

CONFIDENTIAL



Serial Number

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REPUBLIC OF MAURITIUS



**CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY
January to March 2020**

INTERVIEWING OF HOUSEHOLDS

Reference Month	<input type="text"/> <input type="text"/>	Geographical District	<input type="text"/> <input type="text"/>
PSU-RDI	<input type="text"/>	Rotation Group	<input type="text"/>
PSU Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of listing	<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"/> <input type="text"/> <input type="text"/>	Sample Number	<input type="text"/>
Household Number	<input type="text"/> <input type="text"/> m m y y	Interview round	<input type="text"/>
Previous interview	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Household selected-1 or replacement-2	<input type="text"/>
Religion of head	<input type="text"/> <input type="text"/>		
Name of Interviewer			

Supervisor's Name
.....
First visit d d m m y y

Reinterview
Other fieldcheck

Senior Supervisor's Name
.....
Reinterview d d m m y y

Other fieldcheck

For office use

Edited and coded by

Checked by.....

MODULE 1

1. DEMOGRAPHIC AND EDUCATIONAL CHARACTERISTICS OF HOUSEHOLD MEMBERS

Enter the first name and demographic characteristics of every member of the household. Do not forget to include married children forming part of this household and their families, and members of the household temporarily absent including those abroad.

1.1	1.2	1.3	1.4					1.5	1.6	1.7	1.8	1.9			1.10		1.11		1.12	
Serial number	Name of household member (First name only)	Reason for presence / absence of household member formerly absent / present	Identity Card No.					Relationship to head	Age Last birthday (years)	Sex 1 Male 2 Female	Marital status 1 Married/ in a union 2 Widowed 3 Divorced 4 Separated 5 Single	Preprimary, Primary and Secondary			Other educational qualifications					
												School attendance 1 Now 2 Past-WR * 3 Past- None * 4 Never-WR * 5 Never-None * 6 Child not yet at school	Level of education If past , insert highest level completed. Specify whether passed or not passed if left school at Std VI, Form V & Upper VI. If now , insert level being attended.	When Studied 1 Now-full time 2 Now-Part time 3 Now-Abroad 4 Past 5 Never	Qualification/Course Insert highest qualification obtained and field of study . If now , specify course being attended					
01									1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5							
02									1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5							
03									1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5							
04									1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5							
05									1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5							

*...-WR : If person can, with understanding, both read and write a simple sentence in his everyday life
-None: If person cannot, with understanding, both read and write a simple sentence in his everyday life

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12
	Name	Reason	Identity Card No.	Relationship to head	Age	Sex	Marital status	School attendance	Level of education	When studied	Qualification/course
06						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
07						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
08						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
09						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
10						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
11						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
12						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	

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*...-WR : If person can, with understanding, both read and write a simple sentence in his everyday life

....-None: If person cannot, with understanding, both read and write a simple sentence in his everyday life

2. Disability (For all persons)

First name of household member			.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4			...		...		...		...		...		...
1.13	Do you have any difficulty to perform a daily-life activity* considered normal for your age?	End of Module I	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2

First name of household member (continued)			.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4			...		...		...		...		...		...
1.13	Do you have any difficulty to perform a daily-life activity* considered normal for your age?	End of Module I	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2

* Seeing even if wearing glasses; Hearing even if using a hearing aid; Walking or climbing stairs; Remembering or concentrating; With self-care such as washing all over or dressing; Communicating for example, understanding or being understood; Manual activities such as gripping and holding; Disurbances of behaviour including antisocial behaviour, maladjustment and liability to self injury

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MODULE II
LABOUR FORCE (For all persons aged 12 years and over)

