

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE**

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	GOVERNORATE <input type="text"/> <input type="text"/>
KISM/MARQAZ _____ BUILDING NO. _____	PSU/SEGMENT NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SHIAKHA/VILLAGE _____ HOUSE NO. _____	HOUSEHOLD NO. URBAN/RURAL <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"/>
HOUSEHOLD NO. _____	
URBAN.....1 RURAL.....2	
LARGE CITY...1 SMALL CITY...2 TOWN...3 VILLAGE...4	
SUBSAMPLE: YES.....1 NO.....2	
NAME OF HOUSEHOLD HEAD _____	LOCALITY SUBSAMPLE <input type="text"/> <input type="text"/>
ADDRESS IN DETAIL _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TEAM				TEAM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME				INTERVIEWER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SUPERVISOR'S NAME				SUPERVISOR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESULT				RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NEXT VISIT: DATE				TOTAL VISITS <input type="text"/>
TIME				
RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT PERSON AT HOME AT THE TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR AN EXTENDED PERIOD 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"/> <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> <input type="text"/> TOTAL ELIGIBLE MEN <input type="text"/> <input type="text"/> LINE NO. OF RESPONDENT FOR HOUSEHOLD SCHEDULE <input type="text"/> <input type="text"/>
ADDRESS CHECKED (by NAME: _____)				YES NO 1 2
REINTERVIEW				1 2

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

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO THE HOUSEHOLD HEAD				RESIDENCE	
		006	007	008	009	010	011
001	002	006	007	008	009	010	011
	Please give me the names of the persons who usually live your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.	What is the relationship of (NAME) to the head of the household?	GENERATION NUMBER	COUPLE NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	Does (NAME) usually live here?	Did (NAME) sleep here last night?
			FOR CODER	FOR CODER	FOR CODER	YES NO	YES NO
01	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
02	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
03	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
04	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
05	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
06	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
07	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
08	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
09	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2
10	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2

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

LINE NO.	SEX	AGE	MARITAL STATUS
			IF AGE 15 YEARS OR OLDER
001	012	013	014
	Is (NAME) male or female?	How old was (NAME) at his/her last birthday?	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 NEVER MARRIED/ SIGNED CONTRACT
	M F	IN YEARS	
01	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>

LINE NO.	ELIGIBILITY		EDUCATION			
		HUSBAND SUBSAMPLE	IF AGE 3 YEARS OR OLDER			
001	015	016	017	018	019	020
	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (i.e., EVER-MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW)	FOR HOUSEHOLDS IN HUSBAND SURVEY SUBSAMPLE: CIRCLE LINE NUMBER OF MEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (I.E., MEN WHOSE WIVES ARE ELIGIBLE)	Has (NAME) ever been to school? IF YES, ASK QUESTIONS 018-020. IF NO, SKIP TO QUESTION 021.	IF ATTENDED SCHOOL		
				What is the highest level of school (NAME) attended? 0 NURSERY 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTER-MEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY	What is the highest grade he/she successfully completed at that level?	FOR PERSONS UNDER AGE 25: Is (NAME) still in school?
			YES NO	LEVEL	GRADE	YES NO
01	01	01	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
02	02	02	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
03	03	03	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
04	04	04	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
05	05	05	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
06	06	06	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
07	07	07	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
08	08	08	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
09	09	09	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
10	10	10	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2
025 ENTER THE TOTAL NUMBER OF ELIGIBLE:			WOMEN	MEN		
			<input type="text"/>	<input type="text"/>		
026 TICK HERE IF CONTINUATION SHEET USED:			<input type="checkbox"/>			

LINE NO.	OCCUPATION		WORK STATUS	
	IF AGE 6 YEARS OR OLDER		IF AGE 6 YEARS OR OLDER AND WORKING	
001	021	022	023	024
	What is the main work that (NAME) does?	OCCUPATIONAL GROUP	Did (NAME) work during the last month?	Is (NAME) usually paid in cash or kind for the work he/she does? 1 CASH 2 KIND 3 BOTH 4 NOT PAID
		FOR CODER	YES NO	
01	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
02	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
03	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
04	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
05	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
06	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
07	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
08	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
09	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4
10	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 3 4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
027	What type of dwelling does your household live in?	APARTMENT.....1 FREE STANDING HOUSE.....2 OTHER.....3 (SPECIFY)	
028	Is your dwelling owned by your household or not? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED.....1 OWNED JOINTLY.....2 RENTED.....3 OTHER.....4 (SPECIFY)	
029	MAIN MATERIAL OF THE FLOOR. RECORD YOUR OBSERVATIONS.	NATURAL FLOOR EARTH/SAND.....11 FINISHED FLOOR PARQUET OR POLISHED WOOD....31 CERAMIC/MARBLE TILES.....32 CEMENT TILES.....33 CEMENT.....34 WALL-TO-WALL CARPET.....35 OTHER.....41 (SPECIFY)	
030	How many rooms are there in your dwelling (excluding the bathrooms, kitchens and stairway areas)?	ROOMS..... <input type="text"/> <input type="text"/>	
031	How many of the rooms are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>	
032	Is there a special room used only for cooking inside or outside the dwelling?	YES.....1 NO.....2	
033	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11 → 35 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 → 35 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 OTHER.....71 (SPECIFY)	
034	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/>	
035	Does your household get water for other uses (e.g., for handwashing and dishwashing) from the same source?	YES.....1 → 37 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
036	What is the source of water your household uses for handwashing or dishwashing or other uses?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 OTHER.....71 (SPECIFY)																									
037	What kind of toilet facility does your household have?	MODERN FLUSH TOILET.....11 TRADITIONAL WITH TANK FLUSH....12 TRADITIONAL WITH BUCKET FLUSH...13 PIT TOILET/LATRINE.....21 NO FACILITY.....31 OTHER.....41 (SPECIFY)																									
038	Are there electrical connections in all or only part of the dwelling unit?	YES, IN ALL.....1 YES, IN PART.....2 HAS NO ELECTRICAL CONNECTIONS...3																									
039	Does your household have: A radio with cassette recorder? A black and white television? A color television? A video?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLACK AND WHITE TELEVISION.1</td> <td>2</td> <td></td> </tr> <tr> <td>COLOR TELEVISION.....1</td> <td>2</td> <td></td> </tr> <tr> <td>VIDEO.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	BLACK AND WHITE TELEVISION.1	2		COLOR TELEVISION.....1	2		VIDEO.....1	2											
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040	Does your household have: An electric fan? A gas/electric cooking stove? A water heater? A refrigerator? A washing machine? A sewing machine?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRIC FAN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GAS/ELECTRIC COOKING STOVE.1</td> <td>2</td> <td></td> </tr> <tr> <td>WATER HEATER.....1</td> <td>2</td> <td></td> </tr> <tr> <td>REFRIGERATOR.....1</td> <td>2</td> <td></td> </tr> <tr> <td>WASHING MACHINE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>SEWING MACHINE.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	ELECTRIC FAN.....	1	2	GAS/ELECTRIC COOKING STOVE.1	2		WATER HEATER.....1	2		REFRIGERATOR.....1	2		WASHING MACHINE.....1	2		SEWING MACHINE.....1	2					
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041	Do you or any member of your household own: A bicycle? A private car/motorcycle? Transport equipment (truck, taxi, van, bus, etc.)? Residential or commercial buildings other than the dwelling unit? Farm or other land? Livestock(donkeys, horses, cows, sheep, etc.)/poultry? Mechanical farm equipment (tractor, etc.)?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/MOTORCYCLE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>TRANSPORT EQUIPMENT.....1</td> <td>2</td> <td></td> </tr> <tr> <td>RESIDENTIAL/COMMERCIAL BUILDINGS.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FARM/OTHER LAND.....1</td> <td>2</td> <td></td> </tr> <tr> <td>LIVESTOCK/POULTRY.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FARM IMPLEMENTS.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	CAR/MOTORCYCLE.....1	2		TRANSPORT EQUIPMENT.....1	2		RESIDENTIAL/COMMERCIAL BUILDINGS.....1	2		FARM/OTHER LAND.....1	2		LIVESTOCK/POULTRY.....1	2		FARM IMPLEMENTS.....1	2		
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OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 042-043 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

042 DEGREE OF COOPERATION.

POOR.....1
FAIR.....2
GOOD.....3
VERY GOOD.....4

043 INTERVIEWER'S COMMENTS:

044 FIELD EDITOR'S COMMENTS:

045 SUPERVISOR'S COMMENTS:

046 OFFICE EDITOR'S COMMENTS:

