



REPUBLIC OF MAURITIUS



MAURITIUS HOUSEHOLD BUDGET SURVEY

2023

HOUSEHOLD SCHEDULE

Serial number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference Month	<input type="text"/>	<input type="text"/>		
Geographical District	<input type="text"/>	<input type="text"/>		
PSU-HBS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RDI-HBS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enumeration Area	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Population Stratum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household Number (1 - 8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of household: Mauritian/Foreigner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Selected / Replaced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of Household				

<p>Date of interview: Day..... Month..... Year 20.....</p> <p>Name of Interviewer:.....Sig.....</p> <p>Verified by Supervisor on Day..... Month..... Year 20.....</p> <p>Name of Supervisor:.....Sig.....</p>

<u>FOR OFFICE USE</u>
<p>Edited and coded by.....Sig.....</p> <p>Checked by.....Sig.....</p>

1. DEMOGRAPHIC AND OTHER CHARACTERISTICS OF HOUSEHOLD MEMBERS

Enter the first names of all persons who usually live in the household. Please include babies and usual members who are temporarily absent e.g. students abroad, persons on vacation/business trip etc. However, exclude temporary visitors, servants and lodgers, (except when they will be staying for more than a fortnight in the reference month).

1.1	1.2	1.3	1.4	1.5
Serial Number	Name and Surname of household member(s)	Relationship to head	Sex	National Identity Card (NIC) number
	Enter each person in the following order: Head of household Spouse of head Unmarried children of head Married children of head and their families Other relatives Other persons BABIES MUST BE INCLUDED	1 Head 2 Spouse/Partner 3 Son/Daughter 4 Son-in-law/ Daughter-in-law 5 Grand child 6 Father/Mother of head 7 Father/Mother of spouse 8 Other relative 9 Other non-relative	1 Male 2 Female 3 Undetermined	(Not to insist if respondent reluctant/ having difficulty to report)
01		Head	<input type="checkbox"/> 1	<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"/>
08			<input type="checkbox"/>	<input type="checkbox"/>
09			<input type="checkbox"/>	<input type="checkbox"/>

1. DEMOGRAPHIC AND OTHER CHARACTERISTICS OF HOUSEHOLD MEMBERS

(cont'd)

Enter the first names of all persons who usually live in the household. Please include babies and usual members who are temporarily absent e.g. students abroad, persons on vacation/business trip etc. However, exclude temporary visitors, servants and lodgers, (except when they will be staying for more than a fortnight in the reference month).

1.6	1.7	1.8
Age	Marital status	Whereabouts in survey month
<p>Enter Age in completed years</p> <p><i>Estimate an age if not provided by respondent</i></p>	<p>1 Widowed (not remarried) 2 Divorced (not remarried) 3 Separated 4 Married religiously and civilly 5 Married religiously only 6 Married civilly only 7 In a union but not married religiously or civilly 8 Single (never married) 9 Unmarried parent 10 Other - (Please specify)</p>	<p>HERE - If staying more than a fortnight</p> <p>NOT HERE - Otherwise</p>
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> </div>
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2. CHARACTERISTICS OF DWELLING

2.1 Type of building *(Circle appropriate code)*

- | | | | |
|--|--|--|----------|
| (i) Building used wholly as one housing unit | | | 1 |
| (ii) Building containing > 1 housing unit | (a) Semi - detached houses | | 2 |
| | (b) Block of flats | | 3 |
| | (c) Building intended to be used as one housing unit but crudely subdivided into smaller housing units | | 4 |
| (iii) Improvised structure | | | 5 |
| (iv) Other (Please specify) | | | 6 |

2.2a Principal material of construction used

- Roof** (i) Concrete Slab **1** (ii) Iron or tin sheets **2** (iii) Shingles (concrete/wooden) **3**
 (iv) Other - specify **4**
- Wall** (i) Stone, concrete, concrete blocks, bricks **1** (ii) Iron or tin sheets **2** (iii) Wood **3**
 (iv) Other - specify **4**

