

SURVEY of YOUNG PEOPLE in EGYPT

SYPE 2009

Females (22-29)

Final

The information included in this survey is confidential and will only be used for research purposes.

Consent Form

We are interviewing youth between the ages of 10 and 29, to know what is important to them concerning education, employment, health, and social participation. Data and information collected from the respondents is highly confidential. You have been chosen to be part of this research based on a random sampling process, and you have the right to refuse to answer any question and may end the interview at any point in time. There isn't any type of compensation for your participation in this research. But we believe that your honest answers to the questions will help in providing a better life for youth in Egypt. Participation in this interview will take around ----- minutes/hours of your time.

This information will be kept confidential and no one will see it except the research team.

Do you have any questions about the study or your participation in it?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
Do you agree for us to interview you today?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)

If you have any questions about the study please feel free to ask the interviewer. If later you have any questions regarding the study, please contact IDSC (tel. 02 279 395 85).

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Section (0): Questionnaire Identification

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

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

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

101) Interviewer: <i>Name of the interviewer:</i>	_____
102) Interviewer: <i>Respondent line number:</i>	<input type="text"/> <input type="text"/>
103) Interviewer: <i>Gender:</i>	<input type="radio"/> Male (1) <input type="radio"/> Female (2)
104) Interviewer: <i>Respondent age:</i>	<input type="text"/> <input type="text"/> years
105) Interviewer: <i>Respondent religion:</i>	<input type="radio"/> Muslim (1) <input type="radio"/> Other (2)
106) Interviewer: <i>Marital status:</i>	<input type="radio"/> Married (1) <input type="radio"/> Widow/er (2) <input type="radio"/> Divorced (3) <input type="radio"/> Separated (4) <input type="radio"/> Finished the legal marriage documents (<i>katb kitab</i>)(5) <input type="radio"/> Engaged (6) <input type="radio"/> Never been married(7)
107) Interviewer: <i>Has the respondent ever been in school?</i>	<input type="radio"/> Never been to school (1) <input type="radio"/> Currently in School/institute/college (2) <input type="radio"/> Has been to school in the past (3) <input type="radio"/> received certificate without going to school (homeschooled) (4)

Section (1): Employment

[1] Employment during the past 7 Days

108) Were you employed during the past seven days?	<input type="radio"/> Yes (1) (→Q116)	<input type="radio"/> No (2)
109) Did you participate in one of the following activities during the past seven days for the purpose of sales/marketing/earning a wage/helping in a family business (even if for a short period of time or irregularly)?		
	Yes (1)	No (2)
A. Agricultural work (e.g., harvesting, cutting clover, irrigation...)	<input type="radio"/>	<input type="radio"/>
B. Raising poultry/livestock	<input type="radio"/>	<input type="radio"/>
C. Producing ghee/cheese/butter	<input type="radio"/>	<input type="radio"/>
D. Collecting fuel/woodcutting	<input type="radio"/>	<input type="radio"/>
E. Preparing food (e.g, vegetables)	<input type="radio"/>	<input type="radio"/>
F. Sewing/embroidery/crochet	<input type="radio"/>	<input type="radio"/>
G. Producing hay products/carpets/textile/ropes	<input type="radio"/>	<input type="radio"/>
H. Offering services for others in a house/shop/hotel	<input type="radio"/>	<input type="radio"/>
I. Independent paid work	<input type="radio"/>	<input type="radio"/>
J. Selling goods in the market/in the street/at home	<input type="radio"/>	<input type="radio"/>
K. Buying goods and reselling them	<input type="radio"/>	<input type="radio"/>
L. Helping with construction work	<input type="radio"/>	<input type="radio"/>
M. Learning a skill	<input type="radio"/>	<input type="radio"/>
110) Interviewer: <i>All answers (No) continue</i>	At least one is (yes) (→Q116)	
111) Did you want and were you ready to work during that period?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q113)

112) Have you ever worked before, even while you were attending school?	<input type="radio"/> Yes (1) (→Q135)	<input type="radio"/> No (2) (→Q157)
113) Reasons for not wanting to work? For all answers except (2) →(Q115)		
<input type="radio"/> Housewife (1)	<input type="radio"/> Full-time student (2)	
<input type="radio"/> Does not want to work (3)	<input type="radio"/> Temporarily disabled (4)	
<input type="radio"/> Permanently disabled (5)	<input type="radio"/> On unpaid leave for at least one year and doesn't work (6)	
<input type="radio"/> Planning to travel, work abroad, or to immigrate(7)	<input type="radio"/> Could not find the right job opportunity (8)	
<input type="radio"/> Other: _____	(96) <input type="checkbox"/> <input type="checkbox"/>	
114) What do you plan to do after completing your current education/training program?		
<input type="radio"/> Look for a job (1)	<input type="radio"/> Stay at home for personal or family responsibilities (2)	
<input type="radio"/> Immediately go for further education/training (3)		
<input type="radio"/> Other: _____	(6) <input type="checkbox"/> <input type="checkbox"/>	
<input type="radio"/> DON'T KNOW (8)		
115) Have you ever worked before, even while you were attending school?	<input type="radio"/> Yes (1) (→Q135)	<input type="radio"/> No (2) (→Q172)

[2] Characteristics of Current Job

116) Within the last seven days, how many days total have you worked, (consecutive days or inconsecutive days)?	<input type="checkbox"/> Days
117) How many hours do you work (on average)? <i>If more than 40 hours (→Q119)</i>	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> Hours/Day <input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hours/Week
118) What is the reason for working less than 40 hours?	
<input type="radio"/> Job circumstances require that (1)	<input type="radio"/> No work available the rest of the days (2)
<input type="radio"/> Pay is not enough (3)	<input type="radio"/> Do not want to work the rest of the days (4)
<input type="radio"/> Temporarily absent from work but still hold the position (5)	<input type="radio"/> No encouragement at work/ job is boring (6)
<input type="radio"/> Official number of hours is less than 40 per week (7)	<input type="radio"/> Doing part time education or training (8)
<input type="radio"/> Other: _____	(96) <input type="checkbox"/> <input type="checkbox"/>
119) Would you like to continue in this work or not?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
120) Are you searching for another job?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q122)
121) How many job opportunities did you find during your search (both those that you accepted and those that you did not)?	<input type="checkbox"/> <input type="checkbox"/> Opportunity

122) Do you experience any of the following in your work?	Yes (1)	No (2)
A. <i>(For those who are not self employed:)</i> Maltreatment from supervisor(s)	<input type="radio"/>	<input type="radio"/>
B. Long working hours	<input type="radio"/>	<input type="radio"/>
C. Low wage	<input type="radio"/>	<input type="radio"/>
D. Exhaustive work load	<input type="radio"/>	<input type="radio"/>
E. Long commute time	<input type="radio"/>	<input type="radio"/>
F. Harassment from colleagues/supervisors	<input type="radio"/>	<input type="radio"/>
G. Sexual harassment from colleagues/supervisors	<input type="radio"/>	<input type="radio"/>
H. Harassment from customers/clients	<input type="radio"/>	<input type="radio"/>
I. Sexual harassment from customers/clients	<input type="radio"/>	<input type="radio"/>
J. Work place is hazardous	<input type="radio"/>	<input type="radio"/>
K. Harassment when commuting to or from your work place	<input type="radio"/>	<input type="radio"/>
L. No wage payment upon finalizing work	<input type="radio"/>	<input type="radio"/>
M. No wage determination at the beginning of the job	<input type="radio"/>	<input type="radio"/>
X. Other: _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
123) Does your current job require any special skill?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q125)
124) How did you acquire that skill?		
A. Regular schooling <input type="checkbox"/> B. Organized technical education <input type="checkbox"/> C. Through contractor <input type="checkbox"/> D. Through apprenticeship to a craftsman <input type="checkbox"/> E. Public enterprise employer <input type="checkbox"/> F. Private sector employer <input type="checkbox"/> G. Language courses/programs <input type="checkbox"/> H. Computer courses/programs <input type="checkbox"/> I. Secretarial courses/programs <input type="checkbox"/> J. Through family <input type="checkbox"/> X. Other: : _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
125) Do you use a computer in your work?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q127)
126) Do you use the Internet?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
127) When you first started this job, whose decision was it that you do so?		
A. Himself/herself <input type="checkbox"/> B. Father <input type="checkbox"/> C. Mother <input type="checkbox"/> D. Husband/wife <input type="checkbox"/> E. Other family member <input type="checkbox"/> X. Other: : _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
128) Is the job that you worked during the past week the longest main job that you have held during the past three months?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

[3] Earnings

129) Have you been working for a wage in your current job?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q134)
130) What do you do with this money: do you keep it all to yourself, do you give it all to your family, or do you keep some and give some to your family?	
A. Contribute to the household spending <input type="checkbox"/> B. Give to father <input type="checkbox"/> C. Give to mother <input type="checkbox"/> D. Give to siblings <input type="checkbox"/> E. Give to other relatives <input type="checkbox"/> <input type="radio"/> Keep it all to myself (7)	
131) How is your wage in your current job calculated?	
<input type="radio"/> Fixed (1) <input type="radio"/> By piece (2) <input type="radio"/> Fixed + piece (3) <input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>	
132) Have you worked on a regular basis (permanent or temporary) in your current job?	<input type="radio"/> Permanent (1) <input type="radio"/> Temporary (2) <input type="radio"/> Seasonal (3) (→Q134) <input type="radio"/> Casual (4) (→Q133-Z)

133) What is the net amount received (in L.E.) for each of the following categories?										
	133_1) Frequency							133_2) Net value		
	<input type="radio"/> Day (1)	<input type="radio"/> Week (2)	<input type="radio"/> Month (3)	<input type="radio"/> 3 months (4)	<input type="radio"/> Year (5)	<input type="radio"/> NA (7)	<input type="radio"/> DK (8)			
A. Basic wage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Supplementary payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Bonus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Overtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Profits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X. Other _____ <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Z. Total	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NA: Not applicable

DK: Don't know

[4] Characteristics of the First Job

134) Is your first job your current job?	<input type="radio"/> Yes (1) (→Q172)	<input type="radio"/> No (2)
135) When did you first enter the labor market for a continuous period of at least six months?	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year (1)	<input type="radio"/> I have worked but for less than six months (2) (→Q172)
136) How old were you then?	<input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years	
137) When you first started to work, whose decision was it that you do so?		
A. Himself/herself <input type="checkbox"/> B. Father <input type="checkbox"/> C. Mother <input type="checkbox"/> D. Husband/wife <input type="checkbox"/> E. Other family member <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
138) What was the main reason that made you begin working?		
<input type="radio"/> Not doing well at school (1) <input type="radio"/> Financial support to household (2) <input type="radio"/> Cover own expenses (3) <input type="radio"/> Lots of free time (4) <input type="radio"/> To get experience (5) <input type="radio"/> To help in household enterprise (6) <input type="radio"/> Liked to work (7) <input type="radio"/> Never went to school (8) <input type="radio"/> Finished education (9) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>		
139) What was your work status in your first job?	<input type="radio"/> Waged employee (1)	<input type="radio"/> Employer (2)
	<input type="radio"/> Self-employed (3)	<input type="radio"/> Unpaid work for family (4)
140) What was your occupation in your first job? (record the occupation in detail)	_____ <input type="text"/>	
141) What was your economic activity in your first job?	_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
142) What sector were you working in for your first job?		
<input type="radio"/> Government (1) <input type="radio"/> Public enterprise (2) <input type="radio"/> Private (3) <input type="radio"/> Investment (4) <input type="radio"/> Foreign (5) <input type="radio"/> Non-profit non-government organization (6) <input type="radio"/> Cooperatives (7) <input type="radio"/> Other _____ (96) <input type="text"/> <input type="text"/>		
143) Legal status of the firm you work in? Interviewer: revise Q(142) for codes 2-5	<input type="radio"/> Individual project (1)	<input type="radio"/> Partnership/company (2)
	<input type="radio"/> S.A.E. (3)	<input type="radio"/> Limited liability (4)
	<input type="radio"/> Has no legal entity (5)	<input type="radio"/> DON'T KNOW (8)
144) The number of employees in the firm (including respondent)	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 100 or more record (100)
145) Country	<input type="radio"/> In Egypt (1) (→Q147)	<input type="radio"/> Abroad (2)
146) Country name (→151)	_____ <input type="text"/> <input type="text"/> <input type="text"/>	
147) Governorate	_____ <input type="text"/> <input type="text"/>	
148) Kism/Markaz/District	_____ <input type="text"/> <input type="text"/> <input type="text"/>	
149) Shiakha/Village	_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
150) Place of work	<input type="radio"/> Urban (1)	<input type="radio"/> Rural (2)

151) How stable was your first job?	<input type="radio"/> Permanent (1)	<input type="radio"/> Temporary (regular labor) (2)
	<input type="radio"/> Seasonal (3) (→Q155)	<input type="radio"/> Casual (irregular labor) (4) (→Q155)
152) Did you have a legal work contract for your first job? Or in the case of a government position, were you hired officially?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
153) Did you have social security at your first job?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
154) Did you have medical insurance?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
155) Till when did you stay in that job?	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year
156) Interviewer: What did (NAME) answer for question (111)?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q172)
		<input type="radio"/> No Answer (7) (→Q172)

[5] Unemployment

157) Why have you NOT been working during the past seven days? <i>(select only the most important reason)</i>		
<input type="radio"/> No work available at all (1)	<input type="radio"/> No work available that is relevant to my experience/education (2)	
<input type="radio"/> No work with suitable pay (3)	<input type="radio"/> No work in a suitable organization/firm (4)	
<input type="radio"/> No work available with suitable location (5)	<input type="radio"/> Other: _____ (6)	<input type="text"/> <input type="text"/>
158) How long have you been unemployed (most recent period of unemployment)? (without referring to the past seven days)	<input type="radio"/> <input type="text"/> Days	<input type="radio"/> <input type="text"/> Weeks
	<input type="radio"/> <input type="text"/> <input type="text"/> Months	
159) Have you searched for a job by registering with the government employment office?		
<input type="radio"/> Yes- registered with a MoMP (Ministry Of Manpower) employment office (1)	<input type="radio"/> Yes- registered with work place of my parents(2)	
<input type="radio"/> Yes- registered with the Ministry of Managerial Development (3)	<input type="radio"/> No (4)	
160) Have you used any of the following methods in your job search during the past three months?		
	Yes (1)	No (2)
A. Registered in a private office	<input type="radio"/>	<input type="radio"/>
B. Entered government job lottery competition	<input type="radio"/>	<input type="radio"/>
C. Sent job application	<input type="radio"/>	<input type="radio"/>
D. Inquired at work location	<input type="radio"/>	<input type="radio"/>
E. Advertised in newspapers	<input type="radio"/>	<input type="radio"/>
F. Applied to a job advertised in newspapers	<input type="radio"/>	<input type="radio"/>
G. Asked friends or relatives for help	<input type="radio"/>	<input type="radio"/>
H. Contacted employer	<input type="radio"/>	<input type="radio"/>
I. Contacted contractor	<input type="radio"/>	<input type="radio"/>
J. Waited at a workers' gathering location	<input type="radio"/>	<input type="radio"/>
K. Searched for private project (land, equipment)	<input type="radio"/>	<input type="radio"/>
L. Arranged to get financing for a private project	<input type="radio"/>	<input type="radio"/>
X. Other: _____ <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
161) <i>If there is at least one (Yes). Continue</i>	If all responses (No) (→Q166)	

