



**Palestinian National Authority  
Palestinian Central Bureau of Statistics  
Media Survey-2000**

**Data collected through this survey is for statistical purposes only and considered as confidential  
(Based on the General Statistics Law 2000)**

**Identification Information**

<b>ID01</b>	Questionnaire serial number in EA <input type="text"/> <input type="text"/>	<b>ID06</b>	Name of Household (HH) head .....
<b>ID02</b>	Governorate .....	<b>ID07</b>	Is HH exists in attached list. 1. Yes 2. No (ID09) <input type="checkbox"/>
<b>ID03</b>	Locality ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID08</b>	(If answer in ID07 is Yes) HH Number in list <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID04</b>	EA code in locality <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID09</b>	Is HH counted in 1997 census <b>1. Yes, in same governorate 2. Yes, in different governorate 3. No</b> <input type="checkbox"/>
<b>ID05</b>	Building Address .....		

**Interview Record**

<b>IR01</b>	Visits Schedule	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Visit Number</b>	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	First visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Second Visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Third Visit	
<b>IR02</b>	Total Number of Visits	<input type="text"/>				
<b>IR03</b>	Interview result	1	Interview is completed			
		2	Interview is partially completed			
		3	Entire HH absent for extended period of time			
		4	No eligible respondent at home at time of visit			
		5	No HH member at home			
		6	Dwelling is vacant			
		7	Refusal			
		8	Other (Specify) .....			
<b>IR04</b>	Total members of HH	<input type="text"/> <input type="text"/>				
<b>IR05</b>	Number of males 6-17 years	<input type="text"/> <input type="text"/>		<b>IR06</b>	Number of males 18 years and over <input type="text"/> <input type="text"/>	
<b>IR07</b>	Number of females 6-17 years	<input type="text"/> <input type="text"/>		<b>IR08</b>	Number of females 18 years and over <input type="text"/> <input type="text"/>	

<b>IR09</b>	Interviewer's Name .....	<b>IR10</b>	Interviewer's Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR11</b>	Supervisor's Name .....	<b>IR12</b>	Supervisor's Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR13</b>	Editor's Name .....	<b>IR14</b>	Editor's Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR15</b>	Coder's Name .....	<b>IR16</b>	Coder's Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR17</b>	Data Entry Person's Name .....	<b>IR18</b>	Data Entry Person's Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

To the interviewer: please put sign (X) inside the square if you have used an additional questionnaire

**Section 1: Household Roaster**

HR01	HR02	HR03	HR04	HR05	HR05A	HR06
Line no.	Names of usual HH residents (Full names)  Please give me the names of the persons who usually live in your HH, starting with the head of HH.	What is the relationship of (name) to the head of HH?  01 Head of HH 02 Husband/ Wife 03 Son/ Daughter 04 Father/ Mother 05 Brother/ Sister 06 Grand Father/ Mother 07 Grand Child 08 Daughter/ Son in Law 09 Other Relatives 10 Non Relatives	Is (name) Male or Female?  1. Male 2. Female	What is the birthday of (name) in day/ month/year?  <i>Interviewer: Birthday should be taken from official documents if possible.</i>  Day            Month            Year	<i>Interviewer: Compute age from birthday in HR05 and record the answer in full years. In case that birthday is not known, ask for age and record it. Record (00) if age is less than one year.</i>  <i>98 if age 99 years and over.</i> <i>99 Don't know</i>	Is (name) registered refugee or unregistered refugee or not refugee?  1. Registered refugee 2. Unregistered refugee 3. Not refugee
01						
02						
03						
04						
05						
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13						
14						
15						
16						
17						

**Second Section: Household Part**

Name of respondent of second section:..... Sex 1. Male  2. Female  Line no.:

**Questions H01-H05 for the head of HH**

**H01** What is the educational status of the head of household?   
 01. Illiterate 02. Can read and write 03. Elementary 04. Preparatory  
 05. Secondary 06. Associate diploma 07. Bachelor 08. Higher diploma  
 09. Master 10. Ph. D.

**H02** How many years of schooling did head of household successfully complete?   
*Record (00) if number of schooling years was less than one year*

**H03** What did head of household work most of the time during the past week?   
 1. Employed from 1-14 hours 2. Employed for 15 hours or more  
 3. Unemployed, has ever worked 4. Unemployed, has never worked  
 5. Full time student 6. Housewife 7. Unable to work  
 8. Doesn't work and doesn't seek job. 9. Other  
*(If answer from 4 to 9 skip to H05)*

**H04** *For interviewer: Ask this question if the person was working or unemployed ever worked*  
 What is the occupation of head of household?.....

