

SURVEY on YOUNG PEOPLE in EGYPT

SYPE 2013/14

Household Questionnaire

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

Consent Form (Interviewer: check separate sheet)

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Household Questionnaire

Questionnaire Identification

1) Governorate		<input type="text"/> <input type="text"/>
2) Residency	<input type="radio"/> Urban (1) (2) <input type="radio"/> Rural	<input type="text"/>
3) Part No. Cadastral		<input type="text"/> <input type="text"/> <input type="text"/>
4) Building No.		<input type="text"/> <input type="text"/> <input type="text"/>
5) Household No. in Sample		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6) Name of Household Head		_____
7) Telephone Number or Mobile Number		_____
8) <i>Qism/Markaz</i>		<input type="text"/> <input type="text"/>
9) <i>Shiakha/Village</i>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10) Housing Unit No.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11) Road Name / Block No.		_____
12) Organization No. / Name of the owner of building		_____
13) Household No. in sample 2009		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14) Does the household live at this address	<input type="radio"/> Yes (1) → Go to The Visits Section <input type="radio"/> No (1) (Write down the new address, Notify the Research	

administration and end the interview)

15) New address (Inside Egypt)

1- Governorate: -----2- *Qism/Markaz* : -----3- *Shiakha/Village*: -----

4- Road Name / Block No.: -----

5- Organization No. / Name of the owner of building: -----

6- Date of moving from the 2009 address: A. Month -----B. Year -----Outside Egypt: Country : -----

	<i>Visit (1)</i>		<i>Visit (2)</i>		<i>Visit (3)</i>	
16) Date	□□/□□/2013		□□/□□/2013		□□/□□/2013	
17) Interviewer name and code	□□		□□		□□	
18) Result*						
19) Next visit	Date	□□/□□/2013	□□/□□/2013			
	Time	□□:□□	□□:□□			
*Choose the result visit	01- Questionnaire completely applied 02- Questionnaire partially applied: (Why)..... 03- No household member (reasonable person) at home in the time of visit 04- Visit postponed 05- Household members refused 06- Dwelling was closed during the fielding period 07- Dwelling was vacant 08- The address is not a dwelling 09- Dwelling destroyed 10- The household could not be found 96- Other (mention): -----					
20) The last visit	Minutes		Hours		25) Duration of the interview (in minutes) □□□□	
21) Starting time of the interview						
22) End time of the interview						
26) Total number of household members	□□ <i>persons</i>		27) Total number of eligible individuals	□□		
28) Respondent ID	□□					

	Field Revision	Quality Check	Office Revision	Coding	Entry	Entry Supervisor
Name	_____	_____	_____	_____	_____	_____
Date	□□/□□/2013	□□/□□/2013	□□/□□/2013	□□/□□/2013	□□/□□/2013	□□/□□/2013
Code	□□	□□	□□	□□	□□	□□

Interviewer: In case of utilization of additional forms, mention their numbers

Section (0): Household Roster

Data of household members who were interviewed in 2009:

A)	B)	C)		D)	E)	F)	
Individual number in 2009	Name	Is the individual within the sample of young people from 2009?		Does (name) live with the family now?	If (name) moved to a new address, write the address in detail.	<i>Date of death</i>	
		Yes (1)	No (2) → Move to the following individual	1- Yes, lives with the family 2- Moved in the same house (New family?) 3- Moved within the same Governorate/ Shiakha/Village 4- Moved outside Governorate/ Shiakha/Village 5- No, left Egypt 6- Died (Move to F)		Month (if don't know → 98)	Year (if don't know → 9998)
1		1	2	□		□□	□□□□
2		1	2	□		□□	□□□□
3		1	2	□		□□	□□□□
4		1	2	□		□□	□□□□
5		1	2	□		□□	□□□□
6		1	2	□		□□	□□□□
7		1	2	□		□□	□□□□
8		1	2	□		□□	□□□□