162) Have you used a regular phone in job-hunting in the past three months?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
163) Have you used a mobile phone in job-hunting in the past three months?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
164) Have you used the Internet in job-hunting in the past three months?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
165) How long have you been searching for employment? (→Q167)	<input type="radio"/> <input type="text"/> Weeks	<input type="radio"/> <input type="text"/> <input type="text"/> Months
166) What is the main reason that you are not looking for a job? <input type="radio"/> Believe that there are no jobs (1) <input type="radio"/> Tired of looking for jobs (2) <input type="radio"/> Employers prefer males to females in hiring (3) <input type="radio"/> Do not know an effective way to look for a job (4) <input type="radio"/> Waiting for MoMP (Ministry Of Manpower) hiring (5) <input type="radio"/> No suitable jobs (6) <input type="radio"/> Do not have enough training or education (7) <input type="radio"/> Because of studying (8) <input type="radio"/> Do not need work (9) <input type="radio"/> Health conditions do not allow (10) <input type="radio"/> Family responsibilities (11) <input type="radio"/> Opposition of a family member (12) <input type="radio"/> Lack of personal connections (WASTA) (13) <input type="radio"/> Already found work and will start later (14) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>		
167) Have you ever refused a job that was offered to you?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→171)
168) What kind of job was this? (<i>Interviewer: Mention the options if the respondent didn't answer</i>) <input type="radio"/> Initiate/jointly initiate private business (1) <input type="radio"/> Work for the government/public sector (2) <input type="radio"/> Work for a multinational corporation (3) <input type="radio"/> Work for a private company (4) <input type="radio"/> Work for a non-profit non-government organization (5) <input type="radio"/> Work on own/family farm (6) <input type="radio"/> Work on someone else's farm (7) <input type="radio"/> Work for family business (8) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (98)		
169) What was the offered occupation? (<i>Interviews: code occupation in detail</i>)	_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
170) Why? (select the main reason for refusing the job) <input type="radio"/> Wages offered were too low (1) <input type="radio"/> Work was not interesting (2) <input type="radio"/> Location was not convenient (3) <input type="radio"/> Work did not match my qualifications (4) <input type="radio"/> Work would require few working hours (5) <input type="radio"/> Work would require too many working hours (6) <input type="radio"/> Waiting for a better job offer (7) <input type="radio"/> There was no contract or contract length was too short (8) <input type="radio"/> Saw no possibilities for advancement (9) <input type="radio"/> Job was below my status (10) <input type="radio"/> Job was below my education (11) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>		
171) What have you mainly been doing while looking for job? <input type="radio"/> Stay at home and just look for a job (1) <input type="radio"/> Stay at home and do household chores (2) <input type="radio"/> Help out in family business (3) <input type="radio"/> Take additional education/training courses (4) <input type="radio"/> Spend time with friends (5) <input type="radio"/> Do volunteer work (without pay) (6) <input type="radio"/> Planning to start my own business (7) <input type="radio"/> Doing post graduate studies (8) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>		

[6] Employment History

172) Interviewer: Has (NAME) ever worked?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2) (→Q200)
	i) Current situation in the past seven days	ii) Previous position	iii) Position before previous position
173) Employment status (see code below)	<input type="checkbox"/> <input type="checkbox"/> (from 6 to 11 (→Q198))	<input type="checkbox"/> <input type="checkbox"/> (from 6 to 11 (→Q198))	<input type="checkbox"/> <input type="checkbox"/> (from 6 to 11 (→Q198))
174) Interviewer: check question (Q134) and (Q135)	////////////////////	<input type="radio"/> This is the my first job but not my current job (1) (→ before previous) <input type="radio"/> This is my first and current job (2) <input type="radio"/> This job is different from the first and/or the current (3)	<input type="radio"/> This is the my first job but not my current job (1) (→Q200) <input type="radio"/> This is my first and current job (2) <input type="radio"/> This job is different from the first and/or the current (3)
175) Description of position	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>
176) Occupation	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
177) Economic activity	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
178) Economic sector (see code below)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
179) Job stability (see code below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180) Did you have contract?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q182)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q182)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q182)
181) Type of contract?	<input type="radio"/> Defined (1) <input type="radio"/> Unlimited (2)	<input type="radio"/> Defined (1) <input type="radio"/> Unlimited (2)	<input type="radio"/> Defined (1) <input type="radio"/> Unlimited (2)

Q(173) Code: (1) Waged employee (2) Employer (3) Self employed
 (4) Unpaid working for family (5) Apprentice unpaid (6) Unemployed
 (7) Housewife (8) Full time student/Army recruit (9) does not want to work
 (10) Temporarily disabled (11) Unpaid leave for a year or more

Q(178) Code: (1) Government (2) Public enterprise (3) Private
 (4) Investment (5) Foreign (6) Non-profit NGO
 (7) Other including co-operatives (96) Other

Q(179) Code: (1) Permanent (2) Temporary (3) Seasonal (4) Casual

	i) Current situation in the past seven days	ii) Previous position	iii) Position before previous position
182) Did you have social security?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
183) Did you have medical insurance?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
184) Did you get any training?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
185) Is your work in/out of the establishment?	<input type="radio"/> In the same establishment (1) <input type="radio"/> Out (2) (→Q190)	<input type="radio"/> In the same (1) <input type="radio"/> In another (2) <input type="radio"/> Out (3) (→Q190)	<input type="radio"/> In the same (1) <input type="radio"/> In another (2) <input type="radio"/> Out (3) (→Q190)
186) What is the legal status of the firm you work in? (<i>see code below</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187) What is the number of employees in firm (including respondent)?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 100 or more put (100)	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 100 or more (100)	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 100 or more (100)
188) Is this establishment registered?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)
189) Is this establishment licensed?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Don't Know (8)
190) Country	<input type="radio"/> In Egypt (1) (→Q192) <input type="radio"/> Abroad (2)	<input type="radio"/> In Egypt (1) (→Q192) <input type="radio"/> Abroad (2)	<input type="radio"/> In Egypt (1) (→Q192) <input type="radio"/> Abroad (2)
191) Country name (→Q196)	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
192) Governorate	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>
193) Kism/Markaz/ District	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
194) Shiakha/Village	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q(186) Code: (1) Individual project (2) Partnership/company (3) Joint venture
(4) Company with limited liability (5) Has no legal entity (8) DON'T KNOW.

195) Place of work	<input type="radio"/> Urban (1) <input type="radio"/> Rural (2)	<input type="radio"/> Urban (1) <input type="radio"/> Rural (2)	<input type="radio"/> Urban (1) <input type="radio"/> Rural (2)	
196) Why did you quit? <i>(see code below)</i>	//////////////////////////////////	<input type="checkbox"/>	<input type="checkbox"/>	
197) How old were you when you started this work?	A) Month	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	B) Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
198) Started	A) Month	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	B) Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
199) End	A) Month	//////////////////////////////////	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	B) Year	//////////////////////////////////	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q(196) Code: (1) The employer terminated the contract
 (3) I willingly left for any other reason

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

[7] Attitudes about Employment

200) Have you ever worked while studying?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q202)
201) What did you do?			
<input type="radio"/> Internship/apprenticeship (1)		<input type="radio"/> Work in family business (2)	
<input type="radio"/> Work on farm (3)		<input type="radio"/> Did paid work in private sector (4)	
<input type="radio"/> Did paid work in the public sector (5)		<input type="radio"/> Community volunteer work (6)	
<input type="radio"/> Other: _____		(96) <input type="checkbox"/> <input type="checkbox"/>	
202) In your opinion, who should be responsible for finding you a job?			
<input type="radio"/> Schools/ universities (1)	<input type="radio"/> Companies providing occupations (2)	<input type="radio"/> Independent business centers (3)	
<input type="radio"/> State (4)	<input type="radio"/> Local government offices (5)	<input type="radio"/> Policy maker (6)	
<input type="radio"/> Myself (7)	<input type="radio"/> My family (8)	<input type="radio"/> My husband's family (9)	
<input type="radio"/> Other: _____	(96) <input type="checkbox"/> <input type="checkbox"/>		
203) Do you have a CV?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
204) In your opinion, for you to get a job, what's more important: to improve your personal skills, or to be recommended by someone?		<input type="radio"/> Personal Skills(1)	<input type="radio"/> Recommendation by someone (2) (→Q206)
205) What are these personal skills?	A. Computer <input type="checkbox"/>	B. Languages <input type="checkbox"/>	
	C. Professional Skills <input type="checkbox"/>	D. Higher education <input type="checkbox"/>	
	X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
206) If you had the choice, would you choose to work for pay, or to have your own business?		<input type="radio"/> Work for pay (1)	<input type="radio"/> Have my own business (2) (→Q208)
207) Why do you prefer to work for pay? (→Q209)			
<input type="radio"/> More Stability (1)		<input type="radio"/> Higher income compared to income from own business (2)	
<input type="radio"/> Less responsibility (3)		<input type="radio"/> Better opportunity to advance in my career (4)	
<input type="radio"/> Job benefits (social security and others) (5)			
<input type="radio"/> Other: _____		(6) <input type="checkbox"/> <input type="checkbox"/>	
208) Why do you prefer to have your own business?			
<input type="radio"/> Because there are no other job opportunities (1)		<input type="radio"/> More independence (2)	
<input type="radio"/> More flexible working hours (3)		<input type="radio"/> Higher income than from a job (4)	
<input type="radio"/> More career satisfaction (5)		<input type="radio"/> I come from a family of business owners (6)	
<input type="radio"/> More opportunity for improving social status (7)			
<input type="radio"/> Other: _____		(96) <input type="checkbox"/> <input type="checkbox"/>	
209) Do you think working for the public sector/ the government is better than working for the private sector?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q211)
210) Why? (state the most important reason)			
<input type="radio"/> More stability (1)		<input type="radio"/> Maternity leaves (for females) (2)	
<input type="radio"/> Less work and responsibility (3)		<input type="radio"/> The salary (4)	
<input type="radio"/> Insurance and collateral (5)		<input type="radio"/> Social status as an employee (6)	
<input type="radio"/> Other: _____		(96) <input type="checkbox"/> <input type="checkbox"/>	
211) What is the expected salary/month, as far as you know, in the labor market or in your field of specialization?			
<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (1) L.E.	<input type="radio"/> CAN'T DETERMINE (7)	<input type="radio"/> DON'T KNOW (8)	

[8] Financial Behavior

212) When you have money, do you plan ahead about how it will be spent?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
213) Do you regularly save money?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
214) If you wanted to save money, where could you save it? A. At home <input type="checkbox"/> B. With a friend or relative <input type="checkbox"/> C. With stocks/savings club <input type="checkbox"/> D. In a bank <input type="checkbox"/> E. In a cooperative <input type="checkbox"/> F. In the Post office <input type="checkbox"/>	
215) I am saving for... A. My own education <input type="checkbox"/> B. Education of other family members <input type="checkbox"/> C. Housing <input type="checkbox"/> D. For marriage <input type="checkbox"/> E. Medical expenses <input type="checkbox"/> F. For emergencies <input type="checkbox"/> G. Clothes/shoes/other personal items <input type="checkbox"/> H. For buying items like mobile/watch/MP3 player .. <input type="checkbox"/> I. For emigration <input type="checkbox"/> J. For pilgrimage costs <input type="checkbox"/> K. To support relatives or friends <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
216) Who decides how you will use your money/savings?	<input type="radio"/> Myself only (1) <input type="radio"/> My husband (2) <input type="radio"/> My parents (3) <input type="radio"/> Relatives (4)
217) Do you have a bank account or a post-office account?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
218) Do you have a credit card?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
219) Are you planning to save for your retirement?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q222)
220) At what age do you think one should start saving for retirement?	<input type="text"/> <input type="text"/> Years
221) How can you do that? (→Q223) A. By contributing to social security <input type="checkbox"/> B. Investing in (real-estate property, livestock, jewelry, etc...) <input type="checkbox"/> C. Setting savings aside <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> I do not know how to save for retirement (8) Cancel All Checks	
222) Why not? A. I will receive a pension from a relative <input type="checkbox"/> B. I will receive a pension from the state in any case <input type="checkbox"/> C. I will rely on my parents' savings / inheritance <input type="checkbox"/> D. I will rely on my children <input type="checkbox"/> E. My income is not sufficient to save / I have many expenses and barely covering them <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
223) If you had a chance to receive L.E.10,000 immediately, or instead to receive L.E. 11,000 after one year, what would you choose?	<input type="radio"/> 10,000 (1) <input type="radio"/> 11,000 (2) (→Q225)
224) If you had a chance to receive L.E.10,000 immediately, or instead to receive L.E. 12,000. after one year, what would you choose?	<input type="radio"/> 10,000 (1) <input type="radio"/> 12,000 (2)

[9] Self Employment & Entrepreneurship

225) Did you think/have you thought/ tried to establish your own business?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q239)
226) Is it already established?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q238)
227) When did you start doing this business?	<input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year

