



Serial Number

Quest Version

REPUBLIC OF MAURITIUS



**CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2015**

**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"/>	Year of listing	<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"/>	Sample Number	<input type="text"/>
Household Number	<input type="text"/> <input type="text"/> m m y y	Interview round	<input type="text"/>
Previous interview	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Household selected-1 or replacement-2	<input type="text"/>
Religion of head .....	<input type="text"/> <input type="text"/>		
Name of Interviewer .....			

Supervisor's Name

.....

First visit   
d d m m y y

Reinterview

Other fieldcheck

Senior Supervisor's Name

.....

Reinterview   
d d m m y y

Other fieldcheck

**For office use**

Edited and coded by .....

Checked 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 this household and their families, and members of the household temporarily absent including those abroad.

1.1	1.2	1.3	1.4					1.5	1.6	1.7	1.8	1.9			1.10		1.11	1.12			
Serial number	Name of household member  (First name only)	Reason for presence / absence of household member formerly absent / present	Identity Card No.					Relationship to head	Age  Last birthday (years)	Sex  1 Male 2 Female	Marital status  1 Married/ in a union 2 Widowed 3 Divorced 4 Separated 5 Single	Preprimary, Primary and Secondary			Level of education  If <b>past</b> , insert highest level completed. Specify whether <b>passed or not passed</b> if left school at Std VI, Form V & Upper VI. If <b>now</b> , insert level being attended.	Other educational qualifications		When Studied  1 Now-full time 2 Now-Part time 3 Now-Abroad 4 Past 5 Never	Qualification/Course  Insert <b>highest qualification</b> obtained and <b>field of study</b> . If <b>now</b> , specify course being attended		
												School attendance  1 Now 2 Past-WR * 3 Past- None * 4 Never-WR * 5 Never-None * 6 Child not yet at school									
01									1 2	1 2 3 4 5	1 2 3 4 5 6			1 2 3 4 5							
02									1 2	1 2 3 4 5	1 2 3 4 5 6			1 2 3 4 5							
03									1 2	1 2 3 4 5	1 2 3 4 5 6			1 2 3 4 5							
04									1 2	1 2 3 4 5	1 2 3 4 5 6			1 2 3 4 5							
05									1 2	1 2 3 4 5	1 2 3 4 5 6			1 2 3 4 5							

\*...-WR : If person can, with understanding, both read and write a simple sentence in his everyday life

....-None: If person cannot, with understanding, both read and write a simple sentence in his everyday life

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12
	Name	Reason	Identity Card No.	Relationship to head	Age	Sex	Marital status	School attendance	Level of education	When studied	Qualification/course
06						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
07						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
08						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
09						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
10						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
11						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	
12						1 2	1 2 3 4 5	1 2 3 4 5 6		1 2 3 4 5	

\*....-WR : If person can, with understanding, both read and write a simple sentence in his everyday life

....-None: If person cannot, with understanding, both read and write a simple sentence in his everyday life



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**MODULE II**  
**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 pages 3 & 4		...		...		...		...		...		...	
2 Interviewer, please state whether information is being collected from respondent (1) or proxy (2)	Circle one answer	1		1		1		1		1		1	
		2		2		2		2		2		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 Yes, go to 2.5	Yes	No										
		1	2	1	2	1	2	1	2	1	2	1	2
2.2 During the <b>reference week</b> , did you do any of the following activities for sale or pay ?	Circle '1' if any one of the listed activities was carried out and go to 2.5												
1. Work or help in a vegetable/fruit/flower cultivation for sale or pay													
2. Rearing of animals (cow, goat, pig, poultry, etc.) for sale or pay													
3. Fishing or other related activities for sale													
4. Preparation of food products (at home) for sale													
5. Dressmaking, tailoring for sale or pay		Yes	No										
6. Making of baskets/hats/other handicrafts for sale or pay													
7. Work or help in a family shop or other business		1	2	1	2	1	2	1	2	1	2	1	2
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.....													
2.3 During the <b>reference week</b> , were you temporarily absent from a job or business because of holidays, sickness or any other reason?	If No, go to 2.31 (Part E)	Yes	No										
		1	2	1	2	1	2	1	2	1	2	1	2

