

CONFIDENTIAL



Serial Number

REPUBLIC OF MAURITIUS



CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2017

INTERVIEWING OF HOUSEHOLDS

Reference Month	<input type="text"/> <input type="text"/>	Rotation Group	<input type="text"/>
PSU-RDI	<input type="text"/>	Year of listing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PSU Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sample Number	<input type="text"/>
Enumeration Area	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interview round	<input type="text"/>
Household Number	<input type="text"/> <input type="text"/> m m y y	Household selected-1 or replacement-2	<input type="text"/>
Previous interview	<input type="text"/> <input type="text"/> <input type="text"/> <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.....

Response details

Ref. No. of Hhld	Visit No.	d	d	m	m	y	y	Status *

- * 1 Completed**
- 2 Refusal**
- 3 Non-contact**
- 4 Change in household size**
- 5 Moved away**
- 6 Partly completed**
- 7 Respondent not available**
- 8 Deceased**
- 9 Other, specify**

Duration of interview

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 minutes

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			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		Qualification/Course Insert highest qualification obtained and field of study. If now, specify course being attended			
			School attendance 1 Now 2 Past-WR * 3 Past- None * 4 Never-WR * 5 Never-None * 6 Child not yet at school			1	2	3	4					5									
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	

*....-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

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
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
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
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 2.29 (Part E)	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			...	...	...	...	...	...
2.7	Where is your work place located ?							
	Fixed place of work outside home.....	1	1	1	1	1	1	1
	Within home premises.....	2	2	2	2	2	2	2
	Along the road : Fixed.....	3	3	3	3	3	3	3
	Mobile.....	4	4	4	4	4	4	4
	On the beach.....	5	5	5	5	5	5	5
	Door to door.....	6	6	6	6	6	6	6
	Other place of work which is not fixed.....	7	7	7	7	7	7	7
	From home.....	8	8	8	8	8	8	8
	Outside Mauritius.....	9	9	9	9	9	9	9
	Other, specify.....	10	10	10	10	10	10	10
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.....	4	4	4	4	4	4	4
	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 (a)	Do you contribute to the National Pension Scheme?		Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
(b)	Does your employer contribute to the National Pension Scheme for you?		Yes No NA 1 2 3	Yes No NA 1 2 3	Yes No NA 1 2 3	Yes No NA 1 2 3	Yes No NA 1 2 3
2.13	How long have you been working for your present employer (if employer or own account worker, in the present business)?	Record number of months					
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.....						
(e)	No income/pay (applicable to e.g contributing family workers, away from work)						
2.15	In addition to your main occupation, did you have any other job or business during the reference week ?	If No, go to 2.18	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.....	4		4	4	4	4	4
Contributing family worker.....	5		5	5	5	5	5
Other, specify.....	6	6	6	6	6	6	

PART C - HOURS OF WORK

First name of household member		.....		.....		.....		.....		.....		.....
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...
2.18 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 2.18(a) is greater or equal to 2.18(b) , go to 2.19												
(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		...		...		...		...		...		...
2.19 Other jobs (applicable if yes at 2.15, else go to 2.20) (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	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 other job(s) 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 other job(s) ?	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	Total actual hours (at <i>main and other jobs</i>) worked (calculation to be done by interviewer)	2.18(a) + 2.19(a)											
2.21	In addition to your total actual hours worked (number of hours calculated at 2.20), were you available for extra work during the reference week (if offered and the extra hours were paid)?	If No , go to 2.24 (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	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
2.22	How many extra hours (at main and other jobs) could you have worked during the reference week ?	Record number of hours											
2.23	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	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, ELSE go to Question 2.44 (Part F)