228) Why did you choose to be self-employed rather than search for a job?			
<input type="radio"/> Could not find a job (1)		<input type="radio"/> Greater independence (2)	
<input type="radio"/> More flexible hours of work (3)		<input type="radio"/> Higher income level (4)	
<input type="radio"/> My parents have successful experiences in private business (5)			
<input type="radio"/> Other: _____		(6) <input type="text"/> <input type="text"/>	
229) Do you have anyone helping you in your business/economic activity?			
	229_1) Yes/No		229_2) How many?
	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Next)	
A. Paid family members	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
B. Paid employees	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
C. Unpaid family members	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D. Unpaid partners	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
E. No help, working alone <input type="radio"/> Cancel All Checks			
230) From where did you get the money to start your current business?			
A. Own savings <input type="checkbox"/> (→Q234)		B. Savings from family members <input type="checkbox"/> (→Q234)	
C. Loan from family or friends <input type="checkbox"/> (→Q234)		D. Loan from bank or commercial institution <input type="checkbox"/>	
E. Loan from private money lender <input type="checkbox"/>		F. Loan/assistance from government institution <input type="checkbox"/>	
G. Loan from Social Fund for Development <input type="checkbox"/>		H. Loan/assistance from NGO <input type="checkbox"/>	
<input type="radio"/> Didn't need money (7) Cancel All Checks (→Q234)			
X. Other: _____		<input type="text"/> <input type="text"/> <input type="text"/> (→Q234)	
231) Was the size of the loan the same value as what you asked for in your loan application?			<input type="radio"/> Yes (1) <input type="radio"/> No (2)
232) How long did it take from the time of loan application until you actually received the loan?		<input type="radio"/> <input type="text"/> <input type="text"/> Months	<input type="radio"/> Less than one month (0)
233) How did you spend your loan?			
<input type="radio"/> Completely on your business (1)		<input type="radio"/> Partially on your business and partially on personal expenses (2)	<input type="radio"/> Mainly on personal expenses (3)
234) Is your business/economic activity making a profit, a loss or breaking even?		<input type="radio"/> Making a loss (1) <input type="radio"/> Making profit (2)	
		<input type="radio"/> Breaking even (3)	
235) What are the two most important problems you face in running your business?			
1 st <input type="text"/> <input type="text"/>		2 nd <input type="text"/> <input type="text"/>	
<input type="radio"/> Business information (1)	<input type="radio"/> Marketing services(2)	<input type="radio"/> Capital (3)	
<input type="radio"/> Accounting (4)	<input type="radio"/> Legal services(5)	<input type="radio"/> Business advice – counseling (6)	
<input type="radio"/> Business training (7)	<input type="radio"/> Foreign language training(8)	<input type="radio"/> Specialized skills training (9)	
<input type="radio"/> Internet services (10)	<input type="radio"/> Access to technology (11)	<input type="radio"/> Product development (12)	
<input type="radio"/> Access to credit (13)	<input type="radio"/> Access to utilities (electricity, water,.. etc) (14)		
<input type="radio"/> Other: _____		(96) <input type="text"/> <input type="text"/>	
236) Have you received any technical/business assistance or support?			<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q240)

237) From whom? (→Q240)

from NGOs (1) from governmental bodies (2) Other _____(6)

238) During the last four weeks, have you taken any steps to establish your own business?

Yes (1) (→Q240) No (2)

239) I need to know what the obstacles prevented/could prevent you from starting your own business?

- A. I was worried about the possibility of losing my money/ not being able to pay back my loan/ worry about loans
- B. I was afraid of not being able to get enough money to start my own business
- C. I was worried about the possibility of having no social safety net /security (health insurance, pension etc.)/ I was afraid of the high costs for social protection
- D. I was afraid of not having the right skills and experience
- E. I was worried about the possibility of not meeting licensing and regulatory requirements
- F. I was worried about the possibility of being disadvantaged because of being a woman
- G. I was worried about what my family or other people would think of me if I failed
- H. I was afraid of not being able to handle the workload
- I. I was afraid I would not be able to face corruption in business (or society in general)
- J. I was afraid of the strong competition in my line of business
- K. I was worried that people would not have need for my product or service
- X. Other: _____

Section (2): Education

[10] School Attendance

240) Interviewer: <i>check question (Q107): have respondent ever attended school?</i>	<input type="radio"/> Never been (1) (→Q345) <input type="radio"/> Have been to school in the past (3)	<input type="radio"/> Currently in school (2) (→Q246) <input type="radio"/> Received certificate without going to school (homeschooled) (4)
--	---	--

a) For those who have studied in the past

241) What is the highest level of schooling that you attended?	
<input type="radio"/> General primary (1) <input type="radio"/> Azhar preparatory (4) <input type="radio"/> Vocational secondary (7) <input type="radio"/> University (10)	<input type="radio"/> Azhar primary (2) <input type="radio"/> General secondary (5) <input type="radio"/> International secondary (8) <input type="radio"/> Post graduate (11) (→Q255)
<input type="radio"/> General preparatory (3) <input type="radio"/> Azhar secondary (6) <input type="radio"/> Above intermediate (9)	
242) What is the highest year that you successfully passed at this level? And which year?	A. School year <input type="checkbox"/> B. Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
243) For interviewer: <i>the respondent</i>	<input type="radio"/> Was in school before (1) <input type="radio"/> Received certificate without going to school (homeschooled) (2) (→Q255)
244) Did you drop out of school because you thought that the level you reached was enough?	<input type="radio"/> Yes (1) <input type="radio"/> No not enough (2) (→Q251)
245) Have you ever interrupted your schooling?	<input type="radio"/> Yes (1) (→Q251) <input type="radio"/> No (2) (→Q255)

b) For those who are currently in school

246) What is the highest level of schooling that you have completed?	
<input type="radio"/> Didn't complete primary education (1) (→Q248) <input type="radio"/> General preparatory (4) <input type="radio"/> Azhar secondary (7) <input type="radio"/> Above intermediate (10)	<input type="radio"/> General primary (2) <input type="radio"/> Azhar preparatory (5) <input type="radio"/> Vocational secondary (8) <input type="radio"/> University (11)
<input type="radio"/> Azhar primary (3) <input type="radio"/> General secondary (6) <input type="radio"/> International Secondary (9) <input type="radio"/> Post-graduate (12)	
247) What is your current level of schooling?	
<input type="radio"/> General preparatory (1) <input type="radio"/> Azhar secondary (4) <input type="radio"/> Above intermediate (7)	<input type="radio"/> Azhar preparatory (2) <input type="radio"/> International Secondary (5) <input type="radio"/> University (8)
<input type="radio"/> General secondary (3) <input type="radio"/> Vocational Secondary (6) <input type="radio"/> Post-graduate (9) (→Q255)	
248) What is the highest year that you successfully passed at this level?	<input type="text"/> year <input type="radio"/> Didn't pass exam yet (0)
249) Are you currently attending classes this year or have you dropped-out (i.e. did not complete education)?	<input type="radio"/> Attending (1) <input type="radio"/> Not attending (2) (→Q251)
250) Have you ever interrupted your schooling?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q255)

c) For those who have dropped out of school

251) How old were you when you dropped-out of school/university/institute?	<input type="text"/> <input type="text"/> <input type="text"/> Years <input type="radio"/> DON'T KNOW (98)
--	--

252) When did you drop out of school? (which year?)	<input type="radio"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (9998)
253) When did you return to school, if ever?	<input type="radio"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> NOT APPLICABLE (9997)
254) What is the main reason that you dropped out?	
A. Finished don't need more education (completed my education) <input type="checkbox"/> (→Q255) B. Lack of schools for further study <input type="checkbox"/> C. Uniform and school fees <input type="checkbox"/> D. Private tutoring fees <input type="checkbox"/> E. The school is too far <input type="checkbox"/> F. I had to help out at home <input type="checkbox"/> G. I had to work <input type="checkbox"/> H. Helping a family member in his/her work <input type="checkbox"/> I. All the teachers are males <input type="checkbox"/> J. My parents didn't want me to go to school <input type="checkbox"/> K. I didn't want to finish school <input type="checkbox"/> L. Maltreatment from teachers or corporal punishment <input type="checkbox"/> M. Not doing well in school <input type="checkbox"/> N. For disciplinary reasons <input type="checkbox"/> O. To avoid mixing with the opposite sex <input type="checkbox"/> P. Marriage <input type="checkbox"/> Q. For health reasons <input type="checkbox"/> R. Bullying <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="radio"/> Refuse to answer (5) Cancel All Checks <input type="radio"/> Don't know (8) Cancel All Checks	

[11] Schooling Experience

255) What was your score (as %) for each educational level that you have completed?			
A. Primary	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="radio"/> NOT APPLICABLE (7)	<input type="radio"/> DON'T REMEMBER (8)
B. Preparatory	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="radio"/> NOT APPLICABLE (7)	<input type="radio"/> DON'T REMEMBER (8)
C. Secondary	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="radio"/> NOT APPLICABLE (7)	<input type="radio"/> DON'T REMEMBER (8)
D. Above intermediate	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="radio"/> NOT APPLICABLE (7)	<input type="radio"/> DON'T REMEMBER (8)
E. University	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="radio"/> NOT APPLICABLE (7)	<input type="radio"/> DON'T REMEMBER (8)

a) For those who are currently in school

256) Interviewer: What is the response to question (Q240)?	<input type="radio"/> Currently in school (1) <input type="radio"/> Have been to school in the past (2) (→Q290) <input type="radio"/> Received certificate without going to school (homeschooled) (3) (→Q330)
257) Interviewer: What is the response to question (Q249)?	<input type="radio"/> Attend (1) <input type="radio"/> Don't attend (2) (→Q290)
258) Interviewer: What is the response to question (Q247)?	<input type="radio"/> From 1 to 6 (1) <input type="radio"/> From 7 to 9 (2) (→Q291)
259) What is the name of your school?	<input type="radio"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (9998)
260) Is your school governmental, private, experimental or Azhar?	<input type="radio"/> Governmental (1) <input type="radio"/> Private (2) <input type="radio"/> Experimental (3) <input type="radio"/> Azhar (4)

261) How do you get to school? That is, do you walk or what do you ride to get there?

Walk (1) Bicycle (2) Donkey/cart (3) Motorcycle (4)
 Tok Tok, pick-up truck (5) Public transportation (6) Taxi (7) School bus (8)
 Private car (9) Rented van (10) Micro-bus (11)
 Other: _____ (96)

262) How long does it take you to get to your school?

Less than 1/2h (1) 1/2- 1h (2)
 more than 1h (3) DON'T KNOW (8)

263) Does your school work in shifts?

Shifts (1) One Shift (2)

264) Generally, do you find your school to be clean or not?

Yes, very clean (1) Yes, clean (2)
 No, not clean (3) DON'T KNOW (8)

265) Are you on good terms with most of your teachers?

Yes (1) No (2) DON'T KNOW (8)

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

	267) Does your school have ...	268) Have you ever used/visited/participated?	269) How often do you use/visit/participate?	270) Are you satisfied with the service/activity you had there
	<input type="radio"/> Yes (1) <input type="radio"/> No (2) [→Next] or (→Q271)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) [→ Next] or (→Q271)	<input type="radio"/> Always (1) <input type="radio"/> Sometimes(2) <input type="radio"/> Rarely (3)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
A. Library				
B. Computer lab				
C. Science laboratory				
D. School clinic				
E. Playground				
F. Musical instruments or music classes				
G. Field trips				

271) Does anyone in your household help you with your studying or homework?

Yes (1) No (2) (**→Q273**)

272) Who helps you?	A. Father <input type="checkbox"/>	B. Mother <input type="checkbox"/>	C. Older siblings <input type="checkbox"/>
	D. Other relatives <input type="checkbox"/>	X. Other: _____ <input type="checkbox"/>	<input type="checkbox"/>
273) If you have a problem at school/university/institute, who usually goes to school/university/institute and meets the teachers/instructors to solve this problem?			
<input type="radio"/> Both father and mother (1) <input type="radio"/> Father (2) <input type="radio"/> Mother (3) <input type="radio"/> Brothers and sisters (4) <input type="radio"/> Other relatives (5) <input type="radio"/> Solve it alone (6) <input type="radio"/> Never had problems (7) <input type="radio"/> Refuse to answer (95) <input type="radio"/> DON'T KNOW (98)			
274) Do your parents go to school to meet your teachers and do they regularly attend school meetings?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)		
275) Have you ever been absent from school/university/institute for at least one day in the first term?	<input type="radio"/> Yes (1) <input type="radio"/> Never absent (2) (→Q278)		
276) How many days were you absent?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Days <input type="radio"/> DON'T KNOW (98)		
277) What are the different reasons that caused you to be absent?			
A. Illness/(<i>Females</i>) menstrual cycle <input type="checkbox"/> B. Family problems <input type="checkbox"/> C. Problems at school with teachers <input type="checkbox"/> D. Problems at school with other students <input type="checkbox"/> E. The school is too far away <input type="checkbox"/> F. Do not benefit from going to school <input type="checkbox"/> G. Parents traveling <input type="checkbox"/> H. To study outside of school <input type="checkbox"/> I. To work or help in the field <input type="checkbox"/> J. To help with household chores <input type="checkbox"/> K. Private tutoring takes place during school day <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
278) What level of schooling would you like to finish?			
<input type="radio"/> Primary (1) <input type="radio"/> Preparatory (2) <input type="radio"/> Secondary (3) <input type="radio"/> Above intermediate (4) <input type="radio"/> University (5) <input type="radio"/> Post-graduate (6)			
279) Interviewer: What is the answer to question (Q247)?	<input type="radio"/> General/Azhar/International secondary (1) (→Q285) <input type="radio"/> Vocational secondary (2) <input type="radio"/> Under secondary (3) (→Q286)		
280) In which vocational secondary were you?	<input type="radio"/> Industrial (1) <input type="radio"/> Commercial (2) (→Q286) <input type="radio"/> Agricultural (3) (→Q286) <input type="radio"/> Tourism & hospitality (4) (→Q286) <input type="radio"/> Nursing (5) (→Q286)		
281) What was your specialization?	<input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> General (997) <input type="radio"/> Didn't specialize yet (zero)		
282) Did you receive any hands-on experience in the school?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q284)		
283) Do you believe that the training you received reflects the needs of the labor market?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)		
284) Is your school part of a vocational training enhancement program? (→Q286)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)		
285) What is your specialization?	<input type="radio"/> Science (1) <input type="radio"/> Math (2) <input type="radio"/> Art (3) <input type="radio"/> NOT APPLICABLE (7) <input type="radio"/> Other _____ (6) <input type="checkbox"/> <input type="checkbox"/>		
286) Did you take any private lessons or participate in after-school study groups this year?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q290)		
287) What did you take?	A. Private Lessons <input type="checkbox"/> B. After-school study groups <input type="checkbox"/>		