PART A - CURRENT ACTIVITY

First name of household member		.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4		... | |		... | |		... | |		... | |		... | |		... | |
2 Interviewer, please state whether information is being collected from respondent (1) or proxy (2)	Circle one answer	1	2	1	2	1	2	1	2	1	2	1	2
2.1 During the reference week, did you do any work for pay, profit or family gain, even if it was only for one hour ?	If Yes , go to 2.5	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.2 During the reference week , did you do any of the following activities for sale or pay ? 1. Work or help in a vegetable/fruit/flower cultivation for sale or pay 2. Rearing of animals (cow, goat, pig, poultry, etc.) for sale or pay 3. Fishing or other related activities for sale 4. Preparation of food products (at home) for sale 5. Dressmaking, tailoring for sale or pay 6. Making of baskets/hats/other handicrafts for sale or pay 7. Work or help in a family shop or other business 8. Repair work (shoes, household appliances, etc.) for pay 9. Sell goods on the street, at fairs or on beaches 10. Transport of goods or people for pay 11. Housework or gardening for pay 12. Care of children/elderly people for pay 13. Any other small job, specify.....	Circle ' 1 ' if any one of the listed activities was carried out and go to 2.5	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.3 During the reference week , were you temporarily absent from a job or business because of holidays, sickness or any other reason?	If No , go to 2.30 (Part E)	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2

First name of household member							
Serial number of household member as per pages 3 & 4							
2.4 Why were you away from work during the reference week?							
Illness or injury..... 1	Do not read out	1	1	1	1	1	1
Holiday, vacation or on leave 2		2	2	2	2	2	2
Maternity, leave on birth of a child 3	Circle main reason	3	3	3	3	3	3
Household/family responsibilities 4		4	4	4	4	4	4
Study/training leave..... 5		5	5	5	5	5	5
Temporary lay-off with assurance to return to work..... 6		6	6	6	6	6	6
Temporary disorganisation of work (lack of work, plant or machine repair, bad weather, etc.) 7		7	7	7	7	7	7
Other, specify 8		8	8	8	8	8	8

PART B - NATURE OF WORK

*If the respondent has more than one job or business, questions 2.5 - 2.14 refer to the **main** job or business, i.e, the job or business in which he/she usually works the most hours.*

2.5 What is the name of the establishment, firm, government institution, etc. for which you worked during the reference week ?	Record name of employer if there is no trade name	<input type="text"/>					
2.6 Is the establishment, firm, government institution, employer, etc. for which you work, located in the country?	Circle one answer	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2

First name of household member							
Serial number of household member as per pages 3 & 4		...	...	...	...	...	...
2.7	Where is your work place located ?						
	Fixed place of work outside home..... 1	1	1	1	1	1	1
	Within home premises/From Home..... 2	2	2	2	2	2	2
	Mobile (On the road,beach, door to door)..... 3	3	3	3	3	3	3
	Outside Mauritius..... 4	4	4	4	4	4	4
	Other, specify..... 5	5	5	5	5	5	5
2.8	How many persons (including yourself) work there?						
	Under 5..... 1	1	1	1	1	1	1
	5 to 9..... 2	2	2	2	2	2	2
	10 or more..... 3	3	3	3	3	3	3
2.9	What kind of activity is carried out at your place of work?	Record major activity carried out where the person works					
2.10	What kind of work do you do there?	Record main occupation					
2.11	What is your employment status?						
	Employer..... 1	1	1	1	1	1	1
	Own account worker..... 2	2	2	2	2	2	2
	Employee..... 3	3	3	3	3	3	3
	Apprentice/internship (Paid)..... 4a	4a	4a	4a	4a	4a	4a
	Apprentice/internship (Unpaid)..... 4b	4b	4b	4b	4b	4b	4b
	Contributing family worker..... 5	5	5	5	5	5	5
	Other, specify..... 6	6	6	6	6	6	6

