



Palestinian Central Bureau of Statistics
Socio-economic Monitoring of the Palestinian
Households' Survey

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

ID00	Questionnaire's serial number in sample □□□□	ID05	Number of Housing unit within Building's □□□																
ID1	Governorate: _____ □□	ID06	Number of Housing unit within Numeration area's □□□																
ID02	Locality: _____ □□□□□□	ID 07	Location of the household as 1. Inside the wall (West Bank) Less than 1000m from the buffer zone (Gaza) 2. Outside the wall (West Bank) 1000m and more from the buffer zone (Gaza)																
ID03	Numeration area's No. □□□																		
ID04	Building's Number □□																		
QC1	Visits' schedule <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 15%;">Month</th> <th style="width: 25%;">Year</th> <th style="width: 45%;">Visit Number</th> </tr> </thead> <tbody> <tr> <td>□□</td> <td>□□</td> <td>□□□□</td> <td>1st visit</td> </tr> <tr> <td>□□</td> <td>□□</td> <td>□□□□</td> <td>2nd visit</td> </tr> <tr> <td>□□</td> <td>□□</td> <td>□□□□</td> <td>3rd visit</td> </tr> </tbody> </table>			Day	Month	Year	Visit Number	□□	□□	□□□□	1 st visit	□□	□□	□□□□	2 nd visit	□□	□□	□□□□	3 rd visit
Day	Month	Year	Visit Number																
□□	□□	□□□□	1 st visit																
□□	□□	□□□□	2 nd visit																
□□	□□	□□□□	3 rd visit																
QC2	Result of the interview: 1.completed 2. partly completed 3. Reject 4. Travelling 5. Uninhabited 6. No information 7. Other/... □																		
QC3	Name of Household Head	Tel □□□□□□□□ Mob □□□□□□□□																	
QC4	Referees for the family	Tel □□□□□□□□																	
		QC5	Total No of household members (male, female) □□																
QC6	Total No of Males □□	QC7	Total No of Females □□																
IR07	Interviewer's name:-----	IR08	Interviewer's No □□□□ Date: _____																
IR09	Supervisor's name:-----	IR10	Supervisor's No □□□□ Date: _____																
IR11	Editor's name:-----	IR12	Editor's No □□□□ Date: _____																
IR13	Encoder's name:-----	IR14	Encoder's No □□□□ Date: _____																
IR15	Data enterer's name:-----	IR16	Data enterer's No □□□□ Date: _____																

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

Section 1: Household Members Data (all members)

D1	D2	D3	D4	D5	D6	D7	D8	D9
Member's serial number	Names of usual household members (four names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	<i>What is the relation of (name) to the household head?</i> 1. Head of Household 2. Husband/wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandfather/mother 7. Grandchild 8. Son wife/Daughter husband 9. Other relatives 10. Others	Sex 1. Male 2. Female	Age Compute age from birthday and record the answer in full years, record (00) if age is less than one year. (98) for 98+ (99) don't know	Refugee status 1. Registered Refugee 2. Unregistered Refugee 3. Not refugee	Does the member have health insurance 0. No insurance 1. PA only 2. UNRWA only 3. Private Sector 4. PA and UNRWA 5. PA an private 6. UNRWA and private 7. Israeli 8. other	Does the member suffer any difficulties in vision or hearing or movement or understanding or communication: 0. No difficulty 1. Some difficulty 2. Great difficulty 3. Could not entirely In case of more than one difficulty, we consider the most one	Is (name) has a chronic illness and receiving treatment on an ongoing basis? Diabetes, blood pressure, heart disease, cancer, ulcers, asthma (crisis), epilepsy, other 1. Yes 2. No
1.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Household Members Data (all members)