306) What is the name of your university or institute?	<input type="radio"/> <i>University:</i> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <i>Institute:</i> _____ <input type="checkbox"/> <input type="checkbox"/> (→Q308)		
307) What is the name of your faculty (Department)?	_____ <input type="checkbox"/> <input type="checkbox"/>		
308) What is your major field of study?	<input type="radio"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> There is no major (997) <input type="radio"/> I didn't choose my major yet (zero)		
309) Which post-secondary diploma (did) will you get at the end of this stage?	<input type="radio"/> Above intermediate (1) <input type="radio"/> Bachelor's (2) <input type="radio"/> Master's (3) <input type="radio"/> Doctorate (4)		
310) Is your post-secondary institution public or private?	<input type="radio"/> Public (1) <input type="radio"/> Private (2) <input type="radio"/> Azhar (3)		
311) Is your post-secondary institution in the same city in which your family resides?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)		
312) How long does it take you to get to your post-secondary institution?	<input type="radio"/> Less than 1/2h (1) <input type="radio"/> 1/2- 1h (2) <input type="radio"/> more than 1h (3) <input type="radio"/> DON'T KNOW (8)		
313) Did you choose the major you (have studied) are studying, or was it imposed on you?	<input type="radio"/> Yes , I chose(1) <input type="radio"/> No (2) <input type="radio"/> There is no major (3)		
314) Did you choose the institution in which you (have studied) are studying, or were you assigned to it based on your score?	<input type="radio"/> Yes, I chose (1) <input type="radio"/> No (2) (→Q316)		
315) Who supported your choice?	<input type="radio"/> Father/mother (1) <input type="radio"/> Father (2) <input type="radio"/> Mother (3) <input type="radio"/> Brothers and sisters (4) <input type="radio"/> Other Relatives (5) <input type="radio"/> Other _____ (6) <input type="checkbox"/> <input type="checkbox"/>		
316) Generally, do you find your university to be clean or not?	<input type="radio"/> Yes, very clean (1) <input type="radio"/> Yes, clean (2) <input type="radio"/> No, not clean (3) <input type="radio"/> DON'T KNOW (8)		
317) Do you like most of your instructors?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)		
318) Can you contact or ask for help from your instructors outside of the lecture?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)		
319) In your post secondary institution ...	Yes (1)	NO (2)	DON'T KNOW (8)
A. Some chairs or benches are broken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Seating is a problem, unless you go very early you won't find a seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Lighting is inadequate in the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. There is not enough ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. It is not possible to hear the instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. It is not possible to see the writing on the board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Books are unavailable at the beginning of the term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Books are too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Private tutoring is common	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. I can't file a complaint if there is anything that bothers me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Professors/instructors allow time to discuss topics related to the subjects we study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

319) In your post secondary institution ...	Yes (1)	NO (2)	DON'T KNOW (8)
L. Professors/instructors allow time to discuss career options with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. There were sessions provided by my graduate institution on the job market and the relevance of my study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Professors/instructors treat students with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Professors/instructors use obscene language in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
320) What did you use for studying during university?	A. The instructor's book <input type="checkbox"/> B. Numerous references from the library <input type="checkbox"/> C. Research & references of the Internet <input type="checkbox"/> D. External facilities <input type="checkbox"/> E. Tutoring centre notes <input type="checkbox"/> X. Other _____ <input type="checkbox"/> <input type="checkbox"/>		

	321) Does your university have (did have)...	322) Have you ever used/visited/participated?	323) How often do you use/visit/participate?	324) Are you satisfied with the service /activity you had there?
	Yes (1) No (2) [→ Next] or (Q325)	Yes (1) No (2) [→ Next] or (Q325)	Always (1) Sometimes (2) Rarely (3)	Yes (1) No (2)
A. Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Computer lab.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Science laboratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

325) Were you introduced to the library and the skills for researching a topic?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
326) What is the language used by professors during lectures?	<input type="radio"/> Arabic (1) <input type="radio"/> Arabic & English (3)	<input type="radio"/> English (2) <input type="radio"/> Other (6)
327) Do you feel that your post-graduate institution prepares/prepared you for the labor market?	<input type="radio"/> Yes (1) <input type="radio"/> Don't Know (8)	<input type="radio"/> No (2)
328) Did you ever take any private lessons or participate in after school help groups this year? A. Yes, private lessons <input type="checkbox"/> B. Yes, after school help groups <input type="checkbox"/> <input type="radio"/> Neither (7) Cancel All Checks (→Q330)		
329) How many subjects did you take?	<input type="radio"/> <input type="text"/> <input type="text"/> Subjects	<input type="radio"/> DON'T KNOW (98)

[12] General section

330) From the time that you entered primary school, did you ever fail a class and repeat an examination in any year?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q332)
331) When? A. In primary <input type="checkbox"/> B. In preparatory <input type="checkbox"/> C. In secondary <input type="checkbox"/> D. In university <input type="checkbox"/>		
332) From the time you entered primary school, did you ever repeat any school year?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q334)
333) When? A. In primary <input type="checkbox"/> B. In preparatory <input type="checkbox"/> C. In secondary <input type="checkbox"/> D. In university <input type="checkbox"/>		

334) Have you ever cheated on an exam?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	
335) Do you see students around you cheating on exams?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	
336) Do you know anyone who bought a copy of an exam?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	
337) Interviewer: Check (Q240)		<input type="radio"/> Have been to school before	<input type="radio"/> Received certificate without going to school (homeschooled) (→Q345)	
338) How old were you when you first entered school? (1 st primary)		<input type="text"/> <input type="text"/> Year	<input type="radio"/> DON'T KNOW (98)	
339) Now I shall make some general statements. I would like to know your opinion about (i.e. does it happen often or rarely or never in your experience):				
	Always	Sometimes	Never	DON'T KNOW
	(1)	(2)	(3)	(8)
A. Teachers/instructors encourage students to express their opinions openly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. When one of the students in class asks the teacher/instructor a question about something he/she does not understand the answer/explanation given by the teacher/instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Teachers/instructors care about the students' personal problems, talk to him/her about them and help him/her to solve them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Some teachers//instructors beat students and use corporal punishment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. School social workers intervene to help students/teachers solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. The administration and teachers/instructors treat boys and girls equally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. The rules at school/university/institute apply equally to all students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
340) Do/Did you feel satisfied with your schooling experience?		<input type="radio"/> Yes (1) (→Q342)	<input type="radio"/> No (2)	<input type="radio"/> Indifferent (8)
341) In your opinion, what are the main reasons behind this feeling?				
A. School building <input type="checkbox"/> B. Commuting distance <input type="checkbox"/> C. Treatment of teachers <input type="checkbox"/>				
D. Treatment of administration <input type="checkbox"/> E. Difficulty of subjects <input type="checkbox"/> F. Exams <input type="checkbox"/>				
G. Rote learning <input type="checkbox"/>				
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="radio"/> DON'T KNOW (8) Cancel All Checks				
342) Before you attended school, have you ever been to a nursery or kindergarten?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> DON'T KNOW (8)
343) Is your school/university/institute co-educational or single-sex?		<input type="radio"/> Mixed (1)	<input type="radio"/> Girls (3)	
344) Did you use any outside books? (→Q354)		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	

[13] Never Attended School

345) Have you ever been to a nursery or kindergarten?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> DON'T KNOW (8)
346) Interviewer: <i>check (Q240)</i>		A. Never been <input type="checkbox"/>		B. Received certificate without going to school (homeschooled) <input type="checkbox"/> (→Q353)
347) What are the reasons why you wouldn't go to school?				
A. There was no school <input type="checkbox"/>		B. Household cannot afford education expenses <input type="checkbox"/>		
C. School is too far <input type="checkbox"/>		D. To help with household chores <input type="checkbox"/>		
E. I had to work <input type="checkbox"/>		F. Helping a family member in his/her work <input type="checkbox"/>		
G. Too old for education <input type="checkbox"/>		H. All teachers are males <input type="checkbox"/>		
I. My parents didn't want me to go to school <input type="checkbox"/>		J. Father wouldn't agree <input type="checkbox"/>		
K. I didn't want to learn <input type="checkbox"/>		L. Customs and traditions <input type="checkbox"/>		
M. Health-related reasons <input type="checkbox"/>		N. I don't have a birth certificate <input type="checkbox"/>		
O. Marriage <input type="checkbox"/>				
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="radio"/> Refuse (5) Cancel All Checks		<input type="radio"/> DON'T KNOW (8) Cancel All Checks		
348) Have you ever attended literacy classes?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q351)	
349) What type of literacy classes did you attend?		<input type="radio"/> Community schools (1)	<input type="radio"/> One-class room schools (2)	
		<input type="radio"/> Other NGO program (3)	<input type="radio"/> Girl-friendly schools (4)	
		<input type="radio"/> DON'T KNOW (8)		
350) How long did you stay in these classes?				
<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> Months		<input type="radio"/> Less than a month (0)		<input type="radio"/> DON'T KNOW (98)
351) Can you read an article in a newspaper?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q354)	
352) Can you write a letter? (→Q354)		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	
353) What are the reasons that you didn't go to school (university) regularly?				
A. There was no school <input type="checkbox"/>		B. Household cannot afford education expenses <input type="checkbox"/>		
C. School was too far <input type="checkbox"/>		D. Had to stay home to help with household chores <input type="checkbox"/>		
E. I had to work <input type="checkbox"/>		F. Had to help a family member in his/her work <input type="checkbox"/>		
G. Too old for education <input type="checkbox"/>		H. All teachers are males <input type="checkbox"/>		
I. My parents didn't want me to go to school <input type="checkbox"/>		J. Father wouldn't agree <input type="checkbox"/>		
K. I didn't want to learn <input type="checkbox"/>		L. Customs and Traditions <input type="checkbox"/>		
M. Health-related reasons <input type="checkbox"/>				
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="radio"/> Refuse (5) Cancel All Checks		<input type="radio"/> DON'T KNOW (8) Cancel All Checks		

Section (3): Migration

[14] International Migration Intentions

354) Have you ever traveled to any country to work/live/study?		<input type="radio"/> Yes (1) (→Q378)	<input type="radio"/> No (2)
355) Do you intend to travel to any country to work/live/study?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q372)
356) Where do you want to migrate to (country)?	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
357) What is it about Egypt that makes you want to leave?			
A. No job opportunities available in Egypt <input type="checkbox"/>		B. Income in Egypt is lower than abroad <input type="checkbox"/>	
C. Bad living conditions in Egypt <input type="checkbox"/>		D. To escape from family pressures and troubles <input type="checkbox"/>	
E. To help my family <input type="checkbox"/>			
X. Other: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
358) What are the things that are there abroad that are not in Egypt?			
A. I want to see other countries <input type="checkbox"/>		B. I want to live abroad <input type="checkbox"/>	
C. I have relatives there <input type="checkbox"/>		D. I have friends there <input type="checkbox"/>	
E. I have a job offer there <input type="checkbox"/>		F. I can study there <input type="checkbox"/>	
G. To gain money <input type="checkbox"/>		H. To improve my knowledge <input type="checkbox"/>	
X. Other: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
359) What is your source of information about the destination country?			
<input type="radio"/> Friends / Relatives (1)		<input type="radio"/> Internet (2)	<input type="radio"/> Governments(3)
<input type="radio"/> General readings (4)		<input type="radio"/> Media (TV, Radio, Newspapers) (5)	<input type="radio"/> Embassies (6)
<input type="radio"/> Other: _____		(96) <input type="checkbox"/> <input type="checkbox"/>	
360) In case you travel abroad, do you intend to come back after a specified period?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
		<input type="radio"/> It depends/ not sure (3)	
361) Do you have a valid passport?		<input type="radio"/> Yes (1) (→Q363)	<input type="radio"/> No (2)
362) Do you intend to have a passport in the near future?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
363) Which 3 countries do you think are the easiest to formally migrate to?	<input type="checkbox"/> (1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> (2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> (3) _____	<input type="checkbox"/>	<input type="checkbox"/>
364) Which 3 countries do you think are the easiest to informally migrate to?	<input type="checkbox"/> (1) _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> (2) _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> (3) _____	<input type="checkbox"/>	<input type="checkbox"/>
365) In case of migrating, do you expect to receive help from anyone?		<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q367)

366) Whom do you expect to help you? <input type="radio"/> Relatives abroad (1) <input type="radio"/> Relatives in Egypt (2) <input type="radio"/> Egyptian friends abroad (3) <input type="radio"/> Friends in Egypt (4) <input type="radio"/> Migration brokers (5) <input type="radio"/> Consulate (6) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>	
367) In general, how much money do you think is necessary to migrate?	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> LE
368) In case of migrating, would you be willing to work in jobs that differ from your current specialization or education?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
369) Which of the following documents do you need to go abroad? A. Passport <input type="checkbox"/> B. Visa <input type="checkbox"/> C. Work contract <input type="checkbox"/> D. Work permit <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
370) Do you personally know of groups/companies that facilitate illegal migration?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
371) Do you think it is easy to migrate legally?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)

[15] International Migration Experience of Friends, Relatives or Community Members:

372) Do you have any friends or relatives who have migrated?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q396)
373) With whom are you in continuous contact the most?	<input type="radio"/> Relative(1) <input type="radio"/> Friends (2) <input type="radio"/> Neighbor/acquaintance (3)
374) To which country did that person migrate?	<input type="radio"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DON'T KNOW (998)
375) How long did s/he stay there?	<input type="radio"/> <input type="text"/> <input type="text"/> Months <input type="radio"/> <input type="text"/> <input type="text"/> Years
376) Did s/he have a job contract/work permit when s/he went there?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)
377) Does s/he send money to his/her family? (→Q396)	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)

[16] International Migration Experience (Self)

378) Where did you travel?	_____ <input type="text"/> <input type="text"/> <input type="text"/>
379) When did you first travel in your last migration experience?	<input type="text"/> <input type="text"/> day/ <input type="text"/> <input type="text"/> month/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year

