

Serial Number



REPUBLIC OF MAURITIUS

**CENTRAL STATISTICAL OFFICE**

**Ministry of Economic Development, Productivity and Regional Development**

**CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY -1999**  
**INTERVIEWING OF HOUSEHOLDS**

Reference Month .....

Geographical District .....

Regional Stratum.....

PSU Number.....

Enumeration Area.....

Household Number (01-15) .....

Type of dwelling.....

Name of Interviewer .....

Name of Supervisor .....

Signature of Supervisor if present at interview ..... Date .....

For office use

Edited and coded by .....
Checked by .....
Input by.....
Verified by.....

**MODULE I****Section 1. HOUSEHOLD CHARACTERISTICS**

Q1.1 What was your usual address 5 years ago?

.....			
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Q1.2 In which type of building does your household live in?  
(Circle appropriate code)

Detached house	1
Semi-detached house/block of flats/partly-residential building	2
Building designed for one housing unit but crudely subdivided into smaller units	3
Improvised structure	4
Other, specify	5

Q1.3 Which type of housing unit does your household occupy?  
(Circle appropriate code)

One-household housing unit	1
Multi-household housing unit	2

Q1.4 In which way do you occupy this accommodation?  
(Circle appropriate code)

Owner	1
Tenant/sub-tenant	2
Free	3
Other, specify	4

Q1.5 How many rooms for living purposes does your household occupy?.....

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**FOR OFFICE USE**

Household size

No. of family nuclei

Household type



**Section 3. EDUCATIONAL CHARACTERISTICS OF HOUSEHOLD MEMBERS**

3.1	3.2	Academic				Vocational/technical training			
		3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10
Serial number	Name of household member	School attendance	Level of education	Type of study	Duration of study	School attendance	Qualification/Course	Type of training	Duration of training
	(First name only)	Now Past Never	If past, insert highest level completed. If now, insert level being attended. For tertiary level, specify degree level and field of study	Part time - <b>PT</b> Full time - <b>FT</b>	For tertiary level only. Insert duration in months	Now Past Nil	Insert highest qualification obtained and field of study. If now specify course being attended	Part time - <b>PT</b> Full time - <b>FT</b>	Insert duration in months
01		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**MODULE II**

**Section 4. LABOUR FORCE**

**FOR ALL PERSONS AGED 12 YEARS AND OVER**

**PART A. CURRENT ACTIVITY DURING REFERENCE WEEK .....**

SERIAL NO. OF HOUSEHOLD MEMBER ( as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.1	During the past 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 Q4.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.2	Did you help in a family business during the past week?  Yes No	If yes, go to Q4.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.3	Check again whether you carried out any of the following activities for pay, profit or family gain. Growing vegetables, fruits, flowers, etc. Production of livestock, poultry, eggs, etc. Fishing and repair of fishing equipment Curing and preserving fish and octopus Preparation of food products for sale Dressmaking, tailoring, etc. for pay Making baskets, hats, handicrafts, etc. Construction of own dwelling Working in own or family member's shop. Selling goods on streets, at fairs or at beaches Paid Repair services (shoes, household appliances, etc.) Paid transport activities (school children, etc.) Giving private tuition for pay Gardening for other private households Household worker/cook (for other private households) Paid care of children or elderly people	A person may be engaged in several activities. Enter 'YES' if person has performed at least one of the activities and go to Q4.6  If the person did no work at all, enter 'NO' and proceed to Q4.4a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERIAL NO. OF HOUSEHOLD MEMBER ( as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.4a	<p>If you did not work in the past <i>week</i> , was it because of absence?</p> <p style="text-align: right;">Yes No</p>	<p>If yes, go to Q4.5</p> <p>'No' should be entered for unpaid family workers,casual workers &amp; persons whose businesses cease to exist during their absences</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.4b	<p>What have you been doing during the past <i>week</i> ?</p> <p>1. Earning some money ..... EM</p> <p>2. Looking for work ..... LW</p> <p>3. Housework ..... HW</p> <p>4. Studying ..... ST</p> <p>5. Retired .....RET</p> <p>6. Other (specify) ..... O</p>	<p>If 'EM', go to Q4.6</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.4c	<p>What are your present means of financial support?</p> <p>1. Personal savings .....PS</p> <p>2. Parents/Spouse/Children ..... PSC</p> <p>3. Other relatives .....OR</p> <p>4. Government pension ..... GP</p> <p>5. Other pension .....OP</p> <p>6. Other (specify) ..... O</p>	<p>More than one answer is possible</p> <p>Go to Q4.12</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERIAL NO. OF HOUSEHOLD MEMBER ( as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.5	Why were you absent from work last week? 1. Illness or injury ..... I 2. Holiday, vacation or leave of absence ..... HWL 3. Maternity, parental leave ..... MPL 4. Study/training leave ..... ST 5. Strike or lockout ..... SL 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 reason (specify) ..... O		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART B. CURRENT EMPLOYMENT</b>							
Q4.6	Nature of <b>main</b> job/ business	Applicable to all persons who have jobs, even if absent last week. If there is no trade name, record name of employer.					
Q4.6 a	What is the name of the establishment, firm, government institution, etc. for which you work?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.6 b	What is the address of your place of work ?	If a person has no fixed place of work, record the address at which he/she worked most of the time during the past week.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q4.6 c	What is your usual means of transport to work? 1. On foot..... F 2. Bicycle..... B 3. Auto/motor cycle..... AMC 4. Private motor vehicle..... PV 5. Transport provided by employer..... TPE 6. Paid group transport (van, car)..... PGT 7. Public bus..... PB 8. Work at home..... WH 9. Other, specify..... O		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERIAL NO. OF HOUSEHOLD MEMBER ( as per page 3 )

