



**Palestinian Central Bureau of Statistics**  
**Socio Economic Impact of the War in Gaza on the Palestinian Households**

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

ID00	Questionnaire's serial number in sample	□□□
ID01	Governorate: _____	□□
ID02	Locality: _____	□□□□□□
ID03	Numeration area's No.	□□□
ID04	Questionnaire's serial number in the EA	□□
ID08	Building Address	-----
ID09	Name of Household Head	-----
ID10	Name of the Respondent	-----
ID12	Type of household <input type="checkbox"/>	1. Reside in their original dwelling    2. Hosted by other household 3. Reside in shelter place/tent

IR0 1	<b>Visits' schedule</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Visit Number</b>
		□□	□□	□□□□	1 <sup>st</sup> visit
		□□	□□	□□□□	2 <sup>nd</sup> visit
		□□	□□	□□□□	3 <sup>rd</sup> visit

IR03	Total No of household members (male, female)	□□	IR04	Total No of Males	□□
IR05	Total No of Females	□□			

IR06	Interviewer's name:-----	IR07	Interviewer's No	□□□□
IR08	Supervisor's name:-----	IR09	Supervisor's No	□□□□
IR10	Data Editor's name:-----	IR11	Data Editor's No	□□□□
IR12	Encoder's name:-----	IR13	Encoder's No	□□□□
IR14	Data enterer's name .....	IR15	Data enterer's No	□□□□



HR01	HR02	For 5 years and over		For 10 years and over	
		HR07	HR08	HR09	HR10
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Education Enrollment 1. Enrolled 2. enrolled and quit 3. enrolled and graduated 4. never enrolled	Numbers of years of education finalized successfully  Recod 00 if the numbers of years are less than 0  98: dk	Education level 1. illiterate 2. can read and right 3. elementary 4. preparatory 5. secondary 6. diploma 7. Bachelors 8. High diploma 9. Masters 10. PHD 88. Not applicable 99. Don't know	Relation to head of households 1. working from 1-14 hours 2. working from 15-34 3. workin 35 hours and more (does not work-previously worked) 4. looked for work during the past week 5. did not search due to encouraged (does not work and looking for a job) 6. looked for work during past week 7. did nt look due to discouragement (do not work/cant work) 8. student 9. housekeeper 10. Senility/disease 11. retirement 12. other
.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<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"/>

For 10+						
HR01	HR02	HR 11	HR 12	HR 13	HR14	HR15
Member's Serial number	Names of usual household members (three names)  Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Main Occupation (detailed description of the work carried out)	Economic activity 1. agriculture 2. industry 3. construction 4. commerce 5. transport and storage. 6. communication 7. services 88. not applicable 99. don't know.	1. National Private (inside establishmet) 2. National Private (outside establishmet) 3. Foreign private (inside establishmet) 4. Foreign private (outside establishmet) 5. national government 6. foreign government 7. charity 8. UNRWA 9. international organization 88 not applicable 99. Don't know	1. employer 2. self employed 3. regular wage worker 4. irregular wage worker 5. unpaid family member 88not applicable 99. Don't know	Marital status 1. never married 2. engaged and broke 3. married 4. divorced 5. widowed 6. Separated
1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>



## Section 2: Housing Characteristics

**Note: Questions 201-212 (currently) only for households reside in their original dwellings, but not for households who reside in shelters or tents**

			Before war	Currently
Q201	What kind of dwelling unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Marginal 7. Other / specify	<input type="checkbox"/>	<input type="checkbox"/>
Q202	Is your dwelling?	1. Owned 2. Rented unfurnished 3. Rented furnished 4. without payment 5. For work 6. Other / specify:.....	<input type="checkbox"/>	<input type="checkbox"/>
Q203	Current dwelling usage status	1. residence only 2. Several (work and residence)	<input type="checkbox"/>	<input type="checkbox"/>
Q204	How many rooms are there in the dwelling unit for the household use?	<i>(Number of rooms excluding bathroom and kitchen)</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Q205	Do you have sewage network connected to your housing unit?	1. public network 2. Cesspool 3. tight cesspit 4. not available		
Q206	What is the main source of water for your household?	1. Public local network 2. Rainfall Wells 3. springs 4. tanks 5. Mineral water 6. Gallons 7. Other	<input type="checkbox"/>	<input type="checkbox"/>
Q207	What is the main source of Electricity	1. Public network 2. Community generator 3. Neighborhood generator 4. Private generator 5. No electricity	<input type="checkbox"/>	<input type="checkbox"/>
Q208	Availability of a Kitchen	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Q209	Availability of a Bathroom	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Q210	Availability of a toilet	1. Toilet with Piped Water 2. Toilet without Piped Water 3. No Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Q211	What main source of energy for			
	1. Cooking	1. Gas 2. Kerosene 3. Electricity 4. Wood 5. Solar 6. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
	2. Heating	1. No heat 2. gas 3. Kerosene 4. Electricity 5. Wood/coal 6. Solar 7. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
	3. baking	1. No source 2. Gas 3. Kerosene 4. Electricity 5. Wood 6. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

