

# **Development Idealism, Gender Relations**

## **Work and Family in Egypt**

### **Household Questionnaire**

The information obtained here is strictly confidential, and will be only used for purpose of scientific research.

Identification		
Governorate	.....	<input type="text"/>
District	.....	<input type="text"/>
Area	.....	<input type="text"/>
Type of Area	Urban... <input type="checkbox"/> rural..... <input type="checkbox"/>	<input type="text"/>
Household no.		<input type="text"/>
Name of household head	.....	
Address in detail	..... .....	
Respondent's name	.....	
Respondent relation to HHH	.....	<input type="text"/>
Respondent line number	.....	<input type="text"/>
Total no of family members	.....	<input type="text"/>

### Visit and Interviewer

Date	Day      Month      Year ___      ___      ___	
Interviewer	_____	<input type="text"/>
Supervisor	_____	<input type="text"/>
Field editor	_____	<input type="text"/>
Result	Completed ..... 1 Completed partially..... 2 Postponed ..... 3 Refused..... 4 Other( Specify _____ ) 5	<input type="text"/>
Time	Start time:                      End time: Hour      Minutes              Hour      Minutes ----- : -----              ----- : -----	
Checking	Yes..... 1 No..... 2	<input type="text"/>

### Check

Date	Day      Month      Year ___      ___      ___	
Interviewer	_____	<input type="text"/>
Supervisor	_____	<input type="text"/>
Result	Completed ..... 1 Completed partially..... 2 Postponed ..... 3 Refused..... 4 Other( Specify _____ ) 5	<input type="text"/>

	Office editor	Coder	Data Entry	Verification
<b>Name</b>	-----	-----	-----	-----
<b>Date</b>	D----/ M ----/ Y---	D---/ M ---/ Y---	D--/ M --/ Y---	D----/ M ----/ Y---

## Household Schedule



Line No	Residents	Relationship	Gender	Age	ELIGIBILITY	Marital status				
						<b>Age 15+</b>				
001	002	003	004	005	005a	006	007			
	Please give me the names of the persons who live in your house?	What is the relationship to the <b>head of the household?</b>	Is (name) male or female?	How old was name at last birthday	Circle line number of eligible women (age 16-54 who are usual residents or slept here the night before the interview	What is (name) marital status?	What the relationship to the female respondent?			
							1 Head 2 Spouse 3 Son/daughter 4 In law son/Daughter 5 Grandchild	6 Parent 7 Parent in law 8 Brothers/sisters 9 Other relatives 10 Not related 98 Don't know	Male 1 Female 2	
1	_____	Head of Household <input style="width: 20px; text-align: center;" type="text" value="1"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	1	<input type="checkbox"/>	_____	<input type="checkbox"/>		
2	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	2	<input type="checkbox"/>	_____	<input type="checkbox"/>		
3	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	3	<input type="checkbox"/>	_____	<input type="checkbox"/>		
4	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	4	<input type="checkbox"/>	_____	<input type="checkbox"/>		
5	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	5	<input type="checkbox"/>	_____	<input type="checkbox"/>		
6	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	6	<input type="checkbox"/>	_____	<input type="checkbox"/>		
7	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	7	<input type="checkbox"/>	_____	<input type="checkbox"/>		
8	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	8	<input type="checkbox"/>	_____	<input type="checkbox"/>		
9	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	9	<input type="checkbox"/>	_____	<input type="checkbox"/>		
10	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	10	<input type="checkbox"/>	_____	<input type="checkbox"/>		
11	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	11	<input type="checkbox"/>	_____	<input type="checkbox"/>		
12	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	12	<input type="checkbox"/>	_____	<input type="checkbox"/>		
13	_____	..... <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	13	<input type="checkbox"/>	_____	<input type="checkbox"/>		

007a. FOR OFFICE USE ONLY Check 005a and enter the total number of eligible women [ ] [ ]

