



Palestinian Central Bureau of Statistics

Data Confidential in Accordance to General Statistical Law 2000

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

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

Part I : Identification Information

IDNUM	<input type="text"/>	REP	<input type="text"/>	IDSAM	<input type="text"/>
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ID1	Locality code	<input type="text"/>	ID4	Number of HU in the Building	<input type="text"/>	ID7	Type of locality	<input type="text"/>
ID2	Enumeration Area	<input type="text"/>	ID5	Number of household in HU	<input type="text"/>	ID8	No. of HH in Enumeration Area	<input type="text"/>
ID3	Building no	<input type="text"/>	ID6	District code	<input type="text"/>	ID9	Name of head of HH	<input type="text"/>
District		Locality		Street/Route				

Part II: Quality Control

Repetition	Date of interviewing	Final result	No. of visits	Name of interviewer	No. of interviewer	Editor code	Coder code	Data entry	Duration of interview
	QC1	QC2	QC3		QC4	QC5		QC7	interview per minute
	day Month Year	(1-9)	(1-3)						QC8
1	<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	<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	<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	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QC2	Final result	1. Complete (Household not changed) 2. Complete (Household was changed) 3. Household traveled 4. Unit Not Found 5. Nobody at Home 6. Refused 7. Not inhabited unit 8. No information 9. Others/ Select.....
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Interviewer: Read all names of household members listed in the previous Repetition and ask the following questions	Repetition							
	First	Second	Third	Fourth				
RD1: Number of new household members	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	If the number is more than one, add the new names to the household roster			
RD2: Number of household members who left the household due to death, migration or any other reason	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	If the number is more than one update the roster and delete the names of the leaving members			
RD3: Number of household members less than 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TEL: <input type="text"/>			
RD4: Number of household members 10 years and over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-MaIL:.....			
RD5: Number of residence rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
ICT_01: Does the household or one of its members has the following devices?					ICT_02: Does this household or one of its members has a internet access at home? (fixed, mobile wireless...etc)			
A. Desktop	1. Yes	2. No	<input type="text"/>		A. Palestinian supplier	1. Yes	2. No	<input type="text"/>
B. Laptop	1. Yes	2. No	<input type="text"/>		B. Israeli supplier	1. Yes	2. No	<input type="text"/>
C. Tablet or similar	1. Yes	2. No	<input type="text"/>					

HR0	HR0A	HR1	IDPER	IDK	HR2	HR3	HR4	HR5	HR6	HR7	HR8								
Office Use Only Person Change Status Code	Number of Person answering by Round <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name	Id Number	Id Type 1.Palestinian 2.Palestinian hold another applection 3. Jerusalem Id 4. Israeli Id 5. Foreign Applection 6. Other	Sex 1.Male 2.Female	Date of Birth	Relationship to the Head of Household 1. head 2. spouse 3. son\daughter 4. father\mother 5. brother\ sister 6. Grand Father\ Mother 7. grand child 8. Son Wife\ Daughter Husband 9. Other relative 10. Others	Refugee Status 1.Registered 2.Not Registered 3.Not Refugee	Interviewer: Write down changes of residency Status 1. Work 2. Studying 3. Marriage 4. Accompanying 5. Emigration 6. Death 7. Newborn 8. Others 9. Nothing	When was the Person Registered For the first time in the HH by the Repetition	Do you have any difficulties								
											vision	Hearing	Mobility and using finger	remembering and concentrating	Communication				
											1. No - no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Can not at all 5- Don't know								
1 2 3 4						Day Month Year			1 2 3 4										
			01							1 2 3 4									
			02							1 2 3 4									
			03							1 2 3 4									
			04							1 2 3 4									
			05							1 2 3 4									
			06							1 2 3 4									
			07							1 2 3 4									
			08							1 2 3 4									
			09							1 2 3 4									
			10							1 2 3 4									
			11							1 2 3 4									
			12							1 2 3 4									
			13							1 2 3 4									
			14							1 2 3 4									
			15							1 2 3 4									
			16							1 2 3 4									
			17							1 2 3 4									
			18							1 2 3 4									
			19							1 2 3 4									
			20							1 2 3 4									

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

Part 4: Population 10 years and over
ROUND:

District: _____		Locality: _____		Name of head of HH: _____		IDSAM: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Serial No: <input type="text"/> <input type="text"/>			Name: _____				
Pr1:	The Age at last Birthday	<input type="text"/> <input type="text"/> <input type="text"/> Years					
Pr2:	Attendance in formal Education	<input type="checkbox"/>		1.Currently Attending 2. Attended and left 3. Attended and graduated 4. Never attended			
Pr3:	How many years have you completed successfully	<input type="text"/> <input type="text"/>					
Pr4:	Educational Attainment(higher Qualification)	<input type="text"/> <input type="text"/>		1. Illiterate 2.Can Read and Write 3. Elementary 4.Preparatory 5.Secondary 6.Associatte Diploma 7.BA\ BSc 8. Higher Diploma 9.Master Degree 10.Ph.D			
If the answer is one of the option (1-4), skip to Question Pr5							
Pr4a	Specialization of education	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Pr4b	Country of graduation	<input type="text"/> <input type="text"/> <input type="text"/>					
Pr4c	Years of graduation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Pr4d	Specialization of Secondary school (for who answered Pr4 number 6 and above)	<input type="text"/> <input type="text"/>					
Pr4E	Graduation from a technical college (Palestine technical college, Hisham Hijjawi, Palestine Polytechnic University) (for who replied on pr4 7 and more)	<input type="checkbox"/>		1.Yes 2.. No			
Pr5	Marital Status: ask for Persons 14 years and above, Persons 10-13 years record for them (--)	<input type="checkbox"/>		1.Never Married 2. Engaged 3.Married 4. Divorced 5. Widowed 6. Separated			
Pr6	Did attendance training course attendance during last 12 months (such as training course that managed by ministry of labour, Qalandia institute)- (must present certificate at the end of the training course)	<input type="checkbox"/>		1.Yes (Skip to Pr7) 2.No			
Pr6a	Did attendance training course attendance (such as training course that managed by ministry of labour, Qalandia institute - (must present certificate at the end of the training course)	<input type="checkbox"/>		1.Yes 2.No (Skip to Pr10)			
Pr7	Training Institution name	<input type="text"/> <input type="text"/>					
Pr8	Specialization of training course	<input type="text"/> <input type="text"/>					
Pr9	Training course period	<input type="text"/> <input type="text"/>		months			
Pr10	Are you enrolled in non-professional training courses (except for the above) during the past 12 months (life skills, culture, awareness, literacy for adults)	<input type="checkbox"/>		1.Yes 2. No			
PW01	Last week, did..... work for wage or salary ,or for other income in cash or in kind of job including casual activities even for one hour?	<input type="checkbox"/>		1.yes (Skip to PW05) 2.No-Disable\ Detained \ abroad (Skip to PW25) 3.No			
PW02	Last week, did ... do any work even if only for one hour in family enterprise like: Animal Care, helping in the farm, sewing clothes, the orientation of the product partially or totally to the market	<input type="checkbox"/>		1. Yes (Skip to PW05) 2.No			
PW03	Does have any work or enterprise for which he\she was absent last week (Temporarily)? (and to which he/she will definitely return to work for wage or without wage)	<input type="checkbox"/>		1.Yes 2.No (Skip to PW16)			
PW04	Why was..... absent from his\her job last week?	<input type="checkbox"/>		1.Vacatio 2.Ill \ injury 3.Maternity leave 4. Strike\ Closure 5.Temporary stoppage 6.Bad weather 7.Education/ Training 8.Family responsibilities 9.Other			
PW04a	How many days, did Absent from work ?	days		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
PW05	How many hours, did usually work per week?	<input type="text"/> <input type="text"/>		(main job)			
PW06	How many hours, did actually work in all jobs last week?	<input type="text"/> <input type="text"/>		IF the hours 35 or more Skip to PW08			

