



**ARAB REPUBLIC OF EGYPT  
CAPMAS**

# **EGYPT FAMILY HEALTH SURVEY 2021**

## **NEVER-MARRIED YOUTH QUESTIONNAIRE AGED 15-29 YEARS**



YOUTH QUESTIONNAIRE AGE 15-29 YEARS

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	GOVERNORATE <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
KISM/MARKAZ _____ BUILDING NO. _____	PSU/SEGMENT NO. <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____	URBAN/RURAL <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
URBAN _____ 1                      RURAL _____ 2	HOUSEHOLD NO. <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
HOUSEHOLD NUMBER _____	GENDER <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
NAME OF HOUSEHOLD HEAD _____	LINE NUMBER <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
ADDRESS IN DETAIL _____	
NAME OF YOUTH _____	
GENDER: MALE _____ 1                      FEMALE _____ 2	
LINE NUMBER OF YOUTH _____	
PHONE NO.: CELL PHONE <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY    MONTH    YEAR <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>								
TEAM	_____	_____	_____	TEAM .....								
INTERVIEWER	_____	_____	_____	INT. NO. ....								
SUPERVISOR	_____	_____	_____	SUP. NO. ....								
RESULT	_____	_____	_____	RESULT .....								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>								
TIME	_____	_____										
<p>RESULT CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 COMPLETED</td> <td style="width: 50%;">5 PARTLY COMPLETED</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>6 INCAPACITATED</td> </tr> <tr> <td>3 POSTPONED</td> <td>7 OTHER _____</td> </tr> <tr> <td>4 REFUSED</td> <td style="text-align: center;">(SPECIFY)</td> </tr> </table>					1 COMPLETED	5 PARTLY COMPLETED	2 NOT AT HOME	6 INCAPACITATED	3 POSTPONED	7 OTHER _____	4 REFUSED	(SPECIFY)
1 COMPLETED	5 PARTLY COMPLETED											
2 NOT AT HOME	6 INCAPACITATED											
3 POSTPONED	7 OTHER _____											
4 REFUSED	(SPECIFY)											

INFORMED CONSENT OF PARENT/CAREGIVER OF YOUTH AGE 15-17 YEARS

Hello. My name is \_\_\_\_\_ and I am working with CAPMAS (SHOW YOUR IDENTIFICATION CARD). We are conducting a national survey about the public health and the health of women and children. This information will help the government to plan improve health services.

As a part of our survey, we are conducting interviews with youth in the selected households, and we ask for your agreement to conduct an interview with .....(NAME OF YOUTH). The interview usually takes about 10 to 15 minutes.

We hope you agree to the interview as his/her views are important. All of the answers (NAME) gives will be confidential and will not be shared with anyone other than members of our survey team.

In case you need more information about the survey, you may contact Mr.:..... Phone:.....

Do you have any questions?

PARENT/CAREGIVER AGREES ..... 1 PARENT/CAREGIVER DOES NOT AGREE ..... 2 → END  
 ↓

INFORMED CONSENT FROM YOUTH

Hello. My name is \_\_\_\_\_ and I am working with CAPMAS (SHOW YOUR IDENTIFICATION CARD). We are conducting a national survey about the public health and the health of youth, and we would greatly appreciate that you participate with us

I want to aask you some questions about your health. This information will help the government to plan improve health services. The interview usually takes about 10 to 15 minutes.

All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. We hope you will agree to answer the questions since your views are important.

Do you have any questions? May I begin the interview now?

In case you need more information about the survey, you may contact Mr.:..... Phone:.....

