

Republic of Iraq
Ministry of Planning
Central Statistical Organization (CSO)
In cooperation with KRSO
Iraq Household Socio Economic Survey 2012
(IHSES 2012)

Part 1: Socio Economic Data

1	2	3
WAVE NUMBER	TEAM NUMBER	INTERV NB

HOUSEHOLD IDENTIFIER			
4	5		
Cluster serial N		HH	

A. GEOGRAPHICAL LOCATION OF THE HOUSEHOLD							
		NAME	CODE			NAME	CODE
6	Governorate			12	Street / Zokak		
7	Qadha'			13	House number		
8	Nahiya			14	District		
9	Hay			15	Village		
10	Mahlla			16 Environment Urban 1 RURAL 2			
11	BLOCK						
				17 Building census No			

B.- GPS COORDINATES	
18	LATITUDE N <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19	LONGITUD L / E <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

C.- HOUSEHOLD IDENTIFICATION			
20	Head of household name		
21	Work address:		
D.- CONTACT INFORMATION			
22	Fixed telephone:		23 Mobile number: <input type="text"/>
OTHER NUMBERS			
	24 NAME	25 Relationship to the head of house	26 PHONE NUMBER
1			
2			
3			
4			
			Codes for question 25 RELATIVE 1 NEIGHBOR 2 OTHER 3

27 Household size

28 Number of households in the dwelling

E. FIELD STAFF							
		29 NAME	30 CODE	31 DATE			32 SIGNATURE
				DAY	MONTH	YEAR	
1	INTERVIEWER:						
2	TEAM LEADER						
3	CENTRAL SUPERVISOR						
4	GOVERNORATE COORDINATOR						

33 Filling up the questionnaire data

1 DONE COMPLETELY	5 XIST
2 PARTIALLY COMPLETED	6 UNDE
3 DONE COMPLETELY OR PARTIALLY BY	7 PIED
4 NOT ACHIEVED: THE HOUSEHOLD RE	8 ANAL

F. RECORD OF VISITS			
34 VISIT NUMBER	35 DATE	36 FIELD STAFF CODE	37 COMMENTS
1	___/___/___		
2	___/___/___		
3	___/___/___		
4	___/___/___		
5	___/___/___		
6	___/___/___		
7	___/___/___		
8	___/___/___		

SECTION 1: HOUSEHOLD ROSTER

NUMBER OF LINES COMPLETED

INDIVIDUAL ID CODE	101	102	103			104
	NAME INTERVIEWER: WRITE THE NAME OF THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY THE NAME OF THE SPOUSE, THEN THE CHILDREN AS PER AGE (THE ONES WHO ARE UNMARRIED FIRST, THEN THE ONES WHO ARE MARRIED WITH THEIR FAMILIES...HUSBAND / WIFE AND THEIR CHILDREN) THEN THE NAME OF THE FATHER / MOTHER, THEN THE BROTHER / SISTER THEN THE OTHER RELATIVES THEN THOSE WHO ARE NOT RELATED TO THE HOUSEHOLD	GENDER MALE 1 FEMALE 2	DATE OF BIRTH What is the date of birth of ..[NAME]..?			AGE IN FULL YEARS
			DAY	MONTH	YEAR	IF LESS THAN 1 WRITE ZERO
01						
02						
03						
04						
05						
06						
07						
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09						
10						
11						
12						
13						
14						
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16						
17						
18						

SECTION 1: HOUSEHOLD ROSTER

INDIVIDUAL ID CODE	105	ONLY FOR HOUSEHOLD MEMBERS 12 YEARS OF AGE OR OLDER		108	109
	What is ... [NAME]'s ... relationship to the head of the household?			Was ... [NAME] ... born in this governorate?	In which governorate was ... [NAME] born?
		106	107		
		What's your marital status?	INTERVIEWER:		
	WIFE/ HUSBAND 2		COPY THE ID CODE OF THE SPOUSE. IF MORE THEN ONE WIFE, WRITE THE CODE OF THE FIRST ONE		DUHOK 11 WASIT 26 ERBIL 15 SALAH AL-DEEN 27 SULAIMANIYA 13 NAJAF 28 NAYNAWA 12 QADISIYA 31 KIRKUK 14 MUTHANNA 32 DIYALA 21 THI-QAR 33 ANBAR 22 MAYSAN 34 BAGHDAD 23 BASRAH 35 BABYLON 24 OTHER 90 KARBELA 25 COUNTRY
	DAUGHTER / SON 3				
	SON/DAUGHTER -IN-LAW 4				
	MARRIED 1				
	GRANDCHILD 5 NEVER 2 << 108			YES 1	
	MOTHER OR FATHER 6 MARRIED			<<	
	DIVORCED 3 << 108			110	
	SISTER OR BROTHER 7 SEPARATED 4 << 108			NO 2	
	WIDOW 5 << 108				
	OTHER RELATIVES 8				
	NOT RELATIVE 9		WRITE '98' IF SPOUSE NOT IN THE HOUSEHOLD		
			SPOUSE ID CODE		
01	1				
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					

