

CONFIDENTIAL

Serial number

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REPUBLIC OF MAURITIUS

CENTRAL STATISTICS OFFICE

Ministry of Finance and Economic Development

CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2004
INTERVIEWING OF HOUSEHOLDS

Reference Month

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Geographical District

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Regional Stratum.....

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PSU Number.....

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Enumeration Area.....

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Household Number

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Household Type (**Office Use**)

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Name of Interviewer

Name of Supervisor

For office use

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

MODULE 1

1 DEMOGRAPHIC AND EDUCATIONAL CHARACTERISTICS OF HOUSEHOLD MEMBERS

Enter the first name and demographic characteristics of every member of the household. Do not forget to include married children who usually live here and their families, other relatives, and persons not related to the head but who are members of this household.

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
Serial Number	Name of household member (First name only)	Relationship to head (e.g spouse, son, daughter-in-law,etc)	Age Last birthday	Sex Male - M Female - F	Marital status Married/ in a union - M Widowed - W Divorced - D Separated - SEP Single - S	Preprimary, Primary and Secondary		Other educational qualifications	
						School attendance Now Past Never Child not yet at school (CNYS)	Level of education If past , insert highest level completed. Specify CPE/SC/HSC if passed at these levels . If now , insert level being attended.	When studied Now - FT Now - PT Past Never	Qualification/Course Insert highest qualification obtained and field of study. If now , specify course being attended
01		Head	1						
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

MODULE II

2

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

PART A - CURRENT ACTIVITY

First name of household member									
Serial No. as per page 2									
2.1	During the week, did you do any work for pay, profit or family gain, even if it was only for one hour ?	Yes No	If yes, go to 2.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Did you do any of the following activities during the week? 1. Work or help in a vegetable/fruit/flower cultivation 2. Rear of animals (cow, goat, pig, poultry, etc.) 3. Fishing 4. Preparation of food products (at home) for sale 5. Dressmaking for pay or sale 6. Making of baskets/hats/other handicrafts for sale 7. Work or help in a family shop or other business 8. Sell goods on the street, at fairs or at beaches 9. Housework or gardening for pay 10. Care of children/elderly people for pay 11. Any other small job	Yes No	Enter ' Yes ' if any one of the listed activities was carried out and go to 2.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Were you away from work during the week because of holidays, sickness or any other reason?	Yes No	If yes, go to 2.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Have you been looking for work during the past 4 weeks ?	Yes No	If no, go to 2.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First name of household member								
Serial No. as per page 2								
2.5	What have you done during the past 4 weeks to obtain work?							
	1. Applied to prospective employers APE	Record all steps taken, do not read out list						
	2. Checked at factories, worksites, etc CFW							
	3. Placed or answered advertisements PAA							
	4. Sought assistance or advice SAA							
	5. Tried to set up own business TSB							
	6. Other steps, specify							
2.6	Are you registered at the Employment Service?	Yes No						
2.7	How long have you been continuously trying to obtain work?	Specify number of months and go to 2.9						
2.8	Why were you not looking for work?							
	1. Studying/training ST	Record main reason only						
	2. Will resume studies soon RS							
	3. Retired/too old to work RTO							
	4. Illness/injury/disability IID							
	5. Too young to work TYW							
	6. Parents/spouse not agreeable PS							
	7. Household responsibilities HR							
	8. New job to start soon NJS							
	9. Suitable jobs not available SJN							
	10. Not interested to work NIW							
	11. Other, specify							
2.9	Were you available for work during the week	Yes No	If no, go to 2.12					

First name of household member									
Serial No. as per page 2									
2.10	What kind of job (occupation) are you interested in?	If no preference, enter 'any job'							
2.11	Until you get the job mentioned above, are you willing to accept any other job that is available?	Yes No	Go to 2.13						
2.12	Why were you not available for work during the week? 1. Household responsibilities..... HR 2. Studying/training.....ST 3. Illness/injury/disability..... IID 4. Retired/too old.....RTO 5. Other reason (specify)	Record main reason							
2.13	Have you ever worked in the past?	Yes No	If no, end of Module II						
2.14	When did you work for the last time, even for a few days?	Specify number of months or years							
2.15	What kind of work was carried out at the place where you worked?	Record major activity carried out where person worked and go to 2.28							