PW07	Why was the number of hours worked last week less than 35 hours?	<input type="checkbox"/>	1.Personal reasons (Illness, vacation,,) 2.No desire to work more 3.Strike 4.Closure 5. The nature of normal work hours 6.Could not find additional work 7.Other
PW08	Last week, did... work hours more than hours of usually work?	<input type="checkbox"/>	1.Yes 2.No <i>(Skip to PW10)</i>
PW09	How many additional hours....have worked last week?	<input type="checkbox"/> <input type="checkbox"/>	hours
PW10	Did... want to change his\her job Last week?	<input type="checkbox"/>	1.Yes 2.No <i>(Skip to PW12)</i>
PW11	Why did... want to change his\her job ?	<input type="checkbox"/>	1.Insufficient income 2.Occupation is not suitable 3.Bad work conditions 4.Place of work is far 5.Temporary/seasonal / casual 6.Other <i>For all answer Skip to PW13</i>
PW12	Why did not want to change his\her job?	<input type="checkbox"/>	1. Comfortable work 2.Studying, training 3.Housekeeping 4.Old, Illness 5.Lack of job opportunities 6.Other <i>For all answer Skip to PW27</i>
PW13	During the last four weeks, did ... look for another job/activity to replace your current one(s)?	<input type="checkbox"/>	1.Yes 2.No
PW14	During the last four weeks, did look for extra work ?	<input type="checkbox"/>	1.Yes 2.No
PW15	During the last four weeks, did ... look for extra hours in current job?	<input type="checkbox"/>	1.Yes 2.No <i>Skip to PW27</i>
PW16	In the last four weeks, did looking for a job or trying to start a business?	<input type="checkbox"/>	1.Yes 2.No <i>(Skip to PW18)</i>
PW17	In the last four weeks, what have done to look for work or to start a business? Answer (1-11) skip to PW19 1.Registered at employment office 2.Placed or answered job ads 3.Use internet 4.Checked with employers 5.Took a test or interview	<input type="checkbox"/> <input type="checkbox"/>	6.Asked friends, relatives, 7.Waited at work places 8. Looked finance for a business 9.Looked for a business 10.Applied for permit or license 11.Other 12. Did nothing
PW18	What was the main reason did not.... seek work or try to start a business in the last four weeks? 1.Waiting news from employer 2.Waiting season 3. Studying/ training 4. Personal/ Family responsibilities 5. Low wages 6.Illness\ injury\ disability 7.Waiting results from previous job\applications 8. Arrangement was taken to start self employment 9.Too young or too old to work	<input type="checkbox"/> <input type="checkbox"/>	10. Waiting for permit to work in Israel 11.Found\established a job which starts later 12. Lack of the necessary qualification, training or experience 13.Unable to find work 14.Retirement 15. The existence of revenue 16.No jobs available in the area 17.No need to work 18. The household do not permit to work 19. Other.....
PW19	Was available for work last week?	<input type="checkbox"/>	1.Yes 2.No <i>Cont Skip to PW22</i>
PW20	Was there any reason that prevented from getting a job if he was offered on the last week? 1.No 2.Yes- Studying\ training 3.Yes-Family responsibilities 4.Yes-Illness\ injury \ disability 5.Yes-Retirement	<input type="checkbox"/> <input type="checkbox"/>	6.Yes-Old 7.Yes-Too young 8.Yes- Not willing to work 9.Yes-Seasonal / casual/ Temporary 10.Yes-Rest 11.Yes-Begging 12.Yes- Other
PW21	For how long had been without work and trying to find a job or start a business?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Months
PW22	During the last 6 months, did do anything to look for work or to start a business?	<input type="checkbox"/>	1.Yes 2.No

PW23	Did....desire for work job in wage or profit during the next four weeks?	<input type="checkbox"/>	1. No 2. Yes-Wage employee 3. Yes-Self employed
PW24	In opinion, what is the main reason could not find work?	<input type="checkbox"/>	1.Lack of education\ Experience\ Qualification 2.Lack of suitable job opportunities 3.High competition 4.Not interested for looking a work 5.Other....
PW25	Did....ever work for wage or salary ,or for other income in cash or in kind of job in the past (Including work on a special project or a project for family or for the family farm) for at least two weeks regularly?	<input type="checkbox"/>	1.Yes- during the previous 12 month 2.Yes-more than one year and less than 3 Years 3.No Skip to PW27
PW26	How long did stop work in the last job/activity	<input type="text"/> <input type="text"/>	Months
PW27	In the last four weeks, did spend any time of unpaid activity? Such as: sewing raising animals , child care, food processing at home	<input type="checkbox"/>	1. Yes 2. No persons who answered PW25 option(3) Skip to PW87, other skip to PW34
PW28	What kind of the unpaid work did? Answer: 1. Yes 2. No	<input type="checkbox"/>	1.Unpaid trainee work 2. Volunteer work 3. Own production (including subsistence work) 4. Unpaid service work in own household
PW29	Did..... received any wage in cash or in kind or income from these activities? Answer: 1. Yes 2. No If the answer is one of the option (3,4) skip to PW32	<input type="checkbox"/>	1.Unpaid trainee work 2. Volunteer work 3. Own production (including subsistence work) 4. Unpaid service work in own household
PW30	Did do this unpaid work for or through an organization? 1.Yes 2.No (skip to PW32)	<input type="checkbox"/>	1.Unpaid trainee work 2. Volunteer work
PW31	What type of Industry (economic activity) does this company\ establishment work in?	<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"/>	1.Unpaid trainee work 2. Volunteer work
PW32	What is\was his\her main occupation at this unpaid work?	<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"/> <input type="text"/> <input type="text"/>	1.Unpaid trainee work 2.Volunteer work 3.Own production including subsistence work) 4. Unpaid service work in own household
PW33	How many hours do usually work per week at this unpaid work?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.Unpaid trainee work 2.Volunteer work 3.Own production including subsistence work 4. Unpaid service work in own household
PW34	Where did... work in the main currents\previous job?	<input type="checkbox"/>	1.In Same District in West Bank 2.In other District in West Bank 3.In same District in Gaza Strip 4.In other District in Gaza Strip 5.Israel and Settlements 6.Abroad
PW35	Does...work with permit or has any document to get to Israel or settlements? (main job)	<input type="checkbox"/>	1.Work with permit 2.Work without permit 3.Israel identity\foreign passport\Jerusalem identity
PW35_A	What is the type of permit do you work ... in Israel or the settlements / border industrial zones?		1.Work permit 2. Commercial permit(for working for wage) 3.Commercial permit(for trade) Skip to PW36