RESPONDENT AGREES TO BE INTERVIEWE ..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWEC. 2 → END  
 ↓

100	RECORD THE TIME.	HOUR .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>					MINUTES .....	

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
102	How old were you at your last birthday?  COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
103	What is your current marital status?	MARRIED ..... 1 WIDOWED ..... 2 DIVORCED ..... 3 SEPARATED ..... 4 SIGNED CONTRACT ..... 5 NEVER-MARRIED ..... 6	→ END
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 110
105	What is the highest level of school you attended?	PRIMARY ..... 1 PREPARATORY ..... 2 SECONDARY ..... 3 UPPER INTERMEDIATE ..... 4 UNIVERSITY ..... 5 MORE THAN UNIVERSITY ..... 6	
106	What is the highest grade you successfully completed at that level?	GRADE ..... <input type="text"/>	
107	Are you currently attending school/university?	YES ..... 1 NO ..... 2	→ 109
108	What is the highest level of school you want to complete?	PREPARATORY ..... 2 SECONDARY ..... 3 UPPER INTERMEDIATE ..... 4 UNIVERSITY ..... 5 MORE THAN UNIVERSITY ..... 6	
109	<b>CHECK 105:</b> PRIMARY <input type="checkbox"/>	PREPARATORY OR HIGHER <input type="checkbox"/>	→ 111
110	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ A WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 BLIND/VISUALLY IMPAIRED ..... 5	→ 112   → 112
111	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL . . . . . 3	
114	During the last three months, did you use a computer at least once a week, less than once a week or not at all?  IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4	
115	Have you ever used the internet from any location or any device (even from smart phone)?	YES . . . . . 1 NO . . . . . 2	→ 117
116	During the last three months, did you use the internet at least once a week, less than once a week or not at all?  IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4	
117	During the last three months, did you use a mobile telephone at least once a week, less than once a week or not at all?  IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4	
118	Do you own a a smart or regular mobile phone?	YES, SMART . . . . . 1 YES, REGULAR . . . . . 2 YES, BOTH . . . . . 3 NO . . . . . 4	
119	Do you yourself have an account in a bank, post office or any saving institution?	YES, IN BANK . . . . . A YES, IN POST OFFICE . . . . . B YES, IN ANY SAVING INSTITUTION . . . . . C NO . . . . . Y	
120	Have you done any work in the last seven days even if for a short time?	YES . . . . . 1 NO . . . . . 2	→ 122
121	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . . 1 NO . . . . . 2	→ 201
122	What is your occupation, that is, what kind of work do you mainly do?	PROFESSIONAL/TECHNICAL/ MANAGERIAL . . . . . 1 CLERICAL . . . . . 2 SALES AND SERVICE . . . . . 3 SKILLED MANUAL . . . . . 4 UNSKILLED MANUAL . . . . . 5 AGRICULTURAL . . . . . 6 OTHER _____ 7 (SPECIFY)	
123	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . . . . . 2 ONCE IN A WHILE . . . . . 3	
124	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID . . . . . 4	

**SECTION 2: PUBERTY AND FEMALE CIRCUMCISION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK GENDER  FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		212
202	INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY		
203	How old were you when you had your first menstrual period?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
204	Have you ever heard, seen or received any information about about signs of menstrual period and puberty before first menstrual period?	YES ..... 1 NO ..... 2	→ 206
205	Where did you hear or see that information?  PROBE: Anywhere else?	TELEVISION ..... A RADIO ..... B NEWSPAPER/MAGAZIN ..... C PAMPHLET/BROCHURE ..... D POSTER ..... E COMMUNITY MEETING ..... F EDUCATIONAL SEMINAR ..... G HOME VISIT BY HEALTH WORKER .. H FACILITY-BASED HEALTH WORKER .. I MOTHER ..... J OTHER RELATIVE/FRIENDS ..... K SCHOOL ..... L OTHER ..... X (SPECIFY)	
206	CHECK 104  EVER ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/>		208
207	Have you ever been absent from school due to your menstrual period?	YES ..... 1 NO ..... 2	
208	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES ..... 1 NO ..... 2	→ 212
209	How old were you when you were circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
210	Who performed the circumcision?	DOCTOR ..... 1 NURSE/OTHER HLTH PROVIDER . 2 DAYA ..... 3 BARBER ..... 4 GHAGARIA ..... 5 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
211	Where did the circumcision take place?	HOME ..... 01 OTHER HOME ..... 02 PRIVATE CLINIC/HOSPITAL ..... 03 PUBLIC CLINIC/HOSPITAL ..... 04 BAEBER'S KIOSK ..... 05 MARKET ..... 06 LOCAL CARNIVAL ( <i>Moled</i> ) ..... 07 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98													
212	Now I would like to ask you some (other) questions about female circumcision. During the past year have you discussed female circumcision with your relatives, friends, or neighbors?	YES ..... 1 NO ..... 2													
213	During the past year have you heard, seen or received any information about female circumcision?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 215												
214	Where did you hear or see that information?  PROBE: Anywhere else?  RECORD ALL MENTIONED	TELEVISION ..... A RADIO ..... B NEWSPAPER/MAGAZIN ..... C PAMPHLET/BROCHURE ..... D POSTER ..... E COMMUNITY MEETING ..... F EDUCATIONAL SEMINAR ..... G HOME VISIT BY HEALTH WORKER ... H FACILITY-BASED HEALTH WORKER ... I OTHER RELATIVE/FRIENDS ..... K SCHOOL ..... L OTHER ..... X (SPECIFY)													
215	Do you believe that the practice of female circumcision is required by religious precepts?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8													
216	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED ..... 1 STOPPED ..... 2 DON'T KNOW ..... 8													
217	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> MALE <input type="checkbox"/> ↓ Do you think that women want this practice to continue or to stop? </td> <td style="width: 50%; text-align: center; vertical-align: top;"> FEMALE <input type="checkbox"/> ↓ Do you think that men want this practice to continue or to stop? </td> </tr> </table>	MALE <input type="checkbox"/> ↓ Do you think that women want this practice to continue or to stop?	FEMALE <input type="checkbox"/> ↓ Do you think that men want this practice to continue or to stop?	CONTINUED ..... 1 STOPPED ..... 2 DON'T KNOW ..... 8											
MALE <input type="checkbox"/> ↓ Do you think that women want this practice to continue or to stop?	FEMALE <input type="checkbox"/> ↓ Do you think that men want this practice to continue or to stop?														
218	I will read you some statements about circumcision. Please tell me if you agree or disagree.  a) A husband will prefer his wife to be circumcised.  b) Circumcision prevents adultery.  c) Circumcision can cause severe consequences that can lead to a girl's death.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DIS- AGREE</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>HUSBAND PREFER. . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 8</td> </tr> <tr> <td>PREVENTS ADULTERY . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 8</td> </tr> <tr> <td>MAY LEAD TO GIRL'S DEATH . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 8</td> </tr> </table>		DIS- AGREE	DK	HUSBAND PREFER. . .	1	2 8	PREVENTS ADULTERY . . . . .	1	2 8	MAY LEAD TO GIRL'S DEATH . . . .	1	2 8	
	DIS- AGREE	DK													
HUSBAND PREFER. . .	1	2 8													
PREVENTS ADULTERY . . . . .	1	2 8													
MAY LEAD TO GIRL'S DEATH . . . .	1	2 8													



