



**SEYCHELLES  
NATIONAL BUREAU OF STATISTICS  
Household Budget Survey - 2013  
HBS 1**



**This survey is conducted under the authority of the National Bureau of Statistics Act, 2010 and the information provided will be treated in strict confidentiality and used for statistical purposes only**

**SECTION A: HOUSEHOLD IDENTIFICATION**

A01 DISTRICT

A02 EA 

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 (from list)

A03 FORM NO 

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 (from map)

A04 HOUSE NO 

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A06 NAME OF HEAD OF HOUSEHOLD

**SECTION B: SURVEY STAFF DETAILS**

B01 NAME OF INTERVIEWER

B02 INTERVIEWER CODE 

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**B03 RESPONSE DETAILS:**

Visit No.	DD		MM		YYYY				Results code	
	1									
2										
3										
4										

Results Code			
01	Fully completed	05	Vacant / unoccupied
02	Partly completed	06	Listing error
03	Refusal	07	Demolished
04	Non contact	08	Other (specify)

B04 Travel undertaken by any household member in last 12 months

(a) YES  If Yes, complete Form HBS 3

(b) NO

**REMARKS/ COMMENTS**

**SECTION C: OFFICE USE**

C01 NAME OF SUPERVISOR

C02 SUPERVISOR CODE 

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C04 DATE OF DATA ENTRY

DD	MM	YYYY	Code

FIRST ENTRY

SECOND ENTRY

MODULE 1: HOUSEHOLD ROSTER

A	B	C	D	E	F	G	H	I	J	K	L	Ask of Persons aged 15 years or more				O	P		
												M		N					
PERSON NO.	NAME	RELATION TO HEAD	DOB	AGE	SEX	NATIONALITY	MARITAL STATUS	EDUCATION COMPLETED	IN EMPLOYMENT	STATUS IN EMPLOYMENT	INSTITUTIONAL SECTOR	FOR THOSE IN EMPLOYMENT		FOR THOSE IN EMPLOYMENT		NOT IN EMPLOYMENT	METHOD OF LOOKING FOR WORK (If code 1 in O)		
				(completed years)	Male (M) Female (F)			(For persons aged 5 years and above) (Primary to Secondary last 5 weeks)				OCCUPATION (Job Title)	Main tasks / duties	Code (Office Use)	INDUSTRY (Name of business)	Main economic activity of business	Code (Office Use)	Insert code	Insert code
01		1	/ /																
02			/ /																
03			/ /																
04			/ /																
05			/ /																
06			/ /																
07			/ /																
08			/ /																
09			/ /																
10			/ /																

C: Relation to head	G: Nationality	H: Marital Status
Head 1	Seychellois #####	Single / (never married) #####
Spouse / Partner 2	Indian #####	Married #####
Son / in law 3	Malagasy #####	Co-habiting #####
Daughter / in law 4	Philipino #####	Separated #####
Brother / Sister 5	Sri Lankan #####	Divorced #####
Parent 6	Mauritian #####	Widowed #####
Other relative 7	Chinese #####	
Non-relative 8	Kenyan #####	
	Other Specify	

I: Education Completed	J: In Employment
No Schololing #####	Worked for at least 1 hour #####
Primary #####	Temporarily absent from work #####
Secondary #####	Did not work (Go to O) #####
Advanced level #####	
Vocational #####	
Polytechnic #####	
University #####	
Postgraduate #####	

K: Status in Employment	L: Institutional Sector	O: Not in Employment	P: Method of looking for work
<b>Employee:</b>	Government #####	Looked for work in last 4 weeks #####	Through Private Employment Agency #####
Full Time 1	Parastatal #####	Did not look for work but available #####	Through Department of Employment #####
Part Time 2	Private #####	for work	
Casual 3	With a cooperative #####	<b>Not available for work:</b>	
Apprentice 4	NGO / NPO #####	Pupil (P1 - P6) #####	Through Adverts in media, internet #####
<b>Self employed:</b>	Embassy or Int'l organisation #####	Student (secondary or above) #####	Word of mouth (family, friends) #####
Without regular paid employees 5	In private hhd #####	Retirees / Pensioners #####	Direct enquiry with potential
With regular paid employees 6	Elsewhere (specify) #####	Disabled #####	employers #####
Member of Producers Co-operative 7		Other Inactive #####	
Helping without pay in the business of another household family member 8			
Other (specify) 9			

MODULE 1: HOUSEHOLD ROSTER

A	B	C	D	E	F	G	H	I	J	K	L	Ask of Persons aged 15 years or more				O	P		
												M		N					
PERSON NO.	NAME	RELATION TO HEAD	DOB	AGE	SEX	NATIONALITY	MARITAL STATUS	EDUCATION COMPLETED	IN EMPLOYMENT	STATUS IN EMPLOYMENT	INSTITUTIONAL SECTOR	FOR THOSE IN EMPLOYMENT		FOR THOSE IN EMPLOYMENT		NOT IN EMPLOYMENT	METHOD OF LOOKING FOR WORK (If code 1 in O)		
				(completed years)	Male (M) Female (F)			(For persons aged 5 years and above) (Primary to Secondary last 5 weeks)				OCCUPATION (Job Title)	Main tasks / duties	Code (Office Use)	INDUSTRY (Name of business)	Main economic activity of business	Code (Office Use)	Insert code	Insert code
01		1	/ /																
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03			/ /																
04			/ /																
05			/ /																
06			/ /																
07			/ /																
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09			/ /																
10			/ /																

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<b>Self employed:</b>	Embassy or Int'l organisation #####	Student (secondary or above) #####	Word of mouth (family, friends) #####
Without regular paid employees 5	In private hhd #####	Retirees / Pensioners #####	Direct enquiry with potential
With regular paid employees 6	Elsewhere (specify) #####	Disabled #####	employers #####
Member of Producers Co-operative 7		Other Inactive #####	
Helping without pay in the business of another household family member 8			
Other (specify) 9			

**MODULE 2: DWELLING**

**1 Dwelling type:**

SINGLE FAMILY HOUSE

APARTMENT IN A BUILDING WITH SEVERAL APARTMENTS

OTHER (specify)

**2 Is this dwelling used:**

ONLY FOR DWELLING

FOR DWELLING AND BUSINESS ACTIVITIES

FOR DWELLING AND RENTING (for living in)

**3 Major construction material of external walls of building:**

BRICKS / STONES

WOOD / CORRUGATED IRON

OTHER (specify)

**4 Condition of the dwelling unit:**

VERY GOOD

FAIR

POOR

**5 Year of construction of dwelling:**

BEFORE 1975 (over 40 years)

1975-1990 (less than 40 years)

1991-2000 (less than 20 years)

AFTER 2000 (less than 12 years)

DO NOT KNOW

**6 What is the area of your dwelling (i.e.,house, apartment)?**

LESS THAN 50 SQ. METRES

50-100 SQ. METRES

100-125 SQ.METRES

MORE THAN 125 SQ. METRES

DON'T KNOW / NOT SURE

**7 Number of rooms that your household occupies:**

(excluding outdoor kitchen, pantry, bathroom, toilet, verandah, balcony, corridors)

**8 Tenancy type:**

OWNER OCCUPIED (a)  (Go to Q.12)

RENT FREE (b)

**Who provides the house rent free?**

EMPLOYER (i)  (Go to Q.11)

OTHER (Specify) (ii)  (Go to Q.11)

**(c) RENT**

FROM GOVERNMENT (i)

FROM PRIVATE (ii)

**9 If rented, who pays the rent (Specify)**

(i) SELF (i)

(ii) EMPLOYER (ii)

(iii) OTHER (iii)

**10 For tenants, is dwelling?**

FULLY FURNISHED  (Go to Q.13)

PARTLY FURNISHED  (Go to Q.13)

UNFURNISHED  (Go to Q.13)

**11 Who is the legal owner of your HH? (READ OUT OPTIONS)**

Government

Enterprise, organization

Housing-construction cooperative

Other private person (not a member of the HH) living at same address

Relative (not a member of the HH) living elsewhere

Other private person living elsewhere

Other (SPECIFY ( \_\_\_\_\_ )

**12 For owner occupied:**

PAYING MORTGAGE /LOAN YES  NO

IF YES, SPECIFY AMOUNT MONTHLY (SR)

**13 Do you own a second home in Seychelles?** YES  NO

If Yes, on which island

**MODULE 3: ACCESS TO UTILITIES, COMMUNICATION, MEDIA**

(Tick appropriate response)

<b>1</b>	<b>WATER</b>		
<b>1.1</b>	<b>Main source of water used by this household for GENERAL NEEDS (Insert 1 for main and 2 for second main)</b>		
	TREATED WATER - MAINS SUPPLY (PUC)		
	OTHER PIPED SUPPLY - PRIVATE		
	WATER TRUCK (BOWSER)		
	RIVER, SPRING OR WELL		
	RAIN CATCHMENT		
	OTHER (SPECIFY)		
<b>1.2</b>	<b>Main source of water used for DRINKING - (Tick appropriate response)</b>		
	TREATED WATER - MAINS SUPPLY (PUC)		
	OTHER PIPED SUPPLY - PRIVATE		
	WATER TRUCK (BOWSER)		
	RIVER, SPRING OR WELL		
	RAIN CATCHMENT		
	BOTTLED (MINERAL) WATER		
	OTHER (SPECIFY)		
	<b>(Tick appropriate response)</b>	<b>YES</b>	<b>NO</b>
<b>2</b>	<b>ELECTRICITY</b>		
<b>2.1</b>	<b>Electricity connection</b>		
<b>2.2</b>	<b>Shared meter (Branch from neighbour)</b>		
<b>2.3</b>	<b>Air-conditioning</b>		
<b>3</b>	<b>SEWERAGE</b>		
<b>3.1</b>	<b>Is this dwelling connected to the sewerage system?</b>		
<b>4</b>	<b>COMMUNICATION</b>		
<b>4.1</b>	<b>Telephone (land line)</b>		
<b>4.2</b>	<b>Does anyone in this household have a mobile phone?</b>		
	(i) Normal Phone <input type="text"/> (ii) Smart phone <input type="text"/> (iii) Both <input type="text"/>		
<b>4.3</b>	<b>How many mobile phones (accounts) do members of your household own?</b>		
<b>4.4</b>	Post paid - (SPECIFY NUMBER OF ACCOUNTS)		
<b>4.5</b>	Prepaid - (SPECIFY NUMBER OF ACCOUNTS)		
<b>4.6</b>	<b>Does this household have connection to the internet?</b>		
<b>4.7</b>	<b>Type of connection:</b>		
	DIAL UP (< 256KBPS)		
	BROADBAND Post-paid (> 256KBPS)		
	BROADBAND Pre-paid (USB 3G Connection)		
	THROUGH MOBILE PHONE		
<b>4.8</b>	<b>Does this household have access to radio?</b>		
<b>4.9</b>	<b>Does this household have access to television?</b>		
<b>4.10</b>	<b>Does this household have connection to cable TV?</b>		
<b>4.11</b>	<b>Does this household have connection to satellite TV?</b>		
<b>4.12</b>	<b>Access to newspaper in the household</b>		
	Newspaper (daily)		
	Newspaper (weekly)		

**MODULE 4: DURABLES**

	Does this household possess any of the following goods?				Were any of these goods purchased during the last 12 months?			
Office Use COICOP CODE	Description	NO	YES	NO	YES	No of Units	Purchase cost (Rupees)	
<b>5.1.1</b>	<b>Furniture</b>							
5.1.1.1	<i>Bed, excluding mattress</i>							
5.1.1.2	<i>Mattress</i>							
5.1.1.3	<i>Lounge set</i>							
5.1.1.4	<i>Dining table</i>							
5.1.1.5	<i>Chairs</i>							
5.1.1.6	<i>Wardrobe</i>							
5.1.1.9	<i>Other furniture</i>							
<b>5.3.1.1</b>	<b>Refrigerators, freezers, fridge-freezers</b>							
5.3.1.1.1	<i>Refrigerators</i>							
5.3.1.1.2	<i>Refrigerator/combination</i>							
5.3.1.1.3	<i>Deep freezers</i>							
<b>5.3.1.2</b>	<b>Washing machines, dryers, dishwashers, ironing &amp; pressing machines</b>							
5.3.1.2.1	<i>Washing machine</i>							
5.3.1.2.2	<i>Dishwasher</i>							
5.3.1.2.3	<i>Clothes dryer</i>							
<b>5.3.1.3</b>	<b>Ovens, ranges, spit roasters, hobs, cookers, microwave</b>							
5.3.1.3.1	<i>Electric cooker</i>							
5.3.1.3.2	<i>Electric/gas cooker</i>							
5.3.1.3.3	<i>Gas cooker</i>							
5.3.1.3.4	<i>Microwave ovens</i>							
<b>5.3.1.4</b>	<b>Airconditioners, humidifiers, water heaters, ventilators, extractor hoods, space heaters</b>							
5.3.1.4.1	<i>Airconditioners</i>							
5.3.1.4.2	<i>Electric fans</i>							
5.3.1.4.3	<i>Water heater (electric)</i>							
5.3.1.4.4	<i>Water heater (gas)</i>							
5.3.1.4.5	<i>Water heater (solar)</i>							
5.3.1.4.6	<i>Water storage tank</i>							
5.3.1.5	<i>Vacuum cleaners, steam cleaning machines, carpet shampooing machines, machines for waxing, scrubbing &amp; polishing floors</i>							
<b>5.3.1.9</b>	<b>Other major household appliances (safes, sewing machines, knitting machines, etc.)</b>							
5.3.1.9.1	<i>Sewing machines</i>							
5.3.1.9.9	<i>Other major appliances, nec</i>							
5.5.1	<i>Major tools and equipment (Motorized tools &amp; equipment, such as water pumps, electric drills, saws, sanders, &amp; hedge cutters, garden tractors, lawnmowers, cultivators, chainsaws)</i>							

