



State of Palestine

Palestinian Central Bureau of Statistics

Socio-economic Monitoring of the Palestinian Households' Survey, 2020

Survey questionnaire

All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance with the Public Statistics Law of 2000.

Section 1: identification information

ID00	HH serial number in sample	□□□□□□□□
ID1	Governorate code	□□
ID2	Locality code	□□□□□□□□

ID3	Enumeration area No.	□□□
ID4	Building on within enumeration area	□□□
ID5	No. of Housing unit within the building	□□□

ID6	HH serial number in the Enumeration area sample	□□
ID7	Location of housing unit with respect to the separation barrier/ARA 1. Less than 1000 m 2. 1000 m and more 3. inside separation barrier 4. Outside separation barrier	□

Section 2 (B): Quality Control

QC1	Enumerator Visits schedule		
	Day	Mo	Year
1	□□	□□	□□
2	□□	□□	□□
3	□□	□□	□□
QC1 - 1 duration	Start time: □□ : □□	End time: □□ : □□	

QC2	Interview Result		□
1	Completed	5	No information was available
2	Partially completed	6	Household not found
3	Household is abroad	7	Uninhabited household
4	Refused/reason	8	Could not reach
		9	Other, specify

QC3	Household identifications information	
1	Name of head
2	Landline	□□□□□□□□□□
3	Mobile	□□□□□□□□□□
QC4	Reference persons(The number of the husband, wife, son) or an identifier outside the family	
1	Full name
2	Mobile	□□□□□□□□□□

Number of Household Members

QC5_T :Total number of household members	QC5_M :Male members 18 and above	QC5_F :Female members 18 and above
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IR07	Field worker's name :	IR08	Field worker No. :	□□□□□	Date: □□ □□ □□□□
IR09	Supervisor's name	IR10	Supervisor's No.	□□□□□	Date: □□ □□ □□□□
IR11	Editor's name	IR12	Editor's no.	□□□□□	Date: □□ □□ □□□□
IR13	Encoder's name	IR14	Encoder's No.	□□□□□	Date: □□ □□ □□□□
IR15	Data entrée's name	IR16	Data entrée's No.	□□□□□	Date: □□ □□ □□□□

Section 3: Household Members Data (all members)

D1	D2	D3	D4	D5	D6	D7	D9
Member's serial number	Full name(four name)	What is the relation of (name) to the household head? 1. Head of Household 2. Husband/wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandfather/mother 7. Grandchild 8. Son wife/Daughter husband 9. Other relatives 10. Others	Sex 1. Male 2. Female	Age Compute age from birthday and record the answer in full years, record (00) if age is less than one year. (98) for 98+	Refugee status 1. Registered Refugee 2. Unregistered Refugee 3. Not refugee	Does the member has health insurance 0. No insurance 1. PA only 2. UNRWA only 3. Private Sector 4. PA and UNRWA 5. PA an private 6. UNRWA and private 7. Israeli 8. other/ specify	Does (name) suffer from any chronic disease according to a medical diagnosis and receive ongoing treatment? Diabetes, blood pressure, heart disease, cancer, ulcers, asthma, epilepsy, others 1. Yes 2. No
		<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"/> <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"/>	<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"/>	<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"/> <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"/>	<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"/>	<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"/>	<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"/>
		<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"/> <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"/>	<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"/>	<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"/> <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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Please check the box with X if an additional questionnaire has been used.

D1	D2	For all members						Member 3 years and more	Member 5 years and more	Members 10 years and more			
		D9-1						D10	D11	D12	D12_01	D12_02	
Member's serial number	Names of usual household members (four names)	As a result to health condition, does (the name) have a difficulty in? 0. No 2. Yes, some 3. Yes allot 3. He is in capable						Is (name...) enrolled in educations? 1. Enrolled in kindergarten. Move to next member 2. Enrolled in education (post kindergarten) 3. Was enrolled and dropped out 4. Was enrolled and graduated 5. Never enrolled Move to D12 6. Don't know. Move to next member	What is the number of schooling years that (the name) successfully achieved in formal education system.	What is (name)'s educational status? 1. illiterate 2. Reads and writes 3. Elementary 4. Preparatory 5. Secondary 6. Intermediate level diploma 7. Bachelor's degree BA 8. Higher diploma 9. Masters degree Ma 10. PHd 11. Don't know	Why (name) has left school or has never been enrolled in education If the answer to question D10 is 3 or 5 1. Lack of desire for academic education 2. Lack of interest in education 3. Not interested in studying 4. Repeated failure 5. Poor economic status of the family 6. Having family problems 7. Taking care of family members 8. Marriage 9. Illness 10. Disability 11. No school nearby 12. The security situation 13. Maltreatment of teachers 14. Dismissal from school due to repeated failure 15. Others / specify.....	Have you failed in any school year (name)? 1. Yes 2. No	
		vision	hearing	Movement and using hands	Focus and memory	Communication	Self / personal care						
		D9-1a	D9-1b	D9-1c	D9-1d	D9-1e	D9-1f						
1							<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
11							<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12							<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
13							<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
14							<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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Section 1: Household Members Data

D1 Member series number	D2 Full name (four names)	For individuals 7 years and above(last week)					
		D13 (Name...) relation to labor force during the past week 1. Working 1-14 hours 2. Working 15-34 hours 3. Working 35- 45 hours 4. Working 46 hours or more 5. (not working and looking for a job – worked before) Looked for a job in the past four weeks 6. not working and looking for a job – did not work before) Looked for a job in the past four weeks <u>Is not working and does not want to work, reasons:</u> 7. Full time studying/ training 8. Full time housework 9. Disability/ age/ illness 10. Availability of income 11. Retirement 12. Other specify..... If answers were choices 6-12, move to D21	D14 What is the employment status of (the name)? 1. Employer 2. Self employed 3. S/he works without wage 4. S/he works for a regular wage 5. S/he works for unpaid regular wages	D15 What is the place of work of (the name) 1. in the housing unit 2. within the same locality 3. within the same governorate 4. in another governorate 5 in Israel 6. in Settlements 7. Abroad	D15-1 Asked for those who answered in D14 B 4 or 5 Was (name) work in his/her current or previous job on the basis of an employment contract? 1. Yes - a contract for a specified period 2. Yes - written for an indefinite period 3. Yes - oral 4. No.	D15-2 What is the nature of (name) permanence in his/her current or previous job? 1. Regular full time 2. Part time 3. Temporary / Seasonal / Occasional work Asked for those who answered in D14 a 4 or 5	D16 What is the current main/previous occupation of (the name)? Please describe in details
1		<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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14		<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 1: Household Members Data