PART B - NATURE OF CURRENT WORK

First name of household member		.....	.....	.....	.....	.....	.....
Serial No. as per page 2		....	....	....	....	....	....
2.16	What is the name of the establishment, firm, government institution, etc. for which you work?	Enter name of employer if there is no trade name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.17	How many persons (including yourself) work there? Under 5 5 to 9 10 or more		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.18	What kind of work/activity is carried out at your place of work?	Record major activity carried out where person works	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.19	What kind of work do you do there most of the time?	Record main occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.20	What is your employment status? 1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Contributing family worker CFW 6. Other (specify)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.21	How long have you been working for your present employer ?	Specify number of months or years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.22	Does your employer contribute to the National Pension Scheme for you?	Yes No Applicable for self employed as well	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First name of household member		.....		.....		.....		.....		.....		.....
Serial No. as per page 2		....		....		....		....		....		....
2.23	How many hours (including overtime) did you work in the job mentioned above, during the week	Exclude lunch time and periods of leave/absences * Insert total hours for the week, if 24 or more go to 2.27	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*		
2.24	Why did you work for only hours during the week? 1. Illness/Injury II 2. On leave OL 3. Temporary/part time job TPJ 4. Also worked in other jobs OJ 5. Normally works same number of hours..... NH 6. Insufficient work IW 7. Bad weather/breakdown BB 8. Job started/ended during reference week JSE 9. Other, specify	Enter main reason only														
2.25	Have you been looking for additional or alternative work (with more hours)?	Yes No														
2.26	Were you available for additional work during the week.....?	Yes No														
2.27	How much did you derive as income, including overtime, from your job/ business for the last month ?															

PART C - LAY-OFF

First name of household member				.....	.....	.....	.....	.....	.....
Serial No. as per page 2				....	....	....	....	....	....
2.28	Have you ever been laid off from work?	Yes No	If no, end of Part C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.29	How many times have you been laid off since you started to work?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.30	Details of lay-off		If laid-off more than once, enter details of the last two lay-offs						
	(i) Most recent lay-off								
	a) In which year were you laid-off?			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b) What kind of work was carried out at the place where you worked?			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c) What kind of work were you doing there?			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d) Why were you laid off?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Closure of establishment/firm	CEF							
	2. Reduction in workforce	RWF							
	3. Other, specify			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Lay-off preceding the one above								
	a) In which year were you laid-off?			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b) What kind of work was carried out at the place where you worked?			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c) What kind of work were you doing there?			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d) Why were you laid off?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Closure of establishment/firm								
	2. Reduction in workforce								
	3. Other, specify			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART D - FOR ALL SELF EMPLOYED

First name of household member			.....	.....	.....	.....	.....	.....
Serial No. as per page 2			....	....	....	....	....	....
2.31	What is the type of ownership of the enterprise in which you are working?							
	1. Individual proprietor	IP	Refer to 2.20, if EPR, OAW or CFW, fill in 2.31					
	2. Household members	HM						
	3. Partnership with members of other households	POH						
	4. Company	CO						
	5. Registered co-operative	RC						
	6. Other, specify							
2.32	Apart from you, which member(s) of your household work in this enterprise?	Enter serial number of persons concerned						
2.33	Are the enterprise's expenditure and assets separate from the owner's household ones?	Yes						
		No						
2.34	Is there a set of formal accounts for this enterprise?	Yes	If yes, end of Module II					
		No						
2.35	Where does this enterprise operate?							
	1. Within owner/partner's home	OH						
	2. In a detached structure in the yard	DSY						
	3. In the open yard	OY						
	4. In some other fixed place	OFP						
	5. No fixed place	NFP						
	6. Other, specify							

First name of household member		.....	.....	.....	.....	.....	.....
Serial No. as per page 2		....	....	....	....	....	....
2.36	When did this enterprise start operating?	Specify number of months or years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.37	For how many months has this enterprise operated during the past 12 months?	If 12 months, go to 2.39	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.38	What was the main reason for operating less than 12 months? 1. Recently started RS 2. Seasonal factors SF 3. Lack of work LW 4. Lack of materials/breakdown LMB 5. Lack of funds LF 6. Lack of labour LL 7. Other, specify	Record main reason	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.39	How many persons (including yourself) worked in this enterprise during the week? 1. Working proprietor - Male 2. Working proprietor - Female 3. Contributing family worker - Male 4. Contributing family worker - Female 5. Permanent employee - Male 6. Permanent employee - Female 7. Casual employee - Male 8. Casual employee - Female		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.40	How many persons were engaged in this enterprise one year ago?	Write N/A if was not yet operational	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MODULE III

3**Section 1. ENERGY USE**3.1 Which type of fuel is used for cooking in your household? (*Enter the two main ones used*)Principal: Secondary: 3.2 (a) What is the **main** source of energy used for heating water for bathing purposes?

.....

3.2 (b) Which other sources of energy are used (even occasionally) for heating water for bathing purposes? (*Circle appropriate code*)

	Yes	No
1. Electrical system inside bathroom	1	2
2. Electric kettle	1	2
3. Gas water heater inside bathroom	1	2
4. Gas stove	1	2
5. Solar water heater	1	2
6. Kerosene Stove	1	2
7. Wood	1	2
8. Other, specify	1	2

If solar water heater reported at 3.2 (a) or 3.2 (b), go to 3.63.3 Are you interested to buy a solar water heater? (*Circle appropriate code*)

Yes	No
1	2

If yes, go to 3.53.4 Why are you not interested to buy a solar water heater? (*Circle appropriate code*)

