

REPUBLIC OF TUNISIA



**NATIONAL SURVEY ON HOUSEHOLD AND YOUTH  
IN PERI-URBAN CENTER IN TUNISIA  
2012**

**Household Questionnaire**

**The survey data is kept private and will not be  
used other than for scientific research**

## HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION AND LOCATION (COVERSHEET)	
REGION: .....	REGION: <input type="checkbox"/> GOVERNORATE <input type="checkbox"/>
PROVINCE: .....	PROVINCE <input type="checkbox"/>
DELGATION: .....	DELGATION <input type="checkbox"/>
MUNICIPALITY: .....	MUNICIPALITY <input type="checkbox"/>
ENUMERATION AREA CODE (PSU): .....	ENUMERATION AREA CODE <input type="checkbox"/>
NAME OF HOUSEHOLD HEAD: .....	
TELEPHONE NUMBER: .....	
HOUSEHOLD ADRESS: .....	HOUSEHOLD SEQUENCE NUMBER <input type="checkbox"/>

INTERVIEWER'S VISITS	THE FINAL VISIT										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> </tr> </table>		1	2	3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">DAY</td> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	DAY	MONTH	YEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3								
DAY	MONTH	YEAR									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
DATE .....	2 0 1 2										
TEAM .....	TEAM <input type="checkbox"/>										
INTERVIEWER .....	INTERVIEWER <input type="checkbox"/>										
TEAM LEADER .....	TEAM LEADER <input type="checkbox"/>										
QUALITY CONTROL .....	QUALITY CONTROL <input type="checkbox"/>										
RESULT CODE .....	RESULT CODE <input type="checkbox"/>										
<b>Next visit</b>											
DATE .....	TOTAL NUMBER OF VISITS <input type="checkbox"/>										
TIME .....											

<p><b>RESULT OF INTERVIEW:</b></p> <p>1 = COMPLETED</p> <p>2 = PARTLY COMPLETED</p> <p>3 = IMPOSSIBLE TO CONTACT WITH THE HOUSEHOLD</p> <p>4 = REFUSED</p> <p>6 = OTHER: _____</p> <p style="text-align: center;">(Specify)</p>	<p>TOTAL HOUSEHOLD MEMBERS <input type="checkbox"/></p> <p>TOTAL MEMBERS AGE 15-29 YEARS <input type="checkbox"/></p> <p style="text-align: center;">HOUR      MINUTE</p> <p>START TIME: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">HOUR      MINUTE</p> <p>END TIME : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	/ / 2012	/ / 2012	/ / 2012	/ / 2012
SIGNATURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION1: HOUSEHOLD MEMBERS CHARACTERISTICS: INFORMATION ABOUT ALL HOUSEHOLD MEMBERS**

INTERVIEWER: THE RESPONDENT LINE NUMBER (01 IF HEAD OF HOUSEHOLD)   

LINE NO.	USUAL RESIDENTS	SEX	RELATIONSHIP	RESIDENCE	AGE	MARITAL STATUS		ELIGIBILITY
						IF AGE 15 AND OLDER		
	101	102	103	104	105	106	107	108
	Interviewer: Record a full list of all household members before asking Qs.102-108 First, writing the name of the head of the household, then his wife, his son/daughter, stepchild who have been living in the household during the past 6 months. <b>WRITE NAME AND SURNAME FOR ALL HOUSEHOLD MEMBERS. IF SOMEONE REFUSE TO SAY HIS NAME, WRITE THE FIRST LETTERS IN NAME OF HOUSEHOLD MEMBERS AS A NAME FOR HIM</b>	Gender?	What is the relationship of (NAME) to the head of the household?  (SEE CODES BELOW)	Has [NAME] been living with the household for the past 6 months?  IF "NO" GO TO NEXT PERSON	How old is [NAME]?  IF < 15 YEAR GO TO 201/NEXT PERSON  RECORD AGE IN COMPLETED YEARS	What is [NAME] marital status?  Single, Never married .... 1 Married .... 2 Divorced .... 3 Widowed .. 4	How old was [NAME] at first marriage?	CIRCLE LINE NO. FOR ALL PERSONS IN AGE 15-29 YEARS
		M    F		YES    NO	IN YEARS		IN YEARS	
01		1    2	HEAD <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">1</span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	01
02		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	02
03		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	03
04		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	04
05		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	05
06		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	06
07		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	07
08		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	08
09		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	09
10		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	10
11		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	11
12		1    2	<span style="border: 1px solid black; padding: 0 2px;">  </span> <span style="border: 1px solid black; padding: 0 2px;">  </span>	1    2	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<input type="checkbox"/>	<span style="border: 1px solid black; padding: 0 5px;">  </span>	15