**MODULE 4: DURABLES**

	Does this household possess any of the following goods?	Were any of these goods purchased during the last 12 months?					
Office Use COICOP CODE	Description	NO	YES	NO	YES	No of Units	Purchase cost (Rupees)
<b>6.1.3</b>	<b>Therapeutic appliances &amp; equipment</b>						
6.1.3.1	<i>Corrective eyeglasses &amp; contact lenses, hearing aids, glass eyes, artificial limbs &amp; other prosthetic devices, orthopaedic braces &amp; supports, orthopaedic footwear, surgical belts, trusses &amp; supports, neck braces, medical massage equipment, &amp; health lamps, powered &amp; unpowered wheelchairs &amp; invalid carriages, "special beds" crutches, electronic &amp; other devices for monitoring blood pressure, etc, Also includes dentures (not fitting costs).</i>						
<b>7.1.1</b>	<b>Motor vehicles</b>						
7.1.1.1.1	<i>New Passenger cars</i>						
7.1.1.1.2	<i>Second hand passenger cars</i>						
7.1.1.2.1	<i>New trucks</i>						
7.1.1.2.2	<i>Second hand trucks</i>						
7.1.1.2.3	<i>New van/minibus</i>						
7.1.1.2.4	<i>Second hand van/minibus</i>						
<b>7.1.2</b>	<b>Motor cycles</b>						
7.1.2.1	<i>New motor cycles</i>						
7.1.2.2	<i>Second hand motor cycles</i>						
7.1.3	<i>Bicycles</i>						
7.1.4	<i>Animal drawn vehicles</i>						
<b>8.2</b>	<b>Telephone &amp; Telefax equipment</b>						
8.2.1	<i>Mobile phone set</i>						
8.2.2	<i>Telephone/fax equipment</i>						
<b>9.1.1</b>	<b>Audio-visual equipment</b>						
9.1.1.1	<i>Television</i>						
9.1.1.2	<i>Video player/system (DVD Player)</i>						
9.1.1.3	<i>Radio/radio cassette</i>						
9.1.1.5	<i>Music system, HiFi, CD player</i>						
<b>9.1.2.1</b>	<b>Photographic &amp; cinematographic equipment</b>						
9.1.2.1.1	<i>Camera</i>						
9.1.2.1.2	<i>Other photographic equipment</i>						
<b>9.1.3</b>	<b>Information processing equipment</b>						
9.1.3.1	<i>Computer - Desktop</i>						
9.1.3.2	<i>Computer - Laptop</i>						
9.1.3.3	<i>Other (e.g., ipad)</i>						
9.1.3.4	<i>Printer</i>						
9.1.3.5	<i>Scanner</i>						
9.1.3.6	<i>Other data processing equipment &amp; accessories</i>						
<b>9.2</b>	<b>Other major durables for recreation &amp; culture</b>						
9.2.1.5	<i>Major items for sport &amp; games, such as canoes, kayaks, windsurfing boards, sea diving equipment &amp; golf carts.</i>						
9.2.2.1	<i>Musical instruments of all types &amp; sizes, incl electronic</i>						
<b>12.3.1</b>	<i>Jewellery, clocks &amp; watches</i>						
<b>99</b>	<i>Other (specify)</i>						



**MODULE 5: EXPENDITURE ON SEMI-DURABLE, NON-DURABLE GOODS AND SERVICES, EXCLUDING FOOD & BEVERAGES**  
**Did you incur any expenditure on the following items? - (FOR MEMBERS IN THIS HOUSEHOLD)**

