

1. DEMOGRAPHIC AND OTHER

Enter the first names of all persons who usually live in the household. Please include babies and usual members who are temporarily (except when they will be staying for more than a fortnight in the reference month).

1.1	1.2	1.3	1.4	1.5	1.6	1.7
Serial Number	Name of household member (first name only)	Relationship to head (e.g spouse, son, daughter-in-law, etc.)	Sex	Age	Marital status Married/ in a union - M Widowed - W Divorced - D Separated - SEP Single - S	Whereabouts in survey month HERE - If staying more than a fortnight NOT HERE Otherwise
			Male - M Female - F	at last birthday		
01		Head				
		1				
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

CHARACTERISTICS OF HOUSEHOLD MEMBERS

absent e.g. students abroad, persons on vacation/business trip etc. However, exclude temporary visitors, servants and lodgers

1.8	1.9	1.10	1.11	1.12
Preprimary, Primary and Secondary	Other educational/vocational qualifications			Activity status
School attendance	Level of education	When studied	Qualification/Course	- Employee - EPE - Self employed - SE - Contributing family worker - CFW - Homemaker - HM - Student - ST - Have been working but now retired - R - Not working but looking for work - NWLW - Disabled/Invalid - DIS - Other (including Apprentice) (Please specify) - O
Now Past Never Child not yet at school (CNYS)	If PAST , insert highest level completed. Specify CPE/SC/HSC if passed at these levels . If NOW , insert level being attended	Now - FT Now - PT Past Never	Insert highest qualification obtained and field of study. If NOW , specify course being attended.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. CHARACTERISTICS OF DWELLING

2.1 Type of building *(Circle appropriate code)*

- | | |
|--|---|
| (i) Detached house | 1 |
| (ii) Semi-detached house/block of flats/partly-residential building | 2 |
| (iii) Building designed for one housing unit but crudely subdivided into smaller units | 3 |
| (iv) Improvised structure | 4 |
| (v) Other (Please specify) | 5 |

2.2 Number of each type of room occupied by your household

- | | <i>Number</i> |
|------------------------------|---------------|
| (i) Bedroom | |
| (ii) Dining room | |
| (iii) Living room | |
| (iv) Dining / Living room | |
| (v) Closed verandah | |
| (vi) Open verandah | |
| (vii) Study | |
| (viii) Kitchen | |
| (ix) Lobby | |
| (x) Bathroom | |
| (xi) Toilet | |
| (xii) Other (Please specify) | |

Total number of rooms for living purposes

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2.3 Type of tenure *(Circle appropriate code)*

- | | | | |
|--------------------------|---|--------------------------|--------------------------|
| (i) Owned | 1 | <input type="checkbox"/> | <i>Skip to Section 3</i> |
| (ii) Supplied free | | | |
| - by employer | 2 | <input type="checkbox"/> | |
| - by parents / relatives | 3 | <input type="checkbox"/> | <i>Skip to Section 3</i> |
| - Other (Please specify) | 4 | <input type="checkbox"/> | <i>Skip to Section 3</i> |
| (iii) Rented | 5 | <input type="checkbox"/> | <i>Skip to Section 4</i> |

2.4 Beneficiary of supplied free dwelling from employer

(Please insert serial number and name as in 1.1 and 1.2 respectively)

Serial number

Name

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3. OWNED AND FREE ACCOMMODATION ONLY

3.1

Does any member of the household pay any of the following?	Yes/No	If YES , please indicate amount for latest payment and specify the period covered (monthly, quarterly, half yearly or yearly)	
		Amount (Rs)	Period
1. Municipal Rates		<input type="text"/>	
2. Syndic		<input type="text"/>	
3. Water		<input type="text"/>	
4. Waste water tax		<input type="text"/>	
5. Electricity		<input type="text"/>	
6. Telephone (fixed)		<input type="text"/>	
Total		<input type="text"/>	
of which international calls		<input type="text"/>	
7. House and contents insurance e.g fire, cyclone, burglary		<input type="text"/>	
8. MBC - T.V. Licence		<input type="text"/>	
9. Private T.V. channel		<input type="text"/>	
10. Rent of land		<input type="text"/>	
11. Housing loan		<input type="text"/>	

3.2 What would be the rent payable for this housing unit? Rs

<input type="text"/>				
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Skip to Section 5

5. MINOR REPAIRS AND MAINTENANCE

5.1 Has any member of the household undertaken any minor repairs and/or maintenance to your housing unit during the past 12 months?