		Education		Work		
		4 years +		Age 6+		
		008	009	010	011	
Line No.	Name	Has (Name) ever attended school?	What is the highest level of school (name) has attended? What is the highest grade (name) completed at that level?	During the past 6 month has the (name) worked?	What is the main work (name) does?	
	Write down the names from the first page	1--- Yes 2--- No 4--young 8---- DK	He did not go to school/ does not read or write 1 He did not go to school / knows how to read and write..... 2 Did not finish primary..... 3 Finished primary..... 4 Did not finish preparatory..... 5 Finished preparatory..... 6 Did not finish secondary..... 7 Finished secondary..... 8 Did not finish above middle education..... 9 Finished above middle education..... 10 Did not finish university..... 11 Finished university..... 12	1--- Yes 2--- No 8---- DK	Describe the type of work in detail.  Skip to the next person	
		Skip to 010				
1		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
2		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
3		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
4		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
5		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
6		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
7		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
8		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
9		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
10		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
11		<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>		..... <input type="checkbox"/>
12	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	..... <input type="checkbox"/>		
13	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	..... <input type="checkbox"/>		

No	Questions and filters	Coding categories	SKIP
12.	What type of dwelling does your household live in?	Apartment ..... 1 Free standing house ..... 2 Other _____ 6 (specify)	
13.	Is your dwelling owned or rented by your household? IF OWNED: Is it owned solely by your household or jointly with someone else?	Owned ..... 1 Owned jointly..... 2 Rented ..... 3 Other _____ 6 (specify)	
14.	What is the main source of drinking water for members of your household?	<b>Piped water</b> Piped into dwelling..... 11 Piped to yard/plot..... 12 Public tap/standpipe..... 13 Tube well..... 21 <b>Dug well</b> Protected well..... 31 Unprotected well..... 32 <b>Water from spring</b> Protected spring..... 41 Unprotected spring..... 42 <b>Tanker truck..... 61</b> Cart with small tank ..... 71 <b>Surface water</b> (river/dam/Lake/pond /stream/canal/Irrigation channel)..... 81 <b>Bottled water..... 91</b> Other _____ 96 (specify)	
15.	What is the main source of water used by your household for other purposes such as cooking and hand washing?	<b>Piped water</b> Piped into dwelling..... 11 <input type="checkbox"/> Piped to yard/plot..... 12 <input type="checkbox"/> → 19 Public tap/standpipe..... 13 <b>Tube well..... 21</b> <b>Dug well</b> Protected well..... 31 Unprotected well..... 32 <b>Water from spring</b> Protected spring..... 41 Unprotected spring..... 42 <b>Tanker truck..... 61</b> <b>Cart with small tank ..... 71</b> <b>Surface water</b> (river/dam/Lake/pond /stream/canal/Irrigation channel)..... 81 <b>Other _____ 96</b> (specify)	
16.	Where is (SOURCE IN 14 OR 15) located?	In own dwelling..... 1 <input type="checkbox"/> In own yard/plot..... 2 <input type="checkbox"/> → 19 Elsewhere..... 3	
17.	How long does it take to go there, get water, and come back?	Minutes ..... <input type="text"/> <input type="text"/> <input type="text"/> On/next to premises..... 996 → 19 Don't know..... 998	
18.	Who usually goes to this source to fetch the water for your household?	Adult woman 15+ ..... 1 Adult man 15+..... 2 Female child Under 15 years old..... 3 Male child Under 15 years old..... 4 Other _____ 6 (specify)	

19.	During the last two weeks, was there any time when water was not available from (SOURCE IN 14 OR 15)?	Yes..... 1 No..... 2 Don't know..... 8	<input type="checkbox"/> → 21
20.	Did this happen on a daily or almost daily basis, only a few times per week, or less frequently?	Daily/almost daily..... 1 Few times per week..... 2 Less frequently..... 3 Don't know..... 8	
21.	Do you treat your water in any way to make it safer to drink?	Yes..... 1 No..... 2 Don't know..... 8	<input type="checkbox"/> → 23
22.	What do you usually do to the water to make it safer to drink? What else?  <b>Circle all mentioned.</b>	Boil..... 1 Add bleach/chlorine..... 1 Strain through a cloth/cotton..... 1 Use water filter (ceramic/sand/composite/etc.)..... 1 Solar disinfection..... 1 Let it stand and settle..... 1 Other _____ 1 (specify) Don't know..... 1	
23.	What kind of toilet facility do members of your household usually Use?	Modern flush toilet..... 11 Traditional tank flush..... 12 Traditional bucket flush..... 13 Pit toilet/latrine toilet..... 21 Bucket toilet..... 41 No facility/field..... 61 Other _____ 96 (specify)	→ 28
24.	Into where does this toilet flush drain?	Piped sewer system..... 01 Vault (bayara)..... 02 Septic system..... 03 Piped connected to canal..... 04 Piped connected to ground water..... 05 Emptied (No connection)..... 06 Other _____ 96 (specify) Don't know where ..... 98	
25.	Are you or your neighbors currently experiencing any problems with this drainage system?	Yes..... 1 No..... 2	→ 27
26.	What problems are you experiencing?	Pooling around own dwelling..... 1 Pooling around neighbor's dwelling..... 1 Cost of evacuation..... 1 Mosquitoes/insects..... 1 Other _____ 1 (specify)	
27.	Including your own household, how many households use this Toilet?	No. Of households, if less than 10..... <input type="text" value="0"/> <input type="text" value=""/> 10 or more households..... 95 Don't know..... 98	

