

# **SURVEY of YOUNG PEOPLE in EGYPT**

## **SYPE 2009**

Males (10-14)

**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

<b><i>Section (0): Questionnaire Identification</i></b>	<b><i>4</i></b>
<b><i>Section (1): Employment</i></b>	<b><i>6</i></b>
[1] Employment during the Past 7 Days	6
[2] Characteristics of Current Job	7
[3] Employment History	8
[4] Financial Behavior	10
<b><i>Section (2): Education</i></b>	<b><i>11</i></b>
[5] School Attendance	11
[6] Schooling Experience	12
[7] General section	14
[8] Never Attended School	15
<b><i>Section (3): Civic Participation</i></b>	<b><i>17</i></b>
<b><i>Section (4): Time Usage &amp; Personal Belongings</i></b>	<b><i>19</i></b>
[9] Time Use	19
[10] Personal belongings	21
<b><i>Section (5): Family Formation &amp; Health</i></b>	<b><i>22</i></b>
[11] General Health	22
[12] Risk Behavior and Safety	23
[13] Nutrition	24
[14] Tobacco, Drugs and Alcohol Abuse	25
[15] Mental Health & Social Development	25
[16] Exercise and Physical Activity	25
[17] Reproductive Health	25

## Section (0): Questionnaire Identification

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

	<i>Visit (1)</i>	<i>Visit (2)</i>	<i>Visit (2)</i>	<i>Last Visit</i>
Date	__/__/2009	__/__/2009	__/__/2009	__/__/2009
Team	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Interviewer	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Supervisor	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Result (code below)				
<b>Result Code:</b> (01) Completed (02) No household member (competent person) at home at the time of visit (03) Entire household is absent for extended period of time (04) Postponed (05) Refused to answer				
Next visit	Date	__/__/2009	__/__/2009	
	Time	__:__	__:__	
Total number of visits	<input type="checkbox"/> <input type="checkbox"/> visits			
Starting time of the interview	__:__	1) Ending time of the interview		__:__

	Field Revision	Quality Check	Office Revision	Coding	Entry	Entry Supervisor
Name	_____	_____	_____	_____	_____	_____
Date	__/__/2009	__/__/2009	__/__/2009	__/__/2009	__/__/2009	__/__/2009
Signature	_____	_____	_____	_____	_____	_____
Code	<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"/>

101) <b>Interviewer:</b> <i>Name of the interviewer:</i>		
102) <b>Interviewer:</b> <i>Respondent line number:</i>	<input type="text"/> <input type="text"/>	
103) <b>Interviewer:</b> <i>Respondent age:</i>	<input type="text"/> <input type="text"/> years	
104) <b>Interviewer:</b> <i>Respondent religion:</i>	<input type="radio"/> Muslim (1) <input type="radio"/> Other (2)	
105) <b>Interviewer:</b> <i>Has the respondent ever been in school?</i>	<input type="radio"/> Never been to school (1) <input type="radio"/> Currently in School/institute/college (2) <input type="radio"/> Has been to school in the past (3) <input type="radio"/> received certificate without going to school (homeschooled) (4)	

## Section (1): Employment

### [1] Employment during the Past 7 Days

106) Were you employed during the past seven days?	<input type="radio"/> Yes (1) (→Q110) <input type="radio"/> No (2)	
107) Did you participate in one of the following activities during the past seven days for the purpose of sales/marketing/earning a wage/helping in a family business (even if for a short period of time or irregularly)?		
	Yes (1)	No (2)
A. Agricultural work (e.g., harvesting, cutting clover, irrigation...)	<input type="radio"/>	<input type="radio"/>
B. Raising poultry/livestock	<input type="radio"/>	<input type="radio"/>
C. Producing ghee/cheese/butter	<input type="radio"/>	<input type="radio"/>
D. Collecting fuel/woodcutting	<input type="radio"/>	<input type="radio"/>
E. Preparing food (e.g, vegetables)	<input type="radio"/>	<input type="radio"/>
F. Sewing/embroidery/crochet	<input type="radio"/>	<input type="radio"/>
G. Producing hay products/carpets/textile/ropes	<input type="radio"/>	<input type="radio"/>
H. Offering services for others in a house/shop/hotel	<input type="radio"/>	<input type="radio"/>
I. Independent paid work	<input type="radio"/>	<input type="radio"/>
J. Selling goods in the market/in the street/at home	<input type="radio"/>	<input type="radio"/>
K. Buying goods and reselling them	<input type="radio"/>	<input type="radio"/>
L. Helping with construction work	<input type="radio"/>	<input type="radio"/>
M. Learning a skill	<input type="radio"/>	<input type="radio"/>
108) <b>Interviewer:</b> <i>All answers (No) continue</i>	At least one is (yes) (→Q110)	
109) Did you want and were you ready to work during that period? (→Q120)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	

## [2] Characteristics of Current Job

110) Within the last seven days, how many days total have you worked, (consecutive days or inconsecutive days)?		<input type="text"/> Days	
111) How many hours do you work (on average)?		<input type="radio"/> <input type="text"/> <input type="text"/> Hours/Day <input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours/Week	
112) Would you like to continue in this work or not?		<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
113) Do you experience any of the following in your work?		Yes (1)	No (2)
A. <i>(For those who are not self employed:)</i> Maltreatment from supervisor(s)		<input type="radio"/>	<input type="radio"/>
B. Long working hours		<input type="radio"/>	<input type="radio"/>
C. Low wage		<input type="radio"/>	<input type="radio"/>
D. Exhaustive work load		<input type="radio"/>	<input type="radio"/>
E. Long commute time		<input type="radio"/>	<input type="radio"/>
F. Harassment from colleagues/supervisors		<input type="radio"/>	<input type="radio"/>
G. Sexual harassment from colleagues/supervisors		<input type="radio"/>	<input type="radio"/>
H. Harassment from customers/clients		<input type="radio"/>	<input type="radio"/>
I. Sexual harassment from customers/clients		<input type="radio"/>	<input type="radio"/>
J. Work place is hazardous		<input type="radio"/>	<input type="radio"/>
K. Harassment when commuting to or from your work place		<input type="radio"/>	<input type="radio"/>
L. No wage payment upon finalizing work		<input type="radio"/>	<input type="radio"/>
M. No wage determination at the beginning of the job		<input type="radio"/>	<input type="radio"/>
X. Other: _____		<input type="radio"/>	<input type="text"/> <input type="text"/>
114) Does your current job require any special skill?		<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q116)	
115) How did you acquire that skill? A. Regular schooling <input type="checkbox"/> B. Through contractor <input type="checkbox"/> C. Through apprenticeship to a craftsman <input type="checkbox"/> D. Language courses/programs <input type="checkbox"/> E. Computer courses/programs <input type="checkbox"/> F. Secretarial courses/programs <input type="checkbox"/> G. Through family <input type="checkbox"/> X. Other: : _____ <input type="checkbox"/> <input type="text"/> <input type="text"/>			
116) Do you use a computer in your work?		<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q118)	
117) Do you use the Internet?		<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
118) When you first started this job, whose decision was it that you do so? A. Himself/herself <input type="checkbox"/> B. Father <input type="checkbox"/> C. Mother <input type="checkbox"/> D. Husband/wife <input type="checkbox"/> E. Other family member <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="text"/> <input type="text"/>			
119) Is the job that you worked during the past week the longest main job that you have held during the past three months?		<input type="radio"/> Yes (1) <input type="radio"/> No (2)	

