

SURVEY of YOUNG PEOPLE in EGYPT

SYPE 2009

Household

Final

The information included in this survey is confidential and will only be used for research purposes.

Consent Form

We are interviewing youth between the ages of 10 and 29, to know what is important to them concerning education, employment, health, and social participation. Data and information collected from the respondents is highly confidential. You have been chosen to be part of this research based on a random sampling process, and you have the right to refuse to answer any question and may end the interview at any point in time. There isn't any type of compensation for your participation in this research. But we believe that your honest answers to the questions will help in providing a better life for youth in Egypt. Participation in this interview will take around ----- minutes/hours of your time.

This information will be kept confidential and no one will see it except the research team.

Do you have any questions about the study or your participation in it?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
Do you agree for us to interview you today?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)

If you have any questions about the study please feel free to ask the interviewer. If later you have any questions regarding the study, please contact IDSC (tel. 02 279 395 85).

Contents

<i>Section (0) Questionnaire Identification</i>	4
<i>Section (1): Household Roster</i>	6
<i>Section (2): Eligibility Section</i>	7
<i>Section (3): Household Characteristics</i>	8
<i>Section (4): Education</i>	9
<i>Section (5): Health</i>	11
<i>Section (6): Work</i>	12
<i>Section (7): Pensions, Subsidies & Remittances</i>	13
<i>Section (8): Living Conditions & Housing</i>	14
<i>Section (9): Assets and Durable Goods</i>	18
<i>Section (10): Contact Information</i>	20

Section (0) Questionnaire Identification

Governorate		<input type="text"/>	<input type="text"/>
Kism/Markaz/District		<input type="text"/>	<input type="text"/>
Shiakha/Village		<input type="text"/>	<input type="text"/>
PSU		<input type="text"/>	<input type="text"/>
Building No.		<input type="text"/>	<input type="text"/>
Dwelling No.		<input type="text"/>	<input type="text"/>
Household No. in Sample		<input type="text"/>	<input type="text"/>
Residency	<input type="radio"/> Urban (1)	<input type="radio"/> Rural (2)	<input type="radio"/> Slum (3)
Name of Head of Household			
Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		
Detailed Address	----- -----		

Section (1): Household Roster

Household members are the people who usually live in this house, who share meals and expenditures. This includes anyone who may be absent for no longer than six months.

No.	Usual residents	Relationship	Residence			Gender		Age	Date of Birth	
	1)	2)	3)			4)		5)	6)	
	Please give me the members' names (even if they are not here now), starting with your household head?	What is the relation of (NAME) to the household head?	Does (NAME) live with the family now, or does s/he lives elsewhere within Egypt, or elsewhere outside of Egypt?			Is (NAME) Male or Female?		How old was (name) at his/her last birthday? Record in completed years. <i>children less than one year are coded zero</i>	Month and year of birth	
		<i>Check code below table</i>	with the family	within Egypt	outside of Egypt	Male (1)	Female (2)		Month	Year
1		HHH 0 1	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
2		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
3		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
4		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
5		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
6		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
7		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
8		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
9		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
10		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
11		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
12		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
13		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
14		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			
15		___	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	OM (1)	OF (2)			

Q(2) Code: (01) Head (02) Wife/Husband (03) Son/Daughter (04) Son-In-Law/Daughter-In-Law
 (05) Grandchild (06) Parent (07) Parent-In-Law (08) Brother/Sister
 (09) Brother-In-Law/Sister-In-Law (10) Other Relative (11) Adopted/Foster Child
 (12) Stepchild (13) Not Related.

Section (2): Eligibility Section

No.	For Interviewer to fill in ... (Check Q(4) & Q(5), and use table below to identify the selected individual. Put no. (1) on the individual selected/eligible)									
	Male or female (10-14)		Female (15-21)		Male (15-21)		Female (22-29)		Male (22-29)	
	7) Eligible	8) Select one	9) Eligible	10) Select one	11) Eligible	12) Select one	13) Eligible	14) Select one	15) Eligible	16) Select one
1	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
2	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
3	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
4	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
5	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
6	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
7	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
8	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
9	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
10	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
11	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
12	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
13	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
14	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
15	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Total	<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"/>

Form NO.