SERIAL NO. OF HOUSEHOLD MEMBER ( as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.6 d What kind of work/activity is carried out at your place of work?	Record major activity carried out where person works						
Q4.6 e What kind of work do you do there ,most of the time	Record main occupation						
Q4.6 f What is your employment status?  1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Unpaid family worker ..... UFW 6. Other (specify) ..... O							
Q4.6 g How long have you been working for your present employer ?		Years Months	Years Months	Years Months	Years Months	Years Months	Years Months
Q4.6 h Have you been trained for your job?  1. Yes, at an institution ..... YI 2. Yes, on site ..... YS 3. No ..... N	If no, go to Q4.6j						
Q4.6 i How long did the training (mentioned at Q4.6h above) last ?	Record number of months.						



SERIAL NO. OF HOUSEHOLD MEMBER ( as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.6 j (1) How much did you derive as income, including overtime, from your job/business for the last month?							
(2) How much overtime payment (if any) is included in Q4.6j(1)?	For workers with pay only.						
Q4.7 a In addition to your main job, do you have any other job, business?  Yes No	If no, go to Q4.8						
Q4.7 b What kind of work/activity is carried out there?	Record major activity carried out there.						
Q4.7 c What kind of work do you do there ?							
Q4.7 d What is your employment status there ? 1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Unpaid family worker ..... UFW 6. Other (specify) ..... O							
Q4.7 e How much did you derive as income from this job for the last month?							

**PART C. HOURS OF WORK DURING REFERENCE WEEK .....**

SERIAL NO. OF HOUSEHOLD MEMBER ( as per page 3 )		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		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*
Q4.8	How many hours (including overtime) did you work during the past week	Exclude lunch time and periods of leave/absences											
	(a) At your <b>main</b> job?	* insert total hours for week											
	(b) At other jobs (if any)?	Exclude lunch time and periods of leave/absences											
		* insert total hours for week											
Q4.9	How many hours per week are you normally expected to work according to legislation or award	Where normal hours do not apply, record number of hours usually worked per week											
	(a) At your <b>main</b> job?												
	(b) At other jobs?	Where normal hours do not apply, record number of hours usually worked per week											

