

--	--	--	--	--



REPUBLIC OF MAURITIUS

**CENTRAL STATISTICS OFFICE**

**Ministry of Finance and Economic Empowerment**

**CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2009**

**INTERVIEWING OF HOUSEHOLDS**

Reference Month .....	<input type="text"/> <input type="text"/>
Geographical District .....	<input type="text"/> <input type="text"/>
PSU-RDI .....	<input type="text"/>
Rotation Group .....	<input type="text"/>
PSU Number.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Enumeration Area.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Household Number .....	<input type="text"/> <input type="text"/>
Interview round .....	<input type="text"/>
Previous interview : Month and Year.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Household selected or replacement .....	<input type="text"/>
Name of Interviewer .....	Date of Interview <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Supervisor .....	Date of field check <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 forming part of the household and their families, and members of the household temporarily abroad.

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	Level of education	When studied	Other educational qualifications
						School attendance Now Past* Never* Child not yet at school (CNYS)	If past, insert highest level completed. Specify whether passed or not passed if left school at Std VI, Form V & Upper VI. If now, insert level being attended	Now - FTL Now - PTL Now - AB Past Never	Qualification/Course Insert <b>highest qualification</b> obtained and <b>field of study</b> . If <b>now</b> , specify course being attended
01		Head 1							
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

\* If person can, with understanding, both read and write a simple sentence in his everyday life, insert **Past-WR or Never-WR**, otherwise write **Past-none, Never-none**.

**MODULE II**

**2**

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

**PART A - CURRENT ACTIVITY**

First name of household member												
Serial number of household member as per page 2												
2.1	During the <b>reference week</b> ....., did you do any work for pay, profit or family gain, even if it was only for <b>one hour</b> ?	If <b>Yes (1)</b> , go to <b>2.5</b>	Yes 1	No 2								
2.2	Did you do any of the following activities during the <b>reference week</b> ?  1. Work or help in a vegetable/fruit/flower cultivation 2. Rearing 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. Repair work (shoes, household appliances, etc.) for pay 9. Sell goods on the street, at fairs or on beaches 10. Transport of goods or people for pay 11. Housework or gardening for pay 12. Care of children/elderly people for pay 13. Any other small job, specify.....	Circle ' <b>1</b> ' if any one of the listed activities was carried out and go to <b>2.5</b>	Yes 1	No 2								
2.3	During the <b>reference week</b> , did you have a job or business from which you were temporarily away because of holidays, sickness or any other reason?	If <b>No (2)</b> , go to <b>Part E - Unemployment (2.24)</b>	Yes 1	No 2								



First name of household member							
Serial number of household member as per page 2							
2.8	What kind of work do you do there most of the time?	Record <b>main</b> occupation					
2.9	What is your employment status? Employer..... 1 Own account worker..... 2 Employee..... 3 Employee (under empowerment programme)..... 4 Apprentice..... 5 Contributing family worker..... 6 Other, specify..... 7	Circle <b>one</b> answer	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.10	How long have you been working for your present employer (if self-employed, in the present business)?	Record number of <b>months</b>					
2.11 (a)	How much did you derive as income, including overtime pay, from your main job/business for <b>last month</b> ?	Record Rupees					
(b)	Of which irregular income (specify)						
2.12	In addition to your main occupation, do you have any other job or business?	If <b>No (2)</b> , go to <b>2.15</b>	Yes No 1 2				
2.13	What kind of work/activity is carried out at your second place of work?	Record <b>major</b> activity carried out there					
2.14	What is your employment status there? Employer..... 1 Own account worker..... 2 Employee..... 3 Apprentice..... 4 Contributing family worker..... 5 Other, specify..... 6	Circle <b>one</b> answer	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

**PART C - HOURS OF WORK**

First name of household member		.....		.....		.....		.....		.....		.....		
Serial number of household member as per page 2		.....		.....		.....		.....		.....		.....		
2.15 How many hours (including overtime) did you work during the <b>reference week</b> ?	Exclude lunch time and periods of paid leave/absence  * Insert total hours for the week	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	
		Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	
		Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	
		Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	
(a) At your main job	Exclude lunch time and periods of paid leave/absence  * Insert total hours for the week	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	
		Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	
		Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	
		Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	
(b) At other jobs (if yes at 2.12)	Exclude lunch time and periods of paid leave/absence  * Insert total hours for the week	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	Mon	Tue	
		Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	Wed	Thu	
		Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	Fri	Sat	
		Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	Sun	Week*	
(c) Total hours worked: (a) + (b)	<b>Record total</b>													
2.16 How many hours do you normally work per week at your main job?	<b>Record number of hours</b>													
2.17 If 2.15(a) is less than 2.16, why did you work less than your normal hours during the reference week at your main job?	<b>If 2.15(a) is greater or equal to 2.16, go to 2.18</b>  Circle <b>main</b> reason	Illness/Injury.....	1	1	1	1	1	1	1	1	1	1	1	
		On leave.....	2	2	2	2	2	2	2	2	2	2	2	2
		Studies/training.....	3	3	3	3	3	3	3	3	3	3	3	3
		Household responsibilities .....	4	4	4	4	4	4	4	4	4	4	4	4
		Temporary/part time job.....	5	5	5	5	5	5	5	5	5	5	5	5
		Insufficient work.....	6	6	6	6	6	6	6	6	6	6	6	6
		Bad weather/breakdown.....	7	7	7	7	7	7	7	7	7	7	7	7
		Job started/ended during reference week .....	8	8	8	8	8	8	8	8	8	8	8	8
		Public holiday.....	9	9	9	9	9	9	9	9	9	9	9	9
		Other, specify .....	10	10	10	10	10	10	10	10	10	10	10	10
2.18 Were you available for additional work during the <b>reference week</b> (if offered)?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		1	2	1	2	1	2	1	2	1	2	1	2	

**Applicable if coded 1 or 2 at Questions 2.9 and/or 2.14**  
**PART D - SELF EMPLOYED (Employers and own account workers)**

First name of household member													
Serial number of household member as per page 2		.....		.....		.....		.....		.....		.....	
2.19	What is the type of ownership of the enterprise in which you are working?												
	Individual proprietor..... 1	1		1		1		1		1		1	
	Household members ..... 2	2		2		2		2		2		2	
	Partnership with members of other households..... 3	3		3		3		3		3		3	
	Company..... 4	4		4		4		4		4		4	
	Registered co-operative..... 5	5		5		5		5		5		5	
	Other, specify ..... 6	6		6		6		6		6		6	
		Circle one answer											
2.20	Is the enterprise's expenditure separate from that of the owner's household?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
2.21	Are the enterprise's assets separate from that of the owner's household?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
2.22	Do you keep any record of accounts (receipts and expenditure) for your enterprise?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	2	1	2	1	2	1	2	1	2	1	2
2.23	How many persons (including yourself) worked in this enterprise during the <b>reference week</b> ?												
	1. Working proprietor - Male	1.		1.		1.		1.		1.		1.	
	2. Working proprietor - Female	2.		2.		2.		2.		2.		2.	
	3. Contributing family worker - Male	3.		3.		3.		3.		3.		3.	
	4. Contributing family worker - Female	4.		4.		4.		4.		4.		4.	
	5. Permanent employee - Male	5.		5.		5.		5.		5.		5.	
	6. Permanent employee - Female	6.		6.		6.		6.		6.		6.	
	7. Casual employee - Male	7.		7.		7.		7.		7.		7.	
	8. Casual employee - Female	8.		8.		8.		8.		8.		8.	
	9. Apprentice/helper -Male	9.		9.		9.		9.		9.		9.	
	10. Apprentice/helper -Female	10.		10.		10.		10.		10.		10.	

