

CONFIDENTIAL

Serial Number

--	--	--	--	--



CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2026

INTERVIEWING OF HOUSEHOLDS

Reference Month

--	--

PSU-RDI

--

PSU Number

--	--	--	--	--

Enumeration Area

--	--	--	--	--	--

Household Number

--	--

m m y y

Previous interview

--	--	--	--

Geographical District

--	--

Rotation Group

--

Year of listing

--	--	--	--

Sample Number

--

Interview round

--

Household selected-1 or replacement-2

--

Name of Interviewer:

Supervisor's Name

--	--	--	--

.....
d d m m y y

First visit

--	--	--	--	--	--

Reinterview

--	--	--	--	--	--

Other fieldcheck

--	--	--	--	--	--

Senior Supervisor's Name

--	--	--	--

.....

d d m m y y

Reinterview

--	--	--	--	--	--

Other fieldcheck

--	--	--	--	--	--

For office use

Edited and coded by

--	--

Checked by.....

Response details

[illegible]

- * 1 Completed**
- 2 Interview rescheduled**
- 3 Refusal**
- 4 Non-contact**
- 5 Change in household size**
- 6 Moved away**
- 7 Partly completed**
- 8 Deceased**
- 9 Other, specify**

Duration of interview

--	--	--

minutes

Telephone Number of Respondent

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

MODULE I: DEMOGRAPHIC AND EDUCATIONAL CHARACTERISTICS OF HOUSEHOLD MEMBERS

1.1	1.2	1.3	1.4	1.5
	Name of Household member (first name only)	Reason for presence of new member/ absence of member present at last interview (Codes 3 - 8)	Identity Card Number	What is your relationship to the head of household?
S e r i a l N u m b e r		1 New (Household being interviewed for the first time) 2 Same (Member present at last interview) 3 Married (New member) 4 Newly born 5 Joined in 6 Member missed 7 Gone away (Divorced/Separated /Married, etc.) 8 Deceased		1 Head 2 Spouse/Partner 3 Son/Daughter 4 Son in law/Daughter in Law 5 Grandchild 6 Father/Mother of head 7 Father in law/Mother in law 8 Other Relative of head (specify) 9 Other Non-Relative of head (specify)
01		1 2 3 4 5 6 7 8		1 2 3 4 5 6 7 8
				9 Specify:
02		1 2 3 4 5 6 7 8		1 2 3 4 5 6 7 8
				9 Specify:
03		1 2 3 4 5 6 7 8		1 2 3 4 5 6 7 8
				9 Specify:
04		1 2 3 4 5 6 7 8		1 2 3 4 5 6 7 8
				9 Specify:
05		1 2 3 4 5 6 7 8		1 2 3 4 5 6 7 8
				9 Specify:

Serial Number	1.6	1.7	1.8	1.9
	What is your age in completed years?	Sex	Marital status	Preprimary, Primary and Secondary
	Last birthday (years)			School Attendance
		1 Male 2 Female	1 Married/in a union 2 Widowed 3 Divorced 4 Separated 5 Single	1 Now 2 Past-WR * 3 Past-None* 4 Never-WR* 5 Never-None* 6 Child not yet at school <i>If Q1.9 = 4 or 5 or 6, then end of Module I</i> <i>*....-WR : If person can, with understanding, both read and write a simple sentence in his everyday life</i> <i>....-None: If person cannot, with understanding, both read and write a simple sentence in his everyday life</i>
01		1 2	1 2 3 4 5	1 2 3 4 5 6
02		1 2	1 2 3 4 5	1 2 3 4 5 6
03		1 2	1 2 3 4 5	1 2 3 4 5 6
04		1 2	1 2 3 4 5	1 2 3 4 5 6
05		1 2	1 2 3 4 5	1 2 3 4 5 6

MODULE II: LABOUR FORCE (For all persons aged 12 years and over)