First name of household member		.....	.....	.....	.....	.....	.....
Serial number of household member as per pages 3 & 4		...	...	...	...	...	...
2.4	Why were you away from work during the reference week?						
	Illness or injury..... 1	1	1	1	1	1	1
	Holiday, vacation or on leave ..... 2	2	2	2	2	2	2
	Maternity, leave on birth of a child ..... 3	3	3	3	3	3	3
	Household/family responsibilities ..... 4	4	4	4	4	4	4
	Study/training leave..... 5	5	5	5	5	5	5
	Temporary lay-off with assurance to return to work..... 6	6	6	6	6	6	6
	Temporary disorganisation of work (lack of work, plant or machine repair, bad weather, etc.) ..... 7	7	7	7	7	7	7
	Other, specify ..... 8	8	8	8	8	8	8

**PART B - NATURE OF WORK**

*If the respondent has more than one job or business, questions 2.5 - 2.16 refer to the **main** job or business, i.e, the job or business in which he/she usually works the most hours.*

2.5	What is the name of the establishment, firm, government institution, etc. for which you worked during the <b>reference week</b> ?	Record name of employer if there is no trade name	<input type="text"/>					
2.6	Is the establishment, firm, government institution, employer, etc. for which you work, located in the country?	Circle one answer	Yes No 1 2					

First name of household member		.....	.....	.....	.....	.....	.....
Serial number of household member as per pages 3 & 4		...	...	...	...	...	...
2.7	Where is your work place located ?						
	Fixed place of work outside home..... 1	1	1	1	1	1	1
	Within home premises..... 2	2	2	2	2	2	2
	Along the road : Fixed..... 3	3	3	3	3	3	3
	Mobile..... 4	4	4	4	4	4	4
	On the beach..... 5	5	5	5	5	5	5
	Door to door..... 6	6	6	6	6	6	6
	Other place of work which is not fixed..... 7	7	7	7	7	7	7
	From home..... 8	8	8	8	8	8	8
	Outside Mauritius..... 9	9	9	9	9	9	9
	Other, specify..... 10	10	10	10	10	10	10
2.8	How many persons (including yourself) work there?						
	Under 5..... 1	1	1	1	1	1	1
	5 to 9..... 2	2	2	2	2	2	2
	10 or more..... 3	3	3	3	3	3	3
2.9	What kind of activity is carried out at your place of work?	Record <b>major</b> activity carried out where the person works					
2.10	What kind of work do you do there?	Record <b>main</b> occupation					
2.11	What is your employment status?						
	Employer..... 1	1	1	1	1	1	1
	Own account worker..... 2	2	2	2	2	2	2
	Employee..... 3	3	3	3	3	3	3
	Apprentice/internship..... 4	4	4	4	4	4	4
	Contributing family worker..... 5	5	5	5	5	5	5
	Other, specify..... 6	6	6	6	6	6	6

First name of household member								
Serial number of household member as per pages 3 & 4			...		...		...	
2.12	What is your type of employment? Permanent (indeterminate duration)..... 1 Contractual (determinate duration)..... 2	Circle one answer. If 1, go to 2.14(a)	1 2	1 2	1 2	1 2	1 2	1 2
2.13 (a)	What is the duration of your actual contract?	Record number of months	<input type="text"/>					
(b)	How long have you been working under contract in your current job?	Record number of months	<input type="text"/>					
2.14 (a)	Do you contribute to the National Pension Scheme?		Yes No 1 2					
(b)	Does your employer contribute to the National Pension Scheme for you?		Yes No NA 1 2 3					
2.15	How long have you been working for your present employer (if employer or own account worker, in the present business)?	Record number of months	<input type="text"/>					
2.16 (a)	How much did you derive as income, including overtime pay, from your main job/business for <b>last month</b> ?	Record in rupees	<input type="text"/>					
(b)	Of which basic salary		<input type="text"/>					
(c)	Of which overtime pay		<input type="text"/>					
(d)	Of which non-regular income, specify.....		<input type="text"/>					
2.17	In addition to your main occupation, did you have any other job or business during the <b>reference week</b> ?	If No, go to 2.20	Yes No 1 2					
2.18	What kind of activity is carried out at your second place of work?	Record major activity carried out there	<input type="text"/>					
2.19	What is your employment status there? Employer..... 1 Own account worker..... 2 Employee..... 3 Apprentice/internship..... 4 Contributing family worker..... 5 Other, specify..... 6	Circle one 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	1 2 3 4 5 6