**PART E - UNEMPLOYMENT**

First name of household member														
Serial No. as per page 2														
2.24	Have you been looking for work or trying to set up your own business during the <b>past 4 weeks</b> ?	If <b>Yes (1)</b> , go to <b>2.26</b>	Yes 1	No 2										
2.25	Why were you not looking for work?	Circle <b>main</b> reason and go to <b>2.27</b>												
	Studying/training..... 1		1	1	1	1	1	1	1	1	1	1	1	1
	Will resume studies soon..... 2		2	2	2	2	2	2	2	2	2	2	2	2
	Retired/too old to work..... 3		3	3	3	3	3	3	3	3	3	3	3	3
	Illness/injury/disability ..... 4		4	4	4	4	4	4	4	4	4	4	4	4
	Too young to work ..... 5		5	5	5	5	5	5	5	5	5	5	5	5
	Parents or spouse not agreeable..... 6		6	6	6	6	6	6	6	6	6	6	6	6
	Household responsibilities..... 7		7	7	7	7	7	7	7	7	7	7	7	7
	New job or own business to start soon..... 8		8	8	8	8	8	8	8	8	8	8	8	8
	Suitable jobs not available..... 9		9	9	9	9	9	9	9	9	9	9	9	9
	Do not know how and where to look for work..... 10		10	10	10	10	10	10	10	10	10	10	10	10
	Not interested to work ..... 11		11	11	11	11	11	11	11	11	11	11	11	11
	In jail ..... 12		12	12	12	12	12	12	12	12	12	12	12	12
	Other, specify..... 13	13	13	13	13	13	13	13	13	13	13	13	13	
2.26	How long have you been continuously without work and looking for work?	Record number of months												
2.27	Are you registered at the Employment Service?	If <b>No (2)</b> here & <b>No (2)</b> at <b>2.24</b> , go to <b>2.31</b> If <b>No (2)</b> here & <b>Yes (1)</b> at <b>2.24</b> , go to <b>2.29</b>	Yes 1	No 2										
2.28	How long have you been registered at the employment service?	Record number of months												

Serial No. as per page 2											
		Yes	No								
2.29	Are you willing to accept.....?										
	1. Full-time employment	1	2	1	2	1	2	1	2	1	2
	2. Part-time employment	1	2	1	2	1	2	1	2	1	2
	3. Employment without limit of time (permanent)	1	2	1	2	1	2	1	2	1	2
	4. Temporary employment	1	2	1	2	1	2	1	2	1	2
	5. Employment in the public sector	1	2	1	2	1	2	1	2	1	2
	6. Employment in the private sector	1	2	1	2	1	2	1	2	1	2
	7. Work below your level of qualification	1	2	1	2	1	2	1	2	1	2
	8. Work outside your training/qualification	1	2	1	2	1	2	1	2	1	2
2.30	What have you done during the <b>past 4 weeks</b> to obtain work or to start your own business?										
	1. Applied to prospective employers	1	2	1	2	1	2	1	2	1	2
	2. Checked at factories, worksites, etc	1	2	1	2	1	2	1	2	1	2
	3. Placed or answered advertisements	1	2	1	2	1	2	1	2	1	2
	4. Sought assistance or advice to obtain a paid job	1	2	1	2	1	2	1	2	1	2
	5. Sought assistance or advice to start own business	1	2	1	2	1	2	1	2	1	2
	6. Looked for inputs * to set up own business	1	2	1	2	1	2	1	2	1	2
	7. Applied for permit to set up own business	1	2	1	2	1	2	1	2	1	2
	8. Other steps, specify	1	2	1	2	1	2	1	2	1	2
2.31	Could you have started to work during the <b>reference week</b> if work was available?	Yes	No								
		1	2	1	2	1	2	1	2	1	2
2.32	Why were you not available for work during the <b>reference week</b> ?										
	Studying/training/resuming studies soon..... 1	1		1		1		1		1	
	Retired/too old to work..... 2	2		2		2		2		2	
	Permanent disability..... 3	3		3		3		3		3	
	Temporary sickness/disability..... 4	4		4		4		4		4	
	Household responsibilities..... 5	5		5		5		5		5	
	Parents or spouse not agreeable/too young..... 6	6		6		6		6		6	
	Not interested to work..... 7	7		7		7		7		7	
	Other, specify..... 8	8		8		8		8		8	