**H05** What is head of household current marital status?   
 1. Never married 2. Legally married 3. Currently married 4. Divorced  
 5. Widowed

**H06** Usually, did your household have daily or weekly or monthly newspapers or magazines?   
 1: Always 2: Sometimes 3: No (*skip to H08*)

<b>H07</b>	What are the names of newspapers or magazines you have usually?					
	<b>Newspaper/ Magazine name</b>	<b>Type</b> 1. Newspaper 2. Magazine	<b>(For coder)</b>	<b>Periodicity</b> 1. Daily 2. Weekly 3. Semi-Monthly 4. Monthly 5. Seasonally 6. Semi-annual 7. annually	<b>Method of receiving</b> 1. Subscription 2. Purchasing 3. Borrowing 4. Free	<b>For daily newspapers only</b> (How many times the household have this newspaper?)
	1.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	3.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	5.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H08** Does the household have TV set? 1: Yes 2: No (*skip to H23*)

**H09** Does the household have satellite dish? 1: Yes 2: No (*skip to H12*)

**H10** Usually, what is the satellite channel the household view most frequently?   
 ..... (*In case of not viewing, record 999*)

<b>H11</b>	Usually, what is the satellite channel the household view (most frequently) for viewing.....? 1. News bulletin 2. Political programs 3. Scientific programs 4. Health programs 5. Educational programs 6. Economics programs 7. Social programs (family programs) 8. Cultural programs 9. Religious programs 10. Entertainment programs 11. Musical and songs programs 12. Sports programs 13. Children programs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>H12</b>	Usually, what is the antenna channel the household view most frequently? ..... <i>(In case of not viewing, record 999)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>H13</b>	Usually, what is the antenna channel the household view (most frequently) for viewing.....? 1. News bulletin 2. Political programs 3. Scientific programs 4. Health programs 5. Educational programs 6. Economics programs 7. Social programs (family programs) 8. Cultural programs 9. Religious programs 10. Entertainment programs 11. Musical and songs programs 12. Sports programs 13. Children programs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>H14</b>	Usually, what is the local TV station the household view most frequently? ..... <i>(In case of not viewing, record 999)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>H15</b>	Usually, what is the local TV station the household view (most frequently) for viewing.....? 1. News bulletin 2. Political programs 3. Scientific programs 4. Health programs 5. Educational programs 6. Economics programs 7. Social programs (family programs) 8. Cultural programs 9. Religious programs 10. Entertainment programs 11. Musical and songs programs 12. Sports programs 13. Children programs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>H16</b>	Which type of above mentioned programs did the household like to view most frequently in Local TV stations? ----- <i>(One choice only)</i>	<input type="checkbox"/> <input type="checkbox"/>
<b>H17</b>	Usually, what is the time period that the household view TV most frequently? 1: 6-8 O'clock.      2: 8-12 O'clock      3: 12-15 O'clock      4: 15-18 O'clock 5: 20-22 O'clock      6: 22-24 O'clock      7: After midnight	<input type="checkbox"/>
<b>H18</b>	Does the household View Palestine Television? 1: Always    2: Sometimes    3: No <i>(If the answer: always or sometimes skip to H20)</i>	<input type="checkbox"/>
<b>H19</b>	Why don't the household view Palestine Television?..... <i>Skip to H22</i>	<input type="checkbox"/>
<b>H20</b>	How does the household evaluate the transmission signal of Palestine Television? 1: Excellent      2: Good      3: Not bad      4: Weak	<input type="checkbox"/>
<b>H21</b>	Usually, what is the time period that the household view Palestine Television most frequently? 1: Before 15 O'clock      2: 15-18 O'clock      3: 18-20 O'clock 4: 20-22 O'clock      5: 22-24 O'clock      6: After midnight	<input type="checkbox"/>
<b>H22</b>	Does the household have video player? 1: Yes    2: No	<input type="checkbox"/>
<b>H23</b>	Does the household have telephone line ( <i>not Israeli mobile phone or Jawwal mobile phone</i> )? 1: Yes <input type="checkbox"/> (Count <input type="checkbox"/> )      2: No <input type="checkbox"/>	<input type="checkbox"/>
<b>H24</b>	Does any member of the household have Israeli mobile phone ( <i>not Jawwal mobile phone</i> )? 1: Yes, card subscription <input type="checkbox"/> ( Count <input type="checkbox"/> ) 2: Yes, line subscription <input type="checkbox"/> ( Count <input type="checkbox"/> ) 3: No <input type="checkbox"/>	

