



Palestinian National Authority  
**Palestinian Central Bureau of Statistics**  
**Expenditure and Consumption Survey, 2011**  
**Household Questionnaire**

<b>ID00</b>	Questionnaire serial no. in sample <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID04</b>	Questionnaire serial no. in Enumerated Area <input type="text"/> <input type="text"/>
<b>ID01</b>	Governorate <input type="text"/> <input type="text"/>	<b>ID05</b>	Number of Building <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID02</b>	Locality code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID06</b>	Number of Housing Unit in the Building <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID03</b>	Enumerated Area code in locality <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID07</b>	Round Number <input type="text"/> <input type="text"/>
<b>ID08</b>	Month Record	<b>ID09</b>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID10</b>	Location from the Separation and Annexation Wall	1. Behind the wall    2. Outside the wall <input type="checkbox"/> 3. Localities circled by the wall    4. Localities divided by the wall	
<b>ID11</b>	Name of Household (HH) Head.....		

**Address**.....

<b>IR03</b>	<b>Interview Result</b>		
		<b>1</b>	Interview is completed
		<b>2</b>	Household traveled
		<b>3</b>	Unit not found
		<b>4</b>	Nobody at home
		<b>5</b>	Refused
		<b>6</b>	Not inhabited
		<b>7</b>	No information
		<b>8</b>	Other (Specify) .....

<b>IR04</b>	Total members of HH <input type="text"/> <input type="text"/>	Male Number <input type="text"/> <input type="text"/>	Female Number <input type="text"/> <input type="text"/>
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<b>IR05</b>	Interviewer's Name.....	<b>IR06</b>	Interviewer's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date .../.../201..
<b>IR07</b>	Supervisor's Name.....	<b>IR08</b>	Supervisor's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date.../.../201...
<b>IR09</b>	Editor's Name.....	<b>IR10</b>	Editor's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date.../.../201...
<b>IR11</b>	Data Entry Person's Name.....	<b>IR12</b>	Data Entry Person's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date.../.../201...

**January 2011/January 2012**



Palestinian National Authority  
**Palestinian Central Bureau of Statistics**  
**Expenditure and Consumption Survey, 2011**  
**Household Questionnaire**

<b>ID00</b>	Questionnaire serial no. in sample	□ □ □ □	<b>ID04</b>	Questionnaire serial no. in Enumerated Area	□ □
<b>ID01</b>	Governorate	□ □	<b>ID05</b>	Number of Building	□ □ □
<b>ID02</b>	Locality code	□ □ □ □ □ □	<b>ID06</b>	Number of Housing Unit in the Building	□ □ □
<b>ID03</b>	Enumerated Area code in locality	□ □ □	<b>ID07</b>	Round Number	□ □
<b>ID08</b>	Month Record		<b>ID09</b>	Year	□ □ □ □
<b>ID10</b>	Location from the Separation and Annexation Wall		1. Behind the wall    2. Outside the wall <span style="float: right;">□</span> 3. Localities circled by the wall    4. Localities divided by the wall		
<b>ID11</b>	Name of Household (HH) Head.....				

**Address**.....

<b>IR03</b>	<b>Interview Result</b>		Interview Result
		<b>1</b>	Interview is completed
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		<b>7</b>	No information
		<b>8</b>	Other (Specify) .....

<b>IR04</b>	Total members of HH	□ □	Male Number	□ □	Female Number	□ □
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<b>IR05</b>	Interviewer's Name.....	<b>IR06</b>	Interviewer's code	□ □ □ □	Date .../.../201 ..
<b>IR07</b>	Supervisor's Name.....	<b>IR08</b>	Supervisor's code	□ □ □ □	Date.../.../201...
<b>IR09</b>	Editor's Name.....	<b>IR10</b>	Editor's code	□ □ □ □	Date.../.../201...
<b>IR11</b>	Data Entry Person's Name.....	<b>IR12</b>	Data Entry Person's code	□ □ □ □	Date.../.../201...

**January 2011/January 2012**

D1	D2	D3	D4	D5	D6	D7	D8
Line no. of member	Names of usual HH residents (Full names)	The relationship of (name) to the head of HH? 1. Head of HH. 2. Husband/ wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grand father/mother 7. Grandchild 8. Daughter/son in law 9. Other relatives 10. Other	Sex 1. Male 2. Female	Age Record the answer in full years. Record (00) if age is less than one year. 98 DK	Refugee Status 1. Registered refugee 2. Unregistered refugee 3. not refugee	Does mother name alive 1.YES 2.NO 3.DO NOT KNOW	Interviewer: if mother is alive record her number as in D1. Record (00) if not.
01.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09.		<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"/>	
11.		<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"/>	
13.		<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"/>	
15.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Household Members**

D1	D2	D14	D15	D16	D17
Line no. of member	Names of usual HH residents (Full names)	Education Attendance (for persons aged 5 years and over) 1. Currently attending school 2. Attended school at any time and left before completing level 3. Attended school and graduated 4. Never attended school	Number of education years that	Educational Status (for persons aged 10 years and over) 1. Illiterate 2. Can read and write 3. Elementary 4. Preparatory 5. Secondary 6. Associate diploma 7. Bachelor 8. High diploma 9. Master 10. Ph.D.	What is the main reason for dropping out of school (for persons 5 years and more)? 1. Unwillingness for academic education 2. Unwillingness for co-education 3. Frequent repetition 4. Not interested in study 5. Bad economic situation of the family 6. Existing family problems 7. Caring for members of the family 8. Marriage 9. Sickness 10. Disability 11. No school nearby 12. Mistreatment at school 13. Security situation 14. Dismissal from school because of exceeding the legal age 15. Other
01.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09.		<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"/>
11.		<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"/>
13.		<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"/>

Person 10 years and over				
D1	D2	D18	D19	D20
Line no. of member	Names of usual HH residents (Full names)	Work Status during the past week (for persons aged 7 years and over) 1. Employed from 1-14 hours 2. Employed 15-34 hours 3. 35 hours and over <b>(Doesn't work but wants to – has ever worked)</b> 4. Looked for work last week 5. Did not look for work because of frustration <b>(Doesn't work but wants to – has never worked)</b> 6. looked for work last week 7. Did not look for work because of frustration <b>(Doesn't work and doesn't want to)</b> 8. Full time student 9. Housewife 10. Unable to work 11. has revenue 12. other <u><b>6-12 move to D26</b></u>	Employment Status 1. Employer 2. Self employed 3. Unpaid Employee 4. work for regular wage 5. work for irregular wage	Place of Work 1. At home 2. In the same Locality 3. In the same Governorate 4. In other Governorate 5. Israel 6. Settlements 7. Abroad
01.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09.		<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"/>
11.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1	D2	D21	D22	D23	D24	D25	D26
Continuous: Work Status for persons age 7 years and over							
Line no. of member	Names of usual HH residents (Full names)	Main Occupation Describe main tasks for coding	Economic Activity	Sector 1. National private inside establishments 2. National private outside establishments 3. Foreign private inside establishments 4. Foreign private outside establishments 5. National government 6. Foreign government 7. Charitable association 8. UNRWA 9. International organization	Does person have Another work  1. Yes 2. No	Number of working months during the year .If not working during the year, write 00	Marital Status (for persons 12 years and over) 1. Never married 2. Legally married 3. Currently married 4. Divorced 5. Widowed 6. Separated
01.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
08.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
09.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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"/>