PART A: CURRENT ACTIVITY

S e r i a l N u m b e r	2.0	2.1	2.2	
	Interviewer, please state whether information is being collected from respondent or proxy 1 Respondent 2 Proxy	During the reference week, from to, did you do any work for pay or profit or family gain, even if it was only for one hour? <i>(Helping in a family business without pay is also considered as work)</i> 1 Yes 2 No <i>If 'Yes', go to Q2.5(a)</i>	During the reference week, from..... to, did you do any of the following activities for sale or pay? Work or help in a vegetable/fruit/flower cultivation for sale or pay Rearing of animals (cow, goat, pig, poultry, etc.) for sale or pay Fishing or other related activities for sale Preparation of food products (at home) for sale Dressmaking tailoring for sale or pay Making of baskets/hats/other handcrafts for sale or pay Work or help in a family shop or other business Repair work (Shoes, household appliances, etc.) for pay Sell goods on the street, at fairs or on beaches Transport of goods or people for pay Housework or gardening for pay Care of children/elderly people for pay Design (house plan, clothes, etc.) for pay Any other job, specify.....	Circle '1' if any one of the listed activities was carried out and go to Q2.5(a) Yes No 1 2
01	1 2	1 2	1	

PART A: CURRENT ACTIVITY (Cont.)			PART B: NATURE OF WORK
S e r i a l N u m b e r	2.3	2.4	2.5(a)
	During the reference week, from..... to, were you temporarily absent during the whole week from a job or business because of holidays, sickness or other reason?	Why were you away from work during the reference week, from..... to,?	What is the name of the establishment, firm, government institution, etc. for which you worked during the reference week, from..... to,?
	1 Yes	1 Illness or injury	<i>(If the respondent has more than one job or business, questions 2.5 to 2.17 refer to the main job or business, i.e., the job or business in which he/she usually works the most hours)</i> <i>Record name of employer if there is no trade name</i>
	2 No	2 School holiday, vacation or on leave	
	If 'No', go to Q2.34 (Part E)	3 Maternity, leave on birth of a child	
		4 Household/family responsibilities	
5 Study/training leave			
6 Temporary lay-off with assurance to return to work			
	7 Temporary disorganisation of work (lack of work, plant or machine repair, bad weather etc.)		
	8 Other, specify		
	<i>Circle one answer only</i>		
01	1 2	1 2 3 4 5 6 7 8 Specify	
02	1 2	1 2 3 4 5 6 7 8 Specify	
03	1 2	1 2 3 4 5 6 7 8 Specify	
04	1 2	1 2 3 4 5 6 7 8 Specify	
05	1 2	1 2 3 4 5 6 7 8 Specify	

PART B: NATURE OF WORK (Cont.)												
		2.5(b)				2.6				2.7		
		The establishment, firm, institution etc belongs to which of the following category:				Where is your work place located ?				How many persons (including yourself) work there?		
S e r i a l N u m b e r	0	Working abroad			1	Fixed place of work outside home			1	Under 5		
	1	Budgetary Central Government			2	No fixed place of work/ mobile			2	5 to 9		
	2	Local Government			3	Usually work within home premises			3	10 or more		
	3	Extra Budgetary Unit			4	Work from home and at usual workplace						
	4	Rodrigues Regional Government			5	Work exclusively from home						
	5	Public corporations			6	Outside Republic of Mauritius						
	6	Private sector - (EOE)			7	Other, specify						
	7	Private sector - (Non-EOE)										
	8	Private household										
	9	SEDEC (Ex RCA)										
	10	Secondary School under PSEA										
	11	Embassy/International Organisation										
		<i>Circle one answer only</i>				<i>Circle one answer only</i>				<i>Circle one answer only</i>		
01	0	1	2	3	1	2	3	4	1	2	3	
	4	5	6	7	5	6	7					
	8	9	10	11	Specify							
02	0	1	2	3	1	2	3	4	1	2	3	
	4	5	6	7	5	6	7					
	8	9	10	11	Specify							
03	0	1	2	3	1	2	3	4	1	2	3	
	4	5	6	7	5	6	7					
	8	9	10	11	Specify							
04	0	1	2	3	1	2	3	4	1	2	3	
	4	5	6	7	5	6	7					
	8	9	10	11	Specify							
05	0	1	2	3	1	2	3	4	1	2	3	
	4	5	6	7	5	6	7					
	8	9	10	11	Specify							