SECTION 1: HOUSEHOLD ROSTER

INDIVIDUAL ID CODE	FATHER			MOTHER		
	110	111	112	113	114	115
	Does your father live in this household?	COPY THE ID CODE OF THE FATHER	What was the highest degree that your father completed?	Does your mother live in this household?	COPY THE ID CODE OF THE MOTHER	What was the highest class that your mother completed?
			NO CERTIFICATE, ILLITERATE 01			NO CERTIFICATE, ILLITERATE 01
			NO CERTIFICATE, ONLY READ 02			NO CERTIFICATE, ONLY READ 02
			NO CERTIFICATE, READ AND WRITE 03			NO CERTIFICATE, READ AND WRITE 03
			ELEMENTARY 04			ELEMENTARY 04
			INTERMEDIATE (MID SCHOOL) 05			INTERMEDIATE (MID SCHOOL) 05
			SECONDARY 06			SECONDARY 06
			VOCATIONAL 07			VOCATIONAL 07
			DIPLOMA FROM AN INSTITUTION 08			DIPLOMA FROM AN INSTITUTION 08
YES 1			BACHELOR DEGREE 09	YES 1		BACHELOR DEGREE 09
NO 2			HIGHER DIPLOMA 10	NO 2		HIGHER DIPLOMA 10
<<			MASTERS DEGREE 11	<<		MASTERS DEGREE 11
112			PHD. (DOCTORATE) 12	115		PHD. (DOCTORATE) 12
DIED 3			OTHER 13	DIED 3	<< NEXT PERSON	OTHER 13
<<	<<			<<		
112	113					
	FATHER'S ID CODE				MOTHER'S ID CODE	
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						

SECTION 2: MIGRATION

INDIVIDUAL ID CODE	201	202	203		204	205		206
	ID CODE OF RESPONDENT	Did (mention name) stay for 6 months continuously in another place?	What is the previous place of residence for [name]?		What type of environment was it?	What is the date of changing the previous place of residence for [name]?		What is the main security reason for changing the place of residence?
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	YES 1 NO 2 Next person >>						
ID CODE OF RESPONDENT								
			DUHOK 11	WASIT 26				WORK 01
			ARBEEL 15	SALAH AL-DEEN 27				STUDY OR COMPLETE STUDY 02
			SULAIMANIYA 13	NAJAF 28				MARRIAGE, DIVORCE OR BECOMING 03
			NAYNAWA 12	QADISIYA 31				ACCOMPANY HOUSEHOLD 04
			KIRKUK 14	MUTHANNA 32				FORCED DISPLACEMENT OR MIGRATION 05
			DIYALA 21	THI-QAR 33	GOVERNORATE 1			BACK FROM FORCED DISPLACEMENT 06
			ANBAR 22	MAYSAN 34	OTHER URBAN AREAS 2			DISPLACEMENT FOR SECURITY REASON 07
			BAGHDAD 23	BASRAH 35	RURAL 3			CONVENTIONAL ARMED CONFLICT 08
			BABYLON 24	OTHER COUNTRY 205 << 90				CIVIL CONFLICT 09
			KERBELA 25					CRIMINAL AND RELATED 10
								Other (mention...) 11
						MONTH	YEAR	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								
18								

SECTION 3: RATIONS

PART A: RATIONS RECEIVED

301 Does the household receive rations according to the ration card?

YES 1 << 302-A
NO 2

302 Why not?

HOUSEHOLD NAME WAS RE 1
HOUSEHOLD NEVER HAD A (2
OTHER 3

<< PART B

302-A How many household members are recorded in the ration card / cards for this household?

303 What is the total cost including bags paid by the HH to the ration agent? Thousand Dinars

CODE			304	305	306	307	308
			In the past 12 months, for how many months did this household receive this item?	When was the last time this household received ..[ITEM].. from the Ration Agent? WITHIN THE PAST MONTH 1 More than one month and up to three months 2 WITHIN THE PAST 12 MONTHS 3 MORE THAN 12 MONTHS AGO 4 << NEXT ITEM Write (0) if did not receive NEVER 5 << NEXT ITEM	How much ITEM did you receive that time?	How many months does this quantity cover?	What price would you pay in the market to buy the ..[ITEM].. of same quality? THOUSAND DINARS PER UNIT
	ITEM NAME	UNIT OF MEASURE	NB. OF MONTHS		QUANTITY	MONTHS	
1	Wheat flour	KG					
2	Rice	KG					
3	Sugar	KG					
4	Vegetable oil	Liter					
5	Vegetable fat	KG					
6	Infant formula	KG					
7	Other 1 _____	KG					
8	Other 2 _____	KG					