### Housing Data

H1	Type of housing unit	<input type="checkbox"/>	1. Villa 2. House 3. Apartment 4. Separate Room 5. Tent 6. Marginal 7. Others
H2	Tenure of the housing unit	<input type="checkbox"/>	1. Owned 2. Rented no furniture 3. Rented with furniture 4. Without payment 5. For work 6. Others (specify).....
H2_1	Date of establishment of the building	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date must be written in completed years: If answer to question H2 is 2-6, then skip to H3. Otherwise continue
H3	What is the main material used in building outside walls of housing unit		1. cleaned stone 2. stone & cement 3. old stone 4. cement cob 5. concrete 6. mud 7. other (specify).....
H4	What is usage of housing unit	<input type="checkbox"/>	1. for residence 2. residence & work
H5	How many rooms are there in dwelling	<input type="checkbox"/> <input type="checkbox"/>	Excluding (bathroom and kitchen)
H6	How many sleeping rooms are used in dwelling	<input type="checkbox"/> <input type="checkbox"/>	
H7	1. How much do you pay in rent each month 2. Specify type of currency	..... <input type="checkbox"/>	If code 2 or 3 in H2 1. Shekel 2. Dinar 3. Dollar
H8	1. What is estimated rent value each month 2. Specify type of currency	..... <input type="checkbox"/>	If code 1 or 4 or 5 or 6 in H2 (if someone wanted to rent a dwelling like yours) 1. Shekel 2. Dinar 3. Dollar
H9	Connection to Public Networks 1. Water	<input type="checkbox"/>	1. Local Public network 2. Israelian network 3. rain water 4. Bridges 5. Tank 6. other
	2. Electricity	<input type="checkbox"/>	1. Public network 2. Private generator 3. No electricity
	3. Sewage system	<input type="checkbox"/>	1. Public Sewage System 2. hole absorption 3. Cesspit 3. No Sewage System
H10	Availability of a kitchen	<input type="checkbox"/>	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen
H11	Availability of a bathroom	<input type="checkbox"/>	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom
H12	Availability of a toilet (WC):	<input type="checkbox"/>	1. Toilet with Piped Water 2. Toilet without Piped Water 3. No Toilet
H13	Main source of energy for		
	1. Cooking	<input type="checkbox"/>	1. Gas 2. Kerosene 3. Electricity 4. Wood 5. Other / specify.....
	2. Heating	<input type="checkbox"/>	0. No exist 1. gas 2. Kerosene 3. Electricity 4. Wood 5. solar 6. coal 7. Other/ specify.....
	3. Conditioner	<input type="checkbox"/>	0. No exist 1. Electricity 2. Other/ specify.....
	4. Oven	<input type="checkbox"/>	0. No exist 1. gas 2. Electricity 3. Wood 4. olive cake 5. coal 6. Other/ specify.....
	5. Water heater	<input type="checkbox"/>	1. Sun 2. Gas 3. Kerosene 4. Electricity 5. Wood 6. Coal 7. solar 8. Other/ specify.....
H14	Do several or all of house rooms and corridors, and kitchen suffer from the following: 1. Yes 2. No	1. Dampness <input type="checkbox"/> 3. Poor ventilation <input type="checkbox"/>	2. Cold and difficult heating in winter <input type="checkbox"/> 4. High heat in summer <input type="checkbox"/>
H18	Is household member faced in housing unit with any of the following effects		
	1. Smoke, exhaust from cars	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	2. Smoke, exhaust from industry	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	3. Odors resulting from animals	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	4. Odors resulting from sewage system water	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	5. Odors resulting from garbage	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	6. General dust	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	7. Dust or smells resulting from other sources	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	8. Noise	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know



H19	What is the method for removing garbage	<input type="checkbox"/>	1. Collected by sanitation worker 2. Thrown in nearby garbage container 3. Thrown randomly 4. Thrown in garbage area 5. Burned 6. Used for specific things 7. Other / specify.....
H20	What is the distance from the following: 1. Public transportation 2. Private doctor clinic 3. Health center 4. Hospital 5. Elementary/ secondary school 6. Mother and child health central	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km
H21	Availability of durable goods 1. Yes 2. No	1. Private Car <input type="checkbox"/> 2. Refrigerator <input type="checkbox"/> 3. Solar Boiler <input type="checkbox"/> 4. Washing Machine <input type="checkbox"/> 5. Cooking stove <input type="checkbox"/> 6. Dish washer <input type="checkbox"/> 7. Central heating <input type="checkbox"/> 8. Vacuum cleaner <input type="checkbox"/> 9. Dehumidifier <input type="checkbox"/> 19. Radio/Recorder <input type="checkbox"/> 21. Other <input type="checkbox"/>	10. Home library <input type="checkbox"/> 11. T.V <input type="checkbox"/> 12. Video/DVD <input type="checkbox"/> 13. Phone line <input type="checkbox"/> 14. Jawwal <input type="checkbox"/> 15. Mobile Israel <input type="checkbox"/> 16. Computer <input type="checkbox"/> 17. Satellite <input type="checkbox"/> 18. Microwave <input type="checkbox"/> 20. Filter <input type="checkbox"/>
H22	Does household have facilities for generation of income 1. Yes 2. No	1. Animals for transportation <input type="checkbox"/> 2. Taxi <input type="checkbox"/> 3. Truck <input type="checkbox"/> 4. Tractor <input type="checkbox"/> 9. Others <input type="checkbox"/>	5. Container water <input type="checkbox"/> 6. Sewing machine <input type="checkbox"/> 7. Craft jobs <input type="checkbox"/> 8. Trade jobs <input type="checkbox"/>
H23	Arrange Main Source of Income	1. Agriculture <input type="checkbox"/> 2. Household business <input type="checkbox"/> 3. Wages and salaries from public sector <input type="checkbox"/> 4. Wages and salaries from private sector <input type="checkbox"/> 5. Wages and salaries from Israeli work sector <input type="checkbox"/> 11. National insurance (Jerusalem) <input type="checkbox"/> 13. Other <input type="checkbox"/>	6. Remittances from Palestine <input type="checkbox"/> 7. Remittances from abroad <input type="checkbox"/> 8. International Institutions (aids) <input type="checkbox"/> 9. Social Aid <input type="checkbox"/> 10. wages from international organization <input type="checkbox"/> 12. Property income <input type="checkbox"/>
H24	Does the Household have agricultural land?	1. Yes 2. No -> Skip to H32	<input type="checkbox"/>
H25	What is the area of this land in general	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	How many square meter?
H26	What are the uses of this land? 1. Yes 2. No 99. Don't know/No answer	1. Field Crops <input type="checkbox"/> <input type="checkbox"/> 2. Vegetables <input type="checkbox"/> <input type="checkbox"/> 3. Horticultural trees <input type="checkbox"/> <input type="checkbox"/> 4. Meadows and permanent pasture <input type="checkbox"/> <input type="checkbox"/> 5. Forest <input type="checkbox"/> <input type="checkbox"/> 6. Uncultivated <input type="checkbox"/> <input type="checkbox"/> 7. Other (Specify .....) <input type="checkbox"/> <input type="checkbox"/>	

