



**Palestinian National Authority  
Palestinian Central Bureau of Statistics  
Expenditure and Consumption Survey, 2010**

**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="text"/> 3. Localities circled by the wall    4. Localities divided by the wall	
<b>ID11</b>	Name of Household (HH) Head.....		

Address.....

<b>IR03</b>	Interview Result	<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"/>
-------------	---------------------------------------------------------------	-------------------------------------------------------	---------------------------------------------------------

<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 2010/January 2011**

## 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).....
H35	Date of establishment of the building	□□□□	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	□□	Excluding (bathroom and kitchen)
H6	How many sleeping rooms are used in dwelling	□□	
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. Israeli 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"/>	

### Household Members

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"/>		
02.		<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"/>		
04.		<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"/>		
06.		<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"/>		
08.		<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"/>		
10.		<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"/>		
12.		<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"/>		
14.		<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"/>		



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 7 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>6-12 move to D26</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"/>

### 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			□ □	
		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				□ □	
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.JD 3.US\$	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	□		□	□	□ □	□
2	□		□	□	□ □	□
3	□		□	□	□ □	□
4	□		□	□	□ □	□
5	□		□	□	□ □	□
6	□		□	□	□ □	□
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			□ □	

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. 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"/>
I08	What is the period that you think you can hold on financially in the future	1. I can hold on regardless of time 2. around year 3. for many month 4. almost we can manage our life 5. we have a difficult situation 99. do not 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"/> <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 decreased in spending?  1.Yes 2. No	1. Food quantity	<input type="checkbox"/>
		2. Food quality	<input type="checkbox"/>
		3. The amount of meat purchased / consumed	<input type="checkbox"/>
		4. The amount of fruits purchased / consumed	<input type="checkbox"/>
		5. The amount of milk or its products purchased / consumed	<input type="checkbox"/>
		6. Other (Specify.....)	<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 2. Value of remittances	1.Yes      2.No.....I07  <input type="checkbox"/> <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	<input type="checkbox"/>		
I20A	Loan Source	I07B Loan Value in NIS	Value of loan expended on living in NIS		
	1. Governmental loans	<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. Loans from commercial banks	<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. Loans from specialist foundations	<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. Loans from other foundations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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"/>		

I24	Give three important methods that would help your household escape from poverty, in order of importance	1. Job creation 2. Increase salaries and wages 3. Obtain assistance 4. Increase household income 5. Removal of loans	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. Providing Houses 7. Family planning 8. Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I25	What measures has your household made toward financial stability during last month				
	1. Depending on usual monthly income 2. Using savings 3. Decreasing expenses 4. Borrowing from individuals 5. Selling or mortgaging land or building 6. Sending family members to work-others 7. Seeking for another job 8. Postponing paying bills 9. Using savings from Israel 10. Received assistance from relatives\ friend 11. Selling their durable goods 12. Selling jewelry or part of it 13. Borrowing from banks or financial institutions 14. Working in agriculture or breeding livestock 15. Sending family members to work-students				<input type="checkbox"/> <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 .....	















































## Durable Goods

Group No	Description of item	Item No.	Total amount last 12 months
<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	
	Mats	5015	
	Plates (tableau, portrait etc.)	5016	
	Baby carriage	5017	
	Infant bed	5018	
	Others, specify	5019	
	Repair of furniture	5020	
	<i>Total furniture</i>	<i>5000</i>	
<b>51</b>	<b>Household appliances</b>		
	Gas/ electric stove	5101	
	Gas stove (cooker)	5102	
	Electric stove (cooker)	5103	
	Refrigerator	5104	
	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	

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
	Vacuum cleaner	5116	
	Textile machine	5117	
	Electric food mixer	5118	
	Coffee mill	5119	
	Electric meat processor	<b>5130</b>	
	Toaster	<b>5131</b>	
	Electric kitchen sets	5120	
	Electric kettle (tea or coffee)	5121	
	Personal grooming electric devices and their repair	<b>5132</b>	
	Hair dresser	5122	
	Electric cooking pan	5123	
	Microwave oven (stove)	5124	
	Boiler	5125	
	Solar panel	<b>5133</b>	
	Electric cooler	5126	
	Gas cylinder	5127	
	Other, specify	5128	
	Household appliances repair	5129	
	<i>Total household appliances</i>	<i>5100</i>	
<b>52</b>	<b>Personal means of transportation</b>		
	Vehicles (car, van) new	5201	
	Vehicles (car, van) old	<b>5205</b>	
	Motorcycle	5202	
	Bicycle	5203	
	Other, specify	5204	
	<i>Total personal means of transportation</i>	<i>5200</i>	
<b>53</b>	<b>Recreational supplies</b>		
	Radio or radio with tape recorder	5301	
	Radio	<b>5315</b>	
	recorded-Tape	<b>5316</b>	
	T.V's	5302	
	Video	5303	
	DVD	5326	
	Video camera	5304	

Group No	Description of item	Item No.	Total amount last 12 months
	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	
	<i>Total recreational appliances</i>		
<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	
<b>38</b>	<b>Education</b>		
	Kindergarten tuition	3801	

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
	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>		