SERIAL NO. OF HOUSEHOLD MEMBER (as per page 3 )		.....	.....	.....	.....	.....	.....
<p>Q4.10 Actual hours worked (AH) : 4.8(a) + 4.8(b) Normal hours (NH) : 4.9(a) + 4.9(b)</p> <p>If AH &lt; NH, what was the reason for working less than normal hours during the past week ?</p> <p>1. Illness or injury ..... I 2. Holiday, vacation, leave of absence..... HWL 3. Studies/training ..... ST 4. Household responsibilities . ..... HR 5. Did not want full- time work ..... NFW 6. Full-time work week is less than that fixed by legislation or award ..... LFW 7. Strike, lockout, lay-off ..... SL 8. Bad weather, breakdown ..... BB 9. Insufficient work ..... IW 10. Job started/ended during reference period ..... JSE 11. Other reasons, specify ..... O</p>	<p>Enter total as follows: AH = NH =</p> <p>If AH ≥ NH proceed to Q4.11a; otherwise record the <b>main</b> reason for AH being &lt; NH and proceed to Q4.11a.</p>						
<p>Q4.11 a Have you been looking for additional or alternative work (with more hours) during the past week?</p> <p>Yes No</p>							
<p>Q4.11 b Were you available for additional work during the past week?</p> <p>Yes No</p>	<p><b>IF NO, GO TO NEXT MODULE</b></p>						
<p>Q4.11 c How many additional hours were you prepared to work last week if work had been available ?</p>	<p><b>GO TO NEXT MODULE</b></p>						

**PART D. UNEMPLOYMENT**

SERIAL NO. OF HOUSEHOLD MEMBER (as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.12 a	Have you been looking for a job during the past month ?  Yes No	If yes, go to Q4.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.12 b	Have you taken steps to start a business of your own during the past month?  Yes No	If no, go to Q4.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.13	How long have you been continuously trying to obtain work ?	Specify no. of months or years	<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"/>
Q4.14	What have you done during the past month to obtain work?  1. Registration with Employment Exchange ..... REE 2. Applied to prospective employers ..... APE 3. Checked at factories,worksites,etc ..... CFW 4. Placed or answered advertisements ..... PAA 5. Sought assistance or advice from friends/relatives ... SAA 6. Looked for land,building,machinery,equipment or finance to set up own business..... LSB 7. Applied for permit to set up own business ..... APB 8. Other steps,specify ..... OS	Record all steps taken, do not read out list.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SERIAL NO. OF HOUSEHOLD MEMBER (as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.15	What was your main activity immediately before you started to seek work?  1. Working..... W 2. Studying/training..... ST 3. Household responsibilities..... HR 4. Retired..... R 5. Other (specify)..... O		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.16	What kind of work are you interested in?  (a) 1. Full-time employment..... FTE 2. Part-time employment..... PTE 3. Either type of employment..... ETE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) 1. Permanent employment..... PE 2. Temporary employment..... TE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.17	What type of occupation are you interested in?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.18	For how much money (per month) are you willing to accept a job?	Go to Q4.20					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERIAL NO. OF HOUSEHOLD MEMBER (as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.19	Why were you not looking for a job or trying to start a business of your own ?  1. Studying/training ..... ST 2. Too young ..... TY 3. Husband/parents unwilling ..... HPU 4. Household responsibilities ..... HR 5. New job to start soon ..... NJS 6. Retired/too old ..... RTO 7. Illness/injury/disability..... IID 8. Lay-off, discouraged workers..... LDW 9. Do not want to work..... DNW 10. Other reasons(specify) ..... O	Record <b>main</b> reason only					
Q4.20	Were you available for work during the past week?  Yes No	If yes, go to Q4.22					
Q4.21	Why were you not available for work during the past week?  1. Household duties..... HD 2. Studying/training..... ST 3. Illness/injury/disability..... IID 4. Retired/too old..... RTO 5. Other(specify) ..... O	Record <b>main</b> reason					
Q4.22	Have you ever worked in the past?  Yes No	<b>IF NO, GO TO NEXT MODULE</b>					

SERIAL NO. OF HOUSEHOLD MEMBER (as per page 3 )		.....	.....	.....	.....	.....	.....
Q4.23 Nature of last job/business  (a) What kind of work/activity is carried out at the place where you worked?	Record major activity where person worked						
(b) What kind of work were you doing there <b>most</b> of the time?	Record main occupation						
(c) What was your employment status  1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice ..... A 5. Unpaid family worker ..... UFW 6. Other (specify) ..... O							
Q4.24 How long ago did you leave your last job?	Enter duration in months						
Q4.25 Why did you leave your last job?  1. Reduction in workforce ..... RDF 2. Closure of establishment/firm..... CEF 3. Completion of contract/temporary job..... CCJ 4. Physical disablement caused by sickness or accident ..... PDS 5. Retirement..... RET 6. Marriage/childbirth, household responsibilities..... MCH 7. Insatisfaction with job..... IJ 8. Resumption of studies/training..... RST 9. Other(specify) ..... O							