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

First name of household member													
Serial No. as per page 2													
2.33	What is your main source of income or support to meet your daily needs?	Record <b>main</b> source of income											
	Parents..... 1		1	1	1	1	1	1	1	1	1	1	1
	Spouse/partner..... 2		2	2	2	2	2	2	2	2	2	2	2
	Children..... 3		3	3	3	3	3	3	3	3	3	3	3
	Other relatives/non relatives..... 4		4	4	4	4	4	4	4	4	4	4	4
	Maintenance alimony (ex-spouse)..... 5		5	5	5	5	5	5	5	5	5	5	5
	Savings/property income..... 6		6	6	6	6	6	6	6	6	6	6	6
	Government pension/assistance..... 7		7	7	7	7	7	7	7	7	7	7	7
	Other pension/work compensation..... 8		8	8	8	8	8	8	8	8	8	8	8
	Other, specify..... 9	9	9	9	9	9	9	9	9	9	9	9	
2.34	Have you ever worked in the past?	If No (2), end of module II	Yes No 1 2										
2.35	When did you work for the last time, even for a few days?	Record number of months											
2.36	What kind of work/activity was carried out at the place where you worked?	Record <b>major</b> activity carried out where person worked											
2.37	What kind of work did you do there most of the time?	Record <b>main</b> occupation											
2.38	Why did you leave your last job?	Circle <b>main</b> reason											
	Closure of establishment/firm..... 1		1	1	1	1	1	1	1	1	1	1	
	VRS-Closure of establishment..... 2		2	2	2	2	2	2	2	2	2	2	
	Reduction of workforce..... 3		3	3	3	3	3	3	3	3	3	3	
	VRS-Reduction of workforce..... 4		4	4	4	4	4	4	4	4	4	4	
	Completion of contract/temporary job..... 5		5	5	5	5	5	5	5	5	5	5	
	Health problems..... 6		6	6	6	6	6	6	6	6	6	6	
	Retirement..... 7		7	7	7	7	7	7	7	7	7	7	
	Marriage/childbirth/household responsibilities..... 8		8	8	8	8	8	8	8	8	8	8	
	Insatisfaction with job..... 9		9	9	9	9	9	9	9	9	9	9	
	Resumption of studies/training..... 10		10	10	10	10	10	10	10	10	10	10	
	Other, specify ..... 11	11	11	11	11	11	11	11	11	11	11		

## MODULE III

### Section 1. POLICE - PUBLIC SATISFACTION

#### 3 Household members aged 16 years and over

First name of household member														
Serial number of household member as per page 2	....		....		....		....		....		....			
3.1 Usually how often do you see a police officer on duty in your neighbourhood? Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4	Circle one answer	1	1	1	1	1	1	1	1	1	1	1		
		2	2	2	2	2	2	2	2	2	2	2		
		3	3	3	3	3	3	3	3	3	3	3	3	
		4	4	4	4	4	4	4	4	4	4	4	4	
3.2 Have you had any personal (face to face) contact with police officers in the past 12 months?	If No, go to 3.4	Yes 1	No 2											
3.3 What was the nature of your contact(s) in the past 12 months and indicate your level of satisfaction? 1. Seeking Police assistance(information) 2. Reported an offence 3. Reported a complaint against officer 4. Road accident 5. Domestic incident 6. Reported a neighbourhood problem 7. Stopped and questioned/searched 8. Stopped while driving 9. Traffic/Parking offence 10. Was arrested 11. Other, specify.....	Circle either <b>1-very satisfied</b> or <b>2-satisfied</b> or <b>3-dissatisfied</b> or <b>4-not applicable</b>	1	2	3	4	1	2	3	4	1	2	3	4	
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
		1	2	3	4	1	2	3	4	1	2	3	4	4
3.4 Did you phone the police during the past 12 months ?	If No, go to 3.6	Yes 1	No 2											
3.5 For your <b>last</b> phone contact with the police, how satisfied were you with the level of courtesy? Very satisfied..... 1 Satisfied..... 2 Dissatisfied..... 3	Circle one answer	1	1	1	1	1	1	1	1	1	1	1	1	
		2	2	2	2	2	2	2	2	2	2	2	2	
		3	3	3	3	3	3	3	3	3	3	3	3	
3.6 Are you aware that police is performing sensitisation campaigns (years 2008 & 2009) in the fight against crime?	If No, go to 3.9	Yes 1	No 2											