A)	B)	C)		D)	E)	F)	
Individual number in 2009	Name	Is the individual within the sample of young people from 2009?		Does (name) live with the family now?	If (name) moved to a new address, write the address in detail.	<i>Date of death</i>	
9		1	2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10		1	2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11		1	2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12		1	2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13		1	2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14		1	2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15		1	2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

H) Type of family	HH part of the 2009 sample that has an eligible individual	1	
	Split HH (an eligible individual in this HH was interviewed in 2009 and has moved to this HH)	2	
	HH part of the 2009 sample with no eligible individual due to migration reasons	3	Move to migration section
	HH part of the 2009 sample with no eligible individual (other reasons)	4	

Section (1): Household Characteristics

Table: household in 2013 (All usual resident household members who share food and housing regardless of whether they are related or not) including all individuals who have been absent from the household for less than six months.

No.	Individual number in 2009	1) (NAME) Please tell me the name of all individuals who always stay in this household, even if they are not present now (starting with the head of the family)	2) Gender (Name) male or female?		3) What is the relationship between (the name) and the head of the household? <i>(See code below)</i>		4) The (name) is still living with the family, or in Egypt, or outside of Egypt?			5) Date of birth		6) Age: How old is (name)? Don't know, write 98 If <1 year, write "zero" If > 99, write (99)
			male	female	relationship	Code	With the family	In Egypt	Outside of Egypt	month	year	
										Don't know → 98	Don't know → 9998	
1	<input type="text"/>		(1)	(2)	head of household	<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>		(1)	(2)		<input type="text"/>	1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>

10											
11											
12											
13											
14											
15											

Q(3) Code Relationship to Head of the Household :

- | | |
|--------------------------|---|
| 1. Head of the household | 2. Spouse |
| 3. Son/daughter | 4. Nephew/ niece or son/daughter-in-law |
| 5. Grandchild | 6. Parents |
| 7. Father/mother in law | 8. Brother/sister |
| 9. Brother/sister in law | 10. Other relative |
| 11. Adoptive son | 12. Son/daughter in law |
| 13. Servant/driver | 14. No relative |

Section (1) Continued: Household Characteristics

Table household in 2013 (All usual resident household members who share food and housing regardless of whether they are related or not) including all individuals who have been absent from the household for less than six months.

No.	Name	Marital Status (for individuals 15 years and over)				All individuals							
		7 What's the marital status of (name)? 1. Never married 2. Contractually married 3. Married 4. Separately 5. Divorced 6. Widowed Answer from (4-6) (Go to →10), from (1-2) (Go to →11)	8 Is the spouse present in the household?		9 Interviewer: write the Spouse Code	10 How old was (name) when he/she got married for the first time?	11 Is (name)'s mother still alive?		12 Interviewer: write the mother code If she is not living with the family write "zero"	13 Is (name)'s father still alive?		14 Interviewer: write the father code If he isn't living with the family, write "zero"	
			Yes (1)	No (2) → Q.10			Yes (1)	No (2) → Q.13		Yes (1)	No (2) → Q.15		
1		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	
2		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	
3		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	
4		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	
5		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	
6		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	
7		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	
8		<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	

9			1	2			1	2		1	2	
10			1	2			1	2		1	2	
11			1	2			1	2		1	2	
12			1	2			1	2		1	2	
13			1	2			1	2		1	2	
14			1	2			1	2		1	2	
15			1	2			1	2		1	2	

Section (2): Education

No.	If AGE 3-5 years		If AGE 6+				17	18	19
	15		16						
	Has (name) ever attended kindergarten, a private nursery or any other program to prepare (him/her) for primary school?		Has (name) ever attended school/institute/college or is s/he currently in school/institute/college, or has s/he never attended school?				What is the highest level of education that (name) obtained? (See codes below)	What is the last year of schooling that (name) passed successfully? Record zero if s/he did not pass the first year or currently attending it, and (8) in case Don't know	If the answer to Q17 is 1 or 2 Can (name).....? ○Read & write (1) ○Read only (2) ○Neither read nor write (3) ○Don't know (8)
	Yes(1)	No(2)	(1) Yes, currently in school/institute/college	(2) Has attended school	(3) Was homeschooled	(4) Never attended school			
	(→ Go to section 4: "health")					(→ Q.19)			
1	1	2	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	1	2	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	1	2	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	1	2	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	1	2	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	1	2	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	1	2	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

