



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 General Statistics Law of 2000.

ID00	Questionnaire's serial number in sample <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ID05	Building's Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																		
ID01	Governorate: <input type="text" value=""/> <input type="text" value=""/>	ID06	Number of Housing unit within Building <input type="text" value=""/> <input type="text" value=""/>																		
ID02	Locality: <input type="text" value=""/>	ID08	Locality in relation to the Barrier (West Bank only) ¹ 1. Inside Barrier 2. outside Barrier																		
ID03	Enumeration area (EA) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ID09	Month of the survey <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																		
ID04	HH serial number in Enumeration area (EA) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																				
ID10	Building Address	-----																			
ID11	Name of Household Head	-----																			
ID12	Name of the Respondent	-----																			
ID13	Respondent serial Number <input type="text" value=""/> <input type="text" value=""/>																				
IR01	Interview result	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">1.</td><td>Completed</td></tr> <tr><td>2.</td><td>Partially completed</td></tr> <tr><td>3.</td><td>The household is travelling</td></tr> <tr><td>4.</td><td>No one at home</td></tr> <tr><td>5.</td><td>Refused to cooperate</td></tr> <tr><td>6.</td><td>Information not available</td></tr> <tr><td>7.</td><td>Non-occupied housing unit</td></tr> <tr><td>8.</td><td>Housing unit does not exist</td></tr> <tr><td>9.</td><td>Other specify.....</td></tr> </table>	1.	Completed	2.	Partially completed	3.	The household is travelling	4.	No one at home	5.	Refused to cooperate	6.	Information not available	7.	Non-occupied housing unit	8.	Housing unit does not exist	9.	Other specify.....
1.	Completed																				
2.	Partially completed																				
3.	The household is travelling																				
4.	No one at home																				
5.	Refused to cooperate																				
6.	Information not available																				
7.	Non-occupied housing unit																				
8.	Housing unit does not exist																				
9.	Other specify.....																				
IR02	Visits' schedule	Day	Month	Year	Visit Number																
		<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	1 st visit																
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IR03	Total Number of visits				<input type="text" value=""/>																
IR04	Total No of household members (male, female) <input type="text" value=""/> <input type="text" value=""/>	IR05	Total No of Males <input type="text" value=""/> <input type="text" value=""/>																		
IR06	Total No of Females <input type="text" value=""/> <input type="text" value=""/>																				
IR07	Interviewer's name:----- -----	IR08	Interviewer's code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date: _____																	
IR09	Supervisor's name:----- -----	IR10	Supervisor's code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date: _____																	
IR11	Editor's name:----- --	IR12	Editor's code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date: _____																	
IR13	Data enterer's name:----- -----	IR14	Coder's code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date: _____																	
IR15	Data Entry clerk's name: ----- -----	IR16	Data Entry Clerk's code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date: _____																	

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

¹ For Gaza Strip the location from the buffer zone: 1. Inside buffer zone and 2. Outside buffer zone

Section 1: Data About Household's Members

HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR07A	HR08
Member's serial number	Names of usual household members (First name, Father name, and Family name) Please, tell me the names of all persons who usually live in your household, including children and infants, and starting with the household's head	<i>What is the relation of (name) to the head of the household?</i> 1. Household head 2. Spouse 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandparent 7. Grandson/granddaughter 8. Son-in-law/daughter-in-law 9. Other relative 10. Other	Is (name) male or female? 1. Male 2. Female	Age in completed years Record (00) if age less than 1 year 98 – the age is 98 years or more 99-Don't know	Is (name) a registered refugee, non-registered refugee or non-refugee? 1. Registered refugee 2. Non-registered refugee 3. Non-refugee?	Has (Name of the person) changed his / her place of residence during the past 5 years? (In case the person has changed the place more than one time, record last change) 1.No (Skip to HR09) 2. Yes within the same locality 3. Yes to same governorate 4. Yes to different governorate 5. Yes to another country 6. Other (i.e. detained.....)	When was the last change of the place of residence, record month and year	Reason for the change in the place of residence 1. work 2. education 3. marriage 4. company others 5.immigration 6. Displacement 6. wall 7. To keep Jerusalem ID card 8.Israeli measures 9. other
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"/> / <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"/>
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"/>
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"/>
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"/>