<p>380) What is it about Egypt that makes you want to leave?</p> <p>A. No job opportunities available in Egypt <input type="checkbox"/> B. Income in Egypt is lower than abroad <input type="checkbox"/> C. Bad living conditions in Egypt <input type="checkbox"/> D. Escape from family pressures and troubles <input type="checkbox"/> E. Help my family <input type="checkbox"/> F. Family reunification <input type="checkbox"/> G. To improve my knowledge <input type="checkbox"/> H. To gain money <input type="checkbox"/> I. I migrate together with my family <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>381) What are the things that are there abroad that are not in Egypt?</p> <p>A. I want to see other countries <input type="checkbox"/> B. I want to live abroad <input type="checkbox"/> C. I have had relatives there <input type="checkbox"/> D. I have had friends there <input type="checkbox"/> E. I have had a job offer there <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>382) Before going to this country, what was your main source of information about country of destination?</p> <p><input type="radio"/> Friends / Relatives (1) <input type="radio"/> Internet (2) <input type="radio"/> Governments (3) <input type="radio"/> General readings (4) <input type="radio"/> Media (TV, Radio, Newspapers) (5) <input type="radio"/> Embassies (6) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/></p>	
<p>383) Did you find the country the same as what you were told before traveling?</p>	<p><input type="radio"/> Yes, the same (1) <input type="radio"/> No, better (2) <input type="radio"/> No, worse (3) <input type="radio"/> Nobody told me anything, I was just a child (4)</p>
<p>384) Who helped you to go abroad?</p> <p><input type="radio"/> Relatives abroad (1) <input type="radio"/> Relatives in Egypt (2) <input type="radio"/> Egyptian friends abroad (3) <input type="radio"/> Friends in Egypt (4) <input type="radio"/> Foreign friends (5) <input type="radio"/> Foreign husband/wife (6) <input type="radio"/> Migration brokers (7) <input type="radio"/> Current/ex internal employer (8) <input type="radio"/> Current/ex foreign employer (9) <input type="radio"/> An educational institution (10) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/></p>	
<p>385) Did you have to pay money to travel abroad?</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q388)</p>
<p>386) How much did you pay?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> LE</p>
<p>387) How did you get the needed money to migrate? Did you save or borrowed from friends/ relatives?</p> <p><input type="radio"/> I saved (1) <input type="radio"/> My parents (2) <input type="radio"/> Friends (3) <input type="radio"/> Other relatives (4) <input type="radio"/> Selling assets (5) <input type="radio"/> Other: _____ (6) <input type="checkbox"/> <input type="checkbox"/></p>	
<p>388) Did you have a work contract before going to this country?</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2)</p>
<p>389) Did you have a work permit?</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2)</p>
<p>390) Did you enter this country with a valid visa?</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2)</p>
<p>391) Did you send money to your family in Egypt while working abroad?</p>	<p><input type="radio"/> Yes (1) <input type="radio"/> No (2)</p>
<p>392) Why did you return? Did you return because your contract ended, or you finished studying, or because you wanted to come back, or because you were deported/had to leave?</p>	<p><input type="radio"/> Finished work/Education (1) <input type="radio"/> I wanted to come back (2) <input type="radio"/> I was deported/ had to leave (3)</p>

393) Do you intend to travel again?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> DON'T KNOW (8)
394) Were you working abroad in jobs that are below your current specialization or education?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	
395) How do you evaluate your migration experience?			
<input type="radio"/> Very good (1)	<input type="radio"/> Good (2)	<input type="radio"/> Bad (3)	<input type="radio"/> Very bad (4)

[17] Internal Migration

396) Do you own/rent/share any dwelling unit, other than this unit?	<input type="radio"/> Yes (1) (→Q398)	<input type="radio"/> No (2)
397) Have you ever owned/rented/shared in any dwelling unit?	<input type="radio"/> Yes (1) (→Q412)	<input type="radio"/> No (2) (→Q426)
398) Is this unit your own or rented?	<input type="radio"/> Owned(1)	<input type="radio"/> Rented (2) (→Q403)
399) Is it your own, your parents', or shared, or from a Fringe benefit/grant program?	<input type="radio"/> I own it (1)	<input type="radio"/> It's my parents' (2)
	<input type="radio"/> It is shared (3)	<input type="radio"/> Fringe benefit/grant (4) (→Q406)
400) Have you paid all the money for it or have you not yet paid all the money for it?	<input type="radio"/> Totally paid for (1)	<input type="radio"/> Paid only a part of it (2)
401) What was the total cost of this house?	□□,□□□,□□□ L.E.	
402) Did you receive it from any national project? (→Q406)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
403) What was the ownership status for your previous dwelling?	<input type="radio"/> Rented, new law(1) <input type="radio"/> Rented, old rent (2) (→Q405) <input type="radio"/> Rented, furnished (3) (→Q405) <input type="radio"/> Managerial housing/belongs to the government (4) (→Q405)	
404) What is the period of this contract? (for the last period)	□□□ Months	<input type="radio"/> there is no specific period (0)
405) What is the monthly rent?	□□□□ L.E.	
406) Country, if it is not Egypt (→Q410)	_____ □□□	
407) Governorate	_____ □□	
408) Kism/Markaz	_____ □□□	
409) Shiakha/Village	_____ □□□□	
410) How long have you been living in this house?	<input type="radio"/> □□□ Months (1)	<input type="radio"/> Didn't leave yet (2)
411) How long have you owned/rented this house?	<input type="radio"/> □□□ Months (→Q426)	<input type="radio"/> Forever (994) (→Q433)
		<input type="radio"/> Don't Know (998) (→Q426)
412) When did you leave your previous dwelling?	□□ Month / □□□□ Year	
413) Is this unit your own or rented?	<input type="radio"/> Owned(1)	<input type="radio"/> Rented (2) (→Q417)
414) Is it your own, your parents', or shared, or a Fringe benefit/grant?	<input type="radio"/> I own it (1)	<input type="radio"/> It's my parents' (2)
	<input type="radio"/> It is shared(3)	<input type="radio"/> Fringe benefit/grant (4) (→Q420)

415) What was the total cost of this house?	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E. ○ Don't Know (99999998)
416) Did you receive it from any national project? (→Q420)	○ Yes (1) ○ No (2)
417) What was the ownership status for your previous dwelling?	○ Rented, new law (1) ○ Rented, old rent (2) (→Q419) ○ Rented, furnished (3) (→Q419) ○ Managerial housing/belongs to the government (4) (→Q419)
418) What was the period of this contract?	<input type="text"/> <input type="text"/> <input type="text"/> Months ○ there is no specific period (0)
419) What was the monthly rent?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> L.E.
420) Country, if it is not Egypt (→Q424)	_____ <input type="text"/> <input type="text"/> <input type="text"/>
421) Governorate	_____ <input type="text"/> <input type="text"/>
422) Kism/Markaz	_____ <input type="text"/> <input type="text"/> <input type="text"/>
423) Shiakha/Village	_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
424) How long have you been living in this house?	<input type="text"/> <input type="text"/> <input type="text"/> Months
425) Why did you change your place of residence?	○ New work opportunities (1) ○ Forced to leave it (2) ○ The lease contract ended (3) ○ The old house wasn't suitable to my needs (4) ○ I purchased a new house (5) ○ The old location wasn't suitable (6) ○ Because I married (7) ○ Other: _____ (96) <input type="text"/> <input type="text"/>
426) Were you born in a different house than in the current (family) dwelling?	○ Yes (1) ○ No (2) (→Q433)
427) How long had you been living in this house?	○ <input type="text"/> <input type="text"/> <input type="text"/> Months ○ Don't Know (998)
428) Country if it is not Egypt (→Q432)	_____ <input type="text"/> <input type="text"/> <input type="text"/>
429) Governorate	_____ <input type="text"/> <input type="text"/>
430) Kism/Markaz	_____ <input type="text"/> <input type="text"/> <input type="text"/>
431) Shiakha/Village	_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
432) Why did you change your place of residence?	○ New work opportunities (1) ○ Forced to leave it (2) ○ The lease contract ended (3) ○ The old house wasn't suitable to my needs (4) ○ I purchased a new house (5) ○ The old location wasn't suitable (6) ○ Because I married (7) ○ With my family (8) ○ Other: _____ (96) <input type="text"/> <input type="text"/>

Section (4): Civic Participation

[18] Volunteering

433) Have you ever participated in a voluntary service program during the past year?			434) Where?	435) Frequency of participation <i>Codes below</i>
Field Name	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→ Next) or (→ Q436)	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
A. Providing assistance (cash/in kind) to the poor	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
B. Marriage assistance to the poor	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
C. Foster poor families	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D. Looking after people with special needs (visual and speech impairment)	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E. Providing educational & computer classes	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
F. Other fields of voluntary Services _____ <input type="checkbox"/> <input type="checkbox"/>	1	2	_____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Q(435) Code: (1) Daily (2) Weekly (3) Monthly (4) Every 2 months (5) Every 6 months (6) Once a year				
436) Interviewer: <i>is there at least one "yes" answer in (→Q433)?</i>			<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q439)
437) Are you still doing this now?			<input type="radio"/> Yes (1) (→Q441)	<input type="radio"/> No (2)
438) Why?) (→Q441)		A. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
439) Have you tried to find volunteer opportunities?			<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→441)
440) Where did you go to search for volunteer opportunities?		A. A mosque/church <input type="checkbox"/> B. An orphanage <input type="checkbox"/> C. CDA/NGO <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
441) In your opinion, what are the most important reasons that prevent youth from volunteering?				
A. Selfishness <input type="checkbox"/> B. Not enough time <input type="checkbox"/> C. People think about gaining money <input type="checkbox"/> D. Limited role for females <input type="checkbox"/> E. Negative views on voluntary work <input type="checkbox"/> F. Don't know where to go <input type="checkbox"/> G. No accessible volunteering opportunities <input type="checkbox"/> H. Bad experiences with volunteering <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
442) Do you pay alms money (zakat/oshour)?			<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q444)
443) Where do you give money?		A. A mosque/church <input type="checkbox"/> B. An orphanage <input type="checkbox"/> C. CDA/NGO <input type="checkbox"/> D. Hospitals <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

[19] Networking, Friendships & Family Support

	444) Do you belong to any of the following groups?		445) Frequency of participation (Code below)	446) Why did you join this group? (mark the most important reason) (Code below)
	Yes (1)	No (2) (→ Next) or (→Q447)		
A. Youth center	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Scouts	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. Sports club	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Study group	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Dancing, singing, music or choir group	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Political party	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. Workers' union	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H. Students' union	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I. Environmental organization	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J. Professional association	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
K. Humanitarian or charitable organization	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
L. A religion-based politically-oriented group	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
M. Housing owners' board	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N. Parents' school board /board of trustees	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q(445)445) Code: (1) Daily (2) Weekly (3) Monthly

(4) Every 2 months (5) Every 6 months (6) Once a year

Q(446) Code: (1) To make new friends (2) To get out of the house (3) To earn money/find a job
 (4) To learn a skill (5) To play sports (6) To cope with a problem
 (7) Religious reasons (8) To help the others
 (9) To enhance my career opportunities. (96) Other

447) Would you say that you have same-gender friends (relatives or non-relatives) with whom you could discuss personal matters?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
448) Would you say that you have opposite-sex friends (relatives or non-relatives) with whom you could discuss personal matters?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
449) How many friends on average do you have? A) Females <input type="checkbox"/> <input type="checkbox"/> B) Males <input type="checkbox"/> <input type="checkbox"/>	

450) Have you ever discussed any of the following matters with your ...

Issues	Father (A)	Mother (B)	Brother/Sister (C)	Friends (D)	Others (E)	Husband (F)	No (7)
A) School performance	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	<input type="checkbox"/> (F)	(7)
B) Friendship	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	<input type="checkbox"/> (F)	(7)
C) Romantic relationships	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	<input type="checkbox"/> (F)	(7)
D) Issues related to growing up and puberty	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	<input type="checkbox"/> (F)	(7)
E) Being teased/bullied at school	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	<input type="checkbox"/> (F)	(7)
F) Your future	<input type="checkbox"/> (A)	<input type="checkbox"/> (B)	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> (E)	<input type="checkbox"/> (F)	(7)

451) Do you feel loved by your family? Yes (1) No (2)

[20] Community Values

452) Please evaluate the existence of the following values in the society on a scale from 1 to 10:

Values	Absent									Present (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
A) Sense of responsibility	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)	<input type="radio"/> (7)	<input type="radio"/> (8)	<input type="radio"/> (9)	<input type="radio"/> (10)
B) Values of hard work	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)	<input type="radio"/> (7)	<input type="radio"/> (8)	<input type="radio"/> (9)	<input type="radio"/> (10)
C) Tolerance and respect for other people	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)	<input type="radio"/> (7)	<input type="radio"/> (8)	<input type="radio"/> (9)	<input type="radio"/> (10)
D) Religiosity	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)	<input type="radio"/> (7)	<input type="radio"/> (8)	<input type="radio"/> (9)	<input type="radio"/> (10)
E) Independence	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)	<input type="radio"/> (7)	<input type="radio"/> (8)	<input type="radio"/> (9)	<input type="radio"/> (10)
F) Thrift and frugality	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<input type="radio"/> (5)	<input type="radio"/> (6)	<input type="radio"/> (7)	<input type="radio"/> (8)	<input type="radio"/> (9)	<input type="radio"/> (10)

453) Generally speaking, would you say that most people can be trusted, or that you need to be very careful in dealing with people?
 Most people can be trusted (1) Must be very careful (2)

454) Do you agree or disagree that when jobs are scarce, men should have preference over women for getting a job?
 Agree (1)
 Neither (2)
 Disagree (3)

455) How do you rank the following issues in importance for Egypt?