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

First name of household member													
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...
2.24	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											
2.25	Is the enterprise's expenditure separate from that of the owner's household?	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.26	Are the enterprise's assets separate from that of the owner's household?	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.27	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											
2.28	How many persons (including yourself) are engaged in this enterprise?												
	1. Working proprietor - Male	1.		1.		1.		1.		1.		1.	
	2. Working proprietor - Female	2.		2.		2.		2.		2.		2.	
	3. Contributing family worker - Male	3.		3.		3.		3.		3.		3.	
	4. Contributing family worker - Female	4.		4.		4.		4.		4.		4.	
	5. Permanent employee - Male	5.		5.		5.		5.		5.		5.	
	6. Permanent employee - Female	6.		6.		6.		6.		6.		6.	
	7. Casual employee - Male	7.		7.		7.		7.		7.		7.	
	8. Casual employee - Female	8.		8.		8.		8.		8.		8.	
	9. Apprentice/helper - Male	9.		9.		9.		9.		9.		9.	
	10. Apprentice/helper - Female	10.		10.		10.		10.		10.		10.	
		Enter number											
		Go to 2.44 (Part F)											

PART E - UNEMPLOYMENT

First name of household member												
Serial number of household member as per pages 3 & 4		...		...		...		...		...
2.29	Have you been looking for work or trying to set up your own business during the past 4 weeks?	If No, go to 2.32	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.30	What have you done during the past 4 weeks to obtain work or to start your own business?	Do not read out Circle either Yes (1) or 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		1	2	1	2	1	2	1	2	1	2
	2. Checked at factories, worksites, etc		1	2	1	2	1	2	1	2	1	2
	3. Placed or answered advertisements		1	2	1	2	1	2	1	2	1	2
	4. Sought assistance or advice to obtain a paid job		1	2	1	2	1	2	1	2	1	2
	5. Sought assistance or advice to start own business		1	2	1	2	1	2	1	2	1	2
	6. Looked for inputs* to set up own business		1	2	1	2	1	2	1	2	1	2
	7. Applied for permit to set up own business		1	2	1	2	1	2	1	2	1	2
	8. Registered at the Employment Service		1	2	1	2	1	2	1	2	1	2
	9. Other steps, specify.....	1	2	1	2	1	2	1	2	1	2	
2.31	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 2.34										
2.32	Were you available to work during the reference week?	If No, go to 2.36	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2

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

First name of household member											
Serial number of household member as per pages 3 & 4		...		...		...		...		...
2.33	Why were you not looking for work or trying to set up your own business?										
	Studying/training..... 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
	Retired/too old to work..... 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
	Temporary illness/injury, specify..... 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
	Parents or spouse not agreeable..... 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
	Not interested to work 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
	Suitable jobs not available..... 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
	Got tired/frustrated of seeking work..... 13	13	13	13	13	13	13	13	13	13	13
	Other, specify..... 14	14	14	14	14	14	14	14	14	14	14
2.34	Could you have started to work during the reference week if work was available?	If No, go to 2.36	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
2.35	Are you willing to accept.....?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	1. Full-time employment	Circle either	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
	2. Part-time employment	Yes (1) or	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
	3. Employment without limit of time (permanent)	No (2)	1 2	1 2	1 2	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	1 2	1 2	1 2
	5. Employment in the public sector		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
	6. Employment in the private sector	Go to 2.37	1 2	1 2	1 2	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	1 2	1 2	1 2
	8. Work outside your training/qualification		1 2	1 2	1 2	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		...	...	...	...	...	...
2.36	Why were you not available or could not have started to work during the reference week ?						
	Studying/training..... 1	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
	Record main reason						
2.37	What is your main source of income or support to meet your daily needs?						
	Parents..... 1	1	1	1	1	1	1
	Spouse/partner..... 2	2	2	2	2	2	2
	Children..... 3	3	3	3	3	3	3
	Other relatives/non relatives..... 4	4	4	4	4	4	4
	Maintenance alimony (ex-spouse)..... 5	5	5	5	5	5	5
	Savings/property income..... 6	6	6	6	6	6	6
	Government pension/assistance..... 7	7	7	7	7	7	7
	Other pension/work compensation..... 8	8	8	8	8	8	8
	Other, specify..... 9	9	9	9	9	9	9
	Record main source of income						

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

Applicable to all persons aged 16 to 65 years

PART F - REGISTRATION AT EMPLOYMENT INFORMATION CENTRE

Age as per column 1.6											
First name of household member		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Serial number of household member as per pages 3 & 4		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.44	Are you registered at the Employment Information Centre?	If No (2), go to 2.47	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
2.45	How long have you been registered at the Employment Information Centre?	Record number of months									
2.46	Are you aware of the following facilities offered by the Employment Information Centres?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	(i) Placement of jobseekers		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
	(ii) Employment Counselling		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
	(iii) Registration of jobseekers		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

