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REPUBLIC OF MAURITIUS

CENTRAL STATISTICS OFFICE

Ministry of Finance and Economic Development

CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2008

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"/>
Enumeration Area.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Household Number	<input type="text"/> <input type="text"/>
Interview round	<input type="text"/>
Previous interview : Month and Year.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Household selected or replacement	<input type="text"/>
Name of Interviewer	Date of Interview <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Supervisor	Date of field check <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 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	When studied	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	Now - FTL Now - PTL Now - AB Past Never	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									

* 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 number of household member 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					
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					
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					

First name of household member							
Serial number of household member 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 number of household member 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)	Do you contribute to the National Pensions Scheme?	Yes No						
(b)	Does your employer contribute to the National Pensions Scheme for you?	Yes No						
2.12 (a)	How much did you derive as income, including overtime pay, from your main job/business for last month ?	Rupees only						
(b)	Of which irregular income (specify)							
2.13	In addition to your main occupation, do you have any other job or business?	Yes No	If no , go to 2.16					
2.14	What kind of work/activity is carried out at your second place of work?	Record major activity carried out there						

First name of household member		.....	.....	.....	.....	.....	.....
Serial number of household member as per page 2		.....	.....	.....	.....	.....	.....
2.15	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

2.16	How many hours do you normally work per week at your main job?													
2.17	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													
(b)	At other jobs (if yes at 2.13)	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*
(c)	Total hours worked: (a) + (b)	If less than 40 hours, go to 2.18. Otherwise, go to 2.19 if applicable												

First name of household member																			
Serial number of household member as per page 2																			
2.22	Do you keep any record of accounts (receipts and expenditure) for your enterprise?	Yes No																	
2.23	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																	

PART E - UNEMPLOYMENT

2.24	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 2.26																
2.25	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 2.27																	

First name of household member								
Serial number of household member as per page 2								
2.26	How long have you been without work and looking for work?	Record number of months						
2.27	Are you registered at the Employment Service? Yes No	If no here and no at 2.24, go to 2.30 If no here and yes at 2.24, go to 2.29						
2.28	How long have you been registered at the Employment Service?	Record number of months						
2.29	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						
2.30	Could you have started to work during the week .....if work was available? Yes No	If yes , go to 2.32						
2.31	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						

First name of household member							
Serial number of household member as per page 2							
2.32	What is your main source of income or support to meet your daily needs? 1. Parents..... P 2. Spouse/partner..... S 3. Children..... C 4. Other relatives/non relatives..... R 5. Maintenance alimony (ex-spouse)..... A 6. Savings/property income..... SI 7. Government pension/assistance..... GP 8. Other pension/work compensation..... OP 9. Other, specify	Record main source of income					
2.33	Have you ever worked in the past? Yes No	If no, go to 2.38 (if applicable)					
2.34	When did you work for the last time, even for a few days?	Record number of months					
2.35	What kind of work/activity was carried out at the place where you worked?	Record major activity carried out where person worked					
2.36	What kind of work did you do there most of the time?	Record main occupation					
2.37	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. Unsatisfaction with job UJ 8. Resumption of studies/training RST 9. Other, specify	Record main reason					

Applicable if 'Yes' at Question 2.24, or Question 2.25 = SJN or DWH

PART F - JOB SEEKERS

First name of household member							
Serial number of household member as per page 2							
2.38	In what activity (field) are you willing/ interested to work?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.39	What kind of job (occupation) are you interested in?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.40	Are you willing to accept..... 1. Full-time employment 2. Part-time employment 3. Permanent employment 4. Temporary employment 5. Employment in the public sector 6. Employment in the private sector 7. Work below your level of qualification 8. Work not related to your training/qualification?	Enter Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.41	During the period (.....months at 2.26) when you had been without work and looking for work, have you been offered a job which you have not accepted?	Yes No If no, go to 2.43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First name of household member									
Serial number of household member as per page 2									
2.42	Why have you not accepted the job? 1. Long hours of work..... LH 2. Odd hours of work..... OH 3. Low pay..... LP 4. Overtime work compulsory..... OC 5. Place of work too far from residence..... PFR 6. Job is temporary..... JT 7. Health hazards at place of work..... HH 8. Leave granted is inadequate..... LGI 9. There is no fixed place of work..... NFW 10. Work is too hard/ requires physical strength..... WH 11. Overqualified for job..... OJ 12. Underqualified for job..... UJ 13. Parents or spouse not agreeable..... PNA 14. Work not related to your training/qualification..... WQ 15. Other, specify	Record main reason							
2.43	During the period (.....months at 2.26) when you had been without work and looking for work, have you tried to set up your own business? Yes No	If no, end of module II							
2.44	What is the main problem you faced when trying to set up your own business? 1. Long administrative procedures..... LA 2. No permits granted from authorities..... NP 3. Lack of funds..... LF 4. Lack of guidance/advice..... LG 5. No location or site available..... NLS 6. No partner available for a joint partnership..... NPA 7. Inputs* to start business not available..... INA 8. Conditions were not favourable to start business..... CNF 9. Other, specify	Record main reason End of module II							

* Equipment, materials, labour

MODULE III

3

Section 1. INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

Head of Household (Circle appropriate codes)

3.1 Are the following amenities available in your household?

	Yes	No	If yes, state number
1. Fixed telephone line	1	2	
2. Mobile telephone	1	2	
3. Television set	1	2	
4. Computer (including laptop)	1	2	

3.2 Does your household subscribe to paid TV channels (other than MBC)?

Yes	No
1	2

If computer is not available (No at question 3.1(4)), complete questions 3.3 and 3.4, otherwise go to 3.5(a)

3.3 Why aren't there computer facilities in your household? (**Record main reason**)

1. Available at work	1
2. Available elsewhere (e.g. Post Office, etc.)	2
3. Too expensive	3
4. Not necessary	4
5. Other, specify	5

3.4 Do you or any other member of your household intend to buy a computer?

Yes, within next 12 months	1
Yes, after one year	2
No	3

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

Yes	No
1	2

If no, go to 3.5(c)

3.5 (b) State mode of access to the Internet in your household. (*More than one answer possible*)

Dial up	1
ADSL (Incl. My. T)	2
Mobile Phone	3
Wireless access	4
Other	5

Go to 3.6

3.5 (c) Does your household intend to get Internet access at home?