PART B: NATURE OF WORK (Cont.)				
	2.8	2.9	2.10	
S e r i a l N u m b e r	What is the activity of the business or organisation in which you were working in your main job during the reference week, from to? <i>(If performed more than one job during reference week, to report on main job)</i>	What kind of work do you do there? <i>Do not use vague words such as driver, teacher; describe the job as detailed as possible.</i> <i>E.g for teaching professionals: secondary education teachers, vocational education teachers, primary school and early childhood teachers</i>	What is your employment status? <i>Read out and circle correct answer (probe if needed)</i> 1 Employer 2 Own Account Worker 3 Employee 4 Apprentice/Internship 5 Unpaid Family Worker <i>If Q2.10=1,2 or 4, go to Q2.14(a)</i> <i>If Q2.10=3, go to Q2.12</i>	
	<i>Record major activity carried out where the person works</i>	<i>Record major occupation</i>		
	01			1 2 3 4 5
	02			1 2 3 4 5
	03			1 2 3 4 5
	04			1 2 3 4 5
05			1 2 3 4 5	

PART B: NATURE OF WORK (Cont.)															
		2.11				2.12				2.13(a)				2.13(b)	
		Who usually makes the decisions about the running of the family business...?				Do you work on a contract or an agreement basis?				How long in total is your current agreement?				Are you at least guaranteed that you will get some work or hours in your job?	
		READ				READ									
S e r i a l N u m b e r		1	2	3	4	1	2	3	4	1	2	3		1	2
		1	2	3	4	1	2	3	4	1	2	3		1	2
		1	2	3	4	1	2	3	4	1	2	3		1	2
		1	2	3	4	1	2	3	4	1	2	3		1	2
		1	2	3	4	1	2	3	4	1	2	3		1	2

PART B: NATURE OF WORK (Cont.)				
S e r i a l N u m b e r	2.14(a)	2.14(b)	2.14(c)	2.15
	Do you/your employer make a contribution to the Contribution Sociale Generalisee (CSG) and/or any other retirement pension fund?	Do you get paid annual/vacation leave?	Would you get paid sick leave in case of illness/injury?	How long have you been working for your present employer (if employer or own account worker, in present business)?
	1 Yes	1 Yes	1 Yes	 Months
	2 No	2 No	2 No	
	3 Other/Don't know/Not applicable	3 Other/Don't know/Not applicable	3 Other/Don't know/Not applicable	
	If Q2.14(a) = 1 or 2, then skip to Q2.15	If Q2.14(b) = 2 or 3, then skip to Q2.15		If Q2.10 = 1, 2 or 4 or Q2.11 = 1 or 2, go to Q2.17(a)
01	1 2 3	1 2 3	1 2 3	.....
02	1 2 3	1 2 3	1 2 3	.....
03	1 2 3	1 2 3	1 2 3	.....
04	1 2 3	1 2 3	1 2 3	.....
05	1 2 3	1 2 3	1 2 3	.....

PART B: NATURE OF WORK (Cont.)													
		2.16				2.17(a)			2.17(b)		2.18		
		Which of the following types of pay (do/does) (you...) receive for this work?				How much did you derive as income (before deductions such as PAYE, contribution to CSG) from your <u>main job/business</u> for last month?			Of which basic salary (Applicable for paid employee/apprentice only)		In addition to your main job, did you do any other job/business during the reference week, from..... to?		
S e r i a l N u m b e r		READ AND MARK ALL THAT APPLY											
		1 Wage or salary									1 Yes		
		2 Payment by piece of work completed				Rupees:			Rupees:		2 No		
		3 Commissions				(include travelling and overtime)							
		4 Tips											
		5 Fees for services provided									If 'No', go to Q2.21(a)		
		6 Payment with meals or accommodation											
		7 Payment in products											
		8 Other cash payment, specify											
		9 NOT PAID											
01		1	2	3	4	5						1	2
		6	7	8		9							
02		1	2	3	4	5						1	2
		6	7	8		9							
03		1	2	3	4	5						1	2
		6	7	8		9							
04		1	2	3	4	5						1	2
		6	7	8		9							
05		1	2	3	4	5						1	2
		6	7	8		9							