First name of household member							
Serial number of household member as per pages 3 & 4		...			...
2.12	Do you/your employer contribute to the National Pension Scheme?	Record number of months	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
2.13	How long have you been working for your present employer (if employer or own account worker, in the present business)?						
2.14 (a)	How much did you derive as income, including overtime pay, from your main job/business for last month ?	Record in rupees					
	(b) Of which basic salary						
	(c) Of which overtime pay						
	(d) Of which non-regular income, specify.....						
2.15	In addition to your main occupation, did you have any other job or business during the reference week ?	If No, go to 2.19	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
2.16	What kind of activity is carried out at your second place of work?	Record major activity carried out there					
2.17	What is your employment status there?	Circle one answer					
	Employer..... 1		1	1	1	1	1
	Own account worker..... 2		2	2	2	2	2
	Employee..... 3		3	3	3	3	3
	Apprentice/internship(Paid)..... 4a		4a	4a	4a	4a	4a
	Apprentice/internship(Unpaid)..... 4b		4b	4b	4b	4b	4b
	Contributing family worker..... 5		5	5	5	5	5
	Other, specify..... 6	6	6	6	6	6	
2.18	How much did you derive as income from your other job(s) (e.g paid employment, trade, business, plantation, etc) for last month ?	Record in rupees					

PART C - HOURS OF WORK

First name of household member		.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...
2.19 Main Job (a) During the reference week , how many hours (including overtime) did you work at your main job?	Exclude lunch time and periods of leave/absence * Insert total hours for the week	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue
		Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu
		Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat
		Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*
(b) How many hours do you usually work at your main job per week?	Record number of hours If 2.19(a) is greater or equal to 2.19(b) , go to 2.20												
(c) During the reference week , why did you work less than your usual hours at your main job?	Circle main reason	Illness/Injury..... 1	1	1	1	1	1	1	1	1	1	1	1
On leave..... 2		2	2	2	2	2	2	2	2	2	2	2	2
Studies/training..... 3		3	3	3	3	3	3	3	3	3	3	3	3
Household/family responsibilities 4		4	4	4	4	4	4	4	4	4	4	4	4
Temporary..... 5		5	5	5	5	5	5	5	5	5	5	5	5
Part time job..... 6		6	6	6	6	6	6	6	6	6	6	6	6
Insufficient work..... 7		7	7	7	7	7	7	7	7	7	7	7	7
Bad weather/breakdown..... 8		8	8	8	8	8	8	8	8	8	8	8	8
Shift work/variable hours 9		9	9	9	9	9	9	9	9	9	9	9	9
Public holiday..... 10		10	10	10	10	10	10	10	10	10	10	10	10
Other, specify 11		11	11	11	11	11	11	11	11	11	11	11	11

First name of household member		
Serial number of household member as per pages 3 & 4		
2.20 Other jobs (applicable if yes at 2.15, else go to 2.21) (a) During the reference week , how many hours (including overtime) did you work at your other job(s) ?	Exclude lunch time and periods of leave/absence * Insert total hours for the week	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue
		Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu
		Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat
		Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*
(b) How many hours do you usually work at your other job(s) per week?	Record number of hours If 2.20(a) is greater or equal to 2.20(b) , go to 2.21										
(c) During the reference week , why did you work less than your usual hours at your other job(s) ?	Circle main reason	Illness/Injury..... 1	1	1	1	1	1	1	1	1	
On leave..... 2		2	2	2	2	2	2	2	2	2	
Studies/training..... 3		3	3	3	3	3	3	3	3	3	
Household/family responsibilities 4		4	4	4	4	4	4	4	4	4	
Temporary..... 5		5	5	5	5	5	5	5	5	5	
Part time job..... 6		6	6	6	6	6	6	6	6	6	
Insufficient work..... 7		7	7	7	7	7	7	7	7	7	
Bad weather/breakdown..... 8		8	8	8	8	8	8	8	8	8	
Shift work/variable hours 9		9	9	9	9	9	9	9	9	9	
Public holiday..... 10		10	10	10	10	10	10	10	10	10	
Other, specify 11		11	11	11	11	11	11	11	11	11	

First name of household member							
Serial number of household member as per pages 3 & 4		...		...		...
2.21 Total actual hours (at main and other jobs) worked (calculation to be done by interviewer)	2.19(a) + 2.20(a)						
2.22 In addition to your total actual hours worked (number of hours calculated at 2.21, were you available for extra work during the reference week (if offered and the extra hours were paid)?	If No, go to 2.25 (Part D)	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
2.23 How many extra hours (at main and other jobs) could you have worked during the reference week?	Record number of hours						
2.24 Have you been looking for additional or alternative work (with more hours) during the past 4 weeks?		Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2