8	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	1	2	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q(17) Code: (1) Primary (2) Primary Azhar (3) Preparatory (4) Preparatory Azhar (5) Secondary (6) Secondary technical 3 years (7) Secondary technical 5 years (8) Secondary Azhar (9) Secondary international (10) Above intermediate (11) Higher institute (12) University (13) Graduate university program (Diploma / MSc / PhD) (98) Don't know

Section (2) Continued: Education

No.	Interviewer: if Q.(16) = 1		Interviewer: if Q.(16) = 2 or 3 or 4 or Q.(20) = 2	
	20		21	
	Did (NAME) attend school/institute/university in the previous academic year 2012/2013?		What is the reason (name) never attended school or dropped out of school during the previous academic year? Record the main reason. (See codes below)	
	Yes (1) (→Q. 22)	No (2)	Reason	Code
1	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	<input type="checkbox"/>
2	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	<input type="checkbox"/>

No.	Interviewer: if Q.(16) = 1		Interviewer: if Q.(16) = 2 or 3 or 4 or Q.(20) = 2	
	20		21	
	Did (NAME) attend school/institute/university in the previous academic year 2012/2013?		What is the reason (name) never attended school or dropped out of school during the previous academic year? Record the main reason. (See codes below)	
3	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
4	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
5	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
6	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
7	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
8	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
9	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
10	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
11	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
12	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
13	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
14	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□
15	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	<input type="radio"/> _____	□□□

Q.(21).Code: (1) Finished studies (2) Lack of schools for further study (3) Uniform and school fees are expensive (4) Private tutoring fees are expensive (5) The school is too far (6) There was no school (7) S/he had to help out at home (8) S/he had to work (9) All the teachers are males (10) My parents didn't want me to go to school (11) Helping a family member in his/her work. (12) My father didn't approve (13) Maltreatment from teachers or corporal punishment (14) For disciplinary reasons (15) didn't want to finish school. (16) No birth certificate (17) For health reasons (18) Marriage (19) To avoid mixing with the opposite sex (20) His/her colleagues beatings and insults (21) I was too old to be enrolled in a school (22) Customs and traditions (23) Not doing well in school (24) Didn't reach the age of enrollment (25) Refused (26) Other (mention) (27) Don't know.

Section (3): Work

No.	If AGE 6+									
	22		23	24	25		26		27	
	Is (name) currently doing any work for cash?		Is (name) working?	What's (name) employment sector?	Does (name) contribute to the social security system? (→next section)		Did (name) want and was ready to work during the past week?		Did (name) actively search for a job in the past three months?	
Yes (1)	No (2) (→26)	(See codes below)	(See codes below)	Yes (1)	No (2)	Yes (1)	No (2) (→Move to health section)	A. In one of the ministries and government agencies / public sector and public business? 1- Yes 2-No	B. In a private company? 1- Yes 2-No	
1	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
2	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
3	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
4	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
5	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
6	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
7	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
8	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
9	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
10	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
11	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>

No.			If AGE 6+							
	22 Is (name) currently doing any work for cash?		23 Is (name) working?	24 What's (name) employment sector?	25 Does (name) contribute to the social security system? (→next section)		26 Did (name) want and was ready to work during the past week?		27 Did (name) actively search for a job in the past three months?	
12	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
13	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
14	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>
15	1	2	_____	<input type="checkbox"/>	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>

Q.(23).Code: (1) Regular wage worker (2) Irregular wage worker (3) Employer (4) Self-employed (5) Unpaid family worker
(6) Works for others without pay

Q.(24).Code: (1) Government (2) Public sector (3) Private (4) Investment (5) Foreign (6) Non-profit/civil Society (7) Cooperatives
(96) Others (mention)

