APPENDIX

Questionnaire

Improving The Measurement of Women's Economic Activities in Malaysia

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1. SERIAL NO : _____ 2. CASE NO : [ ][ ][ ][ ]

3. STATE : _____ 4. DISTRICT : _____

5 MUKIM : _____ 6 KAMPUNG : _____

7. Home Address: _____

_____

8. Address At Interview : _____

9. Tel. No. (If any) : _____

RESULT OF INTERVIEW

	1st visit	2nd visit	3rd visit
Name of Interviewer	_____	_____	_____
	_____	_____	_____
Interview Date/Time	_____	_____	_____
a. Interview completed	_____	_____	_____
b. Interview partially completed	_____	_____	_____
c. Refusal : No interview made	_____	_____	_____
d. No one at home	_____	_____	_____
e. Others (Specify)	_____	_____	_____

f. First Reviewer _____ Date _____

g. Second Reviewer _____ Date _____

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KUALA LUMPUR
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INTERVIEWER – ASK QUESTION A OR B

A. Is there a woman of age 15 – 69 years old staying in this household?

0. No *(Proceed to the next household)*
1. Yes *(Turn the page and start the interview)*

OR

B. (a) Is the license holder/owner of this stall a male or female?

1. Female 2. Male

(b) Is the license holder/owner also the main operator of the stall?

0. No

1. Yes *(interview if this person is female; if (a) is male, list all Malaysian female workers of age between 15 – 69 years and select one for interview using the KISH procedure)*

(c) Is the main operator of this stall a male or female?

1. Female *(Interview her)*
2. Male *(List all Malaysian female workers and select one for interview using the KISH procedure)*

(END OF INTERVIEW IF THERE IS NO FEMALE WORKER)

	Name	Age	Rank by age *(Start with 1. Oldest)*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

GENERAL INFORMATION

1. Type of Area/Locality that Respondent lives in :

01. Housing estate	02. Commercial
03. Squatter/slum	04. New village
05. Fishing village	06. Estate
07. Land scheme settlement	08. Padi growing land

09. Others, specify _____

2. Type of living quarter:

01. Atap/kampung house with garden area
02. Atap house built near or above river/sea
03. Single storey detached house (full brick)
04. Single storey detached house (half brick/wood)
05. Single storey wooden/'squatter' type house
06. Single storey terrace house
07. Single storey shop house
08. Double storey detached house
09. Double storey terrace house
10. Flat
11. Semi-detached house
12. Others, specify _____

3. Ownership of living quarter:

1. Privately owned (by the respondent, spouse or children)
2. Rented
3. Quarters provided by employer
4. Others, specify _____

FOR RESPONDENTS WHO OPERATE A HAWKER STALL

5. Type of stall:

01. Stall at market place
02. Stall at coffee shop/restaurant
03. Stall at built-up hawker center
04. Stall at roadside (permanent place)
05. Mobile stall
06. Others, specify _____

I. HOUSEHOLD COMPOSITION AND FAMILY STRUCTURE

1. Could you please help me make a list of everyone who lives here and have his/her meals with you? Could we start with the oldest person who lives here? (INTERVIEWER TO PROCEED TO LIST THE FIRST NAME AND DETAILS ON THE HOUSEHOLD CHART. CIRCLE PERSON NUMBER OF HEAD OF HOUSEHOLD.)

Household Chart

No.	Name	Age	Sex	Marital Status (Age 15+)	Rank ER by age 1. Oldest
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Sex
1. Male
2. Female

Marital status
1. Never married
2. Currently married
3. Widowed
4. Divorced
5. Separated
9. Not applicable

Relationship to ER
00. Respondent
01. Spouse
02. Children
03. Grandchildren
04. Parents
05. Parents-in-law
06. Siblings
07. Siblings-in-law
08. Other relative, same generation
09. Other relative, older generation
10. Other relative, younger generation
11. Non-relative
12. Servant

Educational level
01. No schooling
02. Primary
03. Lower secondary
04. Upper secondary
05. Form Six
06. University degree
07. Other tertiary
08. Vocational training
09. Religious school
99. Not applicable (age < 6 years)

Still schooling
0. No
1. Yes
9. Not applicable

2. Among these persons, are there any who do not usually live here?

IF YES: How long have they been staying here?

(IF LESS THAN THREE MONTHS EXCLUDE.
IF THREE MONTHS OR MORE INCLUDE AS HOUSEHOLD MEMBER).