CODE			309	310	311	312
			How much of the ITEM did you give away?	How much of the ITEM received did you sell or barter-out?	What was the total amount received/imputed value from the ITEM sold or bartered-out?	Why did you sell or barter-out this ITEM? QUALITY IS TOO LOW 1 WE DON'T NEED IT 2 NEED FOR MONEY 3 OTHER 4
	ITEM NAME	UNIT OF MEASURE	QUANTITY	QUANTITY	THOUSAND DINARS	
1	Wheat flour	KG				
2	Rice	KG				
3	Sugar	KG				
4	Vegetable oil	Liter				
5	Vegetable fat	KG				
6	Infant formula	KG				
7	Other 1 _____	KG				
8	Other 2 _____	KG				

PART B: CONSUMPTION OF RATION ITEMS AND SIMILAR DURING THE PAST 30 DAYS

CODE			313	314	315	316	317	318	319
			How much ..[ITEM].. did this household consume during the past 30 days?	How much of this ..[ITEM].. consumed was received as part of your ration?	How much of the ..[ITEM].. you consumed was purchased?	What was the total value of the ..[ITEM].. you purchased?	Why was this purchase of ... [ITEM]...made? RATION WAS NOT ENOUGH 1 RATION AND OTHER SOURCES NOT ENOUGH 2 WE WANTED BETTER QUALITY THAN THE RATION 3 OTHER 4	How much of the ..[ITEM].. you consumed was received as a gift?	How much of the ..[ITEM].. you consumed was produced by the household?
	ITEM NAME	UNIT OF MEASURE	QUANTITY	QUANTITY	QUANTITY	THOUSAND		QUANTITY	QUANTITY
1	Wheat flour	KG							
2	Rice	KG							
3	Sugar	KG							
4	Vegetable oil	Liter							
5	Vegetable fat	KG							
6	Infant formula	KG							
7	Other 1 _____								
8	Other 2 _____								

Part A II Household Questionnaire - version 0A

Sect 03

SECTION 4: HOUSING

A. CHARACTERISTICS OF THE DWELLING

401 How many households live in this dwelling?

402 Besides the household members, how many other people live in this dwelling?

403 How long have you been staying in this housing unit NUMBER OF YEARS

INTERVIEWER: OBSERVE

404 TYPE OF HOUSEHOLD UNIT

HOUSE	1
FLAT	2
CLAY HOUSE	3
BAMBOO HOUSE	4
OTHER (SPECIFY)	5

405 PRINCIPAL MATERIAL OF THE WALLS

BRICK	1
STONE	2
CEMENT BLOCKS	3
THERMO STONE	4
CONCRETE READY MADE / PRE-CAST	5
CLAY	6
BAMBOO	7
OTHER (SPECIFY)	8

406 PRINCIPAL MATERIAL OF THE CEILING

REINFORCED CONCRETE CASTING	1
IRON BARS	2
WOOD	3
OTHER (SPECIFY)	4

407 PRINCIPAL MATERIAL OF THE FLOOR

TILES	1
BRICK	2
CONCRETE CASTING	3
EARTH	4
OTHER (SPECIFY)	5

408 What is the area of ...?

(A) TOTAL AREA OF THE DWELLING (SQUARE METER)

(B) BUILT AREA OCCUPIED BY THIS HOUSEHOLD (SQUARE METER)

(C) TOTAL AREA OF LAND (SQUARE METER)

A. CHARACTERISTICS OF THE DWELLING

PARTS OF THE HOUSING UNIT USED BY THE HOUSEHOLD

How many rooms of [TYPE OF ROOM] do you have ...

LINE NUMBER	DIVISIONS OF THE HOUSING UNIT	409	410
		exclusively use of this household	jointly use with other households
		NUMBER	NUMBER
1	Bedroom		
2	Hall		
3	Guest's Room		
4	Dining Room		
5	Other rooms (children, library...)		
6	Kitchen		
7	Bathroom		
8	Bathroom with utilities		
9	Separate utilities		
10	Storage		
11	Garage with ceiling		
12	garden		

B. ACCESS TO WATER AND DISPOSAL OF WASTES

411 How does your household mainly dispose of its garbage?

COLLECTED BY THE MUNICIPALITY OR	1
PUT IN DESIGNATED CONTAINER	2 << 413
THROWN OUTSIDE HOUSING UNIT	3 << 413
BURNED	4 << 413
BURIED	5 << 413
OTHER (SPECIFY)	6 << 413

412 How frequent is the garbage collected?

DAILY	1
TWO OR MORE TIMES A WEEK	2
ONCE A WEEK	3
MORE THAN WEEKLY	4

413 What is the main sewage disposal system used by this household?

PUBLIC NETWORK	1
SEPTIC TANK	2
COVERED DRAIN	3
OPEN DRAIN	4
OTHER (SPECIFY)	5

414 What is the main source of water?

CONNECTED	1
PUBLIC NETWORK TAP	2
TANKER	3
RIVER/CANAL/CREEK/ WHEEL	4
OPEN WELL / COVERED WELL	5
POND LAKE	6
SPRING	7
KEHRIZ (MAN-BUILT SPRING)	8
OTHER (SPECIFY)	9