PART B: NATURE OF WORK (Cont.)			PART C: HOURS OF WORK				
S e r i a l N u m b e r	2.19	2.20	2.21(a)				2.21(b)
	What kind of activity is carried out at your <u>second</u> place of work?	How much did you derive as income from your other job(s) for last month? Rupees:	During the reference week, from..... to, how many hours (including overtime) did you work at your <u>main job</u> ?				How many hours do you <u>usually</u> work at your <u>main job</u> per week?
	Record major activity carried out there		Exclude lunch time and periods of leave/absence				If Q2.21(a) is greater or equal to Q2.21(b), go to Q2.22
01			Monday	Tuesday	Wednesday	Thursday	
							
			Friday	Saturday	Sunday	Week	.....
							
02			Monday	Tuesday	Wednesday	Thursday	
							
			Friday	Saturday	Sunday	Week	.....
							
03			Monday	Tuesday	Wednesday	Thursday	
							
			Friday	Saturday	Sunday	Week	.....
							
04			Monday	Tuesday	Wednesday	Thursday	
							
			Friday	Saturday	Sunday	Week	.....
							
05			Monday	Tuesday	Wednesday	Thursday	
							
			Friday	Saturday	Sunday	Week	.....
							

PART C: HOURS OF WORK (Cont.)

S e r i a l N u m b e r	2.21(c)	2.22				2.23			
	Why did you work less than your usual hours of work ?	During the reference week, from..... to, how many hours (including overtime) did you work at your <u>other</u> job(s)? (Applicable if 'Yes' at Q2.18, else go to Q2.23)				Total actual hours (at main and other job(s)) worked			
	1 Illness/Injury					Q2.21(a) + Q2.22 : 			
	2 On leave								
	3 Studies/training								
	4 Household/family responsibilities								
5 Temporary									
6 Part time job									
7 Insufficient work									
8 Bad weather/breakdown									
9 Shift work/variable hours									
10 Public holiday									
11 School holiday									
12 Other, specify									
	Circle main reason	Exclude lunch time and periods of leave/absence							
01	1 2 3 4 5 6	Monday	Tuesday	Wednesday	Thursday				
	7 8 9 10 11 12	Friday	Saturday	Sunday	Week				
02	1 2 3 4 5 6	Monday	Tuesday	Wednesday	Thursday				
	7 8 9 10 11 12	Friday	Saturday	Sunday	Week				
03	1 2 3 4 5 6	Monday	Tuesday	Wednesday	Thursday				
	7 8 9 10 11 12	Friday	Saturday	Sunday	Week				
04	1 2 3 4 5 6	Monday	Tuesday	Wednesday	Thursday				
	7 8 9 10 11 12	Friday	Saturday	Sunday	Week				
05	1 2 3 4 5 6	Monday	Tuesday	Wednesday	Thursday				
	7 8 9 10 11 12	Friday	Saturday	Sunday	Week				

PART C: HOURS OF WORK (Cont.)			
S e r i a l N u m b e r	2.24	2.25(a)	2.25(b)
	During the last four weeks, that is, from up to, did you look for additional or other paid work?	Would you want to work more hours per week than usually worked, provided the extra hours are paid?	Could you start working more hours within the next two weeks?
	1 Yes	1 Yes	1 Yes
	2 No	2 No	2 No
		<i>If 'No' and Q2.10= 1 or 2, go to Q2.26(a) (Part D)</i> <i>If 'No' and (Q2.14(a)=2 & Q2.16=2 to 9), end of Module II</i> <i>If 'No' and Q2.5(b) =1 to 5 & 8 and Q2.10 = 3 or 4, end of Module II</i> <i>If 'No' and (Q2.11 =3 or 4) & (Q2.16 =2 to 9), end of Module II</i>	
01	1 2	1 2	1 2
02	1 2	1 2	1 2
03	1 2	1 2	1 2
04	1 2	1 2	1 2
05	1 2	1 2	1 2