**PART C - HOURS OF WORK**

<b>First name of household member</b>		.....		.....		.....		.....		.....		.....	
<b>Serial number of household member as per pages 3 &amp; 4</b>		...		...		...		...		...		...	
<b>2.20 Main Job</b>  (a) During the <b>reference week</b> , how many hours (including overtime) did you work at your <b>main</b> job?	Exclude lunch time and periods of leave/absence  * Insert total hours for the week	Mon	Tue										
		Wed	Thu										
		Fri	Sat										
		Sun	Week*										
(b) How many hours do you <b>usually</b> work at your <b>main</b> job per week?	Record <b>number of hours</b>  If <b>2.20(a)</b> is <b>greater or equal</b> to <b>2.20(b)</b> , go to <b>2.21</b>												
(c) During the <b>reference week</b> , why did you work less than your usual hours at your <b>main</b> job?  Illness/Injury..... 1 On leave..... 2 Studies/training..... 3 Household/family responsibilities ..... 4 Temporary..... 5 Part time job..... 6 Insufficient work..... 7 Bad weather/breakdown..... 8 Shift work/variable hours ..... 9 Public holiday..... 10 Other, specify ..... 11	Circle <b>main</b> reason	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
		4	4	4	4	4	4	4	4	4	4	4	4
		5	5	5	5	5	5	5	5	5	5	5	5
		6	6	6	6	6	6	6	6	6	6	6	6
		7	7	7	7	7	7	7	7	7	7	7	7
		8	8	8	8	8	8	8	8	8	8	8	8
		9	9	9	9	9	9	9	9	9	9	9	9
		10	10	10	10	10	10	10	10	10	10	10	10
		11	11	11	11	11	11	11	11	11	11	11	11

First name of household member													
Serial number of household member as per pages 3 & 4		...			...			...			...		
2.21 <b>Other jobs ( applicable if yes at 2.17, else go to 2.22)</b>  (a) During the <b>reference week</b> , how many hours (including overtime ) did you work at your <b>other job(s)</b> ?	Exclude lunch time and periods of 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) How many hours do you <b>usually</b> work at your <b>other job(s)</b> per week?	Record <b>number of hours</b>  If <b>2.21(a)</b> is <b>greater or equal</b> to <b>2.21(b)</b> , go to <b>2.22</b>												
(c) During the <b>reference week</b> , why did you work less than your usual hours at your <b>other job(s)</b> ?	Circle <b>main</b> reason	Illness/Injury..... 1	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	2
Studies/training..... 3		3	3	3	3	3	3	3	3	3	3	3	3
Household/family responsibilities ..... 4		4	4	4	4	4	4	4	4	4	4	4	4
Temporary..... 5		5	5	5	5	5	5	5	5	5	5	5	5
Part time job..... 6		6	6	6	6	6	6	6	6	6	6	6	6
Insufficient work..... 7		7	7	7	7	7	7	7	7	7	7	7	7
Bad weather/breakdown..... 8		8	8	8	8	8	8	8	8	8	8	8	8
Shift work/variable hours ..... 9		9	9	9	9	9	9	9	9	9	9	9	9
Public holiday..... 10		10	10	10	10	10	10	10	10	10	10	10	10
Other, specify ..... 11		11	11	11	11	11	11	11	11	11	11	11	11