H27	Main source of irrigation? 1. Tube well  2. Public network  3. Water tank  4. Well assembly  5. Rain fed  6. Other	1.Field Crops  2.Vegetables  3.Horticultural trees 4.Meadows and permanent pasture 5.Forest	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H28	What is the area planted with trees in square meter?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H29	What is the area planted with Vegetables in square meter?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H30	What is the area planted with field crops in square meter?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H31	What are the numbers of family members worked in the land cultivation during the last agricultural season? Males <input type="checkbox"/> <input type="checkbox"/> Females <input type="checkbox"/> <input type="checkbox"/>		
H32	Does the household have animal holdings (Cattle, Sheep and Goats, Poultry, Horses and Mules, Beehives) 1.YES                      2.NO (or finished)		<input type="checkbox"/>
H33	What are the number of branded heads and beehives at the visit time?	1. Cows <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Sheep and Goats <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Poultry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4.Beehives <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Chickens <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Camels <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7.Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H34	What are the numbers of family members worked in animals caring?	Males <input type="checkbox"/> <input type="checkbox"/> Females <input type="checkbox"/> <input type="checkbox"/>	
H35	In case both land and animal available, does the household use the same following methods in production? 1.Yes 2. No	1. Workers 2. Machines 3. Buildings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H36	Does the household has garden(less than 1000 sqm for agricultural and and less than 500 sqm for covered land)?	1.Yes                      2. No ...skip to H40	<input type="checkbox"/>
H37	What is the area planted with trees in square meter?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H38	What is the area planted with Vegetables in square meter?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H39	What is the area planted with field crops in square meter?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H40	How production is drained 1. For house consumption 2. For sell 3. Gifts 4. Other/ determine 5. Not applicable	1.Vegetarian production 2. Animal production	<input type="checkbox"/> <input type="checkbox"/>
H41	Does the household has unused agricultural land since 5 years and more  1.Yes 2. No...end the interview		<input type="checkbox"/>
H42	What is the area of this land in sqm?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Expenditure and Consumption Survey, 2011

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>01</b>													
	Long-grain rice	101											
	Short-grain rice	102											
	Wheat	103											
	Local wheat flour	104											
	Imported white flour	105											
	Different kinds of bread	106											
	Qurshallah	107											
	Cookies stuffed with dates	108											
	Sesame bar	109											
	Macaroni	110											
	Noodles	111											
	Stuffed biscuit	112											
	Salted biscuit or local	113											
	Semolina	114											
	Crushed wheat	115											
	Roasted green wheat	116											
	Starch	117											
	Cake & Cookies	118											
	Infants products (Cerelac, Farleys, etc.)	119											
	Breakfast cereals	120											
	Corn chips, popcorn	121											
	Oriental deserts (Kunafa....etc)	122											
	Ready made maftool	123											

Expenditure and Consumption Survey, 2011

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Dough	125											
	Other (specify)	124											
	Roasted green wheat	126											
02	<b>Meat and poultry</b>												
	Fresh goat & sheep meat	201											
	Frozen goat & sheep meat	202											
	Fresh beef meat	203											
	Frozen beef meat	204											
	Fresh camel meat	205											
	Fresh or frozen rabbit meat	206											
	Featherless fresh chicken	207											
	Feathered fresh chicken	217											
	Frozen chicken	208											
	Fresh turkey	209											
	Frozen turkey	218											
	Fresh or frozen squab	210											
	Other fresh or frozen birds	211											
	Processed lamb/ beef (hamburger, mortadella)	212											
	Processed poultry meat (mortadella, sausages)	219											
	Tinned meat	213											
	Fresh, frozen or tinned pork meat	214											
	Fresh chicken and turkey liver	215											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Fresh lamb liver	220											
	Fresh beef liver	221											
	Inside organs and limbs of slaughtered animal	222											
	Meat processing costs	223											
	Other, specify	216											
	<i>Total meat &amp; poultry</i>												
03	<b>Fish and sea product</b>												
	Fresh fish	301											
	Frozen fish	302											
	Salted fish	303											
	Smoked fish	304											
	Tinned sardines	305											
	Tinned tuna	306											
	Fresh or chilled shrimps	307											
	Fish products	308											
	Fish processing costs	310											
	Other, specify	309											
	<i>Total fish &amp; sea products</i>												
04	<b>Dairy products and eggs</b>												
	Fresh or pasteurized milk	401											
	Condensed liquid milk	402											
	Fresh or pasteurized milk with fruit flavor	423											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Powder milk	403											
	Infants powder milk	404											
	Tinned yogurt	405											
	Yogurt in kg.	406											
	Liquid yogurt	407											
	Tinned yogurt paste (labaneyh)	408											
	Yogurt paste (labaneh) in kg.	409											
	Soft white cheese	410											
	Homemade cheese	411											
	Cooked cheese for sandwich	412											
	Processed cheese	413											
	Tinned yellow cheese	414											
	Yellow cheese (in carton)	415											
	Cheese, caccio cavallo	416											
	Other canned cheese (stores canned cheese)	422											
	Cream	417											
	Yogurt in solid form (Jamid) or (Kishik)	419											
	Other dairy products	420											
	Eggs	421											
	<i>Total dairy &amp; eggs</i>												
<b>05</b>	<b>Oils and fats</b>												
	Olive oil	501											
	Corn oil	502											

Expenditure and Consumption Survey, 2011

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Sunflower oil	503											
	Soya oil	504											
	Palm kernel oil	505											
	Vegetable fat (i.e Gazelle fat)	506											
	Animal fat	507											
	Margarine/ butter	509											
	Other oils & fats (specify)	508											
	<i>Total oils and fats</i>												
<b>06</b>	<b>Fresh fruits</b>												
	Oranges	601											
	Mandarins	602											
	Pomelos	603											
	Grapefruits	604											
	Lemons	605											
	Bananas	606											
	Apples	607											
	Grapes	608											
	Water melons	609											
	Melons	610											
	Apricots	611											
	Plums	612											
	Cherries	613											
	Peaches	614											

Expenditure and Consumption Survey, 2011

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Strawberries	615											
	Pears	616											
	Guavas	617											
	Pomegranates	618											
	Figs	619											
	Prickly pears	620											
	Khakis	621											
	Dates	622											
	Indian apricots	623											
	Pineapples	624											
	Mangos	625											
	Coconuts	626											
	Almonds, green	627											
	kiwi	629											
	Other fresh fruits, (berries, etc), specify	628											
	<i>Total fresh fruits</i>												
<b>07</b>	<b>Tinned fruits &amp; natural fruits juice</b>												
	Tinned pineapple	701											
	Tinned peaches	702											
	Tinned mixture of fruits	703											
	Others (specify)	706											
	<i>Total tinned fruits &amp; natural fruits juice</i>												



Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>08</b>	<b>Dried fruit</b>												
	Dried figs	801											
	Dried grapes	802											
	Dried dates	803											
	Dried apricots	805											
	Other (i.e dried apricot, dried grapes) specify	804											
	<i>Total dried fruits</i>												
<b>09</b>	<b>Nuts</b>												
	Pistachio	901											
	Peanuts	902											
	Almonds	903											
	Hazelnuts	904											
	Watermelon seeds	905											
	Pumpkin seeds	906											
	Sunflower seeds	907											
	Walnuts	908											
	Cashew nuts	909											
	Chick peas	910											
	Chestnuts	911											
	Assorted nuts	912											
	Others (specify)	913											
	<i>Total nuts</i>												

Expenditure and Consumption Survey, 2011

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>10</b>	<b>Fresh vegetables</b>												
	Tomatoes	1001											
	Cucumbers	1002											
	Egyptian cucumbers	1003											
	Carrots	1006											
	Eggplants	1007											
	Marrows	1008											
	Pumpkins	1009											
	Gourds	1010											
	Green beans	1011											
	Green okra	1012											
	Green broad beans	1013											
	Green Jews mallow	1014											
	Green peppers	1015											
	Spinach	1016											
	Cauliflower	1017											
	Cabbage	1018											
	<i>Lakhni ( a type of cabbage)</i>	1031											
	Green cow peas	1019											
	Green peas	1020											
	Lettuce	1021											
	Grape leaves	1022											
	Turnips	1023											