Household Chart - continued

No.	Relationship to ER	Educational level (Age 6+)	Still schooling/ Attending	Activity Status (Age 10+)	Main Occupation (Age 10+)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Activity status

01. Self-employed
02. Paid full-time employee
03. Paid part-time employee
04. Employer
05. Paid family worker
06. Unpaid family worker
07. Unemployed and looking for work
08. Unemployed but not looking for work/do not want to work
09. Student
10. Housewife
11. Retired
99. Not applicable (age < 10 years)

Occupation

01. Professional, technical & related worker
02. Administrative & managerial
03. Clerical & related worker
04. Sales worker
05. Service worker
06. Agricultural, forestry worker, fishermen etc.

07 – 09. Production & related worker, transport equipment operator & laborer

10. Unemployed and looking for work
11. Unemployed but not looking for work
12. Outside labor force e.g. student, housewife

99. Not applicable

IDENTIFICATION PARTICULARS *(TO BE FILLED BY INTERVIEWERS)*

1. Name of Respondent: _____

2. Age: _____ 3. Sex: _____

4. Marital Status: _____

5. Ethnic Group of Respondent:

   1. Malay 2. Chinese 3. Indian 4. Others, specify _____

6. Educational level: _____

II. INCOME-GENERATING ACTIVITIES

(A) DAILY ACTIVITIES

2.1 Which days in the past week are typical work-days/school days for you?

1. Monday 2. Tuesday 3. Wednesday
4. Thursday 5. Friday 6. Saturday 7. Sunday

2.2 Can you please tell me how you spend a typical work day, from morning to night?

	Time	Duration	Activity
Morning :	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Afternoon :	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Evening :

Night :

2.3 Can you tell me how you spend a typical week-end or rest day, from morning to night?

	Time	Duration	Activity
Morning :			
Afternoon:			

Evening : _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Night : _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

(B) CURRENT ACTIVITY FOR THE PAST WEEK

INTERVIEWER: Now, I would like to ask you some questions about what you did last week.

2.4 Did you work for pay, profit or family gain in any income-generating activities for at least one hour on any day last week?

0. No (GO TO Q2.19)
1. Yes
2. Has a job but was on leave last week

2.5 Can you describe the nature of the main income-generating activity that you did last week? (FOR CODE 2 IN Q2.4, ASK FOR USUAL ACTIVITY)

_____

(Use 5-digit codes for categories 05, 06 and 07)

2.6 What is your employment status?

1. Employee (GO TO Q2.7)
2. Employer }
3. Own account worker/self-employed (non-agriculture) } (GO TO Q2.8)
4. Own account worker (agriculture) }
5. Unpaid family worker }

FOR EMPLOYEES ONLY

2.7 Who is your employer?

1. A co-operative
2. Non-government organization (voluntary)
3. Government
4. Private enterprise
5. Others, specify _____

2.7a What is the size of the organization where you are working?

1. Large organization (100+ employees)
2. Medium size organization (10 – 99 employees)
3. Small organization (9 or less employees)

2.8 Type of industry:

01. Agriculture, hunting, foresty and fishing
02. Mining and quarrying
03. Manufacturing
04. Electricity, gas and water
05. Construction
06. Wholesale and retail trade and restaurants and hotels
07. Transport, storage and communication
08. Financing, insurance, real estate and business services
09. Community, social and personal services
10. Government services
11. Other services, specify _____

2.9 How do you go to work and how far away is your place of work from your home?

_____ *(Fill in mode of transport)*

1. Work was at home
2. Less than 5 minutes journey
3. 5-29 minutes journey
4. 30-59 minutes journey
5. More than 1 hour journey

2.10 In the past week, did you also work in other income-generating activities?

0. No (GO TO Q2.13) 1. Yes

2.11 What was the nature of these other activities?

(i) _____ (ii) _____

(Use 5-digit codes for categories 05, 06 and 07)

2.12 Type of industry:

(i) _____ (ii) _____

01. Agriculture, hunting, forestry and fishing
02. Mining and quarrying
03. Manufacturing
04. Electricity, gas and water
05. Construction
06. Wholesale and retail trade and restaurants and hotels
07. Transport, storage and communication
08. Financing, insurance, real estate and business services
09. Community, social and personal services
10. Government services
11. Other services, specify _____

2.13 How many hours did you work last week?

	Usual hours (per day)	No. of Days	Overtime/extra hours (per day)	No of Days
Main income-generating activity				
Other income-generating activities: (i)				
(ii)				
Total				

IF THE TOTAL USUAL HOURS WORKED (USUAL HOURS PER DAY x NO. OF DAYS) EXCEED 30 HOURS, GO TO Q2.6

2.14 Why did you work less than 30 hours last week?
(INDICATE THE MAIN REASON)

01. Holiday or leave of absence
02. Education and training leave
03. Maternity leave
04. Illness or injury
05. Off season
06. Bad weather
07. Labor dispute
08. Social reasons
09. Religious reasons
10. Cannot arrange for child-care
11. Attending school/college
12. Retired
13. Only part-time work is available
14. Others,
specify _____

2.15 Are you willing and able to work additional hours?

0. No 1. Yes

2,16 Were you /are you going to be paid for your work last week?