SECTION 3. KNOWLEDGE AND ATTITUDES TOWARD REPRODUCTIVE HEALTH

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	<b>IUD.</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	<b>Injectables.</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
06	<b>Implants.</b> PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
07	<b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	<b>Diaphragm, Foam, Jelly.</b> PROBE: A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES ..... 1 NO ..... 2	
09	<b>Rhythm Method.</b> PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO ..... 2	
10	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
11	<b>Prolonged Breastfeeding.</b> As a family planning method.	YES ..... 1 NO ..... 2	
12	<b>Emergency Contraception</b> PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	Do you know of a place where someone can obtain a method of family planning?	YES ..... 1 NO ..... 2	→ 304
303	Where is that?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>GOVERNMENTAL</b> PUBLIC HOSPITAL ..... A UNIVERSITY/TEACHING HOSPITAL ... B HEALTH UNIT ..... C FAMILY PLANNING CLINIC ..... D MOBILE UNIT ..... E FIELD HEALTH WORKER ..... F OTHER GOVERNMENTAL ..... G (SPECIFY)  <b>PRIVATE MEDICAL</b> PRIVATE HOSPITAL/ CLINIC ..... H PHARMACY ..... I PRIVATE DOCTOR ..... J MOBILE UNIT ..... K FIELD HEALTH WORKER ..... L OTHER PRIVATE MEDICAL ..... M (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... N MOSQUE/ CHURCH ..... O FRIEND/RELATIVE ..... P OTHER ..... X (SPECIFY)	
304	In the last 6 months have you heard about family planning on: a) Radio? b) Television? c) Newspaper or magazine? d) Poster, billboard, or sign about family planning? e) Community meeting? f) Religious leaders? g) Internet or social media?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER/MAGAZINE ... 1 2 POSTER/BILLBOARD/SIGN ... 1 2 COMMUNITY MEETING ..... 1 2 RELIGIOUS LEADERS ..... 1 2 INTERNET/SOCIAL MEDIA ..... 1 2	
305	Would you consider it appropriate for a couple to use family planning after the first birth?	YES ..... 1 NO ..... 2	
306	Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?	YES ..... 1 NO ..... 2	
307	Do you think you and your spouse will use a contraceptive method to delay or avoid pregnancy when you get married?	YES ..... 1 NO ..... 2	
308	Now I would like you to think about what age is best for a person to marry What is the ideal age for a girl to marry?	IDEAL AGE FOR GIRL TO MARRY ..... <input type="text"/> <input type="text"/> AGE DOES NOT MATTER ..... 95 DON'T KNOW/UNSURE ..... 98	
309	What is the ideal age for a boy to marry?	IDEAL AGE FOR BOY TO MARRY ..... <input type="text"/> <input type="text"/> AGE DOES NOT MATTER ..... 95 DON'T KNOW/UNSURE ..... 98	
310	In your opinion, what is the ideal length of time that a woman should wait between births?  RECORD RESPONSE EXACTLY AS GIVEN.	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>If you get married and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00 →</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 →</p> <p>(SPECIFY)</p>	401
312	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or girl?</p>	<p>BOYS    GIRLS    EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