(Do not include any additions and other major changes)

Nature of work	Yes/No	If YES , please indicate the amount spent on	
		Workman's wages	Materials and fittings
1. Repainting			
2. Water proofing of roofs			
3. Electricity			
4. Plumbing			
5. Woodwork			
6. Floor covering			
Carpet			
Vinyl tiles			
Linoleum			
Ceramic tiles			
Wood			
7. Other (Please specify)			
(i)			
(ii).....			

6. FUEL USED FOR COOKING

6.1 What type/s of fuel do you use for cooking?

(Please insert 1 for most frequently used, 2 for second, etc....., nil for not used)

1. Electricity
2. LPG (Gas)
3. Kerosene
4. Charcoal
5. Wood
6. Other (Please specify)

6.2 Applicable for households using LPG (gas), please complete the table below

Capacity of cylinder most often used for cooking - (5 / 6 / 12 kg)	Duration of a cylinder (months)	Cost of a cylinder (Rs)		

7. HOUSEHOLD POSSESSIONS

7.1 Does any member of the household own any of the following items?

(If YES, please indicate the number of units owned for each item)

1. Television
2. Stereo / Hi-fi
3. Video cassette player/recorder
4. VCD/DVD
5. Refrigerator
6. Electric shower
7. Gas shower
8. Dishwashing machine
9. Washing machine
10. Gas / electric oven
11. Microwave oven
12. Vacuum cleaner
13. Air conditioner
14. Fixed telephone
15. Mobile telephone
16. Personal computer(inc.laptop)

8. VEHICLES

8.1 Does any member of the household own or has under his/her custody any of the following?

If YES, please give the following details

Type of vehicle	Yes/No	If YES, insert number of vehicles available for		For vehicles used solely for household purposes, please specify amount paid (Rs) during past 12 months		
		Household use only	both business and household use	Road tax		Insurance
				Amount (Rs)	Period covered	
1. Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Double Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lorry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Minibus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.2 Has any member of the household bought any motor vehicles during the past 12 months for household or personal use? (If YES, mention the type of vehicle bought and the buying price excluding insurance and registration fee)

Type of vehicle	Buying price (Rs) excluding insurance and registration fee
(i)	<input type="checkbox"/>
(ii)	<input type="checkbox"/>
(iii)	<input type="checkbox"/>

8.3 Has any member of the household sold any motor vehicles (used for household or personal purposes) during the past 12 months? (If YES, mention the type of vehicle sold and the selling price)

Type of vehicle	Selling price (Rs)
(i)	<input type="checkbox"/>
(ii)	<input type="checkbox"/>

9. DOMESTIC SERVICES

9.1 Does the household employ any of the following?
(If YES, complete the table below)

Type of services	Number		Total monthly wages (Rs)
	Part time	Full time	
Domestic servant	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Baby Sitter	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Garde malade	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cook	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gardener	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Driver	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

10. OVERSEAS TRAVEL

10.1 Has any member of the household undertaken any overseas travel (including package tours but excluding business trips) during the past 12 months either by air or by sea?
(If YES, complete the table below)

Trip	Air / sea	No. of ticket/s	Cost of ticket/s	Period

TOTAL

Air

Sea

Item	Amount paid (Rs)
4. Health related goods and services <i>(e.g Doctor's fees, dental & clinic charges, laboratory services, spectacles, etc.)</i>	
5. Educational expenses <i>(e.g textbooks, exams & registration fees, dictionaries, encyclopaedia, etc.)</i>	
6. Expenditure in hotels and bungalows in Mauritius <i>(e.g. rental of bungalows, etc.)</i>	
7. Other expenses (Please specify)	

CENTRAL STATISTICS OFFICE
Ministry of Finance and Economic Development

MAURITIUS HOUSEHOLD BUDGET SURVEY
2006/07

DAILY RECORD OF HOUSEHOLD EXPENDITURE

(4 - Day Diaries)

Week No. []

This diary starts on Saturday (Day Month Year 200....)

and ends on Friday (Day Month Year 200....)