Section (4): Health

For all household members

No.	Does (name) have a disability?		What does s/he have exactly?		Does (name) have any chronic diseases?		What does s/he have exactly?		Is (name) covered by any form of health insurance?		What is the type of insurance?	
	28		29		30		31		32		33	
	Yes(1)	No(2) (→Q.30)	(See codes below) (allows multiple answers)		Yes(1)	No(2) (→Q.32)	(See codes below)		Yes(1)	No(2) (→section 5)	(See codes below)	
1	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>

3	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
4	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
5	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
6	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
7	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
8	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
9	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
10	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
11	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
12	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
13	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
14	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>
15	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>	1	2	_____	<input type="checkbox"/>

Q.(29).Code: (01) Blind (02) Partially sighted (03) Deaf and mute (04) Deaf (05) Mute (06) Lost one of his/her arms or both or parts of them (07) Lost one of his/her legs or both or parts of them (08) Mentally disabled (09) Poliomyelitis (10) Partial or complete paralysis (96) Other (mention)

Q. (31).Code: (01) Heart disease (02)Diabetes (03) Brain or nervous system diseases (04) Mental illness (05) Kidney illness (06) Liver illness (07) Bone disease (08) lungs diseases (09) Cancer (10) Skin and reproductive diseases (11) Digestive system diseases (12) Blood and endocrine diseases (13) Ear, nose and throat diseases (14) Ophthalmology (15)Pressure (96) Others (mention).

Q.(33).Code: (1) Health insurance through General Authority for Health Insurance (2) Private health insurance through employer (3) Private health insurance through an employer of another individual member of the family (4) Health insurance through a union or workers' union (5) Health insurance for students (6) Individual participation in health insurance (7) Treatment at the State's expense (96) Other (specify-----)

Section (5): Migration

34) Is there any person who used to be member of this household in the past who is currently abroad? Yes.....(1)
 (Apply to the most knowledgeable person in the household) No (2) → Next section

35) What is the number of household members present abroad aged 15 years of age or above?

36	37	38	39	40	41	42	43	44	45
No.	Name of the migrant ?	Interviewer: Was (name) present in the family in 2009? Yes (1) No (2) (→40)	Record line number of the migrant in 2009?	What's the gender of [Name of current migrant]? 1. Male 2. female	How old is [name of Current migrant] ?	How is [name of Current migrant] related to the Head of the household? 1. Spouse 2.Son/daughter 3.Son/daughter in law 4. Grandchild 5. Parents 6. Father/mother in law 7. Brother/sister 8. Brother/sister in law 9. Other relative 10. Adoptive son 11. Son/daughter in law 12. Servant/driver 13.No relative	What's the marital status of [name of Current migrant]? 1.Younger than minimum age of marriage 2. Never married 3. Contractually married 4. Married 5. Divorced 6. Widowed(er) 7. Separated	What is [name of Current migrant]'s highest level of education attained? 1. Illiterate 2. Read and Write 3. Primary 4. Preparatory 5. secondary 6. Secondary technical 7. Middle institute 8. Higher institute 9. University 10. Post graduate	Where does [name of Current migrant] currently live? (name of the country)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

3	<input type="checkbox"/>					
4	<input type="checkbox"/>					
5	<input type="checkbox"/>					

