

Serial Number

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REPUBLIC OF MAURITIUS

CENTRAL STATISTICAL OFFICE

Ministry of Economic Development, Financial Services and Corporate Affairs

<p>CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2001</p> <p>INTERVIEWING OF HOUSEHOLDS</p>

Reference Month

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Geographical District

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Regional Stratum.....

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PSU Number.....

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Enumeration Area.....

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Household Number (01-15)

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Type of dwelling.....

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Name of Interviewer

Name of Supervisor

Signature of Supervisor if present at interview Date

For office use

<p>Edited and coded by</p> <p>Checked by</p> <p>Input by.....</p> <p>Verified by.....</p>

MODULE 1

1

DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

Enter the first names of every member of the household, together with their respective characteristics. Do not forget to include married children who usually live here and their families, other relatives, and persons not related to the head but who are members of this household.

1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
Serial Number	Name of household member (First name only)	Relationship to head (e.g spouse, son, daughter-in-law, etc)	Age Last birthday	Gender Male - M Female - F	Marital status Married/ in a union - M Widowed - W Divorced - D Separated - SEP Single - S	Preprimary, Primary and Secondary		Other educational qualifications	
						School attendance Now Past Never Child not yet at school	Level of education If past, insert highest level completed. If now, insert level being attended	School attendance Now Past Nil	Qualification/Course Insert highest qualification obtained and field of study. If now , specify course being attended
01		Head	1						
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

**MODULE II
LABOUR FORCE**

FOR ALL PERSONS AGED 12 YEARS AND OVER

PART A. CURRENT ACTIVITY DURING REFERENCE PERIOD

First name of household member												
Serial No. as per page 2												
Q2.1	During the past week , did you do any work for pay, profit or family gain, even if it was only for one hour?	Yes No	If yes, go to Q 2.14									
Q2.2	If you did not work in the past week, was it because of absence?	Yes No	If yes, go to Q 2.14									
Q2.3	Have you been looking for work during the past month ?	Yes No	If no, go to Q 2.11									
Q2.4	What have you done during the past month to obtain work? 1. Registration with Employment Exchange REE 2. Applied to prospective employers APE 3. Checked at factories, worksites, etc CFW 4. Placed or answered advertisements PAA 5. Sought assistance or advice SAA 6. Tried to set up own business TSB 7. Other steps, specify OS		Record all steps taken, do not read out list If TSB , go to Q2.5, otherwise go to Q2.6									
Q2.5	Why did you not succeed in starting your own business? 1. Lack of credit/loan facilities CL 2. Lack of training TR 3. Lack of marketing knowledge MK 4. Unwillingness to take risks UR 5. Lack of guidance LG 6. Unable to get necessary permits UP 7. Other, specify O		More than one answer is possible Go to Q 2.7									

First name of household member			.....	.....	.....	.....	.....	.....
Serial No. as per page 2			.....	.....	.....	.....	.....	.....
Q2.6	Why did you not try to start a business of your own? 1. Not interested..... NI 2. Lack of finance..... LF 3. Lack of skills..... LS 4. Lack of guidance..... LG 5. Unwillingness to take risks..... UTR 6. Other, specify..... O	Record main reason						
Q2.7	How long have you been continuously trying to obtain work?	Specify number of months						
Q2.8	During that period, have you been offered a job which you did not accept?	Yes No	If no, go to Q 2.10					
Q2.9	Why did you not accept that job? 1. Long hours of work..... LHW 2. Low wage / salary..... LWS 3. Overqualified for proposed job..... OPJ 4. Place of work too far from residence..... PWF 5. Temporary job..... TJ 6. Other, specify..... O	Record main reason						
Q2.10	What do you think are the main constraints that have prevented you from getting a job? 1. Lack of suitable jobs..... LSJ 2. Lack of educational qualifications..... LEQ 3. Lack of experience/training..... LET 4. Lack of awareness of vacancies..... LKV 5. Too low salary..... LS 6. Too far from residence..... DR 7. Gender bias..... GB 8. Other, specify..... O	More than one answer is possible						
Q2.11	Were you available for work during the past week?	Yes No	If yes, go to Q 2.13					

First name of household member		.....	.....	.....	.....	.....	.....
Serial No. as per page 2		.....	.....	.....	.....	.....	.....
Q2.12	Why were you not available for work during the past week ?	Record main reason						
	1. Household duties..... HD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Studying/training..... ST		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Illness/injury/disability..... IID		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Retired/too old..... RTO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Other(specify) O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q2.13	Have you ever worked in the past?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PART B. CURRENT EMPLOYMENT								
Q2.14	What is the name of the establishment, firm, government institution, etc. for which you work?	Applicable to all persons who have jobs, even if absent last week. If there is no trade name, record name of employer.						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q2.15	What is the address of your place of work?	If a person has no fixed place of work, record the address at which he/she worked most of the time during the past week.						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q2.16	What is the approximate distance between your residence and place of work?	Record distance in kilometres						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q2.17	Approximately how long does it take you to travel to your place of work and back?	Enter number of minutes						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q2.18	How much did you spend on travelling to work during the past month ?							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