Expenditure and Consumption Survey, 2011

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Yellow corn	1024											
	Mushrooms	1025											
	Green thyme	1027											
	Green sage	1028											
	Parsley	1029											
	Coriander	1032											
	Watercress	1033											
	Akoob	1034											
	Fennel	1035											
	Radishes	1036											
	Spring onions	1037											
	Fresh garlic	1038											
	Green olives (not pickled)	1039											
	Others	1030											
	avocado	1040											
	<i>Total fresh vegetables</i>												
<b>12</b>	<b>Frozen vegetables</b>												
	Frozen green peas	1201											
	Peas and carrots	1205											
	Frozen green beans	1202											
	Frozen green okra	1206											
	Frozen mixed vegetables	1203											
	Other (specify)	1204											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>13</b>	<b>Legumes &amp; Vegetables Dried or Tinned</b>												
	Lentils	1301											
	Crushed lentils	1302											
	Dry chick peas	1303											
	Dry fava beans	1304											
	Dry sweet peas	1305											
	Dry peas	1306											
	Dry beans	1307											
	Dried Jew's mallow	1308											
	Dried okra	1309											
	Onions	1318											
	Dry yellow corn	1310											
	Lupine	1311											
	Other legumes and vegetables dried	1312											
	Broad beans (tinned)	1313											
	Chick peas, tinned or crushed	1314											
	Dried & tinned sweet beans	1315											
	Green beans (tinned)	1321											
	Tinned sweet beans	1316											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Green pea (tinned)	1322											
	Other legumes tinned	1317											
	Mixed Vegetables	1323											
	<i>Total legumes &amp; vegetables (dried or tinned)</i>												
	Tomato paste or solid (tinned)	1324											
	Other tinned vegetables	1325											
<b>14</b>	<b>Tubers</b>												
	Potato	1401											
	Sweet potato	1402											
	Potato slices (frozen or tinned)	1403											
	Other, specify	1405											
	<i>Total tubers</i>												
<b>15</b>	<b>Sugar and Confectionery</b>												
	Sugar	1501											
	Halawa	1502											
	Treacle	1503											
	Jam	1504											
	Turkish delight	1505											
	Honey	1506											
	Local chocolate	1507											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Imported chocolate	1508											
	Sweet	1509											
	Toffee	1510											
	Chewing gum	1511											
	<i>Qamar deen (made of apricot)</i>	1514											
	<i>Malban (made of grapes)</i>	1515											
	Bonbon, citrus products, etc...	1512											
	Ice-cream	1516											
	Ice	1517											
	Other, specify	1513											
	<i>Total sugar and confectioneries</i>												
<b>16</b>	<b>Tea, coffee, and hot chocolate (cacao)</b>												
	Tea (in kg)	1601											
	Tea packing (various types)	1602											
	Tea bags	1603											
	Ground coffee	1604											
	Green seed coffee	1605											
	Coffee substitutes (nescafe)	1606											
	Cocoa	1607											
	Cappuccino	1609											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Coffee creamer	1610											
	Other, specify	1608											
	Total												
<b>17</b>	<b>Spices and salt</b>												
	Black pepper	1701											
	Assorted spices	1702											
	Cardamom	1703											
	Canella	1704											
	Aniseed	1705											
	Cinnamon	1706											
	Sumac	1707											
	Other spices (specify)	1708											
	Fenugreek	1709											
	Black cumin	1710											
	Sesame	1711											
	Dried sage	1712											
	Dried chamomile	1713											
	Treated thyme	1714											
	Salt	1715											
	Lemon salt	1716											
	Tehina	1717											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Green olive	1718											
	Pine nut	1719											
	Soup with noodles	1720											
	Soup (cubes)	1721											
	Coconut, rasped	1722											
	Rose water	1723											
	Vinegar	1724											
	Gel powder	1725											
	Cream caramel	1726											
	Pickles	1727											
	Catsup	1728											
	Mayonnaise	1729											
	Yeast	1730											
	Vanilla	1731											
	Baking powder	1732											
	Sodium carbonate	1733											
	Infants ready made food	1734											
	Potato products (potato chips)	1736											
	Other (specify)	1735											
	<i>Total spices, salt &amp; other preserves</i>												
<b>18</b>	<b>Take away ready food</b>												
	Chick peas (Hummos)	1801											
	Fava beans (foul)	1802											



Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Falafel	1803											
	Other sandwiches	1804											
	Grilled chicken	1805											
	Other grilled meat	1806											
	Pastries (pie, pizza, pie with thyme...etc)	1807											
	Roasted corn	1808											
	Lupine, ready	1809											
	Fresh fruit juice	1810											
	Other (specify)	1811											
	<i>Total take away ready food</i>												
<b>19</b>	<b>Meals (taken inside restaurant)</b>												
	Food meals inside restaurant	1901											
	Beverages inside restaurant or cafe	1902											
	Water pipe smoke inside rest. or cafe	1903											
	<i>Total meals inside restaurant</i>												
<b>20</b>	<b>Beverages</b>												
	Mineral water	2001											
	Juice liquid	2002											
	Juice powder	2003											
	Concentrated juice	2004											

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Natural fruit juice	2010											
	Soft drinks, can	2006											
	Soft drinks, bottles	2007											
	Soft drinks, family size	2008											
	Energy drink	2011											
	choco	2012											
	Other drinks	2009											
	Total												
<b>21</b>	<b>Tobacco and cigarettes</b>												
	Tobacco cured (Arabic)	2101											
	Tobacco, pipe (in can or packet)	2102											
	Local cigarettes	2103											
	Imported cigarettes	2104											
	Cigars	2105											
	Manufactured tobacco (Masell)	2106											
	Essence, tobacco (waterpipes)	2107											
	Other, specify	2110											
	Beer	2111											
	Whisky	2112											
	Wine	2113											
	Cognac	2114											
	Other spirits (specify)	2115											
	Total												

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
22	<b>Own produced products, consumed or given away</b>												
	Wheat	2201											
	Fresh goat and sheep meat	2202											
	Poultry	2203											
	Other birds	2204											
	Fish and sea product	2205											
	Fresh milk	2206											
	Yogurt	2207											
	Labaneh	2208											
	White cheese	2209											
	Yogout, sold (Jamid)	2210											
	Eggs	2211											
	Fresh fruit, specify	2212											
	Thyme	2213											
	Onion	2214											
	Fresh vegetables, specify	2215											
	Tomato paste	2216											
	Pickled olives	2217											
	Olive oil	2218											
	Butter	2225											
	Seeds (lentils, beans...etc.)	2226											
	Hard onions	2227											
	Dried garlic	2228											

Expenditure and Consumption Survey, 2011

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week		Total monthly value	Total monthly quantity	1.Kg 2.Litre 3.Number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Other dried vegetables ( <i>molokhiya ...etc.</i> )	2229											
	Other, from food	2219											
	Water (collect water, spring)	2223											
	Clothes	2221											
	Tobacco	2230											
	Other from non food	2220											
	Coal	2231											
	Wood	2232											
	Olive cake	2233											
	<i>Total own produced product</i>												