HR01	HR02	HR09	HR10	HR11	HR12	HR13	HR14	HR15	HR16	HR17	HR18
Member's serial number	Names of usual household members (First, father, and family name) Please, tell me the names of all persons who usually live in your household, including children and infants, and starting with the household head	Is the mother alive 1. Yes 2. No 99. I don't know (No or Don't know—Skip to HR11)	If the mother lives with the family register her line number as in HR01 register 00 if she doesn't live with the family	Is the father alive 1. Yes 2. No 99. I don't know (No or Don't know—Skip to HR13)	If the father lives with the family register his line number as in HR01 Register 00 if he doesn't live with the family	Does the member have health insurance 0. No insurance 1. Government only 2. UNRWA only 3. Private only 4. Government and UNRWA 5. Government and private 6. UNRWA and private 7. Israeli 8. other	Does the member suffer any difficulties in any of the following:				
							Seeing	hearing	movement	understanding	communication
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"/> <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"/>
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"/> <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"/>
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"/> <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"/>
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"/> <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"/>
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"/> <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"/>
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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"/>	<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"/>	<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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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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"/> <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"/>

HR01	HR02	Members above 5 years old		10 years and above			
		HR19	HR20	HR21	HR22	HR23	HR24
Member's Serial number	Names of usual household members (First, father, and family name) Please, tell me the names of all persons who usually live in your household, including children and infants, and starting with the household head	School enrollment 1. Currently Enrolled 2. was enrolled but dropped out 3. Graduated 4. never attended school In case never attended school (4), skip to HR21	How many schooling years did (name) successfully complete? Record (00) if schooling years are less than 1 year 98:Don't know	What is (name)'s educational level? 01. Illiterate 02. can read and write 03. Elementary 04. Preparatory 05. Secondary 06. Associate diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D. 99. Don't know	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-Never worked before) 6. looked for job last week 7. did not look for job (discouraged) do not work and not willing to 8. student 9. housekeeping 10. disability, old age, sickness 11. Availability of income / Retirement income 12. other	Main occupation: What kind of work is/was (name) doing in detail?	Economic activity of the establishment
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/>
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"/> <input type="checkbox"/>
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"/> <input type="checkbox"/>

HR01	Relation to labor for those who worked in the last week for persons 10 years and above						Above 12 years
	For persons 10 and above who answered HR22 as 1-5						
	Above 10 years						
	HR02	HR25	HR26	HR 27	H28	HR29	
Member's Serial number	household members (First, father, and family name) Please, tell me the names of all persons who usually live in your household, including children and infants, and starting with the household head	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 99. don't know	Main employment status 1.Employer 2.Self-employed 3.Regular Wage employee 4. Irregular wage employee 5. Unpaid family member 99. Don't know	Place of Work 1.In the house 2.Within the same locality 3.within the same governorate 4.in other governorate 5.Israel 6.settlements 7.abroad 99. Don't know	Does the member have secondary job (if answer to HR24 from 1-3) 1. yes 2. no 99. don't know	Number of months worked during the last 6 months (if answer to HR24 from 1-5) 99.Don't know	What is (name)'s current marital status? Is he/she ... 1. Single 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widowed 6. Separated 99. Don't know
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/>
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"/> <input type="checkbox"/>
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"/> <input type="checkbox"/>