### [3] Employment History

120) Have you ever worked before?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q147)
	<b>i) Current situation in the past seven days</b>	<b>ii) Previous position</b>	<b>iii) First job</b>
121) Employment status (see code below)	<input type="text"/> <input type="text"/> (If answer from 6 to 11 (→Q145))	<input type="text"/> <input type="text"/> (If answer from 6 to 11 (→Q145))	<input type="text"/> <input type="text"/> (If answer from 6 to 11 (→Q145))
122) Was this your first job?	////////////////////	<input type="radio"/> Yes (1) (→first job) <input type="radio"/> No (2)	////////////////////
123) Occupation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
124) Economic activity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
125) Economic sector (see code below)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
126) Job stability (see code below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
127) Did you have contract?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q129)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q129)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q129)
128) Type of contract?	<input type="radio"/> Defined (1) <input type="radio"/> Unlimited (2)	<input type="radio"/> Defined (1) <input type="radio"/> Unlimited (2)	<input type="radio"/> Defined (1) <input type="radio"/> Unlimited (2)
129) Did you have social security?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
130) Did you have medical insurance?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
131) Did you get any training?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)

**Q(121) Code:** (1) Waged employee (2) Employer (3) Self employed  
 (4) Unpaid working for family (5) Apprentice unpaid (6) Unemployed  
 (7) Housewife (8) Full time student/Army recruit (9) does not want to work  
 (10) Temporarily disabled (11) Unpaid leave for a year or more.

**Q(125) Code:** (1) Government (2) Public enterprise (3) Private  
 (4) Investment (5) Foreign (6) Non-profit NGO  
 (7) Other including co-operatives (96) Other

**Q(126) Code:** (1) Permanent (2) Temporary (3) Seasonal (4) Casual



	<i>i) Current situation in the past seven days</i>	<i>ii) Previous position</i>	<i>iii) First job</i>
132) Is your work in/out of the establishment?	<input type="radio"/> In the same establishment (1) <input type="radio"/> Out (2) (→Q137)	<input type="radio"/> In the same (1) <input type="radio"/> In another (2) <input type="radio"/> Out (3) (→Q137)	<input type="radio"/> In the same (1) <input type="radio"/> In another (2) <input type="radio"/> Out (3) (→Q137)
133) What is the legal status of the firm you work in? (see code below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
134) What is the number of employees in firm (including respondent)?	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> 100 or more put (100)	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> 100 or more (100)	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> 100 or more (100)
135) Is this establishment registered?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)
136) Is this establishment licensed?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)
137) Country	<input type="radio"/> In Egypt (1) (→Q139) <input type="radio"/> Abroad (2)	<input type="radio"/> In Egypt (1) (→Q139) <input type="radio"/> Abroad (2)	<input type="radio"/> In Egypt (1) (→Q139) <input type="radio"/> Abroad (2)
138) Country name (→Q143)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
139) Governorate	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
140) Kism/Markaz/District	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
141) Shiakha/Village	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Q(133) Code:** (1) Individual project (2) Partnership/company (3) Joint venture  
 (4) Company with limited liability (5) Has no legal entity (8) DON'T KNOW.

142) Place of work	<input type="radio"/> Urban (1) <input type="radio"/> Rural (2)		<input type="radio"/> Urban (1) <input type="radio"/> Rural (2)		<input type="radio"/> Urban (1) <input type="radio"/> Rural (2)	
143) Why did you quit? (see code below)	//////////////////////////////////		<input type="checkbox"/>		<input type="checkbox"/>	
144) How old were you when you started this work?	A) Month	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
	B) Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
145) Started	A) Month	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
	B) Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
146) End	A) Month	//////////////////////////////////	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
	B) Year	//////////////////////////////////	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**Q(143) Code:** (1) The employer terminated the contract  
 (3) I willingly left for any other reason

(2) I willingly left this job to start another one  
 (4) I did not change to another work place.

## [4] Financial Behavior

147) Do you regularly save money?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
148) If you wanted to save money, where could you save it? A. At home <input type="checkbox"/> B. With a friend or relative <input type="checkbox"/> C. With stocks/savings club <input type="checkbox"/> D. In a bank <input type="checkbox"/> E. In a cooperative <input type="checkbox"/> F. In the Post office <input type="checkbox"/>	
149) I am saving for... A. My own education <input type="checkbox"/> B. Education of other family members <input type="checkbox"/> C. For emergencies <input type="checkbox"/> E. For buying items like mobile/watch/MP3 player.. <input type="checkbox"/> F. Medical expenses <input type="checkbox"/> G. Clothes/shoes/other personal items <input type="checkbox"/> H. To support relatives or friends <input type="checkbox"/> X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/>	
150) Who decides how you will use your money/savings?	<input type="radio"/> Myself only (1) <input type="radio"/> My parents (2) <input type="radio"/> Relatives (3)
151) Do you have a bank account or a post-office account?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)

## Section (2): Education

### [5] School Attendance

152) <b>Interviewer:</b> <i>check question (Q105): have respondent ever attended school?</i>	<input type="radio"/> Never been (1) (→Q215) <input type="radio"/> Have been to school in the past (3)	<input type="radio"/> Currently in school (2) (→Q158) <input type="radio"/> Received certificate without going to school (homeschooled) (4)
--	---	--

#### a) For those who have studied in the past

153) What is the highest level of schooling that you attended?	
<input type="radio"/> General primary (1) <input type="radio"/> Azhar preparatory (4) <input type="radio"/> Vocational secondary (7)	<input type="radio"/> Azhar primary (2) <input type="radio"/> General secondary (5) <input type="radio"/> International secondary (8)
<input type="radio"/> General preparatory (3) <input type="radio"/> Azhar secondary (6)	
154) What is the highest year that you successfully passed at this level? And which year?	A. School year <input type="text"/> B. Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
155) <b>For interviewer:</b> <i>the respondent:</i>	<input type="radio"/> Was in school before (1) <input type="radio"/> Received certificate without going to school (homeschooled) (2) (→Q167)
156) Did you drop out of school because you thought that the level you reached was enough?	<input type="radio"/> Yes (1) <input type="radio"/> No not enough (2) (→Q163)
157) Have you ever interrupted your schooling?	<input type="radio"/> Yes (1) (→Q163) <input type="radio"/> No (2) (→Q163)