First name of household member		.....	.....	.....	.....	.....	.....
Serial No. as per page 2		.....	.....	.....	.....	.....	.....
Q2.19	What is your usual means of transport to work? 1. Don't travel: work at home..... WH 2. On foot..... F 3. Bicycle..... B 4. Auto/motor cycle..... AMC 5. Private motor vehicle..... PV 6. Company transport CT 7. Paid group transport (van, car)..... PGT 8. Public bus..... PB 9. Other, specify..... O	If PV, go to Q2.20, otherwise, go to Q2.21					
Q2.20	Are you accompanied by family members/other individuals? Yes No						
Q2.21	What kind of work/activity is carried out at your place of work?	Record major activity carried out where person works					
Q2.22	What kind of work do you do there most of time?	Record main occupation					
Q2.23	What is your employment status? 1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Unpaid family worker UFW 6. Other (specify) O						
Q2.24	How long have you been working for your present employer ?		Years Months	Years Months	Years Months	Years Months	Years Months

First name of household member														
Serial No. as per page 2														
Q2.25	Have you been trained for your present job? 1. Yes, at an institution YI 2. Yes, on site YS 3. No N	If no, go to Q 2.27												
Q2.26	When were you trained for the last time? 1. 1 - 6 months ago 2. 7 - 12 months ago 3. 13 - 18 months ago 4. 19 - 24 months ago 5. 25 - 36 months ago 6. 37 - 48 months ago 7. 49 - 60 months ago 8. More than 60 months ago													
Q2.27	How much did you derive as income, including overtime, from your job/business for the last month ?													
Q2.28	How many hours (including overtime) did you work during the past week?	Exclude lunch time and periods of leave/absences * insert total hours for 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*

MODULE III

Section 1. EDUCATION AND TRAINING

3

All household members who are full time students

First name of household member Serial No. as per page 2		.....		.....		.....		.....
	
Q3.1	What is the name of your school/educational institution?								
Q3.2	What is your usual means of transport to go there? 1. Private car.....PC 2. Public bus.....PB 3. Contract bus / Van.....CBV 4. Motor /Auto cycle.....MAC 5. Bicycle.....B 6. On foot.....F 7. Other, specify.....O								
Q3.3	Approximately how long does it take you to travel to and from school daily?	Enter number of minutes							
Q3.4	Approximately what distance do you have to travel to and from school daily?	Enter number of kilometres							
Q3.5	How much do you usually spend on travelling to and from school daily?								
Q3.6	What is your monthly school fees (if any)?	Enter nil, if fees are not paid							

First name of household member		.. . . . .	.. . . . .	.. . . . .
Serial No. as per page 2		.. . . . .	.. . . . .	.. . . . .
Q3.18	Why are you not thinking of pursuing further studies? 1. Not interested..... NI 2. Lack of finance to pay fees..... LFR 3. Need to work to help family..... NTW 4. Not sure to get a suitable job after completion of studies..... NSJ 5. Other, specify..... O			
Q3.19	What kind of job do you expect to get on completion of your studies?			
Q3.20	How much do you expect to draw as salary per month?			

6 Students attending vocational/technical training courses or degree /diploma courses

First name of household member		.. . . . .	.. . . . .	.. . . . .
Serial No. as per page 2		.. . . . .	.. . . . .	.. . . . .
Q3.21	Who advised you to join the present course? 1. Parents..... P 2. Friends..... F 3. Career guidance office..... CGO 4. Own decision..... OD 5. Other, specify..... O			
Q3.22	Do you already have a job? Yes No	If yes, go to Q3.26		
Q3.23	What kind of job do you expect to get on completion of your studies?			
Q3.24	How much do you expect to draw as salary per month?			
Q3.25	Are you prepared to accept a job outside the field for which you have been trained? Yes No	Stop here		

First name of household member					
Serial No. as per page 2					
Q3.26	Do you intend to change your job on completion of your studies?	Yes No	If no, stop here		
Q3.27	Why do you want to change your job? 1 For a higher pay..... 2 For better job satisfaction..... 3 For a job more relevant to field of studies 4 Other, specify.....	HP BJS JRS O			

7 Heads of households

Q3.28 How much did the household spend on the following items during the **past month**?

(Rupees)

Uniforms and shoes					
Textbooks					
Educational magazines					
Other educational materials					

Q3.29 What do you think about private tuition?

(Circle appropriate code)

	Necessary	Not Necessary	No idea	State why
At primary level	1	2	3	.....
At secondary level	1	2	3	.....

Q3.30 What do you think of the present ranking system at CPE?

(Circle appropriate code)

Approve	Not approve	No idea	State why
1	2	3	.....

Q3.31 applies only if there are children aged 6 to 11 years not attending school, (refer to page 2).

Q3.31 Why is the child, not attending school and what is he/she actually doing?

