

REPUBLIC OF MAURITIUS
CENTRAL STATISTICS OFFICE
Ministry of Finance and Economic Development

CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2007
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

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|---------------------------|
| 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 forming part of the household and their families, and members of the household temporarily abroad.

| 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 | Level of education | Other educational qualifications | |
| | | | | | | School attendance Now Past Never* Child not yet at school (CNYS) | 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 Now - FT Now - PT Past Never | Qualification/Course Insert highest qualification obtained and field of study. If now, specify course being attended |
| 01 | | Head | 1 | | | | | | |
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| 12 | | | | | | | | | |

* If person can, with understanding, both read and write a simple sentence in his everyday life, insert **WR** otherwise write **None**.

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 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 2.5 | <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 week? 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 ' Yes ' if any one of the listed activities was carried out and go to 2.5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | During the week 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.....? 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 | Record main reason only | | | | | |

PART B - NATURE OF WORK

| | | | | | | | |
|-----|--|---|--|--|--|--|--|
| 2.5 | What is the name of the establishment, firm, government institution, etc., for which you usually work? | Record name of employer if there is no trade name | | | | | |
| 2.6 | How many persons (including yourself) work there? Under 5 5 to 9 10 or more | | | | | | |
| 2.7 | What kind of work/activity is carried out at your place of work? | Record major activity carried out where person works | | | | | |

| First name of household member | | | | | | | |
|--------------------------------|--|--|--------------------------------------|--|--|--|--|
| Serial No. as per page 2 | | | | | | | |
| 2.8 | What kind of work do you do there most of the time? | Record main occupation | | | | | |
| 2.9 | 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) | | | | | | |
| 2.10 | How long have you been working for your present employer (if self-employed, in the present business)? | Record number of months | | | | | |
| 2.11 (a) | How much did you derive as income, including overtime pay, from your job/business for last month ? | Rupees only | | | | | |
| (b) | Of which irregular income (specify) | | | | | | |
| | | | | | | | |
| 2.12 | In addition to your main occupation, do you have any other job or business? | Yes No | If no , go to 2.15 (a) | | | | |
| 2.13 | What kind of work/activity is carried out at your second place of work? | Record major activity carried out there | | | | | |
| 2.14 | 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 |  | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |  |
| 2.15 How many hours (including overtime) did you work during the week.....? | Exclude lunch time and periods of paid 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* | |
| (a) At your main job | | | | | | | | | | | | | | |
| (b) At other jobs (if yes at 2.12) | Exclude lunch time and periods of paid 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* | |
| (c) Total hours worked: (a) + (b) | If 40 hours or more and if EPR or OAW to Q2.9 and/or Q2.14 , go to Part D | | | | | | | | | | | | | |
| 2.16 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. Public holiday PB 13. Other, specify | Record main reason only | | | | | | | | | | | | | |
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Applicable if EPR or OAW to Questions 2.9 and/or 2.14
PART D - SELF EMPLOYED (Employers and own account workers)

| First name of household member | | | | | | | | | | | | | | | |
|--------------------------------|---|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Serial No. as per page 2 | | | | | | | | | | | | | | | |
| 2.17 | 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 | | <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"/> |
| 2.18 | Is the enterprise's expenditure separate from the owner's household ones? <div style="float: right;"> Yes No </div> | | <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"/> |
| 2.19 | Are the enterprise's assets separate from the owner's household ones? <div style="float: right;"> Yes No </div> | | <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"/> |
| 2.20 | Is there a set of formal accounts for this enterprise? <div style="float: right;"> Yes No </div> | | <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"/> |
| 2.21 | How many persons (including yourself) worked in this enterprise during the week? 1. Working proprietor 2. Contributing family worker 3. Permanent employee 4. Casual employee 5. Apprentice/helper | End of Module II | <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"/> |

PART E - UNEMPLOYMENT

| First name of household member | | | | | | | | |
|--------------------------------|---|-----------|---|--|--|--|--|--|
| Serial No. as per page 2 | | | | | | | | |
| 2.22 | Have you been looking for work or trying to set up your own business during the past 4 weeks ? | Yes No | If yes , go to 2.24 | | | | | |
| 2.23 | 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 or 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. In jail IJ 13. Other, specify | | Record main reason only and go to 2.25 | | | | | |
| 2.24 | How long have you been without work and looking for work? | | Record number of months | | | | | |
| 2.25 | Are you registered at the Employment Service? | Yes No | If no here and no at 2.22 , go to 2.29 If no here and yes at 2.22 , go to 2.27 | | | | | |
| 2.26 | How long have you been registered at the employment service? | | Record number of months | | | | | |