Situation before traveling						
No.	Name of the migrant	50	51	52	53	54
		What was [name of current migrant]'s financial situation before leaving Egypt compared to his/her basic needs? 1. More than sufficient to cover basic needs 2. Sufficient to cover all basic needs 3. Less than sufficient to cover basic needs 4. Not sufficient to cover basic needs 8. Don't know	What was [name of current migrant]'s work status before leaving Egypt? 1. Working 2. Unemployed →59 3. Not working and not seeking work →59	What was his/her occupation before leaving Egypt? (in details)	What was his/her economic activity? (in details) If not known, write the firm's name in details	What was the economic sector he/she was working in before leaving Egypt? 1. Government 2. Public enterprise 3. Private 4. Investment / joint venture 5. Foreign 6. Non-profit or non-governmental organization 7. Co-operatives 8. other (mention)
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"/>			<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Actual Status									
No.	Name of the migrant	62	63	64	65	66	67	68	69
		What is [name of the current migrant]'s current working status abroad? 1. Working 2. Unemployed 3. Not working and not seeking work 8. Don't know (2,3,8) → next section	What is his/her occupation abroad? (in details)	What is his/her economic activity abroad? (in details)	What is the economic sector he/she is currently working in abroad? 1. Public 2. Private 3. Non-profit sector/ civil society 4. Other (specify) 8. Don't know	What is his/her employment status abroad? 1. Regular wage worker 2. Irregular wage worker 3. Employer 4. Self-employed not employing others 5. Unpaid family Worker 6. Unpaid worker for others	Does he/she have a legal contract in this job? 1. Yes, indefinite duration contract 2. Yes, definite duration contract 3. Yes, but I don't know the duration of the contract 4. No 8. don't know	Who helped [name of current migrant] in getting that job? 1. Household members 2. Relatives 3. Friends/ acquaintances 4. Employment agency 5. Migration broker 6. Embassy of country of origin 7. No one 8. don't know 9. Other (specify)	What is his/her current average monthly income in Egyptian pounds? (don't know = 99998)
1	<input type="checkbox"/>			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section (6): Pensions, Subsidies & Remittances

(70) During the past twelve months has your household or any of its members received any money or goods from persons who are not members of your household or who are former members of your household, whether inside or outside Egypt?

(Such as from relatives, child support or alimony, or from friends or neighbors?) Yes.....(1) No.....(2) →85

(71) What is the number of people who sent transfers?

72	73	74			75	76	77		78	79			80	
Donor Code	Name of the donor	What type of assistance does [donor] send? Allows multiple answers (Top 3 subsidies / transfers) See codes below			Where does this [donor] live? 1. in Egypt →79 2. Abroad	In which country does [donor] live?	Interviewer: Is [donor] mentioned in the immigration section?		Interviewer: <i>Write the migrant's code from section 5</i>	How did [donor] send money to your household? (Multiple answers allowed) 1. by himself 2. friend/relative 3. mail 4. bank 5. Money transfer office 6. other			Is this assistance sent by [donor] given to or for a specific member of this household?	
							Yes(1)	No(2) →79					Yes(1)	No(2) →83a
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	

3	□□	□□	□□	□□	□□	□□□□□□	□□□□□□
4	□□	□□	□□	□□	□□	□□□□□□	□□□□□□
5	□□	□□	□□	□□	□□	□□□□□□	□□□□□□
6	□□	□□	□□	□□	□□	□□□□□□	□□□□□□
7	□□	□□	□□	□□	□□	□□□□□□	□□□□□□

All Pensions and Subsidies to the family

(85) In the past year, did the family receive any other transfers of:	Yes(1)	No(2) →next item	(86) What is the value of these amounts per month on average?		(87) Go to(Copy the line number of the individual who receives the transfers from the household table)	
1.Normal pension	1	2	□□□□	□□□□	□□	□□
2. Sadat's/Mubarak's pension	1	2	□□□□	□□□□	□□	□□
3. Social pension – “ <i>daman</i> ” for widowed /divorced/prisoners’ families, etc.	1	2	□□□□	□□□□	□□	□□
4. Social pension – “ <i>daman</i> ” for orphans or children of widows / children of divorced /children of prisoners families, etc.	1	2	□□□□	□□□□	□□	□□
5. Scholarships - for widowed, divorced, or families of prisoners, etc.)	1	2	□□□□	□□□□	□□	□□
6. Scholarships - for orphaned children or children of widows / children of divorced / children of the families of prisoners, etc.	1	2	□□□□	□□□□	□□	□□
7.Social assistance from the Ministry of Social Solidarity	1	2	□□□□	□□□□	□□	□□

8. Social Assistance from religious/non-governmental institutions	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Returns on rent (buildings, land, ...etc)	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Interest on financial investments	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Other (specify)	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section (7): Living Conditions & Housing

