



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"/> |
| ID7 | Type of locality | <input type="text"/> | ID8 | No. of HH in Enumeration Area | <input type="text"/> |
| ID9 | Name of head of HH | <input type="text"/> | | | |
| District | <input type="text"/> | | Locality | <input type="text"/> | |
| | | | | Street/Route | <input type="text"/> |

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"/> | If the number is more than one, add the new names to the household roster |
| 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"/> | If the number is more than one update the roster and delete the names of the leaving members |
| 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"/> | |

| 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 | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 1 | 2 | 3 | 4 |

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

Part 4: Population 10 years and over
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"/> | |
| 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 | |
| Pr4a | Specialization of education: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 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 <input type="checkbox"/> 5. Widowed | | | | | | |
| 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 | | PW08 | |
| | | | 6 | Others | | | |
| PW05 | Does..... have any other jobs? | | 1 | Yes | | | |
| | | | 2 | No | | | |
| PW06 | How many hours did work in all jobs last week? | | | | | 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 | | PW17 | |
| | | | 5 | No- Others <input type="checkbox"/> | | | |
| 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 ↓ PW17 → PW16 |
| 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"/> | |