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REPUBLIC OF MAURITIUS

**CENTRAL STATISTICS OFFICE**

**Ministry of Finance and Economic Development**

**CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2005**  
**INTERVIEWING OF HOUSEHOLDS**

Reference Month ..... 

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Geographical District ..... 

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PSU-RDI ..... 

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Rotation Group ..... 

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PSU Number..... 

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Enumeration Area..... 

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Household Number ..... 

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Interview round ..... 

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Previous interview : Month and Year..... 

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Household selected or replacement ..... 

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Name of Interviewer .....

Name of Supervisor .....

For office use

Edited and coded by .....
Checked by .....
Input by.....
Verified 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 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	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	Sex 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 (CNYS)	Level of education If <b>past</b> , insert highest level completed. Specify CPE/SC/HSC if <b>passed at these levels</b> . If <b>now</b> , insert level being attended.	When studied Now - FT Now - PT Past Never	Qualification/Course Insert highest qualification obtained and field of study. If <b>now</b> , specify course being attended
01		Head	1						
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

**MODULE II**

**2**

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

**PART A - CURRENT ACTIVITY**

First name of household member			.....	.....	.....	.....	.....	.....
Serial No. as per page 2			.....	.....	.....	.....	.....	.....
2.1	During the <b>week</b> ....., did you do any work for pay, profit or family gain, even if it was only for <b>one hour</b> ?	Yes No	If yes, go to <b>2.5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Did you do any of the following activities during the <b>week</b> .....?  1. Work or help in a vegetable/fruit/flower cultivation 2. Rearing of animals (cow, goat, pig, poultry, etc.) 3. Fishing 4. Preparation of food products (at home) for sale 5. Dressmaking for pay or sale 6. Making of baskets/hats/other handicrafts for sale 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	Yes No	Enter ' <b>Yes</b> ' if any one of the listed activities was carried out and go to <b>2.5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	During the <b>week</b> ..... did you have a job or business from which you were temporarily away because of holidays, sickness or any other reason?	Yes No	If no, go to Part E - Unemployment	<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							
2.4	Why were you away from work during the week.....?	Record main reason only					
1.	Illness or injury ..... II						
2.	Holiday, vacation or on leave ..... HVL						
3.	Maternity, leave on birth of a child ..... MPL						
4.	Household responsibilities ..... HHR						
5.	Study/training leave ..... STL						
6.	Temporary lay-off with assurance to return to work ..... TLO						
7.	Temporary disorganisation of work (lack of work, plant or machine repair, bad weather, etc..... TDW						
8.	Other (specify)						

**PART B - NATURE OF WORK**

First name of household member		.....			.....			.....			.....			.....			.....		
Serial No. as per page 2		....			....			....			....			....			....		
2.5 What is the name of the establishment, firm, government institution, etc., for which you work?	Record name of employer if there is no trade name	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
2.6 How many persons (including yourself) work there? Under 5 5 to 9 10 or more		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
2.7 What kind of work/activity is carried out at your place of work?	Record <b>major</b> activity carried out where person works	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
2.8 What kind of work do you do there most of the time?	Record <b>main</b> occupation	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
2.9 Does the job that you are doing correspond to your qualifications? 1. Yes 2. No, qualifications are higher 3. No, qualifications are lower		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
2.10 What is your employment status? 1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Contributing family worker .....CFW 6. Other (specify)		<input type="checkbox"/>			<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		....	....	....	....	....	....
2.11	How long have you been working for your present employer (if self-employed, in the present business)?	Record number of months					
2.12	Have you received any formal training for the work that you are presently doing? Yes No	If no, go to 2.14					
2.13	When did you attend the training programme? 1. During the past 12 months 2. 1 to 5 years ago 3. More than 5 years ago						
2.14	How much did you derive as income, including overtime pay, from your job/business for <b>last month</b> ?	Rupees only					
2.15	In addition to your main occupation, do you have any other job or business? Yes No	If no, go to 2.19					
2.16	What kind of work/activity is carried out at your second place of work?	Record <b>major</b> activity carried out there					
2.17	What kind of work do you do there most of the time?						
2.18	What is your employment status there? 1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Contributing family worker ..... CFW 6. Other (specify)						