#### b) For those who are currently in school

158) What is the highest level of schooling that you have completed?	
<input type="radio"/> Didn't complete primary education (1) (→Q160) <input type="radio"/> General preparatory (4)	<input type="radio"/> General primary (2) <input type="radio"/> Azhar preparatory (5)
<input type="radio"/> Azhar primary (3)	
159) What is your current level of schooling?	
<input type="radio"/> General preparatory (1) <input type="radio"/> Azhar secondary (4)	<input type="radio"/> Azhar preparatory (2) <input type="radio"/> International Secondary (5)
<input type="radio"/> General secondary (3) <input type="radio"/> Vocational Secondary (6)	
160) What is the highest year that you successfully passed at this level?	<input type="text"/> year <input type="radio"/> Didn't pass exam yet (0)
161) Are you currently attending classes this year or have you dropped-out (i.e. did not complete education)?	<input type="radio"/> Attending (1) <input type="radio"/> Not attending (2) (→Q163)
162) Have you ever interrupted your schooling?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q167)

#### c) For those who have dropped out of school

163) How old were you when you dropped-out of school/university/institute?	<input type="text"/> <input type="text"/> <input type="text"/> Years <input type="radio"/> DON'T KNOW (98)
164) When did you drop out of school? (which year?)	<input type="radio"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (9998)
165) When did you return to school, if ever?	<input type="radio"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> NOT APPLICABLE (9997)

166) What is the main reason that you dropped out?

- A. Finished don't need more education (completed my education) ☐
- B. Lack of schools for further study ☐
- C. Uniform and school fees ☐
- D. Private tutoring fees ☐
- E. The school is too far ☐
- F. I had to help out at home ☐
- G. I had to work ☐
- H. Helping a family member in his/her work ☐
- J. My parents didn't want me to go to school ☐
- L. Maltreatment from teachers or corporal punishment ☐
- M. Not doing well in school ☐
- N. For disciplinary reasons ☐
- O. To avoid mixing with the opposite sex ☐
- P. Bullying ☐
- Q. For health reasons ☐

X. Other: \_\_\_\_\_ ☐ ☐ ☐

☐ Refuse to answer (5) **Cancel All Checks** ☐ Don't know (8) **Cancel All Checks**

## [6] Schooling Experience

167) What was your score (as %) for each educational level that you have completed?

- A. Primary ☐   .  % ☐ NOT APPLICABLE (7) ☐ DON'T REMEMBER (8)
- B. Preparatory ☐   .  % ☐ NOT APPLICABLE (7) ☐ DON'T REMEMBER (8)

### a) For those who are currently in school

168) <b>Interviewer:</b> What is the response to question (Q152)?		<input type="radio"/> Currently in school (1) <input type="radio"/> Have been to school in the past (2) (→Q194) <input type="radio"/> Received certificate without going to school (homeschooled) (3) (→Q200)	
169) <b>Interviewer:</b> What is the response to question (Q161)?		<input type="radio"/> Attend (1) <input type="radio"/> Don't attend (2) (→Q194)	
170) What is the name of your school?	<input type="radio"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (9998)		
171) Is your school governmental, private, experimental or Azhar?	<input type="radio"/> Governmental (1) <input type="radio"/> Private (2) <input type="radio"/> Experimental (3) <input type="radio"/> Azhar (4)		
172) How do you get to school? That is, do you walk or what do you ride to get there?			
<input type="radio"/> Walk (1) <input type="radio"/> Bicycle (2) <input type="radio"/> Donkey/cart (3) <input type="radio"/> Motorcycle (4) <input type="radio"/> Tok Tok, pick-up truck (5) <input type="radio"/> Public transportation (6) <input type="radio"/> Taxi (7) <input type="radio"/> School bus (8) <input type="radio"/> Private car (9) <input type="radio"/> Rented van (10) <input type="radio"/> Micro-bus (11) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>			
173) How long does it take you to get to your school?	<input type="radio"/> Less than 1/2h (1) <input type="radio"/> 1/2- 1h (2) <input type="radio"/> more than 1h (3) <input type="radio"/> DON'T KNOW (8)		
174) Does your school work in shifts?	<input type="radio"/> Shifts (1) <input type="radio"/> One Shift (2)		
175) Generally, do you find your school to be clean or not?	<input type="radio"/> Yes, very clean (1) <input type="radio"/> Yes, clean (2) <input type="radio"/> No, not clean (3) <input type="radio"/> DON'T KNOW (8)		
176) Are you on good terms with most of your teachers?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)		

177) In your classroom at school ...			
	Yes (1)	NO (2)	DON'T KNOW (8)
A. Are some of the chairs or benches broken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Are there more students on one bench than there should be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Is the lighting inadequate in the classroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Is the blackboard in poor condition such that you cannot see what is written on it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Are the classroom windows broken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Is there <b>not</b> enough ventilation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	178) Does your school have ...	179) Have you ever used/visited/ participated?	180) How often do you use/visit/ participate?	181) Are you satisfied with the service /activity you had there?
	<input type="radio"/> Yes (1) <input type="radio"/> No (2) [ <b>→</b> <b>Next</b> ] or <b>(→Q182)</b>	<input type="radio"/> Yes (1) <input type="radio"/> No (2) [ <b>→ Next</b> ] or <b>(→Q182)</b>	<input type="radio"/> Always (1) <input type="radio"/> Sometimes (2) <input type="radio"/> Rarely (3)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
A. Library				
B. Computer lab				
C. Science laboratory				
D. School clinic				
E. Playground				
F. Musical instruments or music classes				
G. Field trips				
182) Does anyone in your household help you with your studying or homework?			<input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>(→Q184)</b>	
183) Who helps you?	A. Father <input type="checkbox"/> B. Mother <input type="checkbox"/> C. Older siblings <input type="checkbox"/> D. Other relatives <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
184) If you have a problem at school/university/institute, who usually goes to school/university/ institute and meets the teachers/instructors to solve this problem?				
<input type="radio"/> Both father and mother (1) <input type="radio"/> Father (2) <input type="radio"/> Mother (3) <input type="radio"/> Brothers and sisters (4) <input type="radio"/> Other relatives (5) <input type="radio"/> Solve it alone (6) <input type="radio"/> Never had problems (7) <input type="radio"/> Refuse to answer (95) <input type="radio"/> DON'T KNOW (98)				
185) Do your parents go to school to meet your teachers and do they regularly attend school meetings?			<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
186) Have you ever been absent from school/university/ institute for at least one day in the first term?			<input type="radio"/> Yes (1) <input type="radio"/> Never absent (2) <b>(→Q189)</b>	
187) How many days were you absent?			<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> Days <input type="radio"/> DON'T KNOW (98)	