Section 2: Housing Characteristics

Q201	What kind of Housing unit does the family live in?	1. Villa 2. House 3. Apartment 4. separate room 5. Tent 6. Marginal 7. Other / specify:						<input type="checkbox"/>	
Q202	Main building material for external walls	1. Clean stones 2. Cement & stones 3. Cement 4. Bricks 5. Mud brick 6. Old stones 7. Other / Specify:						<input type="checkbox"/>	
Q203	Is your housing unit?	1.Owned 2. Rented unfurnished 3.Rented furnished 4. For free 5. For work 6. Other / specify:						<input type="checkbox"/>	
Q204	Type of occupancy of current housing unit?	1. Residence only 2. Multiple usage (work and residence)							
Q205	How many rooms are there in the housing unit	(Number of rooms excluding bathroom and kitchen)						<input type="text"/> <input type="text"/>	
Q206	What is the main source of water for your household?	1. Public local network 2. Public Israeli network 3. Wells 4.springs 5. Tank 6. Other/specify						<input type="checkbox"/>	
Q207	What main source of Electricity	1. Public network 2. Community Generator 3. No electricity						<input type="checkbox"/>	
Q208	Do you have wastewater collections system	1. Public network 2. Cesspit. 3. collector hole 4.non							
Q209	Availability of a Kitchen	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen						<input type="checkbox"/>	
Q210	Availability of a Bathroom	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom						<input type="checkbox"/>	
Q211	Availability of a toilet	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom							
Q212	What main source of energy for								
	1.Cooking	1. Gas 2.Kerosene 3.Electricity 4.Wood 5.Deisel 6. Other (specify).....						<input type="checkbox"/>	
	2.Heating	0. No heat 1.Gas 2.Kerosene 3.Electricity 4.Wood/coal 5. Diesel 6. Other (specify).....						<input type="checkbox"/>	
	3.Baking	0. No baking 1. Gas 2.Kerosene 3.Electricity 4.Wood/coal 5. Diesel 6. Other (specify).....						<input type="checkbox"/>	
Q213	Are following commodities available to the household? 1. Yes 2. No	1. Private car	<input type="checkbox"/>	8. Vacuum cleaner	<input type="checkbox"/>	15. Computer	<input type="checkbox"/>	21 Commercial car	<input type="checkbox"/>
		2. Electric fridge	<input type="checkbox"/>	9. Home library	<input type="checkbox"/>	16. Satellite dish	<input type="checkbox"/>	22. Clothes Dryer	<input type="checkbox"/>
		3. Solar heater	<input type="checkbox"/>	10. TV	<input type="checkbox"/>	17. Internet services	<input type="checkbox"/>	23. Gaza/electric oven	<input type="checkbox"/>
		4. Washing machine	<input type="checkbox"/>	11.VCR/DVD	<input type="checkbox"/>	18. Radio / recorder	<input type="checkbox"/>	24. Water Boiler	<input type="checkbox"/>
		5. Gas stove	<input type="checkbox"/>	12.Telephone	<input type="checkbox"/>	19. Printer	<input type="checkbox"/>	25. Home heater	<input type="checkbox"/>
		6. Dishwasher	<input type="checkbox"/>	13.Jawwal	<input type="checkbox"/>	20. Microwave			
		7. Central heating	<input type="checkbox"/>	14.Cellular (Israeli)	<input type="checkbox"/>				

Section 3: Agricultural Activities

Q301	Does the household own land 1. Yes 2. No (No Skip to Q305)	<input type="checkbox"/>
Q302	What is the area of the land owned in dunums (closest decimal)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q303A	a. If the household own cultivated land, what type of plantation (fill in the percent for each type if applicable)				Q303B. What is the irrigation method (for each)				
	1. Field Crops			%	1. Artisan well	Field crops	vegetables	trees	Cut flowers
	2. vegetables			%	2. Public network				
	3. Trees			%	3. Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. cut flowers			%	4. Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. not used			%	5. Rain fed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. total			%	6. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q304	a. What kind of animals the household owns including commercial ownership (please fill the number of the animals in the acquisition in the squares – put 0 in case no animals opposite to each kind)								
	1. Cows				6. BeeHives				
	2. Sheep				7. Rabbits				
	3. Goats Cattle				8. Camels				
	4. Chicken (for eggs)				9. Other poultry, Specify.....				
	5. Broilers				10. Other Animals: specify.....				