2.2b Do you have a problem of leaking roof? Yes 1 No 2

2.3 Number of each type of room occupied by the household

	<i>Number</i>		<i>Number</i>
(i) Bedroom	...	(ix) Open verandah	...
(ii) Dining room	...	(x) Lobby	...
(iii) Living room	...	(xi) Bathroom inside	...
(iv) Dining / Living room	...	(xii) Bathroom outside	...
(v) Closed verandah	...	(xiii) Toilet - inside	...
(vi) Study	...	(xiv) Toilet - outside	...
(vii) Kitchen inside	...	(xv) Toilet / bathroom	...
(viii) Kitchen outside	...	(xvi) Other	...

Total number of rooms for living purposes [(i) - (viii)]

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2.4 Type of tenure *(Circle appropriate code)*

- | | | | |
|--------------------------|----------|--------------------------|--------------------------|
| (i) Owned | 1 | <input type="checkbox"/> | <i>Skip to Section 3</i> |
| (ii) Supplied free | | | |
| - by employer | 2 | <input type="checkbox"/> | <i>Go to Qu. 2.5</i> |
| - by parents / relatives | 3 | <input type="checkbox"/> | <i>Skip to Section 3</i> |
| - Other (Please specify) | 4 | <input type="checkbox"/> | <i>Skip to Section 3</i> |
| (iii) Rented | 5 | <input type="checkbox"/> | <i>Skip to Section 4</i> |

2.5 Beneficiary of supplied free dwelling from employer

(Please insert serial number and name as in 1.1 and 1.2 respectively)

Serial number

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Name

3. SELECTED EXPENDITURE FOR OWNED AND FREE ACCOMMODATION ONLY

3.1 Does any member of the household pay any of the following?	Yes/No Or Free	If YES , please indicate amount for latest payment and specify the period covered (monthly, quarterly, half yearly or yearly) <i>For FREE impute amount</i>			
		Amount (Rs)				Period
1. Syndic	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Water	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Waste water tax	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Electricity	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. MBC - T.V. Licence	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Private T.V. subscription (Canal +, Netflix, etc.)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Telephone (fixed) - Excluding Internet	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Internet Access Fees					
a. Fixed access (e.g ADSL , My-T , Wifi, etc.)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Mobile access (e.g Mobile data etc.)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Medical insurance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. House and contents insurance e.g fire, cyclone, burglary	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Rent of land	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Housing loan	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2 What would be the monthly rent payable for this housing unit, if rented unfurnished?
Rs

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Skip to Section 5

4. SELECTED EXPENDITURE FOR RENTED ACCOMMODATION ONLY

4.1 Have you rented your accommodation unfurnished? (YES / NO)	<input type="checkbox"/>
4.2 How much rent did you pay for your accommodation last month? (Exclude any charges such as electricity, water, etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4.3 Does any member of the household pay any of the following?	Yes/No or Free	If YES, please state the amount for latest payment and specify the period covered (monthly, quarterly, half yearly or yearly)				
		Amount (Rs)				Period
1. Syndic	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Water	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Waste water tax	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Electricity	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. MBC - T.V. Licence	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Private T.V. subscription (Canal +, Netflix, etc.)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Telephone (fixed) - Excluding Internet	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Internet Access Fees						
a. Fixed access (e.g ADSL , My-T , Wifi, etc.)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Mobile access (e.g Mobile data etc.)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Medical insurance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Home contents insurance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.4 Do you sublet any room? (YES / NO) (if no skip to section 5)	<input type="checkbox"/>
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4.4.1 Do you sublet any room to the following? - [Multiple responses possible]	
1 Mauritians	<input type="checkbox"/>
2 Visitors, short term stay (less than 1 month)	<input type="checkbox"/>
3 Visitors, short term stay (1 month or more)	<input type="checkbox"/>
4.5 State amount of monthly rent charged to the following - [Multiple responses possible]	
1 Mauritians	<input type="checkbox"/>
2 Visitors, short term stay (less than 1 month)	<input type="checkbox"/>
3 Visitors, short term stay (1 month or more)	<input type="checkbox"/>

5. MINOR REPAIRS AND MAINTENANCE

5.1 Has any member of the household undertaken any minor repairs and/or maintenance to your housing unit during the past 12 months? (Do not include any additions and other major changes)

Yes 1 No 2 *if no, skip to section 6*

Nature of work	Yes/No	If YES , please indicate the amount spent on											
		Workman's wages						Materials and fittings					
1. Repainting													
2. Water proofing of roofs, walls etc.													
3. Electricity													
4. Plumbing													
5. Woodwork													
6. Floor covering													
<u>Carpet (moquette)</u>													
<u>Linoleum (carpet)</u>													
<u>Ceramic tiles</u>													
<u>Wood - parquet laminated</u>													
<u>Wood flooring</u>													
Other (Please specify)													
7. PVC and Aluminium Openings													
8. Other (Please specify)													
(i).....													
(ii).....													

6. FUEL USED FOR COOKING AND BATHING

6.1 What type/s of fuel do you use for:-

(Please insert 1 for most frequently used, 2 for second, etc....., nil for not used)

	Cooking	Bathing
1. Electricity
2. LPG (Gas)
3. Kerosene
4. Charcoal
5. Wood
6. Solar energy
7. Other (Please specify)

6.2 Applicable for households using LPG (gas), please complete the table below

Purpose	Capacity of cylinder most often used (5 / 6 / 12 kg) for cooking & bathing	Duration of a cylinder (months)	Cost of a cylinder (Rs)			
Cooking only			<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Bathing only			<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Both cooking and bathing			<table border="1"><tr><td></td><td></td><td></td></tr></table>			

7. HOUSEHOLD POSSESSIONS

7.1 Does any member of the household own any of the following items? Yes 1 No 2 (If YES, please indicate the number of units owned for each item)

	Number		Number
1. Television incl. smart TV	11. Air conditioner	.....
2. Refrigerator	12. Room heater	.....
3. Dishwashing machine	13. Fixed telephone	.....
4. Washing machine	14. Mobile telephone incl. smart phones	.....
5. Dryer machine	15. Laptop (incl. PC)	.....
6. Washer/dryer machine	16. Electric shower	.....
7. Gas cooker (plaque a gas)	17. Gas shower	.....
8. Gas /electric oven	18. Solar water heater	.....
9. Microwave oven	19. Domestic water tank/ reservoir	.....
10. Vacuum cleaner	20. Water Pump	.....

8. VEHICLES

8.1 Does any member of the household own or has under his/her custody any of the following?

Yes 1 No 2

Type of vehicle	Yes/No	If YES , insert number of vehicles available for		For vehicles used solely for household purposes, please state the latest payment made in past 12 months			
		Household use only	both business and hhold. use	Road tax		Insurance (Rs)	
				Amount (Rs)	Period covered		
1. Car	[]	[]	[]	[]	[]	[]	[]
2. Van	[]	[]	[]	[]	[]	[]	[]
3. Double Cab	[]	[]	[]	[]	[]	[]	[]
4. Lorry	[]	[]	[]	[]	[]	[]	[]
5. Motorcycle	[]	[]	[]	[]	[]	[]	[]
6. Minibus/bus	[]	[]	[]	[]	[]	[]	[]

8.2 Has any member of the household bought any motor vehicles during the past 12 months for household and personal use?

Yes 1 No 2

(If YES, mention the type of vehicle bought and the buying price excluding insurance and registration fee)

Type of vehicle	Indicate whether NEW, Imp. Reconditioned or Second Hand	Buying price (Rs) excluding insurance and registration fee
(i) [] []	[]	[] [] [] [] [] [] [] []
(ii) [] []	[]	[] [] [] [] [] [] [] []
(iii) [] []	[]	[] [] [] [] [] [] [] []

8.3 Has any member of the household sold any motor vehicles (used for household or personal purposes) during the past 12 months?

Yes 1 No 2

(If YES, mention the type of vehicle sold and the selling price)

Type of vehicle	Selling price (Rs)
(i) [] []	[] [] [] [] [] [] [] []
(ii) [] []	[] [] [] [] [] [] [] []

9. DOMESTIC SERVICES

9.1 Do you have recourse to the following services for your household?

Yes 1

No 2

if no, skip to section 10

Type of services	Number		Total monthly wages (Rs)
	Part time	Full time	
Domestic servant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Baby Sitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Garde malade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gardener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

10. OVERSEAS TRAVEL

10.1 Has any member of the household undertaken any overseas travel (including package tours but excluding business trips) during the past 12 months either by air or by sea?

Yes 1

No 2

if no, skip to section 11

Trip	Air / sea	No. of persons	Cost of ticket/s	Expenditure incurred abroad (Rs)	Period
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. IRREGULAR EXPENSES MADE DURING PAST 12 MONTHS

11.1 Indicate any expenses on the following items during the past 12 months (shopping done online should be reported at Question 11.17)

Item	Amount paid (Rs)
1. Household furniture & furnishings <i>(e.g Bed, chair, table, sofa, cupboard, etc.)</i>	
2. Household appliances <i>(e.g stoves, cooker, oven, refrigerator, washing machine, fan, kettle, mixer, gas/electric water heater, etc.)</i>	
3. Other electrical goods <i>(e.g radio, TV set, home computer, laptop, PC, tablet, decoder - tv, etc.)</i>	

Item	Amount paid (Rs)
4. Health related goods and services <i>(e.g Doctor's fees, dental & clinic charges, laboratory services, spectacles, etc.)</i> <i>Note : Include only irregular expenditure not recurrent ones</i>	
5. Educational expenses <i>(e.g textbooks, exams & registration fees, dictionaries, etc.) - for university fees, specify the university name and whether local or abroad.</i>	
6. Expenditure in hotels and bungalows in Mauritius <i>(e.g. rental of bungalows, accomodation services, etc.)</i>	
7. Online shopping <i>(ready-made garments, gadgets, electronics appliances, furniture etc.)</i>	
8. Other expenses <i>(eg. Domestic water tank, Solar water heater, mobile phones, wedding, funeral, credit card fees etc.)</i>	

12. CREDIT CARD / FINANCIAL SITUATION OF HOUSEHOLD

12.1 Does any member of the household own a credit card?

Yes 1 No 2 If no, skip to question 12.4

12.2 How many members in your household own a credit card ?

12.3 For what purpose does your household mostly use the credit card?

Purchase of groceries	Yes 1	No 2
Purchase of major household appliances	Yes 1	No 2
Online shopping	Yes 1	No 2
Purchase of other items	Yes 1	No 2

12.4 What do you think of the financial situation of your household?

[Qui ou penser lors situation financière ou famille?]

Good <i>[korek]</i>	1
Can manage with some difficulty <i>[capave débrouiller mais avec impé difficulté]</i>	2
Bad <i>[dans problème]</i>	3
Very bad <i>[dans mauvais problème]</i>	4

If Good (1), skip to question 12.6

12.5 In the event, your household faces financial difficulties, how do you meet your expenses?

[Si ou famille ena difficultés financière, couma ou fer pou dépense?] - Multiple answers possible

Borrowing from friends/relatives <i>[prend preter avec camarades/familles]</i>	1
Buying on credit <i>[acheter lor crédit]</i>	2
Using credit card <i>[servi carte de crédit]</i>	3
Contracting loans from financial institutions, e.g. banks <i>[prend loan avec institution couma la banque]</i>	4
Other <i>(Please specify)</i>	5

12.6 How does your household meet its daily basic needs for food?

[Comment ou famille débrouiller pou gagne manger de base de tous les jours?]

Without any difficulty <i>[sans problème]</i>	1
With some difficulty <i>[avec impé difficulté]</i>	2
With much difficulty <i>[avec beaucoup difficulté]</i>	3
Cannot meet daily basic needs <i>[pas capave]</i>	4

- 12.7** During the past twelve months, has your household been in arrears (i.e. unable to pay bills) due to financial difficulties?