**CODES FOR 103 RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD:**

- |                   |                                |                     |                       |
|-------------------|--------------------------------|---------------------|-----------------------|
| 01 = HEAD         | 05= SON-IN-LAW/DAUGHTER-IN-LAW | 09 = BROTHER/SISTER | 12 = OTHER RELATIVE   |
| 02 = SPOUSE       | 06 = GRANDCHILD                | 10 = GRANDFATHER/   | 13 = NOT RELATED      |
| 03 = SON/DAUGHTER | 07 = PARENT                    | GRANDEMOTHER        | 14 = DOMESTIC SERVANT |
| 04 = STEPCHILD    | 08 = PARENT-IN-LAW             | 11 = UNCLE/ AUNT    |                       |

**SECTION 2 : HOUSING CHARACTERISTICS AND CONDITIONS**

INTERVIEWER: THE RESPONDENT LINE NUMBER (01 IF HEAD OF HOUSEHOLD)

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NO.	QUESTIONS	CODING CATEGORIES	SKIP					
201	What type of dwelling does your household live in?	Villa ..... 01 Villa under construction ..... 02 Floor in a villa ..... 03 Apartment in a building ..... 04 Traditional Arabian house (Dar) ..... 05 Oukala ..... 06 Primitive dwelling (booth) ..... 07 A premises not designed for residence (storage, garage) ..... 08						
202	How many rooms does your household occupy? (Excluding kitchen and bathroom)	Number of rooms ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
203	What is the main construction material of the roof?  <b>Interviewer: Record your observation below the question</b>	Concrete, Cement block, Brick ..... 1 Stone ..... 2 Wood ..... 3 Tole ..... 4 Tile ..... 5						
204	What is the main construction material of the wall?  <b>Interviewer: Record your observation below the question</b>	Concrete, Cement block, Brick ..... 1 Brick ..... 2 Stone ..... 3 Wood ..... 4 Tole ..... 5						
205	What is the main material of floor material?  <b>Interviewer: Record your observation below the question</b>	Earth/sand ..... 1 Cement ..... 2 Cement-tile ..... 3 Marble tiles ..... 4						
206	Is your dwelling owned or rented? If owned: Ask about type of ownership. If for-free: ask about its status?	Owned (With ownership contract) ..... 01 Owned (Without ownership contract) ..... 02 Owned jointly (Inherited) ..... 03 Rented ..... 04 Owner (26-26) ..... 05 For free in state-owned dwelling (non 26-26) ..... 06 For free in a place owned by an association ..... 07 Free( with the family or relatives) ..... 08 Free (provided by work) ..... 09 Taking possession of the home ..... 10	} → 208 } → 208					
207	What is the monthly rent value ?	IN TND ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						→ 209
208	If you offer your dwelling for rent, what would be the monthly rent you can receive?	IN TND ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
209	What is the main type of lighting used in your dwelling?	Electricity ..... 1 Electric generator ..... 2 Batteries ..... 3 Candles ..... 4 Solar Electric ..... 5 Lamp ..... 6						
210	Is this house connected to a drinking water supply network?	Yes ..... 1 No ..... 2	→ 212					