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
<b>23</b>	<b>Readymade men clothes</b>							
	Men trouser	2301						
	Men shirt	2302						
	Men jacket	2303						
	Coat	2304						
	Men suite	2305						
	Trouser	2306						
	Men trouser	2307						
	Underwear	2308						
	Pajama	2309						
	Classes	2310						
	Cofieh	2311						
	Arabic suite(qumbaz)	2312						
	Doshdashah	2313						
	Tie	2314						
	Sports suite	2315						
	Other	2316						
	<i>Total ready made men's clothes</i>							
<b>24</b>	<b>Clothes for women</b>							
	Women suite	2401						
	Skirt	2402						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Bloze	2403						
	Shirt	2404						
	Trouser	2405						
	Jacket	2406						
	Sleeping wears	2407						
	Underwear	2408						
	Classes	2409						
	Doshdasheh	2410						
	Women suite	2411						
	Women coat	2412						
	Pajama	2413						
	Jilbab	2414						
	Popular dress	2415						
	Trouser	2416						
	Isharb	2417						
	Other	2418						
	<i>Total ready made women's clothes</i>	2421						
<b>25</b>	<b>Clothes for boys and children</b>							
	Girls dress	2501						
	Girls coat	2502						
	Boys jacket	2503						
	Girls jacket	2504						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Shirt	2505						
	Girls pajamas	2506						
	Boys pajamas	2507						
	Underwear	2508						
	Girls socks	2509						
	Boys socks	2510						
	Bys sets	2511						
	Boys trouser	2512						
	Girls trouser	2513						
	Girls skirt	2514						
	Blouse	2515						
	Baby wear	2516						
	Other	2517						
	<i>Total ready made boys &amp; children</i>							
<b>26</b>	<b>Fabrics for Tailoring</b>							
	Men's fabrics	2601						
	Women fabrics	2602						
	Girls and boys fabrics	2603						
	Trico wool	2304						
	Embroidery fabrics	2605						
	Cotton and silk yarn	2606						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Sewing supplies	2607						
	Trico yarn	2608						
	Embroidery yarn	2609						
	Sewing supplies	2610						
	Belts	2611						
	Other	2612						
	Total Fabrics and other kinds of clothes							
<b>27</b>	<b>Tailoring charges</b>							
	Men's clothes	2701						
	Women's clothes	2702						
	Children's clothes	2703						
	Clothes repair costs	2710						
	Clothes renting costs	2711						
	Clothes cleaning and ironing	2712						
	Clothes dyeing costs	2713						
	Other	2714						
	Total							
<b>28</b>	<b>Footwear</b>							
	Shoes for men	2801						
	Men boot	2802						
	Men hvaip	2803						
	Men gumboots	2804						



Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Men sandal	2805						
	Other men shoes	2806						
	Shoes for women	2807						
	Women boot	2808						
	Women sandal	2809						
	Women hvaip	2810						
	Women gumboots	2811						
	Girls shoes	2812						
	Girls boot	2813						
	Girls sandal	2814						
	Girls hvaip	2815						
	Girls gumboots	2816						
	Other shoes for women and girls	2817						
	Boys shoes	2818						
	Boys gumboots	2819						
	Boys boot	2820						
	Boys sandal	2821						
	Boys hvaip	2822						
	Baby boot	2823						
	Other shoes for boys	2824						
	Fixed shoes	2825						
	Total							

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
<b>29</b>	<b>Expenditure on dwelling</b>							
	Dwelling rent	2901						
	Garbage disposal & insecticides	2902						
	Electricity charges	2903						
	Water charges	2904						
	Gas charges	2905						
	Solar oil	2906						
	Kerosene	2907						
	Coal/ charcoal	2908						
	Coal	2923						
	Wood	2924						
	Olive cake	2925						
	Sewage fees	2920						
	Small repairs and secondary maintenance expenses	2921						
	Repairs and maintenance material	2922						
	Other expenditure on dwelling	2913						
	<i>Total expenditure on dwelling</i>							
<b>30</b>	<b>Textiles and Furnishings</b>							
	Bed sheets	3001						
	Blankets	3002						
	Wool mattress	3003						
	Sponge mattress	3004						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Spring mattresses	3005						
	Cotton mattress	3020						
	Quilts	3006						
	Pillows	3007						
	Towels	3008						
	Clothes or metal curtains	3009						
	Table sheet	3011						
	Veranda & garden umbrellas	3017						
	Other, specify	3018						
	Furniture & textiles repair	3019						
	<i>Total textiles and furnishings</i>							
<b>31</b>	<b>Household utensils</b>							
	Table glassware, crystal, china (cups and dishes)	3130						
	Knives, forks, and spoons	3131						
	Plates and dishes made of metal or melamine	3132						
	Non-electric cooking utensils (saucepans, frying pans)	3133						
	Other non-electric stuff (coolers, bottles, milk bottles, iron board)	3134						
	Home utensils repair	3135						
	Total							

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
<b>32</b>	<b>Household operations</b>							
	Washing powder and conditioner	3230						
	Washing up liquid	3231						
	Floor and window cleaners	3232						
	Antiseptics	3233						
	Insecticides	3234						
	Cleaning tools (brooms, brushes, mats, sponge for washing the dishes)	3235						
	Paper products (kitchen towels, napkins, paper plates, vacuum cleaner bags, aluminum foil)	3236						
	Other materials (candles, matches, coat hangers, needles, thread, glue, nails)	3237						
	Servants, drivers, cooks, and gardeners	3240						
	Babysitting and housework provided by companies	3241						
	Cleaning and insecticide services	3242						
	Dry cleaning, washing and dying wools and carpets	3243						
	Renting furniture and home equipment	3244						
	Other	3245						
	Tools (pliers, hammer, screwdriver, file...etc.)	3250						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Garden tools (wheelbarrow, hose, shovels, plant scissors,	3251						
	Ladders	3252						
	Door installations (joints and locks)	3253						
	Light pulps, wires, flashlights, batteries	3254						
	House fire extinguisher	3255						
	Repair of small house tools	3256						
	Other	3257						
	Total							
<b>33</b>	<b>Medical services</b>							
	Doctors services fees	3301						
	Specialized practitioners' services (ophthalmic surgeon, orthopedic surgeon ...etc)	3320						
	Dentist fees	3302						
	Teeth maintenance and repairs	3303						
	Physical therapy fees	3304						
	Medical laboratory fees	3305						
	X - ray fees	3306						
	Nurses fees	3307						
	Ambulance services	3321						
	Vitamins and medicine	3308						
	Thermometers and cotton	3309						
	First aid kits	3310						
	Other, specify	3311						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Eye lenses	3312						
	Eye glasses	3313						
	Hearing aids	3314						
	Wheelchairs	3315						
	Medical instruments repair	3316						
	Government Hospital fees	3317						
	Special hospital fees (admittance & treatment)	3322						
	NGO Hospital fees (admittance & treatment)	3323						
	Traditional medicine services	3324						
	Renting medical equipment	3325						
	<i>Total medical services</i>							
<b>34</b>	<b>Expenditure on personal transport</b>							
	Tires for cars	3401						
	Tubes	3402						
	Spare parts and batteries	3403						
	Repair charges	3404						
	Gasoline	3405						
	Diesel	3406						
	Engine oil	3407						
	Other oils (brake oil, gear oil etc)	3408						
	Car lubrication	3409						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Parking fees	3410						
	Car cleaning fees	3411						
	Car registration fees	3413						
	Car driving lessons fees	3414						
	Car transferring ownership fees	3415						
	Rent a car without driver fares	3418						
	<i>Total expenditure on personal transport</i>							
<b>35</b>	<b>Transport</b>							
	<b>Transportations Services</b>							
	Bus fares	3501						
	Student transportation fees	3520						
	Taxi fares (public transport)	3502						
	Call on taxi fares	3503						
	Porters and transporting of luggage service	3521						
	Other transport means (specify)	3505						
	<b>Communication</b>							
	Postal services fares (Government)	3506						
	Postal services (letters, parcels)	3522						
	Telephone	3507						
	Mobile	3523						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Telex - fax	3508						
	Internet Fees	3524						
	Public phone expenses	3525						
	Phones and cell phones repair expenses	3526						
	Phone line installation fees	3527						
	Other, specify	3509						
	<i>Total Transport &amp; communication</i>							
<b>36</b>	<b>Recreational and cultural activities</b>							
	Recorded tapes for recorder & video	3601						
	Unrecorded tapes for recorder & video	3602						
	Diskettes for Attari & computer	3603						
	Renting video tapes	3604						
	Camera films	3605						
	Children toys	3606						
	Entertainment (musical instruments, chess...etc.)	3630						
	Spare parts for recreational equipment	3607						
	Repair of recreational equipment	3608						
	Expenditure on parking & amusement places	3609						
	Expenditure on theatre	3610						
	Expenditures on cinema	3631						
	Sports materials	3632						



Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Expenditure on sport & social clubs	3611						
	Expenditure on museum	3636						
	Lottery	3612						
	Developing films fees	3613						
	Hiring of videos and T.Vs	3614						
	Expenditure on pets (cats, dogs)	3615						
	Expenditure on natural plants	3619						
	Expenditure on artificial flowers	3620						
	Expenditure for celebrations	3616						
	Expenditure for death ceremonies	3617						
	Other, specify	3618						
	Albums	3621						
	Books (not for school)	3622						
	School/universities books	3633						
	Magazines	3623						
	Journals	3624						
	Hobby development costs (music playing, swimming ... etc)	3634						
	Other, specify	3625						
	<i>Total recreational &amp; cultural activities</i>							
<b>37</b>	<b>Hotels and internal trips</b>							
	Expenditure on shelter	3701						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Expenditure on food	3704						
	Expenditure on transportation and telecommunication	3706						
	Other, specify	3703						
	<i>Total hotels and trips</i>							
<b>39</b>	<b>Writing and drawing equipment</b>							
	Notebooks, envelopes, diaries (including school notebooks)	3910						
	Pens and pencils	3901						
	Rubbers and rulers	3902						
	Pencil sharpeners- staples	3903						
	Paper punches and stamps	3904						
	Ink and paper clips	3905						
	Drawing and painting material	3911						
	Other , specify	3906						
	<i>Total writing &amp; drawing equipment</i>							
<b>40</b>	<b>Personal care &amp; equipment</b>							
	Cosmetic stores expenses; hairstyling and barber expenses	4030						
	Saunas expenses	4031						
	Massage expenses	4032						
	Non-electric tools (shaving tools, razors, toothbrushes, hairpins, bathroom scales	4033						
	Toiletries (soap, shampoo, toothpaste)	4034						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Cosmetics (lipstick, nail polish, powder, hairstyling materials, hair removers)	4035						
	Fragrance and antiperspirants	4036						
	Paper products: toilet paper and paper towels	4037						
	Medical cotton and sanitary pads	4038						
	Diapers	4039						
	Luggage, handbags, wallets ...etc.	4040						
	Suitcases/ school bags	4041						
	Smokers' stuff: pipes, lighters, cigarette packs	4042						
	Personal luggage: Sunglasses, walking staff	4043						
	Other	4044						
	Total							
<b>41</b>	<b>Financial and legal services</b>							
	Banking fees	4101						
	Legal services and fines in cash	4102						
	Brokers (commission)	4103						
	Other, specify	4104						
	Total							
<b>42</b>	<b>Other services</b>							
	Advertisement fees	4201						
	Photographs fees	4202						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Copy services	4203						
	Translation & printing	4204						
	Other, specify	4205						
	<i>Total other services</i>							
<b>43</b>	<b>Interests on loans</b>							
	Interests on consumption	4301						
	Interests on loans to build a house	4302						
	<i>Total interests on loan</i>							
<b>44</b>	<b>Fees and taxes</b>							
	Passport issuance fees	4401						
	Family legal document issuance fees	4402						
	Identity card issuance fees	4403						
	Birth certificates fees	4404						
	Visa issuance fees	4405						
	Marriage and divorce	4406						
	Cash taxes (various types)	4412						
	Education tax	4415						

Group No	Description of item	Item No.	First Week	Second Week	Third Week	Fourth Week	Total monthly value	1.Kg 2.Litre 3.Number
			Value	Value	Value	Value		
	Roof tax (including the Arnona)	4416						
	Financial penalties	4413						
	Border crossing fees	4417						
	Other, specify	4414						
	<i>Total fees and taxes</i>							
<b>45</b>	<b>Transfer payment</b>							
	Financial transfers	4501						
	Social insurances	4502						
	Life insurances	4503						
	Medical insurances	4504						
	Car premium	4511						
	House premium	4512						
	Membership in professional associations	4506						
	Membership fees in social & cultural societies and clubs	4513						
	Zakhat and charities (in cash)	4507						
	Gifts in cash	4508						
	Payment during feasts	4509						
	Other, specify	4510						
	Total							

**Durable Goods**

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
<b>50</b>	<b>Furniture</b>		
	Wooden bed	5001	
	Metal bed	5002	
	Wooden tables	5003	
	Wooden chairs	5004	
	Plastic tables	5005	
	Plastic chairs	5006	
	Wooden cupboard	5007	
	Dining room, complete set	5008	
	Living room, complete set	5009	
	Bed room, complete set	5010	
	Office and buffets	5011	
	Book shelves	5012	
	Benches	5013	
	Carpets (area and wall-to-wall)	5014	
	Mokeet Carpet	5025	
	Mats	5015	
	Ground Covers	5026	
	Lanterns and candelabra	5027	
	Chandeliers	5028	
	Plates (tableau, portrait etc.)	5016	
	Garden Furniture	5029	
	Baby carriage	5017	
	Infant bed	5018	
	Others, specify	5019	
	Repair of furniture	5020	
	<i>Total furniture</i>		
<b>51</b>	<b>Household appliances</b>		
	Gas/ electric stove	5101	
	Gas stove (cooker)	5102	
	Electric stove (cooker)	5103	
	Refrigerator	5104	

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
	Freezer	5105	
	Electric iron	5106	
	Air conditioner	5107	
	Electric fan	5108	
	Sewing machine	5109	
	Washing machine	5110	
	Dish washer	5111	
	Gas heater	5112	
	Kerosene heater	5113	
	Solar oil heater	5114	
	Electric heater	5115	
	Vacuum cleaner	5116	
	Textile machine	5117	
	Electric food mixer	5118	
	Coffee mill	5119	
	Electric meat processor	5130	
	Toaster	5131	
	Electric kitchen sets	5120	
	Electric kettle (tea or coffee)	5121	
	Personal grooming electric devices and their repair	5132	
	Hair dresser	5122	
	Electric cooking pan	5123	
	Microwave oven (stove)	5124	
	Boiler	5125	
	Solar panel	5133	
	Electric cooler	5126	
	Gas cylinder	5127	
	Other, specify	5128	
	Household appliances repair	5129	
	<i>Total household appliances</i>		

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 3 years</b>
<b>52</b>	<b>Personal means of transportation</b>		
	Vehicles (car, van) new	5201	
	Vehicles (car, van) old	5205	
	Motorcycle	5202	
	Bicycle	5203	
	Other, specify	5204	
	<i>Total personal means of transportation</i>		
<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
<b>53</b>	<b>Recreational supplies</b>		
	Radio or radio with tape recorder	5301	
	Radio	5315	
	recorded–Tape	5316	
	T.V's	5302	
	Video	5303	
	DVD	5326	
	Video camera	5304	
	Cameras	5305	
	Musical instruments	5306	
	Satellite	5307	
	TV's aid	5308	
	Attari	5309	
	Computers	5310	
	Mobile	5317	
	Telephone	5318	
	Telefax	5319	
	Other specify	5311	
	Recreational appliances repair	5312	
	Calculator	5320	
	Buying pets	5321	
	Plants including Christmas tree	5322	
	Sports equipment	5323	
	Camping tools	5324	
	Other	5325	
	<i>Total recreational appliances</i>		