Please read all instructions and look at the examples before you start completing your diary.
All the particulars you give in this diary will be treated in strict confidence.
Please do not put your name or address on it.
The information asked for is collected under the Statistics Act.
Your cooperation is sought in completing and returning this diary.
If you have any questions or difficulty in completing this diary, please do not hesitate to seek the help of the authorised officer or contact the Central Statistics Office.
(Telephone Nos.: 2122316 / 17)

Serial Number [][][][]

Reference Month [][]

Geographical District

PSU Number

PSU-RDI

Enumeration Area

Population Stratum

Household Number (1 - 8)

CONFIDENTIAL

(Ring as appropriate)

Sat	Sun	Mon	Tue	Wed	Thur	Fri
-----	-----	-----	-----	-----	------	-----

Date

A. Record of Daily Expenditure
(Please write each item on a SEPARATE line)

Quantity and Unit	Description of item	Amount paid		Office use
		Rs	Cs	
	<i>Food and drink items purchased</i>			
	<i>Daily shopping items (e.g. newspapers, cigarettes, etc.)</i>			
	<i>Transport(e.g. bus fare, taxi fare, fuel, autogas, etc.)</i>			

C. GOODS OR SERVICES OBTAINED FREE OR AT REDUCED PRICES

- During the week, household members may have obtained, from employers, friends or relatives & other sources, items of goods/services free or at reduced prices such as meat, meals, vegetables, clothing, tailoring services etc.
- **Please record these items below:**
- Give an estimate of the quantity and of the price of the goods or services according to the price you would pay for them (retail market value).
- Record the day when the goods were received, not when they are used.
- Include also any expenditure which will be refunded completely or partly refunded to your household by employers.

- Include gifts obtained from somebody outside the household.
- Include goods and services obtained free from relatives/socio-religious organisations.
- Include any winnings obtained by any member of the household.

Day	Quantity & Unit	Description of item	Retail value		Cost to household		Office use
			Rs	Cs	Rs	Cs	
		Example					
	1 kg	Fresh fish (Gift from cousin)	100	00	-	-	
		Car petrol (Employer) (50%)	500	00	250	00	
	2 kg	Milk powder (Socio-religious organisation)	175	00	-	-	

Day	Quantity & Unit	Description of item	Retail value		Cost to household		Office use
			Rs	Cs	Rs	Cs	
		<i>FROM EMPLOYER</i>					
		<i>FROM SOCIO-RELIGIOUS ORGANISATIONS</i>					
		<i>OTHER (friends, relatives, etc.)</i>					

D. OWN CONSUMPTION GOODS FROM HOUSEGARDEN

- If you grow vegetables, fruits, etc. in your backyard, your household may have consumed all or part of these during the week.
- **Please record below any such items consumed during the week.**

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
Example					
2/7	2 kg	Carottes	50	00	
4/7	1	Lettuce	10	00	
4/7	1	Lemon	5	00	

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	

E. CONSUMPTION OF OWN PRODUCED GOODS

- If you rear livestock (chicken, rabbits, etc.) or catch fish, your household may have consumed these or part of this production during the week.
- **Please record these items consumed during the week below.**

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
Example					
4/7	1	Chicken (3 lb)	100	00	
6/7	1 kg	Fish (fresh)	150	00	

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
TOTAL					

F. SALE OF OWN PRODUCED GOODS FROM HOUSEGARDEN

- If you grow vegetables, fruits, etc. or rear livestock (chicken, rabbits, etc.) in your backyard or catch fish or make handicraft products, your household may have sold all or part of these during the week.
- **Please record below any such items sold during the week.**