NO.	QUESTIONS	CODING CATEGORIES		SKIP
211	How is drinking water supplied?	Governmental public water network .....	1	
		Public Tap/Standpipe .....	2	
		Water well .....	3	
		Private Well .....	4	
		Public Well .....	5	
		Other Source (specify—————)	6	
212	What is the main type of sanitation used to dispose of wastes?	National sanitation utility (ONAS) .....	1	
		Pit/Well .....	2	
		In the street .....	3	
		Other way (specify—————)	4	
213	What kind of toilet facility do you have in the dwelling?	Toilet facility and bathroom .....	1	
		Toilet facility and Shower .....	2	
		Toilet facility only .....	3	
		None .....	4	
214	Does this dwelling have separate kitchen?	Yes .....	1	
		No .....	2	
215	What is the primary fuel used for cooking?	No cooking at home .....	01	
		Natural gas .....	02	
		Gas bottle .....	03	
		Electricity .....	04	
		Coal .....	05	
		Wood/Shrubs .....	06	
		Other Source (specify—————)	96	
216	Which durable goods you have in your household?			216A what is the number of (good)?
		Yes	No	Number
	1- Private car/Truck?	Private car/Truck . 1	2↓	<input type="text"/>
	2- Television?	Television ..... 1	2↓	<input type="text"/>
	3- A computer?	Computer ..... 1	2↓	<input type="text"/>
	4- A mobile phone?	Mobile phone ..... 1	2↓	<input type="text"/>
	5- A motorcycle?	Motorcycle ..... 1	2↓	<input type="text"/>
	6- A bicycle?	Bicycle ..... 1	2↓	<input type="text"/>
	7- A refrigerator?	Refrigerator ..... 1	2↓	
	8- Cooker oven?	Cooker oven ..... 1	2↓	
	9- A washing machine?	Washing machine . 1	2↓	
	10- Central water heater?	Water heater ..... 1	2↓	
	11-A Mobile Heater?	Mobile Heater ..... 1	2↓	<input type="text"/>
	12-A Solar heater?	Solar heater ..... 1	2↓	
	13- An air conditioner?	Air conditioner ..... 1	2↓	<input type="text"/>
	14- A satellite dish?	Satellite dish ..... 1	2↓	
	15- A radio with cassette recorder?	Radio with cassette .. 1	2↓	<input type="text"/>
	16- A telephone?	Telephone ..... 1	2↓	
	17- Internet?	Internet ..... 1	2↓	
	18- DVD player?	DVD player ..... 1	2↓	<input type="text"/>

**SECTION3 : BASIC FACILITIES**

**INTERVIEWER: THE RESPONDENT LINE NUMBER (01 IF HEAD OF HOUSEHOLD)**

Facility Code	Facility	301	302			
		If you want to go to the nearest [Facility] to your home, what is the mean of transportation that you may use?  On foot..... A A bicycle..... B A motorcycle..... C Private Car /Tax..... D Bus..... E Metro..... F Other(specify _____) X	On average, how long does it take to get to the [Facility] closest to the housing using the means of transportation that I mentioned?  If the duration in minutes and less than an hour, record "00" in the "hours"	Hours	Minute	
01	Primary health center	First mean <input type="text"/> Second mean <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"/>
02	Hospital	First mean <input type="text"/> Second mean <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"/>
03	Clinic	First mean <input type="text"/> Second mean <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"/>
04	Sanatorium	First mean <input type="text"/> Second mean <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"/>
05	Primary school	First mean <input type="text"/> Second mean <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"/>
06	Preparatory school	First mean <input type="text"/> Second mean <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"/>
07	Institute	First mean <input type="text"/> Second mean <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"/>
08	University	First mean <input type="text"/> Second mean <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"/>
09	Bus stop	First mean <input type="text"/> Second mean <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"/>
10	Collective taxi station	First mean <input type="text"/> Second mean <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"/>
11	Culture house / Youth House	First mean <input type="text"/> Second mean <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"/>
12	Sports Association / Sports Hall	First mean <input type="text"/> Second mean <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"/>
13	A public park / public garden	First mean <input type="text"/> Second mean <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"/>
14	For residents in Tunis, Sousse, Monastir: Light rail station	First mean <input type="text"/> Second mean <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"/>

**SECTION 4: INCIDENCE OF SHOCKS AND HOUSEHOLD RESPONER**

INTERVIEWER: THE RESPONDENT LINE NUMBER (01 IF HEAD OF HOUSEHOLD)