D1	D2	D10	D11	D12	D13
Member's serial number (four names)	Names of usual household members (four names)	Education 1. Currently enrolled with Kindergarten → Go next 2. Currently enrolled with education 3. Enrolled and quit 4. Graduated 5. never attended school → D12	Number of successful years in regular education	What is (name)'s educational status? 01. Illiterate 02. can read and write 03. Elementary 04. Preparatory 05. Secondary 06. Intermediate level diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D.	Relations to Labor force 1. working 1-14 hours 2. working 15-34 hours 3. working 35 and more hours (doesn't work and willing to work-worked before) 4. looked for job last week 5. did not look for job (discouraged) (doesn't work and willing to work-did not work before) 6. looked for job last week 7. did not look for job (discouraged) (doesn't work and and not willing to due to) 8. student 9. housekeeping 10. disability, old age, sickness 11. Retirement income 12. other
1		<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"/>
3		<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"/>
5		<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"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<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"/>
12		<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"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Household Members Data

					members 10 years and above			
D1	D2	D14	D15	D16	D17	D18	D19	D20
Member's Serial number	Names of usual household members (three names)	Employment Status: 1. Employer 2. Self- employed 3. Unpaid family worker 4. Waged employee	Place of work 1. In house 2. Within the same locality 3. Within the same governorate 4. In another governorate 5. In Israel 6. Settlements 7. Abroad	Occupation	Main Economic Activity The type of work being done by affiliation in detail	Sector 1. Private national (inside est.) 2. Private national (outside est.) 3. Private foreign (inside est.) 4. Private foreign (outside est.) 5. national government 6. foreign government 7. charity 8. UNRWA 9. international organization 10. A non-profit Institution	Does the member have secondary job (if answer to D13 from 1-3, otherwise keep empty) 1. yes 2. no	Number of months worked during the last 12 months register (00) if he/she did not work during the previous year
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>

Section 3: Household Members Data

D1	D2	D21				D22
Member's Serial number	Names of usual household members (three names)	Does [name] employer contribute to				What is (name)'s current marital status?
		1.Yes 2.No 9. Don't know				Is he/she ... 1. Single 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widow/widower 6. Separated
		1.Paid maternity leave for women	2. Paid annual leave	3.Paid Sick leave	4.Pension fund	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Section 4: Housing Character Statistics

H1	What kind of dwelling unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Mariginal 7. Other / specify:		<input type="checkbox"/>
H2	Type of tenure	1. Owned 2. Rented unfurnished 3. Rented furnished 4. For free 5. For work 6. Other / specify:		<input type="checkbox"/>
H3	1.What is the monthly rental value of this dwelling			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2.Currency	1.NIS 2.JD 3.US\$		<input type="checkbox"/>
H4	1.If you were to reside in a similar dwelling, what would be the estimated rental monthly value?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2.Currency	1.NIS 2.JD 3.US\$		<input type="checkbox"/>
H5	Estimated age years of this dwelling	1. Less than a year 2. 1-5 years 3. 6-10 years 4. 11-20 years 5. Over 20 years		<input type="checkbox"/>
H6	Main building material for external walls	1. Clean stones 2. Cement & stones 3. Old stones 4. Bricks 5. Cement 6. other/ blastic/ shader/Mud		<input type="checkbox"/>
H7	Current dwelling usage status	1. Residence only 2. residence and work		<input type="checkbox"/>
H8	What is the total number of rooms in the housing unit? (excluding kitchen & bathroom)			<input type="checkbox"/>
H9	What is the total number of bedrooms in the housing unit?			<input type="checkbox"/>
H10	Does the dwelling suffer from any of the following? 1. Yes 2. No	1. Shortage of rooms		<input type="checkbox"/>
		2. Shortage of area of rooms		<input type="checkbox"/>
		3. Shortage of housing facilities (garden, garage, store, parking, health facilities,)		
H11	Does some/most of the rooms or the Corridors or the kitchen suffer from any of the following? 1. Yes 2. No	1. Humidity <input type="checkbox"/>	4. Weak of ventilation	<input type="checkbox"/>
		2. Coldness <input type="checkbox"/>	5. High temp in summer	<input type="checkbox"/>
		3. Difficulty in heating in winter <input type="checkbox"/>	6. Cracks in the dwelling	<input type="checkbox"/>
		7. Leak of water inside the dwelling (ceiling/walls)	8. Leak of water to the dwelling (from streat/Sewerage)	
H12	Connection of the dwelling to public networks (the main source for these services)			
	1. Water	<input type="checkbox"/>	1.Local Public Network 2.Isreali Network 3.Collected rain-water wells 4.Spring 5.Tanks 7.Other\Specify	
	2. Electricity	<input type="checkbox"/>	1.Public Network 2.Private generator 3.None	
	3. Sewage system	<input type="checkbox"/>	1.Public network 2.Porous Cesspit 3.Tight cesspit 4.None	
H13	Is there any cut off in service provision of public networks (for dwellings connected to public networks)			
	1. Water	<input type="checkbox"/>	1.No INTERRUPTIONS 2. INTERRUPTION ONCE A MONTH 3. INTERRUPTION ONCE A WEEK 4. INTERRUPTION MORE THAN ONCE A WEEK 5. INTERRUPTION DAILY 6. Network is not active 7. Other/....	
	2. Electricity	<input type="checkbox"/>	1.No INTERRUPTIONS 2. INTERRUPTION ONCE A MONTH 3. INTERRUPTION ONCE A WEEK 4. INTERRUPTION MORE THAN ONCE A WEEK 5. INTERRUPTION DAILY 6. Network is not active 7. Other/....	
H14	Availability of a Kitchen	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen		<input type="checkbox"/>

