

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE**

IDENTIFICATION	
GOVERNORATE _____	PSU/SEGMENT NO. _____
KISM/MARQAZ _____	BUILDING NO. _____
SHIAKHA/VILLAGE _____	HOUSING UNIT NO. _____
HOUSEHOLD NO. _____	URBAN.....1 RURAL.....2
URBAN.....1 RURAL.....2	
LARGE CITY...1 SMALL CITY....2 TOWN....3 VILLAGE....4	
WOMEN'S STATUS SUBSAMPLE 1 YES 2 NO	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	

GOVERNORATE	PSU/SEGMENT NO.
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NO. URBAN/RURAL	LOCALITY SUBSAMPLE
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INTERVIEWER VISITS	FINAL VISIT																																																	
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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 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> LINE NO. OF RESPONDENT FOR HOUSEHOLD SCHEDULE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>																																																	
ADDRESS CHECKED (BY NAME: _____) REINTERVIEW	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2																																											
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	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
SIGNATURE	_____	_____	_____	_____
	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE	MARITAL STATUS
			007	008			
001	002	006	007	008	009	010	011
	Please give me the names of the persons who usually live in 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? (SEE CODES BELOW).	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old was (NAME) at his/her last birthday? RECORD IN COMPLETED YEARS.	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 NEVER MARRIED/ SIGNED CONTRACT
			YES NO	YES NO	M F	IN YEARS	
01		HEAD <input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>

Just to make sure that I have a complete listing:

003 Are there any other persons such as small children or infants who are not listed? YES → ADD TO 002 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 → ADD TO 002 NO

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES → ADD TO 002 NO

CODES FOR 006

RELATIONSHIP TO HOUSEHOLD HEAD:

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER CHILD
- 12 = STEP CHILD
- 13 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	ELIGIBILITY	EDUCATION				WORK STATUS	
		IF AGE 6 YEARS OR OLDER					
001	012	013	014	015	016	017	018
	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)	Has (NAME) ever been to school?	IF ATTENDED SCHOOL			Did (NAME) work during the last month? IF YES, ASK 018. IF NO, GO TO 006 FOR NEXT PERSON.	Is (NAME) paid in cash or kind for the work he/she does? 1 CASH 2 KIND 3 BOTH 4 NOT PAID
		IF YES, ASK QUESTIONS 014-016. IF NO, SKIP TO QUESTION 017.	What is the highest level of school (NAME) attended? 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 or at the university?		
		YES NO	LEVEL	GRADE	YES NO	YES NO	
01	01	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
02	02	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
03	03	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
04	04	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
05	05	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
06	06	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
07	07	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
08	08	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
09	09	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4
10	10	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4

019 ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN:

020 TICK HERE IF CONTINUATION SHEET USED:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
021	What type of dwelling does your household live in?	APARTMENT.....1 FREE STANDING HOUSE.....2 OTHER _____ 6 (SPECIFY)	
022	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 _____ 6 (SPECIFY)	
023	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 _____ 96 (SPECIFY)	
024	How many rooms are there in your dwelling (excluding the bathrooms, kitchen and stairway areas)?	ROOMS..... <input type="text"/> <input type="text"/>	
025	How many of the rooms are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>	
026	Is there a special room used only for cooking inside or outside the dwelling?	YES.....1 NO.....2	
027	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11 → 29 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 → 29 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 BOTTLED WATER.....41 → 29 OTHER _____ 96 (SPECIFY)	
028	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/>	
029	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 _____ 96 (SPECIFY)	
030	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
031	Does your household have: A radio with cassette recorder? A black and white television? A color television? A video?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO WITH CASSETTE RECORDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLACK AND WHITE TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>COLOR TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO WITH CASSETTE RECORDER	1	2	BLACK AND WHITE TELEVISION	1	2	COLOR TELEVISION	1	2	VIDEO	1	2										
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032	Does your household have: An electric fan? A gas/electric cooking stove? A water heater? A refrigerator? A sewing machine? An automatic washing machine? Any other washing machine?	<table border="1"> <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</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER HEATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEWING MACHINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>AUTOMATIC WASHING MACHINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER WASHING MACHINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRIC FAN	1	2	GAS/ELECTRIC COOKING STOVE	1	2	WATER HEATER	1	2	REFRIGERATOR	1	2	SEWING MACHINE	1	2	AUTOMATIC WASHING MACHINE	1	2	OTHER WASHING MACHINE	1	2	
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033	Do you or any member of your household own: A bicycle? A private car/motorcycle? Farm or other land? Livestock(donkeys, horses, cows, sheep, etc.)/poultry?	<table border="1"> <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</td> <td>1</td> <td>2</td> </tr> <tr> <td>FARM/OTHER LAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIVESTOCK/POULTRY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	CAR/MOTORCYCLE	1	2	FARM/OTHER LAND	1	2	LIVESTOCK/POULTRY	1	2										
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034	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE).	<table border="1"> <tbody> <tr> <td>SALT IN PLASTIC BAGS</td> <td>01</td> </tr> <tr> <td>PACKAGED SALT (IODIZED)</td> <td>02</td> </tr> <tr> <td>PACKAGED SALT (NOT IODIZED)</td> <td>03</td> </tr> <tr> <td>SALT FOR ANIMALS</td> <td>04</td> </tr> <tr> <td>LOOSE SALT</td> <td>05</td> </tr> <tr> <td>NO SALT USED</td> <td>06</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> </tbody> </table> <p style="text-align: center;">(SPECIFY)</p>	SALT IN PLASTIC BAGS	01	PACKAGED SALT (IODIZED)	02	PACKAGED SALT (NOT IODIZED)	03	SALT FOR ANIMALS	04	LOOSE SALT	05	NO SALT USED	06	OTHER _____	96											
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OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 035-036 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

035	DEGREE OF COOPERATION.	POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4
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036 INTERVIEWER'S COMMENTS:

037 FIELD EDITOR'S COMMENTS:

038 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS:

039 OFFICE EDITOR'S COMMENTS:
