



**Palestinian Central Bureau of Statistics
Social Survey of Jerusalem Governorate**

I.D.NO _____

All information in this questionnaire is merely used for pure statistical purposes, and are deemed confidential in accordance with the General Statistic Law of 2000

Introduction Data

ID01	Questionnaire Serial Number in Enumeration Area. <input type="text"/> <input type="text"/>	ID06	Is Household find in Roster 1. Yes 2. No <input type="checkbox"/>
ID02	Locality _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID07	(If Yes) Number of Household in Roster <input type="text"/> <input type="text"/>
ID03	Enumeration Area Code in Locality <input type="text"/> <input type="text"/> <input type="text"/>	ID08	Is Household Numbering, In the Population, Housing and Establishment Census 1997? 1. Yes, In the Same Governorate <input type="text"/> <input type="text"/> 2. Yes, In another Governorate 3. No
ID04	Building Address		
ID05	Name of Head of the Household		

Interview Record:

IR01 – visits schedule	Day	Month	Year	Number of Visit
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	200 <input type="text"/>	First Visit
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	200 <input type="text"/>	Second Visit
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	200 <input type="text"/>	Third Visit
IR02 – Total Number of Visits	<input type="text"/>			
IR03 – Interview Result	1	Completed		
	2	The household was not available for a long time		
	3	No body at home		
	4	Vacant housing unit		
	5	Refusal		
	6	Other (Specify) _____		
IR04 – Line no. For the member who answered the questions related to the household <input type="text"/> <input type="text"/>	IR05 – Total number of household members <input type="text"/> <input type="text"/>			
IR06 – Number of males <input type="text"/> <input type="text"/>	IR07 – Number of females <input type="text"/> <input type="text"/>			

EN01	Name of Interviewer	NO01	No. Of Interviewer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D101	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 200 <input type="text"/>
EN02	Name of Supervisor	NO02	No. Of Supervisor	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D102	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 200 <input type="text"/>
EN03	Name of Editor	NO03	No. Of Editor	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D103	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 200 <input type="text"/>
EN04	Name of Coder	NO04	No. Of Coder	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D104	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 200 <input type="text"/>
EN05	Name of Data Entry Operator	NO05	No. Of Data Entry Operator	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D105	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 200 <input type="text"/>

☐ To the Interviewer: Tick the Box if you used additional questionnaire

First Part: Characteristics of Household members											
HR01	HR02	HR03	HR04	HR05			HR06	HR06A	HR07	HR08	
Person No.	Name (First, Middle & Surname)	Relationship to head of household 1. Head of the household 2. Husband /Wife 3. Son / Daughter 4. Father / mother 5. Brother/ Sister 6. Grandfather / Grandmother 7. Grandson / Granddaughter 8. Daughter / Son – in Law 9. Other Relatives 10. Others	Sex Is (the name) male or female? 1. Male 2. Female	What is the Birthday of (the name) in Day, Month and Year? To the Interviewer: Record it from formal documents. if possible			Age How old is the name (in complete years), by his last birthday? Less than one year=00 98 + = 98 Don't Know =99	What is the type of Identity card for (name)? 1. Palestinian Authority 2. Jerusalemite 3.Other	Refugee Status Is (the name) 1.Registered Refugee 2.Non-Registered Refugee 3. Non Refugee ↓ HR09	What is the Original Country for (the name) in 1948 Territories? To the Interviewer: Record the name of country or village / City	
				Day	Month	Year				Country	Code
01		<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"/>		
02		<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"/>		
03		<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"/>		
04		<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"/>		
05		<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"/>		
06		<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"/>		
07		<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"/>		
08		<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"/>		
09		<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"/>		
10		<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"/>		
11		<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"/>		
12		<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"/>		
13		<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"/>		
14		<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"/>		
15		<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"/>		
16		<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"/>		