1. Too expensive	1
2. Not appropriate for region	2
3. Not necessary	3
6. Other, specify	4

3.5 Are you aware of loan facilities at the Development Bank of Mauritius for the purchase of a solar water heater? (*Circle appropriate code*)

Yes	No
1	2

3.6 Do you take any measures to reduce consumption of electrical energy at home? (*Circle appropriate code*)

Yes	No
1	2

If no, end of Section 1, Module III3.7 Which measures do you take to reduce electrical energy consumption? (*Circle appropriate code*)

	Yes	No
1. Use of other types of fuel instead of electricity for cooking	1	2
2. Use of other types of fuel instead of electricity for water heating	1	2
3. Use of low consumption electrical bulbs	1	2
4. Use of low consumption electrical appliances	1	2
5. Turning off lights/electrical appliances when not in use	1	2
6. Other, specify	1	2

MODULE III

4

Section 2. SAFETY AND SECURITY

DWELLING

- 4.1 Are you aware of any damage to public property (building, park, etc.) in your locality during the past 12 months? *(Circle appropriate code)*

Yes	No
1	2

- 4.2 What measures have you taken to improve the security of your dwelling? *(Circle appropriate code)*

	Yes	No
1. Keep dog	1	2
2. Lock gates or main entrance to building (flats)	1	2
3. Burglar proof windows/doors or shutters installed	1	2
4. Alarm system installed	1	2
5. Watchperson/security guard engaged	1	2
6. Intercom system installed (flats)	1	2
7. Other, specify	1	2

- 4.3 Apart from the measures mentioned above, what other precautions (if any) do you take when you leave your dwelling for a whole day or more? *(Circle appropriate code)*

	Yes	No
1. Ask somebody to look after dwelling	1	2
2. Leave lights/radio/TV on	1	2
3. Avoid leaving cash/jewels at home during absence	1	2
4. Other, specify	1	2

- 4.4 Is your dwelling insured against theft? *(Circle appropriate code)*

Yes	No
1	2

- 4.5 Have you been victim of burglary or attempted burglary during the past 12 months? *(Circle appropriate code)*

1. Yes, once	1
2. Yes, more than once	2
3. No	3

If no, go to 4.11

4.6 How did the person(s) get into your dwelling? (*Circle appropriate code*)

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

4.7 Approximately how much were the stolen goods (if any) worth?

Item	Worth (Rupees)	Office use				
1. Cash						
2. Jewels						
3. Electrical/electronic appliances						
4. Other, specify						

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

Yes	No
1	2

If yes, go to 4.10

4.9 Why did you not report the incident? (*Circle appropriate code*)

1. It was not serious enough	1
2. Not worthwhile, stolen goods will not be recovered	2
3. Did not want to be involved in a police case	3
4. Other, specify	4

Go to 4.11

4.10 What was the outcome of the report?

1. All/some stolen objects recovered	1
2. Burglar(s) identified but stolen objects not recovered	2
3. Police still inquiring	3
4. Other, specify	4

VEHICLE

4.11 Does any member of your household own:
(Circle appropriate code)

	Yes	No
A car/van	1	2
An auto/motor cycle	1	2
A bicycle	1	2

If no, go to 4.13

4.12 What precautions are taken to protect the vehicle against theft?(Circle appropriate code)

	Yes	No
1. Vehicle kept in locked garage at night	1	2
2. Vehicle locked when left outside	1	2
3. Alarm system installed	1	2
4. Avoid parking vehicle in certain places	1	2
5. Other, specify	1	2

4.13 Has any member of your household lost any of the following items during the past 12 months?
If yes, was the incident reported to the police?(Circle appropriate code)

	Yes, incident reported to the police	Yes, incident not reported to the police	No
1. A bicycle	1	2	3
2. An auto/motorcycle	1	2	3
3. A car/van	1	2	3
4. An accessory/part of a vehicle	1	2	3
5. An object from inside a vehicle	1	2	3

PERSONAL SECURITY

4.14 Has any member of your household been the victim of a theft other than those mentioned earlier, during the past 12 months?(Circle appropriate code)

Yes	No
1	2

If no, end of section 2, Module III

4.15 Who was the victim and where did the incident happen?

Serial number of household member	Place of incident

4.16 In your locality, how safe is it for you and your family to go out in the evening?

(Circle appropriate code)

1. Very safe	1
2. Rather safe	2
3. Rather unsafe	3
4. Very unsafe	4

MODULE III

5

Section 3. HOUSEHOLD INCOME AND EXPENDITURE

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

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

(Rupees)

1	Food and non-alcoholic beverages					
2	Medical care					
3	Rent (if any)					
4	Gas					
5	Educational expenses					
6	Travelling and transport					
7	Water bill					
8	Waste water bill (if any)					
9	Electricity bill (including TV licence)					
10	Telephone bill (excluding internet bill)					
11	Mobile telephone					
12	Internet/e-mail					
13	Tax (income, municipal, etc.)*					
14	Life insurance and pension contributions*					
15	Debt repayment :					
	Land/house*					
	Vehicle					
	Credit purchase					
	Other					

