

Serial number



REPUBLIC OF MAURITIUS

CENTRAL STATISTICS OFFICE

Ministry of Economic Development, Financial Services and Corporate Affairs

CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2003
INTERVIEWING OF HOUSEHOLDS

Reference Month

Geographical District

Regional Stratum.....

PSU Number.....

Enumeration Area.....

Household Number

Household Type (**Office Use**)

Name of Interviewer

Name of Supervisor

For office use

Edited and coded by

Checked by

Input by.....

Verified by.....

MODULE 1

1

Section 1. DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

Enter the first name and the 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	
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	Is your father/mother/spouse a member of this household? If yes, enter his/her serial number					
							<i>Father</i>		<i>Mother</i>		<i>Spouse</i>	
							Yes No	Serial Number	Yes No	Serial Number	Yes No N/A	Serial Number
01		Head	1									
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

Section 2. EDUCATIONAL CHARACTERISTICS OF HOUSEHOLD MEMBERS

2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
Serial Number	Name of household member (First name only)	Preprimary, Primary and Secondary		Other educational level			
		School attendance Now Past Never Child not yet at school (CNYS)	Level of education If past , insert highest level completed. If now , insert level being attended.	When studied Now Past Never	Qualification/Course Insert highest qualification obtained and field of study. If now , specify course (level and field of study) being attended	Type of study Part time - PT Full time - FT Correspondence/ distance learning - CD Self/private - SP	Name of institution conducting course/ examination
01		<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"/>
03		<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"/>
05		<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"/>
07		<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"/>
09		<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"/>
11		<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"/>

MODULE II

3

Section 1. INDIVIDUAL RECORD (For all persons aged 10 years and over)

PART A - CURRENT ACTIVITY

First name of household member								
Serial No. as per page 2								
3.1	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 3.18	<input type="checkbox"/>				
3.2	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 3.18	<input type="checkbox"/>				
3.3	Were you away from work during the week because of holidays, sickness or any other reason?	Yes No	If yes, go to 3.18	<input type="checkbox"/>				
3.4	Have you been looking for work during the past 4 weeks ?	Yes No	If no, go to 3.10	<input type="checkbox"/>				

First name of household member							
Serial No. as per page 2							
3.5	What have you done during the past 4 weeks to obtain work? 1. Applied to prospective employers APE 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	Record all steps taken, do not read out list					
3.6	Are you registered at the Employment Service?	Yes No					
3.7	How long have you been continuously trying to obtain work?	Specify number of months					
3.8	During that period have you been offered a job which you did not accept?	If no, go to 3.11					
	1. Yes, by the Employment service 2. Yes, other than Employment service 3. No	YE YO N					
3.9	Why did you not accept that job?	Record main reason and go to 3.11					
	1. Long/odd hours of work LHW 2. Low wage/salary LWS 3. Overqualified for job OQJ 4. Place of work too far from residence PWF 5. Temporary job TJ 6. Other, specify						

First name of household member								
Serial No. as per page 2								
3.10	Why were you not looking for work? 1. Studying/training/will resume studies soon ST 2. Retired/too old to work RTO 3. Illness/injury/disability IID 4. Too young to work TYW 5. Parents/spouse not agreeable PS 6. Household responsibilities HR 7. New job to start soon NJS 8. Suitable jobs not available SJN 9. Not interested to work NIW 10. Other, specify	Record main reason only						
3.11	Were you available for work during the week? Yes No	If yes, go to 3.13						
3.12	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						
3.13	What is your main source of income or support to meet your daily needs? 1. Parents PA 2. Spouse/partner SP 3. Children CH 4. Other relatives OR 5. Maintenance alimony (ex-spouse) MA 6. Savings/property income SPI 7. Government pension/assistance GPA 8. Other pension/work compensation OP 9. Other, specify	Record only main source of income						

First name of household member								
Serial No. as per page 2								
3.14	Have you ever worked in the past?	Yes No	If no, end of Section I Module II					
3.15	When did you work for the last time, even for a few days?		Specify number of months or years					
3.16	Why did you stop doing that job? 1. Closure of establishment/firm CE 2. Completion of contract or temporary job CC 3. Reduction in workforce RW 4. Retirement RET 5. Illness/accident IA 6. Marriage, household responsibilities MHR 7. Resumption of studies RS 8. Not satisfied with job NSJ 9. Other, specify		Record main reason					
3.17	What kind of work was carried out at the place where you worked?		Record major activity carried out where person worked and go to 3.26					

PART B - NATURE OF CURRENT WORK

First name of household member		.....	.....	.....	.....	.....	.....
Serial No. as per page 2		....	....	....	....	....	....
3.18	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="checkbox"/>				
3.19	How many persons (including yourself) work there? Under 5 5 to 9 10 or more		<input type="checkbox"/>				
3.20	What kind of work/activity is carried out at your place of work?	Record major activity carried out where person works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.21	What kind of work do you do there most of time?	Record main occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.22	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="checkbox"/>				