First name of household member											
Serial number of household member as per pages 3 & 4		...		...		...		...		...	
2.22	Total <b>actual hours</b> (at <i>main and other jobs</i> ) worked <i>(calculation to be done by interviewer)</i>	2.20(a) + 2.21 (a)									
2.23	In addition to your total actual hours worked ..... <i>(number of hours calculated at 2.22), were you available for extra work during the <b>reference week</b> (if offered and the extra hours were paid)?</i>	If <b>No</b> , go to <b>2.26 (Part D)</b>		Yes No 1 2							
2.24	How many extra hours (at main and other jobs) could you have worked during the <b>reference week</b> ?	Record <b>number of hours</b>									
2.25	Have you been looking for additional or alternative work <i>(with more hours) during the <b>past 4 weeks</b>?</i>			Yes No 1 2							

**Applicable if coded 1 or 2 at Questions 2.11 and/or 2.19, ELSE go to Question 2.48 (Part F)**  
**PART D - SELF EMPLOYED (Employers and own account workers)**

First name of household member														
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...		
2.26	What is the type of ownership of the enterprise in which you are working? Individual proprietor..... 1 Household members ..... 2 Partnership with members of other households..... 3 Company..... 4 Registered co-operative..... 5 Other, specify ..... 6	Circle one answer	1	1	1	1	1	1	1	1	1	1	1	
2.27	Is the enterprise's expenditure separate from that of the owner's household?		Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	
2.28	Are the enterprise's assets separate from that of the owner's household?		Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	Yes No 1 2	
2.29	What type of accounts do you keep for your enterprise? No accounts..... 1 Informal records for personal use..... 2 Simplified account kept for income tax purposes..... 3 Complete set of accounts with balance sheets..... 4		Circle one answer	1	1	1	1	1	1	1	1	1	1	
2.30	How many persons (including yourself) worked in this enterprise during the <b>reference week</b> ?													
	1. Working proprietor - Male			Enter number  Go to 2.48 (Part F)	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
	2. Working proprietor - Female	2.			2.	2.	2.	2.	2.	2.	2.	2.	2.	
	3. Contributing family worker - Male	3.	3.		3.	3.	3.	3.	3.	3.	3.	3.		
	4. Contributing family worker - Female	4.	4.		4.	4.	4.	4.	4.	4.	4.	4.		
	5. Permanent employee - Male	5.	5.		5.	5.	5.	5.	5.	5.	5.	5.		
	6. Permanent employee - Female	6.	6.		6.	6.	6.	6.	6.	6.	6.	6.		
	7. Casual employee - Male	7.	7.		7.	7.	7.	7.	7.	7.	7.	7.		
	8. Casual employee - Female	8.	8.		8.	8.	8.	8.	8.	8.	8.	8.		
	9. Apprentice/helper - Male	9.	9.		9.	9.	9.	9.	9.	9.	9.	9.		
	10. Apprentice/helper - Female	10.	10.		10.	10.	10.	10.	10.	10.	10.	10.		

**PART E - UNEMPLOYMENT**

First name of household member		.....		.....		.....		.....		.....		.....		
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...		
2.31	Have you been looking for work or trying to set up your own business during the <b>past 4 weeks</b> ?	If No, go to <b>2.34</b>	Yes 1	No 2										
2.32	What have you done during the <b>past 4 weeks</b> to obtain work or to start your own business?	Do not read out  Circle either  <b>Yes (1) or</b>  <b>No (2)</b>	Yes	No										
	1. Applied to prospective employers		1	2	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	1	2
	3. Placed or answered advertisements		1	2	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	1	2
	5. Sought assistance or advice to start own business		1	2	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	1	2
	7. Applied for permit to set up own business		1	2	1	2	1	2	1	2	1	2	1	2
	8. Registered at the Employment Service		1	2	1	2	1	2	1	2	1	2	1	2
9. Other steps, specify.....	1	2	1	2	1	2	1	2	1	2	1	2		
2.33	How long have you been continuously without work and looking for work or trying to set up your own business?	Record number of <b>months</b>  Go to <b>2.36</b>												
2.34	Would you have liked to work during the <b>reference week</b> ?	If No, go to <b>2.38</b>	Yes 1	No 2										