PW35_B	For how many months has...been continuously employed in Israel or the settlements?	<input type="text"/> <input type="text"/> <input type="text"/> in months
PW35_C	What is the duration of... current work permit in months?	<input type="text"/> <input type="text"/> in months
PW35_D	Does...pay a fee to a broker for the permit?	1. Yes 2.No Skip to PW36
PW35_E	What is the total fee paid for the permit in NIS?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in NIS Skip to PW36
PW35_F	For how many months has...been continuously employed in Israel or the settlements?	<input type="text"/> <input type="text"/> <input type="text"/> in months
PW36	For whom did ... work in the main current\previous work? (main job)
PW37	What type of Industry (economic activity) does this company\ establishment work in? (main job)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PW38	What are the main duties and activities that... does At this work? (main job)
PW39	What is\was his\her main occupation at this work? (main job)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
The persons who answered PW25 option (1-2) Skip to PW87		
PW40	What is\was his\her employment status? (main) job	<input type="checkbox"/> 1.Wage Employee Skip to PW41 <input type="checkbox"/> 2.Employer (<i>Inside Establishment</i>) <input type="checkbox"/> 3.Employer (<i>outsideEstablishment</i>) continue <input type="checkbox"/> 4.Self Employed (<i>Inside Establishment</i>) <input type="checkbox"/> 5.Self Employed (<i>outsideEstablishment</i>) <input type="checkbox"/> 6.Unpaid Family member Skip to PW50 <input type="checkbox"/> 7.Paid trainee Skip to PW41
PW40.a	For those answered PW40-2-5 What is the legal status/organization of the enterprise where you work? Skip to PW50	<input type="checkbox"/> 1.Individual business/partnership with members of household 2.Partnership with other 3.Other..... Specify
PW41	Is employed on the business in a written contract ? (main job)	<input type="checkbox"/> 1.Yes- written for limited period 2.Yes- written for unlimited period Skip to PW42 <input type="checkbox"/> 3. Yes-Verbal agreement 4.No Skip to PW42
PW41.a	How long in total is current agreement? (Main Job)	<input type="checkbox"/> 1.Contract/daily agreement 2.less than one month <input type="checkbox"/> 3.from one to less than 3 months 4.from 3 to less than 6 months 5. From 6 to less than 12 months <input type="checkbox"/> 6. From 12 to less than 24 months 7. Tow years or more
PW41.b	Are your job temporary/fixed term	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No
PW42	Does the employer contribution to the pension fund / end of services benefits? (main job)	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.Don't Know
PW43	Does the employer give paid annual leave or payment for leave not taken? (main job)	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.Don't Know
PW44	Does the employer give paid sick leave in case of illness or injury? (main job)	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.Don't Know
PW45	Does the employer give paid maternity leave? (main job)	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.Don't Know <input type="checkbox"/> 4 Not apply
PW46	Did ... receive training courses during the first period at work? (main job)	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.New employee (didn't finish three months)
PW47	Is the work conditions ... characterized of the following? 1.Yes 2. No	<input type="checkbox"/> 1. Provide free private health insurance/partially <input type="checkbox"/> 2. Provide free public health insurance. <input type="checkbox"/> 3.Provide insurance against injuries
PW48	Do..... receive wage with a pay slip? (main job)	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.Don't Know
PW49	Doess employer deduct income tax from your wage or salary? (main job)	<input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.Don't Know