<b>H25</b>	<p>Does any member of the household having Jawwal mobile phone (not Israeli mobile phone)?</p> <p>1: Yes, card subscription      <input type="checkbox"/>      ( Count <input type="checkbox"/> )</p> <p>2: Yes, line subscription      <input type="checkbox"/>      ( Count <input type="checkbox"/> )</p> <p>3: No      <input type="checkbox"/></p>
<b>H26</b>	<p>Does the household have computer? 1: Yes <input type="checkbox"/> (Count <input type="checkbox"/>)      2: No <input type="checkbox"/></p>
<p><b>For interviewer: if the answers in questions H23 and H26 is yes, ask question H27, else skip to the third part</b></p>	
<b>H27</b>	<p>Does the household have internet service at home? 1: Yes      2: No      <input type="checkbox"/></p>

**Third Section: Individuals 18 Years and over (use kish tables to select the person randomly)**

Sex: <input type="checkbox"/>	1. Male      2. Female	Line code in random selection table <input type="checkbox"/>
Name of selected person from the household roster: .....		Serial number from the household roster: <input type="checkbox"/>
Interview result:	1: Interview is completed   2: Couldn't interview the selected person 3: No eligible respondent at home at the time of visit   4: No need to select a person from this age group 5: Refusal   6: Other (Specify) ..... .....	
<b>Questions H01-H05 for the selected person</b>		
<b>P01</b>	What is the educational status of (name)? 01. Illiterate    02. Can read and write   03. Elementary   04. Preparatory 05. Secondary   06. Associate diploma   07. Bachelor    08. Higher diploma 09. Master      10. Ph. D.	<input type="checkbox"/>
<b>P02</b>	How many years of schooling did (name) successfully complete? <i>Record (00) if number of schooling years less than one year</i>	<input type="checkbox"/>
<b>P03</b>	What did (name) work most of the time during the past week? 1. Employed from 1-14 hours      2. Employed for 15 hours or more 3. Unemployed, has ever worked   4. Unemployed, has never worked 5. Full time student      6. Housewife   7. Unable to work 8. Doesn't work and doesn't seek job.   9. Other <i>(If answer from 4 to 9 ⇒ P05)</i>	<input type="checkbox"/>
<b>P04</b>	<b>For interviewer: Ask this question if the person working or unemployed ever worked</b> What is the occupation of (name)?.....	<input type="checkbox"/>
<b>P05</b>	What is (name) current marital status? 1. Never married   2. Legally married   3. Currently married   4. Divorced 5. Widowed	<input type="checkbox"/>
<b>P06</b>	Usually, do you read daily newspapers? 1: Always    2: Sometimes    3: No <i>(If the answers: always or sometimes skip to P08)</i>	<input type="checkbox"/>
<b>P07</b>	What is the main reason for not reading daily newspaper? 1: Illiterate      2: No desire for reading daily newspaper   3: No time 4: Unavailable   5: Expensive    6: Other (specify).....	<input type="checkbox"/>
<b>P08</b>	Usually, do you read weekly newspapers? 1: Always    2: Sometimes    3: No <i>(If the answers: always or sometimes skip to P10)</i>	<input type="checkbox"/>
<b>P09</b>	What is the main reason for not reading weekly newspaper? 1: Illiterate      2: No desire for reading daily newspaper   3: No time 4: Unavailable   5: Expensive    6: Other (specify).....	<input type="checkbox"/>