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

First name of household member													
Serial number of household member as per pages 3 & 4		...		...		...		...		...		...	
2.35	Why were you not looking for work or trying to set up your own business?												
	Studying/training..... 1	1		1		1		1		1		1	
	Will resume studies soon..... 2	2		2		2		2		2		2	
	Retired/too old to work..... 3	3		3		3		3		3		3	
	Permanent disability..... 4	4		4		4		4		4		4	
	Temporary illness/injury..... 5	5		5		5		5		5		5	
	Too young to work ..... 6	6		6		6		6		6		6	
	Parents or spouse not agreeable..... 7	7		7		7		7		7		7	
	Household/family responsibilities..... 8	8		8		8		8		8		8	
	Not interested to work ..... 9	9		9		9		9		9		9	
	New job or own business to start soon..... 10	10		10		10		10		10		10	
	Suitable jobs not available..... 11	11		11		11		11		11		11	
	Do not know how and where to look for work..... 12	12		12		12		12		12		12	
	Got tired/frustrated of seeking work..... 13	13		13		13		13		13		13	
	Other, specify..... 14	14		14		14		14		14		14	
2.36	Could you have started to work during the reference week if work was available?	If No, go to 2.38		Yes	No								
		1	2	1	2	1	2	1	2	1	2	1	2
2.37	Are you willing to accept.....?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1. Full-time employment	1	2	1	2	1	2	1	2	1	2	1	2
	2. Part-time employment	1	2	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	1	2
	4. Temporary employment	1	2	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	1	2
	6. Employment in the private sector	1	2	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	1	2
	8. Work outside your training/qualification	1	2	1	2	1	2	1	2	1	2	1	2

First name of household member																
		...			...			...			...			...		
Serial number of household member as per pages 3 & 4		...			...			...			...			...		
2.38	Why did you not like to work or were you not available for work during the <b>reference week</b> ?															
	Studying/training..... 1	1			1			1			1			1		
	Will resume studies soon..... 2	2			2			2			2			2		
	Retired/too old to work..... 3	3			3			3			3			3		
	Permanent disability..... 4	4			4			4			4			4		
	Temporary illness/injury..... 5	5			5			5			5			5		
	Too young to work ..... 6	6			6			6			6			6		
	Parents or spouse not agreeable..... 7	7			7			7			7			7		
	Household/family responsibilities..... 8	8			8			8			8			8		
	Not interested to work ..... 9	9			9			9			9			9		
	New job or own business to start soon..... 10	10			10			10			10			10		
	Suitable jobs not available..... 11	11			11			11			11			11		
	Do not know how and where to look for work..... 12	12			12			12			12			12		
	Got tired/frustrated of seeking work..... 13	13			13			13			13			13		
	Other, specify..... 14	14			14			14			14			14		
2.39	What is your main source of income or support to meet your daily needs?															
	Parents..... 1	1			1			1			1			1		
	Spouse/partner..... 2	2			2			2			2			2		
	Children..... 3	3			3			3			3			3		
	Other relatives/non relatives..... 4	4			4			4			4			4		
	Maintenance alimony (ex-spouse)..... 5	5			5			5			5			5		
	Savings/property income..... 6	6			6			6			6			6		
	Government pension/assistance..... 7	7			7			7			7			7		
	Other pension/work compensation..... 8	8			8			8			8			8		
	Other, specify..... 9	9			9			9			9			9		