Yes, within next 12 months	1
Yes, after one year	2
No	3

4 Household members aged 12 years and over

First name of household member												
Serial number of household member as per page 2			....		....		....		....		....
3.6	Can you use a computer?	Yes No	If No, end of section	<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"/>
3.7	What is your highest IT qualification?	1. None..... NONE 2. Ordinary level in Computer Studies OL 3. Advanced level in Computer Studies AL 4. Other Certificate Course in IT OC 5. Diploma in IT or equivalent course DIP 6. Degree in IT or equivalent course DEG 7. 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"/>
3.8	Have you followed any computer courses leading to an attendance certificate including IC3?	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"/>
3.9	How often do you use a computer?	1. Not using..... NU 2. At least once a day..... OD 3. At least once a week but not everyday..... OW 4. At least once a month but not every week..... OM 5. Less than once a month..... LTOM	If NU, go to 3.11	<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"/>
3.10	Where do you usually use a computer?	1. At home HO 2. School/Educational institution ED 3. Work place WO 4. Cybercafé/Other commercial facility CYB 5. Free public access facility*..... FPAF 6. Another person's place..... APP 7. Other, specify	More than one answer is possible	<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"/>
3.11	How often do you use internet?	1. Not using..... NU 2. At least once a day..... OD 3. At least once a week but not everyday..... OW 4. At least once a month but not every week..... OM 5. Less than once a month..... LTOM	If NU, end of section	<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"/>

* E.g Post Office, NCB Resource Centre etc.

First name of household member		.....	.....	.....	.....	.....	.....	.....	.....
Serial number of household member as per page 2		....	....	....	....	....	....	....	....
3.12	Where do you usually use internet? 1. At home HO 2. School/Educational institution ED 3. Work place WO 4. Cybercafé/Other commercial facility CYB 5. Free public access facility* FPAF 6. Another person's place..... APP 7. Other, specify	More than one answer is possible							
3.13	For which purpose(s) do you use the Internet? 1. Email/Chat 2. Make transactions with govt. on-line 3. Search for information: <i>Government</i> 4. Search for information: <i>Other</i> 5. Education purposes (on-line courses, dist courses etc.) 6. Overseas calls 7. Banking 8. Purchase of goods and/or services 9. Entertainment (download games, music and videos) 10. Other, specify	Enter Yes/No (End of Section)							

5

Section 2. OCCUPATIONAL HEALTH

All persons who replied 'yes' at Question 2.1 or Question 2.2 or Question 2.3

First name of household member		.....	.....	.....	.....	.....	.....	.....	.....
Serial number of household member as per page 2		....	....	....	....	....	....	....	....
4.1	Did your workplace involve exposure to any of the the following health hazards during the last 12 months? 1. Biological substances (bacteria, viruses, etc) 2. Chemical substances (pesticides, herbicides, etc) 3. Radiations (X rays, Gamma rays, etc) 4. Fumes including smoke and dust 5. Other, specify	Enter Yes/No							
4.2	Did your work involve manual handling during the last 12 months? Yes No								

First name of household member			.....	.....	.....	.....	.....	.....
Serial number of household member as per page 2			....	....	....	....	....	....
4.3	Specify the type of disease(s) you have contracted associated with health hazards at 4.1 or manual handling during the last 12 months: 1. None.....N 2. Skin diseases..... SD 3. Respiratory diseases..... RD 4. Diseases of the eye..... DE 5. Musculoskeletal pain including backache.....MB 6. Infectious or parasitic diseases (by virus or bacteria)..... IPD 7. Diseases due to poisoning caused by toxic substances..... DP 8. Hearing impairment caused by noise..... HIN 9. Diseases caused by radiation..... DR 10. Other, specify							
4.4	Have you been injured at your workplace during the last 12 months?	Yes No	If no, go to 4.7					
4.5	Have you been absent from your work following your injury?	Yes No	If no, go to 4.7					
4.6	How many days were you absent from your work?							
4.7	Have you been screened for occupational diseases by a medical doctor during the last 12 months?	Yes No	If no, go to 4.9					
4.8	How many times have you been screened during the last 12 months?							
4.9	Are you covered by a health insurance at work?	Yes No	If no, end of section 2					
4.10	Is your health insurance paid by your employer? 1. Yes, partly..... YP 2. Yes, fully..... YF 3. No..... No							

MODULE III

6

Section 3. HOUSEHOLD INCOME AND EXPENDITURE

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

Rs.....

*

5.2 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/NRPT etc.)						
14	Life insurance and pension contributions						
15	Debt repayment :						
	Land/house						
	Vehicle						
	Credit purchase						
	Educational loan						
	Other						

* For office use

7 5.3 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				

8 5.4 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				

9 5.5 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				