H15	Availability of a Bathroom	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom			<input type="checkbox"/>				
H16	Availability of a toilet	1. Toilet with Piped Water 2. Toilet without Piped Water 3. No Toilet			<input type="checkbox"/>				
H17	Availability of internet	1. DSL 2. USB 3. Tel connection 4. Through Neighbors 5. Other/.... 6. No internet			<input type="checkbox"/>				
H18	What is the main source of energy for								
	1.Cooking	1. Gas 2.Kerosene 3.Electricity 4.Wood 5.Other (specify).....			<input type="checkbox"/>				
	2.Heating	0. No heat 1.gas 2.Kerosene 3.Electricity 4.Wood 5.diesel 6. Cool 7.Other (specify).....			<input type="checkbox"/>				
	3.Conditioning	0. No conditioning 1.Electricity 2. Other (specify).....			<input type="checkbox"/>				
	4.Baking	0. No baking 1.gas 2.Electricity 3.Wood 4.Olive cake 6. Other biomass (Cool/animals and vegetables wastes)							
	5.Water heating	1.Solar heater 2.gas 3.Kerosene 4.Electricity 5.Wood 6. Cool 7. diesel 8.Other (specify).....							
H19	How does your household mainly dispose of its garbage?	1. Collected by sanitation worker 2. Thrown in nearby garbage container 3. Thrown randomly 4. Thrown in garbage area 5. Burned 6 .Used for specific things 7. Other / specify.....			<input type="checkbox"/>				
H20	Did the family conduct maintenance on dwelling over the past year, such as the work of Paint and Repair electrical extensions or similar	Amount in NIS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
H21	Did the family make capital reforms to the dwelling over the past year, such as the installation of solar heater, floor tiles, bathroom sets or extension of central heating or the like	Amount in NIS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
H22	How many of the following durables are available to the household (register (0) when non)	1. Private car	<input type="checkbox"/>	9. Dishwasher	<input type="checkbox"/>	17. Central heating	<input type="checkbox"/>	25. Computer	<input type="checkbox"/>
2. Electric fridge		<input type="checkbox"/>	10. Kerosene burner	<input type="checkbox"/>	18.Heater	<input type="checkbox"/>	26. Labtop/Notebook	<input type="checkbox"/>	
3. Freezer		<input type="checkbox"/>	11. Palestine mobile network	<input type="checkbox"/>	19. Home library	<input type="checkbox"/>	27. Water filter	<input type="checkbox"/>	
4. Solar water heater		<input type="checkbox"/>	12. Vacuum cleaner	<input type="checkbox"/>	20. TV	<input type="checkbox"/>	28. Smart phone	<input type="checkbox"/>	
5. Water heater (Kezar, boiler...)		<input type="checkbox"/>	13. Fan	<input type="checkbox"/>	21. Vedio/DVD	<input type="checkbox"/>	29. Air Conditioner	<input type="checkbox"/>	
6. Full automatic Washing machine		<input type="checkbox"/>	14. Gas/electric stove	<input type="checkbox"/>	22. Receiver/Dish	<input type="checkbox"/>	30. Central Conditioning	<input type="checkbox"/>	
7. Normal Washing machine		<input type="checkbox"/>	15. microwave	<input type="checkbox"/>	23. Tel line	<input type="checkbox"/>	31. Other/.....	<input type="checkbox"/>	
8. Dryer		<input type="checkbox"/>	16. Gas/electric oven	<input type="checkbox"/>	24. Israeli mobile network	<input type="checkbox"/>			