First name of household member												
Serial number of household member as per pages 3 & 4			...		...		...		...		...	
2.40	Have you ever worked in the past?	If <b>No</b> , go to <b>2.48 (Part F)</b>	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.41	How long is it since you worked for the last time, even for a few days?  If the number of months is greater than 120, record number and go to 2.48 (Part F)	Record number of months										
2.42	What kind of activity was carried out at the place where you worked?	Record <b>major</b> activity carried out where person worked										
2.43	What kind of work did you do there most of the time?	Record <b>main</b> occupation										
2.44	What was your employment status? Employer..... 1 Own account worker..... 2 Employee..... 3 Apprentice..... 4 Contributing family worker..... 5 Other, specify..... 6	Circle <b>one</b> answer  If circled <b>1,2,4,5,6</b> go to <b>2.47</b>	1 2 3 4 5 6									
2.45	Did you work under contract at your last job?	If <b>No</b> , go to <b>2.47</b>	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2
2.46	How long have you been working under contract at your last job?	Record number of months										

First name of household member																
		...			...			...			...			...		
Serial number of household member as per pages 3 & 4																
2.47	Why did you leave your last job?															
	Closure of establishment/firm..... 1	1			1			1			1			1		
	VRS-Closure of establishment..... 2	2			2			2			2			2		
	Reduction of workforce..... 3	3			3			3			3			3		
	VRS-Reduction of workforce..... 4	4			4			4			4			4		
	Completion of contract/temporary job..... 5	5			5			5			5			5		
	Health problems..... 6	6			6			6			6			6		
	Retirement..... 7	7			7			7			7			7		
	Marriage/childbirth/household responsibilities..... 8	8			8			8			8			8		
	Not satisfied with job..... 9	9			9			9			9			9		
	Resumption of studies/training..... 10	10			10			10			10			10		
	Other, specify ..... 11	11			11			11			11			11		

**Applicable to all persons aged between 16 and 65 years inclusive**  
**PART F - REGISTRATION AT EMPLOYMENT INFORMATION CENTRE**

<b>Age as per column 1.6</b>																						
<b>First name of household member</b>		.....		.....		.....		.....		.....		.....		.....		.....		.....		.....		
<b>Serial number of household member as per pages 3 &amp; 4</b>		.....			.....			.....			.....			.....			.....			.....		
2.48	Are you registered at the Employment Information Centre?	<b>If No (2), go to 2.50</b>	Yes 1	No 2																		
2.49	How long have you been registered at the Employment Information Centre?	<b>Record number of months</b>																				

**Applicable to all persons aged between 16 and 30 years inclusive**  
**PART G - CAREER GUIDANCE**

<b>Age as per column 1.6</b>																						
<b>First name of household member</b>		.....		.....		.....		.....		.....		.....		.....		.....		.....		.....		
<b>Serial number of household member as per pages 3 &amp; 4</b>		.....			.....			.....			.....			.....			.....			.....		
2.50	Have you ever benefitted from the services of career guidance?	<b>If No (2), go to Module III</b>	Yes 1	No 2																		
2.51	How would you rate the guidance obtained?																					
	Very useful .....	1	1		1		1		1		1		1		1		1		1		1	
	Useful .....	2	2		2		2		2		2		2		2		2		2		2	
	Not useful .....	3	3		3		3		3		3		3		3		3		3		3	

3

**MODULE III  
ENVIRONMENT**

**Head of Household (Circle appropriate code)**

3.1 Are you aware of the following environmental issues?

	Yes	No
1. Sustainable Development/Maurice Ile Durable	1	2
2. Environment friendly goods (e.g ozone friendly products)	1	2
3. Solar water heating system	1	2
4. Solar electricity system (solar Photovoltaic)	1	2
5. Sorting of recycle and non recycle wastes	1	2
6. Dangers of plastic bags	1	2

3.2 Are you aware of the following Environmental Awareness campaigns?

<b>Environmental Awareness Campaigns</b>				
	Yes	No	If yes, state if:	
			Fully aware	Not so aware
			(Tick as appropriate)	
1. Distribution of medicinal plants	1	2		
2. Tree planting	1	2		
3. Waste segregation projects at school	1	2		
4. Composting	1	2		
5. Rainwater harvesting	1	2		
6. School endemic gardens	1	2		
7. Say "No" to plastic bags	1	2		