PART C: HOURS OF WORK (Cont.)		PART D: SELF EMPLOYED (Applicable for if Q2.10 = 1 or 2 or Q2.11= 1 or 2)	
S e r i a l N u m b e r	2.25(c)	2.26(a)	2.26(b)
	How many additional hours per week could you work?	Is your business registered with the Registrar of Businesses?	What is the type of ownership of the enterprise in which you are working?
	 Additional hours per week	1 Yes 2 No	1 Individual proprietor 2 Household members 3 Partnership with members of other households 4 Company 5 Cooperative 6 Other, specify <i>Circle one answer only</i>
01		1 2	1 2 3 4 5 6 Specify.....
02		1 2	1 2 3 4 5 6 Specify.....
03		1 2	1 2 3 4 5 6 Specify.....
04		1 2	1 2 3 4 5 6 Specify.....
05		1 2	1 2 3 4 5 6 Specify.....

PART D: SELF EMPLOYED (Cont.)									
2.27		2.28		2.29	2.30				
Do you hire any paid employees on a regular basis?		How many persons (including yourself) are engaged in this enterprise?		In the last 12 months, did most of your income from the business/activity come from one client?	Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person?				
S e r i a l N u m b e r	1	Yes	1	Male (enter number)	1	Yes	1	Yes, all of them	
	2	No	2	Female (enter number)	2	No	2	Yes, most of them	
			3	Total (enter number)			3	Yes, but only some of them	
							4	No	
				<i>If Q2.26(b)= 4 or 5, end of Module II</i>		<i>If Q2.29=1, go to Q2.31(b)</i>		<i>If Q2.30=1,2, go to Q2.31(b)</i>	
01	1	2	1	2	3	1	2	3	4
02	1	2	1	2	3	1	2	3	4
03	1	2	1	2	3	1	2	3	4
04	1	2	1	2	3	1	2	3	4
05	1	2	1	2	3	1	2	3	4

PART D: SELF EMPLOYED (Cont.)				
	2.31(a)	2.31(b)	2.32	2.33
	In this job, do you ...	Does this client, company or intermediary or person READ AND MARK ALL THAT APPLY	Are the enterprise's assets separate from that of the owner's household? <i>(Assets used for both household and enterprise are mainly vehicle and building)</i>	What type of accounts do you keep for your enterprise?
S e r i a l N u m b e r	1 Make products or provide services for one company only? 2 Sell products or services supplied from only one company? 3 Work with materials or equipment provided by just one company? 4 None of the above	1 set the price of the products or services that you offer? 2 set the minimum amount of sales or tasks you must complete? 3 set the places, routes or areas where to do the work? 4 set how to organise the work? 5 set the supplier(s) to use? 6 provide the premises or machines you use? 7 None of the above	1 Yes 2 No	1 No accounts 2 Informal records for personal use 3 Simplified account kept for income tax purposes 4 Complete set of accounts with balance sheets <i>Circle one answer only</i>
01	1 2 3 4	1 2 3 4 5 6 7	1 2	1 2 3 4
02	1 2 3 4	1 2 3 4 5 6 7	1 2	1 2 3 4
03	1 2 3 4	1 2 3 4 5 6 7	1 2	1 2 3 4
04	1 2 3 4	1 2 3 4 5 6 7	1 2	1 2 3 4
05	1 2 3 4	1 2 3 4 5 6 7	1 2	1 2 3 4

PART E: NOT IN EMPLOYMENT (Applicable if Q2.1=2 & Q2.2=2 & Q2.3=2)											
S e r i a l N u m b e r	2.34	2.35									
	Have you been looking for work or trying to set up your own business during the <u>past 4 weeks</u> , including the reference week, from..... to?	What have you done during the <u>past 4 weeks</u> to obtain work or to start your own business? (Do not read out EXCEPT 8)									
	1 Yes								Yes	No	
	2 No										
	If 'No', go to Q2.35(8)	1	Applied to prospective employers						Circle either Yes (1) or No (2)	1	2
		2	Checked at factories, worksites, etc							1	2
		3	Placed or answered advertisements							1	2
		4	Sought assistance or advice to obtain a paid job							1	2
		5	Sought assistance or advice to start own business							1	2
		6	Looked for inputs (land, building, machinery, equipment or finance) to set up own business						1	2	
	7	Applied for permit to set up own business						1	2		
	8	Registered at the Employment Information Centre						If 'No' at Q2.34 & Q2.35(8), go to Q2.37	1	2	
	9	Other, specify							1	2	
		1	2	3	4	5	6	7	8	9	
01	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 Specify:	
02	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 Specify:	
03	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 Specify:	
04	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 Specify:	
05	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2 Specify:	