NO.	QUESTIONS	CODING CATEGORIES	SKIP
401	Compared with the last 5 years (2005-2010), how did the household income change in 2011?	Increase ..... 1 No change ..... 2 Decrease ..... 3	404
402	What are the reasons for this decrease in income?	Decline in sales / work, but its continuous ..... A A household member was forced to stop or leave his work ..... B Bankruptcy or stop family company activity ..... C An income owner in the household injured or had an accident or died or a previous income owner for the household, left ... D Natural disaster (floods, drought, etc.) .. E Decline in income received from a person outside the household ..... F Other reason _____ X (Specify)	
403	What did the household do to face this decline in income?	Resort to savings / sell some of the home property /sell a car / etc. .... A Sell land/house ..... B Borrowing from banking institution ..... C Borrowing from the family ..... D Employed persons have to work more . E Another household member began working ..... F Reduce consumption ..... G Receive aids from relatives or friends living abroad ..... H Receive aids from relatives or friends living in Tunisia ..... I Receive aid from the state ..... J Receive aid from associations ..... K Do a parallel activity ..... L Nothing ..... Y	403A What are these aids? <div style="border: 1px solid black; height: 20px; width: 40px; margin: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 40px; margin: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 40px; margin: 5px;"></div>
404	If a household member lost his work, dose the household have sufficient savings to face its expenses for the next 3 months without any household member working?	YES ..... 1 NO ..... 2	

**SECTION 5: PREVIOUS HOUSHOLD MEMBERS**

INTERVIEWER: THE RESPONDENT LINE NUMBER (01 IF HEAD OF HOUSEHOLD)

501 During the past 5 years (since May 2007), did any person stay with the household for more than 6 months and is not living in the household now? YES 1  
NO 2 → 601

501A Number of previous members

PREVIOUS PERSON LINE NO.	502	503	504	505	506
	Please list (name and title) for each Persons who stayed in the household for more than 6 months in the past Last 5 years (since May 2007)  Please ask about men and women, old or young, whatever relation to the head of the household	Gender M 1 F 2	What is the (current) relationship between [Previous person] and head of the household? Husband/wife 02 Son/daughter 03 Stepchild 04 Son/daughter-in-law 05 Grandchild 06 Father/Mother 07 Parent-in-law 08 Brother/Sister 09 Grandfather 10 Uncle / aunt 11 Other relative 12 Not related 13 Domestic servant 14 Divorced 15	What was the educational level for [previous person] when s/he left the household? None 00 <u>Vocational training</u> Degree of professional competence 14 Professional Technician 15 Diploma 16 Higher Technician Diploma 16 <u>University</u> First level of university 17 Higher Technician Diploma (Technology Studies) 18 Licence 19 Engineering 20 Master degree or more 21 First 10 Second 11 Third 12 Fourth 13	When did [NAME] come to live with the household for 6 months or more in the last time?  <b>Record 8888 for previous persons who born in the household and left a one time</b>
				LEVEL	YEAR
101		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
102		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
103		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
105		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
106		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
107		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
108		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
109		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
110		<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PREVIOUS PERSON LINE NO.	507		508	509	510			511			
	Is [previous name] still alive?		How old was [previous name] when s/he left the household/ or died?	When did [previous person] leave the household after s/he stayed for 6 months or more last time/ when did [previous person] die? <i>Interviewer: If [previous person] died go to next person</i>	Where did [previous person] go after leaving the household last time?			What is the main reason that made [previous person] leave the household (last time)?			
	Yes	1				Residence code		Migration with the family	01	Change work	09
	No	2				Urban	1	Family reunion	02	Moved	10
						Rural	2	Marriage	03	Studying	11
								Divorce, separation	04	Low price for real state ownership (land)	12
								Limited income or job opportunities in agricultural sector	05	Low price for buying a house	13
								Job opportunities in agricultural sector is better in the new area	06	Better infrastructure	14
								Lack of job opportunities in the non-agricultural sectors in the origin area	07	Floods victims	15
								Provide better opportunities in the New area	08	Drought victims	16
										Other natural disaster victims	17
										Other reason (Specify)	18
											96
	YES	NO	AGE	YEAR	GOV./COUN	PROV. NAME	RES.				
101	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
102	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
103	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
104	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
105	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
106	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
107	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
108	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
109	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
110	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>