The first digit from the left in the serial number of the HH form (Row)	Total number of eligible individuals					
	1	2	3	4	5	6
0	1	1	1	2	4	4
1	1	2	2	3	5	5
2	1	1	3	4	1	6
3	1	2	1	1	2	1
4	1	1	2	2	3	2
5	1	2	3	3	4	3
6	1	1	1	4	5	4
7	1	2	2	1	1	5
8	1	1	3	2	2	6
9	1	2	1	3	3	1

Section (3): Household Characteristics

No.	If AGE 15+											
	17) What is (NAME)'s current marital status? If answer(2-4) (→Q20) If answer(5-7) (→Q21)	18) Does (NAME)'s husband/wife live in this household?		19) Interv.: <i>Copy husband / wife ID</i>	20) What was (NAME)'s age at his/her first marriage?	21) Is (NAME)'s biological mother alive?		22) Interv.: <i>Copy mother ID</i> <i>If she is not present in the family record (zero)</i>	23) Is (NAME)'s biological Father alive?		24) Interv.: <i>Copy Father ID</i> <i>If she is not present in the family record (zero)</i>	
		Yes (1)	No (2) (→Q20)			Alive (1)	Dead (2) (→Q23)		Alive (1)	Dead (2) (→Q25)		
1		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
2		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
3		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
4		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
5		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
6		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
7		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
8		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
9		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
10		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
11		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
12		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
13		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
14		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		
15		<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)		

Q(17) Code: (1) Married (2) Widow/er (3) Divorced
 (4) Separated (5) Finished the legal marriage documents (*katb kitab*)
 (6) Engaged (7) Never been married

Section (4): Education

No.	If AGE 3-5 years		If AGE 6+				27) What is the highest level of education that (NAME) attended? (Code below)	28) What is the last year that (NAME) attended school? <i>Record (0) if s/he did not pass the first year, and (8) for Don't know</i>	If AGE 10+ If Q27 < 3
	25) Has (NAME) ever attended kindergarten, private nursery or another program to prepare (him/her) for primary school? Yes (1) (→Q32) No (2) (→Q32)	26) Has (NAME) ever attended school/Institute/College or is s/he currently in school/Institute/College or has s/he never attended school? In school/Institute/College (1) Attended school/Institute/College (2) Had diploma without attending (3) Never been to a school/college (4) (→Q29)							
1	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q(27) Code: (1) Primary (2) Primary Azhar (3) Preparatory
 (4) Preparatory Azhar (5) Vocational (6) Secondary
 (7) Secondary Azhar (8) Secondary international (9) Above Intermediate
 (10) University (98) DON'T KNOW.

No.	Interviewer: if Q(26) = 1		Interviewer: if Q.(26) = 2 or 3 or 4		
	30) Is (NAME) attending a school/institute/ university this academic year (2008/2009)?		31) What is the reason (NAME) never attended school or dropped out of school? Record the main reasons. (The codes written below)		
	Yes (1) (→Q32)	No (2)	Pre-defined Answer	Other: Specify	Code
1	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
2	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
3	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
4	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
5	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
6	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
7	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
8	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
9	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
10	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
11	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
12	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
13	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
14	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>
15	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="checkbox"/> <input type="checkbox"/>	-----	<input type="checkbox"/> <input type="checkbox"/>

Q(31) Code:

- | | |
|--|--|
| (1) S/he finished my studies | (2) Lack of schools for further study |
| (3) Uniform and school fees are expensive | (4) Private tutoring fees are expensive |
| (5) The school is too far | (6) There was no school |
| (7) S/he had to help out at home | (8) S/he had to work |
| (9) Helping a family member in his/her work | (10) All the teachers are males |
| (11) My parents didn't want me to go to school | (12) My father didn't approve |
| (13) S/he didn't want to finish school | (14) Maltreatment from teachers or corporal punishment |
| (15) Not doing well in school | (16) For disciplinary reasons |
| (17) To avoid mixing with the opposite sex | (18) Marriage |
| (19) For health reasons | (20) Class mates bullying |
| (21) I was too old to be enrolled in a school | (22) Customs and traditions |
| (23) No birth certificate | (24) Didn't reach the age of enrollment |
| (95) Refused to answer | (96) Other (specify) |
| (98) Don't know. | |