PART E: NOT IN EMPLOYMENT (Cont.)				
S e r i a l N u m b e r	2.36	2.37	2.38	
	How long have you been <u>continuously</u> looking for work or trying to set up your own business or registered at Employment Information Centre?	Would you have liked to work during the <u>reference week</u> , from..... to?	Why were you not looking for work or trying to set up your own business?	
	Number of months: Go to Q2.39	1 Yes 2 No If 'No', go to Q2.40	1 Studying/training 2 Will resume studies soon 3 Retired 4 Permanent disability, specify 5 Temporary illness/injury, specify 6 Too young to work 7 Parents or spouse not agreeable 8 Household/family responsibilities 9 Not interested to work, specify 10 New job or own business to start within 3 months 11 Suitable jobs not available 12 Do not know how and where to look for work 13 Got tired/frustrated of seeking work 14 Too old to work 15 Other, specify Record main reason	
01		1 2		
02		1 2		
03		1 2		
04		1 2		
05		1 2		

PART E: NOT IN EMPLOYMENT (Cont.)				
	2.39	2.40	2.41	
S e r i a l n u m b e r	Could you have started to work during the <u>reference week</u>, from..... to if work was available? 1 Yes 2 No <i>If 'Yes', go to Q2.41</i>	Why were you not available for work during the <u>reference week</u>, from..... to? 1 Studying/training 2 Will resume studies soon 3 Retired 4 Permanent disability, specify 5 Temporary illness/injury, specify 6 Too young to work 7 Parents or spouse not agreeable 8 Household/family responsibilities 9 Not interested to work, specify 10 New job or own business to start within 3 months 11 Suitable jobs not available 12 Do not know how and where to look for work 13 Got tired/frustrated of seeking work 14 Too old to work 15 Other, specify <i>Record main reason</i>	Have you ever worked in the past? 1 Yes 2 No <i>If 'No', end of Module II</i>	
	01	1 2	☐ ☐	1 2
	02	1 2	☐ ☐	1 2
	03	1 2	☐ ☐	1 2
	04	1 2	☐ ☐	1 2
	05	1 2	☐ ☐	1 2

PART E: NOT IN EMPLOYMENT (Cont.)				
	2.42	2.43	2.44	2.45
S e r i a l n u m b e r	How long is it since you worked for the last time, even for a few days? Number of months <i>(Record exact number of months as far as possible)</i> <i>If more than 10 years (120 months), end of Module II</i>	What kind of activity was carried out at the place where you worked? <i>Record major activity carried out for last job</i>	What kind of work did you do there most of the time? <i>Record main occupation at last job</i>	Why did you leave your last job? 1 Closure of establishment/reduction of workforce due to COVID-19 2 Closure of establishment 3 Reduction of workforce 4 Completion of contract/temporary job 5 Health problems 6 Retirement 7 Marriage/childbirth/household responsibilities 8 Not satisfied with job 9 Resumption of studies/training 10 Other, specify <i>Circle main reason</i>
	01			
02	.....	.....	.....	1 2 3 4 5 6 7 8 9 10 Specify:
03	.....	.....	.....	1 2 3 4 5 6 7 8 9 10 Specify:
04	.....	.....	.....	1 2 3 4 5 6 7 8 9 10 Specify:
05	.....	.....	.....	1 2 3 4 5 6 7 8 9 10 Specify:

MODULE III

Section 1- Housing and Living Conditions

3.1 CHARACTERISTICS OF DWELLING

3.1(a) Type of building (Circle appropriate code)

(i)	Building used wholly as one housing unit	1
(ii)	Semi - detached house	2
(iii)	Block of flats	3
(iv)	Other, specify:	4

3.1(b) Principal material of construction used (Circle appropriate code) :

	(i) Roof	(ii) Walls
Concrete slabs	1	1
Iron or tin sheets	2	2
Other, specify:.....	3	3

3.1(c) Do you have a problem of leaking roof?

