



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

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 Sample	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID05	Building Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID02	Locality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID06	Number of Household in Building	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID03	Enumeration Area Code in Locality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID07	Number of Housing unit	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID04	Questionnaire Serial Number in Enumeration Area	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
ID08	Name of Head of the Household									
Address.....										
ID09	Location of the household from the Expansion and annexation Wall 1. inside 2. out side <input type="checkbox"/>									

Interview Record:

IR01 – Visits Schedule	Day	Month	Year	Number of Visit
	<input type="text"/>	<input type="text"/>	2005	First Visit
	<input type="text"/>	<input type="text"/>	2005	Second Visit
	<input type="text"/>	<input type="text"/>	2005	Third Visit
IR02 – Total Number of Visits	<input type="text"/>			
IR03 – Interview Result	1	Completed		
	2	Completed, the Household is Change		
	3	The Household was Traveler		
	4	Not Available Unit		
	5	No Body at Home		
	6	Refusal		
	7	Vacant Housing Unit		
	8	Not Available Information		
	9	Other (Specify) _____		
IR04 – Line no. For the Member who Answered the Questions Related to the Household	<input type="text"/>	<input type="text"/>	IR06 – Number of Males	<input type="text"/>
IR05 – Total Number of Household Members	<input type="text"/>	<input type="text"/>	IR07 – Number of Females	<input type="text"/>

IR08	Name of Interviewer	No. Of Interviewer	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / 2005
IR09	Name of Supervisor	No. Of Supervisor	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / 2005
IR10	Name of Editor	No. Of Editor	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / 2005
IR11	Name of Coder	No. Of Coder	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / 2005
IR12	Name of Data Entry Operator	No. Of Data Entry Operator	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / 2005

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

First Part: Characteristics of Household members											
HR01	HR02	HR03	HR04	HR05			HR06	HR07	HR08	HR09	
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	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 Religion for (Name)? 1. Muslim 2. Christian 3. Other	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	
				Day	Month	Year					
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"/>	<input type="text"/>	<input type="text"/>
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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"/>	<input type="text"/>	<input type="text"/>
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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"/>	<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"/>	<input type="text"/>	<input type="text"/>

First Part: Characteristics of Household Members							
HR01	HR02	HR10	HR11	HR12	HR13	HR14	HR15
Person No.	Name (First, Middle & Surname)	Type of Disability: 1. None → HR13 2. Seeing 3. Hearing 4. Speaking 5. Hearing & Speaking 6. Moving 7. Grasping 8. Mental 9. Mental & Moving 10. Multiple 11. Other	Cause of Disability: 1. Disease 2. Congenital 3. Prenatal 4. War 5. Work-related Injury 6. Road Accident 7. Accident of another Type 8. Other, specify:	How old was (Name) when Appeared Disability Record Age in Full Years (00) if Age Less Than 1 Year	Health Insurance Does (the Name) have Health Insurance? 1. No 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 For Interviewer: it could be Selected more than One	Does (name) have any of the following Diseases According to a Medical Diagnosis and receiving Treatment Continuously 1. Diabetes 2. Hypertension 3. Cardiac disease 4. Cancer 5. Ulcer 6. Asthma 7. Epilepsy 8. Hereditary disease (Thalassemia, Blood Disease) 9. Joint Diseases (Rheumatism) 10. Anemia 11. Healthy For Interviewer: it Could be Selected More Than One	In the Last 6 Month Is (the Name) Admitted to Hospital (Sleep)? 1. Yes 2. No → HR19
01					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
02					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
03					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
04					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
05					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
06					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
07					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
08					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
09					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
10					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
11					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
12					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
13					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
14					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
15					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	
16					1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	

First Part: Characteristics of Household Members								
HR01	HR02	HR16	HR17	HR18	HR19	HR20	HR21	HR22
Person No.	Name (First, Middle & Surname)	How Many Times Does (the name) Admitted (Sleep) to Hospital , In the Last Six Month	Type of Health Problem that's Need to have Health Care in Hospital (Last Time in Sex Month) 1. Chronic Disease 2. Acute Disease 3. Organic Disease 4. Psychological 5. Injury 6. Child Vaccination 7. Pregnancy/Delivery 8. More than One Problem 9. Other	How Many Days Does (the Name) Admitted (Sleep) to Hospital , In The Last Six Months	In The Last Two Weeks Does (the Name) Received Health Care (Without Sleep in Hospital) 1. yes 2. No → HR23	How Many Times Does (the Name) Received Health Care in Heath Care Center (Without Sleep in Hospital)	Where is (the Name) Received Health Care in the Last Time 1. Cubat Holim 2. Privet Clinic 3. Emergency Clinic at Hospital 4. Other Clinic at Hospital 5. Other....	Whom Give (the Name) Health Care (in the Last Time) 1. General Practitioner 2. Specialist 3. Nurse 4. Pharmacist 5. Other....
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"/>
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"/>
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"/>
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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"/>
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"/>
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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"/>
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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"/>
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"/>
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"/>
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"/>
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"/>