Office Use COICOP CODE	Description	Recall period (frequencies)						Office Use		
		Last 1 month			Last 3 months			SD	ND	S
		No	Yes	(Cost)	No	Yes	(Cost)			
				(Rupees)			(Rupees)			
<b>5</b>	<b>FURNISHINGS, HOUSEHOLD EQUIPMENT &amp; ROUTINE HOUSEHOLD MAINTENANCE</b>									
5.1.3	Repair of furniture, furnishings & floor coverings							S		
<b>5.2</b>	<b>Household textiles</b>							SD		
5.2.1	<i>Furnishing fabrics, curtain material, curtains, awnings, door curtains &amp; fabric blinds</i>							SD		
5.2.2	<i>Bedding, such as futons,, pillows, bolsters &amp; hammocks</i>							SD		
5.2.3	<i>Bedlinen, such as sheets, pillowcases, blankets, travelling rugs, counterpanes &amp; mosquito nets</i>							SD		
5.3.2	<b>Small electric household appliances</b>							SD		
	<i>Coffee mills, coffee makers, juice exctractors, can-openers, food mixers, deep fryers, meat grills, knives, ice-cream makers, yoghurt makers, hotplates, irons, kettles, fans, etc.</i>							SD		
<b>5.4</b>	<b>Glassware, tableware &amp; Household utensils</b>							SD		
5.4.1	<i>Glassware, crystal ware, ceramic ware &amp; china ware of the kind used for table, kitchen, bathroom, toilet, office and indoor decoration.</i>							SD		
5.4.2	<i>Cutlery, flatware &amp; silverware</i>							SD		
5.4.3	<i>Non-electric kitchen utensils of all materials, such as saucepans, stewpots, pressure cookers, frying pans, coffee mills, puree makers, mincers, hotplates, household scales &amp; other such mechanical devices.</i>							SD		
5.4.4	<i>Non-electric household articles of all materials such as containers for bread, coffee, spices, etc., waste bins, waste paper baskets, laundry baskets, portable money boxes &amp; strongboxes, towel rails, bottle racks, irons &amp; ironing boards, letter boxes, feeding bottles, thermos flasks &amp; ice boxes.</i>							SD		













**MODULE 6: MISCELLANEOUS**

1	PRODUCTION for own use			Did you sell any surplus during the last month?		Estimated value of sales in the last month
		NO	YES	NO	YES	(Rupees)
a	Do you grow any fruit ?					
b	Do you grow any vegetables?					
c	Do you grow any root crops?					
d	Do you fish? (for household consumption)					
e	Do you raise chickens or other animals for your own consumption?					

2	GIFTS	NO	YES	VALUE OF GIFTS
				(Rupees)
a	In the last month, have you given away any goods free to a person who is not a member of your household?			
b	In the last month, have you provided any services free to a person who is not a member of your household?			

**3 SHOPPING HABITS**

Where do you usually do your shopping for groceries and non-durables?

	Outlet Type	(Tick all that apply)	Specify Location / Name of Outlet	Circle Frequency
a	Supermarket (Victoria)			Daily / Weekly / Monthly
b	Supermarket (District)			Daily / Weekly / Monthly
c	Other shop (Victoria)			Daily / Weekly / Monthly
d	Other shop (District)			Daily / Weekly / Monthly

Where do you usually buy fresh fish? (Tick one)

		Tick
a	Victoria Market	
b	Fishmonger	
c	District Market	
d	By the roadside	
e	At the beach	

Own (if husband / father / son / family member is a fisherman)

Own production

## MODULE 7: HOUSEHOLD INCOME

### 1 INCOME BRACKET

Please indicate from this card, which **income bracket** best measures the total **monthly** income of this household **(Tick only one)**

	(Rupees)	
a	Less than 3,000	
b	3,000 < 5,000	
c	5,000 < 10,000	
d	10,000 < 15,000	
e	15,000 < 20,000	
f	20,000 < 25,000	
g	25,000 < 30,000	
h	30,000 +	

### 2 INCOME SOURCE (Last Month)

Indicate what are the **sources** of income of this household in the last month?  
**(Tick "X" for all that apply)**

	SOURCES	(X)
a	Wages / Salaries	
b	Self-employment ( <i>excl sales from own agric production and fishing</i> )	
c	Own agriculture (crops)	
d	Own agriculture (livestock)	
e	Fishing	
f	Remittance - (from abroad)	
g	Remittance - (domestic)	
h	Pension (Retirement 55 yrs + and 63 yrs + entitlement)	
i	Government Pension (Tarmac)	
j	Social Welfare (SPA)	
k	Own savings	
l	Lease of property	
m	Rent - <b>Land</b>	
n	Rent - <b>Housing</b>	
o	Rent - <b>Commercial Property</b>	

### 3 INCOME SOURCE (Last 12 Months)

Indicate what are the **sources** of income of this household in the last 12 months? **(Tick "X" for all that apply)**