First Part: Characteristics of Household members									
HR01	HR02	HR09	HR10	HR11	HR12	HR13	HR14	HR15	HR16
Person No.	Name (First, Middle & Surname)	Is Mother of (the name) still a live? 1. Yes 2. No 3. Do not Know HR11 ←	If mother lives with the family, record her number from HR01, If not record (00)	Is father of (the name) still a Live? 1. Yes 2. No 3. Do not know HR13 ←	If father live with family, record his number from HR01, If not record (00)	For Persons 12 years and over Is (the name) Smoking? 1. Yes, cigarettes mostly 2. Yes, Pipe mostly 3. Yes, Narghile, mostly 4. Not Smoking	Does (the name) suffer from one of certain chronic disease, and receiving treatment continuously 1. Diabetes 2. Blood Pressure 3. Cardiac Disease 4. Cancer 5. Ulcer 6. Asthma 7. Epilepsy 8. Healthy For interviewer: it could be selected more than one	Health Insurance Does (the name) have health insurance? 1. No → HR17 2. Yes, Governmental insurance / Ministry of Health 3. Yes, Military insurance 4. Yes, UNRWA insurance 5. Yes, Social Security insurance 6. Yes, Israeli (Cubat Holim) 7. Yes, Private Insurance	How much the Coverage percentage of the Health Insurance? (mostly used) 1. Less than 25% 2. 25%-50% 3. 51%-75% 4. More than 75%
01		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7 8	<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"/>	1 2 3 4 5 6 7 8	<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"/>	1 2 3 4 5 6 7 8	<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"/>	1 2 3 4 5 6 7 8	<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"/>	1 2 3 4 5 6 7 8	<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"/>	1 2 3 4 5 6 7 8	<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"/>	1 2 3 4 5 6 7 8	<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"/>	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>

First Part: Characteristics of Household members						
HR01	HR02	HR17	HR18	HR19	HR20	HR21
Person No.	Name (First, Middle & Surname)	For Persons 4 years and over			For Persons, 10 years and over	The Main Reason for (the name) Drop Out from Education? Drop Out: if the answer 2 or 3 in HR17 (Except Secondary and above) 1. Multi Repetition 2. Educational Careless 3. Economic Difficulties 4. Household Matters 5. Care of Household Members 6. Marriage 7. Disability 8. None existence of Near School 9. Miss Treating in the School 10. Security Matters 11. Other.....
		Does (The name)...? 1. Attending 2. Attend and left 3. Attend and graduated 4. Never attend HR22 ← HR19 ←	Type of Educational Institution that (the name) enrolled in 1. Private Kindergarten 2. Israeli Municipality and Culture Committee Kindergarten 3. Governmental School 4. Israeli Municipality and Culture Committee School 5. UNRWA school 6. Private School 7. Palestinian Community College 8. Palestinian University 9. Israeli Higher Education Institution 10. Educational Institution Abroad	Number of successfully completed years of schooling (00): if less than one year (99): Don't know	Educational Attainment for (the name) 1. Illiterate 2. Can read and write 3. Elementary 4. Preparatory 5. Secondary 6. Associate Diploma 7. Bachelor 8. Higher diploma 9. Master 10. Ph.D. 99. Don't know	
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<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"/>
11		<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"/>
13		<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"/>
15		<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"/>

First Part: Characteristics of Household members							
HR01	HR02	HR22	HR23		HR24		HR25
Person No	Name (First, Middle & Surname)	For Persons 10 Years and Over					
		Relation to labor force through last week	For whom answer (1-4) in HR22				
		1. Employed, 1 – 14 hours weekly 2. Employed, 15 hours & over weekly 3. Absent, but he will return 4. Unemployed ever worked 5. Unemployed never worked → HR30 6. Study → HR32 7. Housekeeping 8. old/ illness 9. Did not working and did not seek job due to another source of income → HR32 10. Did not working and did not seek job due to discouragement → HR30	What is the Occupation of (the name)?		What is the Main Economic Activity of the Institution that (the name) works in?		Where is the Work place of (the name)?
			Main Occupation (Type of Work of the name)		(Type of Institution work in details)		
			Occupation	Code	Activity	Code	
01		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
02		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
03		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
04		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
05		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
06		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
07		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
08		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
09		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
10		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
11		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
12		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
13		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
14		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
15		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>
16		<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>