188) What are the different reasons that caused you to be absent?	
A. Illness <input type="checkbox"/>	B. Family problems <input type="checkbox"/>
C. Problems at school with teachers <input type="checkbox"/>	D. Problems at school with other students <input type="checkbox"/>
E. The school is too far away <input type="checkbox"/>	F. Do not benefit from going to school <input type="checkbox"/>
G. Parents traveling <input type="checkbox"/>	H. To study outside of school <input type="checkbox"/>
I. To work or help in the field <input type="checkbox"/>	J. To help with household chores <input type="checkbox"/>
K. Private tutoring takes place during school day <input type="checkbox"/>	
X. Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
189) What level of schooling would you like to finish?	
<input type="radio"/> Primary (1)	<input type="radio"/> Preparatory (2)
<input type="radio"/> Above intermediate (4)	<input type="radio"/> University (5)
	<input type="radio"/> Secondary (3)
	<input type="radio"/> Post-graduate (6)
190) Did you take any private lessons or participate in after-school study groups this year?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q194)
191) What did you take?	A. Private Lessons <input type="checkbox"/> B. After-school study groups <input type="checkbox"/>
192) How many subjects did you take?	<input type="text"/> <input type="text"/> <input type="text"/> Subjects
193) How much did it cost you per month?	<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 (999998)

### b) Recall - Primary Schools

194) <b>Interviewer:</b> has the respondent completed primary education in the past? <i>Check questions (Q153) &amp; (Q158)</i>	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q200)
195) What was the name of your school?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (9998)
196) Was your school governmental, private, experimental or Azhar?	<input type="radio"/> Governmental (1) <input type="radio"/> Private (2) <input type="radio"/> Experimental (3) <input type="radio"/> Azhar (4)

### c) Recall - Preparatory Schools

197) <b>Interviewer:</b> has the respondent completed preparatory education in the past? <i>Check questions (Q153) &amp; (Q158)</i>	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q200)
198) What was the name of your school?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (9998)
199) Was your school governmental, private, experimental, or Azhar??	<input type="radio"/> Governmental (1) <input type="radio"/> Private (2) <input type="radio"/> Experimental (3) <input type="radio"/> Azhar (4)

## [7] General section

200) From the time that you entered primary school, did you ever fail a class and repeat an examination in any year?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q202)
201) When?	A. In primary <input type="checkbox"/> B. In preparatory <input type="checkbox"/>
202) From the time you entered primary school, did you ever repeat any school year?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q204)
203) When?	A. In primary <input type="checkbox"/> B. In preparatory <input type="checkbox"/>

204) Have you ever cheated on an exam?		<input type="radio"/> Yes (1) <input type="radio"/> No (2)		
205) Do you see students around you cheating on exams?		<input type="radio"/> Yes (1) <input type="radio"/> No (2)		
206) Do you know anyone who bought a copy of an exam?		<input type="radio"/> Yes (1) <input type="radio"/> No (2)		
207) <b>Interviewer:</b> Check (Q152)	<input type="radio"/> Have been to school before <input type="radio"/> Received certificate without going to school (homeschooled) (→Q215)			
208) How old were you when you first entered school? (1 <sup>st</sup> primary)	<input type="text"/> <input type="text"/> <input type="text"/> Year <input type="radio"/> DON'T KNOW (98)			
209) Now I shall make some general statements. I would like to know your opinion about (i.e. does it happen often or rarely or never in your experience):				
	Always (1)	Sometimes (2)	Never (3)	DON'T KNOW (8)
A. Teachers encourage students to express their opinions openly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. When one of the students in class asks the teacher a question about something he/she does not understand the answer/explanation given by the teacher/instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Teachers care about the students' personal problems, talk to him/her about them and help him/her to solve them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Some teachers beat students and use corporal punishment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. School social workers intervene to help students/teachers solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. The administration and teachers treat boys and girls equally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. The rules at school apply equally to all students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210) Do/Did you feel satisfied with your schooling experience?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Indifferent (8) (→Q212)			
211) In your opinion, what are the main reasons behind this feeling? A. School building <input type="checkbox"/> B. Commuting distance <input type="checkbox"/> C. Treatment of teachers <input type="checkbox"/> D. Treatment of administration <input type="checkbox"/> E. Difficulty of subjects <input type="checkbox"/> F. Exams <input type="checkbox"/> G. Rote learning <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> DON'T KNOW (8) <b>Cancel All Checks</b>				
212) Before you attended school, have you ever been to a nursery or kindergarten?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)			
213) Is your school co-educational or single-sex?	<input type="radio"/> Mixed (1) <input type="radio"/> Girls (3)			
214) Did you use any outside books? (→Q226)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)			

## [8] Never Attended School

215) Have you ever been to a nursery or kindergarten?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)		
216) <b>Interviewer:</b> check (Q152)	A. Never been <input type="checkbox"/> B. Received certificate without going to school (homeschooled) <input type="checkbox"/> (→Q225)		