Section (5): Health

No.	32) Does (NAME) have any disability?		33) What does s/he have exactly?			34) Does (NAME) have any chronic diseases?		35) What does s/he have exactly?			36) Is (NAME) covered by any form of health insurance?		37) Is (NAME) covered by any form of health insurance?		
	Yes (1)	No (2) (→ Q34)	Pre-defined Answer	Other Specify	Code below	Yes (1)	No (2) (→ Q36)	Pre-defined Answer	Other Specify	Code below	Yes (1)	No(2) (→ Q38)	Public (A)	Private (B)	Syndicate (C)
1	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
2	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
3	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
4	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
5	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
6	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
7	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
8	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
9	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
10	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
11	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
12	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
13	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
14	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)
15	(1)	(2)	-----	----		(1)	(2)	-----	----		(1)	(2)	(A)	(B)	(C)

Q(33) Code: (01) Blind (02) Partially sighted (03) Deaf and Mute
 (04) Deaf (05) Mute (06) lost one of his/her arms or both or parts of them
 (07) lost one of his/her legs or both or parts of them (08) Mentally disabled
 (09) Poliomyelitis (10) Partial or complete paralysis (96) Other (specify)

Q(35) Code: (01) Heart disease (02) Diabetes (03) Brain or nervous system diseases
 (04) Mental illness (05) Kidney illness (06) Liver illness
 (07) Bone disease (08) Lung diseases (09) Cancer
 (10) Skin and reproductive diseases (11) Digestive system diseases
 (12) Blood and endocrine diseases (13) Ear, nose and throat diseases
 (14) Ophthalmology (96) Other (specify).

Section (6): Work

No.	If AGE 6+											
	38) Is (NAME) currently doing any work for cash?		39) Where is (NAME) working? (Code below)		40) What's (NAME) employment status now? (Code below)		41) Does (NAME) contribute to the social security system? (→Q44)		42) Did (NAME) want and were you ready to work during the past week?		43) Did (NAME) actively search for a job over the past three months?	
	Yes (1)	No (2) (→Q42)					Yes (1)	No (2)	Yes (1)	No (2) (→Q44)	Yes (1)	No (2)
1	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
2	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
3	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
4	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
5	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
6	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
7	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
8	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
9	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
10	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
11	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
12	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
13	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
14	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
15	(1)	(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)

Q(39) Code: (1) Government (2) Public sector (3) Private
(4) Investment (5) Foreign (6) Other (specify)

Q(40) Code: (1) Work for pay/permanent (2) Work for pay/part time (3) Employer
(4) Self-employed (5) Unpaid family worker (96) Other (specify).
(6) Works for others without pay

Section (7): Pensions, Subsidies & Remittances

No.	44) Do you receive any transfers or pensions?		45) Specify Pensions, Subsidies & Remittances type.		Interviewer: <i>ask in case of pension only</i>				
	Yes (1)	No (2) (→Q47)	Interviewer: <i>Multiple responses are allowed. (Codes written below)</i>		Father (A)	Mother (B)	Another Relatives (C)	My own pension (D)	Other (specify) (X)
1	(1)	(2)							-----
2	(1)	(2)							-----
3	(1)	(2)							-----
4	(1)	(2)							-----
5	(1)	(2)							-----
6	(1)	(2)							-----
7	(1)	(2)							-----
8	(1)	(2)							-----
9	(1)	(2)							-----
10	(1)	(2)							-----
11	(1)	(2)							-----
12	(1)	(2)							-----
13	(1)	(2)							-----
14	(1)	(2)							-----
15	(1)	(2)							-----

Q(45) Code:

- | | |
|---|---|
| (A) Pension | (B) Ministry of Social Solidarity pension |
| (C) SADAT/MUBARAK pension | (D) Orphans pension |
| (E) Orphans' education scholarships | (F) Widows' pension |
| (G) Widows' education scholarships | (H) Divorced women's pension |
| (I) Divorced women's education scholarships | (J) Divorced women's children's pension |
| (K) Divorced women's children's education scholarships | |
| (L) Abandoned children's pension | |
| (M) Children of imprisoned divorced /deceased women's pension | |
| (N) Prisoners' families' pension | (O) Prisoners' children pension |
| (P) Prisoners' children education scholarships | (Q) Emergency pensions/aid |
| (R) Humanitarian aid | (S) Old age pensions |
| (T) Pensions for families of Elderly | |
| (U) NGO transfer | (V) Charity monies from individuals |
| (X) Other (specify). | |

Section (8): Living Conditions & Housing

47) How many rooms are there for the sole use of this household (excluding bathrooms, kitchens, and stairway areas)?	Number of rooms <input type="text"/> <input type="text"/>
48) How many rooms are used for sleeping?	Number of bedrooms <input type="text"/> <input type="text"/>
49) Do you have a separate room that you use for cooking?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q51)
50) Is it inside or outside the house?	<input type="radio"/> Inside (1) <input type="radio"/> Outside (2)
51) How does your household normally dispose of kitchen waste and trash? (Record main method of disposal only. If two or more methods are used equally, choose only based on the order of question options)	<input type="radio"/> Collected from home (1) <input type="radio"/> Collected from container in street (2) <input type="radio"/> Dumped into street/empty lot (3) <input type="radio"/> Dumped into canal/drainage (4) <input type="radio"/> Burned (5) <input type="radio"/> Fed to animals (6) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>
52) Do you have a toilet facility?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q54)
53) Is it inside or outside the house?	<input type="radio"/> Inside (1) <input type="radio"/> Outside (2)
54) What kind of toilet facility do members of your household usually use?	<input type="radio"/> Modern flush toilet (1) <input type="radio"/> Traditional tank flush (2) <input type="radio"/> Traditional bucket flush (3) <input type="radio"/> Pit toilet/latrine toilet (4) <input type="radio"/> Bucket toilet (5) <input type="radio"/> No facility/field (7) (→Q56) <input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>
55) Into where does this toilet flush drain?	<input type="radio"/> the public sewage system (1) <input type="radio"/> "vault (bayara)". (2) <input type="radio"/> Septic system (3) <input type="radio"/> pipe connected to canal (4) <input type="radio"/> DON'T KNOW (8) <input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>
56) What is the main source of drinking water for members of your household?	<p>Piped water: <input type="radio"/> Piped into dwelling (1) <input type="radio"/> Piped to yard/plot (2) <input type="radio"/> Public tap/standpipe (3) <input type="radio"/> Tube well (4)</p> <p>Dug well: <input type="radio"/> Protected well (5) <input type="radio"/> Unprotected well (6)</p> <p>Water from spring: <input type="radio"/> Protected spring (7) <input type="radio"/> Unprotected spring (8)</p> <input type="radio"/> Tanker truck (9) <input type="radio"/> Cart with small tank (10) <input type="radio"/> Surface water (river/dam/lake/pond/stream/canal/irrigation channel) (11) <input type="radio"/> Bottled water (12) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>