<b>P10</b>	Usually, what is the name of daily/weekly/monthly newspaper, which you read most frequently? <i>(In case of not applicable record 999, if not applicable for all types of newspapers skip to P17)</i>					
	<b>First choice</b>	<b>For coder</b>	<b>Second choice</b>	<b>For coder</b>	<b>Third choice</b>	<b>For coder</b>
	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Daily</b>					
<b>Weekly</b>						
<b>Monthly</b>						
<b>P11</b>	Usually, do you purchase newspapers, which you read? 1: Always 2: Sometimes 3: No <i>(If the answer always or sometimes skip to P13)</i>					<input type="checkbox"/>
<b>P12</b>	Why don't you purchase newspapers which you read?..... <i>(After answering this question skip to P14)</i>					<input type="checkbox"/>
<b>P13</b>	Usually, what is the name of daily/weekly/monthly newspaper, which you purchase most frequently? <b>(In case of not Applicable record 999)</b>					
	<b>First choice</b>	<b>For coder</b>	<b>Second choice</b>	<b>For coder</b>	<b>Third choice</b>	<b>For coder</b>
	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Daily</b>					
<b>Weekly</b>						
<b>Monthly</b>						
<b>P14</b>	Did you read the following sections of newspapers? (Answer 1. Yes 2. No)					
	1. Political news/articles					1. <input type="checkbox"/>
	2. Local news					2. <input type="checkbox"/>
	3. Social news/articles					3. <input type="checkbox"/>
	4. Cultural and Literary news/articles					4. <input type="checkbox"/>
	5. Scientific news/articles					5. <input type="checkbox"/>
	6. Religious articles					6. <input type="checkbox"/>
	7. Sport news/articles					7. <input type="checkbox"/>
	8. Economic news/articles					8. <input type="checkbox"/>
	9. Art news/articles					9. <input type="checkbox"/>
	10. Newspaper diary					10. <input type="checkbox"/>
	11. Advertisements					11. <input type="checkbox"/>
<b>P15</b>	Which section of newspaper mentioned above you read most frequently?..... <i>(One choice only)</i>					<input type="checkbox"/>
<b>P16</b>	Are you satisfied of newspaper coverage of local news? <i>(For interviewer: explain what is the meaning of local news)</i> 1: Highly satisfied 2: Satisfied 3: Not satisfied 4: Highly not satisfied					<input type="checkbox"/>
<b>P17</b>	If have you the opportunity to have daily\weekly newspaper freely, which newspaper you will choose for reading purpose? <i>(No choice, record 998)</i>					
	<b>Daily newspaper:</b> .....					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Weekly newspaper:</b> .....					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>P18</b>	Usually, do you listen to radio? 1: Always 2: Sometimes 3: No					<input type="checkbox"/>

	<i>(If the answer always or sometimes skip to P20)</i>					
<b>P19</b>	Why don't you listen to radio?.....					<input type="checkbox"/>
	<i>(After answering this question skip to P28)</i>					
<b>P20</b>	Usually, where do you listen to radio? 1: At Home 2: At place of work 3: During transportation 4: At club 5: At cafe 6: Others (Specify).....					<input type="checkbox"/>
<b>P21</b>	Usually, what is the name of radio station, which you listen to most frequently?					
	<b>First choice</b>	<b>For coder</b>	<b>Second choice</b>	<b>For coder</b>	<b>Third choice</b>	<b>For coder</b>
	– For listening to news bulletin:					
	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>P21</b>	– For other purposes (entertainment...):					
	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>P22</b>	Which time period do you listen to radio stations most frequently? <i>(Only one time period for each period)</i>					
	<b>Morning Period</b>		<b>Afternoon Period</b>		<b>Night Period</b>	
	1: 24-6 O'clock 2: 6-8 O'clock 3: 8-10 O'clock 4: 10-12 O'clock 5: Do not listen Time Period: <input type="checkbox"/> Name of preferred station ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1: 12-14 O'clock 2: 14-16 O'clock 3: 16-18 O'clock 4: Do not listen Time Period: <input type="checkbox"/> Name of preferred station ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1: 18-20 O'clock 2: 20-22 O'clock 3: 22-24 O'clock 4: Do not listen Time Period: <input type="checkbox"/> Name of preferred station ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>P23</b>	Do you listen to Voice of Palestine? 1: Always 2: Sometimes 3: No					<input type="checkbox"/>
	<i>(If the answer always or sometimes skip to P25)</i>					
<b>P24</b>	Why don't you listen to Voice of Palestine? ..... <i>(After answering this question, skip to P28)</i>					<input type="checkbox"/>
<b>P25</b>	Which time period do you listen to Voice of Palestine most frequently? <i>(Only one time period for each period)</i>					
	<b>Morning Period</b>		<b>Afternoon Period</b>		<b>Night Period</b>	
	1: 6-8 O'clock 2: 8-10 O'clock 3: 10-12 O'clock 4: Do not listen Time Period: <input type="checkbox"/>		1: 12-14 O'clock 2: 14-16 O'clock 3: 16-18 O'clock 4: Do not listen Time Period: <input type="checkbox"/>		1: 18-20 O'clock 2: 20-22 O'clock 3: 22-24 O'clock 4: Do not listen Time Period: <input type="checkbox"/>	