Applicable if coded 1 or 2 at Questions 2.11 and/or 2.17

PART D - SELF EMPLOYED (Employers and own account workers)

First name of household member		.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...
2.25	What is the type of ownership of the enterprise in which you are working?												
	Individual proprietor..... 1	1		1		1		1		1		1	
	Household members 2	2		2		2		2		2		2	
	Partnership with members of other households..... 3	3		3		3		3		3		3	
	Company..... 4	4		4		4		4		4		4	
	Registered co-operative..... 5	5		5		5		5		5		5	
	Other, specify 6	6		6		6		6		6		6	
		Circle one answer											
2.26	Is the enterprise's expenditure separate from that of the owner's household?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
2.27	Are the enterprise's assets separate from that of the owner's household?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
2.28	What type of accounts do you keep for your enterprise?												
	No accounts..... 1	1		1		1		1		1		1	
	Informal records for personal use..... 2	2		2		2		2		2		2	
	Simplified account kept for income tax purposes..... 3	3		3		3		3		3		3	
	Complete set of accounts with balance sheets..... 4	4		4		4		4		4		4	
		Circle one answer											
2.29	How many persons (including yourself) are engaged in this enterprise?												
	Male 1	1		1		1		1		1		1	
	Female 2	2		2		2		2		2		2	
	Total 3	3		3		3		3		3		3	
		Enter number											

Also applicable if coded 4b (Unpaid Apprentice) at Question 2.11 only or at both Questions 2.11 and 2.17

PART E - NOT IN EMPLOYMENT

First name of household member		.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...
2.30	Have you been looking for work or trying to set up your own business during the past 4 weeks?	If No, go to 2.31(8)	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.31	What have you done during the past 4 weeks to obtain work or to start your own business?	Do not read out EXCEPT NO 8	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
	1. Applied to prospective employers		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
	2. Checked at factories, worksites, etc		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
	3. Placed or answered advertisements		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
	4. Sought assistance or advice to obtain a paid job		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
	5. Sought assistance or advice to start own business		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
	6. Looked for inputs* to set up own business		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
	7. Applied for permit to set up own business	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	
	8. Registered at the Employment Service	If No at 2.30 & 2.31(8) go to 2.33	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
9. Other steps, specify.....		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	
2.32	How long have you been continuously without work and looking for work or trying to set up your own business? **	Record number of months Go to 2.35												
2.33	Would you have liked to work during the reference week?	If No, go to 2.37	Yes 1	No 2	Yes 1	No 2								

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* inputs such as land, building, machinery, equipment or finance

** How long have you been continuously without work and registered at Employment Service Centre?

First name of household member													
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...
2.34	Why were you not looking for work or trying to set up your own business?												
	Studying/training..... 1	1		1		1		1		1			
	Will resume studies soon..... 2	2		2		2		2		2		2	
	Retired/too old to work..... 3	3		3		3		3		3		3	
	Permanent disability, specify..... 4	4		4		4		4		4		4	
	Temporary illness/injury, specify..... 5	5		5		5		5		5		5	
	Too young to work 6	6		6		6		6		6		6	
	Parents or spouse not agreeable..... 7	7		7		7		7		7		7	
	Household/family responsibilities..... 8	8		8		8		8		8		8	
	Not interested to work 9	9		9		9		9		9		9	
	New job or own business to start soon..... 10	10		10		10		10		10		10	
	Suitable jobs not available..... 11	11		11		11		11		11		11	
	Do not know how and where to look for work..... 12	12		12		12		12		12		12	
	Got tired/frustrated of seeking work..... 13	13		13		13		13		13		13	
	Other, specify..... 14	14		14		14		14		14		14	
2.35	Could you have started to work during the reference week if work was available?	If No, go to 2.37		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
2.36	Are you willing to accept.....?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1. Full-time employment	1	2	1	2	1	2	1	2	1	2	1	2
	2. Part-time employment	1	2	1	2	1	2	1	2	1	2	1	2
	3. Employment without limit of time (permanent)	1	2	1	2	1	2	1	2	1	2	1	2
	4. Temporary employment	1	2	1	2	1	2	1	2	1	2	1	2
	5. Employment in the public sector	1	2	1	2	1	2	1	2	1	2	1	2
	6. Employment in the private sector	1	2	1	2	1	2	1	2	1	2	1	2
	7. Work below your level of qualification	1	2	1	2	1	2	1	2	1	2	1	2
	8. Work outside your training/qualification	1	2	1	2	1	2	1	2	1	2	1	2