First name of household member		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Serial No. as per page 2		....	....	....	....	....	....	....	....	....	....	....	....
3.23	How long have you been working for your present employer ?	Specify number of months or years												
3.24	How many hours (including overtime) did you work during the week	Exclude lunch time and periods of leave/absences * 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*
3.25	How much did you derive as income, including overtime, from your job/ business for the last month ?													
PART C - SUGAR INDUSTRY - VRS														
3.26	Have you ever worked in the Sugar Industry? 1. Yes, currently working CW 2. Yes, worked in the past WP 3. No N	If no, end of Section I ModuleII												
3.27	Have you ever retired under the Voluntary Retirement Scheme (VRS)? Yes No													

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MODULE II
Section 2. HOUSEHOLD RECORD

4.1 Does your household make use of: *(Circle appropriate code)*

	Yes	No		Yes	No
A car/private van	1	2	A washing machine	1	2
A motorcycle/autocycle	1	2	A vacuum cleaner	1	2
A bicycle	1	2	A gas/electric stove	1	2
A refrigerator	1	2	A microwave oven	1	2

4.2 Does any person outside your household help you with your housework/yard cleaning? *(Circle appropriate code)*

Yes, with pay	1
Yes, without pay	2
No	3

4.3 (a) Does your household usually buy ration rice?

(Circle appropriate code)

Yes	No
1	2

(b) If "Yes", how many kilos do you buy every month? Kilos

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4.4 (a) Does your household usually consume ration rice?

(Circle appropriate code)

Yes	No
1	2

(b) If "Yes", how many kilos of ration rice are used for human consumption every month?

..... Kilos

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

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

(Rupees)

Food and non-alcoholic beverages					
Medical care					
Rent					
Gas					
Educational expenses					
Travelling and transport					
Water bill					
Waste water bill					
Electricity bill					
Telephone bill					
Tax (income, municipal, etc.)*					
Life insurance and pension contributions*					
Debt repayment : Land/house*					
Credit purchase					
Other					

5 4.7 Income from work last month

Source	Serial number of household member as per page 2				

Paid employment (including bonus, overtime, etc.)					
Income from self-employment (trade, business, crop cultivation, etc.)					
Income from backyard produced goods (vegetables, fruits, chicken, eggs, etc.)					
Total					

6 4.8 Income from property last month

Source	Serial number of household member as per page 2				

Rent from land and buildings/machinery/equipment, etc					
Dividends/Interests					
Other (specify)					
Total					

7 4.9 Transfer Income

Does any member of the household receive any of the following?	If "Yes", please state amount received last month (Rs)				
	Serial number of household member as per page 2				

Retirement pension from former employer					
NPF retirement/old age pension					
Widow's and children pension					
Other social security benefits					
Maintenance allowance/alimony					
Regular allowance from parents/relatives					
Regular allowance from social/religious organisations					
Other regular income (specify)					
Total					

MODULE III

TIME USE

8

Serial Number

First name of household member:

Member serial number

Geographical District

Age

PSU Number.....

Day of the week

Regional Stratum.....

Date

Enumeration Area.....

Month

Household Number

Name of Interviewer

Name of Supervisor

Response details

Visit Number	Date	Purpose of visit	Time spent with the respondent (<i>minutes</i>)	Comments/problems

NOTE TO INTERVIEWER

1. A diary should be filled in for all household members aged **10 years and over**
2. Check whether all activities done between 4 a.m. on to 4 a.m. on for each half hour period have been entered (pages 3 - 6). If more than one activity was carried out in a given half hour period, *a maximum of 3 activities should have been entered.*
3. If more than one activity have been entered in a half hour period in column 2, record whether the activities were carried out 'at the same time' or one after the other.
(Circle appropriate code in column 4).
4. For each activity reported in column 2, ask the respondent where he/she was when he/she did the activity. *(Fill in location column 5, using the abbreviations below)*

Location

1	Own dwelling/yard	ODW
2	Someone else's dwelling	ELDW
3	Work place - Inside a building	WPIN
4	Work place - Outside	WPOU
5	Educational establishment	EDES
6	Health establishment	HES
7	Public area - Inside (<i>i.e. not in a private dwelling, workplace, educational or health establishment</i>)	PAI
8	Public area - Outside	PAO
9	Bus stop	BST

5. After having checked and completed pages 3 to 6, ask questions 5.1 to 5.4 and fill in appropriately.

1	2	3			4		5	
Time period	Description of activities <i>1 to 3 activities per time period</i>	Code			Same time		Location	
					Yes	No	Description	Code
4.00 am					1	2		
to					1	2		
4.30 am					1	2		
4.30 am					1	2		
to					1	2		
5.00 am					1	2		
5.00 am					1	2		
to					1	2		
5.30 am					1	2		
5.30 am					1	2		
to					1	2		
6.00 am					1	2		
6.00 am					1	2		
to					1	2		
6.30 am					1	2		
6.30 am					1	2		
to					1	2		
7.00 am					1	2		
7.00 am					1	2		
to					1	2		
7.30 am					1	2		
7.30 am					1	2		
to					1	2		
8.00 am					1	2		
8.00 am					1	2		
to					1	2		
8.30 am					1	2		
8.30 am					1	2		
to					1	2		
9.00 am					1	2		
9.00 am					1	2		
to					1	2		
9.30 am					1	2		
9.30 am					1	2		
to					1	2		
10.00 am					1	2		