members 7 years and above										members 14 years and above
D1	D2	D17	D18	D19	D19-1	D19-2				D21
Member's Serial number	Names of usual household members (three names)	What is the current /previous economic activity in which (the name) works? Please describe in details:	What is the sector of work of (the name)? 1. Private national inside EST. 2. Private national outside EST. 3. Private Foreign inside EST. 4. Private Foreign outside EST. 5. National government 6. Local authority 7. Foreign government 8. Charitable association 9. Cooperation association 10. UNRWA 11. International organization	Asked for those who answered 1-4 on question D13. For others please leave blank Does (the name) have a secondary job/other jobs? 1. Yes 2. No	How many months has (name) worked regularly in the past 12 months?	Does the employer provide any of the following privileges? 1. Yes 2. No 8. Not applicable 9. I don't know Asked for those who answered in question D14 4 or 5 Privileges asked for the name, not the institution				What is the marital status of (the name) 1. never married (move to the next member) 2. Engaged for the first time and not married yet (move to the next member) 3. Married 4. Divorced 5. Widow/widower 6. separated
						1.contribution to retirement/end-of-service gratuity	2- Granting paid annual leave or leave allowance compensation	3. Granting paid sick leave	4. Granting paid maternity leave (women only)	
1	□□□□	□□□□□	□	□□	□	□	□	□	□
2	□□□□	□□□□□	□	□□	□	□	□	□	□
3	□□□□	□□□□□	□	□□	□	□	□	□	□
4	□□□□	□□□□□	□	□□	□	□	□	□	□
5	□□□□	□□□□□	□	□□	□	□	□	□	□
6	□□□□	□□□□□	□	□□	□	□	□	□	□
7	□□□□	□□□□□	□	□□	□	□	□	□	□
8	□□□□	□□□□□	□	□□	□	□	□	□	□
9	□□□□	□□□□□	□	□□	□	□	□	□	□
10	□□□□	□□□□□	□	□□	□	□	□	□	□
11	□□□□	□□□□□	□	□□	□	□	□	□	□
12	□□□□	□□□□□	□	□□	□	□	□	□	□
13	□□□□	□□□□□	□	□□	□	□	□	□	□
14	□□□□	□□□□□	□	□□	□	□	□	□	□

Section 4: Housing Character Statistics

H1	What kind of housing unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Marginal/ caravan/ barracks 7. Other / specify:			<input type="checkbox"/>	
H2	Type of tenure	1. Owned 2. Owned by loan still under payment /Mortgage 3. Rented unfurnished 4. Rented furnished 4. For free 4. Free of work 7. Other / specify:			<input type="checkbox"/>	
H2_A	Main building material for external walls	1. Clean stones 2. Cement & stones 3. Old stones 4. Bricks 5. Cement 6. Clay 7. Other / specify:.....			<input type="checkbox"/>	
H3	1. What is the monthly rental value of this housing unit 2.Currency	Asked for those who answered 3 or 4 on question H2. 1.NIS 2.JD 3.US\$			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
H4	1. If you were to reside in a similar housing unit, what would be the estimated rental monthly value? 2.Currency	Asked for those who answered 3 or 4 on question H2. 1.NIS 2.JD 3.US\$			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
H7	Current housing unit usage status	1. Residence only 2. residence and work			<input type="checkbox"/>	
H8	What is the total number of rooms in the housing unit?	(excluding kitchen, bathroom and rooms used for work only)			<input type="checkbox"/> <input type="checkbox"/>	
H9	What is the total number of only bedrooms in the housing unit?				<input type="checkbox"/> <input type="checkbox"/>	
H9_1	What is the total number of separate bedrooms for female (10-19 years old)				<input type="checkbox"/> <input type="checkbox"/>	
H9_2	What is the total number of separate bedrooms for male (10-19 years old)				<input type="checkbox"/> <input type="checkbox"/>	
H12	Connection of the dwelling housing unit to public networks (the main source for these services)					
	1. Water	1. Local Public Network 2.Isreali Network 3.Collected rain-water wells 4.Spring 5.Tanks 6. Ground Well 7.Other\Specify:.....			<input type="checkbox"/>	
	2. Electricity	1. Public Network 2.private generator 3. Private network 4. Solar units 5.Other\Specify:..... 6. None			<input type="checkbox"/>	
	3. Sewage system	1. Public network 2.Porous Cesspit 3.Tight cesspit 4.None 5. Other specify:.....			<input type="checkbox"/>	
H12_A	Are soap and water available when washing hands?	1. Soap and water together	2. only water	3. only soap	4. both not available	<input type="checkbox"/>
H13	Is there any cuts in service provision from public networks (for dwellings connected to public networks)					
	1. Water	1. No, the service is continuously provided 2. The interruption happens once a month 3. The interruption happens once a week 4. The interruption happens more than once a week 5. The interruption happens daily 6. Network is not functional 7. Other specify:.....			<input type="checkbox"/>	
	2. Electricity	1. No, the service is continuously provided 2. The interruption happens once a month 3. The interruption happens once a week 4. The interruption happens more than once a week 5. The interruption happens daily 6. Network is not functional 7. Other specify:.....			<input type="checkbox"/>	
H13_A	In case the service is interrupted (for residence connected to public networks), how do the HH cope with that? (main alternative source)					
	1. Water	1. Purchased water in tanks 2. Bottled water 3. Water transport from public tab water 4. Water transport from a spring/ground water well 5. Collected rainwater 6. Treated wastewater 7. Stored water from public network 8. Other specify:.....			<input type="checkbox"/>	
	2. Electricity	1. Buying a private generator 2.connect to a private network 3.using alternative energy sources (solar/wind) 4. UPS 5.WIFI battery 6.Other 7. Wax 8. There is no alternative 9. Batteries /networks LED 11. Charger 12. Torch 13. Normal Dry Batteries 14. Scout / Lantern 15. More than one way			<input type="checkbox"/>	
H13_1	What is the main source of drinking water for the HH members (1:yes 2:No)					
1.	Public water network connection	<input type="checkbox"/>	5.	Water tanker	<input type="checkbox"/>	
2.	Protected ground well/spring	<input type="checkbox"/>	6.	Bottled water	<input type="checkbox"/>	
3.	Unprotected ground well/spring	<input type="checkbox"/>	7.	Public tab water	<input type="checkbox"/>	
4.	Rain water	<input type="checkbox"/>	8.	Other: specify	<input type="checkbox"/>	