Section 4: Assistance

Q301	During the past 6 months, have you or any of your household's members received any kind of assistance (including that from family and friends)?													1. Yes 2. No <input type="checkbox"/> (Skip Q501)							
	a. Source 1. Yes 2. No	b. Type 1. Yes 2. No				c. How many Times was it received				d. What is the total value for each during the past 6 months (NIS)				e. Satisfaction level 1. Satisfied 2. Not satisfied.				f. If not satisfied why 1. frequency 2. Quantity 3. Quality 4. Type 5. other			
		<i>Food</i>	<i>Cash</i>	<i>Job Generation</i>	<i>Other</i>	<i>Food</i>	<i>Cash</i>	<i>Job Generation</i>	<i>Other</i>	<i>Food</i>	<i>Cash</i>	<i>Job Generation</i>	<i>Other</i>	<i>Food</i>	<i>Cash</i>	<i>Job Generation</i>	<i>Other</i>	<i>Food</i>	<i>Cash</i>	<i>JG</i>	<i>Other</i>
1.	<input type="checkbox"/> Government	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Local Authority	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> UNRWA	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> International organizations	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/> Other International NGOS	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/> Charities	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> Other	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Coping strategies

Q501	For how long can you steadfast financially in the future	1. I can steadfast regardless of period (More than a year) 2. Maximum one year 3. Several months (3-9 months) 4. We can barely manage (1 or 2 months) 5. We are in serious financial problem and we cannot manage	<input type="checkbox"/>	
Q502	During the past 6 month, has you faced any of the following 1. Yes 2. No 99 Don't know / No answer	1. sickness of the bread winner 2. One of the household members lost his/her job 3. loss of family economic project 4. loss of household property (house, land, agricultural, green house, etc) 5. Difficulties in reaching work place, land, etc 6. loss on assets (car, well, poultry, etc) 7. loss of sources of aid 8. loss of all or part of salary 9. lack of access to raw materials 10. Family member got new job, inheritance, better job, new project 11. Moving to an area with better services 12. Increase in food prices 13. other /Specify	<input type="checkbox"/> <input type="checkbox"/>	
Q503	How much do your household rely on food aid in your daily consumption of food ?	1. Totally 2. Heavily 3. Partially 4. Negligible	<input type="checkbox"/>	
Q 504	Coping Strategies	1. Yes 2. no 8. not applicable 9. don't know	How many times	Is it still available for future use 1. Yes 2. No
a. For the household to stead financially during <u>the past week</u>, did you have to do any of the following				
1 Consume less quantity of food		□□	□□	□
2 Consume lower quality food		□□	□□	□
3 Borrow food or rely on help from friends or relatives		□□	□□	□
4 Purchase food on credit		□□	□□	□
5 Restrict consumption by adults in order for children to eat		□□	□□	□
6 Reduce the number of meals eaten in a day		□□	□□	□

Cont.	b. For the household to sustain financially during <u>the past six months</u> , did you have to do any of the following			
	1. Not pay bills/utilities	<input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/>	<input type="checkbox"/>
	3. Used life savings	<input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/>	<input type="checkbox"/>
	5. Reduce health and education expenses	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6. Change place of residence	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

Section 6: Income

Q601	Is the household's head the main bread winner of the family 1. Yes 2. No		<input type="checkbox"/>
Q602	If not, record the number of the bread winner from the roster		<input type="checkbox"/> <input type="checkbox"/>
Q603	Which of the following is part of the household's sources of income	1. Yes 2. No No skip to next question	What is the average monthly income from each of these sources
	1. Private sector regular wage work in agriculture	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	2. Private sector regular wage work in non agriculture	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	3. Private sector Irregular wage work in agriculture	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	4. Private sector Irregular wage work in nonagricultural	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	5. Private sector Self employment in agriculture	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	6. Private sector Self employment non agriculture	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	7. Private sector employer in agriculture	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	8. Private sector employer in nonagricultural	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	9. Government (Public Sector)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	10. UNRWA (regular staff –excluding emergency employment)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	11. Job creation	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	12. Israel and settlements	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	13. Cash Aid	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	14. food assistants		
	15. Social insurance, pensions and retirement	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	16. Transfers from Friends and Relatives	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	17. Properties Rents	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	18. Profits, Interests, and dividends	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	19. Selling of assist (what type of asset)_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
Q604	How many sources of income does the household have		<input type="checkbox"/> <input type="checkbox"/>
Q605	During the Past six months, Has the total household's income change? 1. Yes, decreased 2. Yes, increased 3. No, remained the same		<input type="checkbox"/>