First name of household member		Serial number of household member as per pages 3 & 4											
				
2.37	Why did you not like to work or were you not available for work during the reference week ?												
	Studying/training..... 1	1	1	1	1	1	1	1	1	1	1	1	1
	Will resume studies soon..... 2	2	2	2	2	2	2	2	2	2	2	2	2
	Retired/too old to work..... 3	3	3	3	3	3	3	3	3	3	3	3	3
	Permanent disability, specify..... 4	4	4	4	4	4	4	4	4	4	4	4	4
	Temporary illness/injury, specify 5	5	5	5	5	5	5	5	5	5	5	5	5
	Too young to work 6	6	6	6	6	6	6	6	6	6	6	6	6
	Parents or spouse not agreeable..... 7	7	7	7	7	7	7	7	7	7	7	7	7
	Household/family responsibilities..... 8	8	8	8	8	8	8	8	8	8	8	8	8
	Not interested to work 9	9	9	9	9	9	9	9	9	9	9	9	9
	New job or own business to start soon..... 10	10	10	10	10	10	10	10	10	10	10	10	10
	Suitable jobs not available..... 11	11	11	11	11	11	11	11	11	11	11	11	11
	Do not know how and where to look for work..... 12	12	12	12	12	12	12	12	12	12	12	12	12
	Got tired/frustrated of seeking work..... 13	13	13	13	13	13	13	13	13	13	13	13	13
	Other, specify..... 14	14	14	14	14	14	14	14	14	14	14	14	14
2.38	What is your main source of income or support to meet your daily needs?												
	Parents..... 1	1	1	1	1	1	1	1	1	1	1	1	1
	Spouse/partner..... 2	2	2	2	2	2	2	2	2	2	2	2	2
	Children..... 3	3	3	3	3	3	3	3	3	3	3	3	3
	Other relatives/non relatives..... 4	4	4	4	4	4	4	4	4	4	4	4	4
	Maintenance alimony (ex-spouse)..... 5	5	5	5	5	5	5	5	5	5	5	5	5
	Savings/property income..... 6	6	6	6	6	6	6	6	6	6	6	6	6
	Government pension/assistance..... 7	7	7	7	7	7	7	7	7	7	7	7	7
	Other pension/work compensation..... 8	8	8	8	8	8	8	8	8	8	8	8	8
	Other, specify..... 9	9	9	9	9	9	9	9	9	9	9	9	9

First name of household member														
Serial number of household member as per pages 3 & 4			
2.39	Have you ever worked in the past?	If No, End of Module II	Yes 1	No 2										
2.40	How long is it since you worked for the last time, even for a few days? If the number of months is greater than 120, record number. End of Module II	Record number of months												
2.41	What kind of activity was carried out at the place where you worked?	Record major activity carried out where person worked												
2.42	What kind of work did you do there most of the time?	Record main occupation												
2.43	What was your employment status?	Circle one answer												
	Employer..... 1		1	1	1	1	1	1	1	1				
	Own account worker..... 2		2	2	2	2	2	2	2	2				
	Employee..... 3		3	3	3	3	3	3	3	3				
	Apprentice..... 4		4	4	4	4	4	4	4	4				
	Contributing family worker..... 5		5	5	5	5	5	5	5	5				
	Other, specify..... 6	6	6	6	6	6	6	6	6					
2.44	Why did you leave your last job?	Circle main reason												
	Closure of establishment/firm..... 1		1	1	1	1	1	1	1	1				
	VRS-Closure of establishment..... 2		2	2	2	2	2	2	2	2				
	Reduction of workforce..... 3		3	3	3	3	3	3	3	3				
	VRS-Reduction of workforce..... 4		4	4	4	4	4	4	4	4				
	Completion of contract/temporary job..... 5		5	5	5	5	5	5	5	5				
	Health problems..... 6		6	6	6	6	6	6	6	6				
	Retirement..... 7		7	7	7	7	7	7	7	7				
	Marriage/childbirth/household responsibilities..... 8		8	8	8	8	8	8	8	8				
	Not satisfied with job..... 9		9	9	9	9	9	9	9	9				
	Resumption of studies/training..... 10		10	10	10	10	10	10	10	10				
	Other, specify 11	11	11	11	11	11	11	11	11					