Does the housing unit include?										
H14	Kitchen	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen							<input type="checkbox"/>	
H15	Bathroom	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom							<input type="checkbox"/>	
H16	toilet	1. Toilet with Piped Water 2. Toilet without Piped Water 3. Toilet connected to Tight 4. Toilet connected to open Sewage 5. No Toilet 6. Other\Specify.....							<input type="checkbox"/>	
H18	What is the main source of energy for									
	1.Cooking	1. Gas 2.Kerosene 3.Electricity 4.Wood 5.Other (specify).....							<input type="checkbox"/>	
	2.Heating	0. No heat 1.gas 2.Kerosene 3.Electricity 4.Wood 5.diesel 6. Cool 7.Other (specify).....							<input type="checkbox"/>	
	3.Baking	0. No baking 1.Gas 2.Electricity 3.Wood 4.Olive cake 5.Other (specify).....							<input type="checkbox"/>	
	4.Water heating	1. Solar heater 2.gas 3.Kerosene 4.Electricity 5.Wood 6. Cool 7. Diesel 8.Other (specify).....							<input type="checkbox"/>	
	5. Light at night	0. No Light at night 1. Electricity 2. Solar/manual flashlight 3. Gaz lamp 4. Candle 5. Other							<input type="checkbox"/>	
H19	How does your household mainly dispose of its garbage?	1. Collected by sanitation worker 2. Thrown in nearby garbage container 3. Thrown randomly 4. Thrown into the garbage dump 5. Burned 6.Used for some purposes 7.Other\Specify.....							<input type="checkbox"/>	
H22	How many of the following durables are available to the household (register (0) when non)	1. Private car	<input type="checkbox"/>	9. Dishwasher	<input type="checkbox"/>	17. Central heating	<input type="checkbox"/>	25. laptop	<input type="checkbox"/>	
		2. Gas /electric Stove over	<input type="checkbox"/>	10. Water filter	<input type="checkbox"/>	18.Landline	<input type="checkbox"/>	26. Smart phone	<input type="checkbox"/>	
		3. Electric fridge	<input type="checkbox"/>	11. TV LED/LCD	<input type="checkbox"/>	19. Home library	<input type="checkbox"/>	27. IPAD/Tablet	<input type="checkbox"/>	
		4. Freezer	<input type="checkbox"/>	12. Regular TV	<input type="checkbox"/>	20. local internet connection	<input type="checkbox"/>	28. WIFI Battery	<input type="checkbox"/>	
		5. Vacuum cleaner	<input type="checkbox"/>	13. Satellite dish	<input type="checkbox"/>	21. Israeli internet connection	<input type="checkbox"/>	29. UPS	<input type="checkbox"/>	
		6. Microwave	<input type="checkbox"/>	14. Electric Fan	<input type="checkbox"/>	22. local mobile phone	<input type="checkbox"/>	30. electric generator	<input type="checkbox"/>	
		7. Washing machine	<input type="checkbox"/>	15. Air condition unit	<input type="checkbox"/>	23. Israeli mobile phone	<input type="checkbox"/>	31. solar panel	<input type="checkbox"/>	
		8. Dryer	<input type="checkbox"/>	16. Central air conditioning	<input type="checkbox"/>	24. Computer	<input type="checkbox"/>	32. Solar heater	<input type="checkbox"/>	
						33. Video/DVD	<input type="checkbox"/>			
H22_1	Do some / all of the rooms in the housing unit, including the corridors and the kitchen, suffer from any of the following: 1. Yes 2. No	1. Humidity <input type="checkbox"/>				4. Poor ventilation <input type="checkbox"/>				
		2. Coldness <input type="checkbox"/>				5. High summer temperatures <input type="checkbox"/>				
		3. Difficulty heating in the winter <input type="checkbox"/>				6. Ceiling cracks / falling off <input type="checkbox"/>				

	H26_1	H26_2	H26_3
The reason	Does any of the following represent a serious problem around your residence 1. No (move to next row) 2. yes (continue to H26_2 and H26_3)	What are the time were this problem appears mostly 1. 6 morning to 11.59 before noon 2. 12 noon – 7.59 evening 3. 8 evening – 5.59 morning 4. no specific time	What is the main cause producing this type of pollution
1. Noise	<input type="checkbox"/>	<input type="checkbox"/>	1. Traffic 2. Airplanes 3.quarries and stone cutting 4. Construction work 5.industrial activities 6.other / specify 7. Commercial activities 8. School / Nursery 9. Electrical generator/ water motor 10. More than one source 11. Population density <input type="checkbox"/>

2. Smell	<input type="checkbox"/>	<input type="checkbox"/>	1. Waste water 2. Garbage dump 3. public restrooms 4. Transport 5. Agricultural waste 6. Industrial activities 7. Other / specify ... 8. Commercial activities	<input type="checkbox"/>
3. Dust	<input type="checkbox"/>	<input type="checkbox"/>	1. Unpaved roads 2. Quarries and stone cutting 3. Construction 4. Industrial activities 5. Other/ specify... 6. traffic movement	<input type="checkbox"/>
4. Smoke	<input type="checkbox"/>	<input type="checkbox"/>	1. Industrial activities 2. Burning waste 3. Transport 4. Construction work 5. Other/ specify... 6. Smoke from neighbors 7. Electrical generator	<input type="checkbox"/>