Yes	No
1	2

3.1(d) Number of each type of room occupied by the household:

	Number
(i) Bedroom	
(ii) Dining room	
(iii) Living room	
(iv) Dining / Living room	
(v) Closed verandah	

	Number
(vi) Study	
(vii) Kitchen - inside	
(viii) Kitchen - outside	
(ix) Open verandah	
(x) Lobby	

	Number
(xi) Bathroom - inside	
(xii) Bathroom - outside	
(xiii) Toilet - inside	
(xiv) Toilet - outside	
(xv) Toilet / bathroom	
(xvi) Other, specify	

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

3.1(e) 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

If Q3.1(e)=5, skip to Q3.1(g)

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

Yes	No
1	2

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

Rs

If Q3.1(e)=5, ask question as follows: 'What is the actual rent paid for the rented household?'

3.2 FUEL USED FOR COOKING AND BATHING

3.2a 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: .....	.....	.....

3.3 HOUSEHOLD POSSESSIONS

3.3a 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 set	.....
	of which Smart TV (access to internet)	.....
2.	Private TV channels	.....
3.	Refrigerator	.....
4.	Washing machine	.....
5.	Gas cooker (plaque a gas)	.....
6.	Gas /electric oven	.....
7.	Microwave oven	.....
8.	Air Fryer	.....
9.	Vacuum cleaner	.....
10.	Air Conditioner	.....

11.	Mobile telephone	.....
	of which Smart phone	.....
12.	Fixed telephone line	.....
13.	Computer	.....
	(i) Desktop (PC)	.....
	(ii) Laptop	.....
	(iii) Tablet	.....
14.	Electric shower	.....
15.	Gas shower	.....
16.	Solar water heater	.....
17.	Photovoltaic Unit	.....
18.	Water Tank	.....
19.	Water Pump	.....

Section 2: Road Transport

Household members aged 5 years and over

First name of household member													
Serial number of household member as per pages 3 & 4													
4.1.1 Do you usually travel by any means of land transport?	<i>If Yes, go to Q4.2</i>	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
4.1.2 If 'no', state main reason													
1 Permanent disability		1		1		1		1		1		1	
2 Illness		2		2		2		2		2		2	
3 Walking		3		3		3		3		3		3	
4 Other, specify		4		4		4		4		4		4	
4.2 Which mode of transportation do you use ? (more than one answer possible)													
1 Light rail		1		1		1		1		1		1	
2 Public bus		2		2		2		2		2		2	
3 Car taxi		3		3		3		3		3		3	
4 Contract bus/van employee		4		4		4		4		4		4	
5 Contract bus/van school		5		5		5		5		5		5	
6 Contract bus/van tourist		6		6		6		6		6		6	
7 Own transport		7		7		7		7		7		7	
8 Car pooling		8		8		8		8		8		8	
9 Other, specify		9		9		9		9		9		9	
4.3 How often do you use public transportation (bus and/or light rail)?													
1 Daily		1		1		1		1		1		1	
2 Weekdays only		2		2		2		2		2		2	
3 Weekends only		3		3		3		3		3		3	
4 Both weekdays and weekends (excluding daily)		4		4		4		4		4		4	
5 None of the above		5		5		5		5		5		5	
4.4 What is your primary purpose for using public transportation (bus and/or light rail)? (Please rank in order of priority, 1 for most used, 2 for second,, 0 for not used)													
1 Commute to work													
2 Commute to school													
3 Shopping													
4 Hospital (going to or visiting patients)													
5 Leisure /tourism /visiting family or friends													
6 Other, specify													

Section 2: Road Transport

Household members aged 5 years and over (*Applicable if Q4.2 =2*)