Serial No. (as per page 2)	First name of child	Reason for not attending school	Present activity

MODULE III

8

Section 2. ENVIRONMENT

Q4.1 What is your opinion on environment problems in Mauritius? *(Circle appropriate code)*

Serious	Not serious	No idea
1	2	3

Q4.2 How do you rate the state of the environment in the following cases? *(Circle appropriate code)*

	Very good	Good	Satisfactory	Poor	Bad
Vicinity of your house / your locality	1	2	3	4	5
Rivers/riverside	1	2	3	4	5
Industrial/commercial sites	1	2	3	4	5
Beaches	1	2	3	4	5
Country in general	1	2	3	4	5

Q4.3 Are you or any member of your household affected by the following types of pollution? *(Circle appropriate code)*

	No	Yes	If yes, source of pollution
Solid waste disposal problem (littering)	2	1	
Air pollution (smoke, dust, odours)	2	1	
Noise pollution	2	1	
Water pollution (river/sea)	2	1	

Q4.4 Have you or any member of your household suffered from health problems related to air pollution during the **last 12 months**? *(Circle appropriate code)*

Yes	No*
1	2

* If no, go to Q4.6

Q4.5 From which problems did the person suffer? *(Circle appropriate code)*

	Yes	No
Asthma	1	2
Breathing difficulties	1	2
Ear/nose/throat problems	1	2
Eye troubles	1	2
Skin disease	1	2

Q4.6 Have you or any member of your household participated in an environment care/cleaning campaign during the **last 12 months**? *(Circle appropriate code)*

Yes	No
1	2

MODULE III

9

Section 3. HOUSEHOLD CONDITIONS

Q5.1 Do you or any member of the household own a house?

(Circle appropriate code)

Yes*	No
1	2

* If yes, go to Q5.5

Q5.2 Do you or any member of the household own a residential plot of land? *(Circle appropriate code)*

Yes	No
1	2

Q5.3 How much can your household afford to save in a year in order to build/buy a house?

Rs.....

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Q5.4 Do you or any member of the household subscribe to PEL/a credit union or other institution giving housing loan? *(Circle appropriate code)*

Yes	No
1	2

Q5.5 Do you or any member of the household own any of the following vehicles?

(Circle appropriate code)

	Yes	No
Car/Private van	1	2
Motorcycle/Autocycle	1	2
Bicycle	1	2

Q5.6 Do you or any member of the household have any of the following consumer durables?

(Circle appropriate code)

	Yes	No
Refrigerator	1	2
Gas/Electric cooker	1	2
Micro-wave	1	2
Washing machine	1	2

	Yes	No
Video set	1	2
Stereo set	1	2
Fixed telephone	1	2
Mobile telephone	1	2
Computer	1	2

Q5.7 How many TV sets do you have? *(Circle appropriate code)*

None	One	More than 1
1	2	3

Q5.8 Which type of water heating system do you have in your bathroom? *(Circle appropriate code)*

None	Electric	Gas	Solar
1	2	3	4

Q5.9 How do you rate your household economic situation? *(Circle appropriate code)*

Very bad	Bad	Satisfactory	Good	Very good
1	2	3	4	5

Household Expenditure

Q5.10 What was your household total expenditure for the last month?

Rs*

Q5.11 What was your household expenditure on the following items for the last month?

(Rupees)

Food and non-alcoholic beverages						
Medical care						
Rent						
Gas						
Educational expenses						
Water bill						
Waste water bill						
Electricity bill						
Telephone bill						
Tax (income, municipal, etc.)*						
Life insurance and pension contributions*						
Debt repayment : Land/house*						
Credit purchase						
Other						

Q5.12 Have you or any member of your household contracted debt on the following items?

Item	Amount owed to date (Rupees)	Source
Purchase of land		
Purchase/construction of house		
Auto/motor vehicle		
Audio-visual equipment		
Household appliances		
Furniture		
Purchases at retail shop		
Medical expenses		
Educational expenses		
Other, specify		

Section 4. INDIVIDUAL INCOME

11

Q6.1 Income from employment last month

Source	Serial number as per page 2				

Paid employment (including bonus, overtime, etc.)					
Income from self-employment (trade, business, crop cultivation, etc.)					
Total					

12

Q6.2 Income from property last month

Source	Serial number as per page 2				

Rent from land and buildings					
Rent of machinery and equipment					
Dividends					
Interest					
Other (specify)					
Total					

13

Q6.3 Transfer income

Does any member of the household receive any of the following?	If "Yes", please state amount received last month (Rs)				
	Serial number as per page 2				

Retirement pension from former employer					
NPF retirement pension					
Old age pension					
Widows' and children pension					
Family allowance					
Handicapped/invalid pension					
Unemployment hardship relief					
S.C and H.S.C examination fees					
Subsidy on text books					
Scholarship grants (students)					
Maintenance/alimony					
Regular allowance from parents in Mauritius					
Regular allowance from parents abroad					
Regular allowance from social/religious organisation					
Other regular receipts (specify)					
Total					