<p>57) What is the main source of water used by your household for purposes other than drinking, such as cooking and hand-washing?</p>	<p>Piped water: <input type="radio"/> Piped into dwelling (1) <input type="radio"/> Piped to yard/plot (2) <input type="radio"/> Public tap/standpipe (3) <input type="radio"/> Tube well (4)</p> <p>Dug well: <input type="radio"/> Protected well (5) <input type="radio"/> Unprotected well (6)</p> <p>Water from spring: <input type="radio"/> Protected spring (7) <input type="radio"/> Unprotected spring (8)</p> <p><input type="radio"/> Tanker truck (9) <input type="radio"/> Cart with small tank (10) <input type="radio"/> Surface water (river/dam/lake/pond/stream/canal/irrigation channel) (11) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/></p>		
<p>58) During the last two weeks, was there any time when water was not available from this source?</p>	<p><input type="radio"/> Yes (1)</p>	<p><input type="radio"/> No (2) <input checked="" type="radio"/> (→Q60)</p>	<p><input type="radio"/> Don't Know (8) <input checked="" type="radio"/> (→Q60)</p>
<p>59) How often did this happen?</p>	<p><input type="radio"/> Daily/almost daily (1) <input type="radio"/> Few times per week (2) <input type="radio"/> Less frequently (3) <input type="radio"/> Don't Know (8)</p>		
<p>60) Is the household connected to the government electricity network or to a generator?</p>	<p><input type="radio"/> Yes, to the government network (1) <input type="radio"/> Yes, to a generator (2) <input type="radio"/> There is no electricity (3)</p>		
<p>61) What type of fuel does your household mainly use for cooking?</p> <p><input type="radio"/> LPG (botagas) (1) <input type="radio"/> Natural gas (2) <input type="radio"/> Kerosene (3) <input type="radio"/> Electricity (4) <input type="radio"/> Coal, lignite, charcoal, wood, grass or agricultural crop (5) <input type="radio"/> Animal dung (6) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/></p>			
<p>62) Interviewer: <i>what is the main flooring material used in the house?</i></p> <p><input type="radio"/> Natural floor (earth/sand) (1) <input type="radio"/> Rudimentary floor (wood plank) (2) <input type="radio"/> Finished floor (parquet or polished wood) (3) <input type="radio"/> Ceramic/marble tiles (4) <input type="radio"/> Cement tiles (5) <input type="radio"/> Cement (6) <input type="radio"/> Wall-to-wall carpeting (7) <input type="radio"/> Vinyl (8) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/></p>			
<p>63) Interviewer: <i>What types of windows are in the house?</i></p> <p><input type="radio"/> All windows have glass panes (1) <input type="radio"/> Some windows have glass panes and some do not have glass panes (2) <input type="radio"/> No windows have glass panes (3) <input type="radio"/> No window openings (4)</p>			

64) Interviewer: <i>what is the main material of the interior walls?</i>	
<input type="radio"/> Brick, stone and concrete (1) <input type="radio"/> Brick, stone and mud (2) <input type="radio"/> Wood & tree branches (3) <input type="radio"/> Reinforced concrete (4) <input type="radio"/> Mud bricks (5) <input type="radio"/> No walls (6) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/>	
65) Interviewer: <i>what is the main roofing material?</i>	
<input type="radio"/> Straw (1) <input type="radio"/> Mud (2) <input type="radio"/> Wood (3) <input type="radio"/> Steel (galvanized) (4) <input type="radio"/> Reinforced concrete (5) <input type="radio"/> Tiles/wooden planks (6) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/>	
66) What type of dwelling unit is this?	<input type="radio"/> Apartment (1) <input type="radio"/> Free standing house (2) <input type="radio"/> Countryside house (3) <input type="radio"/> Villa (4) <input type="radio"/> One room in an apartment (5) <input type="radio"/> More than one room in an apartment (6) <input type="radio"/> Independent room/ two rooms (7) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/>
67) Does your family own or rent this dwelling?	<input type="radio"/> Owned (1) <input type="radio"/> Rented/ Fringe benefit (2) (→Q72)
68) Does your family own the dwelling or is it shared or is it the parents' or is it granted to you?	<input type="radio"/> Owned by the family only (1) <input type="radio"/> Shared (2) <input type="radio"/> Owned by the parents(3) <input type="radio"/> Grant (4) (→Q75)
69) Did you fully pay for it, or not yet?	<input type="radio"/> Fully paid for (1) <input type="radio"/> Paid only a part of it (2)
70) What is the total cost of this house?	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E. <input type="radio"/> Don't know (99999998)
71) Did you acquire it through any national program? (→Q75)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
72) Is the rent based on the old or the new rent law or is it on a furnished basis?	<input type="radio"/> New rent law (1) <input type="radio"/> Old rent law (2) (→Q74) <input type="radio"/> Furnished (3) (→Q74) <input type="radio"/> Managerial housing/belongs to work (4) (→Q74)
73) What is the period of this contract? (For the latest period)	<input type="text"/> <input type="text"/> <input type="text"/> Months (with no period=zero)
74) What is the monthly rent?	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E.
75) How long have you been living in this house?	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> Months <input type="radio"/> Forever (994) (→Q90) <input type="radio"/> Don't Know (998) (→Q90)
76) When did you leave your previous house?	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year
77) Do you own this unit or do you rent it?	<input type="radio"/> Owned (1) <input type="radio"/> Rented (2) (→Q81)
78) Is it your own, your parents', or shared, or a job related benefit/grant?	<input type="radio"/> Owned by the family only (1) <input type="radio"/> Shared (2) <input type="radio"/> Owned by the parents(3) <input type="radio"/> Grant (4) (→Q84)

