



## REPUBLIC OF MAURITIUS



## MAURITIUS HOUSEHOLD BUDGET SURVEY

2017

## HOUSEHOLD SCHEDULE

Serial number	...	...	...	...	...	...	...				
Reference Month	...	...	...	...	...	...	...				
Geographical District	...	...	...	...	...	...	...				
PSU-HBS	...	...	...	...	...	...	...				
RDI-HBS	...	...	...	...	...	...	...				
Enumeration Area	...	...	...	...	...	...	...				
Population Stratum	...	...	...	...	...	...	...				
Household Number (1 - 8)	...	...	...	...	...	...	...				
Type of household: Mauritian/Foreigner	...	...	...	...	...	...	...				
Selected / Replaced	...	...	...	...	...	...	...				
Address of Household .....											

Date of interview: Day..... Month..... Year 20.....

Name of Interviewer:.....Sig.....

Verified by Supervisor on Day..... Month..... Year 20.....

Name of Supervisor:.....Sig.....

**FOR OFFICE USE**

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

Checked by.....Sig.....

## 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 absent e.g. students abroad, persons on vacation/business trip etc. However, exclude temporary visitors, servants and lodgers, (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 Male - M Female - F	Identity Number	Age  at last birthday	Marital status  Married/ in a union - <b>M</b> Widowed - <b>W</b> Divorced - <b>D</b> Separated - <b>SEP</b> Single - <b>S</b>
	01		Head 1			
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

[illegible]

## 2. CHARACTERISTICS OF DWELLING

### 2.1 Type of building *(Circle appropriate code)*

- |   |  |   |
|---|--|---|
| (i) Building used wholly used as one housing unit |  | 1 |
| (ii) Building containing > 1 housing unit         | (a) Semi - detached houses   | 2 |
|   | (b) Block of flats   | 3 |
|   | (c) Building intended to be used as one housing unit but crudely subdivided into smaller housing units | 4 |
| (iii) Improvised structure                        |  | 5 |
| (iv) Other (Please specify) .....                 |  | 6 |

### 2.2a Principal material of construction used

- Roof** (i) Concrete Slab 1 (ii) Iron or tin sheets 2 (iii) Shingles 3 (iv) Other - specify 4  
.....
- Wall** (i) Stone, concrete, concrete blocks, bricks 1 (ii) Iron or tin sheets 2 (iii) Wood 3  
(iv) Other - specify 4 .....

- 2.2b Do you have a problem of leaking roof?** Yes 1 No 2

### 2.3 Number of each type of room occupied by the household

	Number		Number
(i) Bedroom	...	(ix) Open verandah	...
(ii) Dining room	...	(x) Lobby	...
(iii) Living room	...	(xi) Bathroom inside	...
(iv) Dining / Living room	...	(xii) Bathroom outside	...
(v) Closed verandah	...	(xiii) Toilet - inside	...
(vi) Study	...	(xiv) Toilet - outside	...
(vii) Kitchen inside	...	(xv) Toilet / bathroom	...
(viii) Kitchen outside	...	(xvi) Other	...

Total number of rooms for living purposes [(i) - (viii)] .....

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### 2.4 Type of tenure *(Circle appropriate code)*

- |                          |   |                          |                   |
|--------------------------|---|--------------------------|-------------------|
| (i) Owned                | 1 | <input type="checkbox"/> | Skip to Section 3 |
| (ii) Supplied free       |   |                          |                   |
| - by employer            | 2 | <input type="checkbox"/> | Go to Qu. 2.5     |
| - by parents / relatives | 3 | <input type="checkbox"/> | Skip to Section 3 |
| - Other (Please specify) | 4 | <input type="checkbox"/> | Skip to Section 3 |
| (iii) Rented             | 5 | <input type="checkbox"/> | Skip to Section 4 |

### 2.5 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. SELECTED EXPENDITURE FOR OWNED AND FREE ACCOMMODATION ONLY

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

3.2 What would be the monthly rent payable for this housing unit, if rented unfurnished?  
Rs .....

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

#### 4. SELECTED EXPENDITURE FOR RENTED ACCOMMODATION ONLY

<b>4.1 Have you rented your accommodation unfurnished? (YES / NO)</b>					
<b>4.2 How much rent did you pay for your accommodation last month?</b> (Exclude any charges such as electricity, water, etc.)					

4.3 Does any member of the household pay any of the following?	Yes/No or Free	If YES, please state the amount for latest payment and specify the period covered (monthly, quarterly, half yearly or yearly)				
		Amount (Rs)				Period
1. Water						
2. Waste water tax						
3. Electricity						
4. MBC - T.V. Licence						
5. Private T.V. channel						
6. Telephone ( fixed) - Excluding Internet						
Total						
of which international calls						
7. Internet Access Fees e.g ADSL , My-T , Wifi , etc						
8. Medical insurance						
9. Home contents insurance						

<b>4.4 Do you sublet any room? (YES / NO)</b> (if no skip to section 5)					
<b>4.5 State amount of monthly rent charged?</b> (exclude any charges such as electricity, water, etc.)					