<b>P26</b>	Which type of programs, you do listen in Voice of Palestine? <b>(The answer: 1.Yes 2. No)</b>	
	1. News bulletin	<input type="checkbox"/>
	2. Political programs	<input type="checkbox"/>
	3. Scientific programs	<input type="checkbox"/>
	4. Health programs	<input type="checkbox"/>
	5. Educational programs	<input type="checkbox"/>
	6. Economics programs	<input type="checkbox"/>
	7. Social programs (family programs)	<input type="checkbox"/>
	8. Cultural programs	<input type="checkbox"/>
	9. Religious programs	<input type="checkbox"/>
	10. Entertainment programs	<input type="checkbox"/>
	11. Musical and songs programs	<input type="checkbox"/>
	12. Sports programs	<input type="checkbox"/>
	13. Children programs	<input type="checkbox"/>
<b>P27</b>	Which type of above mentioned programs did you listen to most frequently? .....	<input type="checkbox"/>
<b>P28</b>	Do you use the internet? 1. Yes 2. No <i>(skip to P33)</i>	
<b>P29</b>	For what purpose, you are using the internet.....? <b>(The answer: 1.Yes 2. No)</b>	
	1. Work	<input type="checkbox"/>
	2. Acquisition of knowledge	<input type="checkbox"/>
	3. E-mail	<input type="checkbox"/>
	4. Education	<input type="checkbox"/>
	5. Entertainment	<input type="checkbox"/>
<b>P30</b>	Which of the above mentioned purposes, you do use the internet most frequently?.....	<input type="checkbox"/>
<b>P31</b>	In which place you use the internet.....? <b>(The answer: 1. Yes 2. No)</b>	
	1. Home	<input type="checkbox"/>
	2. Work\Study place	<input type="checkbox"/>
	3. Internet cafes	<input type="checkbox"/>
	4. Friend's home	<input type="checkbox"/>
	5. Other Places (specify).....	<input type="checkbox"/>
<b>P32</b>	Which of the above mentioned places you do use the internet most frequently?.....	<input type="checkbox"/>
<b>P33</b>	Do you have personal E-mail address? 1. Yes 2. No <b>For interviewer: if the answer of this question is yes, check the respondent answer in P28 is yes</b>	<input type="checkbox"/>
<b>P34</b>	Do you have personal Israeli mobile phone (Not Jawwal mobile phone)? 1: Yes, card subscription 2: Yes, line subscription 3: No	<input type="checkbox"/>
<b>P35</b>	Do you have personal Jawwal mobile phone? 1: Yes, card subscription 2: Yes, line subscription 3: No	<input type="checkbox"/>
<b>P36</b>	Do you follow the advertisements released in the advertisement board? 1: Yes 2: No	<input type="checkbox"/>

**Fourth Section: Individuals 6-17 Years (use kish tables to select the person randomly)**

Sex: <input type="checkbox"/>	1. Male	2. Female	Line code in random selection table	<input type="checkbox"/>
Name of selected person from the household roster: .....		Serial number from the household roster: <input type="checkbox"/>		
Interview result: <input type="checkbox"/>	1: Interview is completed    2: No eligible respondent at home at time of visit 3: Refusal    4: Other (Specify) .....			
<b>C01</b>	Is (name) attending school? 1. Yes    2. No			<input type="checkbox"/>
<b>Questions C02-C05 for selected person (for persons aged 10-17 years)</b>				
<b>C02</b>	What is the educational status of (name)? 1. Illiterate    2. Can read and write    3. Elementary    4. Preparatory    5. Secondary			<input type="checkbox"/>
<b>C03</b>	How many years of schooling did (name) successfully complete? <i>(Record (00) if number of schooling years less than one year)</i>			<input type="checkbox"/>
<b>C04</b>	What did (name) work most of the time during the past week? <b>(The answer: 1. Yes    2. No)</b> 1. Working for others (unpaid work)    1. <input type="checkbox"/> 2. Working for others (paid work)    2. <input type="checkbox"/> 3. Working as a family member worker or self employed    3. <input type="checkbox"/> 4. Housekeeping    4. <input type="checkbox"/> 5. Study    5. <input type="checkbox"/> 6. Other activities (Specify) .....			6. <input type="checkbox"/>
<b>C05</b>	<b>For interviewer: ask the following question if the child has been worked during the last week (i.e. the answer of C04 yes for 1 or 2 or 3)</b> What is the occupation of (name)? .....			<input type="checkbox"/>
<b>C06</b>	Usually, did (name).....? <b>(The answer: 1. Yes    2. No)</b> 1. Read newspapers    1. <input type="checkbox"/> 2. Read magazines    2. <input type="checkbox"/> 3. Listen to radio    3. <input type="checkbox"/> 4. View television    4. <input type="checkbox"/>			
<b>For interviewer: before asking questions C07-C09, check if the child listens to radio in C06.</b>				
<b>C07</b>	Usually, what is the name of radio station which (name) listens to most frequently?.....			<input type="checkbox"/>
<b>C08</b>	What are the average daily hours spend (name) on listening to radio?			<input type="checkbox"/>
<b>C09</b>	Which time period (name) preferred to listening to radio? 1: 6:00-10:00 O'clock    2: 10:00-12:00 O'clock    3: 12:00-14:00 O'clock 4: 14:00-18:00 O'clock    5: 18:00-21:00 O'clock    6: 21:00-24:00 O'clock			<input type="checkbox"/>
<b>For interviewer: before asking questions C10-C16, check if the child viewing television in C06.</b>				
<b>C10</b>	Usually, what is the name of TV channel which (name) viewing most frequently?.....			<input type="checkbox"/>