Section 5: Agriculture

A1	Does the household have agricultural land (Owned, Leased, Used) during year 2012/2013?	1. Yes 2. No → A4	<input type="checkbox"/>
A2	What is the area of the agricultural land (Owned, Leased, and Used) during the agricultural year 2012/2013? (in m ²)	1. Open irrigated vegetables 2. Protected vegetables 3. Rain fed vegetables 4. Field crops 5. Horticultural trees (not olive tree) 6. Olive trees 7. Arable land that is not used 8. Non Arable land 9. Total area (m ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ²
A3	Which of the following sources of water is considered the main irrigation method?	1. Artisan well/spring 2. Public network 3. tanks 4. Rainwater harvest well 5. Rain fed 6. Other/Specify.....	<input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> %
Total			100%
A4	Does the HH have livestock during agricultural year 2012/2013? 1. Yes 2. No → C01		<input type="checkbox"/>
A5	What is the number of the following as in 01/10/2013? Register (000) when there are no animals (Include economic projects)	1. Cows of milk 2. Fattening calves 3. Sheep 4. Goat 5. Broilers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. Layers 7. Beehives 8. Camels 9. Fish 10. Other (specify)_____
A6	Which of the following water resources used for animal raising during the agricultural year 2001/2012? 1.Yes 2.No	1. Artisan well/spring 2. Public network 3. tanks 4. Rainwater harvest well 6. Other/Specify.....	<input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> %
Total			100%
A7	The family discharge of agricultural products (plant, animal) through (Record percentage)	1. Household consumption or gifts 2. Direct selling from the farmer to the consumer 3. Sales associations, cooperatives food processing 4. Sales through brokers / Hisbah (wholesalers) 5. Direct sales stores (retailers) 6. Buy in-store special family / Basta on the street 7. Other/Specify...	<input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> %

A8	Does the household own any of the following agricultural tools?	1. Animal Plow	<input type="checkbox"/>	2. Manual Plow	<input type="checkbox"/>	3.Spray Motor	<input type="checkbox"/>	4. shovel	<input type="checkbox"/>
		5. Automatic Plow	<input type="checkbox"/>	6. Tractor	<input type="checkbox"/>	7.Sprayer	<input type="checkbox"/>	8. Thresher	<input type="checkbox"/>
		9. Brace'	<input type="checkbox"/>	10. Axe	<input type="checkbox"/>	11. Hook	<input type="checkbox"/>	12.Reaper	<input type="checkbox"/>
		13. manger	<input type="checkbox"/>	14. animal drinking glass					
	15.	Animal scissors/tools		16. Other: specify _____					

Section 6: Assistance and coping strategies

C01	During last 6 months, did the HH receive any assistance? 1.ye , 2. No, Skip to C04						<input type="checkbox"/>
C02	A. Type	B. Value	C. source	rotation	E. satisfaction	F. Reason for dissatisfaction	
	1. Food 2. Free medicine\ health treatment 3. Clothes 4. Job opportunities 5. Compensation martyrs 6. Cash 7. Health insurance 8. food coupons 9. School feeding 10. Product inputs (seeds, fertilizer, ...) 11. Drinking Water 12. Electricity Charching 13. other/Specify...	Total value for each type in NIS	1. Ministry of Social Affairs 2. Other PA agencies 3. Political parties 4. Zakat 5. International agencies 6. UNRWA 7. Arab countries 8. Charity / religious 9. Family and Relatives 10. friends/neighbors 11. Workers union 12. National banks 13. local Reform Commission 14. Other/.....	1.Periodic 2.emergency	1. Very Satisfied 2. Satisfied 3. Not satisfied 2. very Not satisfied 8. Not aplicable 9. Don't know/No answer If answer=1, 2, 8 or 9 skip to the next line.	Main reason for dissatisfaction 1.because of quantity 2.because of quality 3.because of quantity and quality 4.frequency of receiving assistance 5.other 6. Not applicable 7. Don't know/No answer	
1.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	