217) What are the reasons why you wouldn't go to school?	
A. There was no school <input type="checkbox"/> C. School is too far <input type="checkbox"/> E. I had to work <input type="checkbox"/> G. Too old for education <input type="checkbox"/> I. My parents didn't want me to go to school <input type="checkbox"/> K. I didn't want to learn <input type="checkbox"/> M. Health-related reasons <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Household cannot afford education expenses <input type="checkbox"/> D. To help with household chores <input type="checkbox"/> F. Helping a family member in his/her work <input type="checkbox"/> J. Father wouldn't agree <input type="checkbox"/> L. Customs and traditions <input type="checkbox"/> N. I don't have a birth certificate <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/> Refuse (5) <b>Cancel All Checks</b> <input type="radio"/> DON'T KNOW (8) <b>Cancel All Checks</b>	
218) If there is an opportunity for you to go back to school to get educated would you do it?	
<input type="radio"/> Yes (1) (→Q220) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)	
219) What are the reasons why you wouldn't go to school?	
A. Household cannot afford education expenses <input type="checkbox"/> C. To help with household chores <input type="checkbox"/> E. Education is not important <input type="checkbox"/> G. Helping a family member in his/her work <input type="checkbox"/> I. Too old for education <input type="checkbox"/> K. Father wouldn't agree <input type="checkbox"/> Y. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Health-related reasons <input type="checkbox"/> D. School is too far <input type="checkbox"/> F. The family doesn't care much for education <input type="checkbox"/> H. To work and gain money <input type="checkbox"/> J. Marriage <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/> Refuse (5) <b>Cancel All Checks</b> <input type="radio"/> DON'T KNOW (8) <b>Cancel All Checks</b>	
220) Have you ever attended literacy classes?	
<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q223)	
221) What type of literacy classes did you attend?	<input type="radio"/> Community schools (1) <input type="radio"/> One-class room schools (2) <input type="radio"/> Other NGO program (3) <input type="radio"/> Girl-friendly schools (4) <input type="radio"/> DON'T KNOW (8)
222) How long did you stay in these classes?	
<input type="radio"/> _____ Months <input type="radio"/> Less than a month (0) <input type="radio"/> DON'T KNOW (98)	
223) Can you read an article in a newspaper?	
<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q226)	
224) Can you write a letter? (→Q226)	
<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
225) What are the reasons that you didn't go to school regularly?	
A. There was no school <input type="checkbox"/> C. School was too far <input type="checkbox"/> E. I had to work <input type="checkbox"/> G. Too old for education <input type="checkbox"/> I. My parents didn't want me to go to school <input type="checkbox"/> K. I didn't want to learn <input type="checkbox"/> M. Health-related reasons <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Household cannot afford education expenses <input type="checkbox"/> D. Had to stay home to help with household chores <input type="checkbox"/> F. Had to help a family member in his/her work <input type="checkbox"/> J. Father wouldn't agree <input type="checkbox"/> L. Customs and Traditions <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/> Refuse (5) <b>Cancel All Checks</b> <input type="radio"/> DON'T KNOW (8) <b>Cancel All Checks</b>	



## Section (3): Civic Participation

226) Have you ever participated in a voluntary service program during the past year?				227) Where?	228) Frequency of participation <i>Codes below</i>
	Field Name	○Yes (1)	○No (2) (→ Next) or (→ Q229)		
A.	Providing assistance (cash/in kind) to the poor	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
B.	Marriage assistance to the poor	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
C.	Foster poor families	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D.	Looking after people with special needs (visual and speech impairment)	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E.	Providing educational & computer classes	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
F.	Other fields of voluntary Services _____ <input type="checkbox"/> <input type="checkbox"/>	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Q(228) Code:</b> (1) Daily (2) Weekly (3) Monthly (4) Every 2 months (5) Every 6 months (6) Once a year					
229) <b>Interviewer:</b> <i>is there at least one "yes" answer in (→Q226)?</i>				○Yes (1)	○No (2) (→Q232)
230) Are you still doing this now?				○Yes (1) (→Q234)	○No (2)
231) Why? ) (→Q234)		A. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
232) Have you tried to find volunteer opportunities?				○Yes (1)	○No (2) (→234)
233) Where did you go to search for volunteer opportunities?		A. A mosque/church <input type="checkbox"/> B. An orphanage <input type="checkbox"/> C. CDA/NGO <input type="checkbox"/> X.Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

	234) Do you belong to any of the following groups?		235) Frequency of participation (Code below)	236) Why did you join this group? (mark the most important reason) (Code below)
	Yes (1)	No (2) (→ Next) or (→ Q237)		
A. Youth center	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ..... <input type="text"/>
B. Scouts	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ..... <input type="text"/>
C. Sports club	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ..... <input type="text"/>
D. Dancing, singing, music or choir group	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ..... <input type="text"/>
E. Students' union	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ..... <input type="text"/>
X. Other ..... <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ..... <input type="text"/>

**Q(235)235) Code:** (1) Daily (2) Weekly (3) Monthly

(4) Every 2 months

(5) Every 6 months

(6) Once a year.

**Q(236) Code:** (1) To make new friends

(2) To get out of the house

(3) To earn money/find a job

(4) To learn a skill

(5) To play sports

(6) To cope with a problem

(7) Religious reasons

(8) To help the others

(9) To enhance my career opportunities.

(96) Other

237) Would you say that you have same-gender friends (relatives or non-relatives) with whom you could discuss personal matters?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)					
238) Would you say that you have opposite-sex friends (relatives or non-relatives) with whom you could discuss personal matters?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)					
239) Interviewer: check Q237 and Q238: if yes the continue, if no then(→Q241)						
240) How many friends on average do you have? A) Females <input type="text"/> <input type="text"/> B) Males <input type="text"/> <input type="text"/>						
241) Have you ever discussed any of the following matters with your ...						
Issues	Father (A)	Mother (B)	Brother/Sister (C)	Friends (D)	Others (E)	No (7)
A) School performance	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	(7)
B) Friendship	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	(7)
C) Romantic relationships	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	(7)
D) Issues related to growing up and puberty	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	(7)
E) Being teased/bullied at school	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	(7)
F) Your future	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	(7)
242) Do you feel loved by your family?			<input type="radio"/> Yes (1) <input type="radio"/> No (2)			

## Section (4): Time Usage & Personal Belongings

### [9] Time Use

	243) Were you involved in [ACTIVITY] during the last week?	244) Were you involved in [ACTIVITY] yesterday?	245) How many hours were you involved in [ACTIVITY] yesterday?	
	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→ Next) or (→ Q246)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→ Next) or (→ Q246)	Hour	Minute
<b>I. Personal activities</b>				
A) Sleeping	//////////	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B) Bathing, dressing, personal care	//////////	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
C) Eating	//////////	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>II. School Related Activities</b>				
D) School (include commute time in duration of activity)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
E) Homework/studies at home	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
F) Private or group tutoring	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>III. Domestic Duties</b>				
G) Household chores inside the house (clothes/dish washing, cleaning, cooking, mending, etc)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
H) Household chores outside the house (washing clothes, bringing goods, fetching water, etc)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
I) Care of children, sick or elderly	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>IV. Work</b>				
J) Paid work	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
K) Unpaid work (other than household chores)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
L) Learning work/skill	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>V. Leisure/spare time activities</b>				
M) Spending time with my family	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
N) Resting/napping/relaxing	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
O) Visiting relatives	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
P) Hanging out with friends	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Q) Chatting on the phone with friends	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	243) Were you involved in [ACTIVITY] during the last week?  ○Yes (1) ○No (2) (→ Next) or (→Q246)	244) Were you involved in [ACTIVITY] yesterday?  ○Yes (1) ○No (2) (→ Next) or (→Q246)	245) How many hours were you involved in [ACTIVITY] yesterday?  Hour Minute	
R) Internet use	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
S) Reading (magazines, books, or newspapers)	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
T) Listening to music	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
U) Watching television	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
V) Video games	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
W) Exercising/physical activities	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>VI. Religious activities</b>	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>VII. Volunteer activities</b>	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>VIII. Commuting time</b>	//////////	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