<b>4.6</b>	Total rent paid by selected household (4.2)	Rs .....			
	Total rent received for subletting if any (4.5)	Rs .....			
	Net rent paid by selected household (4.2 minus 4.5)	Rs .....			

## 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)*

**Yes**      **1**                      **No**                      **2**                      *if no, skip to section 6*

[illegible]

## 6. FUEL USED FOR COOKING AND BATHING

### 6.1 What type/s of fuel do you use for:-

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

	Cooking	Bathing
1. Electricity	.....	.....
2. LPG (Gas)	.....	.....
3. Kerosene	.....	.....
4. Charcoal	.....	.....
5. Wood	.....	.....
6. Solar energy	.....	.....
7. Other (Please specify)	.....	.....

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

Purpose	Capacity of cylinder most often used ( 5 / 6 / 12 kg) for cooking & bathing	Duration of a cylinder (months)	Cost of a cylinder (Rs)
Cooking only			
Bathing only			
Both cooking and bathing			

## 7. HOUSEHOLD POSSESSIONS

### 7.1 Does any member of the household own any of the following items? Yes 1 No 2

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

Number	Number
1. Television	13. Air conditioner
2. Hi-fi system	14. Room heater
3. DVD player	15. Fixed telephone
4. Refrigerator	16. Mobile telephone
5. Dishwashing machine	17. Personal computer (inc.laptop)
6. Washing machine	18. Tablet PC
7. Dryer machine	19. Electric shower
8. Washer/dryer machine	20. Gas shower
9. Gas cooker (plaque a gas)	21. Solar water heater
10. Gas /electric oven	22. Water tank
11. Microwave oven	23. Water Pump
12. Vacuum cleaner	



## 8. VEHICLES

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

Yes      1                      No      2

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

**8.2 Has any member of the household bought any motor vehicles during the past 12 months for household and personal use?**

Yes      1                      No      2

( If YES, mention the type of vehicle bought and the buying price excluding insurance and registration fee)

Type of vehicle	Indicate whether NEW, Imp. Reconditioned or Second Hand	Buying price (Rs) excluding insurance and registration fee
(i) <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(ii) <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(iii) <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**8.3 Has any member of the household sold any motor vehicles (used for household or personal purposes) during the past 12 months?**

Yes      1                      No      2

( If YES, mention the type of vehicle sold and the selling price)

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

**Yes**

**1**

**No**

2

Type of services	Number		Total monthly wages (Rs)
	Part time	Full time	
Domestic servant			
Baby Sitter			
Garde malade			
Cook			
Gardener			
Driver			
Other (Please specify) .....			

**Yes**

**1**

**No**

2

[illegible]

## 11. IRREGULAR EXPENSES MADE DURING PAST 12 MONTHS

11.1 Indicate any expenses for the following items during the past 12 months (shopping done through internet should be included)

Item	Amount paid (Rs)
<b>1. Household furniture &amp; furnishings</b> (e.g Bed, chair, table, sofa, cupboard, etc.)	
<b>2. Household appliances</b> (e.g stoves, cooker, oven, refrigerator, washing machine, fan, kettle, mixer, gas/electric water heater, etc.)	
<b>3. Other electrical goods</b> (e.g radio, hi-fi, TV set, DVD player, home computer, laptop, pc tablet, decoder - tv, etc.)	

Item	Amount paid (Rs)
<b>4. Health related goods and services</b> (e.g Doctor's fees, dental & clinic charges, laboratory services, spectacles, etc.) Note : <b>Include only irregular expenditure not recurrent ones</b>	
<b>5. Educational expenses</b> (e.g textbooks, exams & registration fees, dictionaries, etc.) - for university fees, specify whether local or abroad.	
<b>6. Expenditure in hotels and bungalows in Mauritius</b> (e.g. rental of bungalows, etc.)	
<b>7. Other expenses</b> (Please specify, eg. Water tank, Solar water heater, mobile phones, wedding, funeral, credit card fees etc.)	