Applicable to all persons aged 16 to 65 years

PART G - EMPLOYMENT TRAINING & PROGRAMMES

2.47	Are you aware of the following :		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	(i) Youth Employment Programme (YEP)	If No (2) to all, end of module	1 2	1 2	1 2	1 2	1 2	1 2	1 2
	(ii) Back to work Programme (BTWP)		1 2	1 2	1 2	1 2	1 2	1 2	1 2
	(iii) Dual Training Programme (DTP)		1 2	1 2	1 2	1 2	1 2	1 2	1 2
	(iv) Service to Mauritius Programme (STM)		1 2	1 2	1 2	1 2	1 2	1 2	1 2
2.48	If Yes, in which programme, have you registered? Circle appropriately:		Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
	(i) Youth Employment Programme (YEP)	If No(2) / NA(3) to all, end of module	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
	(ii) Back to work Programme (BTWP)		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
	(iii) Dual Training Programme (DTP)		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
	(iv) Service to Mauritius Programme (STM)		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
2.49	Have you obtained permanent employment upon completion of training & placement under these programmes?		Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2
2.50	Would you advise other jobseekers to register & participate under these training programmes?		Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2

MODULE III

3

Section 1 : ENERGY EFFICIENCY

Head of Household

3.1 Which measure do you take to reduce energy consumption at home?

Circle appropriate code

	Yes	No	NA
1. Make maximum use of natural light instead of switching on lights	1	2	3
2. Use yard lighting that has motion detectors	1	2	3
3. Turn off electrical appliances/lights when not needed	1	2	3
4. Do not leave refrigerator door open unnecessarily	1	2	3
5. Keep the refrigerator shaded from direct sunlight	1	2	3
6. Check and clean the door seals of the refrigerator regularly	1	2	3
7. Let cooked food items cool down before placing them in the refrigerator	1	2	3
8. Favour the use of pressure cooker to reduce cooking time	1	2	3
9. Favour the use of microwave oven for heating small amounts of food	1	2	3
10. Use pre-heated water, through solar water heater, for boiling	1	2	3
11. Use washing machine at full load	1	2	3
12. Other, specify.....	1	2	3

3.2 (a) Is your household equipped with an air conditioner?

Yes	No
1	2

If No (2), go to 3.3

(b) Which measures do you take while using your air conditioner?

	Yes	No
1. Set the temperature between 24 °C and 26 °C	1	2
2. Keep the doors and windows of the air conditioned room closed	1	2
3. Clean the filter of the air conditioner regularly	1	2
4. Other, specify.....	1	2

3.3 Which alternatives to air conditioning do you favour in your home?

	Yes	No
1. Cross ventilation of rooms	1	2
2. Use of electric fans	1	2
3. Use of heat reflective paint on the roof to reduce heat gain	1	2
4. Plant trees to shade the house from the sun	1	2
5. Other, specify.....	1	2

3.4 (a) Do you use LED lamps/tubes at home?

Yes	No
1	2

If **No (2)**, go to **3.5**

(b) What is your opinion on LED lamps/tubes

	Yes	No
1. LED lamps/tubes are too expensive	1	2
2. LED lamps/tubes burn out quickly	1	2

3.5 Energy efficiency label

	Yes	No
1. Have you ever seen an energy efficiency label on an appliance in a showroom?	1	2
2. Do you know how to interpret the data and information on an energy efficiency label?	1	2
3. Have you taken into consideration information provided on energy efficiency label when purchasing an electrical appliance?	1	2

3.6 Renewable Energy

	Yes	No
1. Are you aware of the existing schemes for encouraging the use of renewable energy?	1	2
2. Have you benefitted from any grant facility for the purchase of a solar water heater?	1	2
3. Do you know that you may benefit from tax incentives for the installation of a solar photovoltaic system on your rooftop	1	2

Section 2 : HOUSING AND LIVING CONDITIONS**4.1 CHARACTERISTICS OF DWELLING****4.1a 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

4.1b 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

4.1c Do you have a problem of leaking roof?