246) Do you use follow the news?		○Yes (1) ○No (2)	
247) Can you tell me which of the following news and media sources you used last week to obtain information:			
Issues	Never (1)	Sometimes (2)	Often (3)
A) Daily newspapers	○ (1)	○ (2)	○ (3)
B) News broadcasts on radio or TV	○ (1)	○ (2)	○ (3)
C) Printed magazines	○ (1)	○ (2)	○ (3)
D) Political reports/programs on radio or TV on issues that are not news broadcasts	○ (1)	○ (2)	○ (3)
E) Books	○ (1)	○ (2)	○ (3)
F) Internet, e-mails, blogs	○ (1) (→252)	○ (2)	○ (3)
248) Who introduced you to the Internet? (the first time) ○ Friend (1)                      ○ Parents (2)                      ○ Sibling (3) ○ Other family member (4)      ○ Teacher (5)                      ○ No one (6)			
249) How many hours per week would you say you spend online?		<input type="text"/> <input type="text"/> <input type="text"/> hours	
250) Where do you access the internet? A. Home <input type="checkbox"/> B. Internet cafe <input type="checkbox"/> C. School <input type="checkbox"/> D. Youth center <input type="checkbox"/> E. Club <input type="checkbox"/> F. Friends <input type="checkbox"/> G. At work <input type="checkbox"/> X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/>			
251) For what purpose have you used the internet in the past month? A. Checking and writing email <input type="checkbox"/> B. Chatting/instant messaging with a friend <input type="checkbox"/>			

C. Chatting in a chat room <input type="checkbox"/>	D. Browsing for general knowledge <input type="checkbox"/>
E. Browsing for school related assignment <input type="checkbox"/>	F. Downloading songs <input type="checkbox"/>
G. Browsing for news <input type="checkbox"/>	H. Downloading movies or TV programs <input type="checkbox"/>
I. Playing video games <input type="checkbox"/>	J. Blogging <input type="checkbox"/>
K. Social sites (e.g. Facebook, Myspace, hi5...) <input type="checkbox"/>	L. Porn sites <input type="checkbox"/>
M. Religious sites <input type="checkbox"/>	N. Dating <input type="checkbox"/>
O. Participated in a political movement through the internet (e.g. the boycott of April 6, 2008) <input type="checkbox"/>	
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

252) Do you use a mobile phone?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
---------------------------------	-------------------------------	------------------------------

## [10] Personal belongings

253) Do you personally own any of the following?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
1. Radio <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
2. Color television <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3. Video or DVD player <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4. Telephone <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
5. Mobile telephone <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6. Desktop computer <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7. Laptop computer <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
8. MP3 /iPod <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
9. Building(s) <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
10. Agricultural land <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11. Vacant land for buildings <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

254) <b>Interviewer:</b> check Q(253): does (NAME) own a mobile telephone?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q257)
--	-------------------------------	--------------------------------------

255) How many mobile lines you own?	<input type="text"/> Lines
256) What are the types of these lines?	A. Invoice, post-paid <input type="checkbox"/> B. Card, pre-paid <input type="checkbox"/>
257) Do you have your own bedroom?	<input type="radio"/> Yes (1) (→Q259) <input type="radio"/> No (2)
258) Do you have your own bed?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)

## Section (5): Family Formation & Health

### [11] General Health

259) In general, how would you describe your own health?	<input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5) <input type="radio"/> Refuse to answer (95) <input type="radio"/> DON'T KNOW (98)																								
260) Where do you usually go to seek medical advice?	<input type="radio"/> Gov't hospital (1) <input type="radio"/> Health units (2) <input type="radio"/> School doctor (3) <input type="radio"/> Private clinic/hospital (4) <input type="radio"/> Pharmacy (5) <input type="radio"/> Mosque/Church/NGO clinics (6) <input type="radio"/> Don't go anywhere (7) (→Q262) <input type="radio"/> Refuse to answer (95) (→Q262) <input type="radio"/> DON'T KNOW (98) (→Q262) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>																								
261) How many times did you visit this facility in the past six months?	<input type="text"/> <input type="text"/> <input type="text"/> Times																								
262) Do you have any of the following health conditions? <i>(Interviewer can use ask the parent)</i> <table border="0"> <tr> <td>A. Diabetes <input type="checkbox"/></td> <td>B. Asthma <input type="checkbox"/></td> <td>C. Other lung disease <input type="checkbox"/></td> </tr> <tr> <td>D. Cancer <input type="checkbox"/></td> <td>E. Heart disease <input type="checkbox"/></td> <td>F. Arthritis or other rheumatic disease <input type="checkbox"/></td> </tr> <tr> <td>G. Hypertension <input type="checkbox"/></td> <td>H. Anemia <input type="checkbox"/></td> <td></td> </tr> <tr> <td>J. Acne <input type="checkbox"/></td> <td>K. Skin Allergy <input type="checkbox"/></td> <td>L. Hepatitis <input type="checkbox"/></td> </tr> <tr> <td>M. Kidney problems <input type="checkbox"/></td> <td>N. Epilepsy <input type="checkbox"/></td> <td>O. Cholesterol <input type="checkbox"/></td> </tr> <tr> <td>P. Bilharzia <input type="checkbox"/></td> <td>Q. Cataract <input type="checkbox"/></td> <td>R. Migraine or frequent headache <input type="checkbox"/></td> </tr> <tr> <td>S. Gastric or duodenal ulcer <input type="checkbox"/></td> <td colspan="2"><input type="radio"/> I don't suffer from any health problems (7) <b>Cancel All Checks</b></td> </tr> <tr> <td colspan="3">X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>		A. Diabetes <input type="checkbox"/>	B. Asthma <input type="checkbox"/>	C. Other lung disease <input type="checkbox"/>	D. Cancer <input type="checkbox"/>	E. Heart disease <input type="checkbox"/>	F. Arthritis or other rheumatic disease <input type="checkbox"/>	G. Hypertension <input type="checkbox"/>	H. Anemia <input type="checkbox"/>		J. Acne <input type="checkbox"/>	K. Skin Allergy <input type="checkbox"/>	L. Hepatitis <input type="checkbox"/>	M. Kidney problems <input type="checkbox"/>	N. Epilepsy <input type="checkbox"/>	O. Cholesterol <input type="checkbox"/>	P. Bilharzia <input type="checkbox"/>	Q. Cataract <input type="checkbox"/>	R. Migraine or frequent headache <input type="checkbox"/>	S. Gastric or duodenal ulcer <input type="checkbox"/>	<input type="radio"/> I don't suffer from any health problems (7) <b>Cancel All Checks</b>		X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/>		
A. Diabetes <input type="checkbox"/>	B. Asthma <input type="checkbox"/>	C. Other lung disease <input type="checkbox"/>																							
D. Cancer <input type="checkbox"/>	E. Heart disease <input type="checkbox"/>	F. Arthritis or other rheumatic disease <input type="checkbox"/>																							
G. Hypertension <input type="checkbox"/>	H. Anemia <input type="checkbox"/>																								
J. Acne <input type="checkbox"/>	K. Skin Allergy <input type="checkbox"/>	L. Hepatitis <input type="checkbox"/>																							
M. Kidney problems <input type="checkbox"/>	N. Epilepsy <input type="checkbox"/>	O. Cholesterol <input type="checkbox"/>																							
P. Bilharzia <input type="checkbox"/>	Q. Cataract <input type="checkbox"/>	R. Migraine or frequent headache <input type="checkbox"/>																							
S. Gastric or duodenal ulcer <input type="checkbox"/>	<input type="radio"/> I don't suffer from any health problems (7) <b>Cancel All Checks</b>																								
X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/>																									
263) Do you have any disability? <table border="0"> <tr> <td>A. Learning disability <input type="checkbox"/></td> <td>B. Mobility (physical disability) <input type="checkbox"/></td> <td>C. Blind/partially sighted <input type="checkbox"/></td> </tr> <tr> <td>D. Deaf/hard of hearing <input type="checkbox"/></td> <td colspan="2"><input type="radio"/> Not disabled (7) <b>Cancel All Checks</b></td> </tr> <tr> <td colspan="3">X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>		A. Learning disability <input type="checkbox"/>	B. Mobility (physical disability) <input type="checkbox"/>	C. Blind/partially sighted <input type="checkbox"/>	D. Deaf/hard of hearing <input type="checkbox"/>	<input type="radio"/> Not disabled (7) <b>Cancel All Checks</b>		X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/>																	
A. Learning disability <input type="checkbox"/>	B. Mobility (physical disability) <input type="checkbox"/>	C. Blind/partially sighted <input type="checkbox"/>																							
D. Deaf/hard of hearing <input type="checkbox"/>	<input type="radio"/> Not disabled (7) <b>Cancel All Checks</b>																								
X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/>																									
264) <b>Interviewer:</b> Revise (Q262) and (Q263) if there is no illness nor disability code (→Q268)																									
265) Do you see that your illness/disability prevents you from doing your tasks or daily responsibilities; (meaning) does it prevent you from living your life in a normal way?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)																								
266) <b>Interviewer:</b> check (Q105): Did (NAME) ever attend school?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q268)																								
267) Has disability or illness ever interrupted your attendance at school?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)																								
268) How often do you brush your teeth?	<input type="radio"/> More than once daily (1) <input type="radio"/> Once daily (2) <input type="radio"/> Less often than once daily (3) <input type="radio"/> Never (4)																								
269) Do you usually wash your hands with soap after using the bathroom?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)																								