First Part: Characteristics of Household members								
HR01	HR02	HR26	HR27	HR28	HR29	HR30	HR31	
Person No	Name (First, Middle & Surname)	For Persons 10 Years and Over Whom answer (1-4) in HR22	For Employed Persons 10 Years and Over Whom answer (4-10) in HR26			For Persons 10 Years and Over Whom answer (1-5)& (10) in HR22		
		What is the Employment Status of (the name)?	What is the wage of (the name)			Is (the name) Record in Workers Union/ Occupational Union?	Type of Union (the name) Record in?	
		1. Employer 2. Self employed 3. Unpaid family member 4. Employee / National Government 5. Employee / foreign Government 6. Employee / UNRWA 7. Employee / International Agency 8. Employee / Non profit enterprise 9. Regular Employee / Private sector 10. Irregular Employee / Private sector 11. Other, specify	Type of Wage?	Wage	Type of Currency?	1. Yes 2. No 3. Don't Know HR32	1. Palestinian 2. Israeli (hestedroot) 3. Both 9. Don't Know	
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First Part: Characteristics of Household members						
HR01	HR02	HR32	HR33	HR34	HR35	HR36
Person No.	Name (First, Middle & Surname)	Marital Status (for persons aged 12 years and over)				
		<u>What is the Marital Status, of (the name)?</u> 1. Never married 2. Legally married → Next Part 3. Married 4. Divorced 5. Widowed 6. Separated	For Married or ever Married persons			For persons Married only
			Is (the name) Married once or more than one? 1. One 2. More than one	How old is (the name) at first marriage? (Actual Marriage)	How long married duration (In completely years)	<u>For men:</u> How many women: (the name) marry? <u>For women,</u> How many fellow wife for (the name)?
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
09		<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"/>
11		<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"/>
13		<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"/>
15		<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"/>

Second Part: Housing and Housing Conditions

HC01	What is the type of housing unit where household lives?	<input type="checkbox"/>	1. Villa 2. House 3. Apartment 4. Independent Room 5. Tent 6. Marginal 7. Other, specify.....
HC02	What is the tenure of the housing unit?	<input type="checkbox"/>	1. owned 2. rented 3. Without Payment 4. From work 5. Other,
HC03	What is the dominant construction material of the external walls for the housing unit?	<input type="checkbox"/>	1. Stone 2. Stone and concrete 3. Concrete 4. Concrete Blocks 5. Clayey Blocks 6. Old stone 7. Other
HC04	Area of housing unit (m ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HC05	Year of completing the housing unit establishment	<input type="checkbox"/>	1. Before 1919 2. 1919-1948 3. 1949-1967 4. 1968-1987 5. 1988-1993 6. 1994-2000 7. 2001-2002 8. Don't know
HC06	Accessibility of the housing unit	<input type="checkbox"/>	1. Residential only 2. Multiple purposes
HC07	Number of rooms in the housing unit	<input type="text"/> <input type="text"/>	(Except the bathrooms and kitchens)
HC08	Number of bedrooms in the housing unit	<input type="text"/> <input type="text"/>	
HC09	Only for who answered 2 in question HC02 1. Value of monthly rent 2. Specify currency 3. Year of rental	<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"/>	Currency Type: 1. NIS 2. JD 3. US\$
HC10	Number of households in housing unit	<input type="text"/> <input type="text"/>	

HC11. Public services: what is the main source of.....for the household?

1	Drinking water	<input type="checkbox"/>	1. Arabic Public Network 2. Israeli Public Network 3. Private System 4. Not connected
2	Electricity	<input type="checkbox"/>	1. Arabic Public Network 2. Israeli Public Network 3. Private Generator 4. Not connected
3	Sewage system	<input type="checkbox"/>	1. Public Network 2. Cesspit 3. Other

HC12. Availability of..... for the household

1	Kitchen	<input type="checkbox"/>	1. Kitchen connected with water 2. Kitchen not connected with water 3. Not Available
2	Bathroom	<input type="checkbox"/>	1. Bathroom connected with water 2. Bathroom not connected with water 3. Not Available
3	Toilet	<input type="checkbox"/>	1. connected with water 2. not connected with water 3. Not Available
HC12a	Is the Toilet in share with another household	<input type="checkbox"/>	1. Yes 2. No

HC13. Main source of energy used in.....?