88) How many rooms are there for the sole use of this household (excluding bathrooms, kitchens and stairway areas)?		Number of rooms <input type="text"/> <input type="text"/>
89) How many rooms are used for sleeping?		Number of bedrooms <input type="text"/> <input type="text"/>
90) Do you have a separate room that you use for cooking?		<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→92)
91) Is it inside or outside the house?		<input type="radio"/> Private within the home(1) <input type="radio"/> Private outside the home(2) <input type="radio"/> Joint inside the home(3) <input type="radio"/> Shared outside the home(4)
92) How does your household normally dispose of kitchen waste and trash? (Interviewer: Record main method of disposal only. If two or more methods are used equally, record the method highest on the list.)	<input type="radio"/> Collected from home (1) <input type="radio"/> Collected in container in street (2) <input type="radio"/> Dumped into street/empty plot (3) <input type="radio"/> Dumped into canal/drainage (4) <input type="radio"/> Burned (5) <input type="radio"/> Fed to Animal (6) <input type="radio"/> Other: _____ (96) <input type="text"/> <input type="text"/>	
93) Do you have a toilet facility?		<input type="radio"/> Yes (1) <input type="radio"/> No (2) (→95)
94) Is it inside or outside the house?		<input type="radio"/> Private within the home(1) <input type="radio"/> Private outside the home(2) <input type="radio"/> Shared inside the home(3) <input type="radio"/> Shared outside the home(4)
95) What kind of toilet facility do members of your household usually use?	<input type="radio"/> Modern flush toilet (1) <input type="radio"/> Traditional tank flush (2) <input type="radio"/> Traditional bucket flush (3) <input type="radio"/> Pit toilet/latrine toilet (4) <input type="radio"/> Bucket toilet (5) <input type="radio"/> No facility/field (7) (→97) <input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>	
96) Is your toilet connected to...	<input type="radio"/> the public sewage system (1) <input type="radio"/> a deep hole (2) <input type="radio"/> Tank (3) <input type="radio"/> A pipe connected to sewage(4) <input type="radio"/> Don't know (8) <input type="radio"/> Other: _____ (6) <input type="text"/> <input type="text"/>	
97) What is the main source of drinking water for members of your household?	<input type="radio"/> Tube well (4) Piped water: <input type="radio"/> Piped into dwelling (1) <input type="radio"/> Piped to yard/plot (2) <input type="radio"/> Public tap/standpipe (3) Dug well: <input type="radio"/> Protected well (5) <input type="radio"/> Unprotected well (6) Water from spring: <input type="radio"/> Protected spring (7)	

	<input type="radio"/> Tanker truck (9) <input type="radio"/> Surface water (river/dam/lake/pond/stream/canal/irrigation channel) (11) <input type="radio"/> Bottled water (12) <input type="radio"/> Other: _____ (96)	<input type="radio"/> Unprotected spring (8) <input type="radio"/> Cart with small tank (10)	<input type="checkbox"/> <input type="checkbox"/>
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98) What is the main source of water used by your household for purposes other than drinking, such as cooking and hand-washing?	<p><i>Piped water:</i> <input type="radio"/> Piped into dwelling (1) <input type="radio"/> Piped to yard/plot (2) <input type="radio"/> Public tap/standpipe (3)</p> <p><i>Dug well:</i> <input type="radio"/> Protected well (5) <input type="radio"/> Unprotected well (6)</p> <p><i>Water from spring:</i> <input type="radio"/> Protected spring (7) <input type="radio"/> Unprotected spring (8)</p> <input type="radio"/> Tube well (4) <input type="radio"/> Tanker truck (9) <input type="radio"/> Cart with small tank (10) <input type="radio"/> Surface water (river/dam/lake/pond/stream/canal/irrigation channel) (11) <input type="radio"/> Bottled water (12) <input type="radio"/> Other: _____ (96) <input type="checkbox"/> <input type="checkbox"/>	
99(a)	During the last two weeks, was there any time when water was not available from this source: Source of drinking water:	<input type="radio"/> Available(1) <input type="radio"/> Unavailable(2)
99(b)	Source of water for other purposes	<input type="radio"/> Available(1) <input type="radio"/> Unavailable(2)
100(a)	Interviewer : Those who answered “not available” in Q 99 (a) How often does this happen?	<input type="radio"/> Daily / almost every day(1) <input type="radio"/> A few times a week(2) <input type="radio"/> Very rare(3) <input type="radio"/> I do not know(8)
100(b)	Interviewer : Those who answered “not available” in Q 99(b) How often did this happen?	<input type="radio"/> Daily / almost every day(1) <input type="radio"/> A few times a week(2) <input type="radio"/> Very rare(3) <input type="radio"/> I do not know(8)
101)	Is the household connected to a government	<input type="radio"/> Yes, to the government network (1)