## [12] Risk Behavior and Safety

270) Which means of transport do you use most frequently?? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> Microbus (1)  <input type="radio"/> Train (4)  <input type="radio"/> Truck (7)  <input type="radio"/> Motorcycle (10) (→Q272)         </div> <div style="width: 33%;"> <input type="radio"/> Bus (2)  <input type="radio"/> Taxi(5)  <input type="radio"/> Cart (8)  <input type="radio"/> Private car (11) (→Q273)         </div> <div style="width: 33%;"> <input type="radio"/> Metro (3)  <input type="radio"/> Toktok (6)  <input type="radio"/> Bicycle (9) (→Q272)  <input type="radio"/> On foot (12) (→Q273)         </div> </div> <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/> (→Q273)	
271) What is the most serious risk that you face on this form of transportation? (→Q273) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> A. Theft  <input type="checkbox"/> C. Crowding  <input type="checkbox"/> E. Sexual harassment  <input type="checkbox"/> G. Steps to enter and exit the vehicle are too high  <input type="checkbox"/> I. No sidewalk  <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> <input type="checkbox"/> B. Pushing  <input type="checkbox"/> D. Stopping time of this transportation form is short  <input type="checkbox"/> F. High speed /reckless driving  <input type="checkbox"/> H. Aggressive drivers  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <input type="radio"/> Nothing (7) <b>Cancel All Checks</b>	
272) Do you use a helmet when you ride?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Always (4)
273) What are the most serious risks that you face on the street? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> A. Theft  <input type="checkbox"/> E. No crossing areas  <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 25%;"> <input type="checkbox"/> B. Crowding  <input type="checkbox"/> F. High speed /reckless driving  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 25%;"> <input type="checkbox"/> C. Sexual harassment  <input type="checkbox"/> G. No sidewalks  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 25%;"> <input type="checkbox"/> D. Pushing  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <input type="radio"/> Nothing (7) <b>Cancel All Checks</b>	
274) If you sit beside the driver, do you wear the seatbelt?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Always (4)
275) Have you ever encountered police violence?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
276) Have you been in a physical fight or a fistfight within the past 12 months?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
277) Do you carry any of the following weapons? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> A. Knife  <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 25%;"> <input type="checkbox"/> B. Spray  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 25%;"> <input type="checkbox"/> C. Pin  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 25%;"> <input type="checkbox"/> D. Razor  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <input type="radio"/> Nothing (7) <b>Cancel All Checks (→Q279)</b>	
278) Have you ever used it before?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
279) Have any of the following accidents happened to you within the past 12 months? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> A. Falls  <input type="checkbox"/> D. Choking/suffocating/drowning  <input type="checkbox"/> G. Gas intoxication  <input type="checkbox"/> J. Other road accident  <input type="checkbox"/> M. Physical assaults  <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 33%;"> <input type="checkbox"/> B. Burns  <input type="checkbox"/> E. Collision/striking  <input type="checkbox"/> H. Electric accident  <input type="checkbox"/> K. Physical fight  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 33%;"> <input type="checkbox"/> C. Deep cuts  <input type="checkbox"/> F. Poisoning  <input type="checkbox"/> I. Car accident  <input type="checkbox"/> L. Sprain  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <input type="radio"/> No accidents at all (7) <b>Cancel All Checks</b>	