HC13. Main source of energy used in.....?			Source of energy	Field worker : put the energy source number in its special place
1	Baking and Cooking	<input type="checkbox"/>	1. Not Available 6. Kerosene	
2	Heating water	<input type="checkbox"/>	2. LBG 7. Solar energy	
3	Conditioning	<input type="checkbox"/>	3. Electricity	
4	Heating	<input type="checkbox"/>	4. Wood	
5	Lighting	<input type="checkbox"/>	5. Diesel	

HC14. Does any of these consider as a serious problem in the surroundings of the housing unit? (B&C can be answered only if the answer in A is 1)						
1. YES, there is a problem 2. NO, no problem		Source		Time of problem	Source of problems exposed	Time of problem
		A	B	C		
1	Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Construction works 2. Traffic 3. Industrial activities 4. Burning garbage 5. Waste water 6. Other	1. 6A.m-12 pm 2. 12 pm-8 pm 3. 8 pm- 6 Am 4. No limited time
2	Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

HC15	Method of collecting solid wastes	<input type="checkbox"/>	1. garbage collector 3. Discard randomly 4. Burned in the housing unit		2. Containers 5. Other				
HC16	Doer of solid waste Disposal	<input type="checkbox"/>	1. Jerusalem "municipality" 3.UNRWA 5. Household members		2. Local authority 4. Privet contractor 6. Other, specify				
HC17	Availability of durable goods and services for the household 1. Yes 2. No	1. Private Car 2. Refrigerator 3. Washing Machine 4. Television	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Video 6. Satellite 7.Solar Boiler 8.Central Heating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. Hoover 10. Cooking Stove 11. Home Library	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12.Computer 13. Telephone Line 14. Internet	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HC18	How many housing units do the household need during the next 10 years?						<input type="text"/> <input type="text"/>		
HC19	How many housing units can the household build during the next 10 years?						<input type="text"/> <input type="text"/>		

Third Part: Culture and Mass Media**Relating to the Household**

H01	In usual, Do your household obtain(daily,weekly, or monthly newspapers) or periodical magazines?	1. Yes always 3. No	2. Yes, some times	<input type="checkbox"/>
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		For persons 6-17 years	For persons 18 years and over
P01	In usual, Is any of household member?	Answer:(1-Yes 2- No 9- Do not know)	
	1. Read newspapers	1. <input type="checkbox"/>	1. <input type="checkbox"/>
	2. Read magazines	2. <input type="checkbox"/>	2. <input type="checkbox"/>
	3. Listen to radio	3. <input type="checkbox"/>	3. <input type="checkbox"/>
	4. Watch television	4. <input type="checkbox"/>	4. <input type="checkbox"/>
	5. Watch video	5. <input type="checkbox"/>	5. <input type="checkbox"/>
	6. Use computer	6. <input type="checkbox"/>	6. <input type="checkbox"/>
	7. Use internet	7. <input type="checkbox"/>	7. <input type="checkbox"/>
P02	Does any of household members has mobile or personal jawwal ? (Answer: 1.Yes 2.No 9. Do not know)	<input type="checkbox"/>	<input type="checkbox"/>
P03	Does any of household members perform any cultural Activities of these? (Answer: 1.Yes 2.No 9. Do not know)		
	1. Writing :(poem, short story, long story, etc-----)	1. <input type="checkbox"/>	1. <input type="checkbox"/>
	2. Playing on musical instrument	2. <input type="checkbox"/>	2. <input type="checkbox"/>
	3. Participation in clubs or associations activities	3. <input type="checkbox"/>	3. <input type="checkbox"/>
	4. Participation in playing sports	4. <input type="checkbox"/>	4. <input type="checkbox"/>
	5. Participation in dancing groups	5. <input type="checkbox"/>	5. <input type="checkbox"/>
	6. participation in public lectures or symposium	6. <input type="checkbox"/>	6. <input type="checkbox"/>
	7. Singing solo in groups, choir	7. <input type="checkbox"/>	7. <input type="checkbox"/>
	8. Painting	8. <input type="checkbox"/>	8. <input type="checkbox"/>
P04	In usual, does any of household members go to -----? (Answer: 1.Yes 2.No 9. Do not know)		
	1. Cinemas	1. <input type="checkbox"/>	1. <input type="checkbox"/>
	2. Parties	2. <input type="checkbox"/>	2. <input type="checkbox"/>
	3. Museums	3. <input type="checkbox"/>	3. <input type="checkbox"/>
	4. Exhibitions	4. <input type="checkbox"/>	4. <input type="checkbox"/>
	5. Theaters	5. <input type="checkbox"/>	5. <input type="checkbox"/>
	6. Symposium	6. <input type="checkbox"/>	6. <input type="checkbox"/>
	7. Public Library	7. <input type="checkbox"/>	7. <input type="checkbox"/>
	8. Trips	8. <input type="checkbox"/>	8. <input type="checkbox"/>
P05	Does any of household members participate in these Institutions? (Answer : 1. Yes 2. No 9. Do not know)		
	1. Sport Club	1. <input type="checkbox"/>	1. <input type="checkbox"/>
	2. Cultural Club	2. <input type="checkbox"/>	2. <input type="checkbox"/>
	3. Public Library	3. <input type="checkbox"/>	3. <input type="checkbox"/>