First name of household member													
Serial number of household member as per page 2		....		....		....		....		....		....	
3.7 How were you informed about the sensitisation campaigns (e.g crime watch) in the fight against crime?													
Seen/heard on media..... 1	Circle one answer	1		1		1		1		1		1	
Attended at least one of the programmes..... 2		2		2		2		2		2		2	
Both of the above..... 3		3		3		3		3		3		3	
Other, specify.....(e.g friends, etc)..... 4		4		4		4		4		4		4	
3.8 Do you think these crime prevention campaign(s) will help to reduce crime?		Yes	No										
		1	2	1	2	1	2	1	2	1	2	1	2
3.9 Have you ever provided help/information to the police to fight crime?													
Yes, once..... 1	Circle one answer	1		1		1		1		1		1	
Yes, more than once..... 2		2		2		2		2		2		2	
No..... 3		3		3		3		3		3		3	
3.10 How would you rate the level of performance of police personnel in your neighbourhood?													
High..... 1	Circle one answer	1		1		1		1		1		1	
Average..... 2		2		2		2		2		2		2	
Low..... 3		3		3		3		3		3		3	
3.11 What do you think about the issue of police brutality in the Republic of Mauritius?													
Very serious..... 1	Circle one answer	1		1		1		1		1		1	
Serious..... 2		2		2		2		2		2		2	
Not a problem at all..... 3		3		3		3		3		3		3	
3.12 Generally, do you think that the police is giving an efficient service?													
Yes, fully..... 1	Circle one answer	1		1		1		1		1		1	
Yes, to some extent..... 2		2		2		2		2		2		2	
Yes, poorly..... 3		3		3		3		3		3		3	
Not at all..... 4		4		4		4		4		4		4	
3.13 Do you trust the police?													
Much..... 1	Circle one answer	1		1		1		1		1		1	
Average..... 2		2		2		2		2		2		2	
Low..... 3		3		3		3		3		3		3	

## Section 2. CONSUMER SATISFACTION

### 4 Household members aged 16 years and over

First name of household member							
Serial number of household member as per page 2	....		....		....		....
4.1 How informed do you feel about your rights as a consumer? Well informed..... 1 Fairly well informed..... 2 Hardly informed..... 3 Not informed..... 4	Circle <b>one</b> answer	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
4.2 How easy do you think it is to get information or advice about your rights as a consumer? Very easy..... 1 Easy..... 2 Difficult..... 3 Don't know..... 4	Circle <b>one</b> answer	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
4.3 Where do you obtain information about consumer rights? 1. Consumer Protection Unit 2. Citizens' Advice Bureau (CAB) 3. Police Station 4. Association des Consommateurs de L'Ile Maurice (ACIM) 5. Institute for Consumer Protection (ICP) 6. Other, specify.....	Circle either <b>Yes (1)</b> or <b>No (2)</b>	Yes No 1 2 1 2 1 2 1 2 1 2 1 2	Yes No 1 2 1 2 1 2 1 2 1 2 1 2	Yes No 1 2 1 2 1 2 1 2 1 2 1 2	Yes No 1 2 1 2 1 2 1 2 1 2 1 2	Yes No 1 2 1 2 1 2 1 2 1 2 1 2	Yes No 1 2 1 2 1 2 1 2 1 2 1 2
4.4 During the past 12 months, have you had any of the following problems with goods or services you purchased? 1. Faulty goods (e.g electrical appliances, cars, etc) 2. Poor services (e.g repairs, dry cleaning, etc) 3. Credit (e.g delay in granting loan, etc) 4. Insurance (e.g lack of information, etc) 5. Prices (e.g overcharging, etc) 6. Utilities (e.g phone, gas, electricity, etc) 7. Food and drink (e.g bad food, etc)	Circle either <b>Yes (1)</b> or <b>No (2)</b> or <b>Na (3)-not applicable</b>  If all <b>No &amp; Na</b> to 4.4 (1-7), go to <b>4.9</b>	Yes No Na 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	Yes No Na 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	Yes No Na 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	Yes No Na 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	Yes No Na 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	Yes No Na 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3
4.5 Did you contact any organisation(s) for advice or help?	If <b>No (2)</b> , go to <b>4.7</b>	Yes No 1 2					
4.6 For the organisation listed below, indicate your satisfaction with the service you received when you contacted for advice or help? 1. Consumer Protection Unit 2. Citizens' Advice Bureau (CAB) 3. Police Station 4. Association des Consommateurs de L'Ile Maurice (ACIM) 5. Institute for Consumer Protection (ICP) 6. Other, specify.....	Circle either <b>1-very satisfied</b> <b>or 2-satisfied</b>  <b>or</b> <b>3-dissatisfied</b>  <b>or</b> <b>4-not applicable</b>  go to <b>4.8</b>	1 2 3 4 1 2 3 4	1 2 3 4 1 2 3 4	1 2 3 4 1 2 3 4	1 2 3 4 1 2 3 4	1 2 3 4 1 2 3 4	1 2 3 4 1 2 3 4

