



Palestinian Central Bureau of Statistics

Data Confidential in Accordance to General Statistical Law 2000

Repetition	Quarter	Year
1	1 2 3 4	_____
2	1 2 3 4	_____
3	1 2 3 4	_____
4	1 2 3 4	_____
Interviewee Week	Constant No	
Round No.	_____	

Mark (x) in the box of the Repetition in which the household is interviewed ☐ first ☐ second ☐ third ☐ forth

Part I : Identification Information

IDNUM	<input type="text"/>	REP	<input type="text"/>	IDSAM	<input type="text"/>
ID1	Locality code	<input type="text"/>	ID4	Number of HU in the Building	<input type="text"/>
ID2	Enumeration Area	<input type="text"/>	ID5	Number of household in HU	<input type="text"/>
ID3	Building no	<input type="text"/>	ID6	District code	<input type="text"/>
District		Locality		Street/Route	

Part II: Quality Control

Repetition	Date of interviewing	Final result	No. of visits	Name of interviewer	No. of interviewer	Editor code	Coder code	Data entry operator code
	QC1	QC2	QC3		QC4	QC5	QC6	QC7
	day month year	(1-9)	(1-3)					
1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QC2 Final result 1. Complete (Household not changed) 2. Complete (Household was changed) 3. Household traveled 4. Unit Not Found 5. Nobody at Home 6. Refused 7. Not inhabited unit 8. No information 9. Others/ Select.....

Interviewer: Read all names of household members listed in the previous Repetition and ask the following questions	Repetition			
	First	Second	Third	Fourth
RD1: Number of new household members	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD2: Number of household members who left the household due to death, migration or any other reason	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD3: Number of household members less than 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD4: Number of household members 10 years and over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD5: Number of residence rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the number is more than one, add the new names to the household roster

If the number is more than one update the roster and delete the names of the leaving members

HR0				HR0A	HR1	HR2	HR3				HR4	HR5	HR6	HR7						
Office Use Only				Number of Person answering by Round <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	Name	1. Sex 1.Male 2.Female	Date of Birth				Relationship to the Head of Household 1. head 2. spouse 3. son\daughter 4. father\mother 5. brother\ sister 6. Grand Father\ Mother 7. grand child 8. Son Wife\ Daughter Husband 9. Other relative 10. Others	Refugee Status 1.Registered 2.Not Registered 3.Not Refugee	Interviewer: Write down changes of residency Status 1. Work 2. Studying 3. Marriage 4. Accompanying 5. Emigration 6. Death 7. Newborn 8. Others 9. Nothing	When was the Person Registered For the first time in the HH by the Repetition						
1	2	3	4				Day	Month	Year						1	2	3	4		
				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"/>	1	2	3	4	
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				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"/>	1	2	3	4
				15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
				16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
				17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
				18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
				19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
				20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4

O Interviewer: Mark (x) in the circle if an extra questionnaire was completed for the household

ROUND:

District: _____		Locality: _____		Name of head of HH: _____		IDSAM: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Serial No: <input type="checkbox"/> <input type="checkbox"/>		Name: _____		Pr1: The Age: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Pr2:	School Attendance: <input type="checkbox"/> 1. yes 2. no		Pr3	Years of school: <input type="checkbox"/> <input type="checkbox"/>		Pr4 Educational Attainment(higher Qualification) <input type="checkbox"/> <input type="checkbox"/> 1. Illiterate 2. Can Read and Write 3. Elementary 4. Preparatory 5. Secondary 6. Associate Diploma 7. BA \ BSc 8. Higher Diploma 9. Master Degree 10. Ph.D	
Pr5:	Marital Status: ask for Persons 12 years and above, Persons 10-11 years record for them (--) 1. Never Married 2. Engaged 3. Married 4. Divorced 5. Widowed <input type="checkbox"/>						
PW01	Did..... work for wage in any kind of job including casual activities even for one hour?		1	yes		Skip to PW05	
			2	No-Disable\abroad <input type="checkbox"/>		Skip to PW17	
			3	Detained <input type="checkbox"/>			
			4	No		PW02	
PW02	Although.....did not work last week, did he\she assist in any work including casual activities ?		1	Yes		Skip to PW05	
			2	No			
PW03	Does have any work or enterprise for which he\she was absent last week?		1	Yes			
			2	No		Skip to PW11	
PW04	Why was..... absent from his\her job last week?		1	Ill		Skip to	
			2	Vacation		↓	
			3	Strike, closure, curfew			
			4	Closure(Permit with payment)		↓	
			5	Temporary stoppage			
			6	Others		PW08	
PW05	Does..... have any other jobs?		1	Yes			
			2	No			
PW06	How many hours did work in all jobs last week?			<input type="checkbox"/>		IF the hours 35 or more Skip to PW08	
PW07	Why was the number of hours worked last week less than 35 hours?		1	Personal reasons (Illness vacation)			
			2	No desire to work more			
			3	Nature of work			
			4	Strike			
			5	Closure			
			6	Could not find additional work			
			7	Others			
PW08	Did... want to change his\her job or to get additional work last week?		1	Yes			
			2	No		Skip to PW10	
PW09	Why did... want to change his\her job or to get additional work?		1	Insufficient income		Skip to	
			2	Occupation is not suitable		↓	
			3	Bad work conditions			
			4	Place of work is far		↓	
			5	Others		PW18	
PW10	Why did not want to change his\job or to get additional job?		1	Good work		Skip to	
			2	Studying, training		↓	
			3	Home duties			
			4	Old, Illness		↓	
			5	Others		PW18	
PW11	Was available for work last week?		1	Yes			
			2	No - Old, Illness <input type="checkbox"/>		Skip to	
			3	No, student		↓	
			4	No- home duties			
			5	No- Others <input type="checkbox"/>		PW17	
PW12	Was there any reason that prevented from getting a job if he was offered on last week?		1	No			
			2	Yes, student <input type="checkbox"/>		Skip to	
			3	Yes- home duties		↓	
			4	Yes-Old, Illness			
			5	Yes- Others <input type="checkbox"/>		PW17	

PW13	For How long is.... available and able to work?	<input type="text"/> <input type="text"/> <input type="text"/>	Months
PW14	Did... seek for a job last week?	1 Yes 2 No	Skip to PW16
PW15	What were the steps taken to get a job?	1 Asked friends 2 Declared\ Read newspaper 3 Application to employers 4 Labour exchange 5 Others 6 Did nothing	Skip to PW17
PW16	Why did not seek for a job last week?	1 Studying, training 2 Home duties 3 Old, Illness 4 Found\established a job which starts later 5 Waiting results form previous job\applications 6 Closure\with permit 7 No permit\ possibility to find work 8 Discouraged to find job 9 Find a job doesn't fit with qualifications 10 Didn't seek job due low wages 11 Not interested in job Finding due to other income sources 12 Others	
PW17	Did....ever work in the past for at least two weeks regularly?	1 Yes- in the last 12 months 2 Yes- less than 5 years ago 3 Yes- more than 5 years ago 4 No	Skip to PW18 End
PW18	Where did... work in the main currents\previous job?	1. At Home 2. In Same Governorate in the West Bank 3. In other Governorate in the West Bank 4. In same Governorate in Gaza Strip 5. In other Governorate in Gaza Strip	6.Israel 7.Settlements 8.Border Industrial 9.Abroad\ Arab Country 10.Abroad\ Foreign Country
X18a	Does...work with permit or has any document to get to Israel or settlements	1 2 3	Work with permit Work without permit Israel identity\foreign passport\Jerusalem identity
X18b	For the interviewer: Write a detailed description to ...the major work place	<input type="text"/> <input type="text"/>	
PW19	For whom did ... work in the main current\previous work?		
PW20	What type of Industry (economic activity) does this company\ establishment work in?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PW21	What are the main duties and activities that... does At this work?		
PW22	What is\was his\her main occupation at this work?	<input type="text"/> <input type="text"/> <input type="text"/>	
PW23	What is\was his\her employment status	1. Employer(employ others) 3. Unpaid family member 5. Employee\Foreign Government 7. Employee\International 9. Regular employee\ private sector 11. Others	2.Self Employed 4.Employee\ National Government 6.Employee\ UNRWA 8.Employee\ Nonprofit Organization 10.Irregular employee\ private sector
Only for those who answered PW23 4-10, and did not answer PW17			
PW24	How long is he\she at this work?	<input type="text"/> <input type="text"/> <input type="text"/>	Months
PW25	How many days did ..work for wage last month	<input type="text"/> <input type="text"/>	Days
PW26	Since he\she worked for wage what was the amount for it - Period: 1. Daily 2. Weekly 3. Monthly - amount he\she received: - Currency: 1. Shiekeel 2. Jordanian Dinar 3. Dollar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	