Section 5: Assistance and coping strategies

C01	During the first half of 2020, did the HH or any member of HH received any type of assistance? (Such as food, medicine, work, education,.....)			<i>1. yes 2. No....move to C04</i>		<input type="checkbox"/>
	A. Type of assistance	B. Value of assistance	C. Source of assistance	D. Nature of assistance	E. satisfaction on assistance	F. Reason for dissatisfaction on assistance
C02	1. Food 2. Free medicine\ health treatment 3. Clothes 4. Job opportunities 5. Compensation martyrs/injuries 6. Cash 7. Health insurance 8. food parcels/coupons 9. Vouchers 10. School feeding 11. Product inputs (seeds, fertilizer, ...) 12. Drinking water 13. electric recharge fees 14. residential (shelter, rental fees, caravans) 15. Other/Specify.....	Value: is the total amount received in all times for the same type of support and same source in NIS)	1. Ministry of Social Development 2. Other PA agencies 3. Political parties 4. Zakat 5. International /developmental agencies 6. UNRWA 7. Foreign and Arab countries 8. Charities/religious orgs. 9. Relatives/Family members 10. Friends/neighbors/charitable people etc. 11. trade/workers unions 12. National banks 13. local reconciliation Committee 14. Other/Specify.....	1. Periodic 2. emergency	1. Strongly Satisfied 2. Satisfied 3. Not satisfied 4. Strongly Not satisfied 9. Don't know/No answer If answer=1, 2, or 9 skip to the next line.	Main reason for dissatisfaction 1. because of quantity 2. because of quality 3. because of quantity and quality 4. frequency of receiving assistance 5. Other / specify 9. Don't know/No answer
1.	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C04	Asked for HH who did not receive any assistance during the first half of 2020. According to your opinion, what is the main reason of not receiving the assistance?	1. we have not applied for assistance/didn't ask for it			<input type="checkbox"/>		
		2. We applied and didn't get any due to living in remote area					
		3. We applied and didn't get any due to living in rich area					
		4. We applied and didn't get any due to a political reason					
		5. We applied and didn't get any due to not meeting the criteria					
		6. We applied and didn't get any due to lack of funding					
		7. We applied and didn't get any due to employment of hh member					
		8. We applied and didn't get any we don't know why					
		9. Other/Specify.....					
C05	Regardless if your HH received assistance or not, would you say that your HH is in need of assistance	1. Yes, a lot 2.Yes, somewhat 3.No, we do not need assistance.---->C07			<input type="checkbox"/>		
C06	Regardless if your HH received assistance or not, what type of assistance do the HH is in need 1.Yes 2.No	1. Cash	<input type="checkbox"/>	6. Provisions for orphans	<input type="checkbox"/>	11. Training	<input type="checkbox"/>
		2. Food	<input type="checkbox"/>	7. Social interventions with family	<input type="checkbox"/>	12. project Assistance	<input type="checkbox"/>
		3. Health Insurance	<input type="checkbox"/>	8. Exemption of school fees	<input type="checkbox"/>	13. Exemption of customs	<input type="checkbox"/>
		4. Provision for disabled	<input type="checkbox"/>	9. Emergency assistance	<input type="checkbox"/>	14. Housing assistance	<input type="checkbox"/>
		5. Provision for elderly	<input type="checkbox"/>	10. Job opportunity	<input type="checkbox"/>	15. Other/Specify.....	<input type="checkbox"/>
C07	Regardless if your HH received assistance or not, in general, to what extent that assistance programs is targeted the needy in your community	1.Assistance is primarily reaches the needy 2.Assistance primarily targets the needy, but often others who do not need such assistance also receive it 3. In general, assistance is distributed without any distinction between the needy and none needy 9. Don't know/No answer			<input type="checkbox"/>		
C08	During the past 30 days, how many times have your household experienced the following (0:none, 1: once or twice, 2: 3 to 10 times, 3: more than 10 times, 9 don't know/no answer						
	1. Did you worry that your household would not have enough food?	<input type="checkbox"/>	6. Did you or any other household member eat fewer meals in a day because there was not enough food?	<input type="checkbox"/>			
	2. Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	<input type="checkbox"/>	7. Was there ever no food at all in your household because there were not resources to get more?	<input type="checkbox"/>			
	3. Did you or any household member eat a limited variety of foods due to a lack of resources?	<input type="checkbox"/>	8. Did you or any household member go to sleep at night hungry because there was not enough food?	<input type="checkbox"/>			
	4. Did you or any household member eat food that you preferred not to eat because of a lack of resources to obtain other types of food?	<input type="checkbox"/>	9. Did you or any household member go a whole day and night without eating anything because there was not enough food?	<input type="checkbox"/>			
	5. Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?	<input type="checkbox"/>					
C09_1	During the past 12 months, has the household obtained loans / advances / debt?	1. Yes, 2. No 9. I don't know 4.no answer (if the answer is 2,4,9 move to c12_1)			<input type="checkbox"/>		
C10	What is the value of the each of the loans in NIS	□□□□□					
C10_1	What is the value of the each of the loans in NIS (Put 99999 if you don't know the value for any source)	1. Loans and advances from government			□□□□□		
		2. Loans from commercial banks			□□□□□		
		3. Loans from specialized institutions			□□□□□		
		4. Loans and advances from individual (friends/family/ select)			□□□□□		
		5. Loans from other sources.....)			□□□□□		
C11	During the past 12 month Was the loans money used to spend on any of the following 1.yes 2. No 9. Don't know						
	1. Living or food	<input type="checkbox"/>	7. Buy a car	<input type="checkbox"/>			
	2. Construction / expansion of housing / maintenance	<input type="checkbox"/>	8. Treatment	<input type="checkbox"/>			
	3. Marriage of a family member	<input type="checkbox"/>	9. paying a debt	<input type="checkbox"/>			
	4. Purchase of furniture or equipment	<input type="checkbox"/>	10. Other / specify	<input type="checkbox"/>			
	5. Teach a family member	<input type="checkbox"/>					
6. Buy / expand Real Estate	<input type="checkbox"/>						

C12_1	(A) During the past 12 month, did you or any of your HH members witness any of the following? 1. Yes 2. No	1. shortage of water			<input type="checkbox"/>
		2. assets/project (including land) loss/damage resulting from Israeli aggression			<input type="checkbox"/>
		3. assets/project (including land) loss/damage resulting from other reasons			<input type="checkbox"/>
		4. in ability to access the lands due to restrictions imposed by the Israeli occupation			<input type="checkbox"/>
		5. Inability to pay back a loan/debt			<input type="checkbox"/>
		6. Loss of all or total wages/salaries			<input type="checkbox"/>
		7. death of bread winner			<input type="checkbox"/>
		8. Crop damage			<input type="checkbox"/>
		9. serious sickness			<input type="checkbox"/>
		10. delay in getting paid a salary			<input type="checkbox"/>
		11. loss of a source of aid/assistance			<input type="checkbox"/>
		12. in ability to renew work permit			<input type="checkbox"/>
		13 in ability to attend for health treatment due to lack f medication			<input type="checkbox"/>
		14. inability to pay for medication			<input type="checkbox"/>
		15.inability to leave the country for educational reasons			<input type="checkbox"/>
		16.inability to leave the country for medical treatment reasons			<input type="checkbox"/>
		17.inability to leave the country for other reasons			<input type="checkbox"/>
		18. A family member has been subjected to threat / arrest / violence / humiliation because of his/her political opinions written or spoken by the Israeli occupation			<input type="checkbox"/>
		19. Being robbed (inside / outside) the house			<input type="checkbox"/>
		20. A family member has been arrested and sentenced for his/her political views by the government (at least for a year)			<input type="checkbox"/>
		21. A family member has been threatened / arrested / violent / humiliated because of hi/her political opinions written or spoken by the government			<input type="checkbox"/>
		22. A family member was (injured / wounded / martyred) by the Israeli occupation			<input type="checkbox"/>
		23. in ability of a family member to visit family, relatives or friends due to the Israeli restrictions (checkpoints / separation wall / buffer zone / intrusions / curfews)			<input type="checkbox"/>
C12_2	What are the top main three event/shocks that have affected your HH (record the code from the previous list C12_1)	First <input type="checkbox"/> <input type="checkbox"/>	Second <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>	
C12_3	During the past 12 months, has s/he witnessed or exposed to problems related to living life (females or children) 1. Yes 2. No 8. Not applicable 9. I don't know				
1.	Not to allow any of the females in the family to visit the doctor / relatives / friends without an accompaniment			<input type="checkbox"/>	
2.	Not to allow one of the workers female in the family to have a separate bank account			<input type="checkbox"/>	
3.	Inability of a female to dispose of her own property / income, wage from work, or her bank account due to family restrictions			<input type="checkbox"/>	
4.	A female member of the family was subjected to physical violence by a family member			<input type="checkbox"/>	
5.	Not to allow one of the females in the family to work or search for work due to restrictions imposed on them by the parents (father, husband, brothers)			<input type="checkbox"/>	
6.	Not to allow a female family to enroll in university education due to parent restrictions			<input type="checkbox"/>	
7.	Not to allow one of the females in the family to choose the major she wants due to restrictions from parents			<input type="checkbox"/>	
8.	One of the children in the family was subjected to physical violence from a family member			<input type="checkbox"/>	
C12_4	During the past 12 months, did any family member of school-age witness or experience problems related to education: 1. Yes 2. No 8. Not applicable 9. I don't know				
1	Did a family member of school-age face any problems with teachers' incompetence			<input type="checkbox"/> <input type="checkbox"/>	
2	Did a family member of school-age face any problems with lack of textbooks			<input type="checkbox"/> <input type="checkbox"/>	
3	Has a family member of school-age experienced any problems with a lack of services and facilities at school (bathrooms, squares, etc.)			<input type="checkbox"/> <input type="checkbox"/>	