	SOURCES	(X)
a	Dividends (e.g., from Shares - Seybrew, SACOS)	
b	Interest	
c	Sale of assets	
d	Winnings from gambling	
e	Insurance claims	
f	Royalties	
g	Other (specify)	



MODULE 8A: HOUSEHOLD INCOME FROM SOCIAL PROTECTION

START HERE ↓

A	B	C	D		E	F	G	H
BENEFIT CODE	Income source	During the last 3 months, did any member of your household receive any payment, in cash or in-kind, as [BENEFIT]?	Who in your household receives [BENEFIT]?		How much did [NAME] receive last month?	How much did [NAME] receive two months ago?	How much did [NAME] receive three months ago?	Is there anybody else in this household who receives
			COPY PERSON NO. FROM MODULE 1.					Yes ... 1 >> GO TO NEXT MEMBER No .... 2 >> GO TO NEXT BENEFIT
			NAME	Person No.	Rupees	Rupees	Rupees	
<b>PERMANENT</b>								
1	Retirement Pension	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							
2	Government Pension	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							
3	Invalidity Benefit (Partial & full)	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							
4	Other permanent (orphans, survivors)	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							

MODULE 8A: HOUSEHOLD INCOME FROM SOCIAL PROTECTION

START HERE ↓

A BENEFIT CODE	B Income source	C During the last 3 months, did any member of your household receive any payment, in cash or in-kind, as [BENEFIT]?	D Who in your household receives [BENEFIT]?		E How much did [NAME] receive last month?	F How much did [NAME] receive two months ago?	G How much did [NAME] receive three months ago?	H Is there anybody else in this household who receives
			COPY PERSON NO. FROM MODULE 1.					Yes ... 1 >> GO TO NEXT MEMBER No .... 2 >> GO TO NEXT BENEFIT
TEMPORARY			NAME	Person No.	Rupees	Rupees	Rupees	
5	Sickness Benefit	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							
6	Post Secondary Students Bursary/ Polytechnic Allowance	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							
7	Other temporary and employment related (unemployment scheme, youth training, apprenticeship)	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							
8	Other temporary (injury, maternity, foster parent, funeral, etc)	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							
9	Other	Yes ..(1) No.. (2)						
	1st member							
	2nd member							
	3rd member							

**MODULE 8B: SOCIAL WELFARE ASSISTANCE and FAMILY SUPPORT SCHEME**

**Family and household benefits**

		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>
		In the last 3 months, has your household received any payment from the following sources?	Who is the main applicant for income from this source?	Who is the spouse or partner of the main applicant?	How much was received from this source in the <b>last</b> month by this applicant?	How much was received from this source <b>two months ago</b> by this applicant?	How much was received from this source <b>three months ago</b> by this applicant?	Did any other member of your household apply for income from this source in the past 3 months?	Who is the second main applicant for income from this source?	Who is the spouse or partner of this main applicant?	How much was received from this source in the last month by this applicant?
	<b>SOURCE</b>	YES ... (1) NO ... (2)  (»NEXT BENEFIT)	<b>COPY PERSON NO. FROM MODULE 1.</b>	<b>COPY PERSON NO. FROM MODULE 1.</b>	<b>AMOUNT (Rupees)</b>	<b>AMOUNT (Rupees)</b>	<b>AMOUNT (Rupees)</b>	YES ... (1) NO ... (2)  (»END)	<b>COPY PERSON NO. FROM MODULE 1.</b>	<b>COPY PERSON NO. FROM MODULE 1.</b>  99 if none	<b>AMOUNT (Rupees)</b>
1	Domiciliary Care (Home care support)										
2	Family support										
3	Social Welfare Assistance										

**If the household benefited from Social Welfare Assistance in the last three months (Yes to Column A)**

**4** What type of Social Welfare Assistance benefit are you receiving from the Agency for Social Protection?

*(Tick all that apply)*

Unemployment	<input type="checkbox"/>
Lack of maintenance for children	<input type="checkbox"/>
Insufficient income	<input type="checkbox"/>
Medical	<input type="checkbox"/>

**MODULE 8B: SOCIAL WELFARE ASSISTANCE and FAMILY SUPPORT SCHEME**

**Family and household benefits**

5 For how many months was the Social Welfare Assistance approved?

months

6 Are you receiving any of the following supplementary allowances as part of the Welfare Assistance?

**(Tick all that apply)**

Utilities	<input type="checkbox"/>
Transport / Bus allowance	<input type="checkbox"/>
Housing Loan or Rent	<input type="checkbox"/>