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
Example					
2/7	1 kg	Brinjal (to neighbour)	12	00	
3/7		Pumpkin leaves (Brède giraumon)	10	00	
3/7	1	Live chicken (approx. 2 kg) (to neighbour)	150	00	

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
TOTAL					

G. TAKING FROM OWN SHOP/STORE/TABAGIE

- If you own or run a shop/tabagie/store, your household may have used up items (specially food, drinks, etc.) originally meant for sale/business.
- **Please record these items used during the week below.**

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
Example					
1/7	1 kg	Rice (Govt.)	7	00	
2/7	1	Coca cola (2 litres)	24	00	
3/7	2	Exercise books	20	00	

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	

CENTRAL STATISTICS OFFICE
Ministry of Finance and Economic Development

MAURITIUS HOUSEHOLD BUDGET SURVEY
2006/07

DAILY RECORD OF HOUSEHOLD EXPENDITURE

Week No.

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and ends on Friday (Day Month Year 200....)

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authorised officer or contact the Central Statistics Office.
(Telephone Nos.: 2122316 / 17)*

Serial Number

Reference Month

Geographical District

PSU Number

PSU-RDI

Enumeration Area

Population Stratum

Household Number (1 - 8)

CENTRAL STATISTICS OFFICE
Ministry of Economic Development, Financial Services and Corporate Affairs

MAURITIUS HOUSEHOLD BUDGET SURVEY
2001/02

DAILY RECORD OF HOUSEHOLD EXPENDITURE

Week No. []

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and ends on Friday (Day Month Year 200....)

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Serial Number [][][][]

Reference Month [][]

Geographical District

Municipal/Village Council Area

Enumeration Area

Urban/Semi-Urban/Rural

Population Stratum

Household Number (1 - 8)

CONFIDENTIAL

Quantity and Unit	Description of item	Amount paid		Office use
		Rs	Cs	
	<i>Take away meals brought home</i>			
	<i>Meals, snacks and drinks bought and consumed away from home</i>			
	<i>(1) Bought at workplace, canteen, snacks, street vendors, etc.</i>			
	<i>(2) Bought at bars, restaurant, hotel, cinemas, etc.</i>			
	<i>Cleaning materials, cosmetics, stationery, etc.</i>			
	<i>Clothing, clothing material and footwear</i>			
	<i>Any other payments</i>			

D. OWN CONSUMPTION GOODS FROM HOUSEGARDEN

- If you grow vegetables, fruits, etc. in your backyard, your household may have consumed all or part of these during the week.
- **Please record below any such items consumed during the week.**

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
Example					
2/7	2 kg	Carottes	50	00	
4/7	1	Lettuce	10	00	
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Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	

E. CONSUMPTION OF OWN PRODUCED GOODS

- If you rear livestock (chicken, rabbits, etc.) or catch fish, your household may have consumed these or part of this production during the week.
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Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
Example					
4/7	1	Chicken (3 lb)	100	00	
6/7	1 kg	Fish (fresh)	150	00	

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
TOTAL					

F. SALE OF OWN PRODUCED GOODS FROM HOUSEGARDEN

- If you grow vegetables, fruits, etc. or rear livestock (chicken, rabbits, etc.) in your backyard or catch fish or make handicraft products, your household may have sold all or part of these during the week.
- **Please record below any such items sold during the week.**

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			Rs	Cs	
Example					
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Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	
TOTAL					

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Example					
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3/7	2	Exercise books	20	00	

Day	Quantity & Unit	Description of item	Retail value		Office use
			Rs	Cs	

CENTRAL STATISTICS OFFICE
Ministry of Finance and Economic Development

MAURITIUS HOUSEHOLD BUDGET SURVEY
2006/07

INCOME SCHEDULE

To be filled in for all income earners (employees and self-employed,
persons receiving transfer income, property income, etc.)