C13	During the last 30 days, when the household did not have enough food or money to buy the food, did the hh members do any of the following?	A. Answer 1.Yes 2.No 8.Not applicable 9.Don't know (2,8,9 skip to next line	B. Number of times	C. Is the possibility of future use still exist 1.Yes 2.No
	1. Not pay bills/utilities	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	2. Sell off assets jewelry, furniture, productive assets, etc.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	3. Used life savings	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	4. Sell off productive assets (sewing machine, vehicles, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	5. re-organize the HH members to save money (live or eat together)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	6. Reduce HH expenditures on health, education, and clothing.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	7. Resorting to agriculture (planting, animal husbandry, fishing)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	8. looking for secondary job	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	9. taking children out of school	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	10. reducing production costs for example cut on fertilizers etc.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	11. Selling remaining productive assets such as female goats etc	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	12. Selling land or housing	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	13. Buy food on credit, borrow food	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	14. Borrow money	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	15. Send children to eat somewhere else, eating in groups	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	16. Change of residence	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
C14	Make sure to repeat the following when asking about the coping strategies adopted during the past 7 days: During the last 7 days, when the household did not have enough food or money to buy the food, how many times did you			Number of times during the past 7 days (0-7)
	1 Reduced the number of meals for all household members per day			<input type="checkbox"/>
	2 Reduced the quantity of meals eaten by adults in favor of children			<input type="checkbox"/>
	3 Purchased low quality markets "Leftover"			<input type="checkbox"/>
	4 Reduced portion of food for adults in favor of children's			<input type="checkbox"/>
	5 Reduced portion of food of meal for family members			<input type="checkbox"/>
	6 Refrain from consuming expensive and resort to alternatives (buying cheaper kind of food)			<input type="checkbox"/>

Section 6: consumption

Consumption includes the following items: own produces food, own produced nonfood including embroidery.

E704	What is the average HH monthly expenditure on food (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_1	What is the average HH monthly expenditure on clothing and shoes (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_2	What is the average HH monthly expenditure on housing (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_3	What is the average HH monthly expenditure on home appliances (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_4	What is the average HH monthly expenditure on house needs (cleaning materials etc. (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_5	What is the average HH monthly expenditure on health care (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_6	What is the average HH monthly expenditure on transportation (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_7	What is the average HH monthly expenditure on communication (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_8	What is the average HH monthly expenditure on cultural and recreational activities (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_9	What is the average HH monthly expenditure on personal care (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_10	What is the average HH monthly expenditure on cigarettes and tobacco (NIS) during first half of 2020	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_11	What is the average HH annual expenditure on education (NIS) during 2019	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_12	What is the average HH annual expenditure on durable goods (NIS) during 2019	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_13	What is the average HH annual expenditure on furniture (NIS) during 2019	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_14	What is the average HH expenditure over the past 3 years on vehicles (NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E704_15	What is the average HH monthly expenditure on electricity including bells, fuels, repairs, etc. (NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E703	What is the average HH total monthly expenditures during the first half of 2020 (NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 7: Dietary Diversity and Coping with food access
during the past week, how many days did the household consume the following food groups and what was the main source for these items:

E801	Food Group	a. Number of days consumed (regardless of the number of times per day. If not consumed insert 0)	b. Main source 1. Food coupons 2. Purchased 3. own produced 4. barter 5.gifts 6. in kind food aid 7. buying on credit 8 borrowed from relatives, neighbors 9. Other/Specify.....	
1.	Starches and tubers (rice, pastries, wheat flour, barley, potatoes, wheat bread, Freekeh, bourghul)	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Legumes (lintels, chickpeas, fava beans, green peas)	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Fish (dried, canned, fresh)	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Eggs	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Red meat (beef, sheep, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
6.	White meat (poultry)	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Liver, kidney, and other	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Dairy products	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Oils and fats	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Vitamin A rich fruits (melons, mango, papaya, apricots etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Other fruits (orange, apples, bananas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Vegetables (orange colored)	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Green leafy vegetables	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Other vegetables (onions, tomatoes, radish)	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Sugar, jams, honey and sweetened drinks	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Others (coffee, tea, condiments)	<input type="checkbox"/>	<input type="checkbox"/>	
E802	During the past 30 days, did the household purchase or pay the fare for the following goods? 1.yes 2.No	1. Oriental sweets <input type="checkbox"/>	6. Banana <input type="checkbox"/>	11. Watermelon seeds (nuts) <input type="checkbox"/>
		2 . Fresh beef <input type="checkbox"/>	7.Apple <input type="checkbox"/>	12. Green Pepper (sweet) <input type="checkbox"/>
		3. Feather chicken <input type="checkbox"/>	8.Peach <input type="checkbox"/>	13. Pay the taxi fare on demand <input type="checkbox"/>
		4. A can of yoghurt <input type="checkbox"/>	9. Pears <input type="checkbox"/>	14. Internet fees (subscription, cards, internet centers, ...) <input type="checkbox"/>
		5. Soft white cheese <input type="checkbox"/>	10.Almonds (nuts) <input type="checkbox"/>	15. Buying perfume / deodorant <input type="checkbox"/>