**If not aware of any of the Environmental Awareness Campaigns, go to Question 3.5**

3.3 State the sources of your information on the campaigns? (More than one answer possible )

<b>Sources of information</b>	Distribution of medicinal plants	Tree planting	Waste segregation projects at school	Composting	Rainwater harvesting	School endemic gardens	Say 'No' to plastic bags
1 TV and radio	1	1	1	1	1	1	1
2 Newspapers, pamphlets and billboards	2	2	2	2	2	2	2
3 Talks by the Authorities	3	3	3	3	3	3	3
4 Relatives and friends	4	4	4	4	4	4	4
5 Others, specify .....	5	5	5	5	5	5	5

**Question 3.4 is applicable if Yes at Question 3.2(7)-"Say 'No' to plastic bags"**

3.4 Following the campaigns to reduce the use of plastic bags, indicate to what extent you were successful. (Circle as appropriate)

To a large extent

1

To some extent

2

Not at all

3

**Head of Household (Circle appropriate code)**

- 3.5 How often do you use reusable long lasting and eco-friendly shopping bags?  
"Jute bags (sac goni) , cloth bags, tente Vacoas, tente rafia"

Always	1
Sometimes	2
Very rarely	3
Never	4

- 3.6 Which of these options would you favour to reduce the use of plastic bags in the country? (main answer)

Increase levy	1
Ban	2
Other, specify.....	3

- 3.7 Are there drop-off bins in your locality for the disposal of segregated wastes?

Yes	1
No	2
Not aware	3

- 3.8 Does your household segregate some of the wastes it generates for recycling (including composting)?

Yes	No
1	2

**If no go to Question 3.12**

- 3.9 Which wastes does your household separate for recycling?

Types of wastes	Yes	No
1. Green wastes for composting	1	2
2. PET (plastic) bottles	1	2
3. Paper	1	2
4. Glass	1	2
5. Others, specify.....	1	2

- 3.10 How does your household dispose of the segregated wastes?

Disposal method	Yes	No
1. Drop off bins	1	2
2. Collection by private recyclers/individuals	1	2
3. Dropped at recyclers	1	2
4. Other, specify .....	1	2

- 3.11 What are the difficulties your household faces to dispose of its segregated wastes? (read out)

	Yes	No
1. Drop off bins are not easily accessible	1	2
2. Limited number of drop off bins	1	2
3. Drop off bins are not well labelled	1	2
4. Drop off bins are not cleared up regularly	1	2
5. Lack of information about recyclers	1	2
6. No separate collection by Authorities	1	2
7. Others, specify.....	1	2

**Go to Question 3.14(a)**  
**(Questions 3.12 and 3.13 are applicable if answered 'No' at Question 3.8)**

- 3.12 If you do not segregate wastes, would you consider to start segregating?

Yes	No
1	2

**Head of Household (Circle appropriate code)**

3.13 What would encourage your participation to waste segregation?

<b>(Multiple answers possible - do not read out)</b>			Yes	No
1. Mass media sensitization & awareness on the drop off bins	1	2		
2. Drop off bins placed near to your locality	1	2		
3. Ability to distinguish which garbage is recyclable	1	2		
4. Collection of segregated wastes by Local Authorities	1	2		
5. Others, specify .....	1	2		

3.14(a) How does your household dispose of the following wastes? (Read out)

<b>Disposal methods</b>	<b>Unused ICT Equipment &amp; accessories, unused domestic appliances</b>	<b>Old batteries</b>	<b>Old furnitures including mattresses</b>	<b>Construction material wastes</b>	<b>Branches and trees</b>
1. Collection by municipal/district council	1	1	1	1	1
2. Collection by private contractors	2	2	2	2	2
3. Dumped on own premises	3	3	3	3	3
4. Dumped on road side	4	4	4	4	4
5. Dumped on bare land	5	5	5	5	5
6. Other, specify .....	6	6	6	6	6
7. Not applicable	7	7	7	7	7

3.14(b) Are you aware that there is a Solid Waste Division at the Ministry of Environment and Sustainable Development which caters for the disposal of the above wastes?