**SECTION 6: EDUCATIONAL CHARACTERISTICS (FOR ALL MEMBERS 3 YEARS OR OLDER)**

LINE NO	It is recommended that each member answer for himself. The father or mother can answer for members less than 15 years.						
	FOR INTERVIEWER	601	602	603	604	605	606
	Record names of all household members from household schedule; section 1 Question 101	Do you know how to read for example, a news article and write for example a letter to a friend in Arabic? 1= Neither reading nor writing 2= Write only 3= Read only 4= Reading and writing	Do you know how to read for example, a news article and write for example a letter to a friend in French? 1= Neither reading nor writing 2= Write only 3= Read only 4= Reading and writing	Do you know how to read for example, a news article and write for example a letter to a friend in another language? 1= Neither reading nor writing 2= Write only 3= Read only 4= Reading and writing	Have you ever attended kindergarten or Koranic school/ private nursery? 1= Private nursery/ Koranic school 2= Kindergarten 3=Both 4= No one	Have you ever attended primary school?  <b>IF YES → 607</b>	Why didn't you attend Primary school? 01= To help family      07= Place of studying is away from home 02= Work 03= Search for work      08= Illness/disability 04= Not interested      09= Marriage / pregnancy 05= No importance      10= Young for education in 06= High cost of      11= Unwillingness creating more jobs of the family 09= High cost of      12= Other reason (specify) <b>IN ALL CASES GO TO 701</b>
						YES NO	First reason      Second reason      Third reason
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LINE NO	For members less than 30 years				
	607	608			609
	Are you currently attending Upper Intermediate/ University or vocational training?  <b>IF YES → 610</b>	Why didn't you register this year? 01= To help family      07= High cost of education 02= Work                      08= Place of studying is away from home 03= Search for work      09= Illness/disability from the school      10= Marriage / pregnancy 04= Failure or expulsion from the school      11= Family unwillingness education 05= Not interested in education      12=Have enough education 06= No importance for education in creating more jobs      96= Other reason (specify)			What is the highest level of education that you have completed before you stopped studying?      00= None  <u>Basic Education</u> <u>Institute</u> <u>University</u> 01= First                      10= First                      17= First level of university 02= Second                      11= Second                      18= Higher Technician Diploma (Technology Studies) 03= Third                      12= Third                      19= Licence 04= Fourth                      13= Fourth                      20= Engineering 05= fifth <u>Vocational training</u> 21= Master degree or more 06= Sixth                      14= Degree of professional competence 07= Seventh                      15= Professional Technician Diploma 08= Eight                      16= Higher Technician Diploma 09= Ninth
	YES      NO	First reason	Second reason	Third reason	Level
01	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	1      2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LINE NO					
	610		611		612
	What is the type of institute (Education or vocational) Which you are register in?		What is the highest level of education did you are registered in? 00= None <u>Basic Education</u> 01= First 02= Second 03= Third 04= Fourth 05= fifth 06= Sixth 07= Seventh 08= Eight 09= Ninth <u>Institute</u> 10= First 11= Second 12= Third 13= Fourth <u>Vocational training</u> 14= Degree of professional competence 15= Professional Technician Diploma 16= Higher Technician Diploma <b>CODES FROM "00" TO "17" GO TO 701</b>		What is/was you specialization in the university?  1= Health 2= Economy / Management / Law 3= Arts / human science 4= Engineering 5= Medicine / Pharmacy 6= Other specialization _____ (specify)
	Public	Private	Level		
01	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 7: ECONOMIC CHARACTERISTICS (ALL HOUSEHOLD MEMBERS 15 YEARS AND OLDER)**