| First name of household member | | | | | | | | | |
|--|---|-----------|------------------------------|--|--|--|--|--|--|
| Serial No. as per page 2 | | | | | | | | | |
| 2.27 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 | | | | | | | | |
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| 2.28 What have you done during the past 4 weeks 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 | | | | | | | | |
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| 2.29 | Could you have started to work during the week if work was available? | Yes No | If yes, go to 2.31 | | | | | | |
| | | | | | | | | | |

| First name of household member | | | | | | | |
|--------------------------------|---|---|--|--|--|--|--|
| Serial No. as per page 2 | | | | | | | |
| 2.30 | Why were you not available for work during the week? 1. Studying/training/resuming studies soon..... ST 2. Retired/too old to work RTO 3. Permanent disability PD 4. Temporary sickness/disability TSD 5. Household responsibilities HR 6. Parents or spouse not agreeable/too young..... PSY 7. Not interested to work..... NIW 8. Other, specify | Record main reason only | | | | | |
| 2.31 | Have you ever worked in the past? Yes No | If no, end of module II | | | | | |
| 2.32 | When did you work for the last time, even for a few days? | Record number of months | | | | | |
| 2.33 | What kind of work/activity was carried out at the place where you worked? | Record major activity carried out where person worked | | | | | |
| 2.34 | 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. Health problems..... HP 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 | | | | | |

3

MODULE III

Section 1. ENVIRONMENT AND SOLID WASTE

Head of Household

3.1 Are you aware of environmental programmes on?
(Circle appropriate code)

| | | |
|----------|-----|----|
| | Yes | No |
| 1. Radio | 1 | 2 |
| 2. TV | 1 | 2 |

3.2 Did you listen to or watch any environment programmes on
during the past 6 months? (Circle appropriate code)

| | | |
|----------|-----|----|
| | Yes | No |
| 1. Radio | 1 | 2 |
| 2. TV | 1 | 2 |

3.3 Have you or any member of your household participated in an environmental
clean-up campaign during the past 12 months? (Circle appropriate code)

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

3.4 Have you used the bins provided across the island for the collection of
plastic (PET) bottles during the past 3 months? (Circle appropriate code)

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

If yes to 3.4, go to 3.6

3.5 Why have you not used the bins referred to at question 3.4? (Multiple answers possible)

| | |
|---------------------------|---|
| 1. Not aware | 1 |
| 2. Not accessible/too far | 2 |
| 3. No transport available | 3 |
| 4. Not interested | 4 |
| 5. Other, specify | 5 |

3.6 How do you or any member of your household carry your purchased goods when you go
shopping? (Multiple answers possible)

| | | |
|---|-----|----|
| | Yes | No |
| 1. Own bag/basket | 1 | 2 |
| 2. Plastic bags provided or sold by sellers | 1 | 2 |
| 3. Other, specify | 1 | 2 |

3.7 During the past week, how many plastic bags did your household.....?

| | | | |
|---------------|-------|--|--|
| 1. Buy | ..... |  |  |
| 2. Get free | ..... |  |  |
| 3. Dispose of | ..... |  |  |

3.8 How many of the following did your household dispose of during the past week?

| | | | |
|--|-------|--|--|
| 1. Soft drinks and water plastic bottles | ..... |  |  |
| 2. Other plastic bottles | ..... |  |  |
| 3. Plastic containers/articles | ..... |  |  |
| 4. Carton boxes | ..... |  |  |
| 5. Metal cans | ..... |  |  |
| 6. Glasswares | ..... |  |  |

3.9 How does your household dispose of waste? (*Enter main type of disposal*)

| | Kitchen waste | Green waste | Other |
|---|---------------|-------------|-------|
| 1. Receptacle bin with cover | 1 | 1 | 1 |
| 2. Receptacle bin without cover | 2 | 2 | 2 |
| 3. Enclosures made of bricks/stones with cover | 3 | 3 | 3 |
| 4. Enclosures made of bricks/stones without cover | 4 | 4 | 4 |
| 5. Dumped on premises | 5 | 5 | 5 |
| 6. Dumped on roadside | 6 | 6 | 6 |
| 7. Open burning/ash pit | 7 | 7 | 7 |
| 8. Other, specify | 8 | 8 | 8 |

If receptacle bin not used at 3.9, go to 3.11

3.10 How did you obtain your receptacle bin? (*Multiple answers possible*)

| | Yes | No |
|---|-----|----|
| 1. Purchased | 1 | 2 |
| 2. Provided by local authorities or other organisations | 1 | 2 |

3.11 Are you prepared to separate your wastes if you are provided with necessary bins? (*Circle appropriate code*)

| Yes | No |
|-----|----|
| 1 | 2 |

3.12 Are you prepared to transport (by your own means) your bulky wastes such as tree branches, old fridge, old TVs, etc to a common disposal site? (*Circle appropriate code*)

| Yes | No |
|-----|----|
| 1 | 2 |

If yes, go to 3.14

3.13 Why are you not prepared to do so? (*Circle appropriate code*)

| | |
|---------------------------|---|
| 1. No transport available | 1 |
| 2. Not interested | 2 |
| 3. Other, specify | 3 |

