
**K** - Have you been waiting for the response to your job application?  
**L** - Have you been waiting for results of testing procedure (job application) in a state institution?  
**M** - Have you been looking for a job in any other way?

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?
	<b>85</b>	<b>86</b>
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 - Worked in the government 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

	<p>Would you like to work in:</p> <p>1 - Government sector</p> <p>2 - Private sector</p> <p>3 - Own company, trade, free lance etc. </p>	<p>What sort of job are you looking for, or would prefer, regarding working hours?</p> <p>1 - Full-time job</p> <p>2 - Part-time job</p> <p>3 - Any job </p>	<p>Would you accept a job with different working hours than those you are looking for or would prefer?</p> <p>1 - YES</p> <p>2 - NO</p>
	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"/>

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 <b>within the next 2 weeks</b> ?  1 - YES  Q92 2 - NO	Why would you not be able to start working?	Are you registered with the Croatian Employment Service?  1 - YES 2 - NO  Q94
	90	91	92
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 - Other reasons

UNEMPLOYMENT: REGISTRATION WITH THE CES, REALISED RIGHTS

	What type of benefits/rights are you receiving at the Croatian Employment Service?  More than one answer is possible  1 - Financial aid 2 - Pension insurance 3 - No benefits	Which of the following categories best describes your status in activity <b>one year ago</b> ?
	93	94
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 - You worked/were employed regardless of the sector of ownership
  - 02 - You worked in your own enterprise or craft and you were employing workers
  - 03 - You worked in your own enterprise or craft and you were not employing workers
  - 04 - You worked in a free-lance activity and you were employing workers
  - 05 - You worked in a free-lance activity and you were not employing workers
  - 06 - You worked as a farmer on an agricultural holding (own or rented) and you were employing workers
  - 07 - You worked as a farmer on an agricultural holding (own or rented) and you were not employing workers
  - 08 - You worked on contract (authors, professionals, etc.)
  - 09 - You worked on contract
  - 10 - You worked for payment in cash, kind or as agreed
  - 11 - You worked as an unpaid family worker on the family farm, family business or craft
- 
- 12 - You were a pupil or a student
  - 13 - You were a housewife, a househusband
  - 14 - You were retired
  - 15 - You did not work, but you were able to work
  - 16 - You were disabled or unable to work
  - 17 - Imprisonment (detention)




	Describe the activity of the enterprise or other legal entity where you worked one year ago:		Were you living in Croatia one year ago?	In which county did you reside a year ago?	Which country did you stay in a year ago?
	95a	95	96	97	98
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"/>

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1 - YES  Q97

2 - NO  Q98

22 – In the same county  
 – In another county (enter the county code)  Q99

Enter the country

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

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 <b>monthly net income of your household</b> (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
	99	100	101
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 to 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