First Part: Characteristics of Household Members

HR01	HR02	HR23		HR24	HR25	HR26	HR27	
Person No.	Name (First, Middle & Surname)	For Persons 3 Years and Over			For Persons, 5 years and over		The Main Reason for (the name) Dropped out from Education? Drop Out: if the answer 2 or 3 in HR23 (Except Secondary and above)	
		Does (The name)...? 1. Attending School 2. Attended and Left 3. Attended and Graduated 4. Never Attend HR26 & hr29 HR25	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. Disinterest in Academic Education 02. Disinterest in Coeducation 03. Multi Repetition 04. Education Neglect 05. Economic Difficulties in Household 06. Household Problem 07. Care of Household Members	08. Marriage 09. Illness 10. Disability 11. None Existence of Near School 12. Mistreatment in School 13. Security Issues 14. Dismiss from School due to Old 15. Other
01		<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"/>
03		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Part: Characteristics of Household Members									
		For Persons 5 Years and Over				For Persons 10 Years and Over			
HR01	HR02	HR28	HR29	HR30	HR31	HR32	HR33	HR34	
Person No.	Name (First, Middle & Surname)	Whom Answer in HR 26 (5-10) What's Specialization For (the Name)?	Does (the Name) Use Computer 1. Yes, Always 2. Yes, Sometime 3. No, <input type="checkbox"/> HR31 <input type="checkbox"/>	Does (the Name) use Internet 1. Yes, Always 2. Yes, Sometime 3. No, <input type="checkbox"/> HR31 <input type="checkbox"/>	Does (the Name) Have Mobile Phone 1. Yes 2. No,	Does (the Name) Smoke? 1. Yes, Frequently Cigarette → HR34 2. Yes, Frequently Pipe → HR35 3. Yes, Frequently Nargilla, → HR35 4. Ex-smoke 5. Not Smoking and Never Smoking → HR36 6. I don't know → HR36	Since when did (Name) Quit Smoking? Record Period in Full Months and then Go to HR36 Less than one Month:(000)	For Persons Smoking Cigarettes: How Many Cigarettes does (Name) Smoke Daily? 1. 10 or less 2. 11-20 3. 21-40 4. Over 40	
01			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
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03			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
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06			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
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09			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
11			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
12			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
13			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
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15			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
16			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

First Part: Characteristics of Household Members							
HR01	HR02	HR35	HR36	HR37		HR38	
Person No	Name (First, Middle & Surname)	For Smoking Persons: For How Long has (Name) been Smoking? Record Number of Full Years Record (00) if Less than 1 Year	Relation to Labor Force Through Last Week 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 6. Student Training Course 7. Housekeeping 8. Old/ Illness 9. Do not work and Did Not Seek Job due to Discouragement 10. Did Not Working and did not seek job 11. other (5-11 skip to HR45)	For Persons 10 Years and Over			
				For whom answer (1-4) in HR36			
				What is the Occupation of (the Name)? Main Occupation (Type of Work of the Name)	What is the Main Economic Activity of the Institution that (the Name) Works in? (Type of Institution Work in Details)		
				Occupation	Code	Activity	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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/>

First Part: Characteristics of Household Members								
HR01	HR02	HR39	HR40	HR41	HR42	HR43		HR44
Person No	Name (First, Middle & Surname)	Where is the Work Place of (the Name)? 1. In House 2. Inside the Same Locality 3. In J1 Area 4. In J2 Area 5. In Another Governorate 6. Inside Israel 7. In Jerusalem Settlements 8. Remaining Settlement 9. Abroad	For Persons 10 Years and Over Whom answer (1-4) in HR22		For Employed Persons 10 Years and Over Whom answer (4-10) in HR36 & HR40 (4-12)			
			<u>What is the Employment Status of (the name)?</u> 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. Regular Employee / Foreign Sector 11. Irregular Employee / Private Sector 12. Irregular Employee / Foreign Sector 13. Other, Specify	How Many Time Did (the name) Need to Reach to Work Place (two direction) 1. Less Than One Hour 2. Hour -Less Than 90 Mint 3. 90 minte-120 Mint 4. More than 120 Mint	What is the wage of (the name)			
					Type of Wage? 1. Daily 2. Weekly 3.Monthly	Wage (for period time)	Type of Currency? 1. Shekels 2. Jordanian Dinar 3. Dollar	
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"/>