Section 7: Consumption/Expenditures

Q701	Has your household's expenditure change during the past 6 months? 1. Yes, decreased 2. Yes, increased 3. No, remained the same			<input type="checkbox"/>	
Q702	If expenditures of the household were reduced, on which items was it reduced? 1.yes 2. no Multiple answer is possible	1.Food	<input type="checkbox"/>	2.Clothes	<input type="checkbox"/>
		3.Education	<input type="checkbox"/>	4.Home 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. Other (specify).....			<input type="checkbox"/>
Q703	If your family expenditure was reduced on food, what was the items that were reduced? (Answer: 1- Yes 2- No) Multiple answer is possible	1. Quantity consumed by households' members	<input type="checkbox"/>	2. Quality of food consumed	<input type="checkbox"/>
		3. Quantity of meat purchased /consumed	<input type="checkbox"/>	4. Quantity of fruits purchased /consumed	<input type="checkbox"/>
		5. Quantity of milk purchased /consumed	<input type="checkbox"/>	6. Others (Specify	<input type="checkbox"/>
Q704	What was your household's average consumption during the past 6 months (in NIS)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	
Q705	What was your household food consumption during the past 6 months (in NIS)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	
Q706	Do you purchase food on Credit 1. Yes 2. No (No ...skip to Q709)			<input type="checkbox"/>	
Q707	What is the average monthly percentage of food purchased on credit of total monthly food purchase?			<input type="checkbox"/> <input type="checkbox"/> %	
Q708	Is the purchase of food on credit is the same as usual? 1. Increase 2. Decrease 3. Stayed the same 9. Don't know			<input type="checkbox"/>	
Q709	What is the cash value of the food acquired for your household's 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	2.	Rice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	3.	Bread (and products)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	4.	Fish and sea products (tinned, fresh, frozen)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	5.	Eggs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	6.	Meat (all types) and products (tinned, fresh, frozen)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	7.	Chicken and Poultry (tinned, fresh, frozen)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	8.	Canned meat / fish	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	9.	Milk and dairy products	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	10.	Olive oil			
	11.	Vegetable Oil	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	12.	Pickles (olives and other vegetables)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	13.	Fruits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	14.	Vegetables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	15.	Pulses (lentil and chickpeas)			
	16.	Tubers (potatoes etc)			
	17.	Dried fruits (Zater and Doqqa)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
	18.	Sugar and confectionaries			
	19.	Thyme	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS
20.	Other types of food (tea, coffee, coco, salt, pepper , drinks)				

Q710	A. What is the cash value of expenditures for the consumption on the following items during the past month	Cash value in NIS
	1. Expenditures on ready meals and drinks outside homes (NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	2. The value of expenditures on Housing (includes cost of rent, routine non capital forming maintenance, cleaning materials and appliances, etc...) during the past month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	3. Tobacco and cigarettes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	4. What is the value of expenditures on Utility Bills (Water/electricity/fuel/phone for household use only) during the past month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	B. What is the cash value of expenditures for the the consumption 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) during last six months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	2. the value of expenditures on Transportation and communications (including spare parts, Gasoline, repair costs, etc..) during last six months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	3. the value of expenditures on Clothing and shoes (including for women and men, adults and children) during last six months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	4. the value of expenditures on Personal care (including for women and men, adults and children) during last six months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	5. the value of expenditures on Recreational and cultural activities during the last 6 months during last six months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	C. What is the cash value of the expenditures for the consumption on the following items during the past year	Cash value in NIS
	1. the value of expenditures on Education and school fees for all household members (in the country and abroad if applicable) during the past 6 months	