Section 8: Income

I01	The main breadwinner in this household is	1.Male 2.Female	<input type="checkbox"/>
I04	Total amount of money that a household need to satisfy its basic needs (necessities)	The interviewee should provide an estimate. If impossible to get an estimate insert -.	In NIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I04_1	In general do you consider your HH	1. Wealthy 2.middle 3. Poor 4.very poor	<input type="checkbox"/>
I05	How long could the HH keep up financially in the future if situation to remain the same	1.For as long as it takes	<input type="checkbox"/>
		2.For about one year	
		3.For only few months	
		4. We hardly could manage	
		5.HH situation is serious and does not have enough to live	
	9. don't know/no answer		
I06	During the past 12 months: What of following sources is of the household sources of income (multiple choice)	1. Yes 2. No (Move to Next sources)	What is the average monthly income from each of these sources (NIS)
1	Agriculture, fisheries and animal husbandry	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Non agriculture family business	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Wages and salaries from the public sector	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Wages and salaries from the private sector	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Wages and salaries from Israel labor market	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Transfers from within WBGs (including retirement)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Transfers from abroad	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	International agencies (aid)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Social assistance	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	Wages and salaries from international agencies	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	National insurance (Jerusalem)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Property income	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Other/Specify.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I06_01	Of the sources selected above, what is the main source of income (insert the number of the choice?)		<input type="checkbox"/> <input type="checkbox"/>
I07	During the past 12 months what is the average monthly income of the resources that answered yes in I06		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 9: household's income generating projects

AG01	During the past 12 months, did the HH or any of its members practiced any privately owned agricultural activity	1. yes 2.No (move to AG07)	<input type="checkbox"/>				
AG02	Area of land planted during The Last Twelve Months (in Dunums)?	□□□□□□					
What type of agriculture?							
AG03_1	Protected vegetable (greenhouses)	1.yes 2.no	<input type="checkbox"/>				
AG03_2	Irrigated open field	1.yes 2.no	<input type="checkbox"/>				
AG03_3	Rain fed open field	1.yes 2.no	<input type="checkbox"/>				
AG05	What is the value in NIS of the production During the past 12 months	□□□□□□					
AG06	What is the value in NIS of the production that was consumed within the HH of the total production During the past 12 months	□□□□□□					
AG03_4	Does the household or any of its members have owned land (agricultural / non-agricultural)?	1. Yes 2.no...move to EQ01	<input type="checkbox"/>				
AG04	If the land was owned by the HH of any of its members, how would you estimate the value of each dunum (in JD)	□□□□□□					
AG07	During the last twelve months have the HH or one of its members practiced animal husbandry?	1. Yes 2.no...move to EQ01	<input type="checkbox"/>				
Type		Number as in 01/12/2020	Revenues during the last twelve months	Value of self-consumed during the last twelve months	If you are to sell this holding what would be the estimated cost (NIS)		
		A	B	C	D		
AG08	1.Cows	□□□□	□□□□□□□□	□□□□	□□□□□□		
AG09	2. Goats	□□□□	□□□□□□□□	□□□□	□□□□□□		
AG10	3. Sheep	□□□□	□□□□□□□□	□□□□	□□□□□□		
AG11	4. Poultry	□□□□□□	□□□□□□□□	□□□□	□□□□□□		
AG12	5. Camels	□□□□	□□□□□□□□	□□□□	□□□□□□		
AG13	6. Beehives	□□□□	□□□□□□□□	□□□□	□□□□□□		
AG14	7.Other	□□□□	□□□□□□□□	□□□□	□□□□□□		
AG15	Did the family own any of the following agricultural tools on 01/12/2020?	Answer: 1. Yes 2. No 3. Not applicable					
		1. plow	<input type="checkbox"/>	2. Manual plow (harrow)	<input type="checkbox"/>	3. Automatic sprinkler	<input type="checkbox"/>
		4. Metaphase / trowel	<input type="checkbox"/>	5. Power plow	<input type="checkbox"/>	6. Tractor	<input type="checkbox"/>
		7. Manual sprinkler	<input type="checkbox"/>	8. threshing tool	<input type="checkbox"/>	9. Comb	<input type="checkbox"/>
		10. Ax	<input type="checkbox"/>	11. A fishing hook	<input type="checkbox"/>	12. Harvester	<input type="checkbox"/>
		13. Feeder	<input type="checkbox"/>	14. Stripes	<input type="checkbox"/>	15. Animal pruning tools	<input type="checkbox"/>
		16. Other / specify:	<input type="checkbox"/>				
EQ01	During the past twelve months, did the HH or any of the HH members worked in non-agricultural private family business? 1.Yes 2.No move to T1				<input type="checkbox"/>		
EQ02	In which economic sector can this project be classified 1. Mining quarrying 2.Manufacturing 3. Construction 4. Commerce 5. Transport and storage 6. Hotels and restaurants 7. Information and communication 8. Insurance and financial services 9.Real estate services 10. Education 11. Personal care 12.cultural recreational 13. Other / specify:				<input type="checkbox"/>		
EQ04	What is the income in NIS generated by the project during the past year	□□□□□□					
EQ06	What is the size of the owned lands, regardless of the agricultural and project lands? (Dunums)	□□□□□□					

Section 10: Mobility and Access to Basic Services

T1	To what extent would you say that in general movement restrictions represented an obstacle to you /your family during the first half of 2020? 1. Very Much 2. Minor 3. Not an obstacle 9. Don't know					<input type="checkbox"/>
T2	During the first half of 2020 did you or any HH member face difficulty in accessing the following:	A. difficulties	B. Reasons of difficulties 1.Yes 2.No			
		1. No difficulty 2. Minor difficulty 3. Big difficulty 8. Not applicable 9. Don't know (1.8.9 move to the next)	1. Access Restrictions related (crossing, check point, no go zone etc)	2. Cost related reasons	3. Bombing and military operations	4. Other / specify:.....
	1. work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. plant your land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. school or collage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. health facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Inside the seam zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Inside the separation barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. outside the seam zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. outside the separation barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T3	How far is your residence from each of the following? What is the most frequent used transportation mean and the duration of the trip					
Type Of Service	1.distance	2.Mean of transport	3.Duration of trip	Distance: 1. 500 m and less 2. 501m to 1000 m 3. 1001to 1999 m 4. 2000 to 2999 m 3. more than 3000 m		
1. public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2. Closest private clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
3. Public health center (maternal health center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
4. private or public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
5. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
6. Closest primary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
7. Closest secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
8. Closest center to buy food/ food market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
9. Closest commercial center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
10. Senior Center / Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
11. Youth Center / Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12. Police station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
13. A bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14. A fire station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15. Home for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
16. A social service / counseling / orphans center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				Frequent mean of transport 1. walking 2. private car 3. Public transport 4. taxi 5. Other / specify: 9. Don't know		