**[13] Nutrition**

280) During the past week, how often did you eat breakfast?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Most of the time (4) <input type="radio"/> Always (5)																																																																				
281) How would you describe your weight?	<table border="1"> <thead> <tr> <th>A. Respondent</th> <th>B. Interviewer</th> </tr> </thead> <tbody> <tr> <td>Very underweight</td> <td>1</td> </tr> <tr> <td>Slightly underweight</td> <td>2</td> </tr> <tr> <td>About the right weight</td> <td>3</td> </tr> <tr> <td>Slightly overweight</td> <td>4</td> </tr> <tr> <td>Very overweight</td> <td>5</td> </tr> </tbody> </table>	A. Respondent	B. Interviewer	Very underweight	1	Slightly underweight	2	About the right weight	3	Slightly overweight	4	Very overweight	5																																																								
A. Respondent	B. Interviewer																																																																				
Very underweight	1																																																																				
Slightly underweight	2																																																																				
About the right weight	3																																																																				
Slightly overweight	4																																																																				
Very overweight	5																																																																				
282) What kind of bread do you usually eat? A. Fino/Shamy <input type="checkbox"/> B. Balady/Sinn/Shamy <input type="checkbox"/> C. Subsidized Balady (5 piaster) <input type="checkbox"/> D. Bread baked at home <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																					
283) In the previous week, how many times did you eat the following foods?	<table border="1"> <thead> <tr> <th></th> <th>Never</th> <th>1-3 times</th> <th>3+ times</th> </tr> </thead> <tbody> <tr><td>A. Rice/Pasta</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>B. Foul &amp; legumes</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>C. Potatoes</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>D. Meat</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>E. Fish</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>F. Chicken</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>G. Eggs</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>H. Milk/Milk products/Cheese</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>I. Fresh vegetables</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>J. Cooked vegetables</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>K. Fruits</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>L. Pickled vegetables</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>M. Sweets (candy, chocolate)</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>N. Soft drinks/carbonated drinks</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>O. Fast Food</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>P. Pastries (chips,...)</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		Never	1-3 times	3+ times	A. Rice/Pasta	1	2	3	B. Foul & legumes	1	2	3	C. Potatoes	1	2	3	D. Meat	1	2	3	E. Fish	1	2	3	F. Chicken	1	2	3	G. Eggs	1	2	3	H. Milk/Milk products/Cheese	1	2	3	I. Fresh vegetables	1	2	3	J. Cooked vegetables	1	2	3	K. Fruits	1	2	3	L. Pickled vegetables	1	2	3	M. Sweets (candy, chocolate)	1	2	3	N. Soft drinks/carbonated drinks	1	2	3	O. Fast Food	1	2	3	P. Pastries (chips,...)	1	2	3
	Never	1-3 times	3+ times																																																																		
A. Rice/Pasta	1	2	3																																																																		
B. Foul & legumes	1	2	3																																																																		
C. Potatoes	1	2	3																																																																		
D. Meat	1	2	3																																																																		
E. Fish	1	2	3																																																																		
F. Chicken	1	2	3																																																																		
G. Eggs	1	2	3																																																																		
H. Milk/Milk products/Cheese	1	2	3																																																																		
I. Fresh vegetables	1	2	3																																																																		
J. Cooked vegetables	1	2	3																																																																		
K. Fruits	1	2	3																																																																		
L. Pickled vegetables	1	2	3																																																																		
M. Sweets (candy, chocolate)	1	2	3																																																																		
N. Soft drinks/carbonated drinks	1	2	3																																																																		
O. Fast Food	1	2	3																																																																		
P. Pastries (chips,...)	1	2	3																																																																		
284) <b>Interviewer:</b> Check Q (105): is (NAME) still attending school?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q278)																																																																				
285) What do you eat at school?	A. Something I buy (1)      B. Homemade sandwiches (2) C. School meal (3)      7. Nothing X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																				
286) Do you feel you are able to sustain your concentration and energy throughout the school day?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)																																																																				



**[14] Tobacco, Drugs and Alcohol Abuse**

287) Does your father smoke?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> NOT APPLICABLE (7)
288) Does your mother smoke?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> NOT APPLICABLE (7)
289) Do your older siblings smoke?	<input type="radio"/> All/Most (1)	<input type="radio"/> Few (2)	<input type="radio"/> None (3) <input type="radio"/> NOT APPLICABLE (7)
290) Have you tried smoking before cigarettes/ shisha (water pipe)? A. Yes, a whole cigarette <input type="checkbox"/> B. A few puffs only <input type="checkbox"/> C. Tried the water pipe (shisha) <input type="checkbox"/> D. Never tried smoking <input type="checkbox"/>			
291) During the last year (12 months) have any of your friends consumed any alcoholic drinks (beer, wine or spirits)?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)		
292) Have any of your friends tried drugs before?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)		

**[15] Mental Health & Social Development**

293) When you misbehave how does your father/ mother react?	
A. They explain why the behavior was wrong <input type="checkbox"/>	B. They shout, yell, or scream <input type="checkbox"/>
C. Hit or slap on the body <input type="checkbox"/>	D. Hit or slap on face, head or ears <input type="checkbox"/>
E. Dispute <input type="checkbox"/>	F. They don't give me money <input type="checkbox"/>
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="radio"/> Parents are not in household (4) <b>Cancel All Checks</b>	
<input type="radio"/> Refused to answer (5) <b>Cancel All Checks</b> <input type="radio"/> DOES NOTHING (7) <b>Cancel All Checks</b>	

**[16] Exercise and Physical Activity**

294) Does your day include any of these physical activities?	
A. Walking/Bicycle to work/school <input type="checkbox"/>	
B. Going to a gym <input type="checkbox"/>	
C. Playing sports at home <input type="checkbox"/>	
D. Playing sports in club/youth center <input type="checkbox"/>	
E. Playing football on the street <input type="checkbox"/>	
F. My work involves physical activity <input type="checkbox"/>	
<input type="radio"/> Refused to answer (5) <b>Cancel All Checks</b> <input type="radio"/> DOES NOTHING (7) <b>Cancel All Checks</b>	
295) In a typical day, how long do you walk or cycle to get to and from places?	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> Minutes <input type="radio"/> DOES NOTHING (0)

**[17] Reproductive Health**

296) Girls and boys begin to grow and change around age 10-12. Have you ever talked with your parents about these changes, either about changes in your body or menstruation or about your feelings that you have grown up and are not a child anymore?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
297) Have you ever heard of AIDS?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q299)
298) What is your source of knowledge about AIDS? A. Media/Cinema/ Radio <input type="checkbox"/> B. Reading materials <input type="checkbox"/> C. Doctor <input type="checkbox"/> D. Mosque/Church <input type="checkbox"/> E. Friends <input type="checkbox"/> F. Family <input type="checkbox"/> G. School <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

*Notes*

⇒ *Make sure that the questionnaire is revised and that all the questions are complete before leaving the interview location.*

⇒ *Thank the respondents for their cooperation in the research, before finalizing the interview.*

299) Level of cooperation?	<input type="radio"/> Poor (1)	<input type="radio"/> Ok (2)
	<input type="radio"/> Good (3)	<input type="radio"/> Very Good (4)

Interviewer Notes

Supervisor Notes

Field Reviser Notes

Quality officer Notes

Office Reviser Notes