C03	How important is the assistance received by the household's or any member of your household	1. We could not manage without it				<input type="checkbox"/>	
		2. Helped manage the living needs but with great difficulty					
		3. It constituted a useful complement to the regular household income					
		4. It helps alleviate the hardship under difficult circumstances					
		5. The household could manage without it					
		6. Assistance is not important to the household's livelihood					
		9. Don't know/No answer					
C04	According to your opinion, what is the main reason of not receiving the assistance	1. Did not ask for assistance				<input type="checkbox"/>	
		2. We asked for assistance and did not get it, we think because the household lives in a remote area					
		3. We asked for assistance and did not get it, we think because the household lives in a rich area					
		4. We asked for assistance and did not receive it, we think because of political reasons					
		5. We asked for assistance and did not receive it, and we do not know the reason					
		6. Job exits					
		7. Other/.....					
C05	Regardless if your HH received assistance or not, would you say that your HH is in need of assistance	1. Yes, a lot 2. Yes, somewhat 3. No, we do not need assistance				<input type="checkbox"/>	
C06	Regardless if your HH received assistance or not, what type of assistance do the HH is in need 1. Yes 2. No	1. Cash	<input type="checkbox"/>	6. Ensure that orphans	<input type="checkbox"/>	11. Training	<input type="checkbox"/>
		2. Food	<input type="checkbox"/>	7. Social interventions with family	<input type="checkbox"/>	12. project Assistance	<input type="checkbox"/>
		3. Health Insurance	<input type="checkbox"/>	8. Exemption of school fees	<input type="checkbox"/>	13. Exemption of customs	<input type="checkbox"/>
		4. Provision for disabled	<input type="checkbox"/>	9. Emergency assistance	<input type="checkbox"/>		
		5. Provision for elderly	<input type="checkbox"/>	10. Hiring	<input type="checkbox"/>		
C07	In general, to what extent that assistance programs is targeted the needy in your community	1. Assistance is primarily targeted to the needy				<input type="checkbox"/>	
		2. Assistance targets the needy, but often others who do not need such assistance also receive it					
		3. In general, assistance is distributed without any distinction between the needy and those who do not need it					
		9. Don't know/No answer					

C08	In answering each of the following questions, please respond according to your situation in the past 30 days		
	0. None 1.(1-2) times 2.(3-10) times 3. (More than 10 times 9. Don't know/No answer	1. Did you worry that your household would not have enough food?	<input type="checkbox"/>
		2. Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	<input type="checkbox"/>
		3. Did you or any household member eat a limited variety of foods due to a lack of resources?	<input type="checkbox"/>
		4. Did you or any household member eat food that you preferred not to eat because of a lack of resources to obtain other types of food?	<input type="checkbox"/>
		5. Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?	<input type="checkbox"/>
		6. Did you or any other household member eat fewer meals in a day because there was not enough food?	<input type="checkbox"/>
		7. Was there ever no food at all in your household because there were not resources to get more?	<input type="checkbox"/>
		8. Did you or any household member go to sleep at night hungry because there was not enough food?	<input type="checkbox"/>
		9. Did you or any household member go a whole day and night without eating anything because there was not enough food?	<input type="checkbox"/>

C9	Did the household got loan during the past 6 months 1. Yes 2. No, skip to C12			<input type="checkbox"/>	
C10	Record the loan amount according to the source IN NIS				
	1. Loans and advances from government	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	2. Loans from commercial banks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	3. Loans from specialized institutions	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	4. Loans from individuals (friends, relatives, ..)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	4. Loans and advances from other sources / select	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
C11	What are the ways of spending the loan. 1. Yes 2. No	1. Living or food	<input type="checkbox"/>	5. Teach a family member	<input type="checkbox"/>
		2. Construction / expansion of housing / maintenance	<input type="checkbox"/>	6. Buy / expand Real Estate	<input type="checkbox"/>
		3. Marriage of a family member	<input type="checkbox"/>	7. Other / select	<input type="checkbox"/>
		4. Purchase of furniture or equipment	<input type="checkbox"/>		