Forth Part: Agricultural Holding

AS01	Does household has Agricultural holding? (Answer: 1. Yes 2. No → next part)	<input type="checkbox"/>
AS02	What is the type of Agricultural holding that available for household? 1. Only Plant 2. Only Livestock → AS06 3. Mixed.	<input type="checkbox"/>
AS03	What is the total area of agricultural holding? (By donum)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
AS04	What are the crops types planted in the Holding? (Answer: 1. Yes 2. No)	
	1. Fruit trees. 2. Field Crops 3. Vegetables.	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
AS05	For interviewer: If the answer of question AS02 is (1) Ask the next question, then go to the next part. What are the daily work hours in plant holding?	<input type="text"/> <input type="text"/>
AS06	How many cows in holding? (Head)	<input type="text"/> <input type="text"/> <input type="text"/>
AS07	How many sheep in holding? (Head)	<input type="text"/> <input type="text"/> <input type="text"/>
AS08	How many goats in holding? (Head)	<input type="text"/> <input type="text"/> <input type="text"/>
AS09	How many poultry in holding? (Bird)	<input type="text"/> <input type="text"/> <input type="text"/>
AS10	What is the number of other types in holding (such as: rabbits, turkey, ducks, dove..etc)?	<input type="text"/> <input type="text"/> <input type="text"/>
AS11	How many beehives in holding?	<input type="text"/> <input type="text"/> <input type="text"/>


Fifth Part: Living Levels and Allowances

SL01	What is the Main source of income for the household (Select source of income from SL02)		<input type="checkbox"/> <input type="checkbox"/>	
SL02	Secondary sources of income for the household more than one source can be chosen (1. Yes 2. No)			
	1. No source 2. Agriculture and fishing 3. Household Business 4. Wages and salaries from the PNA 5. Wages and salaries from the private sector 6. Income from Israeli sectors	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/>	7. "National" insurance allowances (old age, unemployment, disability...) 8. Transforms from the Palestinian Territory 9. Transforms from abroad 10. Social Assistance 11. Other	7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/>
SL03	Was the income of the household affected since the beginning of al Aqsa Intifada		1. Yes decreased 2. No not affected <input type="checkbox"/> 3. Yes increased <input type="checkbox"/> ▶ SL05	<input type="checkbox"/>
SL04	Amount of decrease in the household income 1. Less than quarter 2. From quarter-half of the income 3. From half- three quarters 4. More than three quarters		<input type="checkbox"/>	
SL05	What is the total monthly household income now (in NIS) Fieldworker: total income means the total monthly amounts of cash and per kind no matter the source is		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SL06	What was the Total monthly household income before the intifada (in NIS)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SL07	In your opinion, what is the monthly amount needed for your household to meet the basic living needs. (In NIS)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SL08	A. What is the average household monthly expenditure B. Currency type, 1. NIS 2. JD 3. US\$		A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> B. <input type="text"/>	
SL09	Is there any changes in the nutrition behavior of the household during Al-Aqsa intifada 1. Yes, decreased 2. No change 3. Yes, increased	1. quantity of food taken by household members 2. Quality of food taken by household members 3. quantity of bought meat/monthly consumed (meat, chicken, fish...etc) 4. Quantity of bought fruit/monthly consumed 5. quantity of milk and its derived bought/ consumed monthly	.1 <input type="checkbox"/> .2 <input type="checkbox"/> .3 <input type="checkbox"/> .4 <input type="checkbox"/> .5 <input type="checkbox"/>	
SL10	Is there any of the household members working abroad? 1. Yes 2. No → go to SL12		<input type="checkbox"/>	
SL11	Number of members who moved to work abroad 1. Before the intifada <input type="text"/> <input type="text"/> 2. During intifada <input type="text"/> <input type="text"/>			
SL12	During the last 12 months, did the household or any of its members receive any kind of assistance? (cash, per kind, medical or psychological consultations) 1. Yes 2. No → go to SL16		<input type="checkbox"/>	
SL13	What kind of assistance that the household received? 1. Yes 2. No 9. Don't know			
	1. food 2. Medicine 3. Clothes 4. Martyrs compensations 5. Injuries compensations	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	6. Assistance – in Cash 7. Consultations (Medical/social /psychological) 8. Free education 9. Free medical treatment 10. Other/ specify	6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>