<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
<b>54</b>	<b>Other goods and services</b>		
	Tickets for traveling abroad	5401	
	Tourist trip abroad (food, transport, shelter)	5406	
	Trip abroad costs (study)	5407	
	Hajj and <i>Omra</i> (visit Mecca for religious ceremonies)	5408	
	(physical therapy)	5409	
	Jewels, watches, rings, precious stones etc.	5403	
	Other specify	5404	
	Jewels and watches repair	5405	
	<i>Total other goods and services</i>		
<b>55</b>	<b>Social protection</b>		
	Expenses of old people homes and disabled people's homes	5501	
	Expenses for schools for the disabled	5502	
	Childcare expenses	5503	
	Other	5504	
	Total Social Protection		
<b>38</b>	<b>Education</b>		
	Kindergarten tuition	3801	
	School tuition	3802	
	Special education elementary fees	<b>3815</b>	
	Government secondary education fees	<b>3816</b>	
	Special secondary education fees	<b>3817</b>	
	Municipality elementary education fees (Jerusalem)	<b>3821</b>	
	Municipality secondary education fees (Jerusalem)	<b>3822</b>	
	Lore secondary education fees (Israel)	<b>3823</b>	
	Lore elementary education fees (Israel)	<b>3824</b>	
	Community college tuition	3803	
	University tuition	3804	
	Vocational education fees	<b>3818</b>	
	Cultural development education fees	<b>3819</b>	
	Expenses of adult and youth education outside school	<b>3820</b>	
	Other, specify	3813	
	<i>Total education</i>		

**Assistance Data**

I01	During the month of the survey, did you or a family member receive any kind of assistance from any party (such as food, medicine, work, educational assistance)?	1. Yes, the family received assistance and it was in need for it			<input type="checkbox"/> <input type="checkbox"/>	
		2. Yes, the family received assistance and it was not in need for it				
		3. No, the family did not receive assistance and it was in need for it.....Skip to I05				
		4. No, the family did not receive assistance and it was not in need for it .....Skip to I05				
		5. No/Don't know/No answer.....Skip to I05				
I02	How many times have you received assistance				<input type="checkbox"/> <input type="checkbox"/>	
I03	A. Assistance type	B. Assistance value	C. Source of Assistance	D. Satisfaction with the assistance	E. Dissatisfied about assistance	
	1. food 2. free treatment 3. clothes 4. work 5. martyr's family 6. cash 7. health insurance 8. multi 9. other	value	1. NIS 2. J D U S \$ 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	1. social affairs 2. other Palestinian authority foundations 3. political parties 4. zakat 5. international organizations 6. UNRUA 7. Arab countries 8. charities 9. family and relatives 10. friends/neighbor 11. labor unions 12. national banks 13. local committee 14. other/specify	1. Very satisfied 2. Satisfied 3. Not satisfied 4. Not satisfied at all 5. No applicable	1. very satisfied 2. rarely satisfied 3. not satisfied 4. absolutely not satisfied
Interviewer: record assistance that household receives during this month, each row/kind of assistances						
1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
I04	What is the most important assistance you receive		1. without this assistance we can not manage living 2. we manage our living with difficulty 3. it is a help factor and additional income 4. contributed to decreasing difficulties 5. we can manage our living without 6. not important for household 88. not applicable 99. do not know		<input type="checkbox"/> <input type="checkbox"/>	
I05	In case your family did not receive any assistance, what do you think is the main reason?		1. The family did not apply for assistance		<input type="checkbox"/> <input type="checkbox"/>	
			2. The family lives in a remote area		<input type="checkbox"/> <input type="checkbox"/>	
			3. The family lives in rich neighborhood		<input type="checkbox"/> <input type="checkbox"/>	
			4. Politics reasons		<input type="checkbox"/> <input type="checkbox"/>	
			5. Other		<input type="checkbox"/> <input type="checkbox"/>	
		99. Don't know/No answer		<input type="checkbox"/> <input type="checkbox"/>		

I06	Regardless of the fact that you have received assistance or not, do you see that you need help?	1. Yes, often	<input type="checkbox"/> <input type="checkbox"/>
		2. Yes, somewhat	<input type="checkbox"/> <input type="checkbox"/>
		3. Not sure	<input type="checkbox"/> <input type="checkbox"/>
		4. No, no need for assistance	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I07	Regardless of the fact that you have received assistance or not, what is your opinion on the accuracy or efficacy of targeting needy sectors in terms of food assistance in your community, to what extent you can say that they reach the needy sectors?	1. The assistance reaches primarily the needy people	<input type="checkbox"/> <input type="checkbox"/>
		2. The assistance reaches primarily needy people, but also some people who are not in need receive it	<input type="checkbox"/> <input type="checkbox"/>
		3. Generally, food aid is distributed without distinction between needy and not needy person	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I09	During the month of the survey, has the family experienced any of the following?  1. Yes  2. No  1. Not applicable  99. Don't know/ No answer	1.The principal breadwinner lost his job	<input type="checkbox"/> <input type="checkbox"/>
		2.The family lost its business	<input type="checkbox"/> <input type="checkbox"/>
		3.The family lost it property (house, agricultural land, greenhouses, ... etc.)	<input type="checkbox"/> <input type="checkbox"/>
		4.Difficulties and problems associated with access to the workplace, the market, land, ...etc.	<input type="checkbox"/> <input type="checkbox"/>
		5.Loss of assistance	<input type="checkbox"/> <input type="checkbox"/>
		6.Loss of full / or part of the salary / delay in obtaining the salary	<input type="checkbox"/> <input type="checkbox"/>
		7.One of the family members got new job / inheritance/ Better salary/ No business	<input type="checkbox"/> <input type="checkbox"/>
		8.Movement of residence to new location with better services (closer to work, school, health centers)	<input type="checkbox"/> <input type="checkbox"/>
		9.Rise in food prices	<input type="checkbox"/> <input type="checkbox"/>
		10.Other (Specify.....)	<input type="checkbox"/> <input type="checkbox"/>
I10	During the month of the survey, was there any change in the consumption of your family?  For fieldworker: If answer equal (2-3, 99), skip to question.....>I13	1. Yes, decreased	<input type="checkbox"/> <input type="checkbox"/>
		2. Yes, increased	<input type="checkbox"/> <input type="checkbox"/>
		3. No changes	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know	<input type="checkbox"/>
I11	If your family expenditure decreased during the month of the survey, what are the items that have been decreased in spending?  1. Yes 2. No	1. Food	<input type="checkbox"/>
		2. Cloths	<input type="checkbox"/>
		3. Education	<input type="checkbox"/>
		4. Housing expenses / House equipments	<input type="checkbox"/>
		5. Health expenses	<input type="checkbox"/>
		6. Entertainment/Travel	<input type="checkbox"/>
		7. Transportation	<input type="checkbox"/>
		8. Bill	<input type="checkbox"/>
		9. Other (Specify.....)	<input type="checkbox"/>
I12	If your family expenditure on food decreased during the month of the survey, what are the items that have been	1. Food quantity	<input type="checkbox"/>
		2. Food quality	<input type="checkbox"/>
		3. The amount of meat purchased / consumed	<input type="checkbox"/>

