

Serial Number

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REPUBLIC OF MAURITIUS

**CENTRAL STATISTICS OFFICE**

**Ministry of Economic Development, Financial Services and Corporate Affai**

<p><b>CONTINUOUS MULTI-PURPOSE HOUSEHOLD SURVEY - 2002</b></p> <p><b>INTERVIEWING OF HOUSEHOLDS</b></p>
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Reference Month .....

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Geographical District .....

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Regional Stratum.....

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PSU Number.....

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Enumeration Area.....

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Household Number (01-15) .....

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Name of Interviewer .....

Name of Supervisor .....

Signature of Supervisor if present at interview ..... Date .....

For office use

<p>Edited and coded by .....</p> <p>Checked by .....</p> <p>Input by.....</p> <p>Verified by.....</p>
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**MODULE 1**

**1**

**Section 1. DEMOGRAPHIC AND HEALTH CHARACTERISTICS OF HOUSEHOLD MEMBERS**

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

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12
Serial Number	Name of household member (First name only)	Relationship to head (e.g spouse, son, daughter- in-law, etc.)	Age Last birthday	Gender Male - M Female - F	Marital status Married/ in a union - M Widowed - W Divorced - D Separated - SEP Single - S	Do you suffer from any of the following? Write Y for "yes" and N for "no"					
						Diabetes	Hypertension	Asthma	Epilepsy	Cancer	Amputation (specify whether leg or arm)
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 qualifications			
		School attendance Now Past Never Child not yet at school (CNYS)	Level of education If <b>past</b> , insert highest level completed. If <b>now</b> , insert level being attended.	School attendance Now Past Nil	Qualification/Course Insert <b>highest</b> qualification obtained and field of study. If <b>now</b> , specify course being attended	Type of study Part time - <b>PT</b> Full time - <b>FT</b> Correspondence - <b>C</b> Self/Private - <b>SP</b>	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. LABOUR FORCE AND TRAINING (For all persons aged 12 years and over)**

**PART A - CURRENT ACTIVITY**

First name of household member			.....	.....	.....	.....	.....	.....
Serial No. as per page 2			.....	.....	.....	.....	.....	.....
3.1	During the <b>past week</b> , did you do any work for pay, profit or family gain, even if it was only for <b>one hour</b> ?	Yes No	If yes, go to 3.11	<input type="checkbox"/>				
3.2	If you did not work in the <b>past week</b> , was it because of absence?	Yes No	If yes, go to 3.11	<input type="checkbox"/>				
3.3	Have you been looking for work during the <b>past 4 weeks</b> ?	Yes No	If no, go to 3.7	<input type="checkbox"/>				
3.4	What have you done during the <b>past 4 weeks</b> to obtain work?  1. Registration with Employment Service ..... REE 2. Applied to prospective employers ..... APE 3. Checked at factories, worksites, etc ..... CFW 4. Placed or answered advertisements ..... PAA 5. Sought assistance or advice ..... SAA 6. Tried to set up own business ..... TSB 7. Other steps, specify .....		Record all steps taken, do not read out list	<input type="checkbox"/>				
3.5	What kind of job are you interested in?			<input type="checkbox"/>				
3.6	How long have you been continuously trying to obtain work?		Specify number of months	<input type="checkbox"/>				
3.7	Were you available for work during the <b>past week</b> ?	Yes No	If yes, go to 3.9	<input type="checkbox"/>				

First name of household member							
Serial No. as per page 2							
3.8	Why were you not available for work during the <b>past week</b> ? 1. Household duties..... HD 2. Studying/training..... ST 3. Illness/injury/disability..... IID 4. Retired/too old..... RTO 5. Other reason (specify) .....	Record <b>main</b> reason					
3.9	Have you ever worked in the past? Yes No	If <b>no</b> , end of section I module II					
3.10	When did you leave your last job?	<b>END OF SECTION I MODULE II</b>					
<b>PART B. CURRENT EMPLOYMENT</b>							
3.11	What kind of work/activity is carried out at your place of work?	Record <b>major</b> activity carried out where person works					
3.12	What kind of work do you do there most of time?	Record main occupation					
3.13	What is your employment status? 1. Employer..... EPR 2. Own account worker..... OAW 3. Employee..... EPE 4. Apprentice..... A 5. Unpaid family worker ..... UFW 6. Other (specify) .....						
3.14	How long have you been working for your present employer ?	Specify number of months or years					

First name of household member			.....	.....	.....	.....	.....	.....						
Serial No. as per page 2			....	....	....	....	....	....						
3.15 How many hours (including overtime) did you work during the <b>past week</b> ?	Exclude lunch time and periods of leave/absence	* insert total hours for 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*
3.16 Have you attended any formal training programme during the <b>past 12 months</b> ?	Yes No	If no, go to 3.21												
3.17 What was the subject of the training course?														
3.18 What was the duration of the training course?	Specify the number of weeks or months													
3.19 Who financed the training course?														
3.20 How much did you spend in connection with this course (if any)?														
3.21 How much did you derive as income, including overtime, from your job/business for the <b>last month</b> ?														