Section 6: Steadfastness and coping strategies

C12	During the past 6 months did you face any of the following? 1. Yes 2. No 8. Not Applicable	1. Death/Disability of the breadwinner	<input type="checkbox"/>		
		2. Death/Disability of the of one of the household members (not breadwinner)	<input type="checkbox"/>		
		3. head of household or any members loss his job.			
		4. loss part or all wage/ income			
		5. late in salary			
		6. loss part or all aids			
		7. loss of HH property or business due to Natural disasters	<input type="checkbox"/>		
		8. loss of HH property business due to Israeli procedures	<input type="checkbox"/>		
		9. Failure to obtain a permit	<input type="checkbox"/>		
		10. Rising cost of food	<input type="checkbox"/>		
		11. Rising cost of production inputs	<input type="checkbox"/>		
		12. Rising cost of other living	<input type="checkbox"/>		
C13	During the last six months, did the household do any of the following?	A. Answer 1. Yes 2. No 8. Not applicable 9. Don't know (2,8,9 skip to next line)	B. Number of times	C. Is the possibility of future use still exist 1. Yes 2. No	
		1. Not pay bills/utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2. Sell off assets jewelry, furniture, productive assets, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3. Used life savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		4. Regrouping of family members to save money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5. Reduce health and education expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6. Cultivate the land, Animal Husbandry, fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		7. Searching for extra work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

West Bank				
C14	Be sure to repeat the following phrase when you ask every question about coping strategy, "During the past 30 days, when it is not available for the family enough food, or money to buy food, how many times have you ...?"	1. Never happen 2. Rarely (less than once a week) 3. One each period (1 or 2 times a week) 4. Happen many times 5. Always happen (daily)		
1.	Eaten stored food (As legumes, dairy products, that were stored to be used in winter)			<input type="checkbox"/>
2.	Collected wild plants (khobesa, zaatar, etc)			<input type="checkbox"/>
3.	Purchased low quality markets "Leftover"			<input type="checkbox"/>
4.	Bought and consumed fewer types of food items (less expensive)			<input type="checkbox"/>
5.	Reduced portion of food for adults in favor of children's			<input type="checkbox"/>
6.	Reduced number of daily meals			<input type="checkbox"/>
7.	Purchased food on credit			<input type="checkbox"/>
8.	Reduced the portion of meals for all household members			<input type="checkbox"/>
9.	Asked for and received assistance from friends and/or relatives			<input type="checkbox"/>
10.	Sent women and / or children to work for food			<input type="checkbox"/>

	Gaza strip			
11.	how many times have you/ Consumption of foods stored (for example, dry beans, beans stiff			
12.	"how many times have you/ Collecting wild plants for consumption (such as hibiscus and Ahamasis and asparagus)			
13.	how many times have you/ Stop the consumption of foods and the use of expensive alternatives to) buy cheap foods instead of foods are expensive			
14.	how many times have you/ Reduce the number of meals consumed for the whole family) per day			
15.	how many times have you/ Reduce the amount of food for adults to be provided for children			
16.	how many times have you/ Buy low-quality foods from the market, "the remnants of the last time the market" to buy lower quality and not pick up / collect food from the earth			
17.	how many times have you/ Reduce the amount of food in each meal for the whole family			
18.	how many times have you/ Shedding some adults for meals to feed children			
19.	"how many times have you/ Borrowing / credit from the supermarket or relatives for food			
20.	"how many times have you/ Send children to eat somewhere else / family members gathered on the collective meals			
21.	"how many times have you/ Dangerous business practice / spam / Giralcheraah to get money to buy food (such as working in the tunnels, begging, collecting stones and gravel from the buffer zones (border) etc.)			
22.	"how many times have you/ Send the women and girls to work in domestic service			

Section 7: Consumption and expenditure

E701	<p>During last 6 months, were expenditures of the household changed, on the following items?</p> <p>1. Yes, decreased 2. Yes, increased 3. No, remained the same</p>	1. Food	<input type="checkbox"/>
		2. Clothes	<input type="checkbox"/>
		3. Education	<input type="checkbox"/>
		4. Housing Needs	<input type="checkbox"/>
		5. Health	<input type="checkbox"/>
		6. Travel /recreation	<input type="checkbox"/>
		7. Transportation	<input type="checkbox"/>
		8. Utility bills	<input type="checkbox"/>
		9. total consumption	<input type="checkbox"/>