## MODULE III

4

## Section 5. WOMEN

SERIAL NUMBER OF FEMALE MEMBER AS PER PAGE 3	.....	.....	.....	.....
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**Women's Activities and Responsibilities**Applicable to all female members aged 12 years and over **except full time students**

Q5.1 How many hours approximately did you spend on the following activities last week?

Work (include travelling time and exclude homemaking)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Studies outside home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Studies at home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Club/association (cultural, social, recreational, religious)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If hours spent at work is not equal to 0, go to Q5.3**

Q5.2 If hours spent at work = 0, was it because of absence? (Circle appropriate code )

Yes	1	1	1	1
No	2	2	2	2

**Go to Q5.7**

Q5.3 How do you reconcile working and family responsibilities? (Circle appropriate code )

Very difficult	1	1	1	1
Difficult, but can manage	2	2	2	2
No problem	3	3	3	3
Not applicable	9	9	9	9

Q5.4 In the past month, how many days were you absent from work for the following reasons?

Your own illness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Illness of children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Illness of other members of the household	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baby care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School holidays	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other reasons, specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SERIAL NUMBER OF FEMALE MEMBER AS PER PAGE 3	.....	.....	.....	.....



Q5.5 Who normally takes care of your younger children who are not yet at school  
(if any) when you are at work?(Circle appropriate code )

Mother/father or in-laws	1	1	1	1
Other relatives, without payment	2	2	2	2
Paid childminder	3	3	3	3
Nursery	4	4	4	4
Other, specify	5	5	5	5
Not applicable	9	9	9	9

Q5.6 Who normally takes care of your school going children (if any) after school hours  
when you are at work?(Circle appropriate code )

Mother/father or in-laws	1	1	1	1
Other relatives, friends and neighbours with payment	2	2	2	2
Other relatives, friends and neighbours without payment	3	3	3	3
Nursery	4	4	4	4
No one, children take care of themselves	5	5	5	5
Other, specify	6	6	6	6
Not applicable	9	9	9	9

**Go to Q5.10**

Q5.7 Do you intend to work in the future?(Circle appropriate code )

Yes	<b>Go to Q5.10</b>	1	1	1	1
No		2	2	2	2
Don't know		3	3	3	3

Q5.8 Will job with flexible working hours encourage you to participate in  
economic activities?(Circle appropriate code )

Yes	1	1	1	1
No	2	2	2	2

Q5.9 Will part time job encourage you to participate in economic activities?( Circle appropriate code )

Yes	1	1	1	1
No	2	2	2	2

## 5 Task Sharing Within The Household

Applicable to all household members(**including males**) aged 12 years and over

Q5.10 How many hours did each member of your household spend last week on the activities listed below?

SERIAL NUMBER OF HOUSEHOLD MEMBER AS PER PAGE 3	.....	.....	.....	.....	.....	.....
Cooking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dishwashing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cloth washing by hand & ironing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cleaning the house	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shopping for food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cleaning the garden/yard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Looking after elderly/sick members (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taking care of small children (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Looking after children's studies (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6 Decision Making at Household Level

Applicable to household **WITH COUPLE**.

Q5.11 I will list out some decisions that usually have to be taken in a household. Can you tell me who in your household has more say over these decisions?