1	2	3			4		5	
Time period	Description of activities <i>1 to 3 activities per time period</i>	Code			Same time		Location	
					Yes	No	Description	Code
10.00 am					1	2		
to					1	2		
10.30 am					1	2		
10.30 am					1	2		
to					1	2		
11.00 am					1	2		
11.00 am					1	2		
to					1	2		
11.30 am					1	2		
11.30 am					1	2		
to					1	2		
12.00 pm					1	2		
12.00 pm					1	2		
to					1	2		
12.30 pm					1	2		
12.30 pm					1	2		
to					1	2		
1.00 pm					1	2		
1.00 pm					1	2		
to					1	2		
1.30 pm					1	2		
1.30 pm					1	2		
to					1	2		
2.00 pm					1	2		
2.00 pm					1	2		
to					1	2		
2.30 pm					1	2		
2.30 pm					1	2		
to					1	2		
3.00 pm					1	2		
3.00 pm					1	2		
to					1	2		
3.30 pm					1	2		
3.30 pm					1	2		
to					1	2		
4.00 pm					1	2		

1	2	3			4		5	
Time period	Description of activities <i>1 to 3 activities per time period</i>	Code			Same time		Location	
					Yes	No	Description	Code
4.00 pm					1	2		
to					1	2		
4.30 pm					1	2		
4.30 pm					1	2		
to					1	2		
5.00 pm					1	2		
5.00 pm					1	2		
to					1	2		
5.30 pm					1	2		
5.30 pm					1	2		
to					1	2		
6.00 pm					1	2		
6.00 pm					1	2		
to					1	2		
6.30 pm					1	2		
6.30 pm					1	2		
to					1	2		
7.00 pm					1	2		
7.00 pm					1	2		
to					1	2		
7.30 pm					1	2		
7.30 pm					1	2		
to					1	2		
8.00 pm					1	2		
8.00 pm					1	2		
to					1	2		
8.30 pm					1	2		
8.30 pm					1	2		
to					1	2		
9.00 pm					1	2		
9.00 pm					1	2		
to					1	2		
9.30 pm					1	2		
9.30 pm					1	2		
to					1	2		
10.00 pm					1	2		

1	2	3			4		5	
Time period	Description of activities <i>1 to 3 activities per time period</i>	Code			Same time		Location	
					Yes	No	Description	Code
10.00 pm					1	2		
to					1	2		
10.30 pm					1	2		
10.30 pm					1	2		
to					1	2		
11.00 pm					1	2		
11.00 pm					1	2		
to					1	2		
11.30 pm					1	2		
11.30 pm					1	2		
to					1	2		
0.00 am					1	2		
0.00 am					1	2		
to					1	2		
0.30 am					1	2		
0.30 am					1	2		
to					1	2		
1.00 am					1	2		
1.00 am					1	2		
to					1	2		
1.30 am					1	2		
1.30 am					1	2		
to					1	2		
2.00 am					1	2		
2.00 am					1	2		
to					1	2		
2.30 am					1	2		
2.30 am					1	2		
to					1	2		
3.00 am					1	2		
3.00 am					1	2		
to					1	2		
3.30 am					1	2		
3.30 am					1	2		
to					1	2		
4.00 am					1	2		

- 5.1 Did you spend some time during the day looking after children or elderly/sick/disabled persons (without pay)? *(Circle appropriate code)*

1. Yes, not mentioned all the times in diary	1
2. Yes, already mentioned all the times in diary	2
3. No	3

If code '1' circled, fill in extra child/elderly/sick/disabled care activities in appropriate time slots of the diary.

- 5.2 (a) Do you have children aged less than 18 years?
(Circle appropriate code)

Yes	No
1	2

If No, go to 5.4

- (b) How many of these children are living in this household?
(Enter number of children as per age groups below)

1. Less than 5 years	
2. 5 to 9 years	
3. 10 to 17 years	

If no child less than 5 years, go to 5.4

- 5.3 Who usually looks after your child(ren) aged less than 5 years during the day?
(Circle appropriate code)

1. Self	1
2. Spouse	2
3. Other household member(s)	3
4. Parent/relative/friend (outside household) without payment	4
5. Household employee/paid childminder at home	5
6. Nursery/paid childminder outside home	6
7. Other, specify	7

- 5.4 Was yesterday a typical day for you? *(Circle appropriate code)*

1. Yes	1
2. No, because I was ill	2
3. No, because I was on holidays/leave from work	3
4. No, because yesterday was a public holiday	4
5. No, because of a funeral, wedding, religious ceremony, etc.	5
6. No, because of bad weather	6
7. No, because of a family problem	7
8. No, other reason, specify	8