MODULE III

Section 1: HOUSING AND LIVING CONDITIONS

3.1 CHARACTERISTICS OF DWELLING

3.1a Type of building (Circle appropriate code)

(i)	Building used wholly as one housing unit	1
(ii)	Building containing more than one housing unit:	
	(a) Semi - detached house	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, specify:	6

3.1b Principal material of construction used (Circle appropriate code) :

	(i) Roof	(ii) Walls
Concrete slabs	1	1
Iron or tin sheets	2	2
Shingles	3	3
Other, specify:	4	4

3.1c Do you have a problem of leaking roof?

Yes	No
1	2

3.1d Number of each type of room occupied by the household:

	Number
(i) Bedroom	...
(ii) Dining room	...
(iii) Living room	...
(iv) Dining / Living room	...
(v) Closed verandah	...

	Number
(vi) Study	...
(vii) Kitchen - inside	...
(viii) Kitchen - outside	...
(ix) Open verandah	...
(x) Lobby	...

	Number
(xi) Bathroom - inside	...
(xii) Bathroom - outside	...
(xiii) Toilet - inside	...
(xiv) Toilet - outside	...
(xv) Toilet / bathroom	...
(xvi) Other, specify

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

3.1e Type of tenure (Circle appropriate code)

(i)	Owned	1
(ii)	Supplied free:	
	by employer	2
	by parents / relatives	3
	Other - Specify:	4
(iii)	Rented	5

3.1f Has any major improvement been done to your house during the last twelve months?

Yes	No
1	2

3.1g What would be the monthly rent payable for your housing unit if rented unfurnished?

Rs

3.2 FUEL USED FOR COOKING AND BATHING

3.2a What type/s of fuel do you use for:

(Please rank in order of priority, 1 for more frequently used, 2 for second,, 0 for not used)

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

3.3 HOUSEHOLD POSSESSIONS

3.3a Does your household own any of the following items?

Yes	No
1	2

(If YES, please indicate the number of units owned for each item)

1.	Television set	.....
	<i>of which Smart TV (access to internet)</i>	.....
2.	Private TV channels	.....
3.	Refrigerator	.....
4.	Washing machine	.....
5.	Gas cooker (plaque a gas)	.....
6.	Gas / electric oven	.....
7.	Microwave oven	.....
8.	Vacuum cleaner	.....
9.	Air Conditioner	.....

10.	Mobile telephone	.....
	<i>of which Smart phone</i>	.....
11.	Fixed telephone line	.....
12.	Computer (Desktop / Laptop)	.....
13.	Tablet PC	.....
14.	Electric shower	.....
15.	Gas shower	.....
16.	Solar water heater	.....
17.	Water tank	.....
18.	Water Pump	.....

Section 2

INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

Head of Household (*Circle appropriate code*)

4.1 (a) Is access to Internet available in your household?

Yes	No
1	2

If No, go to 4.1 (d)

4.1 (b) State means of access to the Internet in your household.

(More than one answer possible)

Computer/Tablet	1
Smart phone	2
Smart TV	3
Other, specify.....	4

4.1 (c) State mode of access to the Internet in your household.