(Circle appropriate code)

	Husband	Wife	Husband/ Wife equal say	Other	Not applicable
Purchase/construction of house	1	2	3	4	9
Contracting loans	1	2	3	4	9
Savings and investment	1	2	3	4	9
Purchase of household appliances/furniture	1	2	3	4	9
Purchase of food	1	2	3	4	9
Daily choice of food to be prepared	1	2	3	4	9
Medical care of the family members	1	2	3	4	9
Children's education	1	2	3	4	9
Participation of family members in sport activities	1	2	3	4	9
Participation of family members in religious activities	1	2	3	4	9
Participation of family members in social/cultural activities	1	2	3	4	9
Participation of family members in political activities	1	2	3	4	9

## MODULE III

## Section 6. ELDERLY

FOR ALL MEMBERS AGED 60 YEARS AND OVER

7

## Physical Disability and Dependence

SERIAL NUMBER OF <i>ELDERLY PERSON</i> AS PER PAGE 3	.....	.....
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Q6.1 I will list out some activities, please state whether you are able to carry them out without the assistance of another person. **If no**, state whether you regularly (at least once a week) receive assistance.

(Circle appropriate code)

	Able to carry out activity			Able to carry out activity		
	YES	NO		YES	NO	
		Receive assistance	No assistance		Receive assistance	No assistance
Personal hygiene	1	2	3	1	2	3
Dressing and undressing	1	2	3	1	2	3
Eating by yourself	1	2	3	1	2	3
Moving about the house	1	2	3	1	2	3
Moving about outdoors	1	2	3	1	2	3
Climbing steps	1	2	3	1	2	3
Travelling alone by bus	1	2	3	1	2	3
Buying food	1	2	3	1	2	3
Cooking	1	2	3	1	2	3
Cleaning the house	1	2	3	1	2	3
Managing money	1	2	3	1	2	3

Q6.2 From whom is assistance (if any) usually obtained?

(Circle appropriate code)

	Yes	No	Yes	No
Members of the household	1	2	1	2
Relatives	1	2	1	2
Friends/neighbours	1	2	1	2
Paid assistant	1	2	1	2
Other, specify	1	2	1	2

Q6.3 Do you suffer from any of the following disabilities? (Circle appropriate code)

Type of disability	None	Partial		Total		None	Partial		Total	
		By birth	After birth	By birth	After birth		By birth	After birth		
									By birth	After birth
Disability in sight	1	2	3	4	5	1	2	3	4	5
Disability in hearing	1	2	3	4	5	1	2	3	4	5
Disability in speech	1	2	3	4	5	1	2	3	4	5
Disability in use of legs	1	2	3	4	5	1	2	3	4	5
Disability in use of arms	1	2	3	4	5	1	2	3	4	5
Mental disability	1	2	3	4	5	1	2	3	4	5
Other, specify	1	2	3	4	5	1	2	3	4	5

SERIAL NUMBER OF ELDERLY PERSON AS PER PAGE 3	.....	.....
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### Leisure Activities of The Elderly

Q6.4 How many hours approximately did you spend on the following activities last week?

Reading	<input type="text"/>	<input type="text"/>
Watching television and video films	<input type="text"/>	<input type="text"/>
Kitchen gardening & animal rearing	<input type="text"/>	<input type="text"/>
House maintenance and repairs	<input type="text"/>	<input type="text"/>
Sewing, knitting, etc.	<input type="text"/>	<input type="text"/>
Visiting and talking to friends/relatives	<input type="text"/>	<input type="text"/>
Club activity	<input type="text"/>	<input type="text"/>
Sleeping/resting	<input type="text"/>	<input type="text"/>
Other, specify	<input type="text"/>	<input type="text"/>

### Economic Resources and Support

Q6.5 Apart from your old age pension and income from your work (if any) what are your other regular sources of income?

(Circle appropriate code)

	Yes	No	Yes	No
Pension from former employment(including that of deceased spouse)	1	2	1	2
Income from property	1	2	1	2
Other social benefits from government	1	2	1	2
Financial assistance from children/relatives	1	2	1	2
Other, specify	1	2	1	2

Q6.6 What type of **other** regular assistance (if any) do you receive from your children/relatives?

(Circle appropriate code)

	Yes	No	Yes	No
Provide food	1	2	1	2
Provide housing/pay rent	1	2	1	2
Pay for medical expenses	1	2	1	2
Pay bills (electricity, water, telephone)	1	2	1	2
Other, specify	1	2	1	2

Q6.7 Do you think that your requirements for the following basic necessities are adequately met?(Circle appropriate code )

	Largely sufficient	Just adequate	Not sufficient	Largely sufficient	Just adequate	Not sufficient
Food	1	2	3	1	2	3
Clothing	1	2	3	1	2	3
Housing	1	2	3	1	2	3
Medical care	1	2	3	1	2	3

<b>SERIAL NUMBER OF ELDERLY PERSON AS PER PAGE 3</b>	.....	.....
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Q6.8 How much was spent for your health, and health related items and activities last month?