3.14 Are you satisfied with the waste collection service provided by the local authorities? (*Circle appropriate code*)

| Yes | No |
|-----|----|
| 1 | 2 |

If yes, go to 3.16

3.15 Why are you not satisfied with the service? (*Multiple answers possible*)

| | |
|--|---|
| 1. Waste collection service not regular | 1 |
| 2. Waste collection service not adequate/not frequent enough | 2 |
| 3. Waste not properly collected | 3 |
| 4. Other, specify | 4 |

3.16 Are you aware that wastes (kitchen, green wastes, etc.) can be transformed into compost? (*Circle appropriate code*)

| Yes | No |
|-----|----|
| 1 | 2 |

3.17 Do you use compost in your garden? (*Circle appropriate code*)

| Yes | No |
|-----|----|
| 1 | 2 |

If no, go to 3.19

3.18 How do you obtain compost? (*Multiple answers possible*)

| | Yes | No |
|----------------------|-----|----|
| 1. Made by household | 1 | 2 |
| 2. Purchase | 1 | 2 |
| 3. Other, specify | 1 | 2 |

3.19 Are you prepared to make compost if you were initiated in compost making?
(*Circle appropriate code*)

| Yes | No |
|-----|----|
| 1 | 2 |

4

Section 2. SAFETY AND SECURITY

4.1 During the past 12 months, are you aware if there has been any of the following 'incidents' in your neighbourhood? (*Circle appropriate code*)

| | Yes | No |
|------------------------------|-----|----|
| 1. House breaking | 1 | 2 |
| 2. Damage to public property | 1 | 2 |
| 3. Physical violence | 1 | 2 |
| 4. Drug related activity | 1 | 2 |
| 5. Other, specify | 1 | 2 |

5

For household members aged 15 years and over

4.2

| First name of household member |  | ..... | ..... | ..... |
|---|---|-------|-------|-------|
| Serial No. as per page 2 |  | ..... | ..... | ..... |
| How safe do you feel | Enter on each line VS (very safe) or RS (rather safe) or RU (rather unsafe) or VU (very unsafe) or NA (not applicable) | | | |
| 1. at home during the day | | | | |
| 2. at home at night | | | | |
| 3. in public transport during the day | | | | |
| 4. in public transport at night | | | | |
| 5. while walking in your neighbourhood during the day | | | | |
| 6. while walking in your neighbourhood during the night | | | | |

| First name of household member |  | ..... | ..... | ..... |
|---|---|-------|-------|-------|
| Serial No. as per page 2 (Continued from above) |  | ..... | ..... | ..... |
| How safe do you feel | Enter on each line VS (very safe) or RS (rather safe) or RU (rather unsafe) or VU (very unsafe) or NA (not applicable) | | | |
| 1. at home during the day | | | | |
| 2. at home at night | | | | |
| 3. in public transport during the day | | | | |
| 4. in public transport at night | | | | |
| 5. while walking in your neighbourhood during the day | | | | |
| 6. while walking in your neighbourhood during the night | | | | |

6 Burglary/attempted burglary (dwelling)

Head of Household

4.3 Has your household been victim of burglary/attempted burglary during the past 12 months? *(Circle appropriate code)*

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

If no, go to 4.9

4.4 How many times did it happen?

| | |
|--|--|
| | |
|--|--|

4.5 How much do you estimate (if any) the

- 1. total value of stolen goods? Rs
- 2. total cost of repair to damaged property? Rs

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |

4.6 Was the last incident reported to the police? *(Circle appropriate code)*

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

If yes, go to 4.8

4.7 Why was the last incident not reported? *(Circle appropriate code)*

| | |
|---|---|
| 1. Not serious enough | 1 |
| 2. Not worthwhile, stolen goods will not be recovered | 2 |
| 3. Do not want to be involved with the police | 3 |
| 4. Other, specify | 4 |

4.8 Referring to last incident, how did the offender(s) get into your dwelling? *(Circle appropriate code)*

| | |
|----------------------------|---|
| 1. Forced entry | 1 |
| 2. Unlocked door or window | 2 |
| 3. False pretences | 3 |
| 4. Burglar did not get in | 4 |
| 5. Other, specify | 5 |

**7 Vehicle theft including damage
(also includes theft of vehicle parts and accessories)**

Head of Household

4.9 Has your household been victim of vehicle (including bicycle) theft/damage during the past 12 months? *(Circle appropriate code)*