SL14	A. What is the total value of assistance received by household or any of its members? (If don't know write 99999)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .A	
	B. Type of currency: 1. NIS 2. JD 3. US\$		<input type="text"/> .B	
SL15	What is the Authority/ institution granted assistances? 1. Yes 2. No 9. Don't know			
	1. Ministry of Social affairs 2. Other PNA institutions 3. Political parties 4. Charity (Zakat) committee 5. UNRWA	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>	6. International institutions (UNICEF, World Bank,...) 7. Charity institutions 8. Religious institutions 9. Other/ specify	6. <input type="text"/> 7. <input type="text"/> 8. <input type="text"/> 9. <input type="text"/>
SL16	Do the household have any of the following allowances? 1. Yes 2. No 3. Not applicable			
	1. Widows allowances 2. Children allowances 3. Pension allowances	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>	4. Disability allowances 5. Unemployment allowances 6. Other/ specify	4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/>
SL17	A. Do the household pays any of the following taxes or deductions? 1. Yes → B 2. No 3. Not applicable		B. Total Tax value per year in NIS (If the answer don't know write 99999)	
	1. Arnona 2. "National" insurance 3. Television 4. Other/ specify.....	1. <input type="text"/> 2. <input type="text"/> 3. <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"/> <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"/>	
SL18	What is the classification of the Arnona tax that the household pays? (Only can be answered if the answer in SL17A 1 is "yes")		<input type="text"/>	
	1. A 2. B 3. C 4. Other/ specify.....			
SL19	Did any of the household members Jerusalemite ID's had been confiscated? 1. Yes (2. No 3. Not applicable) → SL22		<input type="text"/>	
SL20	How many Jerusalemite ID's had been confiscated in the household?		<input type="text"/> <input type="text"/>	
SL21	What were the allegations to confiscate the Jerusalemite ID's for the following?			
	A. No of household member 1. <input type="text"/> <input type="text"/> 7. <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> 8. <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> 9. <input type="text"/> <input type="text"/> 4. <input type="text"/> <input type="text"/> 10. <input type="text"/> <input type="text"/> 5. <input type="text"/> <input type="text"/> 11. <input type="text"/> <input type="text"/> 6. <input type="text"/> <input type="text"/> 12. <input type="text"/> <input type="text"/>	B. Allegation to confiscate the Jerusalemite ID's 1. <input type="text"/> 7. <input type="text"/> 2. <input type="text"/> 8. <input type="text"/> 3. <input type="text"/> 9. <input type="text"/> 4. <input type="text"/> 10. <input type="text"/> 5. <input type="text"/> 11. <input type="text"/> 6. <input type="text"/> 12. <input type="text"/> 1. Residing abroad for more than seven years 2. Studying abroad 3. Other nationalities (other than Jerusalem ID) 4. Marrying from outside the country 5. Marrying from the West Bank or Gaza Strip 6. Political reasons		
SL22	During the last 10 years, did the household applied for building license 1. Yes 2. No → SL27		<input type="text"/>	
SL23	When the household asked for the building license (first time)?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SL24	How many times the license application has been requested?		<input type="text"/>	
SL25	How many times the household reviewed to ask about the request?		<input type="text"/> <input type="text"/>	
SL26	What is the reply the on the last request 1. Refused 2. Accepted 3. Still under process		<input type="text"/>	
SL27	During the last 10 years, did any addition occurred to the housing unit? 1. Yes 2. No → SL29		<input type="text"/>	
SL28	What is the parts which add (1. yes 2. no)	1. one bedroom or more 2. Toilet	<input type="text"/> <input type="text"/>	3. Balcony 4. Other/ specify
			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