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Q6.9 Where did you seek medical care the last time you were ill or injured?

*(Circle appropriate code)*

	Yes	No	Yes	No
Public hospital	1	2	1	2
Public health centres	1	2	1	2
Private clinic	1	2	1	2
Private doctor	1	2	1	2
Pharmacist	1	2	1	2
Self-medication	1	2	1	2
Physiotherapist/massage/acupressure, etc.	1	2	1	2
Other, specify	1	2	1	2

### Loneliness/Companionship

Q6.10 During the past month how many times did you go out for leisure purposes?

On your own				
With your children(if any)				
With other relatives and friends				

Q6.11 If you do not live with your children, how many times did you meet them during the past month?

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Q6.12 Is there anyone with whom you can chat when you feel like it?

*(Circle appropriate code)*

Yes	No	Yes	No
1	2	1	2

Q6.13 Do you think that you need company at times?

*(Circle appropriate code)*

Yes	No	Yes	No
1	2	1	2

Q6.14 Which of the following do you think will make you feel better?

*(Circle appropriate code)*

	Yes	No	Yes	No
Having somebody to keep you company	1	2	1	2
Attending day care centre	1	2	1	2
Living with your children	1	2	1	2
Living with somebody of your age	1	2	1	2
Living in a home	1	2	1	2
Other, specify	1	2	1	2

**8 Section 7. INCOME AND EXPENDITURE OF HOUSEHOLD**

Q7.1 What was your household total consumption expenditure for the last month? Rs..... 

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Q7.2 What was your household expenditure on the following items for the last month? (Rs)

Food	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Medical care (if any)	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Rent (if any)	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Debt repayment (if any)	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Educational expenses	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Water bill	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Electricity bill	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Telephone bill	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

Q7.3 Has there been any occasion during the last 12 months when you have found it difficult, with your monthly income, to meet current expenses for food, rent, bills, etc.?  
*(Circle appropriate code)*

Yes	No*
1	2

**\* If no, go to Q7.5**

Q7.4 How did you meet these expenses?  
*(Circle appropriate code)*

	Yes	No
Draw from your savings	1	2
Ask for credit	1	2
Borrow from friends/relatives	1	2
Other, specify	1	2

Q7.5 Do you or any member of your household have any debt?  
*(Circle appropriate code)*

Yes	No*
1	2

**\* If no go to Q7.8**

Q7.6 On which of the following items does your household have debts?  
*(Circle appropriate code)*

	Yes	No
Purchase of land	1	2
Purchase/construction of house	1	2
Auto/motor vehicle	1	2
Audio-visual equipment	1	2
Household appliances	1	2
Furniture	1	2
Purchases at retail shop	1	2
Medical expenses	1	2
Educational expenses	1	2
Other, specify	1	2

Q7.7 What types of debt does your household have?

(Circle appropriate code)

	Yes	No
Loans from banks or other financial institutions	1	2
Hire purchase	1	2
Loans from friends and relatives	1	2
Other, specify	1	2

Q7.8 Compared to five years ago, how would you say things are for your household?

(Circle appropriate code)

Better	About the same	Worse
1	2	3

## 9 Individual Income

Q7.9 How much income did each member of your household receive from **ALL SOURCES\*** for the last month?

*Enter serial number of household member as per page 3.*

Serial number	Name of household member (First name only)	Amount (Rs)	Office use				

\* Refer to the following list to ensure that income from all possible sources have been included:

1. Income from profession, trade, business, crop cultivation, etc.
2. Wages and salaries
3. Interests and dividends
4. Rent (Building, land, etc)
5. Maintenance/alimony
6. Pension from former employer
7. Scholarship grants
8. Gifts in cash
9. Old age and NPF retirement pension
10. Widow's and children pension
11. Family allowance
12. Social aid
13. Invalidity pension
14. Unemployment hardship relief
15. Regular allowance from any organisation