	Most needed (1)	Somewhat Needed (2)	Not much needed (3)	Not needed at all (4)
A. Poverty reduction	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
B. A high level of economic growth	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
C. That the country has strong defense forces	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
D. People have a larger role in important government decisions	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
E. Protecting freedom of speech	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
F. Fighting rising prices	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
G. Reforming the education system	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)

455) How do you rank the following issues in importance for Egypt?				
	Most needed (1)	Somewhat Needed (2)	Not much needed (3)	Not needed at all (4)
H. Reforming the health care system	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
I. Political leaders should have stronger religious beliefs	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
J. Protection of political rights	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)
K. Fighting corruption in the form of bribes and kick-backs	<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)

[21] Political Participation

456) Interviewer: (check Q104) is (NAME)'s age 18 years old or above?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q467)
457) Do you have a voting card?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q459)
458) Who helped you to get it? <input type="radio"/> National Democratic Party (1) <input type="radio"/> Other parties (2) <input type="radio"/> Religious groups with political dimension (3) <input type="radio"/> NGO (4) <input type="radio"/> No one (5) <input type="radio"/> Religious organizations (6) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/>		
459) Did you vote in any election in the past?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
460) Will you vote/register and vote at the next election?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
461) Do you know the name of the governor of your governorate? Name: -----	<input type="radio"/> Correct (1)	<input type="radio"/> Wrong (2)
462) How often would you say you discuss politics with friends? <input type="radio"/> Often (1) <input type="radio"/> Sometimes (2) <input type="radio"/> Rarely (3) <input type="radio"/> Never (4)		
463) If there were a war, would you be willing to fight for your country?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
464) Do you have any experience witnessing bribery "RASHWA"?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
465) Do you have any experience witnessing nepotism "WASTA/MAHSOBIA"?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
466) What is your sense of the level of corruption in public institutions, if any? No Corruption High Corruption <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10)		
467) In your opinion, what is the degree (from 1 to 10) that reflects your feeling of uncertainty about your future? Non-ambiguous Too vague <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10)		

[22] Religiosity

468) How often do you go to a mosque/church (other than for a funeral or a wedding or other religious occasion)?		
<input type="radio"/> More than once a day (1)	<input type="radio"/> More than once a week (2)	<input type="radio"/> Once a week (3)
<input type="radio"/> Once a month (4)	<input type="radio"/> Never, practically never (5)	
469) Regardless of whether you attend religious services or not, would you say you are?	<input type="radio"/> A very religious person (1)	<input type="radio"/> A religious person (2) <input type="radio"/> Not a religious person (3)
470) Interviewer: (check religion question Q105), is s/he a Muslim?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q474)
471) Are you veiled or <i>monaqaba</i> ?	<input type="radio"/> Veiled (1)	<input type="radio"/> Monaqaba (2) <input type="radio"/> No (3) (→Q474)
472) What made you decide to take veil?		
<input type="radio"/> Personal choice, after listening to lectures or reading books (1) <input type="radio"/> Personal choice, follow the example of a veiled woman in my family or among my friends (2) <input type="radio"/> Parents pushed me (3) <input type="radio"/> Parents persuaded me (4) <input type="radio"/> Friends pushed me (5) <input type="radio"/> Friends persuaded me (6) <input type="radio"/> Fiancé or husband persuaded me (7) <input type="radio"/> Fiancé or husband pushed me (8)		
473) Ask if 471) = 1: Do you plan to take on the <i>NEIQAB</i> ?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
474) Do you respect unveiled females?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

Section (5): Time Usage & Personal Belongings

[23] Time Use

	475) Were you involved in [ACTIVITY] during the last week?	476) Were you involved in [ACTIVITY] yesterday?	477) How many hours were you involved in [ACTIVITY] yesterday?	
	○Yes (1) ○No (2) (→ Next) or (→Q478)	○Yes (1) ○No (2) (→ Next) or (→Q478)	Hour	Minute
I. Personal activities				
A) Sleeping	//////////	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B) Bathing, dressing, personal care	//////////	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
C) Eating	//////////	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
II. School Related Activities				
D) School (include commute time in duration of activity)	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
E) Homework/studies at home	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
F) Private or group tutoring	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
III. Domestic Duties				
G) Household chores inside the house (clothes/dish washing, cleaning, cooking, mending, etc)	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
H) Household chores outside the house (washing clothes, bringing goods, fetching water, etc)	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
I) Care of children, sick or elderly	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IV. Work				
J) Paid work	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
K) Unpaid work (other than household chores)	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
L) Learning work/skill	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
V. Leisure/spare time activities				
M) Spending time with my family	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
N) Resting/napping/relaxing	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
O) Visiting relatives	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
P) Hanging out with friends	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Q) Dating	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
R) Chatting on the phone with friends	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	475) Were you involved in [ACTIVITY] during the last week?	476) Were you involved in [ACTIVITY] yesterday?	477) How many hours were you involved in [ACTIVITY] yesterday?	
	○Yes (1) ○No (2) (→ Next) or (→Q478)	○Yes (1) ○No (2) (→ Next) or (→Q478)	Hour	Minute
S) Internet use	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
T) Reading (magazines, books, or newspapers)	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
U) Listening to music	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
V) Watching television	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
W) Video games	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
X) Exercising/physical activities	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
VI. Religious activities	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
VII. Volunteer activities	○Yes (1) ○No (2)	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
VIII. Commuting time	////////////////////	○Yes (1) ○No (2)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

478) Can you tell me which of the following news and media sources you used last week to obtain information:

Issues	Never (1)	Sometimes (2)	Often (3)
A) Daily newspapers	○ (1)	○ (2)	○ (3)
B) News broadcasts on radio or TV	○ (1)	○ (2)	○ (3)
C) Printed magazines	○ (1)	○ (2)	○ (3)
D) Political reports/programs on radio or TV on issues that are not news broadcasts	○ (1)	○ (2)	○ (3)
E) Books	○ (1)	○ (2)	○ (3)
F) Internet, e-mails, blogs	○ (1) (→483)	○ (2)	○ (3)

479) Who introduced you to the Internet? (the first time)

- Friend (1) ○ Parents (2) ○ Sibling (3)
○ Other family member (4) ○ Teacher (5) ○ No one (6)

480) How many hours per week would you say you spend online?

hours

481) Where do you access the internet?

- A. Home B. Internet cafe C. School D. Youth center
E. Club F. Friends G. At work

X. Other: _____

482) For what purpose have you used the internet in the past month?

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

[24] Personal belongings

483) Do you personally own any of the following?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
1. Radio <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
2. Color television <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3. Video or DVD player <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
4. Telephone <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
5. Mobile telephone <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
6. Desktop computer <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
7. Laptop computer <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
8. MP3/ iPod <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
9. Personal car <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
10. Building(s) <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
11. Agricultural land <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
12. Vacant land for buildings <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Vehicle for commercial use (not for private use)		
13. Motorcycle <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
14. Truck <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
15. Micro-Bus <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16. Taxi <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17. TokTok <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

484) Interviewer: check Q(483): does (NAME) own a mobile telephone?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q487)
485) How many mobile lines you own?	<input type="checkbox"/> Lines	
486) What are the types of these lines?	A. Invoice, post-paid <input type="checkbox"/>	B. Card, pre-paid <input type="checkbox"/>
487) Do you have your own bedroom?	<input type="radio"/> Yes (1) (→Q489)	<input type="radio"/> No (2)
488) Do you have your own bed?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

Section (6): Family Formation & Health

[25] Marriage Background

489) Interviewer: Check Q(106): Has this (FEMALE) ever been married?		<input type="radio"/> Yes (1) (→Q491) <input type="radio"/> No (2)	
490) What do you think is the ideal number of children to have? (→Q519)	A) Boys	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	B) Girls	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	C) Either or	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	D) Total	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
491) Interviewer: Check Q(106): What is her current marital status?		<input type="radio"/> Divorced/Separated/ Widowed (1)	<input type="radio"/> Married (2) (→Q493)
492) How many years have you been widowed, divorced or separated?		<input type="text"/> <input type="text"/> Months	<input type="text"/> <input type="text"/> Years
493) How old were you when you entered into a marriage contract with your (only/first) husband?		<input type="text"/> <input type="text"/> Months / <input type="text"/> <input type="text"/> Years	
494) How old was your (only/first) husband?		<input type="text"/> <input type="text"/> Months / <input type="text"/> <input type="text"/> Years	
495) How many times have you been married?		<input type="text"/> if one time (→Q497)	
496) How many years did you spend with your (first) husband?		<input type="text"/> <input type="text"/> Months	<input type="text"/> <input type="text"/> Years
497) How many years did you spend with your (only/last) husband?		<input type="text"/> <input type="text"/> Months	<input type="text"/> <input type="text"/> Years
498) How did you meet your husband?			
<input type="radio"/> At work (1)		<input type="radio"/> While studying (2)	
<input type="radio"/> We were neighbors (3)		<input type="radio"/> We are related (4)	
<input type="radio"/> Through friends/ relatives/acquaintances (5)		<input type="radio"/> Through the internet (7)	
<input type="radio"/> Through religious/charitable activities (8)		<input type="radio"/> Through a matchmaker (who took money) (9)	
<input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>			
499) Who made the final decision that you should marry your only/last husband?		<input type="radio"/> Myself (1)	<input type="radio"/> Father (2)
		<input type="radio"/> Mother (3)	<input type="radio"/> Older brother (4)
		<input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>	
500) What do you think is the ideal number of children to have?	A) Boys	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	B) Girls	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	C) Either or	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	D) Total	<input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)

501) Have you and your husband ever discussed the issue of how many children you would like to have?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q503)
502) Is he in agreement with you about the number of children to have, or not?	<input type="radio"/> Agrees (1) (→Q504)	<input type="radio"/> Doesn't agree (2)
503) What does he think is the ideal number of children to have?	A) Boys <input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	B) Girls <input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	C) Either or <input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)
	D) Total <input type="radio"/> <input type="text"/> <input type="text"/> Child(ren)	<input type="radio"/> Don't Know (98)

[26] Relation with Spouse

504) Was your husband related to you either by blood or marriage before you married him?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q506)			
505) In what way was he related to you? <input type="radio"/> Son of father's brother (1) <input type="radio"/> Son of father's sister (2) <input type="radio"/> Son of mother's brother (3) <input type="radio"/> Son of mother's sister (4) <input type="radio"/> Other relatives (5)					
506) <i>Interviewer: What is (FEMALE)'s current marital status?</i>	<input type="radio"/> Married (1)	<input type="radio"/> Divorced (2) (→Q509)			
	<input type="radio"/> Separated (3) (→Q509)	<input type="radio"/> Widowed (4) (→Q516)			
507) How often do you talk to your husband:					
	Almost never (1)	Often (2)	Daily (3)	NOT APPLICABLE (7)	
A) About your plans for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
B) About problems you are having at work or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C) About how things are going in your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D) Do you discuss your marital sexual relations with your husband?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
508) How would do you describe your marriage?	<input type="radio"/> Very unhappy (1)	<input type="radio"/> Unhappy (2)	<input type="radio"/> Fair (3)	<input type="radio"/> Happy (4)	<input type="radio"/> Very happy (5)

[27] Cost of Marriage

509) How much time passed between the formal engagement (KHUTUBA) and the legal marriage (KATB AL-KITAAB)?	<input type="radio"/> <input type="text"/> <input type="text"/> Months	<input type="radio"/> Same Day (0)
510) How much time passed between the legal marriage (KATB AL-KITAAB) and the actual marriage (DUKHLA)?	<input type="radio"/> <input type="text"/> <input type="text"/> Months	<input type="radio"/> Same Day (0)
511) What was the value of the jewelry presented to the bride (SHABKA)?	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E.	<input type="radio"/> Don't Know (99998)

512) What was the total cost of the marriage that you and your parents paid, excluding housing expenses (including appliances, furniture, GIHAZ, and celebrations)?	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E. Don't Know <input type="radio"/> (99999998)
513) What was the total cost of marriage that your husband paid, excluding housing (including appliances, furniture, GIHAZ, and celebrations)?	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E. Don't Know <input type="radio"/> (99999998)
514) Interviewer: <i>If the answer in (Q512) or (Q513) is "Don't know" (→Q516)</i>	
515) What percentage of the total cost of the marriage did the bride /groom /bride's family /groom's family contribute?	Interviewer: <i>Total percentage must equal 100%</i>
A. Bride only <input type="text"/> <input type="text"/> %	
B. Bride's family <input type="text"/> <input type="text"/> %	
C. Groom only <input type="text"/> <input type="text"/> %	
D. Groom's family <input type="text"/> <input type="text"/> %	
Z. Don't Know -----	
Total	100%

[28] Housing Issues

516) When you and your husband started living together, did you live with your family, with your husband's family, with someone else or by yourselves? <input type="radio"/> Respondent's family (1) <input type="radio"/> Spouse's family (2) <input type="radio"/> Someone else (3) <input type="radio"/> Lived alone (4) (→Q521)	
517) Did you have your own living and cooking facilities or did you share living and cooking facilities with relatives?	<input type="radio"/> Had own living and cooking facilities (1) <input type="radio"/> Shared living and cooking facilities with relatives (2)
518) How long did you stay there? (→Q521)	<input type="text"/> <input type="text"/> <input type="text"/> Months <input type="radio"/> Don't Know (998)
519) Have you arranged to live with your family, or near them, when you marry?	<input type="radio"/> Yes, with them (1) <input type="radio"/> Yes, near them (2) <input type="radio"/> Not necessarily (3)
520) Would you accept to live with your in-laws?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
521) What are the most important qualities that a girl must search for when choosing her husband?	
A. Rich <input type="checkbox"/>	B. Earns a large income <input type="checkbox"/>
C. Owns land <input type="checkbox"/>	D. Educated <input type="checkbox"/>
E. Is a relative <input type="checkbox"/>	F. Religious <input type="checkbox"/>
G. Polite <input type="checkbox"/>	H. Has a respectable job <input type="checkbox"/>
I. Has an apartment <input type="checkbox"/>	J. His family is acquainted with her family and likes them <input type="checkbox"/>
K. He and she love and understand each other <input type="checkbox"/>	L. Strong personality <input type="checkbox"/>
M. Athletic/Physically strong <input type="checkbox"/>	N. Virtuous <input type="checkbox"/>
O. Handsome <input type="checkbox"/>	X. Treats her well <input type="checkbox"/>
Y. Others: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="radio"/> DON'T KNOW/ No Specific qualities (7) Cancel All Checks	

529) In your opinion, in which of the following cases is a woman justified in asking for divorce?			
Issues	Yes	No	DON'T KNOW
D) If her husband beats her regularly	(1)	(2)	(8)
E) If her husband does not give her or the children enough money	(1)	(2)	(8)
F) If her husband wants to take her money or belongings	(1)	(2)	(8)
G) If her husband talks to other women	(1)	(2)	(8)
H) If her husband marries another woman	(1)	(2)	(8)
I) If she hates her husband	(1)	(2)	(8)
J) If the couple cannot have children	(1)	(2)	(8)
K) If her husband suffers from sexual dysfunction	(1)	(2)	(8)

530) In your opinion, in which of the following cases is a man justified to divorce his wife:			
Issues	Yes	No	DON'T KNOW
A) If his wife does not respect his parents or the elders in his family	(1)	(2)	(8)
B) If his wife does not obey his orders	(1)	(2)	(8)
C) If his wife does not take care of the house	(1)	(2)	(8)
D) If his wife does not take care of the children	(1)	(2)	(8)
E) If his wife talks to other men	(1)	(2)	(8)
F) If his wife refuses to share her salary or a fraction of it for family expenses	(1)	(2)	(8)
G) If he hates his wife	(1)	(2)	(8)
H) If the couple cannot have children	(1)	(2)	(8)
I) If his wife suffers from sexual problems	(1)	(2)	(8)