SL29	During the last 10 years, did the housing unit or any part of it had been repaired? 1. Yes 2. No			<input type="checkbox"/>			
SL30	Does the housing unit need any kind of repair? 1. Yes 2. No ➔ SL32			<input type="checkbox"/>			
SL31	If the housing unit needs repair and hadn't done, what is the main reason for not being repaired? 1. financial 2. legal 3. other/specify			<input type="checkbox"/>			
SL32	Since 1967, did any estate owned to the household had been confiscated? 1. Yes 2. No ➔ SL36			<input type="checkbox"/>			
SL33	What is the Type of estate (1. Yes 2. No)		SL34: place of estate		SL35: reason of confiscation		
	1. Land	<input type="checkbox"/>	1. <input type="checkbox"/>	1. In the same locality	1. <input type="checkbox"/>	1. Military	
	2. Housing unit	<input type="checkbox"/>	2. <input type="checkbox"/>	2. Other locality in the governorate	2. <input type="checkbox"/>	2. Settlement setting	
	3. Establishment	<input type="checkbox"/>	3. <input type="checkbox"/>	3. In other governorate	3. <input type="checkbox"/>	3. Drain	
	4. Other/specify	<input type="checkbox"/>	4. <input type="checkbox"/>	4. In the land Occupied in 1948	4. <input type="checkbox"/>	4. Street construction	
SL36	Since 1967, did the Israeli authorities including Jerusalem municipality took any of the following measurements against the household or any of its members? (1. Yes 2. No)			5. Other/specify	<input type="checkbox"/>		
				1 Demolishing the housing unit	<input type="checkbox"/>	3. Allowances deprivation	<input type="checkbox"/>
				2. Closing the housing unit	<input type="checkbox"/>	4. Other/specify	<input type="checkbox"/>

Part six: Security and Justice

Part Six: Security and Justice		
V01	A. Did the household or any of its members exposed to (1. Yes  B 2. No) 1. Theft (excluding vehicle) 2. Vehicle theft or part of it 3. Property damaging or burning 4. Robbery or theft attempt 5. Confiscation/demolished estate or part of it 6. Harassment/ assault of Israeli soldiers or settlers 7. Threat (excluding threat by telephone) 8. Assault	Answer <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
	B. Number of times <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div>	
	Important for the interviewer: if the answer of all items in question V01.A is (2. no) end the interview, otherwise answer the following question.	
V02	Who perpetrated the last criminal offence against the household or any of its members? 1. Israeli army/settlers 2. From the relatives 3. non relative from the same locality 4. Others (known) 5. Others (unknown)	<div><input type="checkbox"/></div>
V03	What was the occurring time of last criminal offence? 1. 08:00-:15:59 2. 16:00-23:59: 3. 24:00-7:59 4. Don't know	<div><input type="checkbox"/></div>
V04	What was the occurring Place of last criminal offence? 1. Inside the housing unit 2. Near the housing unit 3. Other place inside locality 4. Outside locality	<div><input type="checkbox"/></div>

V05	Did the last criminal offence reported? 1. Yes 2. No ► V07	<input type="checkbox"/>
V06	What was the Authority that the criminal offence reported to?	<input type="checkbox"/>
	1. Palestinian police 2. Israeli authorities 3. Patriotic persons 4. Other/specify.....
	For the Interviewer: write the answer of this question and then go to V08	
V07	Why the criminal offence wasn't reported? 1. It was not serious 2. Solved personally 3. No insurance 4. No desire to the police intervention 5. Other/specify.....	<input type="checkbox"/>
V08	Were there any damages caused by the last criminal offence? 1. Yes physical 2. Yes tangible 3. Both 4. No	<input type="checkbox"/>