SECTION 4: HOUSING

B. ACCESS TO WATER AND DISPOSAL OF WASTES

415 Are there interruptions in the supply of water from the public network?

NO INTERRUPTIONS 1
 INTERRUPTION ONCE OR LESS MONTHLY 2
 INTERRUPTION ONCE OR LESS WEEKLY 3
 INTERRUPTION MORE THAN ONCE A WEEK 4
 INTERRUPTION DAILY 5
 NO PUBLIC NETWORK << 418 6

416 Is the water coming from the public network sufficient?

YES 1 << (418)
 NO 2

417 How do you address shortage in water supply?

PURCHASE 1
 RIVER OR CREEK 2
 well 3
 BRINGING WATER FROM PUBLIC TAP IN THE AREA 4
 BRING WATER FROM ANOTHER AREA 5
 USING WATER PUMP 6
 OTHER (SPECIFY) 7

418 Is the water treated before use?

YES, BY BOILING 1
 YES, BY FILTERING 2
 YES, BY CHEMICAL TREATMENT 3
 YES, USING BOTTLED WATER 4
 NO 5

A drinking?

B cooking?

B. ACCESS TO WATER AND DISPOSAL OF WASTES

419 What type of toilet does your household have?

FLUSHED TOILET 1
 NON-FLUSHED TOILET 2
 USE OF OTHER FACILITY 3 << 421
 NO TOILET 4 << 421

420 What if the status of the toilet

INSIDE DWELLING EXCLUSIVE FOR HOUSEHOLD 1
 INSIDE DWELLING AND SHARED 2
 OUTSIDE DWELLING EXCLUSIVE FOR HOUSEHOLD 3
 OUTSIDE DWELLING AND SHARED 4

C. ACCESS TO SOURCES OF ELECTRICITY

SOURCE	SOURCE DESCRIPTION	421	422	423	Only for common generator	
		Does your household use electricity from ..[SOURCE]..?	How many days per week did your household use ..[SOURCE].. during the past 7 days?	What was the daily average of electric power supplied during past seven days?	424	425
		YES 1 NO 2 Next >>	Write (0) if the household did not use this source during the period mentioned above and move to next source		How many hours of suscription per day does your household have?	What's the number of amperes included in the subscription?
			DAYS / WEEK	HOURS / DAY	HOURS PER DAY	AMPERES
1	PUBLIC NETWORK					
2	common generator					
3	Private generator					

SECTION 4: HOUSING

C. ACCESS TO SOURCES OF ELECTRICITY

426 What are the two main sources of energy used for ..[ACTIVITY]..?

ELECTRICITY FROM PUBLIC NETWORK	1
ELECTRICITY FROM SHARED GENERATOR	2
ELECTRICITY FROM PRIVATE GENERATOR	3
LIQUID GAS CYLINDERS	4
KEROSENE	5
WOOD, COAL, PLANT-SOURCES	6
DUNG OF ANIMALS	7
OTHER (SPECIFY: _____)	8

	FIRST	SECOND
1 cooking		
2 lighting		
3 heating		
4 Cooling		
5 warming water		

D. OWNERSHIP STATUS AND RENT

427 What is the ownership status of this dwelling?

OWNED BY THE HOUSEHOLD	1	<<	429
PRIVATE SECTOR	2		
PUBLIC SECTOR	3		
GOVERNMENTAL SECTOR	4		
OTHER (SPECIFY)	5		

428 What is the type of occupancy of this dwelling?

RENTED	1
PROVIDED BY EMPLOYER	2
FREE WITH ARRANGEMENT WITH OW	3
FREE WITHOUT ARRANGEMENT WITH	4
RANDOM HOUSING	5
OTHER (SPECIFY: _____)	6

429 If you were to reside in a similar dwelling, what would be the estimated rental monthly value?

THOUSAND DIN

E. ACCESS TO FACILITIES

	430	431
TYPE OF SERVICE	What's the distance from this housing unit to the nearest ...[FACILITY NAME]...?	How long does it normally take you to get to ...[FACILITY NAME]... in the mean of transport expected to be used by
	Write distance to nearest service even if it is not used by the KM (0.000)	للوصول للخدمة حتى MINUTES
1 Elementary school		
2 Intermediate, basic or high school		
3 Public hospital		
4 Private clinic		
5 Public medical center		
6 Pharmacy		
7 Police station		
8 Post office		
9 Place of worship		
10 Youth center		
11 Bank		
12 Fire station		
13 Municipal council		
14 Private bus stop/taxi		
15 Markets		
16 Paved road		
17 Ration agent		