**SECTION 4: OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Do you currently smoke cigarettes or other tobacco products every day, on some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 404 → 403
402	Was there ever a time in your life when you smoked cigarettes or other tobacco products every day?	YES ..... 1 NO ..... 2	→ 404 → 405
403	In the past, did you smoke cigarettes or other tobacco products every day, on some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 405 → 406
404	For how many years in total, would you say you smoked every day? IF LESS THAN ONE YEAR, WRITE '00'.	NUMBER OF YEARS ..... <input type="text"/> <input type="text"/>	
405	On average, How many (number) products do you smoke in a week? Please also tell me if you are using any of the products, but not weekly. IF RESPONDENT MENTIONED: HE/SHE USE THE PRODUCT BUT NOT WEEKLY, RECODE "888". IF HE/SHE DOESN'T USE THE PRODUCT AT ALL, RECORD "000". a) Cigarettes b) Rolled cigarettes c) Hooka/Shisha/waterpipe (days x stone) d) Smoking pipe e) Cigars, cherries, small cigarettes f) Electronic cigarettes g) Other _____ (SPECIFY)	NUMBER OF YEARS ..... <input type="text"/> <input type="text"/>  CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/> SHISHA ..... <input type="text"/> <input type="text"/> <input type="text"/> PIPE ..... <input type="text"/> <input type="text"/> <input type="text"/> SMALL CIGARATTES ... <input type="text"/> <input type="text"/> <input type="text"/> ELECTRONIC CIGARETTI. <input type="text"/> <input type="text"/> <input type="text"/> OTHER ..... <input type="text"/> <input type="text"/> <input type="text"/>	
406	Do you agree or disagree with the following: 1) Smoking tobacco products is very risky for the smoker's health? 2) Smoke from persons using tobacco products also poses health risks for nonsmokers?	DIS- AGREE AGREE DK BAD FOR SMOKER . 1 2 8 HEALTH RISKS FOR NONSMOKERS ... 1 2 8	
407	In order to maintain your health, do you do any of following actions: a) Controlling your weight or losing weight b) Eating a healthy diet c) Exercising? d) Stoped smoking?	YES NO N/A CONTROL WEIGHT... 1 2 5 HEALTHY DIET ..... 1 2 5 EXERCISE ..... 1 2 5 STOP SMOKING ..... 1 2 5	
408	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 410

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
409	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH THE GENERAL AGENCY OF HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B HEALTH INSURANCE THROUGH ANY OF THE SYNDICATES ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)																									
410	Who usually makes decisions about health care for yourself: you, or someone else?	RESPONDENT ..... 1 FATHER ..... 2 MOTHER ..... 3 SOMEONE ELSE ..... 4 OTHER _____ 6 (SPECIFY)																									
411	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARGUES .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>REFUSES SEX .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BURNS FOOD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT .....	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES .....	1	2	8	REFUSES SEX .....	1	2	8	BURNS FOOD .....	1	2	8	
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REFUSES SEX .....	1	2	8																								
BURNS FOOD .....	1	2	8																								
412	Have you ever saw your father beat your mother? .	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
413	From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px; margin-left: 5px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">→ 501</div>																								
414	Who has hurt you in this way?  Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C OTHER RELATIVE ..... D TEACHER ..... E EMPLOYER/SOMEONE AT WORK ... F POLICE OFFICER/SOLDIER ..... G OTHER _____ X (SPECIFY)																									