4

## MODULE II

## Section 2. ENVIRONMENT

4.1 How does your household dispose of solid waste? (*Circle appropriate code*)

1. Collection by municipal/district council	1
2. Collection by private contractors	2
3. Dumped on own premises	3
4. Dumped on road side	4
5. Dumped on bare land	5
6. Other, specify	6

**If codes 3 to 6 circled, go to 4.3**

4.2 How many times was solid waste collected along your street during the past month? .....

4.3 Are you aware that there are bins provided across the island for the collection of plastic soft drink bottles? *If yes*, have you made use of them, during the past month? (*Circle appropriate code*)

Not aware	Yes, but not used	Yes, used
1	2	3

4.4 How do you carry your goods purchased (groceries, vegetables, etc.) when you go shopping? (*Circle appropriate code*)

	Yes	No
1. Own bag/basket	1	2
2. Plastic bags provided by sellers	1	2
3. Other, specify	1	2

4.5 What do you do with plastic bags provided at shopping places? (*Circle appropriate code*)

	Yes	No
1. Throw away	1	2
2. Use for disposal of wastes	1	2
3. Use again to carry objects	1	2
4. Other use, specify	1	2

4.6 What do you do with empty plastic soft drink bottles?

*(Circle appropriate code)*

	Yes	No
1. Throw away	1	2
2. Use again as containers	1	2
3. Other use, specify	1	2

4.7 How do you dispose of kitchen wastes? *(Circle appropriate code)*

1. Dispose of them together with other household wastes	1
2. Keep separately in backyard/garden	2

**If code 2 circled, go to 4.9**

4.8 Are you aware that kitchen vegetable wastes can be transformed into manure for use in the garden? *(Circle appropriate code)*

Yes	No
1	2

4.9 Are you affected by any of the following environmental concerns in your neighbourhood?

*(Circle appropriate code)*

	Not at all	Yes, to some extent	Yes, seriously
1. Dumping of solid waste	1	2	3
2. Waste/stagnant water	1	2	3
3. Stray dogs	1	2	3
4. Breeding of animals by neighbours	1	2	3
5. Rats/mice	1	2	3
6. Presence of crows	1	2	3
7. Traffic noise	1	2	3
8. Industrial noise	1	2	3
9. Other noise	1	2	3
10. Smoke/dust	1	2	3
11. Odours	1	2	3

4.10 Which of the following kind of water do you use for drinking purposes at home?  
*(Circle appropriate code)*

	Yes	No
1. Tap water as such	1	2
2. Boiled tap water	1	2
3. Filtered tap water	1	2
4. Bottled water	1	2
5. Other, specify	1	2

**If code 2 circled for tap water as such, go to 4.11, otherwise go to 4.12**

4.11 Why don't you drink tap water at home? .....

.....

4.12 Do you take any measures to reduce water consumption at home? *(Circle appropriate code)*

Yes	No
1	2

**If no, end of section 2, module II**

4.13 In which water-using household activities do you take steps to reduce water consumption? *(Circle appropriate code)*

	Yes	No
1. Car washing	1	2
2. Pavement cleaning	1	2
3. Watering of plants	1	2
4. Clothes washing	1	2
5. Dish washing	1	2
6. Other activities, specify	1	2

4.14 For what reason(s), do you practice water consumption reduction?  
*(Circle appropriate code)*

	Yes	No
1. To reduce water bill	1	2
2. To save this natural resource	1	2
3. Because of drought	1	2
4. Other reason, specify	1	2

## MODULE III

## Section 1. INFORMATION TECHNOLOGY (IT)

5

## Head of household

5.1 Does your household own a computer?

*(Circle appropriate code)*

Yes	No
1	2

If "Yes" go to 5.5

5.2 Why don't you own a computer? *(Circle appropriate code)*

1. Available at work	1
2. Available at relatives/friends	2
3. Too costly	3
4. Not necessary	4
5. Other, specify	5

5.3 Do you intend to purchase a computer?

*(Circle appropriate code)*

Yes, within next 12 months	1
Yes, after one year	2
No	3

5.4 Are you aware of loan facilities for purchase of a computer at the Development Bank of Mauritius?

*(Circle appropriate code)*

Yes	No
1	2

Go to 5.9 if applicable, otherwise go to section 2

5.5 Since when have you or other members of your household been using a computer at home? .....

5.6 Do you have access to Internet? *(Circle appropriate code)*

Yes	No
1	2

If "No" go to 5.8

5.7 How much did your household spend on the use of Internet during the past month?

Rs.....