SECTION 4: HOUSING

E. ACCESS TO FACILITIES (CONT)

432	Does the household members suffer from transportation problems?		434	What type of main road leads to the dwelling?	
	YES 1			PAVED ROAD, NO PAVEMENT	1
	NO 2 << 434			PAVED ROAD, NON-PAVED PAVEMENT	2
				PAVED ROAD, PAVED PAVEMENT	3
				SOIL ROAD	4
				OTHER	5
				THERE IS NO LAND ROAD	6

433	What are the problems?	
	BAD CONDITIONS OF THE ROAD 1	1st
	TRAFFIC JAMS AND 2	
	CONDENSATIONS 3	2nd
	SCARCITY OR DISTANT 4	
	HARD TO REACH THE 5	3rd
	TRANSPORT MEANS 6	
	PERSONAL SECURITY	
	OTHER	

F. EXPENSES ON HOUSING

LINE NUMBER	TYPE OF HOUSING EXPENSE INTERVIEWER: Writ all expenditures if related in whole or part to the household consumption use. Do not write the expenditure if it is not related to the said use	435	436	437	438
		Has this household paid for ..[TYPE OF EXPENSE].. during the past 12 months? YES 1 NO 2 << NEXT TYPE	How much was the last payment that this household made for ..[TYPE OF EXPENSE]..? THOUSAND DINARS	How many days did this last payment covered? NUMBER OF DAYS	What is the estimated proportion of use for non household consumption such as production and sale activities carried out within the housing unit? PERCENTAGE
1	water and sewer bill				
2	Electricity from the public network bill				
3	Bill for electricity generated from a common generator				
4	Land / Phone Line bill				
5	Housing unit rent				
6	Amount paid to rations agent for value of rations and value of sacs/bags				

SECTION 4: HOUSING

G. HOUSING QUALITY PERCEPTION

LINE NUMBER	ENVIRONMENTAL IMPACT TYPE	439 Is your household affected for this..[ENVIRONMENTAL IMPACT TYPE]...? <div> LARGELY AFFECTED 1 LITTLE EFFECT 2 VERY LITTLE EFFECT 3 NO AFFECT AT ALL 4 </div>
1	Smoke and gases	
2	Dust	
3	Bad odor	
4	Noise	
5	Insects, rodents, dogs or other animals	
6	Garbage near residential unit	
7	Rain and stagnant water	
8	Outlets of sanitary systems	
9	Humidity	
10	Insufficient ventilation	
11	Security risks	
12	Insufficient lighting	

LINE NUMBER	FACILITY	440 Are.. [FACILITY] sufficient to fulfil the needs of your household? <div> EXTREMELY INADEQUATE 1 INADEQUATE 2 ADEQUATE 3 EXCELLENT 4 </div>
1	Number of rooms	
2	Areas of rooms	
3	Bathroom(s)	
4	Other utilities inside	
5	Utilities outside	

441 What is the main method of cooling or conditioning the housing unit?

AIR-CONDITIONER	1
COOLER	2
FAN	3
OTHER (SPECIFY: _____)	4
NONE	5

H. BASIC NEEDS INCOME

442 In your view, what's the minimum monthly income that your household needs to cover your basic needs?

THOUSAND DINARS:

SECTION 5: EDUCATION

ALL HOUSEHOLD MEMBERS AGED 6 YEARS OR MORE

SECTION 5: EDUCATION

INDIVIDUAL ID CODE	501	502	503	504	505	INDIVIDUAL ID CODE	506	507	
	ID CODE OF RESPONDENT	Have you ever attended school?	What was the highest certificate you attained	Can you read and write?	What is the main reason why you did not continue your education?		What is the main reason why you never attended school?	In what level are you currently (were you) enrolled in school / university?	
WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	ID CODE OF RESPONDENT	YES, IN THE PAST 1 No, I did not attend previously << 506 YES, CURRENTLY ATTENDING 3 << 507	NO CERTIFICATE 01	NO 1 READ ONLY 2 READ AND WRITE 3	THERE IS NO EASILY ACCESSIBLE SCHOOL IN MY NEIGHBOURHOOD 01	THERE IS NO EASILY ACCESSIBLE SCHOOL IN MY NEIGHBOURHOOD 01	LEVEL CODES PRIMARY 1 INTERMEDIATE 2 BASIC 3 PREPARATORY 4 INSTITUTE 5 COLLEGE 6 HIGHER EDUCATION 7 OTHER 8		
			ELEMENTARY 02		TEACHING IS NOT GOOD AND SERIOUS ENOUGH TO ENCOURAGE CONTINUITY 02	TEACHING IS NOT SERIOUS ENOUGH TO ENCOURAGE ENROLLMENT 02			
			INTERMEDIATE (MID SCHOOL) 03		SCHOOL TIME IS NOT FLEXIBLE 03	SCHOOL TIME IS NOT FLEXIBLE 03			
			BASIC 04 << 505		MISTREATMENT OF THE TEACHER/ INSTRUCTOR/ PROFESSOR 04	MISTREATMENT OF THE TEACHER/ INSTRUCTOR/ PROFESSOR 04			
			SECONDARY 05		I HAVE TO WORK TO SUPPORT MY FAMILY 05	I HAVE TO WORK TO SUPPORT MY FAMILY 05			
			VOCATIONAL 06		HH COULD NOT AFFORD SCHOOL'S EXPENSES 06	HH COULD NOT AFFORD SCHOOL'S EXPENSES 06			
			DIPLOMA FROM AN INSTITUTION 07		MY HOUSEHOLD THOUGHT THAT EDUCATION IS NOT USEFUL TO GET A BETTER JOB GOING TO SCHOOL IS HAZARDOUS 07	MY HOUSEHOLD THOUGHT THAT EDUCATION IS NOT USEFUL TO GET A BETTER JOB GOING TO SCHOOL IS HAZARDOUS 07			
			BACHELOR DEGREE 08		SOCIAL REASONS 09	SOCIAL REASONS 09			
			HIGHER DIPLOMA 09		EARLY MARRIAGE 10	EARLY MARRIAGE 10			
			MASTER DEGREE 10 << 515		SICKNESS OR DISABILITY 11	SICKNESS OR DISABILITY 11			
			PHD. (DOCTORATE) 11		I do not have the desire to continue education 12	STILL TOO YOUNG 12			
			OTHER 12		Helping in house chores 13	I AM NOT INTERESTED TO GO TO SCHOOL 13			
					OTHER (SPECIFY: _____) 14	Helping in house chores 14			
					>> 515	OTHER (SPECIFY: _____) 15			
						>> 515			
			LEVEL	GRADE					
01					01				
02					02				
03					03				
04					04				
05					05				
06					06				
07					07				
08					08				
09					09				
10					10				
11					11				
12					12				
13					13				
14					14				
15					15				
16					16				
17					17				
18					18				

SECTION 5: EDUCATION

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SECTION 6: HEALTH

PART A: CHRONIC ILLNESS AND DISABILITIES - ALL HOUSEHOLD MEMBERS

INDIVIDUAL ID CODE	601	602	603	604	605	606	607	608	609
	ID CODE OF RESPONDENT	Do you suffer from any continuous, medically diagnosed disability that is expected to continue for six months or more?	What's the severity of the disability?	How many years ago did you become disabled (oldest disability)?	Do you suffer from any medically diagnosed chronic illness?	How many years ago did you become chronically ill?	Have you received any help for disability / chronic disease during last 90 days?	How satisfied with the medical care received	Why you did not receive any help for disability / chronic disease during last 90 days?
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	YES 1 NO 2 << 605	SLIGHT 1 CONSIDERABLE 2 COMPLETE 3 DISABILITY	Write (0) if less than one year	YES 1 NO 2 << 607	Write (0) if less than one year	NO DISABILITY / NO CHRONIC 1 << 610 DID NOT RECEIVE ANY HELP 2 << 609 Government hospital 3 PRIMARY HEALTH CARE CENTER 4 popular clinic 5 OTHER GOVERNMENT HEALTH 6 PRIVATE SPECIALISED HOSPITAL 7 Doctor in private clinic 8 PRIVATE LABORATORY 9 PRIVATE PHARMACY 10 OTHER INSIDE IRAQ 11 OTHER COUNTRY 12	VERY SATISFIED 1 SATISFIED 2 SOMEWHAT SATISFIED 3 NOT SATISFIED 4	NOT ABLE TO PAY EXPENSES 1 THE MEDICAL SERVICE IS TOO FAR 2 THE MEDICAL SERVICE IS DIFFICULT OR UNSAFE TO REACH 3 LONG WAITING TIME 4 POOR QUALITY OF MEDICAL STAFFING 5 DO NOT TRUST AVAILABLE MEDICAL CARE 6 LACK OF MEDICAL EQUIPMENT 7 MEDICAL SERVICES NOT GOOD 8 OTHER 9
	ID CODE OF RESPONDENT			N. OF YEARS		N. OF YEARS		For all the answers, go to question 610	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									

SECTION 6: HEALTH

Part (b): acute diseases, accidents and injuries: all household members

610	611																																																																																														
Did you suffer from any acute disease or injury during last 90 days?	What is the last acute disease or injury during last 90 days?																																																																																														
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SECTION 6: HEALTH