<b>C11</b>	Usually, which type of TV programs do you view? <b>(The answer: 1.Yes 2.No)</b>	
	1. News bulletin	1. <input type="checkbox"/>
	2. Political programs	2. <input type="checkbox"/>
	3. Scientific programs	3. <input type="checkbox"/>
	4. Health programs	4. <input type="checkbox"/>
	5. Educational programs	5. <input type="checkbox"/>
	6. Economics programs	6. <input type="checkbox"/>
	7. Social programs (family programs)	7. <input type="checkbox"/>
	8. Cultural programs	8. <input type="checkbox"/>
	9. Religious programs	9. <input type="checkbox"/>
	10. Entertainment programs	10. <input type="checkbox"/>
	11. Musical and songs programs	11. <input type="checkbox"/>
	12. Sports programs	12. <input type="checkbox"/>
	13. Children programs	13. <input type="checkbox"/>
<b>C12</b>	What is the language (name) preferred for viewing Television? <b>(One choice only)</b>	
	1. Arabic 2. Foreign translated 3. Foreign not translated	
	4. Foreign articulate in arabic 5. All mentioned categories	<input type="checkbox"/>
<b>C13</b>	Which time period (name) do prefer for viewing Television?	
	1: 6:00-10:00 O'clock      2: 10:00-12:00 O'clock      3: 12:00-14:00 O'clock	
	4: 14:00-18:00 O'clock      5: 18:00-21:00 O'clock      6: 21:00-24:00 O'clock	<input type="checkbox"/>
<b>C14</b>	What are the average daily hours spend (name) on viewing Television?	<input type="checkbox"/> <input type="checkbox"/>
<b>Questions C15 and C16 for father/mother of the child or any eligible person in HH. Don't ask the child himself</b>		
<b>C15</b>	Does the family monitor TV programs which (name) viewing?	
	1: Always      2: Sometimes      3: No	<input type="checkbox"/>
<b>C16</b>	Does the family monitor number of daily hours of viewing TV which (name) view?	
	1: Always      2: Sometimes      3: No	<input type="checkbox"/>
<b>C17</b>	Usually, does (name) view video player? 1. Yes 2. No <b>(Skip to C19)</b>	<input type="checkbox"/>
<b>C18</b>	What are the average weekly hours do (name) spend on viewing video player?	<input type="checkbox"/> <input type="checkbox"/>
<b>C19</b>	Usually, does (name) use computer? 1. Yes 2. No <b>(stop)</b>	<input type="checkbox"/>
<b>C20</b>	Usually, does (name) use computer for.....? <b>(The answer: 1.Yes 2.No)</b>	
	1. Entertainment	1. <input type="checkbox"/>
	2. Use windows Microsoft	2. <input type="checkbox"/>
	3. Learning and Studies	3. <input type="checkbox"/>
	4. E-mail	4. <input type="checkbox"/>
	5. Internet	5. <input type="checkbox"/>

<b>C21</b>	Which one of the above mentioned purposes, do (name) use computer most frequently?.....	<input type="checkbox"/>
<b>C22</b>	In which place do (name) use computer? <b>(The answer: 1.Yes 2.No)</b> 1. Home 2. School 3. Internet cafes 4. Friend's home 5. Others (specify).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>C23</b>	Which of the above mentioned places, do (name) use computer most frequently?.....	<input type="checkbox"/>