0. No (GO TO SECTION C) 1. Yes

2.17 What was your estimated wage/income last week (*regardless whether respondent has received it)*

	Main income-generating activity (RM)	Other income-generating activities (RM)	
Salary:	_____	(i) _____	(ii) _____
Other income/ allowance(s) :	_____	(i) _____	(ii) _____
Total	═══════	(i) ═══════	(ii) ═══════

2.18 **FOR PAYMENT IN KIND (non-monetary),** specify

	Main income-generating activity (RM)	Other income-generating activities (RM)	
Type :	_____	(i) _____	(ii) _____
Amount/ Volume:	_____	(i) _____	(ii) _____

GO TO SECTION (C)

FOR RESPONDENTS WHO DID NOT WORK DURING THE PAST WEEK

2.19 Did you look for a full-time or part-time job last week?

0. No

1. Yes, full-time job
2. Yes, part-time job
3. Yes, whichever is available

} (GO TO Q2.21)

2.20 What are the reasons that you are not looking for work?

01. Believe no work is available
02. Lack necessary schooling
03. Retired
04. Cannot arrange child care
05. Family responsibilities
06. In school or other training
07. Ill health, physical handicap
08. Family does not allow
09. Do not like to work
10. Not necessary to work
11. Others, specify _____

(GO TO SECTION C)

2.21 How long have you been searching for a job? _____

2.22 Are you planning to move elsewhere to look for a job?

0. No 1. Yes

2.23 What steps did you take to look for a job last week?

(CIRCLE ONE OR MORE ITEMS BELOW)

1. Contacted labor office
2. Answered newspaper advertisements
3. Sent application letters
4. Informed by friends and relatives
5. Others, specify _____

(C) USUAL ACTIVITY DURING THE PAST ONE YEAR (MAY 1993–APRIL, 1994)

2.24 During the past year, did you carry out income-generating work for at least 26 weeks or 6 months?
(NOT NECESSARILY IN CONSECUTIVE MONTHS)

0. No (GO TO SECTION III) 1. Yes

2.25 What was the main income-generating work you were involved in (for at least 26 weeks or 6 months)?
(TICK ONLY ONE ANSWER)

a. Farm/small-holding/estate work ☐
b. Fishing ☐
c. Petty trading/hawking ☐
d. Other family business ☐
e. Helping spouse in his salaried job ☐
f. Others, specify _____ ☐

2.26 Describe the nature of work that you did.

_____

(Use 5-digit codes for categories 05, 06 and 07)

2.27 What was your employment status?

1. Employee (GO TO Q2.28)
2. Employer }
3. Own account worker/self-employed(non-agriculture) } (GO TO Q2.29
4. Own account worker (agriculture) }
5. Unpaid family worker }

FOR EMPLOYEES ONLY

2.28 Who is your employer?
1. A co-operative
2. Non-government organization (voluntary)
3. Government
4. Private enterprise
5. Others, specify _____

2.28a. What is the size of the organization where you are working?
1. Large organization (100+ employees)
2. Medium size organization (10-99 employees)
3. Small organization (9 or less employees)

2.34 **FOR THE MONTHS THAT R DID NOT WORK,ASK:** What is the reason that you did not work during the month(s) off?

Months: M J J A S O N D J F M A

Reason: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

01. Holiday or leave of absence
02. Education and training leave
03. Maternity leave
04. Illness or injury
05. Off season
06. Bad weather
07. Labor dispute
08. Social reasons
09. Religious reasons
10. Cannot arrange for child-care
11. Attending school/college
12. Retired (specify since when _____)
13. Only part-time work is available
14. Looking for work
15. No work available
16. Others, specify _____

IF ANSWER TO ABOVE IS CODE 14, ASK Q2.35 AND Q2.36. OTHERWISE GO TO Q2.37.