	decreased in spending? 1.Yes 2.No	4. The amount of fruits purchased / consumed 5. The amount of milk or its products 6. Other (Specify.....)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I13	When answering the following questions, please select answers that best describe the conditions of your family during the month of the survey (during the past 30 days)  0: Not once during the past 30 days  1: Once or twice during the past 30 days  2: 3-10 times during the past 30 days  3: More than 10 times during the past 30 days  99: Don't Know/ No answer	1.Concern that family members will not obtain adequate food	<input type="checkbox"/> <input type="checkbox"/>
		2.Inability of family members to obtain favorite type of foods due to lack of sources	<input type="checkbox"/> <input type="checkbox"/>
		3.Family member were forced to eat specific types of food because of lack of sources	<input type="checkbox"/> <input type="checkbox"/>
		4.Family member were forced to eat unfavorable types of food because of lack of sources	<input type="checkbox"/> <input type="checkbox"/>
		5.Family member were forced to eat less food because of shortage	<input type="checkbox"/> <input type="checkbox"/>
		6.Family member were forced to eat less food meals because of shortage	<input type="checkbox"/> <input type="checkbox"/>
		7.The lack of food or its availability inside the house because of lack of sources to buy it	<input type="checkbox"/> <input type="checkbox"/>
		8.You or a family member had to sleep without eating (hungry) because of food shortage	<input type="checkbox"/> <input type="checkbox"/>
		9.You or a family member had to not eat all day because of food shortage	<input type="checkbox"/> <input type="checkbox"/>
I14	To what extent you can say that the restrictions on your movement was a problem for you and your family during the month of the survey?	1.A lot	<input type="checkbox"/> <input type="checkbox"/>
		2.Slightly	<input type="checkbox"/> <input type="checkbox"/>
		3.No effect at all	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know / No answer	<input type="checkbox"/> <input type="checkbox"/>
I15	During the month of the survey, were you or family members able to go to work?	1.Not difficult	<input type="checkbox"/> <input type="checkbox"/>
		2.Difficult	<input type="checkbox"/> <input type="checkbox"/>
		3.Very difficult	<input type="checkbox"/> <input type="checkbox"/>
		4.Almost impossible	<input type="checkbox"/> <input type="checkbox"/>
		88. Not applicable	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I16	During the month of the survey, were you or family members able to farm the land?	1.Not difficult	<input type="checkbox"/> <input type="checkbox"/>
		2.Difficult	<input type="checkbox"/> <input type="checkbox"/>
		3.Very difficult	<input type="checkbox"/> <input type="checkbox"/>
		4.Almost impossible	<input type="checkbox"/> <input type="checkbox"/>
		88. Not applicable	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I17	1. Do you receive regular remittances from outside	1.Yes 2.No.....I07	
	2. Value of remittances	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I18	In which ways do you spend this remittance 1.Yes 2.No	1. food and living	<input type="checkbox"/>
		2 .building	<input type="checkbox"/>
		3. marriage	<input type="checkbox"/>
		4. furniture	<input type="checkbox"/>
		5. education	<input type="checkbox"/>
		6. properties purchase	<input type="checkbox"/>
		7.other	<input type="checkbox"/>

I19	During the survey month did you obtain loans	1.Yes	2.No.....I09				
I20A	Loan Source	I07B Loan Value in NIS		I20C Value of loan expended on living in NIS			
	1. Governmental loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	2. Loans from commercial banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	3. Loans from specialist foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	4. Loans from other foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
I21	For what do you expend this loan 1. YES 2. NO	1. for food and living	<input type="checkbox"/>				
		2. building	<input type="checkbox"/>				
		3. marriage	<input type="checkbox"/>				
		4. furniture	<input type="checkbox"/>				
		5. education	<input type="checkbox"/>				
		6. properties sell	<input type="checkbox"/>				
		7.other	<input type="checkbox"/>				
I22	In general, is your household situation	1. Good	2. Middle ] -> Skip to I25	3. Poor	4. Very poor	<input type="checkbox"/>	
I23	Give three main reasons for poor Household, in order of importance	1. Jobs are not available	<input type="checkbox"/>	6. Illness of head of household	<input type="checkbox"/>		
		2. Smallness of income sources	<input type="checkbox"/>	7. Dead of previous head of household	<input type="checkbox"/>		
		3. Smallness of wages and salaries	<input type="checkbox"/>	8. Loans	<input type="checkbox"/>		
		4. Rising of living cost	<input type="checkbox"/>	9. Other (specify)...	<input type="checkbox"/>		
		5. Large of household size	<input type="checkbox"/>	5. Removal of loans	<input type="checkbox"/>		
I24	Give three important methods that would help your household escape from poverty, in order of importance	1. Job creation	<input type="checkbox"/>	6. Providing Houses	<input type="checkbox"/>		
		2. Increase salaries and wages	<input type="checkbox"/>	7. Family planning	<input type="checkbox"/>		
		3. Obtain assistance	<input type="checkbox"/>	8. Other	<input type="checkbox"/>		
		4. Increase household income	<input type="checkbox"/>				
I25	What measures has your household made toward financial stability during last month  1. Yes  2. No  3. Not Applicable	1. Depending on usual monthly income	<input type="checkbox"/>				
		2. Using savings	<input type="checkbox"/>				
		3. Decreasing expenses	<input type="checkbox"/>				
		4. Borrowing from individuals	<input type="checkbox"/>				
		5. Selling or mortgaging land or building	<input type="checkbox"/>				
		6. Sending family members to work-others	<input type="checkbox"/>				
		7. Seeking for another job	<input type="checkbox"/>				
		8. Postponing paying bells	<input type="checkbox"/>				
		9. Using savings from Israel	<input type="checkbox"/>				
		10. Received assistance from relatives\ friend	<input type="checkbox"/>				
		11. Selling their durable goods	<input type="checkbox"/>				
		12. Selling jewelry or part of it	<input type="checkbox"/>				
		13. Borrowing from banks or financial institutions	<input type="checkbox"/>				
		14. Working in agriculture or breeding livestock	<input type="checkbox"/>				
		15. Sending family members to work-students	<input type="checkbox"/>				
		16. debit from supermarkets	<input type="checkbox"/>				
I26	Total amount of money that a household needs to satisfy its basic needs	Researcher impute in Shekel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I27	Did one member of household sell durable goods such as furniture, car, etc. during last 12 months	Researcher impute in Shekel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I28	Did household do permanent maintenance of housing during last 12 months such as paint, replacing electric installations and ...etc.	SHEKEL	DINAR	DOLLAR			
I29	Did household make capital reforms or capita improvements of housing during last 12 months.	SHEKEL	DINAR	DOLLAR			

### Third: Household Income

<b>Monthly Income for Household Members according Source of Income (Specify Currency Kind by Circling the Right Kind of Currency and putting it into the Square)</b>															I30	
1. NIS		2. JD		3. US\$		4. Euro									<input type="checkbox"/>	

Total	Other Receipts	Income from Transfers								Income from Property				Employers and Self Employed		Source of Income			Member Number in the Household List
		Transferred Income from abroad	Transferred Income from Green Line National insurance	Transferred Income from West Bank & Gaza Strip	Nongovernmental Aid In kind	Nongovernmental Aid cash	Governmental Aid In kind	Governmental Aid Cash	Interests from Trusts, Bonds, and Investment Certificate	Profit of Stocks, Bonds and Shares	Revenue and Rent of Lands (the net)	Rent of Building	Mixed Income of Self Employed	Mixed Income of Employers	Income of Hiring				
															Wages and Salaries				
18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1		
																		<b>Total</b>	

**Cont. Third: Household Income**

Yearly Income for Household Members according Source of Income (Specify Currency Kind by Circling the Right Kind of Currency and putting it into the Square)													I31	
1. NIS	2.JD		3.US\$		4.Euro								□	

Total	Other Receipts	Income from Transfers								Income from Property				Employers and Self Employed		Source of Income			Member Number in the Household List
		Transferred Income from abroad	Transferred Income from Green Line National insurance	Transferred Income from West Bank & Gaza Strip	Nongovernmental Aid In kind	Nongovernmental Aid cash	Governmental Aid In kind	Governmental Aid Cash	Interests from Trusts, Bonds, and Investment Certificate	Profit of Stocks, Bonds and Shares	Revenue and Rent of Lands (the net)	Rent of Building	Mixed Income of Self Employed	Mixed Income of Employers	Income of Hiring				
															Wages and Salaries				
18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1		
																		<b>Total</b>	

## Abbreviation of Questionnaire

### Total of Expenditure and Consumption of Commodities and Services

Year 201

Month

<b>Series</b>	<b>Consumption and Expenditure Groups</b>	<b>Value in NIS</b>
1	From 1-22	
2	From 23-42	
3	From (50-55, 38)/12 , accept group 52	
4	Group (52/36)	
5	Remittances from ( 43-45)	
<b>6</b>	<b>Total</b>	





**Supervisor Notes**

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