E702	<p>If your family expenditure was changed on food in E08, where was the change?</p> <p>1. Yes, decreased 2. Yes, increased 3. No, remained the same</p>	1. Quantity of food purchased /consumed	
		2. Quality of food purchased consumed	
		3. Quantity of meat purchased /consumed	
		4. Quantity of fruits purchased /consumed	
		5. Quantity of milk purchased /consumed	
		6. Others (Specify)	

E703	What was your household average monthly consumption during the past 6 months? (in NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
E704	What was your household average monthly food consumption during the past 6 months? (in NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
E705	A. What was your household average monthly water bills consumption through the water network during the past 6 months? (in NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	B. What was your household average monthly consumption on water tanks and other water sources (tanks/ springs...) during the past 6 months? (in NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

E706	What is the cash value of the food acquired for your household consumption during the past month in NIS?			
	Food Group	a. Cash Expenses	b. In kind receipts	c. Own production
1.	Cereals and cereal products (wheat, flour, purghul, frekeh)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.	Rice	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	Bread (and products)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.	Fish	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.	Eggs	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.	Red Meat	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.	White meat Chicken	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.	Tinned fish/meat	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9.	Milk and dairy products	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.	Olive oil	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11.	Oils and fats	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.	Pickles (olives, and other vegetables)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13.	Fruits	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14.	Vegetables	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15.	Legumes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16.	Tubers (potatoes etc)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17.	Dried fruits	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18.	Sugar and confectionaries	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19.	Zaatar (thyme)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20.	Other types of food (tea, coffee, coco, salt, pepper , drinks)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E707	A. What is the cash value of the consumption expenditures on the following items during the past month in NIS?			Cash value in NIS
	1. Expenditures on ready meals and drinks outside home (eaten at home).			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	2. Expenditures on mineral water			
	3. Expenditures on diesel to generate electricity			
	4. Expenditures on ready meals and drinks at restaurants.			
	5 Expenditures on tobacco, cigarettes and liquor.			
	6. Expenditures on transportation and communications (including bus fare, taxi, telephone bills, mobile cards, etc..)			
	7. Personal care (including for women and men, adults and children)			
	B.What is the cash value of the consumption expenditures on the following items during the past six month?			Cash value in NIS
	1. The value of expenditures on Medical expenses/health care (in the country and abroad if applicable)?			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	2. Transportation and communications (including spare parts, Gasoline, repair costs, etc..)?			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	3. Housing (includes cost of rent, routine non capital forming maintenance, cleaning materials and appliances, Water, electricity, etc...)?			
	4. the value of expenditures on Clothing and shoes (including for women and men, adults and children)?			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	5. the value of expenditures on Recreational and cultural activities?			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	C.What is the cash value of the consumption expenditures on the following items during the past year?			Cash value in NIS
	1. the value of expenditures on Education, school and university fees for all household members (in the country and abroad if applicable)?			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
E708	Do you purchase food on credit (inability to cover costs)? 1.Yes 2.No, skip to E811			<input type="text"/>
E709	What is the average monthly percentage of food purchased on credit of total monthly food purchase?			<input type="text"/> <input type="text"/> <input type="text"/> %
E710	Is the purchase of food on credit the same as usual? 1. Increased 2. Decreased 3. Stayed the same 9. Don't know			<input type="text"/>