PW50	What is the sector of the organization in which it works ... currently? (main job)	<input type="checkbox"/> <input type="checkbox"/>	1. National Government 2.Foreign government 3. Local Authority 4. International institution 5. UNRWA 6. Nonprofit Organization 7. Private Sector 8. Private enterprise 9. Private household 10. Other Other (specify)	Skip to PW54 Skip to PW51 Skip to PW53
PW51	Does the business or farm registered in tax administration? (main job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know	
PW52	Does the business or farm keep a complete record of accounts? (main job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know	
PW53	Where is the product being produced marketed ? (main job)	<input type="checkbox"/>	1. Market 2. Both (Market and household)	
PW53.a	Which of the following types of pay (do/does) receive for this work? 1.Yes 2.No 3.Don't Know 4.Not apply		1.A wage / salary 2. Payment by piece of work completed 3.Commissions 4. Tips 5. Fee for services provided 6. Payment with meals or accommodation 7. Payment in products 8.cash 9. other cash payment (SPECIFY):_____	
PW54	How many persons, including usually, work at the place of work? (main job)	<input type="checkbox"/>	1. Only one 2. 2—4 3. 5—9 4. 10—19 5. 20+	
PW55	What is the actual number of workers with ... in the current work? (main job)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PW56	Is affiliated to any of the workers/Vocational union? (main job)	<input type="checkbox"/>	1.Yes 2.No	
PW57	Did ... occupation suit with educational qualification? (main job) For persons who hold educational qualification associated diploma and above only if other chose the 3rd option	<input type="checkbox"/>	1.Yes 2.No 3.Not applicable	
PW58	Did exposed to injury during the last 12 months? (main job)	<input type="checkbox"/>	1.Yes 2. No	Skip to PW61
PW59	Did absent from work due to this injury? (main job)	<input type="checkbox"/>	1.Yes 2.No	Skip to PW61
PW60	Did the absent period was paid by the employer? (main job) Ask only who answered PW40 option (1)	<input type="checkbox"/>	1.Yes 2.No	
PW61	Does..... have any other jobs last week? (secondary job)	<input type="checkbox"/>	1.Yes 2.No	Skip to PW81
PW62	How many hours, did actually work last week? (secondary job)	<input type="checkbox"/> <input type="checkbox"/>		
PW63	Where did... work in the currently secondary job?	<input type="checkbox"/>	1.In Same District in West Bank 2.In other District in West Bank 3.In same District in Gaza Strip 4.In other District in Gaza Strip 5.Israel and Settlements 6.Abroad	
PW64	Does...work with permit or has any document to get to Israel or settlements?	<input type="checkbox"/>	1.Work with permit 2.Work without permit 3.Israel identity\foreign passport\Jerusalem identity	
PW65	For whom did ... work in the main current\previous work? (secondary job)		

PW66	What type of Industry (economic activity) does this company\ establishment work in? (secondary job)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PW67	What are the main duties and activities that... does At this work? (secondary job)	
PW68	What is\was his\her main occupation at this work? (secondary job)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PW69	What is\was his\her employment status? (secondary job)	<input type="checkbox"/>	1.Wage Employee Skip to PW70 2.Employer (<i>Inside Establishment</i>) 3.Employer (<i>outside Establishment</i>) continue 4.Self Employed (<i>Inside Establishment</i>) 5.Self Employed (<i>outside Establishment</i>) 6.Unpaid Family member Skip to PW77
PW69.a	For those answered PW69-2-5 What is the legal status/organization of the enterprise where you work? Skip to PW77	<input type="checkbox"/>	1.Individual business/partnership with members of household 2.Partnership with other 3.Other..... Specify
PW70	Are employed on the business in a written contract ? (secondary job)	<input type="checkbox"/>	1.Yes- written for limited period 2.Yes- written for unlimited period Skip to PW71 3.Yes- Verbal agreement 4.No Skip to PW71
PW70.a	How long in total is current agreement? (Second Job)	<input type="checkbox"/>	1.Contract/daily agreement 2.less than one month 3.from one to less than 3 months 4.from 3 to less than 6 months 5. From 6 to less than 12 months 6. From 12 to less than 24 months 7. Tow years or more
PW71	Does the employer contributions to the pension fund / end of services benefits? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW72	Does the employer get paid annual leave or payment for leave not taken? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW73	Does the employer get paid sick leave in case of illness or injury? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW74	Does the employer get paid maternity leave? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know 4.Not apply
PW75	Do..... receive wage with a pay slip? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW76	Does 's employer deduct income tax from your wage or salary? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW77	What is the sector of the organization in which it works ... currently? (secondary job)	<input type="checkbox"/> <input type="checkbox"/>	1. National Government 2.Foreign government 3. Local Authority 4. International institution 5. UNRWA 6.. Nonprofit Organization 7. Private Sector 8. Private enterprise 9. Private household 10. Other (specify) <div style="text-align: right;"> Skip to PW80 Skip to PW78 Skip to PW78 Skip to PW80 Skip to PW80 </div>
PW78	Does the business or farm registered in tax administration? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW79	Does the business or farm keep a complete record of accounts? (secondary job)	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know

PW79.a	Which of the following types of pay (do/does) receive for this work?		1.A wage / salary 2. Payment by piece of work completed 3.Commissions 4. Tips 5. Fee for services services provided 6. Payment with meals or accommodation 7.Payment in products 8.cash 9. other cash payment (SPECIFY):_____
PW80	How many persons, including usually, work at the place of work? (secondary job)	<input type="checkbox"/>	1. Only one 2. 2--4 3. 5--9 4. 10--19 5. 20+
Only for those who answered PW40 option (1) if PW40 option (2-5) skip to PW86, if PW40 option (6-7) skip to pw87 (In main job)			
PW81	What is the nature of currently Job? (main job)	<input type="checkbox"/>	1.Full-time\ Regular 2.Part-time 3. Temporary\ casual \ Seasonal
PW82	How long is he\she at this work? (main job)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Months
PW83	How many days did ..work for wage last month? (main job)	<input type="checkbox"/> <input type="checkbox"/>	Days
PW84	Since worked for wage what was the amount for it? - Period: 1. Daily 2. Weekly 3. Monthly - Amount he\she received: - Currency: 1. Shiekeel 2. Jordanian Dinar 3. Dollar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PW85	Would you say the monthly amount was in the range ... ?	<input type="checkbox"/>	1 . Less than 500 Shiekeel 2. 500-999 Shiekeel 3. 1000-1499 Shiekeel 4. 1500-1999 Shiekeel 5. 2000-2499 Shiekeel 6. 2500-2999 Shiekeel 7. 3000-3499 Shiekeel 8. 3500-3999 Shiekeel 9. 4000 Shiekeel or more
PW86	Only (employer, self employed) and who answered the PW40 option (2-5) How much was net earnings from main job after deducting all expenses last month? Currency: 1. Shiekeel 2. Jordanian Dinar 3. Dollar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Questions from PW86.a- PW86.d only for those who answered PW40 options (2-5)			
PW86.a	In the last 12 months, did most of (business) income from one client?	<input type="checkbox"/>	1.Yes Skip to PW86.d 2.No
PW86.b	Do you get customers, clients or buyers through someone else, for example from another company, intermediary or person?	<input type="checkbox"/>	1.Yes all of them 2. Yes most of them 3.Yes some of them 4.NO } Skip to PW86.d
PW86.c	In this job (do you/does NAME)?	<input type="checkbox"/>	1.Make products or provide services for only one company 2.Sell products or services from only one company 3.Work with materials or equipment provided by just one company 4. No one of the above →Skip to PW87

PW86.d	Does that company, intermediary or person sets...? The answer 1.Yes 2.No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/>	1. The price of the products or services offered 2. The minimum amount of sales or work to complete 3. The places, routes or areas where to do the work 4. How to organize the work 5. The suppliers to use 6. Provides the place or equipment to use
PW87	Place of birth	<input type="checkbox"/>	1. Inside Palestine 2. Outside Palestine skip to ICTP03
PW88	Name of Governorate of birth.....	<input type="checkbox"/> <input type="checkbox"/>	

ICTP03	During the last 3 months, did you use a computer (desktop, laptop, tablet) ? 1.Yes 2.No (If the answer for all branches of 1-3 is No, go to PR03)	A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/>	A. Desktop B. Laptop C. Tablet
ICTP04	During the last 3 months, did you used the Internet from any location ?	<input type="checkbox"/>	1.Yes 2.No
ICTP05	During the last 3 months, did you own a mobile phone? 1.Yes 2.No	A. <input type="checkbox"/> B. <input type="checkbox"/>	A. Mobile phone, Basic phone B. Smart Phone