Individuals Survey 18 years and above: questions on reality of suffering and quality of life

Mechanism for selection among household members

Table (1): census and order of household members according to the required age group (18 years and above)

Enumerate family members of the required age group (18 years and above)

Members name	Age	Order	Selection

Instructions to researcher:

1. Organize male/ female members according to the required age group starting with the most senior to the youngest
2. Use the household random number table according to the serial survey number in the enumeration zone in Table (2)
3. Select the male/ female requested. Crossing of column No of household members of the age group 18 and above and the class assigned to every code of the random class from selection table for individual from family Table 3

Table (2) random household symbol according to the survey serial number

Household random code	Serial number of survey in enumeration zone	Random household code	Survey serial number in enumeration zone
A	14	A	1
B1	15	A	2
B2	16	B1	3
C	17	B2	4
C	18	C	5
D	19	C	6
D	20	D	7
E1	21	D	8
E2	22	E1	9
F	23	E2	10
F	24	F	11
A	25	F	12
		A	13

Table (3) Table of selection of household member

Random household code	If number of male/ female members above 18 years					
	1	2	3	4	5	6 or more
	Select member whose order is:					
A	1	1	1	1	1	1
B1	1	1	1	1	2	2
B2	1	1	1	2	2	2
C	1	1	2	2	3	3
D	1	1	2	3	4	4
E1	1	1	3	3	3	5
E2	1	1	3	4	5	5
F	1	1	3	4	5	6

Individual's survey 18 years and above			
GA1	Individual's name as appeared in D02.....		
GA2	Individual's line no D01	<input type="checkbox"/> <input type="checkbox"/>	
GA 3	Outcome of individual's interview	1. Completed. 2. Partially completed. 3. Unable to meet with the person 4. Refused (reason....) 5. Other/ specify.....	<input type="checkbox"/>
GA51_1	During the past 12 months, Do you have a feeling / or felt:		Answer 1.Yes 2.No
1	Feeling worried about the lack of enough food to eat because of lack of money or provide other sources		<input type="checkbox"/>
2	The inability to eat healthy and nutritious food because of lack of money or other sources		<input type="checkbox"/>
3	Eat a few kinds foods because of lack of money or other sources		<input type="checkbox"/>
4	Give up a meal because there was not enough money or other resources to get food?		<input type="checkbox"/>
5	Eating less than you thought you should because of a lack of money or other resources		<input type="checkbox"/>
6	The food ran out on household because of a lack of money or other resources		<input type="checkbox"/>
7	Hunger with no eating because there was not enough money or other resources for food		<input type="checkbox"/>
8	Do not eat for a whole day because of a lack of money or other sources		<input type="checkbox"/>

Evaluation of health service			
HS 01	During the past 12 months when you (or a child in your household) really needed a medical examination or <u>treatment excluded Dental care and teeth exams</u> ?	1. Yes (at least once) 2. No (There was no needed medical examination or treatment) Move to ES06 (Education Section) 3. Refuse to answer Move to ES06 (Education Section)	<input type="checkbox"/>
HS 02	Did you [or a child in your household] have a medical examination or treatment each time you [or a child in your household] really needed it?	1. Yes (For each time I or a child in my household needed it) 2. No (there was at least one occasion when I or a child in my household did not have a medical examination or treatment when I needed it) Move to HS 03 3. Refuse to answer Move to ES 06 (Education Section)	<input type="checkbox"/>
HS 02_A	Who the main provider of the last service had received?	1. Palestinian Ministry of Health 2 . UNRWA 3. non-governmental organizations 4. Private sector 5. Israeli sector 6 . Other / specify:	<input type="checkbox"/>
HS 03	What was the main reason for not having the service or needed treatment?	1. Could not afford to (too expensive) 2. Long waiting list (to get an appointment, or when turning up to a health facility without an appointment) 3. Too far to travel or no means of transportation to get there 4. Don't trust medical doctors and healthcare personnel 5. Could not take time because of work, care for children or for other reasons 6. Wanted to wait and see if problem got better on its own 7. Fear of medical doctors, hospitals, examination or treatment 8. Healthcare facilities are not clean 9. Healthcare facilities are not adequately equipped or lack medicine 10. Other reasons / specify..... move to the educational services section	<input type="checkbox"/>

HS 04	In the past 12 months, regarding the latest health service how do you evaluate it? 1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied 98. Refuse to answer 99. I don't know			
A	It was easy to get to the place where I received medical treatment.			<input type="checkbox"/>
B	Expenses for healthcare/ treatment services were affordable to household			<input type="checkbox"/>
C	The healthcare facilities were clean and in good condition			<input type="checkbox"/>
D	All people are treated equally in receiving healthcare services in your area.			<input type="checkbox"/>
E	The doctor/nurse spent enough time with Treatment recipients during the consultation			<input type="checkbox"/>
HS05	Overall, how satisfied or dissatisfied were you with the quality of primary healthcare services you [or a child in your household] received on that last consultation?	1. very satisfied 2. Satisfied 3. dissatisfied 4. very dissatisfied 98. Refuse to answer 99. I don't know		<input type="checkbox"/>