electricity network or to a generator?	<input type="radio"/> Yes, to a generator (2) <input type="radio"/> There is no electricity (3)
102) What type of fuel does your household mainly use for cooking?	
<input type="radio"/> LPG (<i>botagas</i>) (1) <input type="radio"/> Natural gas (2) <input type="radio"/> Kerosene (3) <input type="radio"/> Electricity (4) <input type="radio"/> Coal, lignite, charcoal, wood, grass, agricultural crop (5) <input type="radio"/> Animal dung (6)	
<input type="radio"/> Other: _____ (96) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
103) Interviewer: what is the main flooring material used in the house?	
<input type="radio"/> Natural floor (earth/sand) (1) <input type="radio"/> Rudimentary floor (wood plank) (2) <input type="radio"/> Finished floor (parquet or polished wood) (3) <input type="radio"/> Ceramic/marble tiles (4) <input type="radio"/> Cement tiles (5) <input type="radio"/> Cement (6) <input type="radio"/> Wall-to-wall carpeting (7) <input type="radio"/> Vinyl (8)	
<input type="radio"/> Other: _____ (96) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
104) Interviewer: What types of windows are in the house?	
<input type="radio"/> All windows have glass panes(1) <input type="radio"/> Some windows have glass panes and some do not have glass panes (2) <input type="radio"/> No windows have glass panes (3) <input type="radio"/> No window openings (4)	

105) Interviewer: what is the main material of the interior walls?	
<input type="radio"/> Brick, stone and concrete (1) <input type="radio"/> Brick, stone and mud (2) <input type="radio"/> Wood & tree branches (3) <input type="radio"/> Reinforced concrete (4) <input type="radio"/> Mud bricks (5) <input type="radio"/> No walls (6)	
<input type="radio"/> Other: _____ (96)	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
106) Interviewer: what is the main roofing material?	
<input type="radio"/> Straw (1) <input type="radio"/> Mud (2) <input type="radio"/> Wood (3) <input type="radio"/> Steel (galvanized) (4) <input type="radio"/> Reinforced concrete (5) <input type="radio"/> Tiles/wooden planks (6)	
<input type="radio"/> Other: _____ (96)	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
107) What type of dwelling unit is this?	<input type="radio"/> Apartment (1) <input type="radio"/> Free standing house (2) <input type="radio"/> Countryside house (3) <input type="radio"/> Villa (4) <input type="radio"/> One room in an apartment(5) <input type="radio"/> More than one room in an apartment(6) <input type="radio"/> Independent room/ two rooms (7) <input type="radio"/> Other: _____ (96)
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
108) Does your family own or rent this dwelling?	<input type="radio"/> Owned(1) <input type="radio"/> Rented(2) (→113)

	<input type="radio"/> Fringe benefit (3) (→116)
109) Does your family own the dwelling, or is it shared, or is the parents', or was it granted to you?	<input type="radio"/> Owned by the family only(1) <input type="radio"/> Shared (2) <input type="radio"/> Owned by the parents(3) <input type="radio"/> Grant (4) (→116)
110) Did you fully pay for it, or not yet?	<input type="radio"/> Fully paid for (1) <input type="radio"/> Paid only a part of it (2)
111) What is 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. <input type="radio"/> Don't know (99999998)
112) Did you acquire it through a national program? (→116)	<input type="radio"/> Yes (1) <input type="radio"/> No (2)
113) Is the rent is based on the old or the new rent law, or is it on a furnished basis?	<input type="radio"/> New rent law (1) <input type="radio"/> Old rent law (2) <input type="radio"/> Furnished (3) <input type="radio"/> Managerial housing/belongs to work (4)
114) What is the period of this contract? (For the latest period) <i>record the period in month. If less than one month, write "zero" If not defined, write 997</i>	<input type="text"/> <input type="text"/> <input type="text"/> Months (with no period=zero)
115) What is the monthly rent?	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> L.E.
116) How long have you been living in this house?	<input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> Months <input type="radio"/> Forever (994) (→next section) <input type="radio"/> Don't Know (998) (→next section)
117) When did you leave your previous dwelling?	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year
118) Was your previous dwelling owned or rented?	<input type="radio"/> Owned(1) <input type="radio"/> Rented (2)

Section (8): Assets and Durable Goods

Item	119) Does your household have:		120) How many units of this item do the family own?
	Yes (1)	No (2) (→ Next item)	
1. Radio	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/> <input type="text"/>
2. B&W television	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/> <input type="text"/>
3. Color television	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/> <input type="text"/>
4. Video or DVD player	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	<input type="text"/> <input type="text"/> <input type="text"/>

Item	119) Does your household have:		120) How many units of this item do the family own?
	Yes (1)	No (2) (→ Next item)	
5. Satellite dish (not a connection)	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
6. Manual washing machine	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
7. Automatic washing machine	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
8. Sewing machine	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
9. Vacuum cleaner	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
10. Refrigerator	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
11. Water heater	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
12. Air conditioner	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
13. Automatic dish washer	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
14. Microwave	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
15. Computer	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
16. Laptop	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
17. Telephone	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
18. Mobile	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
19. Ipad/iphone	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
20. Internet access (wireless / router IDSL / Link)	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
21. Motorcycle	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
22. Truck	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□

Item	119) Does your household have:		120) How many units of this item do the family own?
	Yes (1)	No (2) (→ Next item)	
23. Taxi	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
24. Micro-Bus	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
25. TokTok	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
26. Personal car	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□
27. Vacant land for buildings	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	//////////
28. Buildings (other than current dwelling)	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	//////////

Item	121) Does your household have agricultural land that is: (Interviewer: read the choices and record answers)		122) Its area?	
	Yes (1)	No (2) (→ Next item)	Qiraat	Feddan
1. Owned and cultivated by your household	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□□□	□□□□
2. owned and rented out to someone else	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□□□	□□□□
3. owned but not used (neither rented out nor cultivated)	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□□□	□□□□
4. rented by and cultivated by your household	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□□□	□□□□
5. rented by your household but not cultivated	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	□□□□	□□□□
6. Family owns cattle / sheep / goats	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	Number	□□□□
7. Family owns tractor / plow / water machine	<input type="radio"/> Y (1)	<input type="radio"/> N (2)	Number	□□□□

Section (9): Contact Information

We would like to have the name and address of one relative or friend who would know where you live in case you move. It is very important to know where you are located in case there is another wave of this survey.

Contact Name		
Relation to (respondent name)? (s/he must live in the same household as you)		
<input type="radio"/> Relative (1) <input type="radio"/> Friend(2) <input type="radio"/> Neighbor(3)		
Governorate		□ □
Detailed Address		
Telephone Number	□ □ □ / □ □ □ □ □ □ □ □	
Mobile Number	□ □ □ / □ □ □ □ □ □ □ □	

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.

Level of cooperation?	<input type="radio"/> Poor(1) <input type="radio"/> Acceptable (2) <input type="radio"/> Good(3) <input type="radio"/> Very Good(4)
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Interviewer Notes
Supervisor Notes
Field Reviser Notes

Quality Officer Notes

Office Reviser Notes