		Yes	No		
28.	Does your household have: Electricity? A radio with cassette recorder? A color television? A black and white television? A video or DVD player?  A mobile? A telephone? A satellite dish? A personal home computer? A sewing machine? An electric fan? An air conditioner?	Electricity..... Radio..... Color TV..... Black and white TV..... Video/DVD.....  Mobile telephone..... Non-mobile telephone..... Satellite dish..... Computer..... Sewing machine..... Electric fan..... Air conditioner .....	1 1 1 1 1  1 1 1 1 1 1 1	2 2 2 2 2  2 2 2 2 2 2 2	
29.	What type of fuel does your household mainly use for cooking?	Electricity..... LPG..... Natural gas..... Biogas..... Kerosene..... Coal, lignite..... Charcoal..... Wood..... Straw/shrubs/grass..... Agricultural crop..... Animal dung..... Other _____ (specify)	01 02 03 04 05 06 07 08 09 10 11 96		31
30.	In your household, is food cooked on a stove or an open fire?  <b>PROBE FOR TYPE.</b>	Open fire or stove Without chimney/hood..... Open fire or stove With chimney/hood..... Closed stove with chimney..... Other _____ (specify)	1 2 3 6		
31.	Is the cooking usually done in the house, in a separate building, or outdoors?	In the house..... In a separate building..... Outdoors..... Other _____ (specify)	1 2 3 6		33
32.	Do you have a separate room which is used as a kitchen?	Yes..... No .....	1 2		
33.	How does your household mainly dispose of kitchen waste And trash? <b>Record main method of disposal only.</b> <b>If two or more methods are used equally,</b> <b>Record the method highest on the list</b>	Collected From home..... From container in street..... Dumped Into street/empty plot..... Into canal/drainage..... Burned. Fed to animals..... Other _____ (specify)	11 12 21 22 31 41 96		

34.	Does your household have:	Yes	No	
	A refrigerator?	Refrigerator.....	1	2
	A freezer?	Freezer.....	1	2
	A water heater?	Water heater.....	1	2
	A dishwasher?	Dishwasher.....	1	2
	An automatic washing machine?	Automatic washer.....	1	2
	Any other washing machine?	Other washer.....	1	2
	A bed?	Bed.....	1	2
	A sofa?	Sofa.....	1	2
	A hanging lamp (yellow with no cover)?	Hanging lamp.....	1	2
	A table?	Table.....	1	2
	A "Tablia" (very low round table)?	Tablia.....	1	2
	A chair?	Chair.....	1	2
	Kolla/Zeer (a container for reserving water)?	Kolla/zeer.....	1	2
35.	How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?	Rooms.....	<input type="text"/> <input type="text"/>	
36.	Main material of the floor. <b>Record observation.</b>	Natural floor Earth/sand.....	11	
		Rudimentary floor Wood planks.....	21	
		Finished floor Parquet or polished Wood.....	31	
		Ceramic/marble tiles.....	32	
		Cement tiles.....	33	
		Cement.....	34	
		Wall-to-wall carpet.....	35	
		Vinyl.....	36	
		Other _____ (specify)	96	
37.	Type of windows. <b>Record observation.</b>	All windows with glass.....	1	
		Some windows with glass and Some without glass.....	2	
		No window openings.....	3	
		All windows without glass.....	4	
38.	Does any member of this household own:	Yes	NO	
	A watch?	Watch.....	1	2
	A bicycle?	Bicycle.....	1	2
	A motorcycle or motor scooter?	Motorcycle/scooter.....	1	2
	An animal-drawn cart?	Animal-drawn cart.....	1	2
	A car or truck?	Car/truck.....	1	2
39.	Does any member of this household own any land That can be used for agriculture?	Yes. ....	1	
		No.....	2	→ 41
40.	How many feddans or kirates of agricultural land do members of this household own?  <b>IF MORE THAN 95 FEDDAN, ENTER '9995'.</b>	Land area  Feddan      Kirate  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Don't know.....	9998	
41.	Does your household own any livestock, herds, or farm animals or any poultry or birds?	Yes. ....	1	
		No.....	2	→ 43