PART B: ACUTE ILLNESSES, ACCIDENTS AND INJURY- ALL HOUSEHOLD MEMBERS

INDIVIDUAL ID CODE	612	613	614	615	616	617	618	619
	How many days were you absent from your normal activities due to this acute illness or injury?	Did you receive medical care because of this acute illness or injury?	Where did you receive medical care?	How satisfied are you with medical treatment you received?	Where is the medical service?	What's the main means of commuting to this education facility?	How long did it take to reach the health facility by the mean(s) of transport actually used by the household?	Why did not receive medical care for this disease, injury or accident?
			Government hospital 01 PRIMARY HEALTH CARE CENTER popular clinic 02 OTHER GOVERNMENT HEALTH INSTITUTIONS 03 PRIVATE SPECIALISED HOSPITAL 04 Doctor in private clinic 05 PRIVATE LABORATORY 06 YES 1 NO 2 << 619	VERY SATISFIED 1 SATISFIED 2 SOMEWHAT SATISFIED 3 NOT SATISFIED 4	SAME NAHIA 1 SAME QADA 2 SAME GOVERNORATE 3 IN ANOTHER GOVERNORATE 4 OTHER COUNTRY >> 619	WAKING 1 PRIVATE CAR 2 PUBLIC TRANSPORT 3 MOTORCYCLE 4 BICYCLE 5 OTHER 6	NOT ABLE TO PAY EXPENSES 01 DIFFICULTY OF SECURING THE MEANS OF TRANSPORT 02 LACK OF DOCTOR / NURSE 03 LACK OF DOCTOR 04 LACK OF MEDICAL FACILITIES 05 POOR QUALITY OF MEDICAL STAFFING 06 LACK OF MEDICAL EQUIPMENT 07 DISEASE WAS SLIGHTLY 08 THE LACK OF AN APPROPRIATE SERVICE 09 SOCIAL REASONS 10 Because of the security situation 11 LONG WAITING TIME 12 OTHER 13	
	DAY						MINUTES	
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02								
03								
04								
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SECTION 6: HEALTH

Part C: Fertility

All married, divorced, widowed women aged 12-49 years

INDIVIDUAL ID CODE	620	621	622	BIRTHS DURING THE PAST 12 MONTHS				625	626
	INTERVIEWER: REFER TO QUESTIONS (102), (104) AND (106) Do you ... [The name] ... Had previously been married, aged 12-49 years?	Have you ever gave birth to a child?	Did you gave birth during the past 12 months?	623 How many boys and girls have you given birth to during the past 12 months?	624 How many of the boys and girls that have you given birth to during the past 12 months, are still alive?	Who assisted with the delivery of this last child?			Have you ever experienced any types of birth complication?
						DOCTOR (PUBLIC)	1		
						DOCTOR (PRIVATE)	2		
						NURSE OR OTHERS (PUBLIC)	3		
						NURSE / MIDWIFE (PRIVATE)	4		
						TRADITIONAL BIRTH ATTENDANT	5		
						JEDDAH ARAB (UNTRAINED)	6		
						OTHER (SPECIFY)	7		
						NOBODY ASSISTED	8		
	YES 1			A.	B.	A.	B.		YES 1
	NO 2	YES 1	YES 1						NO 2
	<<	NO 2	NO 2	BOYS	GIRLS	BOYS	GIRLS		
	NEXT PERSON	<<	<<						
		NEXT PERSON	625						
01									
02									
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SECTION 6: HEALTH

PART D: MORTALITY DURING THE PAST 12 MONTHS

627 During the last 12 months, that is since ..[MONTH]..last year, has any member of the household (child or grown up) died?

YES 1
NO 2 << SECTION 7

628 How many members of the household (child or grown up) died during the last 12 m Number

MAKE A LIST OF ALL DECEASED PERSONS, AND ASK QUESTIONS

630 to 632 for each one of them

DEATH NUMBER	629	630	631	632
	NAME OF DECEASED PERSON	GENDER	AGE OF DECEASED PERSON (IN COMPLETED YEARS)	REASON FOR DEATH
		MALE 1		SICKNESS 1
		FEMALE 2		ACCIDENT 2
				MILITARY OPERATIONS 3
				PREGNANCY 4
				GIVING BIRTH 5
				POSTNATAL 6
				OTHER 7
			AGE IN YEARS	
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

Section Seven: Anthropometrics

For all households include members who are less than 60 months old. Other members (60 months and older) are also included if the order of the household in the cluster is 1, 4 or 7.

INDIVIDUAL ID CODE	701	702	703	704	705	706	707		
	Interviewer: Is the person's age less than 60 months?	What's ..[NAME].. age in months?	RESULT OF THE MEASUREMENT	RECORD HEIGHT IN CENTIMETERS USING ONE DECIMAL	IF 24 MONTHS OR LESS: HOW WAS MEASURED?	RECORD WEIGHT IN KILOGRAMS USING ONE DECIMAL	DATE OF MEASUREMENT		
	YES 1 NO 2 << 703	MEASURED 1 COULD NOT MEET THE PERSON AFTER MULTIPLE 2 << NEXT VISITS TOO ILL OR DISABLED 3 << NEXT REFUSED 4 << NEXT Other (specify) 5 << NEXT			STANDING 1 LYING 2		DAY	MONTH	YEAR
		Write (0) if less than a month AGE IN MONTHS		CENTIMETERS (000.0)		KILOGRAMS (000.0)			
01									
02									
03									
04									
05									
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SECTION 8: JOB SEARCH AND PAST EMPLOYMENT