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Go to 5.9

5.8 Do you intend to get Internet access?

*(Circle appropriate code)*

Yes, within next 12 months	1
Yes, after one year	2
No	3



Serial no. of household member as per page 2		....		....		....		....		....		....		....	
5.13 How long have you been using Internet?  1. Not using yet 2. Less than 3 months 3. 3 to 6 months 4. 7 to 12 months 5. More than one year	End of module II, if computer facilities <b>not</b> available at home														

**Household owning a computer**

5.14 For which purposes do you use the computer <b>AT HOME</b> ?  1. Playing games .....PLAY 2. Doing office work ..... WORK 3. Part time job ..... PTJOB 4. Education purposes .....EDUC 5. Entertainment (music, movie) ..... ENT 6. Keeping household records/accounts .... HH 7. Internet: E-mail/Chat ..... MAIL 8. News ..... NEWS 9. Search for information .....INFO 10. Distance learning ..... LEARN 11. Internet telephone ..... PHONE 12. On line transactions ..... TRANS 13. On line games .....GAME 14. Other, specify .....	<b>Strike off</b> if household does <b>not</b> own a computer														
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**MODULE III**  
**Section 2. SPORT AND LEISURE**

All household members aged 18 years and above

First name of household member			.....	.....	.....	.....
Serial No. as per page 2			.....	.....	.....	.....
6.1 (a)	During the <b>past week</b> , did you do any physical exercise (jogging, yoga, aerobics, etc.)	Yes No	If No, go to 6.2 (a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1 (b)	How much time did you spend on your physical exercise during the <b>past week</b> ?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Jogging / brisk walking			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Yoga			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Aerobics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Other, specify			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 (a)	During the <b>past week</b> , did you participate in any sports activities?	Yes No	If No, go to 6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 (b)	How much time did you spend on the following activities during the <b>past week</b> ?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Swimming / diving			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Weightlifting			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Football			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Volleyball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Basket ball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Athletics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Tennis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Badminton			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Table Tennis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Other, specify			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First name of household member		.....		.....		.....		.....	
		.....		.....		.....		.....	
Serial No. as per page 2									
6.3	How many hours did you spend on the following leisure activities during the <b>past week</b> ?								
	1. Watching T.V. and/or video films								
	2. Reading								
	3. Visiting friends/relatives								
	4. Receiving friends/relatives								
	5. Gardening								
	6. 'Bricolage'								
	7. Dressmaking/knitting/embroidery								
	8. Other activities, specify								
6.4	Are you a member of a club/association (sports, cultural, social, recreational)?	Yes		No					
6.5	During the <b>past week</b> , have you been to any of the following places?								
	1. Cinema/theatre..... CIN								
	2. Restaurant/pub..... RES								
	3. Nightclub/Discothèque..... NGT								
	4. Casino..... CAS								
	5. Seaside..... SEA								
	6. Sports events..... SPO								
	7. Nature parks..... NAT								
	8. Other, specify.....								

First name of household member		.....	.....	.....	.....				
Serial No. as per page 2		.....		.....		.....		.....	
<p>6.6 Do you practise any of the following form of art?</p> <p>1. Vocal music..... VOC</p> <p>2. Instrumental music..... INS</p> <p>3. Dance..... DAN</p> <p>4. Painting/Sculpture..... PNT</p> <p>5. Photography..... PHO</p> <p>6. Writing (Poetry, literature, etc.)..... WRI</p> <p>7. Drama..... DRA</p> <p>8. Other, specify.....</p>									

8

## MODULE III

## Section 3. HOUSING CONDITIONS, INCOME AND EXPENDITURE

7.1 Do you or any member of your household own a house/flat?

*(Circle appropriate code)*

Yes*	No
1	2

If yes, go to 7.6

7.2 Do you or any member of your household own a residential plot of land?

*(Circle appropriate code)*

Yes	No
1	2

7.3 Do you or any member of your household subscribe to PEL/ a credit union or other institution giving housing loan?

*(Circle appropriate code)*

Yes	No
1	2

7.4 How much can your household afford to save in a **year** in order to build/buy a house?

Rs. ....

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7.5 How much can you afford to pay monthly for a housing unit (vente-location)?

Rs. ....

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

\*


7.7 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						