Yes	No
1	2

4.1d Number of each type of room occupied by the household:

<i>Number</i>			<i>Number</i>			<i>Number</i>		
(i)	Bedroom	.....	(vi)	Study	.....	(xi)	Bathroom - inside	.....
(ii)	Dining room	.....	(vii)	Kitchen - inside	.....	(xii)	Bathroom - outside	.....
(iii)	Living room	.....	(viii)	Kitchen - outside	.....	(xiii)	Toilet - inside	.....
(iv)	Dining / Living room	.....	(ix)	Open verandah	.....	(xiv)	Toilet - outside	.....
(v)	Closed verandah	.....	(x)	Lobby	.....	(xv)	Toilet / bathroom	.....
						(xvi)	Other Specify:.....	.....

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

.....

4.1e 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

4.1f Has any major improvement been done to your house during the last twelve months?

Yes	No
1	2

4.1g What would be the monthly rent payable for your housing unit if rented unfurnished?

Rs

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4.2 FUEL USED FOR COOKING AND BATHING

4.2a 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:.....	.....	.....

4.3 HOUSEHOLD POSSESSIONS

4.3a 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	.....
2.	Hi-fi system	.....
3.	DVD player	.....
4.	Refrigerator	.....
5.	Dishwashing machine	.....
6.	Washing machine	.....
7.	Dryer machine	.....
8.	Washer / Dryer machine	.....
9.	Gas cooker (plaque a gas)	.....
10.	Gas /electric oven	.....
11.	Microwave oven	.....
12.	Vacuum cleaner	.....
13.	Air Conditioner	.....

14.	Room heater	.....
15.	Fixed telephone	.....
16.	Mobile telephone	.....
	----- of which Smart phone	.....
17.	Personal computer (inc.laptop)	.....
18.	Tablet PC	.....
19.	Electric shower	.....
20.	Gas shower	.....
21.	Solar water heater	.....
22.	Water tank	.....
23.	Water Pump	.....
24.	TNT Decoder (MBC)	.....

5

Section 3 : HOUSEHOLD INCOME AND EXPENDITURE

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

Rs.....

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

Amount (Rs)

1.	Food and non-alcoholic beverages	
2.	Medical care (including health related items)	
3.	Rent (if any)	
4.	Gas	
5.	Educational expenses	
6.	Travelling and transport	
7.	Clothing and footwear	
8.	Water bill and waste water bill	
9.	Electricity bill (including MBC TV licence)	
10.	Telephone bill (excluding internet bill)	
11.	Internet/e-mail	
12.	Mobile phone	
13.	Restaurants and hotels bills	
14.	Recreation and culture	
15.	Household appliances and furniture	
16.	Routine house maintenance	
17.	Domestic services	
18.	Life insurance and pension contributions	
	of which (i) National Pension Fund	
	(ii) Other private pension fund	
	(iii) Civil Service Family Pension Scheme	
	(iv) Pension contribution (PRB 2008)	
19.	Debt repayment:	
	Land	
	House (includes land)	
	Vehicle	
	Credit purchase	
	Educational loan	
	Other, specify	
	Total	

5.3 For the calendar **year 2016**, what was the total amount paid for the following items?

Amount (Rs)

1.	Income tax	
2.	Municipal tax	

6 5.4 Income from work last month

Source	Serial number of household member as per pages 3 & 4				

Paid employment (including bonus, overtime, etc.)					
Income from self-employment (trade, business, plantation, etc.)					
Income from backyard-produced goods (vegetables, fruits, eggs, fish, etc.)					
Total					
Total 5.4					

7 5.5 Income from property last month

Source	Serial number of household member as per pages 3 & 4				

Rent from land and buildings/machinery/equipment, etc					
Dividends/Interests					
Other, specify.....					
Total					
Total 5.5					

8 5.6 Transfer Income

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

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 in Mauritius					
Regular allowance from parents/relatives abroad					
Regular allowance from social/religious organisations					
Other regular income, specify.....					
Total					
Total 5.6					
Total (5.4 + 5.5+ 5.6)					

9

Telephone number of respondent

Collected under the provisions of the Statistics Act and in accordance with the sections 22, 23, 24, 25, 26, 27, 28 and 29 of the Data Protection Act.