7 For how many months in total have you benefited from Social Welfare Assistance in the last 12 months?

months

**ALL HOUSEHOLDS**

8 How many children under 18 years old do you have who are living in this household?

children

9 In the last 3 months, has any member of your household benefited from Home Carer's Scheme?

YES, full time	<input type="checkbox"/>
YES, half time	<input type="checkbox"/>
NO	<input type="checkbox"/>

10 If YES, please specify the ID code(s) of the member(s) benefiting of Home Carer:

	1. PERSON NUMBER FROM ROSTER	Select appropriate period	
		Full time	Half time
1st member			
2nd member			

**MODULE 9 : INCOME / EXPENDITURE (BALANCE SHEET)****(For Office USE)***( To be completed by interviewer at the end of the diary keeping period)***1: INCOME**

INCOME CATEGORY	INCOME CODE	INCOME (RUPEES)
Wages / Salaries (including in-kind incomes)		
Income from self employment		
Government pension (Tarmac)		
Retirement pension (all types including 63 yrs + entitlement)		
Invalidity benefit (partial & full)		
Other permanent (e.g. Survivors)		
Student allowance		
Unemployment benefit		
Inadequate employment benefit		
Home Carer's Scheme		
Apprenticeship Scheme		
Other temporary (injury, maternity, fostering)		
Remittance from non-household members		
Lease of property		
Rent - <b>Land</b>		
Rent - <b>Housing</b>		
Rent - <b>Commercial Property</b>		
Own agriculture ( <b>crops</b> )		
Own agriculture ( <b>livestock</b> )		
Fishing		
Remittance - (from abroad)		
Remittance - (domestic)		
Dividends (e.g., from Shares - Seybrew, SACOS)		
Interest		
Sale of assets		
Winnings from gambling		
Insurance claims		
Royalties		
Other (specify)		
<b>TOTAL INCOME</b>		

**2: EXPENDITURE**

COICOP DESCRIPTION	COICOP DIVISION CODES	EXPENDITURE RUPEES)
<b>FOOD</b>	01	
Bread and Cereals		
Meat (Fresh, chilled, frozen)		
Fish (Fresh,Frozen, smoked, salted)		
Milk, cheese and eggs		
Oils and fats		
Fruits		
Vegetables		
Sugar, jam, honey and confectionery		
Food products n.e.c		
Non-alcoholic beverages		
<b>NON-FOOD ITEMS</b>		
Alcoholic beverages	02	
Tobacco		
Clothing and footwear	03	
Housing, water, electricity, & gas	04	
Furniture & household equipment	05	
Health	06	
Transport	07	
Communication	08	
Recreation and culture	09	
Education	10	
Restaurants and hotels	11	
Miscellaneous goods and services	12	
<b>TOTAL EXPENDITURE</b>		

**3: BALANCE (INCOME LESS EXPENDITURE)**

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## HBS 2 - INDIVIDUAL INCOME MODULE

Person No.	Person Name	Person ID	District	EA	HNO	Form No.

**INDIVIDUAL INCOME FOR THOSE CURRENTLY EMPLOYED - (ALL JOBS)**

I am going to ask you a few questions on incomes earned from all jobs/activities during the last week.

*This section covers income from employment activities for employees and self-employed persons.*

(If not in employment, GO TO I-10) - **[NOTE: STILL RELEVANT FOR PENSIONERS Go to I-11]**

*For Self employed, ask if:*

	Yes	No
License		
TIN		

*If only in self-employment, go to I-6*

**INCOME FROM EMPLOYMENT (I-1 to I-9)**

I-1 How much were you paid last time as wages or salary, in cash or in kind, for all jobs/activities? (Exclude payment for irregular overtime, bonuses, tips and commissions)

	(Rupees)	Range Code
In Cash		
In Kind ( <i>specify value for food, transport, clothing, housing, etc.</i> )		
<b>TOTAL</b>		

*Interviewer: Add to get total and confirm with respondent. (If respondent is unable or unwilling to give exact amounts, use the prompt card to identify a range within which the TOTAL pay could lie)*

I-2 Which one of the periods indicated below is convenient for you to report the **Total period covered by this pay?**

*(Tick appropriate period)*

	Month	Week	Day	Hour	Year
I-3 No. of periods (specify)					

I-4 Did you receive any other income from your jobs/activities during this total period?