First name of household member														
Serial number of household member as per page 2		....		....		....		....		....		....		
4.7	Why did you not make any complaint?													
	Don't like complaining.....1	Circle main reason	1	1	1	1	1	1	1	1	1	1	1	
	Need help to make complaint.....2		2	2	2	2	2	2	2	2	2	2	2	
	Don't know where to complain .....3		3	3	3	3	3	3	3	3	3	3	3	
	Complaints offices not accessible/very far.....4		4	4	4	4	4	4	4	4	4	4	4	
	Don't keep receipts.....5		5	5	5	5	5	5	5	5	5	5	5	
	Goods/services don't cost very much.....6		6	6	6	6	6	6	6	6	6	6	6	
	Other, specify.....7		7	7	7	7	7	7	7	7	7	7	7	
4.8	How would you like to get advice about a consumer problem?													
	In person (face-to-face).....1	Circle one answer	1	1	1	1	1	1	1	1	1	1	1	
	By phone.....2		2	2	2	2	2	2	2	2	2	2	2	
	By letter.....3		3	3	3	3	3	3	3	3	3	3	3	
	By e-mail.....4		4	4	4	4	4	4	4	4	4	4	4	
	From the website (internet).....5		5	5	5	5	5	5	5	5	5	5	5	
	Other, specify.....6		6	6	6	6	6	6	6	6	6	6	6	
4.9	What improvements would you like to see in the way consumer services are currently being provided?													
	1. More presence of Consumer Protection Officers	Do not read out the list  Circle either Yes (1) or No (2)	Yes	No	Yes	No								
	2. Carry out more surprise checks in trade premises		1	2	1	2	1	2	1	2	1	2	1	2
	3. Investigate promptly into complaints		1	2	1	2	1	2	1	2	1	2	1	2
	4. Better communication system (follow up) with consumers		1	2	1	2	1	2	1	2	1	2	1	2
	5. More talks and awareness campaigns		1	2	1	2	1	2	1	2	1	2	1	2
	6. Other, specify.....		1	2	1	2	1	2	1	2	1	2	1	2
4.10	Have you ever attended any talk(s)/ campaign(s) on consumer rights during the last 12 months?	If No (2), go to 4.12	Yes	No	Yes	No								
			1	2	1	2	1	2	1	2	1	2	1	2
4.11	How informative or helpful these talk(s)/ campaign(s) are ?													
	Very helpful.....1	Circle one answer	1	1	1	1	1	1	1	1	1	1	1	
	Helpful.....2		2	2	2	2	2	2	2	2	2	2	2	
	Not helpful .....3		3	3	3	3	3	3	3	3	3	3	3	
4.12	How would you rate the work done by the Consumer Protection Unit?													
	Good.....1	Circle one answer	1	1	1	1	1	1	1	1	1	1	1	
	Fair.....2		2	2	2	2	2	2	2	2	2	2	2	
	Poor.....3		3	3	3	3	3	3	3	3	3	3	3	
	Don't know.....4		4	4	4	4	4	4	4	4	4	4	4	
	Not aware of the Consumer Protection Unit.....5		5	5	5	5	5	5	5	5	5	5	5	

**5**

**Section 3. ENERGY USE**

**Head of household**

5.1 Does your household use the following items *(Circle appropriate code)*

	Yes	No
1. A solar water heater	1	2
2. Residual Current Device (RCD or disjoncteur)	1	2