Serial Number

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Reference Month

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Geographical District

PSU Number

PSU-RDI

Enumeration Area

Population Stratum

Household Number (1 - 8)

Address of Household

Date of interview: Day..... Month..... Year 200.....
Name of Interviewer:.....Sig
Verified & checked by Supervisor on Day.... Month..... Year 200....
Name of Supervisor:.....Sig.....

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Edited and coded by.....Sig.....
Checked by.....Sig.....

SECTION 1 -

Serial number of person in HBS 2		
1.1 Name of employer			
1.2 Address of place of work			
1.3 Industry (i.e. type of business/service carried out at place of work)			
1.4 Occupation			
1.5 How many hours have you worked during the past week?			
1.6 What is your employment status? (employer, own account worker, employee, apprentice) <i>If employer or O.A.W skip to section 3</i>			
1.7 How do you receive your pay? Monthly/Fortnightly/Daily/Piece rate/Other(Please specify)			

SECTION 2 -

2.1 What was your last gross cash pay from employment?

(Please specify period covered)

Serial number of person in HBS 2	Period	Amount (Rs)			
2.1.1 Wages/salary including extra remuneration					
2.1.2 Overtime					
2.1.3 Travelling Allowance					
(i) Bus (refund)					
(ii) Bicycle					
(iii) Motorcycle					
(iv) Car					
(v) Commuted					
2.1.4 Rent allowance					
2.1.5 Bonus					
(i) Attendance					
(ii) End of year					
(iii) Productivity					
(iv) Sick leave refund					
(v) Other (please specify)					
.....					
2.1.6 Other cash allowance (Please specify)					
.....					
2.1.7 Total gross pay before deduction					

2.2 Deductions

How much was deducted from your last pay for the following?

Serial number of person in HBS 2			
	Period	Amount (Rs)		
2.2.1 Income tax (P.A.Y.E.)				
2.2.2 Pensions and Social Security Schemes				
(i) National pension fund or other pension fund				
(ii) Civil Service Family Pension Scheme				
(iii) Other (Please specify)				
(iv)				
2.2.3 Other Deductions				
(i) Refund of housing loan				
(ii) Refund of car loan				
(iii) Refund of motorcycle loan				
(iv) Refund of computer loan				
(v) Refund of EWF loan				
(vi) Refund of other loan (Please specify)				
2.2.4 Total deductions (2.2.1+2.2.2+2.2.3)				
2.3 Net cash earnings for the month [2.1.7 minus 2.2.4]				
2.4 Did you receive any income in addition to your regular employment? (Yes / No) <i>If No, skip to 2.6</i>				
2.5 How much did you receive from such sources during the month?				
2.6 Total net income of person in paid employment [2.3 + 2.5]				

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2.7 Total income in kind of person				
2.8 Total net income of person in cash and kind [2.6 + 2.7]				

SECTION 3 -

Serial number of person in HBS 2				
3.1 How much income did you derive from your profession, business, trade, etc. for last month or accounting year? Please specify period covered in months	Period	Amount (Rs)			
(i) Business					
(ii) Trade					
(iii) Crop cultivation					
(a) Main crop (Please specify)					
(b) Other crop (Please specify)					
(iv) Other (Please specify)					
TOTAL					
3.2 Income Tax paid for last accounting Quarter (Rs)					
3.3 Imputed monthly net income from self employment after Income Tax (3.1 minus 3.2)					

SECTION 4 -

Serial number of person in HBS 2				
4.1 How much did you receive for the renting of:	Gross rent received last month (Rs)	Expenditure on repairs & improvement during last 12 months (Rs)	Municipal rate for last financial year (Rs)		
(i) Dwellings (residential)					
(ii) Non-residential buildings					
(iii) Machinery and equipment					
(iv) Land					
(v) Other (Please specify)					
TOTAL MONTHLY NET RENT					
4.2 Other income from property (Please specify period covered)	Period	Amount (Rs)			
(i) Dividends received					
(ii) Interest received on savings and fixed deposits					
(iii) Interest received on loans					
(iv) Other (Please specify)					
(v)					
TOTAL					