Yes		GO TO I-5
No		GO TO I-10

I-5 How much did you receive as:

	(Rupees)
Bonuses, tips and commissions	
Overtime	

## HBS 2 - INDIVIDUAL INCOME MODULE

**I-6 to I-9 only for employers, own account workers and members of producers' cooperative (Check if col. K on Household Roster = 5, 6 or 7)**

I wish to find out about your takings/earnings in cash and kind:  
(LESS expenses from your business activities)

- I-6 Which of the periods below is convenient for you to report the amount you made as takings/earnings for this period the last time?

Year	Month	Week

- I-7 How much did you make from your business activities as takings/earnings (in cash or kind)for this period the last time?

Period Chosen (specify)	(Amount - Rupees)	Range Code

- I-8 What expenses /costs did you incur in earning I-7 above?

Period Chosen (specify)	(Amount - Rupees)	Range Code

*(Interviewer: If respondent unable or unwilling to give exact amount, use prompt card to identify a range within which the amount could be included)*

- I-9 For how many of these periods were your business activities operating over the last 12 months?

Number of periods

- I-10 **INCOME FROM NON-EMPLOYMENT (I-10 a to I-10p)**

	Do you receive income from any of the following?	No	Yes	Amount (Rupees)	Indicate period	
					Monthly	Annually
I-10 (a)	Lease of property					
I-10 (b)	Rent - Land					
I-10 (c)	Rent - Housing					
I-10 (d)	Rent - Commercial Property					
I-10 (e)	Own agriculture (crops)					
I-10 (f)	Own agriculture (livestock)					
I-10 (g)	Fishing					
I-10 (h)	Remittance - (from abroad)					
I-10 (i)	Remittance - (domestic)					
I-10 (j)	Dividends (e.g., from Shares - Seybrew, SACOS)					
I-10 (k)	Interest					
I-10 (l)	Sale of assets					
I-10 (m)	Winnings from gambling					
I-10 (n)	Insurance claims					
I-10 (o)	Royalties					
I-10 (p)	Other (specify)					
	<b>TOTAL</b>					

- I-11 **INCOME FROM PENSION ONLY**

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**HBS 3: TRAVEL - DOMESTIC AND OVERSEAS TRIPS**

(To be completed for group or individuals)

DISTRICT	EA	HNO	FORM NO

TRIPS TAKEN DURING LAST 12 MONTHS (BY QUARTER)		Jan - Mar			Apr - Jun			Jul - Sep			Oct - Dec		
<b>4</b>	<b>Recreation and sports:</b>												
4.1	Excursions and tours												
4.2	Sports												
<b>5</b>	<b>Cultural activities:</b>												
5.1	Entertainment												
5.2	Visits to historic sites, museums (admission)												
5.3	Other (Specify)												
<b>6</b>	<b>Shopping:</b>												
<b>7</b>	<b>Miscellaneous expenditure:</b>												
7.1	Wedding ceremony												
7.2	Visa fees												
7.3	Other (Specify) e.g., flowers												

**NOTE:** Instructions should restrict expenditure to certain types of trips, and ensure that the results can be reconciled (added / subtracted) from corresponding totals on other modules.



## Household Budget Survey 2013

## Notes to HBS 4 - Diary Keeping

Start Date of Diary	D	D	M	M	Y	Y	Y	Y

End Date of Diary	d	d	m	m	y	y	y	y

**This booklet should be kept in a safe place and returned only to an authorised agent of the National Bureau of Statistics.**

All information provided will be treated in the strictest confidence and not shown to unauthorised persons.

One or more booklets may be kept for the whole household. Please ask the interviewer for more booklets if you wish to keep private record of expenses for individual members of the household.

In this booklet, you should record:

- (a) all purchases made in cash, cheque, or credit card
- (b) value of all goods consumed by your household which:
  - You have produced yourself
  - You have received free from your employer or from a friend or relative
  - You have taken out of your own business stocks

**NOTE**

Please do not forget to record your purchases progressively, using a new line for each separate commodity. When buying several items at the same time, please record each item separately. For example, **DO NOT** record "**groceries**" but write each grocery item and its quantity and value in the appropriate column.

For each item, record the cost to you after you have allowed for any refunds from your employer, friend or business or any other source, even if these funds are expected at some future time.

If you need any help with this booklet (recording your expenses or in need of additional booklets), please do not hesitate to ask the interviewer.





**National Bureau of Statistics**



**Household Budget Survey 2013**

**CONFIDENTIAL**

**Please do NOT write your name on this book**

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**National Bureau of Statistics (NBS)**

If found, please return to

NBS  
Third Floor, Caravelle House

P.O. Box 206, Victoria  
Telephone: 4611650