

EGYPT DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD SCHEDULE

IDENTIFICATION	
GOVERNORATE	PSU/SEGMENT NO.
KISM/MARKAZ.....	BUILDING NO.
SHIAKHA/VILLAGE	HOUSE NO.
URBAN1 RURAL2	HOUSEHOLD NO.
MATERNAL MRT/ANTHROPOMETRY SUBSAMPLE YES..1 NO..2	
NAME OF HOUSEHOLD HEAD	
ADDRESS IN DETAIL	

GOVERNORATE	<input type="text"/>
PSU/SEGMENT NO.	<input type="text"/>
HOUSEHOLD NO.	<input type="text"/>
SUBSAMPLE	<input type="checkbox"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				MONTH <input type="text"/> YEAR <input type="text"/>
TEAM				<input type="text"/>
INTERVIEWER'S NAME				<input type="text"/>
LENGTH OF HOUSEHOLD INTERVIEW (MINUTES)				<input type="text"/>
RESULT*				<input type="checkbox"/>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <input type="text"/>
* RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT NIGHT BEFORE INTERVIEW 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/>

	FIELD EDITOR	OFFICE EDITOR	CODER	DATA ENTRY OPERATOR
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
SIGNATURE	_____	_____	_____	_____
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESSED CHECKED

HOUSEHOLD REVISITED

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HOUSEHOLD HEAD				RESIDENCE		SEX	
		006	007	008	009	010	011	012	
001	002	006	007	008	009	010	011	012	
	Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household. AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT YOU HAVE A COMPLETE LISTING. THEN GO ON TO 006-024.	What is (NAME)'s relationship to the head of the household?	Generation Number	Couple Number	Relationship to Head	Does (NAME) usually live here?	Was (NAME) present last night?	Is (NAME) male or female?	
			FOR CODER	FOR CODER	FOR CODER				
						YES NO	YES NO	M	F
01	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
02	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
03	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
04	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
05	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
06	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
07	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
08	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
09	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2
10	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1	2

IF MORE THAN 10 HOUSEHOLD MEMBERS, RECORD ADDITIONAL NAMES ON CONTINUATION SHEET. TICK HERE IF CONTINUATION SHEET USED.

Just to make sure that I have a complete listing:

003 Are there any other persons such as small children or infants that we have not listed?

YES → ENTER EACH IN TABLE NO

004 In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES → ENTER EACH IN TABLE NO

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES → ENTER EACH IN TABLE NO

AGE	MARITAL STATUS	ELIGIBLE WOMEN	EDUCATIONAL STATUS				
	ONLY FOR PERSONS FIFTEEN YEARS AND OLDER		ONLY FOR THOSE THREE YEARS AND OLDER	ONLY FOR PERSONS ATTENDING SCHOOL IN PAST OR CURRENTLY		ONLY FOR PERSONS NEVER ATTENDING SCHOOL OR NOT COMPLETING PRIMARY	
013	014	015	016	017	018	019	
How old was (NAME) at his/her last birthday?	What is (NAME)'s current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SIGNED CONTRACT BUT NOT YET CONSUMMATED FIRST MARRIAGE 5 NEVER MARRIED	CIRCLE LINE NUMBER FOR WOMEN ELIGIBLE FOR INTERVIEW, I.E., MARRIED, WIDOWED OR DIVORCED WOMEN 15-49 YEARS OLD PRESENT IN THE HOUSEHOLD LAST NIGHT	Has (NAME) attended school in the past or is he/she currently going to school? 1 YES, IN PAST 2 YES, CURRENTLY 3 NO, NEVER ATTENDED	What was the highest LEVEL that he/she was admitted to? 1 NURSERY 2 PRIMARY 3 PREPARATORY 4 SECONDARY 5 UPPER INTERMEDIATE 6 UNIVERSITY 7 MORE THAN UNIVERSITY	What was the highest GRADE that he/she successfully completed at that level?	Can (NAME) read a newspaper or a letter, for example?	
IN YEARS				LEVEL	GRADE	YES	NO
<input type="text"/>	<input type="checkbox"/>	01	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	02	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	03	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	04	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	05	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	06	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	07	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	08	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	09	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="text"/>	<input type="checkbox"/>	10	1 2 3	<input type="checkbox"/>	<input type="checkbox"/>	1	2
TOTAL NUMBER ELIGIBLE WOMEN		<input type="text"/>	024 COUNT THE NUMBER OF ELIGIBLE WOMEN FOR WHOM LINE NUMBERS ARE CIRCLED IN 015. ENTER THE TOTAL IN THE BOXES AT THE BOTTOM OF THE COLUMN IN 015. THEN GO TO 025.				