SECTION 4: COVID PANDEMIC

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you ever heard about coronavirus (COVID-19)?	YES ..... 1 NO ..... 2	→ 601
502	What have you heard or what information have you received about the virus?  (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	PREVENTIVE MEASURES AGAINST COVID ..... A COVID SYMPTOMS ..... B MODES OF TRANSMISION ..... C SELF-CARE AND PROTECTIVE MEASURES ..... D RISKS AND COMPLICATIONS RELATED TO COVID ..... E CALLING COVID-19 HOTLINE IN CASE OF FEELING ANY SYMPTOMS ..... F OTHER ..... X (SPECIFY)	
503	Where did you receive information about COVID-19?  (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	RADIO ..... A TELEVISION ..... B WHATSAPP ..... C MOHP WEBSITE ..... D SOCIAL MEDIA (EXCLUDING WHATSAPP) ..... E HEALTH WORKER ..... F FAMILY MEMBERS ..... G FRIENDS ..... H COMMUNITY HEALTH WORKERS ..... I OTHER ORGANIZATIONS WORKING IN COMMUNITY MOBILIZATION ..... J COMMUNITY LEADERS ..... K MARKET ..... L WORKERS IN PHARMACIES ..... M ANYONE IN THE COMMUNITY ..... N WORLD HEALTH ORG. (WHO) ..... O OTHER ..... X (SPECIFY)	
504	To your information, What are the main symptoms of COVID-19?  (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	FEVER OR CHILLS ..... A DRY COUGH ..... B COUGH WITH PHLEGM/MUCUS ..... C CONGESTION OR RUNNY NOSE ..... D SORE THROAT ..... E LOSS OF TASTE OR SMELL ..... F SHORTNESS OF BREATH / DIFFICULTY BREATHING ..... G MUSCLE AND BODY ACHE ..... H HEADACHE ..... I DIARRHEA ..... J OTHER ..... X (SPECIFY)  NO SYMPTOMS ..... Y DON'T KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	Is the following statements true or false?		
	a) A person can be infected with COVID-19 without showing any symptoms	TRUE ..... 1 FALSE ..... 2	
	b) Infected person with COVID-19 does not transmit the virus if he/she doesn't have fever/chills	TRUE ..... 1 FALSE ..... 2	
	c) Eating contaminated foods causes infection with COVID-19	TRUE ..... 1 FALSE ..... 2	
	d) Dealing with animals does not cause infection of COVID-19	TRUE ..... 1 FALSE ..... 2	
	e) Transporting and burying the bodies of those who died due to COVID doesn't transmit the infection during this procedure	TRUE ..... 1 FALSE ..... 2	
	f) A very small percentage of people infected with the COVID-19 develop severe symptoms that threaten their lives	TRUE ..... 1 FALSE ..... 2	
	g) Recovery rate of COVID-19 is high	TRUE ..... 1 FALSE ..... 2	
506	How does COVID-19 infection spread?  (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	BLOOD TRANSFUSION ..... A DROPLETS (COUGH AND SNEEZE) OF INFECTED PERSONS ..... B AIRBORNE ..... C DEALING DIRECTLY WITH INFECTED PERSON ..... D TOUCHING CONTAMINATED OBJECTS/ SURFACES ..... E SEXUAL INTERCOURSE ..... F CONTACT WITH ANIMALS ..... G MOSQUITO BITES ..... H EATING CONTAMINATED FOODS ..... I DRINKING UNCLEAN WATER ..... J OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
507	Who are the high-risk groups for COVID-19?  (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	YOUNG CHILDREN ..... A ADOLESCENTS ..... B ADULTS ..... C ELDERLY ..... D PREGNANT WOMEN ..... E HEALTH CARE WORKERS ..... F SMOKERS ..... G PEOPLE WITH IMMUNODEFICIENCY ..... H PEOPLE WITH HEART DISEASE ..... I PEOPLE SUFFERING FROM CHEST DISEASES ..... J PEOPLE WITH DIABETES ..... K OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	Do you worry about getting infected with COVID-19?	YES ..... 1 NO ..... 2	
509	What are the preventive measures have you and your household members adopted to avoid getting infected with COVID_19 during last days?  (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	WASHING HANDS REGULARLY WITH SOAP AND WATER ..... A USING ALCOHOL AND CHLORINE FOR CLEANING ..... B COVER MOUTH AND NOSE WHEN COUGH OR SNEEZE ..... C AVOID CLOSE CONTACT WITH ANYONE WITH FEVER/ COUGHING ..... D GET RID OF STANDING WATER ..... E COOKING MEAT AND EGGS WELL ..... F AVOID UNPROTECTED DIRECT CONTACT WITH LIVE ANIMALS ..... G STAY AT HOME AND GO OUT WHEN NECESSARY ..... H SELF-QUARANTINE ..... I BE SURE TO BE AT LEAST 2 METERS APART FROM OTHERS IN PUBLIC PLACES AND MARKET ..... J COVER NOSE AND MOUTH WHEN LEAVING HOUSE ..... K CLEAN AND SANITIZE PURCHASES ..... L CONSUME RECIPES FOR IMMUNITY FROM LOCAL SPICE DEALER (ATAR) ..... M EATING GARLIC ..... N TAKE SESAME OIL ..... O ALWAYS GARGLE WITH WATER & SALT ..... P KEEP DRINKING HOT DRINKS ..... Q OTHER ..... X (SPECIFY)	
510	Have you or any of your household members been infected with COVID-19?	YES, ME ONLY ..... 1 YES, HH MEMBER ..... 2 YES, ME AND HH MEMBER ..... 3 NO ..... 7	→ 512
511	What did you do when you or anyone of your household members contracted COVID-19?  (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	ASKED ONE OF THE MORE EXPERIENCED RELATIVES FOR ADVICE ..... A CALLED MOHP COVID-19 HOTLINE ..... B WENT TO HOSPITAL/ HEALTH UNIT ..... C WENT TO A NURSE IN NEIGHBOURHOOD ..... D BOUGHT MEDICINES FROM PHARMACY ..... E STAYED IN SELF-QUARANTINE ..... F DID A COVID TEST ..... G DID LAB WORK ..... H OTHER ..... X (SPECIFY)	
512	Did COVID-19 affect your visits to health unit or any health facility to take the health care you need?	YES, AFFECTED ..... 1 NO EFFECT ..... 2 I DIDN'T NEED SERVICE ..... 3	
513	Do you think that COVID-19 impacted the quality of health care services?  IF YES, Was the service improved or offended?	YES, IMPROVED ..... 1 GOT WORSE ..... 2 NO IMPACT ..... 3 DONT KNOW ..... 8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	Have you registered to take COVID vaccine?	YES ..... 1 NO ..... 2	→ 516
515	Have you took the vaccine?	YES ..... 1 NO ..... 2 I HAVE A SCHEDULED APPOINTMENT 3	} → 601
516	Why have not you registered?  PROBE: Why else?	AFRAID OF SIDE EFFECTS ..... A DON'T KNOW HOW TO REGISTER ..... B UNDER AGE/ NOT ELIGIBLE FOR TAKING VACCINE ..... C OTHER _____ X (SPECIFY)	

**SECTION 6. SOCIALIZATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP				
601	Now I will read you some statements about perception on gender role. Please feel free to answer in a way that reflects what you truly believe, there are no right or wrong answers. For the following statements, please state whether you strongly agree, agree, neutral, disagree or strongly disagree.											
		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW					
	A) The idea that men and women are equal is a part of our traditions and culture in Egypt	5	4	3	2	1	8					
	B) The man should have the final say about decisions in the home.	5	4	3	2	1	8					
	E) If resources are scarce, it is important to send a boy to school than to send a girl to school	5	4	3	2	1	8					
602	Now I will read some statements about the differences between men and women. Please feel free to answer in a way that reflects what you truly believe, there are no right or wrong answers. For the following statements, please state whether you strongly agree, agree, neutral, disagree or strongly disagree.											
		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW					
	A) A married woman should have the same rights to work outside the home as her husband.	5	4	3	2	1	8					
	B) Young girls should be involved to help in a house work more than young boys.	5	4	3	2	1	8					
	C) It is more important for a woman to marry than for her to have a career.	5	4	3	2	1	8					
	D) A woman's most important role is to take care of the home and cook for the family.	5	4	3	2	1	8					
	E) Changing diapers, giving baths to children, and feeding children should all be the mother's responsibility.	5	4	3	2	1	8					
	F) It's a man's duty to exercise guardianship over his female relatives.	5	4	3	2	1	8					
	G) If a woman is working, she should help in household expenses	5	4	3	2	1	8					
	H) I think it is shameful for men to engage in child care or household chores work	5	4	3	2	1	8					
603	RECORD THE TIME.	HOUR ..... MINUTES .....						<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

701 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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702 SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_