79) What was the total cost of this house?		<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E. <input type="radio"/> Don't Know (99999998)	
80) Did you receive it from any national project? (→Q84)		<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
81) Was your previous dwelling...		<input type="radio"/> Rented, new rent law(1) <input type="radio"/> Rented, old rent law (2) (→Q83) <input type="radio"/> Rented, furnished (3) (→Q83) <input type="radio"/> Managerial housing/belongs to the government (4) (→Q83)	
82) What was the period of this contract? (For the latest period)		<input type="text"/> <input type="text"/> <input type="text"/> Months (with no period=zero)	
83) What was the monthly rent?		<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E.	
84) How long had you been living in this house?		<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> Months <input type="radio"/> Don't Know (998)	
85) Country	_____ if country is not Egypt (→Q89)		<input type="text"/> <input type="text"/> <input type="text"/>
86) Governorate	_____		<input type="text"/> <input type="text"/>
87) Kism/Markaz/District	_____		<input type="text"/> <input type="text"/> <input type="text"/>
88) Shiakha/Village	_____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
89) Why did you move from this house?		<input type="radio"/> New work opportunities (1) <input type="radio"/> I was forced to leave it (2) <input type="radio"/> The lease contract ended (3) <input type="radio"/> The old house was unsuitable for my family's needs (4) <input type="radio"/> I purchased a new house (5) <input type="radio"/> The location of the old house wasn't suitable (6) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>	

Section (9): Assets and Durable Goods

Item	90) Does your household have:		91) How many units of this item does the family own?
	Yes (1)	No (2) (→ Next item)	
1. Radio	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
2. B&W television	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
3. Color television	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
4. Video or DVD player	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
5. Satellite dish	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
6. Manual washing machine	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
7. Automatic washing machine	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
8. Sewing machine	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
9. Vacuum cleaner	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
10. Refrigerator	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
11. Water heater	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
12. Air conditioner	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
13. Automatic dish washer	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
14. Microwave	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
15. Computer	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
16. Laptop	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
17. Telephone	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
18. Mobile	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
19. Motorcycle	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
20. Truck	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
21. Taxi	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
22. Micro-Bus	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
23. TokTok	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
24. Personal car	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/>
25. Vacant land for buildings	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	//////////
26. Buildings	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	//////////

Item	92) Does your household have agricultural land that is:		93) What is the area (size) is this land?	
	Yes (1)	No (2) (→Next item)	Feddan	Qiraat
1. Owned and cultivated by your household	<input type="radio"/> Y (1)	<input type="radio"/> N (2)		
2. Owned and rented out to someone else	<input type="radio"/> Y (1)	<input type="radio"/> N (2)		
3. Owned but not used (neither rented out nor cultivated)	<input type="radio"/> Y (1)	<input type="radio"/> N (2)		
4. Rented by and cultivated by your household	<input type="radio"/> Y (1)	<input type="radio"/> N (2)		
5. Rented by your household but not cultivated	<input type="radio"/> Y (1)	<input type="radio"/> N (2)		

Notes

Read over the questionnaire and make sure that the questionnaire is revised and that all the questions are complete before leaving the interview location.

Before finalizing the interview, thank the respondents for their cooperation in the research.

100) Level of cooperation?	<input type="radio"/> Poor (1) <input type="radio"/> Good (3)	<input type="radio"/> Acceptable (2) <input type="radio"/> Very Good (4)
Interviewer Notes		
Supervisor Notes		
Field Reviser Notes		
Quality Officer Notes		
Office Reviser Notes		