LOOKING FOR WORK/MENCARI PEKERJAAN

2.35 What steps did you take to look for a job in the past year?
(CIRCLE ONE OR MORE ITEMS BELOW)

1. Contacted labor office
2. Answered newspaper advertisements
3. Wrote to relevant firms/companies
4. Through friends and relatives
5. Others, specify _____

2.36 Did any of the following affect your search for a job?
(CIRCLE ONE OR MORE ITEMS BELOW)

1. Not enough information about available jobs
2. Not enough education for available jobs
3. Lack of right skills for available jobs
4. Insufficient experience for available jobs
5. Shortage of jobs in the area
6. No suitable jobs available for a person of my age
7. Others, specify _____

2.37 Apart from the main job mentioned, was there anything else that you did during the past year to earn income?

0. No (GO TO Q2.40) 1. Yes

2.38 What was the nature of these activities?

(i) _____ (ii) _____

(Use 5-digit codes for categories 05, 06 and 07)

2.39 Type of industry:

(i) _____ (ii) _____

01. Agriculture, hunting, forestry and fishing
02. Mining and quarrying
03. Manufacturing
04. Electricity, gas and water
05. Construction
06. Wholesale and retail trade and restaurants and hotels
07. Transport, storage and communication
08. Financing, insurance, real estate and business service
09. Community, social and personal services
10. Government services
11. Other services, specify _____

2.40 How were you paid for your main income-generating activity/other income-generating activities?
(MAY HAVE MULTIPLE RESPONSE)

	(a) Main income-generating activity?	(b) Other income-generating activities? (i)	(ii)
01. Weekly salary			
02. Monthly salary			
03. By piece meal			
04. Given a share of the profits			
05. Given a regular allowance			
06. Given an allowance once a while			
07. Commission on sales			
08. Others, specify _____			
_____			
_____			

2.41 In the past year, what was your total annual income?

	Main income-generating activity (RM)	Other income-generating activities (RM)
Salary :	_____	(i) _____ (ii) _____
Other allowance/ benefits :	_____	(i) _____ (ii) _____
Total	═══════	(i) ═══ (ii) ═══

2.42 **FOR PAYMENT IN KIND (non-monetary),** specify

	Main income-generating activity	Other income-generating activities
Type :	_____	(i) _____ (ii) _____
Amount/ Volume :	_____	(i) _____ (ii) _____

III. WORK HISTORY

3.1 How old were you when you first carried out income-generating activities?

_____years 00. Never worked (GO TO SECTION IV)

3.2 Did you work part-time or full-time then?

1. Part-time (temporary)
2. Part-time (permanent)
3. Full-time (temporary)
4. Full-time (permanent)

3.3 What was the nature of the work you did then?

_____

(Use 5 digit codes for categories 05, 06 and 07)

3.4 What was your employment status then?

1. Employee
2. Employer
3. Own account worker/self-employed (non-agriculture)
4. Own account worker (agriculture)
5. Unpaid family worker

3.5 Type of industry:

01. Agriculture, hunting, forestry and fishing
02. Mining and quarrying
03. Manufacturing
04. Electricity, gas and water
05. Construction
06. Wholesale and retail trade and restaurants and hotels
07. Transport, storage and communication
08. Financing, insurance, real estate and business services
09. Community, social and personal services
10. Government services
11. Other services, specify _____

3.6 How many employees were there in the organization?

_____ 999. Not applicable

3.7 Did you receive a salary/an income or payment in kind for the work you did? (MAY HAVE MULTIPLE RESPONSE)

1. Salary
2. Income
3. Payment in kind

3.8 How much was your average monthly earnings?

Salary _____

Other allowances etc. _____

Payment in kind, specify _____

(FOR NEVER MARRIED FEMALE RESPONDENTS, GO TO SECTION IV)

FOR EVER-MARRIED RESPONDENTS, ASK Q3.9 – Q3.14

3.9 Right (within 3 months) after your first marriage, did you

1. Have no job as before (GO TO SECTION IV)
2. Continue same job (GO TO Q3.11)
3. Begin working for the first time
4. Change jobs
5. Stop work

3.10 What was the most important reason for this change?

01. Husband's wish
02. Needed higher pay
03. Needed more time at home
04. Change of residence
05. Others, specify _____

3.11 What was your main occupation immediately before and after your (first) marriage?

(a) Main occupation before marriage

_____

(b) Main occupation after marriage

_____

3.12 Type of industry:

(a) For occupation before marriage

_____

(b) For occupation after marriage

_____

01. Agriculture, hunting, forestry and fishing
02. Mining and quarrying
03. Manufacturing
04. Electricity, gas and water
05. Construction
06. Wholesale and retail trade and restaurants and hotels
07. Transport, storage and communication
08. Financing, insurance, real estate and business services
09. Community, social and personal services
10. Government services
11. Other services, specify _____