			Before war	Currently		Before war	Currently		Before war	Currently		Before war	Currently
<b>Q212</b>	Are the following commodities and services available to the household?  1. Yes 2. No	1. Private car	<input type="checkbox"/>	<input type="checkbox"/>	7. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	13. DVD	<input type="checkbox"/>	<input type="checkbox"/>	19. Satellite dish	<input type="checkbox"/>	<input type="checkbox"/>
		2. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	8. Central heating	<input type="checkbox"/>	<input type="checkbox"/>	14. Telephone.	<input type="checkbox"/>	<input type="checkbox"/>	20. Internet services	<input type="checkbox"/>	<input type="checkbox"/>
		3. Solar boiler	<input type="checkbox"/>	<input type="checkbox"/>	9. Vacuum cleaner	<input type="checkbox"/>	<input type="checkbox"/>	15. Jawwal	<input type="checkbox"/>	<input type="checkbox"/>	21. Video	<input type="checkbox"/>	<input type="checkbox"/>
		4. Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	10. Drier	<input type="checkbox"/>	<input type="checkbox"/>	16. Israel Cellular	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		5. Gas stove	<input type="checkbox"/>	<input type="checkbox"/>	11. Home library	<input type="checkbox"/>	<input type="checkbox"/>	17. Digital camera	<input type="checkbox"/>	<input type="checkbox"/>			
		6. microwave	<input type="checkbox"/>	<input type="checkbox"/>	12. TV	<input type="checkbox"/>	<input type="checkbox"/>	18. Computer	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Q213</b>	In your opinion, what is the monthly average amount of money needed for you household to meet it basic needs (food, clothes, shelter, education, health, etc)		Before War	After War
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q213A</b>	For how long can you steadfast financially in the future?	1. I can steadfast regardless of period 2. 1 year 3. Several months 4. Day by Day 5. No steadfast 9. don't know		<input type="checkbox"/>
<b>Q214</b>	What was your average monthly income before and after the war in NIS		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q215</b>	What was your average monthly consumption before and after the war In NIS on the following:  1. Food. 2. Non food items.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q216</b>	What are the sources of the HH income before and after the war  1. Yes 2. No	A. Agriculture, livestock and fisheries	<input type="checkbox"/>	<input type="checkbox"/>
		B. Other non agriculture family business	<input type="checkbox"/>	<input type="checkbox"/>
		C. Government wages and salaries	<input type="checkbox"/>	<input type="checkbox"/>
		D. Wages and salaries from foreign government	<input type="checkbox"/>	<input type="checkbox"/>
		E. Private Sector wages and salaries	<input type="checkbox"/>	<input type="checkbox"/>
		F. Wages and salaries from Israel	<input type="checkbox"/>	<input type="checkbox"/>
		G. UNRWA wages and salaries	<input type="checkbox"/>	<input type="checkbox"/>
		H. International Organizations wages and salaries	<input type="checkbox"/>	<input type="checkbox"/>
		I. Internal Remittances	<input type="checkbox"/>	<input type="checkbox"/>
		J. External remittances	<input type="checkbox"/>	<input type="checkbox"/>
K. Social Transfers	<input type="checkbox"/>	<input type="checkbox"/>		
L. Other, specify.....	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Q217</b>	Was your income level impacted due to the war?	1. Decreased 2. Increased (move to 219) 3. No change (move to 219)	<input type="checkbox"/>					
<b>Q218</b>	If decreased Why?  1. yes 2. no	1. loss of agricultural land 2. loss of livestock 3. loss of other family business 4. lack of inputs (agriculture, other) 5. loss of job 6. inability to access workplace 7. other, specify.....	<input type="checkbox"/>					
<b>Q219</b>	Was your expenditure level impacted due to war?	1. Decreased 2. Increased 3. No change (move to 221)	<input type="checkbox"/>					
<b>Q220</b>	If decrease (1) or increased (2), why?	1. Increase/decrease in total income 2. Shortage/ lack of cash 3. Lack of consumer goods 4. Hostin gfamily members 5. Increase in income 6. Other, spicify:.....	<input type="checkbox"/>					
<b>Q220A</b>	If expenditures of hh was reduced, on which items  1.Yes 2.No	1.Food	<input type="checkbox"/>	<input type="checkbox"/>	2.Clothes	<input type="checkbox"/>	<input type="checkbox"/>	
		3.Education	<input type="checkbox"/>	<input type="checkbox"/>	4.Housing needs	<input type="checkbox"/>	<input type="checkbox"/>	
		5.Health	<input type="checkbox"/>	<input type="checkbox"/>	6.Travel/recreation	<input type="checkbox"/>	<input type="checkbox"/>	
		7. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	8. Utility bills	<input type="checkbox"/>	<input type="checkbox"/>	
		9.Other (specify):.....	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Q220B</b>	If your family expenditure were reduced on food, what was reduced?  (Answer: 1- Yes 2- No)	1. Quantity consumed by households' members 2. Quality of food consumed 3. Quantity of meat purchased /consumed 4. Quantity of fruits purchased /consumed 5. Quantity of milk purchased /consumed 6. others (Specify .....	<input type="checkbox"/>					
<b>Q221</b>	Do you purchase basic food on credit before and after thy war?	1. Yes (same as before) (move to 223) 2. yes (more than before) 3. yes (less than before) 4. no (move to 223)	<b>Before War</b>	<b>After War</b>				
			<input type="checkbox"/>	<input type="checkbox"/>				
<b>Q222</b>	If the answer is 2 or 3 why?  1. YES 2. NO	1. We received food assistance 2. Traders wouldn't sell on credit any more 3. We are hostign a dispalced household 4. Decrease income 5. Decrease in aids 6. Other specify.....	<input type="checkbox"/>	<input type="checkbox"/>				

**Part Three: Direct Impact of War**

			No. of Males	No. of Females	
<b>Q223</b>	Did any of the HH members martiered during the war?	1. HH head 2. A member/s 18 and above 3. A member/s under 18	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Q223A</b>	Were any of he household memberes injured during the war?	1. HH head 2. A member/s 18 and above 3. A member/s under 18	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Q223B</b>	Is any of the household members misssing due to the war?	1. HH head 2. A member/s 18 and above 3. A member/s under 18	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Q224</b>	was any of the following family belongings damaged as a result if the war?  1. Total damage 2. Partial damage 3. Minor damage 4. No 5. Not applicable	A. Housing unit B. Family business C. Plants/green houses/crops D. Livestock E. Private car F. Other, specify: .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Value in NIS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>Q225A</b>	<b>Q225B</b>	<b>Q225C</b>	
<b>Q225</b>	Were the family or any of its members displaced during the war and now (field workr, please recod 0 when the answer os no)	1. Yes (all HH members) 2. Yes, some HH members 3. No  <input type="checkbox"/>	Number of people who had left during the WAR  <input type="checkbox"/> <input type="checkbox"/>	Number of people who are displaced currently  <input type="checkbox"/> <input type="checkbox"/>	
<b>Q226</b>	If the answer to 225 is 1 or 2, what was the alternative place?	1. Relatives/friends within community 2. Relatives/friends outside community 3. School within community 4. School outside community 5. A ground/gathering within community 6. A ground/gathering outside community 7. Other inside community:..... 8. Other outside community:.....	Number during war <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number currently <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Q227</b>	During and after the war did you hosted any displaced household/persons?	1. yes 2. no (go to 232)	Number of persons hosted during the WAR <input type="checkbox"/> <input type="checkbox"/>	Number of persons currently hosted  <input type="checkbox"/> <input type="checkbox"/>	
<b>Q228</b>	What is the reltion between you and the hosted household/persons?	A. Relatives B. Neighbors C. Friends D. From the same Locality E. Other/specify .....	During War <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Now  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<b>Q229</b>	What is the average number of days in which the displaced family stayed with your family?	Average stay during the war  □□	Average days since the war  □□
<b>Q230</b>	If you hosted any body, are they still staying with you?	Number of members Recod 00 if there is none Befroe war □□	After war □□
<b>Q231</b>	Did the hosted family lost any of its members during the war?  Recod 00 if there is none	1. Mother 2. Father 3. Males (18 and less) 4. Males (less than 18) 5. Males (18 and less) 6. Males (less than 18) 7. Others (males) 8. Others (females)	□□ □□ □□ □□ □□ □□ □□ □□