**PART C - HOURS OF WORK**

First name of household member		.....		.....		.....		.....		.....		.....			
Serial No. as per page 2		....		....		....		....		....		....			
2.19 How many hours (including overtime) did you work during the week.....?	Exclude lunch time and periods of paid leave/absence	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*		
(a) At your main job	* Insert total hours for the week														
(b) At other jobs (if any)	Exclude lunch time and periods of paid leave/absence	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*		
	* Insert total hours for the week														
(c) Total hours worked: (a) + (b)	If 40 hours or more, go to 2.21														
2.20 Why did you work for only ..... hours during the week .....?	1. Illness/Injury ..... II 2. On leave ..... OL 3. Studies/training ..... ST 4. Household responsibilities ..... HR 5. Not interested to work more hours ..... NIW 6. Could not find more work ..... CNW 7. Temporary/part time job ..... TPJ 8. Normal hours of work less than 40 hours..... NH 9. Insufficient work ..... IW 10. Bad weather/breakdown ..... BB 11. Job started/ended during reference week ..... JSE 12. Other, specify														

First name of household member		.....		.....		.....		.....		.....		.....	
		....			....			....			....		
Serial No. as per page 2													
2.21	Have you been looking for additional or alternative work (with more hours)?	Yes											
		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.22	Were you available for additional work during the week.....?	Yes											
		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2.23	What is the type of ownership of the enterprise in which you are working? 1. Individual proprietor ..... IP 2. Household members ..... HM 3. Partnership with members of other households ..... POH 4. Company ..... CO 5. Registered co-operative ..... RC 6. Other, specify	Refer to <b>2.10 and 2.18, if EPR or OAW,</b> fill in <b>2.23,</b> otherwise end of Module II												
2.24	Apart from you, which member(s) of your household work in this enterprise?	Enter serial number of persons concerned												
2.25	Is the enterprise's expenditure separate from the owner's household ones?	Yes												
		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.26	Are the enterprise's assets separate from the owner's household ones?	Yes												
		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



First name of household member			.....	.....	.....	.....	.....	.....	
Serial No. as per page 2			....	....	....	....	....	....	
2.27	Is there a set of formal accounts for this enterprise?	Yes No	If yes, end of Module II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.28	Where does this enterprise operate? 1. Within owner/partner's home ..... OH 2. Independent space attached to home ..... ISH 3. In a detached structure in the yard ..... DSY 4. In the open yard ..... OY 5. In some other fixed place ..... OFP 6. No fixed place (mobile) ..... NFP 7. Construction site ..... CS 8. Other, specify			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.29	When did this enterprise start operating?		Record number of months	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.30	How many persons (including yourself) worked in this enterprise during the week .....? 1. Working proprietor - Male 2. Working proprietor - Female 3. Contributing family worker - Male 4. Contributing family worker - Female 5. Permanent employee - Male 6. Permanent employee - Female 7. Casual employee - Male 8. Casual employee - Female 9. Apprentice - Male 10. Apprentice - Female			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART E - UNEMPLOYMENT**

First name of household member			.....	.....	.....	.....	.....	.....	.....
Serial No. as per page 2			.....	.....	.....	.....	.....	.....	.....
2.31	Have you been looking for work or trying to set up your own business during the <b>past 4 weeks</b> ?	Yes No	If yes, go to <b>2.33</b>						
2.32	Why were you not looking for work? 1. Studying/training..... ST 2. Will resume studies soon..... RS 3. Retired/too old to work ..... RTO 4. Illness/injury/disability ..... IID 5. Too young to work ..... TYW 6. Parents/spouse not agreeable ..... PS 7. Household responsibilities ..... HR 8. New job or own business to start soon ..... NJS 9. Suitable jobs not available ..... SJN 10. Do not know how and where to look for work .... DWH 11. Not interested in working ..... NIW 12. Other, specify		Record <b>main</b> reason only and go to <b>2.37</b>						
2.33	How long have you been without work and looking for work?		Record number of months						
2.34	Are you willing to accept..... 1. Full-time employment 2. Part-time employment 3. Employment without limit of time (permanent) 4. Temporary employment 5. Employment in the public sector 6. Employment in the private sector 7. Work below your level of qualification 8. Work outside your training/qualification		Enter Yes/No						