531) Is a divorced woman respected by others? Yes (1) No (2)

532) In your opinion, is a husband justified in beating his wife in each of the following situations:		
Issues	Yes (1)	No (2)
A) When she burns the food?	<input type="radio"/> (1)	<input type="radio"/> (2)
B) When she neglects the children?	<input type="radio"/> (1)	<input type="radio"/> (2)
C) When she argues with him?	<input type="radio"/> (1)	<input type="radio"/> (2)
D) When she talks to other men?	<input type="radio"/> (1)	<input type="radio"/> (2)
E) When she wastes his money?	<input type="radio"/> (1)	<input type="radio"/> (2)
F) When she refuses to have sex with him?	<input type="radio"/> (1)	<input type="radio"/> (2)

[29] General Health

533) In general, how would you describe your own health?	<input type="radio"/> Excellent (1) <input type="radio"/> Very good (2) <input type="radio"/> Good (3) <input type="radio"/> Fair (4) <input type="radio"/> Poor (5) <input type="radio"/> Refuse to answer (95) <input type="radio"/> DON'T KNOW (98)
534) Where do you usually go to seek medical advice?	<input type="radio"/> Gov't hospital (1) <input type="radio"/> Health units (2) <input type="radio"/> School doctor (3) <input type="radio"/> Private clinic/hospital (4) <input type="radio"/> Pharmacy (5) <input type="radio"/> Mosque/Church/NGO clinics (6) <input type="radio"/> Don't go anywhere (7) (→Q539) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>
535) How many times did you visit this facility in the past six months?	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> Times

536) How much do you pay in...			
A. Fees?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LE	<input type="radio"/> DON'T KNOW (998)	<input type="radio"/> Free (0)
B. Medications?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LE	<input type="radio"/> DON'T KNOW (998)	<input type="radio"/> Free (0)
C. Medical tests and laboratory work?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> LE	<input type="radio"/> DON'T KNOW (998)	<input type="radio"/> Free (0)
X. Other: _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> LE		<input type="radio"/> Free (0)
537) How long does it take you to get there?		<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Minutes	<input type="radio"/> DON'T KNOW (998)
538) How much do you pay to get there?		<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LE	
539) Do you have any of the following health conditions?			
A. Diabetes <input type="checkbox"/>	B. Asthma <input type="checkbox"/>	C. Other lung disease <input type="checkbox"/>	
D. Cancer <input type="checkbox"/>	E. Heart disease <input type="checkbox"/>	F. Arthritis or other rheumatic disease <input type="checkbox"/>	
G. Hypertension <input type="checkbox"/>	H. Anemia <input type="checkbox"/>	I. Menstrual problems <input type="checkbox"/>	
J. Acne <input type="checkbox"/>	K. Skin Allergy <input type="checkbox"/>	L. Hepatitis <input type="checkbox"/>	
M. Kidney problems <input type="checkbox"/>	N. Epilepsy <input type="checkbox"/>	O. Cholesterol <input type="checkbox"/>	
P. Bilharzia <input type="checkbox"/>	Q. Cataract <input type="checkbox"/>	R. Migraine or frequent headache <input type="checkbox"/>	
S. Gastric or duodenal ulcer <input type="checkbox"/>	<input type="radio"/> I don't suffer from any health problems (7) Cancel All Checks		
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
540) Do you have any disability?			
A. Learning disability <input type="checkbox"/>	B. Mobility (physical disability) <input type="checkbox"/>	C. Blind/partially sighted <input type="checkbox"/>	
D. Deaf/hard of hearing <input type="checkbox"/>	<input type="radio"/> Not disabled (7) Cancel All Checks		
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
541) Interviewer: <i>Revise (Q539) and (Q540) if there is no illness nor disability code (7) (→Q547)</i>			
542) Do you see that your illness/disability prevents you from doing your tasks or daily responsibilities; (meaning) does it prevent you from living your life in a normal way?			<input type="radio"/> Yes (1) <input type="radio"/> No (2)
543) Interviewer: <i>check (Q107): Did (NAME) ever attend school?</i>			<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q545)
544) Has disability or illness ever interrupted your attendance at school?			<input type="radio"/> Yes (1) <input type="radio"/> No (2)
545) Interviewer: <i>Did (NAME) ever work?</i>			<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q547)
546) Has disability or illness ever interrupted your attendance at work?			<input type="radio"/> Yes (1) <input type="radio"/> No (2)
547) How often do you brush your teeth?		<input type="radio"/> More than once daily (1)	<input type="radio"/> Once daily (2)
		<input type="radio"/> Less often than once daily (3)	<input type="radio"/> Never (4)
548) Do you usually wash your hands with soap after using the bathroom?			<input type="radio"/> Yes (1) <input type="radio"/> No (2)
			(1)
549) During the past two weeks, have you taken any medicine that you got without having a prescription from a doctor?			<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q552)
550) Who told you to take this medicine?			
<input type="radio"/> Self (1) <input type="radio"/> Nurse (2) <input type="radio"/> Pharmacist (3) <input type="radio"/> Father/mother (4) <input type="radio"/> Friends (5)			
<input type="radio"/> Other: _____ (6) <input type="checkbox"/> <input type="checkbox"/>			

551) What type of medicine did you take? Were the medicines for	
A. Antibiotics <input type="checkbox"/>	B. Losing weight <input type="checkbox"/> C. acne <input type="checkbox"/>
D. Pain relief <input type="checkbox"/>	E. Anti-spasmodic <input type="checkbox"/>
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
552) Do you feel that the environment around you is polluted?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q556) <input type="radio"/> DON'T KNOW (8) (→Q556)
553) What type of pollution?	
A. Air <input type="checkbox"/>	B. Water <input type="checkbox"/> C. Dirty streets/garbage <input type="checkbox"/>
D. Noise <input type="checkbox"/>	E. Sewage/ sanitation <input type="checkbox"/> F. Fruits & vegetables (pesticides) <input type="checkbox"/>
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
554) Do you think that this affects your health?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q556)
555) In what way?	
A. Skin rash <input type="checkbox"/>	B. Respiratory system <input type="checkbox"/> C. Kidney problems <input type="checkbox"/>
D. Liver problems <input type="checkbox"/>	E. Digestive system <input type="checkbox"/>
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

[30] Risk Behavior and Safety

556) Which means of transport do you use most frequently??	
<input type="radio"/> Microbus (1) <input type="radio"/> Train (4) <input type="radio"/> Truck (7) <input type="radio"/> Motorcycle (10) (→Q558)	<input type="radio"/> Bus (2) <input type="radio"/> Taxi(5) <input type="radio"/> Cart (8) <input type="radio"/> Private car (11) (→Q559)
<input type="radio"/> Metro (3) <input type="radio"/> Toktok (6) <input type="radio"/> Bicycle (9) (→Q558) <input type="radio"/> On foot (12) (→Q559)	
<input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/> (→Q559)	
557) What is the most serious risk that you face on this form of transportation? (→Q559)	
A. Theft <input type="checkbox"/>	B. Pushing <input type="checkbox"/>
C. Crowding <input type="checkbox"/>	D. Stopping time of this transportation form is short <input type="checkbox"/>
E. Sexual harassment <input type="checkbox"/>	F. High speed /reckless driving <input type="checkbox"/>
G. Steps to enter and exit the vehicle are too high <input type="checkbox"/>	H. Aggressive drivers <input type="checkbox"/>
I. No sidewalk <input type="checkbox"/>	
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="radio"/> Nothing (7) Cancel All Checks	
558) Do you use a helmet when you ride?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Always (4)
559) What are the most serious risks that you face on the street?	
A. Theft <input type="checkbox"/>	B. Crowding <input type="checkbox"/> C. Sexual harassment <input type="checkbox"/> D. Pushing <input type="checkbox"/>
E. No crossing areas <input type="checkbox"/>	F. High speed / reckless driving <input type="checkbox"/> G. No sidewalks <input type="checkbox"/>
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="radio"/> Nothing (7) Cancel All Checks	
560) Do you drive a car?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q562)
561) Do you wear a seatbelt?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Always (4)

562) If you sit beside the driver, do you wear the seatbelt?	<input type="radio"/> Never (1) <input type="radio"/> Sometimes (3)	<input type="radio"/> Rarely (2) <input type="radio"/> Always (4)
563) Have you ever encountered police violence?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
564) Have you been in a physical fight or a fistfight within the past 12 months?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	
565) Do you carry any of the following weapons? A. Knife <input type="checkbox"/> B. Spray <input type="checkbox"/> C. Pin <input type="checkbox"/> D. Razor <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Nothing (7) Cancel All Checks (→Q567)		
566) Have you ever used it before?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
567) Have any of the following accidents happened to you within the past 12 months? A. Falls <input type="checkbox"/> B. Burns <input type="checkbox"/> C. Deep cuts <input type="checkbox"/> D. Choking/suffocating/drowning <input type="checkbox"/> E. Collision/striking <input type="checkbox"/> F. Poisoning <input type="checkbox"/> G. Gas intoxication <input type="checkbox"/> H. Electric accident <input type="checkbox"/> I. Car accident <input type="checkbox"/> J. Other road accident <input type="checkbox"/> K. Physical fight <input type="checkbox"/> L. Sprain <input type="checkbox"/> M. Physical assaults <input type="checkbox"/> <input type="radio"/> No accidents at all (7) Cancel All Checks X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
568) Have you ever experienced any sexual harassment?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q574)
569) What did you experience? A. Someone talked to you about sex <input type="checkbox"/> B. Someone made inappropriate comments of a sexual nature <input type="checkbox"/> C. Someone hugged or kissed you in a sexual way <input type="checkbox"/> D. Someone touched your private parts or made you touch his/her private parts <input type="checkbox"/> E. Someone tried to make you have sex using physical force and/or threat <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
570) Who did that to you? A. Stranger <input type="checkbox"/> B. Family member <input type="checkbox"/> C. Someone I know who is not a family member <input type="checkbox"/> D. Teacher <input type="checkbox"/> E. Coworker <input type="checkbox"/> F. Boss <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
571) Where did this happen? A. Dark street <input type="checkbox"/> B. Abandoned place <input type="checkbox"/> C. In transportation <input type="checkbox"/> D. At home <input type="checkbox"/> E. At school <input type="checkbox"/> F. At work <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
572) Did you tell anyone?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q574)
573) Whom did you tell? A. Father/mother (Family) <input type="checkbox"/> B. Friends <input type="checkbox"/> C. Other relatives <input type="checkbox"/> D. The police <input type="checkbox"/> E. The doctor <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

[31] Nutrition

574) During the past week, how often did you eat breakfast?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Most of the time (4) <input type="radio"/> Always (5)																																																																				
575) How would you describe your weight?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%;">A. Respondent</th> <th style="width:20%;">B. Interviewer</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">Very underweight</td> <td style="text-align:center;">1</td> <td style="text-align:center;">1</td> </tr> <tr> <td style="text-align:center;">Slightly underweight</td> <td style="text-align:center;">2</td> <td style="text-align:center;">2</td> </tr> <tr> <td style="text-align:center;">About the right weight</td> <td style="text-align:center;">3</td> <td style="text-align:center;">3</td> </tr> <tr> <td style="text-align:center;">Slightly overweight</td> <td style="text-align:center;">4</td> <td style="text-align:center;">4</td> </tr> <tr> <td style="text-align:center;">Very overweight</td> <td style="text-align:center;">5</td> <td style="text-align:center;">5</td> </tr> </tbody> </table>		A. Respondent	B. Interviewer	Very underweight	1	1	Slightly underweight	2	2	About the right weight	3	3	Slightly overweight	4	4	Very overweight	5	5																																																		
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Slightly overweight	4	4																																																																			
Very overweight	5	5																																																																			
576) Which of the following are you trying to do about your weight? <input type="radio"/> Nothing (1) <input type="radio"/> Lose weight (2) <input type="radio"/> Gain weight (3) <input type="radio"/> Stay the same weight (4) <input type="radio"/> (→Q578) <input type="radio"/> (→Q578)																																																																					
577) What are you doing to lose weight?	<input type="radio"/> Skip meals (1) <input type="radio"/> Go to a dietitian (2) <input type="radio"/> Diet pills (3) <input type="radio"/> Exercises (4) <input type="radio"/> Laxatives/induced vomiting (5) <input type="radio"/> Other: _____ (6) <input type="checkbox"/> <input type="checkbox"/>																																																																				
578) Do you like your food to be very salty?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)																																																																				
579) What kind of bread do you usually eat? A. Fino/Shamy <input type="checkbox"/> B. Balady/Sinn/Shamy <input type="checkbox"/> C. Subsidized Balady (5 piaster) <input type="checkbox"/> D. Bread baked at home <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																					
580) In the previous week, how many times did you eat the following foods?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:15%;">Never</th> <th style="width:15%;">1-3 times</th> <th style="width:10%;">3+ times</th> </tr> </thead> <tbody> <tr><td style="text-align:left;">A. Rice/Pasta</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">B. Foul & legumes</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">C. Potatoes</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">D. Meat</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">E. Fish</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">F. Chicken</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">G. Eggs</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">H. Milk/Milk products/Cheese</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">I. Fresh vegetables</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">J. Cooked vegetables</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">K. Fruits</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">L. Pickled vegetables</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">M. Sweets (candy, chocolate)</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">N. Soft drinks/carbonated drinks</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">O. Fast Food</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> <tr><td style="text-align:left;">P. Pastries (chips,...)</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td><td style="text-align:center;">3</td></tr> </tbody> </table>		Never	1-3 times	3+ times	A. Rice/Pasta	1	2	3	B. Foul & legumes	1	2	3	C. Potatoes	1	2	3	D. Meat	1	2	3	E. Fish	1	2	3	F. Chicken	1	2	3	G. Eggs	1	2	3	H. Milk/Milk products/Cheese	1	2	3	I. Fresh vegetables	1	2	3	J. Cooked vegetables	1	2	3	K. Fruits	1	2	3	L. Pickled vegetables	1	2	3	M. Sweets (candy, chocolate)	1	2	3	N. Soft drinks/carbonated drinks	1	2	3	O. Fast Food	1	2	3	P. Pastries (chips,...)	1	2	3
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581) Interviewer: Check (Q107): is (NAME) still attending school?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q584)																																																																				

582) What do you eat at school?	A. Something I buy (1) C. School meal (3) X. Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Homemade sandwiches (2) 7. Nothing
583) Do you feel you are able to sustain your concentration and energy throughout the school day?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)	