[Durant 12 derniers mois, eski ou famille pas finne reussi paye bill (e.g. CWA, CEB ...) acoz difficultés financières?]

Yes 1 **No** 2 **If no, skip to question 13.1**

	Number of times			
	1	2	3+	9
CEB bills	1	2	3+	9
CWA bills	1	2	3+	9
Housing loan	1	2	3+	9
Hire purchased goods, e.g. household appliances, furniture etc.	1	2	3+	9
Rent (applicable to rented households)	1	2	3+	9

Not applicable - 9

13. SHOPPING BEHAVIOUR

- 13.1.** When do members of your household usually purchase groceries ? (multiple answer possible)

[Kan eski ou famille abitier acheter ration du mois?]

First week of the month	1
Second week of the month	2
Third week of the month	3
Fourth week of the month	4
When needed (on/off purchases)	5
Other (specify)	6

14. HEALTH

- 14.1.** Do you (or any other household member) have any chronic disease ? Chronic disease refers to conditions that tend to be of long duration and require ongoing medical attention. (multiple answer possible)

[Eski ou (ou bien kit membre de la famille) ena kit maladie depuis assez longtemps et pe bizin suivre ene traitement medical?]

Yes, respondent	1
Yes, other household member/s	2
No	3
No answer	4

14. HEALTH (contd.)

- 14.2.** Do you (or any member of the household) have any health problem(s) **or disability** that reduce (or prevent) the ability to carry out daily activities? [More than one answer possible]

[Eski ou (ou bien kit membre de la famille) ena kit problem de sante (ou bien invalidite) qui empeche ou ou li faire ban activites de tous les jours?]

Yes, respondent	1
Yes, other household member/s	2
No	3
No answer	4

15. QUALITY OF LIFE

(applicable for members aged 16 years and above - use Kish grid at Page 16 to select appropriate member)

- 15.1** On a scale from 0 to 10, how satisfied you feel about specific aspects of your life? Zero means you feel “not at all satisfied” and 10 means “completely satisfied”. [En général, qui quantité ou satisfait avec]

<i>Serial number of selected member</i>												
Your financial situation? <i>[ou situation financière]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
Your accommodation? <i>[condition dans lakaz cotte ou pe resté]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
Your health? <i>[ou la santé]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
The education that you have had ? <i>[ou nivo l'éducation]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
Your work situation, if working? <i>[condition / l'environnement dans ou travail]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
The amount of time you have to do things you like doing? <i>[le temps ki ou ena pour faire bne zafaire ki ou content]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
Your personal relationships? <i>[eski ou ena au moins ène personne avec qui ou capave confier ou meme]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
The facilities/amenities in the region where you live? <i>[facilité ki ena dan ou région kot ou habiter]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
Quality of environment in your neighbourhood? <i>[l'environnement kot ou resté]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
The safety in your neighbourhood? <i>[eski kot ou resté li en sécurité]</i>	0	1	2	3	4	5	6	7	8	9	10	NA
Your life nowadays? <i>[avec ou lavie aster la]</i>	0	1	2	3	4	5	6	7	8	9	10	NA

Not applicable -NA

15. QUALITY OF LIFE (contd.) - SELECTION OF HOUSEHOLD MEMBER

Step 1 – List eligible persons (16 years and over) in descending order of age (oldest to youngest) in the table below.

Household no. :

No.	Name	Age	Serial No. as per Q <u>1.1</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

No. of eligible household members:

Step 2 – Identification of eligible member for Question 15.1 using Kish Grid.

Kish Grid

No. of eligible people	Household number							
	1	2	3	4	5	6	7	8
1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2
3	3	2	1	3	2	1	1	2
4	4	3	2	1	4	3	2	1
5	1	2	3	4	5	3	4	5
6	6	5	4	3	2	1	3	6
7	1	2	3	4	5	6	7	4
8	8	7	6	5	4	3	2	1
9	9	8	7	6	5	4	3	2
10 or more	1	10	9	8	7	6	5	4