## 12. CREDIT CARD / FINANCIAL SITUATION OF HOUSEHOLD

12.1 Does any member of the household own a credit card?

Yes 1 No 2 If no, skip to question 12.4

12.2 How many members in your household own a credit card ? .....

12.3 For what purpose does your household mostly use the credit card?

Purchase of groceries	Yes 1	No 2
Purchase of major household appliances	Yes 1	No 2
Online shopping	Yes 1	No 2
Purchase of other items	Yes 1	No 2

12.4 What do you think of the financial situation of your household?

*[Qui ou penser lors situation financière ou famille?]*

Good <i>[korek]</i>	1
Can manage with some difficulty <i>[capave débrouiller mais avec impé difficulté]</i>	2
Bad <i>[dans problème]</i>	3
Very bad <i>[dans mauvais problème]</i>	4

If Good (1), skip to question 12.6

12.5 In the event, your household faces financial difficulties, how do you meet your expenses?

*[Si ou famille ena difficultés financière, couma ou fer pou dépensés?] - Multiple answers possible*

Borrowing from friends/relatives <i>[prend preter avec camarades/familles]</i>	1
Buying on credit <i>[acheter lor crédit]</i>	2
Using credit card <i>[servi carte de crédit]</i>	3
Contracting loans from financial institutions, e.g. banks <i>[prend loan avec institution couma la banque]</i>	4
Other (Please specify)	5

12.6 How does your household meet its daily basic needs for food?

*[Comment ou famille débrouiller pou gagne manger de base de tous les jours?]*

Without any difficulty <i>[sans problème]</i>	1
With some difficulty <i>[avec impé difficulté]</i>	2
With much difficulty <i>[avec beaucoup difficulté]</i>	3
Cannot meet daily basic needs <i>[pas capave]</i>	4

**12.7** During the past twelve months, has your household been in arrears (i.e. unable to pay bills) due to financial difficulties?

*[Durant 12 derniers mois, eski ou famille pas finne reussi paye bill (e.g. CWA, CEB ...) acoz difficultés financières?]*

**Yes**      1                      **No**                      2

**If no, skip to question 13.1**

	Number of times			
CEB bills	1	2	3+	9
CWA bills	1	2	3+	9
Housing loan	1	2	3+	9
Hire purchased goods, e.g. household appliances, furniture etc.	1	2	3+	9
Rent (applicable to rented households)	1	2	3+	9

Not applicable - 9

### 13. QUALITY OF LIFE

*(applicable for members aged 16 years and above - use Kish grid at Page 14 to select appropriate member)*

**13.1** Overall, how satisfied are you with? *[ En général, qui quantité ou satisfait avec ]*

<i>Serial number of selected member</i>								
Your accommodation? <i>[condition dans lakaz cotte ou pe resté]</i>	1	2	3	4	5	6	7	9
The safety in your neighbourhood? <i>[securité dans ou vosinage ]</i>	1	2	3	4	5	6	7	9
The public bus transport in your route? <i>[transport publique dans ou la route]</i>	1	2	3	4	5	6	7	9
The facilities / amenities in the region where you live? <i>[facilité qui existé dans ou l'endroit par exemple pharmacie, dispensaire, supermarché, bibliothèque, etc.]</i>	1	2	3	4	5	6	7	9
Your work situation? <sup>1</sup> <i>[condition / l'environnement dans ou travail ]</i>	1	2	3	4	5	6	7	9
Your financial situation? <i>[ou situation financière]</i>	1	2	3	4	5	6	7	9
Your health? <i>[ou la santé]</i>	1	2	3	4	5	6	7	9
The amount of time you have to do things you like doing? <i>[comié le temps qui ou ena pour faire kit chose qui ou content faire]</i>	1	2	3	4	5	6	7	9
Your personal relationship? <i>[eski ou ena au moins ène personne avec qui ou capave confier ou meme]</i>	1	2	3	4	5	6	7	9
Your life nowadays? <i>[avec ou lavie aster la]</i>	1	2	3	4	5	6	7	9

<sup>1</sup> - Applicable to working members only

Very satisfied - 1; Satisfied - 2 ; Somewhat satisfied - 3; Neither satisfied nor dissatisfied - 4; Somewhat dissatisfied - 5; Dissatisfied - 6; Very dissatisfied - 7; Not applicable -9

### 13 - QUALITY OF LIFE (contd.) - SELECTION OF HOUSEHOLD MEMBER

**Step 1** – List eligible persons (16 years and over) in descending order of age (oldest to youngest) in the table below.

Household no. : .....

No.	Name	Age	Serial No. as per <u>Q 1.1</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

No. of eligible household members: .....

**Step 2** – Identification of eligible member for Question 13.1 using Kish Grid.

#### Kish Grid

No. of eligible people	Household number							
	1	2	3	4	5	6	7	8
1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2
3	3	2	1	3	2	1	1	2
4	4	3	2	1	4	3	2	1
5	1	2	3	4	5	3	4	5
6	6	5	4	3	2	1	3	6
7	1	2	3	4	5	6	7	4
8	8	7	6	5	4	3	2	1
9	9	8	7	6	5	4	3	2
10 or more	1	10	9	8	7	6	5	4