**Each individual answers about himself**

		Working characteristics during the past 12 months								
LINE NO.	701		702		703		704		705	
	REASON 1	REASON 2	TYPE 1	TYPE 2	YES	NO	SECTOR 1	SECTOR 2		
	In your opinion, What are the two main reasons to get work in Tunisia?		In your opinion, What are the best two types of institutions you want to work in ?		Did you work during the past 12 months?		What is the duration in months you worked during the past 12 months?		In what sector do/did you work?	
	Nepotism, a senior governmental official ..... 01 Other relations ..... 02 Getting the largest number of certificates ..... 03 Getting a certificate from a good University ..... 04 Certificate specialization ..... 05 Luck ..... 06 Living in a big city ..... 07 Experience ..... 08 The individual is woman ..... 09 The individual is man ..... 10 Bribe ..... 11 Other ..... 96		Public sector (Education, teaching, administration) ..... 1 Banks ..... 2 Foreign companies ..... 3 Private Tunisian companies ..... 4 International organizations ( non-governmental organizations,..etc) ..... 5 Establishment of private companies ..... 6		Yes 1 No 2 → 706		Less than one month..... 1 From 1 - 3 months..... 2 From 4 - 6 months..... 3 From 7 - 11 months..... 4 All year..... 5		Agriculture and fishing.. 01 Food industry..... 02 Building materials, ceramics and glass..... 03 Mechanical and electrical industries..... 04 Chemical industries..... 05 Textile, clothing and shoes industries..... 06 Other Industry..... 07 Construction&public work.. 08 Mines and energy..... 09 Trade..... 10 Transportation..... 11 Communication..... 12 Hotels and restaurant..... 13 Banks and insurance..... 14 Repair..... 15 Real state services..... 16 Other social and cultural services..... 17 Education and health and Administrative services. 18 Other services for institutions 19	
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Working characteristics during the past 7 days																																
LINE NO.	711	712		713		714	715	716																								
	In a normal month, what is your total net income you get (excluding taxes)?	In which sector do/ did you work?		Do you subscribe in Social Fund for Development?		How much do you accept to reduce your income to subscribe in Social Fund for Development (Medical Insurance) or get medical insurance?	In this work, Are you... <i>Interviewer: you can read answer</i>	What institution do you work in?																								
		Agriculture and fishing.. 01	Food industry..... 02	Building materials, ceramics and glass..... 03	Mechanical and electrical industries..... 04	Chemical industries..... 05	Textile, clothing and shoes industries..... 06	Other Industry..... 07	Construction&public work.. 08	Mines and energy..... 09	Trade..... 10	Transportation..... 11	Communication..... 12	Hotels and restaurant..... 13	Banks and insurance..... 14	Repairing..... 15	Real state services..... 16	Other social and cultural services..... 17	Education and health and Administrative services. 18	Other services for institutions 19	Yes 1 → 715	No 2	Employee 1	Apprentice 2	Employer 3 → 720	Independent in (outside home) 5 } → 720	Hired by family 6 } → 720	Public sector .. 1	Bank: ..... 2	Private Tunisian company..... 3	Private Foreign or mixed company..... 4	International organizations .. 5
	IN TND	SECTOR 1	SECTOR 1	YES	NO	IN TND																										
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>																								

LINE NO.	717	718		719	720	721	722	
	What is your nature at this work?	Does your employer contribute in pension fund for you?		How much do you accept to reduce your income for you employer contribution in pension fund for you?	Where do you work?	What is the means of transportation that you used often to go to work?	What is the approximate time for distance from the HH to that place of work?	
	Fixed 1 Contracted 2 Temporary 3 Seasonal 4 daily worker 5	Yes 1 No 2	1 → 720 2		In this village/town 1 In this province..... 2 in this governorate. 3 in another governorate..... 4 Abroad..... 5 ↓ 723	On foot..... 0 Private car..... 1 Collective taxi/ Taxi..... 2 Bus..... 3 Metro..... 4 Train..... 5 Transportation provided by employer..... 6 Work car..... 7	If less than one hour record "00" in "HOURS"	
		YES	NO	IN TND			HOURS	MINUTES
01	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Working characteristics during the past 7 days				
723		724		
LINE NO.	Are you satisfied with your work?	What are the two most important reasons for dissatisfaction about your work?		
	Not satisfied at all... 1	Not in line with the configuration of the individual... 01	Long distance between work and home... 08	
	Somewhat Satisfied to some extent..... 2	Low salary..... 02	Poor current economic situation..... 09	
	Satisfied..... 3	The absence of benefits..... 03	Poor investment climate..... 10	
	Completely satisfied. 4	Instability..... 04	Difficulty in obtaining financing sources... 11	
	} 901	Work circumstances..... 05	Bureaucratic / complex laws..... 12	Work outside public sector..... 06
			Corruption..... 13	Work timing is restricted..... 07
	Another reason (Specify )..... 96			
	<b>Whatever the answer go to Q 901</b>			
			REASON 1	REASON 2
	01	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	02	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
04	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
05	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
06	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
07	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
08	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
09	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
10	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
11	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
12	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	