ALL HOUSEHOLD MEMBERS 6 YEARS AND MORE

INDIVIDUAL ID CODE	801	802	803
	How many hours did you work during the past week including working for family businesses or businesses of relatives, as an employee or self-employed, for paid or unpaid work and excluding house chores?	Why you didn't work, even for an hour, during the last 7 days?	Are you looking for work/ more work whatever is the type? For example, new work or more work (except working for the household in the house)?
	<div> <div>01</div> <div>TOO YOUNG, LOW AGE</div> </div> <div> <div>02</div> <div>FULL-TIME STUDENT</div> </div> <div> <div>03</div> <div>SOCIAL REASONS</div> </div> <div> <div>04</div> <div>I HAVE A CONTRACT AND WILL START WORK SOON</div> </div> <div> <div>05</div> <div>INABILITY / HANDICAP</div> </div> <div> <div>06</div> <div>RETIRED</div> </div> <div> <div>07</div> <div>TOO OLD</div> </div> <div> <div>08</div> <div>HOUSE WIFE</div> </div> <div> <div>09</div> <div>I HAVE NO DESIRE</div> </div> <div> <div>10</div> <div>TEMPORARILY ABSENT DUE TO ILLNESS OR VACATION OR OTHER REASON</div> </div> <div> <div>11</div> <div>Due to the end of work (seasonal ..)</div> </div> <div> <div>12</div> <div>I WAS DISMISSED</div> </div> <div> <div>13</div> <div>I WAS UNABLE TO GET A JOB</div> </div> <div> <div>14</div> <div>DUE TO SECURITY REASONS</div> </div> <div> <div>15</div> <div>OTHER</div> </div>	<div>Next person >></div> <div>>> 809</div> <div>806 <<</div>	<div>YES 1</div> <div><< 805</div> <div>NO 2</div>
IF MORE THAN ZERO			
<< 803			
NUMBER OF HOURS			
01			
02			
03			
04			
05			
06			
07			
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SECTION 8: JOB SEARCH AND PAST EMPLOYMENT

ALL HOUSEHOLD MEMBERS 6 YEARS AND MORE

INDIVIDUAL ID CODE	804	805	806		
	Why don't you want work/ more work?	When did you last take any action to look for work (or more work) of any type?	What did you do to get a job?		
	<div> <div>I CANNOT FIND A JOB 01</div> <div>I CURRENTLY WORK FULL TIME 02 Next person >></div> </div>		<div>REGISTERED AT LABOR OFFICE 1</div>		
			<div>ASKED FRIENDS/RELATIVES 2</div> <div>APPLIED DIRECTLY TO EMPLOYER(S) 3</div>		
		LAST SEVEN DAYS 1			
	SATISFIED WITH MY STATUS 03	DURING THE PAST MONTH 2	FOLLOWED JOB OPPORTUNITY ANNOUNCEMENTS 4		
	HOUSEWORK DEDICATED FEMALE 04	Before one month to less than six months 3	PROMOTED MY WORK VIA AN ADVERTISED 5		
	SOCIAL TIES 05	LESS THAN A YEAR 4	TRIED TO FIND WORK ABROAD 6 <<		
	TOO OLD FOR WORK OR RETIRED 06	MORE THAN A YEAR 5	CONTACTED NGOS 7 808		
	TOO YOUNG FOR MORE WORK 07	NEVER 6	CONTACTED THE LOCAL GOVERNMENT 8		
	STUDENT 08 << 809	<< 808	CONTACTED THE CENTRAL GOVERNMENT 9		
	UNABLE TAKE MORE WORK 09		OTHER MEANS 10		
	HAVE INCOME NO NEED TO WORK 10				
	DUE TO THE STATE OF SECURITY 11				
	INABILITY / HANDICAP 12				
	OTHER 13				
			FIRST	SECOND	THIRD
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SECTION 8: JOB SEARCH AND PAST EMPLOYMENT

ALL HOUSEHOLD MEMBERS 6 YEARS AND MORE

INDIVIDUAL ID CODE	807		808	809		810		811	
	When did you register at the Labor Office?		If a job had been available during the past week or will be available the coming two weeks, would you have been able and willing to start working ?	Do you work or have worked full-time paid work?		What kind of profession you practiced in your last full-time work?		When did you stop doing the last full-time job you had?	
	MONTH	YEAR		Yes, in the past 1 Yes, currently 2 NO 3					
			YES 1 NO 2			JOB DESCRIPTION	CODE	MONTH	YEAR
01									
02									
03									
04									
05									
06									
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SECTION 8: JOB SEARCH AND PAST EMPLOYMENT

COMMENTS

Sequence	DATE	Name of commentator	job title	Note	SIGNATURE
1	_/_/_/_/				
2	_/_/_/_/				
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