First name of household member								
Serial No. as per page 2								
2.35	What have you done during the <b>past 4 weeks</b> to obtain work or to start your own business?  1. Applied to prospective employers ..... APE 2. Checked at factories, worksites, etc ..... CFW 3. Placed or answered advertisements ..... PAA 4. Sought assistance or advice to obtain a paid job ..... APJ 5. Sought assistance or advice to start own business..... AOB 6. Looked for land, building, machinery, equipment or finance to set up own business ..... LBM 7. Applied for permit to set up own business..... TSB 8. Other steps, specify	Record all steps taken, do not read out list.  If <b>LBM, AOB</b> or <b>TSB</b> , go to <b>2.37</b>						
2.36	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. No idea how to proceed ..... NIP 5. Not willing to take risks ..... UTR 6. Other reasons, specify.....	Record main reason						
2.37	Are you registered at the Employment Service? Yes No							
2.38	Could you have started to work during the week ..... if work was available? Yes No	If yes, go to <b>2.40</b>						

First name of household member							
Serial No. as per page 2							
2.39	Why were you not available for work during the week .....? 1. Studying/training ..... ST 2. Household responsibilities ..... HR 3. Retired/too old to work ..... RTO 4. Permanent disability ..... PD 5. Temporary sickness/disability ..... TSD 6. Other, specify	Record <b>main</b> reason only					
2.40	Have you ever worked in the past? Yes No	If no, go to 2.44					
2.41	When did you work for the last time, even for a few days?	Record number of months					
2.42	a) What kind of work/activity was carried out at the place where you worked?	Record <b>major</b> activity carried out where person worked					
	b) What kind of work were you doing there most of the time?	Record <b>main</b> occupation					
2.42	c) What was your employment status there? 1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Contributing family worker ..... CFW 6. Other (specify)						

First name of household member									
Serial No. as per page 2									
2.43	Why did you leave your last job? 1. Closure of establishment/firm ..... CEF 2. Reduction of workforce .....RWF 3. Completion of contract/temporary job ..... CCJ 4. Physical disablement caused by sickness/ accident ..... PDS 5. Retirement ..... RET 6. Marriage/childbirth/household responsibilities .... MCH 7. Insatisfaction with job ..... IJ 8. Resumption of studies/training ..... RST 9. Other (specify)	Record main reason							
2.44	What are your present means of support? 1. Personal savings ..... PS 2. Other household members .....HM 3. Other parents/relatives ..... OPR 4. Pension .....P 5. Other (specify)	Record principal means of support							

**MODULE III**

**3**

**Section 1. TRAVEL ABROAD**

(Applicable to household members who have been abroad at some time during the past three months)

First name of household member		.....													
Serial No. as per page 2		.....				.....				.....					
3.1	Which country/countries did you visit?														
3.2	What was the main purpose of your visit abroad?  1. Holidays ..... H 2. Business/mission ..... BM 3. Studies ..... ST 4. Medical treatment ..... MT 5. Visit to relatives/friends ..... VRF 6. Religious purposes ..... RP 7. Other, specify	Record main purpose													
3.3	What was the duration of your stay abroad?	Record number of days. <b>If more than 60 days, stop here</b>													
3.4	Were you on a package tour?      Yes No	If no, go to 3.7													
3.5	What was the total cost of the package tour?														
3.6	Did the package tour include the following: 1. Ticket	Enter Yes/No													
	2. Accommodation														
	3. Transport (car/van)														
	4. Sightseeing, excursions														
	5. Meals														
	6. Other, specify.....														

First name of household member													
Serial No. as per page 2													
3.7	How many persons (including yourself) travelled?												
3.8	How much did you and all the persons who accompanied you, spend before your departure on:												
	1. Ticket and visas												
	2. Transport to airport												
	3. Shopping relating to the trip abroad												
	4. Other items												
	5. Total												
3.9	How much did you and all the persons who accompanied you, spend abroad on:												
	1. Accommodation												
	2. Food and beverages												
	3. Land transport												
	4. Sea transport												
	5. Sightseeing, excursions, etc.												
	6. Shopping												
	7. Other items												
	8. Total												

### MODULE III

4
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#### Section 2. HOUSEHOLD INCOME AND EXPENDITURE

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


\*

4.2 What was your household expenditure on the following items for the **last month**?

( Rupees )

1	Food and non-alcoholic beverages						
2	Medical care						
3	Rent (if any)						
4	Gas						
5	Educational expenses						
6	Travelling and transport						
7	Water bill						
8	Waste water bill (if any)						
9	Electricity bill (including TV licence)						
10	Fixed telephone bill (excluding internet bill)						
11	Mobile telephone						
12	Internet/e-mail						
13	Tax (income, municipal, etc.)*						
14	Life insurance and pension contributions*						
15	Debt repayment :						
	Land/house*						
	Vehicle						
	Credit purchase						
	Educational loan						
	Other						

\* For office use