**SECTION 8: UNEMPLOYMENT (FOR ALL HOUSEHOLD MEMBERS 15 YEARS AND OLDER)**

**Each individual answers about himself**

LINE NO.	801		802	803	804		805		806	
	REASON 1	REASON 2	IN MONTHS	IN MONTHS	YES	NO	SOURCE 1	SOURCE 2	DIFFICULTY 1	DIFFICULTY 2
	What are the main two reasons of not getting work? No work opportunities 01 Low salary 02 The available work is poor in value 03 The available work is far from home 04 Timing of available work is restricted 05 Incompatibility between available work and Educational level , or qualifications 06 Willingness to participate/ waiting for a governmental job 07 Want to establish his own business 08 Poor investment climate 09 Company has Stopped its activity 10 Family Allowance 11 Not good in interviews/communication 12 Lack of knowledge how to look for work 13 Other reason (Specify) _____ 96		How long have you not been working?	How long have you seriously searching for work?	Did you look for work during the past 7 days? Yes 1 No 2 → 807		Mention the main two sources of obtaining information about work opportunity? Advertising (printed media) 1 Advertising (radio, television) 2 Internet 3 Public labor Office 4 Private labor Office 5 Personal relationship network 6 Family relationships network 7 Sending sms by mobile phone 8		Mention the main two difficulties to get in work opportunities? Absence of relationships? 01 Lack of financial resources 02 Lack of opportunities 03 Lack of information 04 Recruitment qualifications are difficult 05 Un availability of wok in my specialization 06 Other difficulty _____ 96 (Specify)	
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<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"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LINE NO.	807		808		809		810	
	YES	NO			YES	NO	REASON 1	REASON 2
			Did you register in labor office during the past 12 months?	In your opinion, what is the role that the country can do to help you get work?	Did you refuse work offer during the past 3 months?		Mention the main two reasons for your refusal to this offer?	
				Create work in the public sector 01			Incompatibility between work and educational level 01	
				Training and monitoring during the project launch 02			Low income 02	
				Improvement of investment encouragement 03			Lack of incentives 03	
				Professional integration program in Tunisia 04			Instability 04	
				Professional integration program abroad 05		Yes 1	Work circumstances 05	
			Yes 1	Training in private companies 06		No 2 → 811	Outside public sector 06	
			No 2	Educational programs and specialized training to meet the needs of private sector 07			Work timing is In appropriate 07	
				Ensure that the recruitment done according to qualification 08			Long distance between work and home 08	
				Improve access to information about work offers 09			Other reason 96	
				Reduction of the social coverage cost 10			(Specify)	
				Other way (Specify) _____ 96				
01	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
02	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
03	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
04	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
05	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
06	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
07	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
08	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
09	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
10	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
11	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>
12	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>

LINE NO.	811	812	813	814	
	What is your main financial resource for daily expenditure?	By which way, you hope to provide a source of income in the future?	In which sector?	Mention the main two difficulties to establish your business?	
			Agriculture and fishing.. 01	Finance 01	
			Food industry..... 02	Availability of convenient location 02	
			Building materials, ceramics and glass..... 03	Slow administrative procedures 03	
Head of household 1		Get work 1 → 901	Mechanical and electrical industries..... 04	Difficulty in obtaining the necessary licenses 04	
Other family member than the head of the Household 2	Establish own bu 2	Establish own bu 2	Chemical industries..... 05	Un availability of clear information 05	
My own savings 3	Do not want to change his work status 3 → 901	Do not want to change his work status 3 → 901	Textile, clothing and shoes industries..... 06	Corruption 06	
Relatives outside The family 4			Other Industry..... 07	Without management training 07	
Friends 5			Construction&public work.. 08	Other difficulty _____ 96	
Government 6			Mines and energy..... 09	(Specify)	
Associations 7			Trade..... 10		
			Transportation..... 11		
			Communication..... 12		
			Hotels and restaurant..... 13		
			Banks and insurance..... 14		
			Repair..... 15		
			Real state services..... 16		
			Other social and cultural services..... 17		
			Education and health and Administrative services. 18		
			Other services for institutions 19		
				DIFFICULTY 1	DIFFICULTY 2
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 9: MIGRATION OF HOUSEHOLD MEMBERS (FOR ALL HOUSEHOLD MEMBERS 15 YEARS AND OLDER)**  
**It is recommended that each member answer for himself.**