First name of household member		.....		.....		.....		.....		.....		.....	
Serial number of household member as per pages 3 & 4		....		....		....		....		....		....	
4.5.1	Are you aware of the bus routes in your area?	<i>If No, go to Q4.6</i>		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
4.5.2	If 'yes', are you aware of the frequency time of public bus in your area?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
4.6	On average, what is your waiting time for public bus?												
		minutes		minutes		minutes		minutes		minutes		minutes	

Head of Household

(*Applicable if Q4.2 =2*)

4.7	How far do you agree with the following statements:	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
4.7.1	The frequency of public bus services meets my needs	1	2	3	4	5
4.7.2	Public buses are clean and well maintained	1	2	3	4	5
4.7.3	I feel safe while using public bus	1	2	3	4	5
4.7.4	Overall, I am satisfied with the public bus services in my area	1	2	3	4	5

4.8 What suggestions do you have to improve public bus transportation services, if any ?

- 1
- 2
- 3

Section 3: Household Expenditure and other Income

5.1 Household expenditure

What was your total household consumption expenditure for last month? Rs

Note : Household consumption expenditure refers to all money expenditure by households on goods and services for consumption as well as the value of goods received as income in kind and consumed by the households. It EXCLUDES the value for education, health, transport and other services received free from the government as well as the rental value of owner-occupied and free housing, direct taxes such as income tax; social security contributions; life insurance premiums; saving bank deposits; repayment of loans; loans provided to other households; disbursement for investments such as purchase of land, houses and major house repairs; gambling losses; and cash grants to other households.

5.2 Other Income (excluding remittances)

	If applicable, please state amount received last month				
	Serial number of household member				
	01	02	03	04	05
Property income					
Pension from former employer					
NPF retirement/old age pension					
Widow's and children pension					
Other social security benefits					
Negative income tax/special allowance					
Maintenance allowance/alimony					
Regular allowance*					
Other regular income, specify.....					
Total					

* Regular allowance from parents/relatives in Mauritius, social/religious organisations

Total Other Income (excluding remittances)

5.3 Remittances (Head of Household only)

		Inward Cash Remittances	Outward Cash Remittances	Inward In-Kind Remittances	Outward In-Kind Remittances
5.3(a) Did you or any member of your household receive/send .....last month?	Circle either Yes (1) or No (2) If all 'No', go to Q5.4	1 Yes	1 Yes	1 Yes	1 Yes
		2 No	2 No	2 No	2 No
5.3(b) In which country does the sender/ recipient of the cash/ in-kind support reside?					
of which: cash by hand					
5.3(c) What was the amount received/ provided?					
		Rs	Rs	Rs	Rs
of which: cash by hand					
		Rs	Rs		

	Inward Cash Remittances	Outward Cash Remittances	Inward In-Kind Remittances	Outward In-Kind Remittances
5.3(d) For what purposes, if any, did you or any member of your household receive/provide the cash/ in-kind support? (More than one answer possible)				
1 Family upkeep	1	1	1	1
2 Medical expenses	2	2	2	2
3 Gift	3	3	3	3
4 Donations to religious organizations	4	4	4	4
5 Support for investment	5	5	5	5
6 Construction	6	6	6	6
7 Mortgage payment	7	7	7	7
8 Other, specify.....	8	8	8	8
5.3(e) Through which channels was the cash/ in-kind support received/provided? (More than one answer possible)				
1 In person (Hand carried)	1	1	1	1
2 Mobile money transfer	2	2	2	2
3 Money changer/ Foreign exchange dealers	3	3	3	3
4 Bank transfer	4	4	4	4
5 Other travellers	5	5	5	5
6 Ship (ex. UPS, Fedex, Mauritius Post, etc...)	6	6	6	6
7 Air freight (ex. DHL, Mauritius Post, etc...)	7	7	7	7
8 Other, specify.....	8	8	8	8

Total Other Income (including remittances)

5.4 Backyard Income

If applicable, please state amount received last month	
Serial number of household member :	.....
Income from backyard-produced goods (vegetables, fruits, eggs, fish, etc.)	.....

Total Income (All income (Q2.17(a) + Q2.20) + Total Other Income (excluding remittances) (Q5.2) + Total Other Income (including remittances) (Q5.3) + Backyard income (Q5.4))