			Before War	After War
<b>Q232</b>	Did the household face any of the following?  1. yes 2. no 3. not applicable	A. Lack of shelter B. Lack of food C. Lack of drinking water D. Lack of electricity supply E. Lack of medications F. Lack of telephones G. Lack of covers/blankets H. Lack of heating facilities I. Lack of Gaz J. Loss of main income K. Inability to pay bills L. Inability to pay rent M. Other specify:.....	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □
<b>Q233</b>	Did your household practice any of the following coping strategies? 1. yes 2. no 3. not applicable 4. dk			
	1 Consume less food		□□	□□
	2 Cconsume 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		□□	□□



			Answer	No. of persons
<b>Q236</b>	As a result of the war have you/any of your hh mebers suffered any of the following  1. yes 2. no 3. don't know 4. not applicable	1. continious crying with no reason 2. fear of lonleness 3. fears of darkness 4.exajorated fear of blood 5. nightmares 6. sleeping disorders 7. over eating and obesity 8. lack of abetite/weight loss 9. disppointmet and depression 10. Bad mode 11. nervousness 12. continious thinking of death 13. unirating during sleep 14. not careing for self 15. not careing for young children 16. others	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q236A</b>	During the last two weeks, did any of your family members were not able to carry out his/her normal activities?	1. yes 2. no 3. dk	<input type="checkbox"/>	number of persons <input type="checkbox"/> <input type="checkbox"/>
<b>Q236B</b>	Average days were person/s not able to carry out his/her normal activities?		<input type="checkbox"/> <input type="checkbox"/>	
<b>Q237</b>	Did any of HH members need any health care after the war? (ask about the last person who need health care, record the member number) <input type="checkbox"/> <input type="checkbox"/>	1. yes 2. No (go to 243) 3. don't know (go to 243)	<input type="checkbox"/>	
<b>Q238</b>	What kind of health problem required the member to seek health care?	1. reguler check up 2. phisical problem 3. emergecny 4. sycological problem 5. Injury 6. vaccination 7. more than one problem 8. other specify:.....	<input type="checkbox"/>	
<b>Q239</b>	Did the member receive the proper health care he was seeking?	1. yes (go to 242) 2. No 3. don't know (go to 242)	<input type="checkbox"/>	
<b>Q241</b>	IF the service wasn't received, what was the reason?  1. yes 2. No 3. don't know  Note: go to q 243 after answering this question.	A. Service not available at all B. Service wasn't available at the time of the need C. inable to afford D. didn't know where to go E. Destruction of health care center F. Access problem G.Lack of transpotation H. Lack of health staff J. Other specify:.....	<input type="checkbox"/>	

<b>Q242</b>	Where did he/she get the service?	1. Gov. health center/ hospital 2. Private center/ hospital 3. UNRWA center 4. NGO center/hospital 5. foreign field hospital	<input type="checkbox"/>	
<b>Q243</b>	Do any of the HH members suffer a chronic disease such as diabetes, cardiac, hypertension?	1. Yes 2. no (go to 246)	<input type="checkbox"/>	
			During war	Now
<b>Q244</b>	Does he/she received treatment for that disease?	1. yes (go to 246) 2. no	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q245</b>	Why he/she doesn't received treatment for that disease?	1. medicine not available 2. not affordable 3. health center was destroyed 4. other, .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q246</b>	Did any delivery case took place in the hh ?	1. yes 2. no (go to 248)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q247</b>	Place of delivery?	1. Hospital/health center 2. Private clinic 3. Maternity home 4. At home 5. other,.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q248</b>	Did any case of abortion took place in the hh ?	1. yes 2. no	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q249</b>	Is there any pregnant woman in the HH	1. yes 2. no (go to 251)	<input type="checkbox"/>	
<b>Q250</b>	If yes, does she receive regular maternal health care?	1. General physician 2. Specialist 3. nurse/ midwife 4. Daya 5. do not receive any care.	<input type="checkbox"/>	

**Q251: How many days in the past Week did your household consumed 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	B. Source of item	
		1. Cash Expenses	2. Own production
1. Wheat, Frikeh, Burghul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All type of Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All type of 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 (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"/>

<b>Q252</b>	No. of meals eaten by persons aged 18 years and over last day (99: dk)	<input type="checkbox"/> <input type="checkbox"/>
<b>Q253</b>	No. of meals eaten by persons less than 18 years last day (99: dk)	<input type="checkbox"/> <input type="checkbox"/>