FIRST MIGRATION										
LINE NO.	901		902			903	904			
	Was you[NAME] born in (The name of the interview province)? Yes 1 → 906 No 2		Where was you [NAME] born?  Residence code Urban 1 Rural 2			In which year did you [NAME] migrate for this province for the first time?	Where did you[NAME] live before first moving to this province?  <i>Region/country code in the table below</i>  Residence code Urban 1 Rural 2			
	YES	NO	GOV/COUN	PROV.NAME	RES.	YEAR	REG/COUN	PROV.NAME	RES.	
01	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
02	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
03	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
04	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
05	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
06	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
07	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
08	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
09	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
10	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
11	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	
12	1	2	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	..... <input type="text"/>	<input type="text"/>	

SECOND MIGRATION							
LINE NO.	905		906		907	908	
	What is the main reason for your [name] migration from [name of province in Q.904] to here?		Since you [NAME] was born or emigrated to this province, Did you [name]go to other province in Tunisia or emigrated abroad for 3 months or more for other reasons than visit the family?		When did you [NAME] emigrate last time?	Where did you [NAME] emigrate last time?	
	Migration with the family	01 Moved	09			Residence code	
	Family reunion	02 Change work	10			Urban	1
	Marriage	03 The study	11			Rural	2
	Divorce, separation	04 Low price for real state ownership (land)	12				
	Limited income or jobs in the agricultural sector	05 Low price for buying a house	13				
	Job opportunities in agricultural sector is better in the new area	06 Better infrastructure	14				
	Lack of job opportunities in the non-agricultural sectors in the origin area	07 Other natural disaster victims	15				
	Better opportunities in the new area	08 Other reason (Specify)_____	16				
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09			1	2			
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11			1	2			
12			1	2			

LINE NO.	909		910		911
		What is the main reason that make you [NAME] leave the province (in Q.908)?		If you[ NAME] has the choice, will you [ NAME] choose to leave the province to another one?	
	Migration with the family	01 Moved 9			
	Family reunion	02 Change work 10			
	Marriage	03 The study 11			
	Divorce, separation	04 Low price for real state o 12			
	Limited income or jobs	Low price for buying a hc 13			
	In the agricultural sector	05 Low rent housing 14			
	Job opportunities in agricultural sector is better in the new ai	06 Better infrastructure 15	Prefers staying 1		<i>Use Q. 909 codes</i>
	Lack of job opportunities in the non-agricultural sectors in	07 Floods victims 16	<b>GO TO Q. 601 OR NEXT PERSON</b>		
	the origin area	08 Drought victims 17			
	Provide better opportunities in the New area	09 Other natural disaster victims 18	Prefers leaving 2		<b>GO TO Q. 601 OR NEXT PERSON</b>
		10 Other reason (Specify) 96			
		08			
			YES	NO	
01		<input type="text"/>	1	2	<input type="text"/>
02		<input type="text"/>	1	2	<input type="text"/>
03		<input type="text"/>	1	2	<input type="text"/>
04		<input type="text"/>	1	2	<input type="text"/>
05		<input type="text"/>	1	2	<input type="text"/>
06		<input type="text"/>	1	2	<input type="text"/>
07		<input type="text"/>	1	2	<input type="text"/>
08		<input type="text"/>	1	2	<input type="text"/>
09		<input type="text"/>	1	2	<input type="text"/>
10		<input type="text"/>	1	2	<input type="text"/>
11		<input type="text"/>	1	2	<input type="text"/>
12		<input type="text"/>	1	2	<input type="text"/>

**OBSERVATION**

**Thank the respondent for his/her cooperation in completing questionnaire. Review the questionnaire for completion before leaving the place**

1001	<b>Interviewer observations:</b> ----- ----- ----- ----- ----- ----- -----
1002	<b>Team leader observations:</b> ----- ----- ----- ----- -----
1003	<b>Quality control observations:</b> ----- ----- ----- ----- -----
1004	<b>Office editor observations:</b> ----- ----- ----- ----- -----