42.	<p>How many of the following does your household own:</p> <p>Cattle(buffalo, calf)?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Birds (Chickens, geese, ducks, and pigeons)?</p> <p><b>IF NONE, ENTER '00'.</b></p> <p><b>IF MORE THAN 95, ENTER '95'.</b></p> <p><b>IF UNKNOWN, ENTER '98'.</b></p>	<p>Cattle.....</p> <p>Cows/bulls.....</p> <p>Horses/donkeys/mules.....</p> <p>Goats.....</p> <p>Sheep.....</p> <p>Birds(chickens/geese/etc).....</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
43.	<p>Does any member of your household have an account in a bank or any saving institution?</p>	<p>Yes. ....</p> <p>No.....</p>	<p>1</p> <p>2</p>													

**FOR OFFICE USE ONLY**

**TABLE FOR SELECTION OF THE ELIGIBLE WOMAN FOR THE DEVELOPMENTAL IDEALISM QUESTIONS**

IF THERE IS NO ELIGIBLE WOMAN, RECORD '00' IN BOXES ASSIGNED FOR RECORDING LINE NUMBER OF ELIGIBLE WOMAN (BELOW).

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE.

PUT A BOX AROUND THAT NUMBER ON THE LEFT IN THE TABLE BELOW TO IDENTIFY THE ROW YOU WILL USE IN SELECTING THE ELIGIBLE RESPONDENT.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON Q007A/THE FIRST PAGE OF THE HOUSEHOLD LISTING. PUT A BOX AROUND THAT NUMBER AT THE TOP OF THE TABLE BELOW TO IDENTIFY THE COLUMN YOU WILL USE IN SELECTING THE ELIGIBLE RESPONDENT.

FIND THE POINT WHERE THE ROW AND THE COLUMN YOU HAVE MARKED MEET. CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST (1), SECOND (2), THIRD (3), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DEVELOPMENTAL IDEALISM QUESTIONS.

EXAMPLE:

IF THE QUESTIONNAIRE NUMBER IS '376', GO TO ROW '6'.

IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.

FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX (2) INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DEVELOPMENTAL IDEALISM QUESTIONS.

IF THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07', THEN THE SECOND ELIGIBLE WOMAN IS THE WOMAN WHOSE LINE NUMBER IS '03'. THIS WOMAN WILL BE ASKED THE DEVELOPMENTAL IDEALISM QUESTIONS.

LINE NUMBER OF WOMAN SELECTED FOR DEVELOPMENTAL IDEALISM QUESTIONNAIRE.

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CHECK 006: IS FEMALE RESPONDENT CURRENTLY MARRIED?

YES      NO ---> END

IF YES: LINE NUMBER OF SPOUSE OF FEMALE RESPONDENT

--	--

SPOUSE NOT CORESIDENT

9 7

LAST DIGIT OF QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD (COLUMN)							
	1	2	3	4	5	6	7	8 or more
<b>0</b>	1	2	2	4	3	6	5	4
<b>1</b>	1	1	3	1	4	1	6	5
<b>2</b>	1	2	1	2	5	2	7	6
<b>3</b>	1	1	2	3	1	3	1	7
<b>4</b>	1	2	3	4	2	4	2	8
<b>5</b>	1	1	1	1	3	5	3	1
<b>6</b>	1	2	2	2	4	6	4	2
<b>7</b>	1	1	3	3	5	1	5	3
<b>8</b>	1	2	1	4	1	2	6	4
<b>9</b>	1	1	2	1	2	3	7	5