(More than one answer possible)

ADSL (MyT, Live box)	1
Mobile internet	2
Fixed Wireless (Canal box, Air box)	3
Wifi	4
Other, specify.....	5

Go to 4.24.1 (d) Why don't you have internet access at home? (*Do not read out - multiple answers possible*)

	Yes	No
1. Costs are too high	1	2
2. Lack of confidence, knowledge/skills	1	2
3. Not interested	1	2
4. Privacy or security concerns	1	2
5. Concern that children will access inappropriate sites	1	2
6. Have access to internet elsewhere	1	2
7. Other, specify	1	2

Household members aged 5 years and over
Questions 4.2, 4.5, 4.6, 4.8, 4.9, 4.10 relate to the last 3 months

First name of household member		.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4		....		....		....		....		....		....
4.2	Did you use a mobile phone?	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
4.3	Do you own a mobile phone ?	If No(2), Skip Q4.11 & 4.12		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
4.4	Can you use a computer?	If No (2), go to 4.7 & skip Q4.13		Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
4.5	How often did you use a computer ?	If 1, go to 4.7											
	Not using..... 1	1		1		1		1		1		1	
	At least once a day..... 2	2		2		2		2		2		2	
	At least once a week but not everyday..... 3	3		3		3		3		3		3	
	Less than once a week..... 4	4		4		4		4		4		4	
4.6	Where do you use a computer?	Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
	1. At home	1	2	1	2	1	2	1	2	1	2	1	2
	2. School/Educational institution	1	2	1	2	1	2	1	2	1	2	1	2
	3. Work place	1	2	1	2	1	2	1	2	1	2	1	2
	4. Cybercafé/Other commercial facility	1	2	1	2	1	2	1	2	1	2	1	2
	5. Free public access facility	1	2	1	2	1	2	1	2	1	2	1	2
	6. Another person's place	1	2	1	2	1	2	1	2	1	2	1	2
	7. Other, specify	1	2	1	2	1	2	1	2	1	2	1	2
4.7	Can you use the internet?	Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
		1	2	1	2	1	2	1	2	1	2	1	2
4.8	How often did you use the internet ?	If 1, go to 4.11											
	Not using..... 1	1		1		1		1		1		1	
	At least once a day..... 2	2		2		2		2		2		2	
	At least once a week but not everyday..... 3	3		3		3		3		3		3	
	Less than once a week..... 4	4		4		4		4		4		4	

First name of household member		.....	.....	.....	.....	.....	.....	.....	.....
Serial number of household member as per pages 3 & 4		....		....		....		....		....		....
4.9	Where do you use internet? (Read out - multiple answers possible)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	1. At home	1	2	1	2	1	2	1	2	1	2	1	2	
	2. School/Educational institution	1	2	1	2	1	2	1	2	1	2	1	2	
	3. Work place	1	2	1	2	1	2	1	2	1	2	1	2	
	4. Cybercafé/Other commercial facility	1	2	1	2	1	2	1	2	1	2	1	2	
	5. Free public access facility	1	2	1	2	1	2	1	2	1	2	1	2	
	6. Another person's place	1	2	1	2	1	2	1	2	1	2	1	2	
	7. Any place via a mobile cellular phone	1	2	1	2	1	2	1	2	1	2	1	2	
	8. Any place via other mobile access devices (laptop, tablet PC etc.)	1	2	1	2	1	2	1	2	1	2	1	2	
	9. Other, specify.....	1	2	1	2	1	2	1	2	1	2	1	2	
	Circle either Yes (1) or No (2)													
4.10		For which purpose(s) do you use Internet? (Read out - multiple answers possible)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1. Sending / receiving emails	1	2	1	2	1	2	1	2	1	2	1	2
		2. Make transactions with govt. online (e.g. e-Filing of Income Tax, Appointment for Vehicle Examination, etc)	1	2	1	2	1	2	1	2	1	2	1	2
		3. Search for information: <i>Government</i>	1	2	1	2	1	2	1	2	1	2	1	2
		4. Search for information: Other	1	2	1	2	1	2	1	2	1	2	1	2
		5. Education purposes (on-line courses, distance courses etc.)	1	2	1	2	1	2	1	2	1	2	1	2
		6. Reading on-line newspapers or magazines, books	1	2	1	2	1	2	1	2	1	2	1	2
		7. Telephoning	1	2	1	2	1	2	1	2	1	2	1	2
		8. On line banking	1	2	1	2	1	2	1	2	1	2	1	2
		9. On line shopping	1	2	1	2	1	2	1	2	1	2	1	2
		10. Entertainment (games, music and videos)	1	2	1	2	1	2	1	2	1	2	1	2
		11. Downloading software	1	2	1	2	1	2	1	2	1	2	1	2
	12. Social networking (Facebook, Twitter, Chat, uploading of self created content)	1	2	1	2	1	2	1	2	1	2	1	2	
	13. Other, specify.....	1	2	1	2	1	2	1	2	1	2	1	2	