Section 8: Dietary Diversity, Household Food Insecurity Access Scale

E801	During the past week, how many days the HH consumed the following with source and made place)?		
	Food Group	A. number of days	C. source 1. Voucher 2.Cash 3.Self production 4.Exchange 5.Gifts 6.Food aid 7.Credit purchase 8.Borrowedfrom family/friends 9.other
1.	Cereals and cereal products (wheat, flour, purghul, frekeh)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Rice	<input type="checkbox"/>	<input type="checkbox"/>
3.	Bread (and products)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fish	<input type="checkbox"/>	<input type="checkbox"/>
5.	Eggs	<input type="checkbox"/>	<input type="checkbox"/>
6.	Red Meat	<input type="checkbox"/>	<input type="checkbox"/>
7.	White meat Chicken	<input type="checkbox"/>	<input type="checkbox"/>
8.	Tinned fish/meat	<input type="checkbox"/>	<input type="checkbox"/>
9.	Milk and dairy products	<input type="checkbox"/>	<input type="checkbox"/>
10.	Olive oil	<input type="checkbox"/>	<input type="checkbox"/>
11.	Oils and fats	<input type="checkbox"/>	<input type="checkbox"/>
12.	Pickles (olives, and other vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Fruits	<input type="checkbox"/>	<input type="checkbox"/>
14.	Vegetables	<input type="checkbox"/>	<input type="checkbox"/>
15.	Legumes	<input type="checkbox"/>	<input type="checkbox"/>
16.	Tubers (potatoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
17.	Dried fruits	<input type="checkbox"/>	<input type="checkbox"/>
18.	Sugar and confectionaries	<input type="checkbox"/>	<input type="checkbox"/>
19.	Zaatar (thyme)	<input type="checkbox"/>	<input type="checkbox"/>
20.	Other types of food (tea, coffee, coco, salt, pepper , drinks)	<input type="checkbox"/>	<input type="checkbox"/>

Section 9: Income

I01	The main breadwinner in this household is: (DO NOT READ RESPONSES)	<input type="checkbox"/>	1.Male 2.Female
I02	How do you financially consider your household in comparison to the past six months)?	<input type="checkbox"/>	1.Today much better 2. Today to somehow better 3. No change 4.Today Worse somehow 5.Today much worse 9. Don't know
I03	During the past six months, did your household income change	<input type="checkbox"/>	1.Yes, It increased, skip to I05 2. No, it remained the same, skip to I05 3. Yes, it decreased 9. Don't know, skip to I05
I04	Total amount of money that a household need to satisfy its basic needs (necessities)	In NIS
I05	How long could the HH keep up financially in the future	<input type="checkbox"/>	1.For as long as it takes 2.For about one year 3.For only few months 4. We hardly could menage 5.HH situation is serious and does not have enough to live 6. Don't know/No answer

I06	Was any of the following a source of income for the household (multiple choice) is of the households sources of income	1. Yes 2. No	What is the average monthly income from each of these sources (NIS)	What is the average yearly income from each of these sources (NIS)
	1. Private sector regular wage work	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	2. Private sector Irregular wage	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	3. Private sector Self employment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	4. Private sector employer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	5. Government (Public Sector)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	6. UNRWA (regular staff)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	7. Job creation programs	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	8. Israel and settlements	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	9. Cash Aid	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	10. in kind aid (food, clothes....)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	11. Social insurance, pensions and retirement	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	12. Transfers from Friends and Relatives	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	13. Properties, Rents	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	14. Profits, Interests and dividends	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	15. Agriculture including livestock	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	16. Proceed of assets/Specify....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
I07	Total of sources, household income during the past month and the average annual income	<input type="text"/>	<input type="text"/>	<input type="text"/>
I08	What percentage of annual household income from agriculture, including animal husbandry (not including paid work for others in the agricultural sector)?	<input type="text"/> %		

Section 10: Mobility and Access to Basic Services

T1	To what extent would you say that in general movement restrictions represented an obstacle to you /your family during the past 6 months? 1. Very Much 2. Minor 3. Not an obstacle 9. Don't know				<input type="checkbox"/>
T2	During the past 6 month were you able to reach the following	A. difficulties 1. No difficulty 2. Minor difficulty 3. Big difficulty 88. Not applicable 99. Don't know	B. Reasons of difficulties 1.Yes 2.No 1. Access Restrictions related 2. Cost related reasons 3. other reasons		
	1. work place	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. plant your land	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. school or collage	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. health facility	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T3	What is the distance, main transport facility and travel duration from the following services			
	Type Of Service	1.Distance	2. transport facility	3. travel duration
	1. Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. Private Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3. Public health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4. Public\government hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6. Nearest elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	7. Nearest Secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	8. Nearest food store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Distance: 1. Less than 1 Km 2. 1-5 Km 3. Over 5 Km Transport Facility: 1. Walking 2. Private car 3. Public transport 4. Taxi 5. Other			