[32] Tobacco, Drugs and Alcohol Abuse

584) Does your father smoke?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> NOT APPLICABLE (7)
585) Does your mother smoke?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> NOT APPLICABLE (7)
586) Do your older siblings smoke?	<input type="radio"/> All/Most (1)	<input type="radio"/> Few (2)	<input type="radio"/> None (3) <input type="radio"/> NOT APPLICABLE (7)
587) Interviewer: check Q(106): is (NAME) currently married?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2) (→Q589)
588) Does your husband/wife smoke?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2)
589) Do your friends smoke?	<input type="radio"/> All/Most (1)	<input type="radio"/> Few (2)	<input type="radio"/> None (3) <input type="radio"/> NOT APPLICABLE (7)
590) Which statement do you think best describes your smoking behavior?			
<input type="radio"/> I have never smoked (1) (→Q595) <input type="radio"/> I currently smoke occasionally (2) <input type="radio"/> I stopped smoking (3) <input type="radio"/> Currently smoking(4) <input type="radio"/> I Tried some puffs (5) (→Q595) <input type="radio"/> I smoke other tobacco products than cigarettes daily (6)			
591) How old were you when you smoked a whole cigarette for the first time?			<input type="text"/> <input type="text"/> Years
592) Interviewer: check Q (106): Does this (FEMALE) have son(s) or daughter(s)?		<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q594)	
593) Did you smoke while you were pregnant?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2)
594) If you get pregnant, will you stop smoking during the pregnancy?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2) <input type="radio"/> I stopped smoking (3)
595) Do you smoke SHISHA (water pipe) regularly?	<input type="radio"/> Yes, I tried (1)		<input type="radio"/> Yes, regularly (2) <input type="radio"/> No, never (3)
596) During the last year (12 months) have any of your friends consumed any alcoholic drinks (beer, wine or spirits)?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)
597) During the last year (12 months) have you ever consumed any alcoholic drinks (beer, wine or spirits)?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2) (→Q600) <input type="radio"/> Refuse to answer (5) (→Q600)
598) How often?	<input type="radio"/> Daily (1)	<input type="radio"/> Weekly (2)	<input type="radio"/> Rarely (3)
599) Have you ever drunk alcohol and driven a vehicle?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2)
600) Have you ever had the experience that any of your friends/family drank and drove?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2)
601) Have any of your friends tried drugs before?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2)
602) Have any of your family members tried drugs before?	<input type="radio"/> Yes (1)		<input type="radio"/> No (2)

603) Have you tried drugs before?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q607)
604) What exactly did you try?		
A. Drugs (pills) <input type="checkbox"/>	B. Stimulants <input type="checkbox"/>	C. Sedatives <input type="checkbox"/>
E. Bango <input type="checkbox"/>	F. Heroin/Cocaine <input type="checkbox"/>	G. Marijuana <input type="checkbox"/>
I. Petrol sniffing <input type="checkbox"/>	J. Glue sniffing <input type="checkbox"/>	H. Hashish <input type="checkbox"/>
X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="radio"/> Refuse to answer (5) Cancel All Checks <input type="radio"/> DON'T KNOW (8) Cancel All Checks		
605) Are you still using this drug now?	<input type="radio"/> Yes (1) (→Q607)	<input type="radio"/> No (2)
606) What motivated you to stop?	_____ <input type="checkbox"/> <input type="checkbox"/>	
607) Do you know about campaigns to help people stop using drugs and smoking (using posters, TV or school lectures)?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q609)
608) Do you find such campaigns successful?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <input type="radio"/> Don't know (8)

[33] Mental Health & Social Development

609) Do you often have headaches?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
610) Is your appetite poor?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
611) Do you sleep badly?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
612) Are you easily frightened?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
613) Do your hands shake?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
614) Do you feel nervous, tense, or worried?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
615) Is your digestion poor?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
616) Do you have trouble thinking clearly?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
617) Do you feel unhappy?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
618) Do you cry more than usual?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
619) Do you find it difficult to enjoy your daily activities?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
620) Do you find it difficult to make decisions?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
621) Do you suffer from not being able to work daily?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
622) Are you unable to play a useful part in life?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
623) Have you lost interest in things?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
624) Do you feel that you are a worthless person?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
625) Has the thought of ending your life been on your mind?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
626) Do you feel tired all the time?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
627) Do you have uncomfortable feelings in your stomach?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
628) Are you easily tired?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
629) Is there a history of nervous breakdown, anxiety, major depression, or other mental illness among your biological family members?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q631)

630) Who are these family members?

- A. Mother B. Relatives from the mother's side C. Father
 D. Relatives from the father's side E. Siblings (brother, sister) F. Children (son, daughter)
 X. Other: _____
 Refuse to answer (5) **Cancel All Checks** DON'T REMEMBER (8) **Cancel All Checks**

631) How do/did your parents react if you misbehave?

- A. They explain why the behavior was wrong B. They shout, yell, or scream
 C. Hit or slap on the body D. Dispute
 E. They don't give me money F. Hit or slap on face, head or ears
 X. Other: _____
 Parents are not in household (4) **Cancel All Checks**
 Refused to answer (5) **Cancel All Checks** DOES NOTHING (7) **Cancel All Checks**

[34] Exercise and Physical Activity

632) Does your day include any of these physical activities?	Yes	No
A. Walking/Bicycle to work/school	<input type="radio"/> (1)	<input type="radio"/> (2)
B. Going to a gym	<input type="radio"/> (1)	<input type="radio"/> (2)
C. Playing sports at home	<input type="radio"/> (1)	<input type="radio"/> (2)
D. Playing sports in club/youth center	<input type="radio"/> (1)	<input type="radio"/> (2)
E. Playing football on the street	<input type="radio"/> (1)	<input type="radio"/> (2)
F. My work involves physical activity	<input type="radio"/> (1)	<input type="radio"/> (2)
G. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> (1)	<input type="radio"/> (2)

633) In a typical day, how long do you walk or cycle to get to and from places? *Minutes* DOES NOTHING (0)

[35] Reproductive Health

634) Have you had your first menstrual period?	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) (→Q638)
635) How old were you when you had your first menstrual period?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <i>Years</i>	<input type="radio"/> DON'T KNOW (98)
636) The first time you got your menstrual cycle, what was your reaction?	<input type="radio"/> Shocked/cried/afraid (1) <input type="radio"/> Happy (2) <input type="radio"/> Indifferent (3) <input type="radio"/> Didn't know what to do (4) <input type="radio"/> Other: _____ (6) <input type="checkbox"/> <input type="checkbox"/>	
637) What do you use during your cycle?	<input type="radio"/> Sanitary pads (1) <input type="radio"/> Special towels (2) <input type="radio"/> Pieces of cloth (3) <input type="radio"/> Underwear only (4) <input type="radio"/> Other: _____ (6) <input type="checkbox"/> <input type="checkbox"/>	
638) Girls and boys begin to grow and change around age 10-12. Have you ever talked with your parents about these changes, either about changes in your body or menstruation or about your feelings that you have grown up and are not a child anymore?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)	

<p>639) In your opinion, at what age is it appropriate for someone to talk with girls and boys about the changes that occur to them at puberty and about child bearing and how it happens?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> At menstruation (94) <input type="checkbox"/> At marriage (97) <input type="checkbox"/> No one should talk to her (93) <input type="checkbox"/> DON'T KNOW (98)</p>
<p>640) What was the source of information about the changes that occur to boys/girls at puberty?</p> <p><input type="checkbox"/> Family (1) <input type="checkbox"/> Friends/neighbors/relatives(2) <input type="checkbox"/> Religious leaders (Shiekh/Priest) (3) <input type="checkbox"/> School (4) <input type="checkbox"/> Films/Cinema (5) <input type="checkbox"/> Internet (6) <input type="checkbox"/> Reproductive health service provider (7) <input type="checkbox"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/></p>	
<p>641) Do you think that the amount of information you received was sufficient?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)</p>
<p>642) Have you heard of girls of your age in a relationship with boys?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Refused to answer (5) <input type="checkbox"/> Don't know (8)</p>
<p>643) Have you heard of boys of your age in a relationship with girls?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Refused to answer (5) <input type="checkbox"/> Don't know (8)</p>
<p>644) Have you ever heard of AIDS?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input checked="" type="checkbox"/> → Q649</p>
<p>645) What is your source of knowledge about AIDS?</p> <p>A. Media/Cinema/ Radio <input type="checkbox"/> B. Reading materials <input type="checkbox"/> C. Doctor <input type="checkbox"/> D. Mosque/Church <input type="checkbox"/> E. Friends <input type="checkbox"/> F. Family <input type="checkbox"/> G. School <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>646) How is AIDS transmitted?</p> <p>A. Through contaminated blood <input type="checkbox"/> B. From mother to child <input type="checkbox"/> C. Insect bite <input type="checkbox"/> D. Hugging or kissing an infected person <input type="checkbox"/> E. Sexually <input type="checkbox"/> F. Sharing a needle <input type="checkbox"/> G. Sharing food with a person with AIDS <input type="checkbox"/> X. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>647) Have you ever discussed HIV/AIDS with your family?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)</p>
<p>648) Would you be willing to interact with a person who is HIV+, i.e. shake hands with or ride in a car with him or her?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)</p>
<p>649) Have you heard of female circumcision?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) (→Q655)</p>
<p>650) (NAME) Are you circumcised?</p>	<p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) (→Q654) <input type="checkbox"/> Refuse to answer (5) (→Q654)</p>
<p>651) How old were you when you were circumcised?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> DON'T KNOW (98)</p>
<p>652) Who carried out the circumcision?</p> <p><input type="checkbox"/> Doctor (1) <input type="checkbox"/> Nurse (2) <input type="checkbox"/> Daya (3) <input type="checkbox"/> Barber (4) <input type="checkbox"/> Relative (5) <input type="checkbox"/> Circumcision specialist (female) (6) <input type="checkbox"/> DON'T KNOW (8) <input type="checkbox"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/></p>	
<p>653) Where were you circumcised?</p> <p><input type="checkbox"/> Gov't hospital (1) <input type="checkbox"/> Health unit (2) <input type="checkbox"/> Private clinic (3) <input type="checkbox"/> Home or other house (4) <input type="checkbox"/> Other: _____ (6) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW (8)</p>	

654) Do you think female circumcision is an important or necessary thing or is it not really necessary?	<input type="radio"/> Necessary (1) <input type="radio"/> Unnecessary (2) <input type="radio"/> DON'T KNOW (8)
655) Interviewer: check Q(106): Was this (FEMALE) ever married?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q672)
656) Have you ever given birth?	<input type="radio"/> Yes (1) (→Q658) <input type="radio"/> No (2)
657) Have you ever been pregnant?	<input type="radio"/> Yes (1) (→Q659) <input type="radio"/> No (2) (→Q668)
658) How many live births have you had?	<input type="text"/> <input type="text"/> children
659) How many miscarriages have you had (during the first three months of pregnancy)?	<input type="radio"/> <input type="text"/> <input type="text"/> Miscarriages <input type="radio"/> None (0)
660) How many miscarriages have you had (after the first three months of pregnancy)?	<input type="radio"/> <input type="text"/> <input type="text"/> Miscarriages <input type="radio"/> None (0)
661) How many still births have you had?	<input type="radio"/> <input type="text"/> <input type="text"/> Still births <input type="radio"/> None (0)
662) This means that the number of times you gotten pregnant during your life time including miscarriages and still births is..... Mention the number. Correct?	<input type="text"/> <input type="text"/> Times Interviewer: revise Q658] through Q661 and correct the number if necessary
663) Interviewer: Check Q(656): Has this female ever delivered a child?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q668)
664) Who attended your delivery? <input type="radio"/> Daya (1) <input type="radio"/> Mother/mother-in-law (2) <input type="radio"/> Myself (3) <input type="radio"/> Midwife from unit (4) <input type="radio"/> Doctor (5) <input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>	
665) Where did you deliver? <input type="radio"/> At home (hers/mother's/mother-in-law's) (1) <input type="radio"/> In health unit (2) <input type="radio"/> In a government hospital (3) <input type="radio"/> In private hospital (4) <input type="radio"/> In a private clinic (5) <input type="radio"/> NOT APPLICABLE (7) <input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>	
666) Was your last delivery a cesarean?	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
667) How do/did you feed your baby for the first six months?	<input type="radio"/> Breastfeed (1) <input type="radio"/> Bottle (2) <input type="radio"/> Solid (4)
668) Interviewer: Check Q(106): is she married now?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q672)
669) Are you pregnant now?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> DON'T KNOW (8)
670) Have you or your husband ever used any method to prevent or delay pregnancy?	<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→Q672)
671) What method(s) did you and/or your husband use? A. Pill <input type="checkbox"/> B. IUD/Loop <input type="checkbox"/> C. Injectables <input type="checkbox"/> D. Implants <input type="checkbox"/> E. Condom <input type="checkbox"/> F. Diaphragm <input type="checkbox"/> G. Foam/Jelly <input type="checkbox"/> H. Rhythm method <input type="checkbox"/> I. Withdrawal <input type="checkbox"/> J. Female sterilization <input type="checkbox"/> K. Male sterilization <input type="checkbox"/> L. Female condom <input type="checkbox"/> X. Other: _____ <input type="text"/> <input type="text"/> <input type="text"/>	

672) What are your sources of information about contraception?

- | | | |
|--|--|--|
| A. Mother/Father <input type="checkbox"/> | B. Siblings <input type="checkbox"/> | C. Spouse/Partner <input type="checkbox"/> |
| D. Sister-in-law/Brother-in-law <input type="checkbox"/> | E. Other female family member <input type="checkbox"/> | F. Other male family member <input type="checkbox"/> |
| G. Female friend/neighbor <input type="checkbox"/> | H. Male friend/neighbor <input type="checkbox"/> | I. Teacher/School <input type="checkbox"/> |
| J. Health Care Provider <input type="checkbox"/> | K. Newspaper <input type="checkbox"/> | L. Books/Magazine <input type="checkbox"/> |
| M. Radio/TV <input type="checkbox"/> | N. Internet <input type="checkbox"/> | O. Poster/Billboard <input type="checkbox"/> |
| P. Club <input type="checkbox"/> | Q. NGO Worker <input type="checkbox"/> | |

X. Other: _____

No Sources (7) **Cancel All Checks**

Notes

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

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

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

Interviewer Notes

Supervisor Notes

Field Reviser Notes

Quality officer Notes

Office Reviser Notes