Household members aged 12 years and over

First name of household member		.....	.....	.....	.....	.....	.....
Serial number of household member as per pages 3 & 4		....		....		....
4.11 Do you own a smartphone?	If No (2), go to 4.13	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
4.12 For what purpose do you use your smartphone?	Circle either Yes (1) or No (2)	Yes 1	No 2								
1. Sending / receiving emails		1	2	1	2	1	2	1	2	1	2
2. Visiting social networking sites		1	2	1	2	1	2	1	2	1	2
3. General internet browsing		1	2	1	2	1	2	1	2	1	2
4. Instant messaging (WhatsApp, Viber, Skype, Wechat)		1	2	1	2	1	2	1	2	1	2
5. On-line banking		1	2	1	2	1	2	1	2	1	2
6. On-line shopping		1	2	1	2	1	2	1	2	1	2
7. Other, specify.....	1	2	1	2	1	2	1	2	1	2	
4.13 Do you have the following ICT skills? (via any devices)	Circle either Yes (1) or No (2)	Yes 1	No 2								
1. Copying or moving a file or folder		1	2	1	2	1	2	1	2	1	2
2. Using copy and paste tools to duplicate or move information within a document		1	2	1	2	1	2	1	2	1	2
3. Sending e-mails with attached files		1	2	1	2	1	2	1	2	1	2
4. Using basic arithmetic formula in a spreadsheet		1	2	1	2	1	2	1	2	1	2
5. Connecting and installing new devices		1	2	1	2	1	2	1	2	1	2
6. Creating electronic presentations with presentation software		1	2	1	2	1	2	1	2	1	2
7. Finding, downloading, installing and configuring software		1	2	1	2	1	2	1	2	1	2
8. Transferring files between a computer and other devices		1	2	1	2	1	2	1	2	1	2
9. Writing a computer program using a specialized language	1	2	1	2	1	2	1	2	1	2	

Section 3

HOUSEHOLD EXPENDITURE AND OTHER INCOME

5.1 Household expenditure

What was your total household expenditure for last month? Rs.....

Note : Total household expenditure must include food & non-alcoholic drink; medical care; rent; gas; educational expenses; travelling & transport; clothing & footwear; bills for water, waste water & electricity; internet/email; restaurant & hotel bills; household appliances & furniture; expenses on recreation and culture; routine house maintenance; domestic services, life insurance & pension contributions, debt repayment and other similar expenses. BUT, Capital expenses should NOT be included.

5.2 Other Income

	If applicable, please state amount received last month				
	Serial number of household member as per pages 3 & 4				

Pension from former employment					
NPF retirement/old age pension					
Widow's and children pension					
Other social security benefits					
Negative income tax/special allowance					
Maintenance allowance/alimony					
Regular allowance*					
Other regular income, specify.....					
Total					

* Regular allowance from parents/relatives in Mauritius or abroad, social/religious organisations

5.3 Backyard Income

	If applicable, please state amount received last month				
	Serial number of household member as per pages 3 & 4				

Income from backyard-produced goods (vegetables, fruits, eggs, fish, etc.)					
Total					

Total Income [total (2.14 (a) + 2.18 + 5.2 + 5.3)]

Check total income
with total

Telephone number of respondent

Collected under the provisions of the Statistics Act and in accordance with the Data Protection Act.