Evaluation of Educational Service		This section is for households with children aged between 5-18 Years		Primary education	Secondary education
ES06 Are there children in your household whose age falls between 5 and 18 years old? (This question is automatically transferred to it, as it is linked with the data of family members)					
ES07	Does this child (do all of these children) attend a public school regularly?	1. Yes 2. No Move to (GOS 11) Evaluation of Administrative service 98. Refuse to answer Move to (GOS 11) Evaluation of Administrative service 99. I don't know Move to (GOS 11) Evaluation of Administrative service		<input type="checkbox"/>	<input type="checkbox"/>
ES07_A	What is the supervisory authority of the school? 1. Yes 2. No	1. the government Move to ES 09 2. UNRWA Move to ES 09 3. Private Move to ES 08 4. The Israeli Ministry of Education and the Municipality move to ES 09		<input type="checkbox"/>	<input type="checkbox"/>
ES08	What is the main reason for the child / children to enroll in a private school (non- governmental, UNRWA or a school that is not affiliated with the Israeli Ministry of Education and Municipality)?	1. High cost (books, clothing, transportation,) 2. The school is far away or there is no transportation. 3. School facilities are in poor condition 4. School facilities are not safe 5. Teachers and other school staff do not treat children with respect 6. Teachers are ineffective/not adequately trained 7. Teachers are often absent 8. children need to stay home to help with housework/farm work 9. No culturally or religiously appropriate educational programs available 10. School not equipped for children with special learning needs. 11. Other / specify..... Move to Evaluation of Administrative services Section		<input type="checkbox"/>	<input type="checkbox"/>
ES09	Please tell me more about the primary and/or secondary public schools attended by this child/children in your household non- governmental, UNRWA, or a school affiliated to the Israeli Ministry of Education and Municipality 1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied 98. Refuse to answer 99. I don't know				
09.1	The school can be reached by public or private transportation, or by walk, in less than 30 minutes and without difficulties.			<input type="checkbox"/>	<input type="checkbox"/>
09.2	School-related expenses (including administrative fees, books, uniforms and transportation) are affordable to you/your household.			<input type="checkbox"/>	<input type="checkbox"/>
09.3	School facilities are in good condition.			<input type="checkbox"/>	<input type="checkbox"/>
09.4	All children are treated equally in the school attended by the child/children in your household.			<input type="checkbox"/>	<input type="checkbox"/>
09.5	The quality of teaching is good.			<input type="checkbox"/>	<input type="checkbox"/>
ES10	Overall, how satisfied or dissatisfied are you with the quality of education services provided by the primary and/or secondary public schools attended by this child/children in your household? non- governmental, UNRWA, (or a school affiliated to the Israeli Ministry of Education and Municipality	1. very satisfied 2. Satisfied 3. dissatisfied 4. very dissatisfied 98. Refuse to answer 99. I don't know		<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Administrative services

Document name		GOS11	GOS12	GOS13
		During the past 12 months, Was there for any household members need to issue any document? 1. Yes 2. No Move to Next document 98. Refuse to answer Move to Next document	Did you obtain the document that you or a family member needed? 1. Yes Move to Next document 2. No 98. Refuse to answer Move to Next document	What is the <u>main reason</u> for not obtaining the document that you or a family member needs? 1. Cannot afford to (administrative fees are too expensive) 2. Too difficult to access the place of service 3. The staff doesn't treat people with respect 4. The process for applying and obtaining such documents is too complicated 5. It takes too long to get what you need 6. Other reasons/ specify.....
1.	national identity card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	certificate of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	divorce certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If none of the 7 documents above were obtained (GOS 12 answered no to all the documents he needed) within the past 12 months, the next set of questions about tobacco is moved.

GOS 14_A	During the past 12 months what was the last document you tried to obtain	1. national identity card 2. passport 3. certificate of birth 4. Death certificate 5. marriage certificate 6. divorce certificate 7. driver's license	<input type="checkbox"/>
GOS 15	How satisfied with the following questions about the last document service they received in the past 12 months. 1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied 98. Refuse to answer 99. I don't know		<input type="checkbox"/>
15.1	The office service was easily accessible.		<input type="checkbox"/>
15.2	Reasonableness of costs of obtaining such documents		<input type="checkbox"/>
15.3	The process for applying and obtaining the ID or the certificate was simple and easy to understand.		<input type="checkbox"/>
15.4	All people are treated equally in receiving government services in your area.		<input type="checkbox"/>
15.5	The reasonableness of the time required to obtain such documents		<input type="checkbox"/>
GOS 16	Overall, how satisfied were you with the quality of last document were received in the past 12 months	1. very satisfied 2. Satisfied 3. dissatisfied 4. very dissatisfied 98. Refuse to answer 99. I don't know	<input type="checkbox"/>

TOBACCO

TA1	Have you ever tried cigarette smoking, even one or two puffs?	1. YES 2. NO (Move to TA4)	<input type="checkbox"/>
TA2	What type of smoked tobacco product did you use or smoke during the last one month? Record everything mentioned	A. Manufactured cigarettes B. Hand-rolled cigarettes C. CIGARS D. PIPE E. WATER PIPE X .OTHER/SPECIFY.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TA3	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES ? IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS. IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10.' IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30.'	NUMBER OF DAYS If less than 10 days DAYS OR MORE BUT LESS THAN A MONTH... 10 EVERY DAY / ALMOST EVERY DAY 30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TA4	Do you currently use pyrophoric tobacco products like Aquos, Plum, Tech, Glow, Pax?	1. YES 2. NO MOVE TO TA6	<input type="checkbox"/>
TA5	During the last month since the day of the interview (the last 30 days), how many days have you used PYROPHORIC tobacco products such as Aquos, Plum, Tech, Glow, Pax ?? If the answer is less than 10 days, write down the number of days. If the answer is 10 days or more, but less than a month, write down "10." If the answer is "every day" or "nearly every day," write down "30."	NUMBER OF DAYS If less than 10 days DAYS OR MORE BUT LESS THAN A MONTH... 10 EVERY DAY / ALMOST EVERY DAY 30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TA6	Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	1. YES 2. NO MOVE TO TA9	<input type="checkbox"/>
TA7	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	1. YES 2. NO MOVE TO TA9	<input type="checkbox"/>
TA8	What type of smokeless tobacco product did you use during the last one month? Record all mentioned.	A. CHEWING TOBACCO B. SNUFF X. DIP Y. OTHER/SPECIFY.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TA9	The previous questions were about tobacco products, now I'm going to ask you some questions about e-cigarettes. E-cigarettes are devices that use batteries to heat e-liquid that may or may not contain nicotine to produce a vapor. They are called electronic cigarettes. During the past month since the day of the interview (the last 30 days), have you ever used electronic cigarettes such as electronic cigars, smoke pens, and electronic hookah?	1. YES 2. NO (MOVE TO QC6)	<input type="checkbox"/>

TA10	Do you currently use Electronic cigarettes daily? IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS. IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10.' IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30.'	NUMBER OF DAYS If less than 10 days	<input type="checkbox"/>
		DAYS OR MORE BUT LESS THAN A MONTH... 10	<input type="checkbox"/>
		EVERY DAY / ALMOST EVERY DAY 30	<input type="checkbox"/>

QC6	What is the number of the individual answering the largest part of the questionnaire (recorded from question D1)?	<input type="checkbox"/> <input type="checkbox"/>	
QC7	Do you accept to return to you or not in case there is a need?	1. Yes 2. No	<input type="checkbox"/>
QC8	Are you willing to take part in future surveys over the phone or a face-to-face interview?	1. Phone call interview 2. Face-to-face interview (end of interview)	<input type="checkbox"/>
QC9	If you are ready to participate in future surveys over the phone, what is the phone or mobile number through which we can communicate with you?	<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"/> <input type="checkbox"/> <input type="checkbox"/>	