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

If no, go to 4.15

4.10 How many times did it happen?

| | |
|--|--|
| | |
|--|--|

4.11 How much do you estimate (if any) the

| | | | | | | | | | |
|--|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1. total value of stolen vehicle or parts and accessories? | Rs | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. total cost of repair to damaged vehicle? | Rs | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4.12 Was the last incident reported to the police? (*Circle appropriate code*)

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

If yes, go to 4.14

4.13 Why was the last incident not reported? (*Circle appropriate code*)

| | |
|---|---|
| 1. Not serious enough | 1 |
| 2. Not worthwhile, stolen goods will not be recovered | 2 |
| 3. Do not want to be involved with police | 3 |
| 4. Other, specify | 4 |

4.14 Referring to last incident, where was the vehicle parked? (*Circle appropriate code*)

| | |
|------------------------|---|
| 1. Within own premises | 1 |
| 2. On the roadside | 2 |
| 3. Public parking | 3 |
| 4. Private parking | 4 |
| 5. Other, specify | 5 |

8 Personal Security

4.15 Have you or any other member of your household been victim of theft or attempted theft during the past 12 months? (*Circle appropriate code*)

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

If yes, fill in 4.16 to 4.22 for members who have been victim of theft or attempted theft, otherwise go to 5.1

9 Household members who have been victim of theft or attempted theft

| First name of household member | ..... |  |  |
|--|--------------------------|--------------------------|--------------------------|
| Serial No. as per page 2 | ..... |  |  |
| 4.16 Where did the last incident happen? | | | |
| 1. On the roadside while walking.....RW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. While travelling in a vehicle.....WT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Markets/shops.....M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other public places/gatherings.....PP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other, specify | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.17 Was any violence used? | Yes | No | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.18 Was any weapon used? | Yes | No | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---------------------------------------|---|-----------|-------------------------------|-------|
| First name of household member |  | ..... | ..... | ..... |
| Serial No. as per page 2 |  | ..... | ..... | ..... |
| 4.19 | Approximately how much were the stolen goods worth (if any)? | | | |
| | | | | |
| 4.20 | How many offender(s) were there? | | | |
| | | | | |
| 4.21 | Was the last incident reported to the police? | Yes No | If Yes, end of section | |
| | | | | |
| 4.22 | Why was the incident not reported? 1. Not serious enough.....NS 2. Not worthwhile, stolen goods will not be recovered.....NW 3. Do not want to be involved with police.....NP 4. Other, specify | | | |
| | | | | |

Section 3. Education

10 Primary school students only

| | | | | |
|---------------------------------------|--|-----------|------------------------------|-------|
| First name of household member |  | ..... | ..... | ..... |
| Serial No. as per page 2 |  | ..... | ..... | ..... |
| 5.1 | Do you take private tuition? | Yes No | If no, end of section | |
| | | | | |
| 5.2 | How much do you spend on tuition fees per month? | | | |
| | | | | |

11 Secondary school students only

| | | | | |
|---------------------------------------|--|-----------|------------------------------|-------|
| First name of household member |  | ..... | ..... | ..... |
| Serial No. as per page 2 |  | ..... | ..... | ..... |
| 5.3 | Do you take private tuition? | Yes No | If no, end of section | |
| | | | | |
| 5.4 | In how many subjects do you take tuition? | | | |
| | | | | |
| 5.5 | How much do you spend on tuition fees per month? | | | |
| | | | | |

MODULE III**12****Section 4. HOUSEHOLD INCOME AND EXPENDITURE**

6.1 What was your household total expenditure
for the **last month**?

Rs.....

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |

*

6.2 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

13 6.3 Income from work last month

| Source | Serial number of household member as per page 2 | | | |
|--|---|-------|-------|-------|
| | | | | |
| Paid employment (including bonus, overtime, etc.) | | | | |
| Income from self-employment (trade, business, plantation, etc.) | | | | |
| Income from backyard-produced goods (vegetables, fruits, eggs, etc.) | | | | |
| Total | | | | |

14 6.4 Income from property last month

| Source | Serial number of household member as per page 2 | | | |
|--|---|-------|-------|-------|
| | | | | |
| Rent from land and buildings/machinery/ equipment, etc | | | | |
| Dividends/Interests | | | | |
| Other (specify) | | | | |
| Total | | | | |

15 6.5 Transfer Income

| | If "Yes", please state amount received last month | | | |
|---|---|-------|-------|-------|
| | Serial number of household member as per page 2 | | | |
| | | | | |
| Pension from former employer | | | | |
| NPF retirement/old age pension | | | | |
| Widow's and children pension | | | | |
| Other social security benefits | | | | |
| Maintenance allowance/alimony | | | | |
| Regular allowance from parents/relatives | | | | |
| Regular allowance from social/religious organisations | | | | |
| Other regular income (specify) | | | | |
| Total | | | | |