SECTION 5 -

5.1 How much did you receive from the following last month?

Serial number of person in HBS 2			
Income	Amount (Rs)			
(i) Sale of property and possessions (including bonds)				
(ii) Withdrawals from savings				
(iii) Loans obtained				
(iv) Refund of loans by others				
(v) Gifts (cash only)				
(vi) Other (please specify) e.g lump sum, inheritances				
TOTAL OTHER RECEIPTS (IN CASH)				

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TOTAL OTHER RECEIPTS (IN KIND)				
TOTAL OTHER RECEIPTS (CASH + KIND)				

SECTION 6 -

**6.1 During the REFERENCE MONTH did any member of the household receive any of the following in cash?
(If **YES** state amount received)**

Serial number of person in HBS 2			
	Amount (Rs)			
(i) Old age pension (Basic Retirement Pension)				
(ii) Widows' and children pension				
(iii) Handicapped/invalid pension				
(iv) Social aid				
(v) Other government pensions(e.g Unemployment hardship relief)				
(vi) NPF contributory retirement pension				
(vii) Retirement pension from former employer				
(viii) Scholarship grants (students)				
(ix) Maintenance/alimony				
(x) Regular allowance from parents abroad				
(xi) Regular allowance from parents in Mauritius				
(xii) Regular allowance from social/religious organisation				
(xiii) Other regular receipts (Please specify)				

6.2 During the **REFERENCE MONTH** did any member of the household receive any of the following in kind?
(If YES state monetary equivalent in rupees received)

Serial number of person in HBS 2				
		Monetary equivalent (Rs)			
(i) Regular donation from parents in Mauritius					
(ii) Regular donation from social/religious organisation					
(iii) Other regular donation (Please specify)					

6.3 During the **PAST 12 MONTHS** did any member of the household receive an allowance on any of the following? *(If YES state amount received)*

Serial number of person in HBS 2				
		Amount (Rs)			
(i) Subsidy/refund on examination fees					
(ii) Subsidy/refund on textbooks					
(iii) Other receipts (Please specify)					

SECTION 7 -

7.1 How much have you disbursed on the following items last month, if they have not been reported in question 2.2?

Serial number of person in HBS 2				
		Amount (Rs)			
(i) Housing loan					
(ii) Motor vehicle loan					
(iii) Furniture					
(iv) Audio visual equipment					
(v) Household appliances					
(vi) Education					
(vii) Health purpose (treatment abroad)					
(viii) Other (Please specify) <input type="checkbox"/>					
TOTAL DEBT REPAYMENT					

CENTRAL STATISTICS OFFICE
Ministry of Finance and Economic Development

MAURITIUS HOUSEHOLD BUDGET SURVEY
2006/07

POINT OF PURCHASE QUESTIONNAIRE

Serial Number

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Reference Month

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Geographical District

PSU Number

PSU-RDI

Enumeration Area

Population Stratum

Household Number (1 - 8)

Address of Household

Date of interview: Day..... Month..... Year 200.....
Name of Interviewer:.....Sig.....
Verified & checked by Supervisor on Day.... Month..... Year 200....
Name of Supervisor:.....Sig.....

FOR OFFICE USE
Edited and coded by.....Sig.....
Checked by.....Sig.....

2. Usually, where did members of your household go for the following services (paid only)?

For "Region" indicate whether services are made at Port Louis Centre, Beau Bassin, Rose Hill, Quatre Bornes, Curepipe, Goodlands, Centre de Flacq, Terre Rouge, Triolet, Rose Belle, Chemin Grenier, Surinam, etc.

Services	Name of establishment	Region	For office use Code				
2.1 Doctors							
2.2 Dentists							
2.3 Motor vehicles repairs							
2.4 Nurseries and kindergartens							
2.5 Hairdressers							
2.6 Beauticians							
2.7 Aerobic classes / Gym							
2.8 Rental of film (video, CD, DVD)							

REMARKS:-

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