OCCUPATION		WORK STATUS	
ONLY FOR PERSONS TWELVE YEARS AND OLDER		ONLY FOR PERSONS 12 YEARS AND OLDER WHO WORK	
020	021	022	023
What is the main work that (NAME) does?	OCCUPATIONAL GROUP	Did (NAME) work during the last month?	Is (NAME) usually paid in cash or in kind for the work he/she does? 1 CASH 2 KIND 3 BOTH 4 NOT PAID
	FOR CODER		
		YES NO	
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4
	<input type="text"/>	1 2	1 2 3 4

Q25 CHECK THE COVER TO DETERMINE IF THE HOUSEHOLD IS INCLUDED IN THE MATERNAL MORTALITY/ANTHROPOMETRY SUBSAMPLE AND MARK THE APPROPRIATE RESPONSE BELOW. THEN FOLLOW THE SKIP INSTRUCTIONS.

YES

v

NO

→ 034

MATERNAL MORTALITY

ASK QUESTIONS OF ALL PERSONS AGED 15 YEARS AND OLDER PRESENT IN THE HOUSEHOLD THE DAY OF THE INTERVIEW. AFTER COMPLETING THE QUESTIONS FOR ALL ELIGIBLE RESPONDENTS, GO ON TO QUESTION 034.

026		027	028	029	030	031	032	033	033A
CIRCLE LINE NO. AND RECORD NAMES OF ALL PERSONS AGED 15 AND OLDER. IF PRESENT IN HOUSEHOLD, COMPLETE 027-033A AS APPROPRIATE. IF THE ELIGIBLE PERSON IS NOT PRESENT, OBTAIN INFORMATION FROM ANOTHER HOUSEHOLD MEMBER IF POSSIBLE. IF CANNOT OBTAIN INFORMATION FROM ANYONE ELSE, ENTER '97' IN 027 AND CONTINUE WITH NEXT ELIGIBLE PERSON.		How many sisters have you (he/she) ever had who were born to the same mother? IF NONE ENTER '00' AND SKIP TO 033A.	How many of these sisters born to the same mother were married at any time? IF NONE ENTER '00' AND SKIP TO 033A.	How many of these ever-married sisters are still alive? IF NONE ENTER '00'.	How many of these ever-married sisters have died? IF NONE ENTER '00' AND SKIP TO 033A.	How many of these ever-married sisters died while they were pregnant? IF NONE ENTER '00'.	How many of these ever-married sisters died while they were giving birth? IF NONE ENTER '00'.	How many of these ever-married sisters died within six weeks after the end of a pregnancy? IF NONE ENTER '00'.	ENTER THE CODE IN THE BOX FOR THE PERSON ANSWERING QUESTIONS 027-033. 1 ELIGIBLE RESP 2 RESP'S BROTHER 3 RESP'S SISTER 4 OTHER RELATIVE 5 OTHER NON-RELATIVE
NO.	NAME	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	CODE
01		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
034	What type of dwelling unit does your household live in?	APARTMENT.....01 FREE STANDING HOUSE.....02 OTHER _____ .03 (SPECIFY)	
035	Is your dwelling owned by your household or not?	OWNED.....01 OWNED JOINTLY.....02 RENTED.....03 OTHER _____ .04 (SPECIFY)	
036	MAIN MATERIAL OF THE FLOOR.	PARQUET OR POLISHED WOOD.....1 TILE (CERAMIC, CEMENT, ETC).....2 WOOD AND TILE.....3 CEMENT.....4 EARTH/SAND.....5 OTHER _____ .6 (SPECIFY)	
037	How many rooms are there in your dwelling (excluding bathroom(s), kitchen, and stairway areas)?	NUMBER OF ROOMS..... <input type="text"/> <input type="text"/>	
038	Is there a special room used only for cooking inside or outside your dwelling?	YES, INSIDE DWELLING.....1 YES, OUTSIDE DWELLING.....2 NO.....3	
039	Is the place used for cooking shared with other households?	YES.....1 NO.....2	
040	Does the dwelling unit have electrical connections in all or only part of the dwelling unit?	YES, IN ALL.....1 YES, IN PART.....2 HAS NO ELECTRICAL CONNECTIONS...3	
041	What is the major source of drinking water for members of your household?	TAP.....01 WELL WITH PUMP.....02 WELL WITHOUT PUMP.....03 TANKER TRUCK/OTHER VENDOR.....04 NILE/CANALS.....05 OTHER _____ .06 (SPECIFY)	
042	Where is the major source of the water that you use for drinking located?	WITHIN DWELLING ITSELF.....1 OUTSIDE DWELLING WITHIN SAME BUILDING.....2 IN COURTYARD.....3 ELSEWHERE _____ .4 (SPECIFY)	
043	Do you buy your drinking water from the government or from a private source?	GOVERNMENT.....1 PRIVATE SOURCE.....2 OBTAIN FREE.....3	
044	How long does it take you to go to the source, get water and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....966	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
045	Do you obtain water for household use other than drinking (e.g., handwashing, cooking, etc) from the same source?	YES.....1 NO.....2	→048
046	What is the major source of water for household use other than drinking?	TAP.....01 WELL WITH PUMP.....02 WELL WITHOUT PUMP.....03 TANKER TRUCK/OTHER VENDOR.....04 NILE/CANALS.....05 OTHER _____06 (SPECIFY)	
047	Where is the major source of the water that you use for household use other than drinking located?	WITHIN DWELLING ITSELF.....1 OUTSIDE DWELLING WITHIN SAME BUILDING.....2 IN COURTYARD.....3 ELSEWHERE _____4 (SPECIFY)	
048	Does your household use water which you have stored for regular use?	YES.....1 NO.....2	
049	What kind of toilet facilities does the household have?	MODERN.....1 TRADITIONAL WITH TANK FLUSH.....2 TRADITIONAL WITH BUCKET FLUSH...3 PIT.....4 BUCKET.....5 OTHER _____6 (SPECIFY) NO FACILITIES.....7	→051 →053
050	Is the toilet linked to a public sewer, a canal (river) or a pit?	PUBLIC SEWER.....1 CANAL/RIVER.....2 PIT.....3	
051	Where are the toilet facilities located?	WITHIN DWELLING ITSELF.....1 OUTSIDE DWELLING WITHIN SAME BUILDING.....2 IN COURTYARD.....3 ELSEWHERE _____4 (SPECIFY)	
052	Do you share the toilet facilities with any other household?	YES.....1 NO.....2	
053	Are any of the following items found in the dwelling unit:		YES NO
	A radio with cassette recorder?	RADIO WITH CASSETTE.....1	2
	A black and white television?	BLACK AND WHITE TELEVISION.1	2
	A color television?	COLOR TELEVISION.....1	2
	A video?	VIDEO1	2
054	Are any of the following appliances found in the dwelling unit:		YES NO
	An electric fan?	ELECTRIC FAN.....1	2
	A sewing machine?	SEWING MACHINE.....1	2
	A refrigerator?	REFRIGERATOR.....1	2
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE.1	2
	A water heater?	WATER HEATER.....1	2
	A washing machine?	WASHING MACHINE.....1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
		YES	NO	
055	Do you or any member of your household own any of the following:			
	Bicycle?	BICYCLE.....1	2	
	Motorcycle?	MOTORCYCLE.....1	2	
	Private car?	PRIVATE CAR.....1	2	
	Transport equipment (truck, van, bus, etc.)?	TRANSPORT EQUIPMENT.....1	2	
	Residential buildings other than the dwelling unit?	OTHER RESIDENTIAL UNITS....1	2	
	Commercial/industrial buildings (shop, factory, etc.)?	COMMERCIAL/INDUST BLDNGS...1	2	
	Farm land?	FARM LAND.....1	2	
	Other land?	NONFARM LAND.....1	2	
	Livestock (horses, goats, sheep, etc.)?	LIVESTOCK.....1	2	
	Poultry?	POULTRY.....1	2	
	Farm implements (tractors, etc.)?	FARM IMPLEMENTS.....1	2	

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. FILL IN THE APPROPRIATE RESPONSES IN QUESTIONS 056-057. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

056	RECORD THE LINE NUMBER OF THE RESPONDENT FOR THE HOUSEHOLD INTERVIEW.	LINE NUMBER..... <input type="text"/>
057	DEGREE OF COOPERATION.	POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4
058	INTERVIEWER'S COMMENTS:	<hr/> <hr/>
059	FIELD EDITOR'S COMMENTS:	<hr/> <hr/>
060	SUPERVISOR'S COMMENTS:	<hr/> <hr/>
061	OFFICE EDITOR'S COMMENTS:	<hr/> <hr/>