Yes	No
1	2

3.15 Is your household engaged in the following activities related to environmental protection?  
(Read out and circle as appropriate)

	Yes	No
1. Use of energy efficient light bulbs (CFL and LED)	1	2
2. Use solar photovoltaic panels to produce electricity	1	2
3. Carry out backyard gardening / rooftop gardening	1	2
4. Collect rainwater	1	2
5. Participate in awareness campaign on environmental issues	1	2

3.16 How many of the following trees do you have on your premises?

(Circle as appropriate)

<b>Woody trees</b>			<b>Non Woody trees</b>			
None	Less than 5	5 or more	None	Less than 10	10 to 20	More than 20
1	2	3	1	2	3	4

**Head of Household or any member of household (Circle appropriate code)**

3.17 Have you or any member of your household heard of “Climate Change”?	Yes	No
	1	2

3.18 Do the following 'Climate Changes' affect your household?  
(More than one answer is possible)

	Yes	No	Don't know /NA
1. Weather extremes (flooding, cyclones, drought, etc)	1	2	3
2. Uncomfortable temperatures	1	2	3
3. Water scarcity	1	2	3
4. Scarcity of fresh foods	1	2	3
5. Threat to job security (e.g. tourism and agriculture)	1	2	3
6. Health issues (epidemics, dehydration, etc)	1	2	3
7. Landslide	1	2	3
8. Sea level rise	1	2	3

3.19 Are you or any member of your household aware that there is a Climate Change Information Centre at the Ministry of Environment and Sustainable Development?	Yes	No
	1	2

3.20 Have you or any member of your household ever visited the website of the Ministry of Environment and Sustainable Development on climate change?	Yes	No
	1	2

5

**HOUSEHOLD INCOME AND EXPENDITURE**

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

Rs.....


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

Amount (Rs)

1. Food and non-alcoholic beverages		
2. Medical care (including health related items)		
3. Rent (if any)		
4. Gas		
5. Educational expenses		
6. Travelling and transport		
7. Clothing and footwear		
8. Water bill and waste water bill		
9. Electricity bill (including MBC TV licence)		
10. Telephone bill (excluding internet bill)		
11. Internet/e-mail		
12. Mobile phone		
13. Restaurants and hotels bills		
14. Recreation and culture		
15. Household appliances and furniture		
16. Routine house maintenance		
17. Life insurance and pension contributions		
of which (i) National Pension Fund		
(ii) Other private pension fund		
(iii) Civil Service Family Pension Scheme		
(iv) Pension contribution (PRB 2008)		
18. Debt repayment: Land/house		
Vehicle		
Credit purchase		
Educational loan		
Other, specify .....		
Total		

5.3 For the calendar year **2014**, what was the total amount paid for the following items?

Amount (Rs)	
1. Income tax	
2. Municipal tax	

5.4 **Applicable if no rent at question 5.2(3) has been declared, i.e, for owned and free accomodation only**

What would be the monthly rent payable for your housing unit,  
if rented unfurnished ?

Rs .....

**6 5.5 Income from work last month**

Source	Serial number of household member as per pages 3 & 4											
	.....			.....			.....			.....		
Paid employment (including bonus, overtime, etc.)												
Income from self-employment (trade, business, plantation, etc.)												
Income from backyard-produced goods (vegetables, fruits, eggs, fish, etc.)												
Total												
Total 5.5												

**7 5.6 Income from property last month**

Source	Serial number of household member as per pages 3 & 4											
	.....			.....			.....			.....		
Rent from land and buildings/machinery/equipment, etc												
Dividends/Interests												
Other, specify.....												
Total												
Total 5.6												

**8 5.7 Transfer Income**

	If applicable, please state amount received last month											
	Serial number of household member as per pages 3 & 4											
	.....			.....			.....			.....		
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												
Total 5.7												
Total ( 5.5+ 5.6+ 5.7)												

9

Telephone number of respondent

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*Collected under the provisions of the Statistics Act and in accordance with the sections 22, 23, 24, 25, 26, 27, 28 and 29 of the Data Protection Act.*