Section 8: Dietary Diversity, Household Food Insecurity Access Scale

Q801	In answering each of the following questions, please respond according to your situation in the past 30 days	
<p>1 = No, not even once in the past 30 days</p> <p>2= Rarely (once or twice in the past 30 days)</p> <p>3 = Sometimes (three to ten times in the past 30 days)</p> <p>4= Often (more than ten times in the past 30 days)</p>	1. Were 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 no resources to buy 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"/>

Q802		How many days in the past seven days did your household eat from the following food items and what are the sources of the food items? (Interviewer: include number of days only without regard to the number of times eaten per day)		
Food Item		A. Number of days the food item was eaten last 7 days (0 – 7 days)	B. Production place 1. imported 2. local 3. Don't know	C. Source 1. coboon 2. cash 3. self production 4. exchange 5. gifts 6. food assistants 7. purchase on credits 8. borrow from family/neighbors 9. other/specify
1.	Wheat, Frikeh, Burghul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Red meat (sheep/goat/beef)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	White meat (poultry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Canned meat/fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Milk and dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Olive oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Vegetable oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Pickles (olive and other vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Pulses (lentil and chickpeas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Tubers, roots, Potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Dried fruit and Dibs (molasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Sweets, sugar, Jam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Zater and Doqqa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Other – drinks, tea, coffee, spices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 9: Mobility and Access to Basic Services

Q901	To what extent would you say that restrictions in movement represented an obstacle to you /your family during the past 6 months 1. Very Much 2. Minor 3. Not an obstacle 4. Don't know/no answer		<input type="checkbox"/>	
Q902	Were you/ your household's members able to reach your work place during the past 6 months? 1. Not difficult 2.difficult 3. Very difficult 4. Almost impossible 8. Not applicable 9. Don't know (Answer = 1, 8, 9 Skip to Q904)		<input type="checkbox"/>	
Q903	If the answer 2, 3 or 4 was it due to			
	1. Mobility Restrictions related		<input type="checkbox"/>	
	2. affordability related reasons		<input type="checkbox"/>	
	3. other reasons: _____		<input type="checkbox"/>	
Q904	During the past 6 month, have you or any of your household's members not able to reach or plant your land? 1. Not difficult 2.difficult 3. Very difficult 4. Almost impossible 8. Not applicable 9. Don't know (Answer = 1, 8, 9 Skip to Q906)		<input type="checkbox"/>	
Q905	If the answer 2, 3 or 4 was it due to			
	1. Mobility Restrictions related		<input type="checkbox"/>	
	2. affordability related reasons		<input type="checkbox"/>	
	3. other reasons: _____		<input type="checkbox"/>	
	4. not applicable		<input type="checkbox"/>	
Q906	During the past 6 month did family members faced any trouble reaching school or college? 1. Not difficult 2.difficult 3. Very difficult 4. Almost impossible 8. Not applicable 9. Don't know (Answer = 1, 8, 9 Skip to Q908)		<input type="checkbox"/>	
Q907	If the answer 2, 3 or 4 was it due to			
	1. Mobility Restrictions related		<input type="checkbox"/>	
	2. affordability related reasons		<input type="checkbox"/>	
	3. other reasons: _____			
	4. not applicable		<input type="checkbox"/>	
Q908	During the past 6 month were you able to reach any health facility when you needed to? 1. Not difficult 2.difficult 3. Very difficult 4. Almost impossible 8. Not applicable 9. Don't know (Answer = 1, 8, 9 Skip to Q910)		<input type="checkbox"/>	
Q909	If the answer 2, 3 or 4 was it due to			
	1. Mobility Restrictions related		<input type="checkbox"/>	
	2. affordability related reasons		<input type="checkbox"/>	
	3. other reasons: _____		<input type="checkbox"/>	
Q910			1. kilo Meter : Meter	2. Hour: Minutes
	How far is your home from	1. public transportation	<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"/>
		2. nearest clinic	<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"/>
		3. health center	<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"/>
		4. Nearest public or private hospital	<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"/>
		5. nearest elementary school	<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"/>
		6. nearest maternity health center	<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"/>