5.2 Are you aware of facilities of cash value of Rs 10,000 issued by the Development Bank of Mauritius for the purchase of a solar water heater?*(Circle appropriate code)*

Yes	No
1	2

5.3 Do you take any measures at home to reduce consumption of electricity during peak times (6.00 pm to 8.00 pm) for .....? *(Circle appropriate code)*

	Yes	No
1. normal periods of the year	1	2
2. summer time periods of the year	1	2

**If no, go to 5.5**

5.4 Which measures have you taken to reduce electrical energy consumption during the past 12 months?*(Circle appropriate code)*

	Yes	No
1. Shift more to LPG (gas) for cooking instead of electricity	1	2
2. Shift more to kerosene for cooking instead of electricity	1	2
3. Shift more to wood for cooking instead of electricity	1	2
4. Shift more to charcoal for cooking instead of electricity	1	2
5. Use of other types of fuel instead of electricity for water heating	1	2
6. Use of low consumption electrical bulbs (e.g lampoule economique)	1	2
7. Use of low consumption electrical appliances	1	2
8. Turning off lights/electrical appliances when not in use	1	2
9. Other, specify.....	1	2

5.5 Are you aware of energy saving campaign conducted by the Ministry of Public Utilities and the CEB during the past 12 months?*(Circle appropriate code)*

Yes	No
1	2

**6****Section 4. ENVIRONMENT****Head of household**6.1 Does your household use any of the vehicles below? *(Circle appropriate code)*

	Yes	No	If yes, state number
1. Motorcycle/autocycle	1	2	
2. Car	1	2	
3. Dual Purpose Vehicle	1	2	
4. Van	1	2	
5. Truck	1	2	
6. Other, specify.....	1	2	

<b>If all No to 6.1 (1-6) , go to 6.3</b>
---

6.2 Could you indicate the average kilometres travelled per year for each of the vehicles used? *(Circle appropriate code)*

	Average kilometres travelled			
	<10,000	10,000 - 15,000	15,001- 20,000	>20,000
1. Motorcycle/autocycle gasoline	1	2	3	4
2. Car gasoline	1	2	3	4
3. Car gasoline/gas	1	2	3	4
4. Car diesel	1	2	3	4
5. Car blended ethanol	1	2	3	4
6. Car other fuel, specify.....	1	2	3	4
7. Dual Purpose Vehicle gasoline	1	2	3	4
8. Dual Purpose Vehicle gasoline/gas	1	2	3	4
9. Dual Purpose Vehicle diesel	1	2	3	4
10. Dual Purpose blended ethanol	1	2	3	4
11. Dual Purpose Vehicle other fuel, specify.....	1	2	3	4
12. Van gasoline	1	2	3	4
13. Van gasoline/gas	1	2	3	4
14. Van diesel	1	2	3	4
15. Van blended ethanol	1	2	3	4
16. Van other fuel, specify.....	1	2	3	4
17. Truck diesel	1	2	3	4
18. Other vehicle and fuel, specify.....	1	2	3	4

6.3 Are you aware of global environmental challenges such as those listed below? *(Circle appropriate code)*

	Yes	No
1. Climate change (e.g impacts such as abnormal weather, flooding cyclone, sea level rise, coastal erosion, etc.)	1	2
2. Ozone layer depletion (e.g use of substances that deplete ozone layer such as spays, refrigerators, air conditioned. Also impacts such as skin burnt, skin cancer, eye cataract, etc)	1	2
3. Loss of biodiversity (e.g deforestation, extinction of animals, plants, habitat loss, etc)	1	2
4. Other, specify..... (e.g pollutions, oil spills etc)	1	2



**8 7.4 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, plantation, etc.)				
Income from backyard-produced goods (vegetables, fruits, eggs, etc.)				
Total				

**9 7.5 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				

**10 7.6 Transfer Income**

	If "Yes", please state amount received last month			
	Serial number of household member as per page 2			
	.....	.....	.....	.....
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				

Grand Total

--

Telephone number of respondent .....

Any comments from the respondent (if any) .....  
.....  
.....  
.....  
.....

Observations/comments from the interviewer (if any) .....  
.....  
.....  
.....  
.....