3.13 What was your employment status?

(a) Before marriage _____ (b) _____

1. Employee
2. Employer
3. Own account worker/self-employed (non-agriculture)
4. Own account worker (agriculture)
5. Unpaid family worker

3.14 How much was your average monthly earnings?

	3 months Before marriage	3 months After marriage
Salary	_____	_____
Other allowances etc.	_____	_____
Payment in kind, specify	_____	_____

IV. BACKGROUND INFORMATION

4.1 Do you or your family own and/or operate any of the following

0. No 1. Yes

a. Business enterprise	☐
b. Farm/small-holding	☐
c. Fishing facilities	☐
d. Hawking facilites	☐

4.2 **IF YES**: State type of ownership or operation.

1. Personal 2. Family 3. Others

	Ownership	Operation
a. Business enterprise	☐	☐
b. Farm/small-holding	☐	☐
c. Fishing facilities	☐	☐
d. Hawking facilities	☐	☐

4.3 Are you a member of a labor union or of an employee association similar to a union?

0. No 1. Yes

4.4 Have you ever made contributions to any of the following?

0. No 1. Yes 8. Do not know 9. Not applicable

a. Employees Provident Fund (KWSP) ☐
b. SOCSO ☐
c. Government or other pension fund ☐
d. Private corporate provident fund ☐
e. Private corporate retirement fund ☐
f. Other type of fund, specify _____ ☐

4.5 Have you lived here all the time?

0. No 1. Yes (GO TO Q4.9)

4.6 Prior to this, where did you live?

State : _____

Name of Town/village : _____

4.7 Was this an urban or rural area? *(According to R's judgement)*

4.8 When did you move to this current place of residence

☐☐☐☐ *(Give the month and year)*

4.9 Do you intend to move elsewhere from here?

0. No, Why? _____

_____

1. Yes, Why? _____

_____

4.10 How many living brothers and sisters do you have?

	Own	Steps/Adopted
Brother/s	_____	_____
Sister/s	_____	_____
Total	_____	_____

4.11 Do you provide financial support (in cash or kind) to your

0. No 1. Yes 9. Not applicable

	Cash	Kind
a. Children?	☐	☐
b. Spouse?	☐	☐
c. Parents?	☐	☐
d. Parents-in-law?	☐	☐
e. Siblings?	☐	☐
f. Other relatives?	☐	☐

4.12 Do you receive financial support (in cash or kind) from your

0. No 1. Yes 9. Not applicable

	Cash	Kind
a. Children?	☐	☐
b. Spouse?	☐	☐
c. Parents?	☐	☐
d. Parents-in-law?	☐	☐
e. Siblings?	☐	☐
f. Other relatives?	☐	☐

FOR NEVER-MARRIED FEMALE RESPONDENTS, END OF INTERVIEW

IF RESPONDENT IS EVER-MARRIED

4.13 How old were you when you first got married?

_____ years

4.14 How many children do you have now?

	Own	Steps/Adopted
Son/s	_____	_____
Daughter/s	_____	_____
Total	_____	_____

4.15 What is your spouse's main occupation?

_____

4.16 What is his income for a typical month?

_____ per month

IF RESPONDENT HAS NO CHILDREN AGED 12 YEARS OR BELOW, END OF INTERVIEW

4.17 IF RESPONDENT HAS CHILDREN AGED 12 YEARS OR BELOW, ASK

Who takes care of your young children?
(MAY CICLE MORE THAN ONE ANSWER)

01. No children aged 12 years or below
02. Respondent
03. Spouse
04. Older children
05. Mother-in-law
06. Mother
07. Respondent's relatives of own generation: siblings, cousins etc.
08. Respondent's relatives of the older generations other than mother and mother-in-law: uncle, aunties etc.
09. Servant(s)
10. Outside babysister
11. Institution: child-care center, kindergarten, estate creche etc.
12. No one: children alone, in school etc.

4.18 Do you have to pay the person who takes care of your children?

0. No
1. Yes, how much? _____ per month
   (Indicate total sum if more than one party is involved)
9. Not applicable

4.19 Who is responsible for this payment?

1. Respondent
2. Husband
3. Both
4. Others, specify _____

****