First Part: Characteristics of Household Members											
HR01	HR02	HR45	HR46	HR47	HR48	HR49	HR50	HR51	HR52	HR53	HR54
Person No.	Name (First, Middle & Surname)	Marital Status (for Persons Aged 12 Years and Over)		For Female Whom Married or Ever Married and Age 12-54 Years							
		<u>What is the Marital Status, of (the name)?</u> 1. Never Married 2. Legally Married Next Part (1-2 skip HR55) 3. Married 4. Divorced 5. Widowed 6. Separated	How Old is (the Name) at First Marriage? (Actual Marriage) if (the Name) Male Skip to HR55)	Birth for all life Married				Birth for last 12 month			
				No. of Births ever Born Live		No. of Births Still Live		No. of Births ever Born Live		No. of Births Still Live	
				Male	Female	Male	Female	Male	Female	Male	Female
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First Part: Characteristics of Household Members							
HR01	HR02	HR55	HR56	HR57	HR58	HR59	HR60
Person No.	Name (First, Middle & Surname)	(For Persons Aged 10 Years and Over)					
		Is (the Name) have a Relationship to Another Side of Annexation and Separation Wall 1. Non 2. First Type Relationship 3. Second type Relationship 4. Friends and Relatives 5. Others	Usually, is (the Name) go to Another Side from Annexation and Separation Wall 1. No 2. Yes, For Education 3. Yes, To have Health Care 4. Yes, For Labor 5. Yes, For Practicing Cultural and Entertainment Activities 6. Yes, To Visit Relatives 7. Yes, To Follow-up With Different Institutions 8. Other	Is (the Name) Detain by Israel Forces 1. Yes 2. No Skip to Another Person	What the Currently Situation for (the Name) 1. Free → HR60 2. Convicted 3. Suspended 4. Administrative Detained (3-4 skip to Another Person)	The Number of Years for (the name) Conviction In Completely Years 00: Less Than one Years After this Question Skip to Another Person	For the Free Person in the Last 5 Years is (the Name) face any Problem or Difficult 1. Employment 2. Enrollment in School 3. Receiving Medical Care 4. Dealing with Society 5. Harassment by Israel Forces 6. Others
01		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
02		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
03		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
04		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
05		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
06		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
07		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
08		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
09		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
10		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
11		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
12		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
13		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
14		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
15		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5
16		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5

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. Owened 2. Rented 3. Without Payment 4. From Work 5. Other
HC03	Only for who Answered 2 in Question HC02 1. Value of Monthly Rent 2. Specify the 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\$
HC04	1. How Much the Rent of the House 2. Specify the Currency	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If the Person Wont to Rent the House, How Much the Monthly Rent of the House
HC05	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
HC06	Area of Housing Unit (m ²)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HC07	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. 2001-2005 8. Don't know
HC08	Accessibility of the Housing Unit	<input type="checkbox"/>	1. Residential Only 2. Multiple Purposes
HC09	Number of Rooms in the Housing Unit	<input type="text"/> <input type="text"/>	(Except the Bathrooms and Kitchens)
HC10	Number of Bedrooms in the 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. Porous Cesspit 3. Tight Cesspit 4. 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
HC13. Main Source of Energy Used in.....?			Source of energy
1	Baking and Cooking	<input type="checkbox"/>	1. Not Available 6. Kerosene
2	Heating Water	<input type="checkbox"/>	2. LBG 7. Sun Energy
3	Conditioning	<input type="checkbox"/>	3. Electricity
4	Heating	<input type="checkbox"/>	4. Wood

Field worker :
 Put the Energy
 Source Number
 In its Special
 Place

5	Lighting		<input type="checkbox"/>	5. Diesel			
HC14			HC15		HC16		
Is Any of the Following Considered as Serious Problem Around Household 1. No <input type="checkbox"/> → Next Row 2. Rarely <input type="checkbox"/> 3. Sometime <input type="checkbox"/> 4. Often <input type="checkbox"/> → HR15			Duration of the Most Exposing to this Problem 1. 6Am-12 PM 2. 12 pm-8 PM 3. 8 pm- 6 AM 4. No Limited Time		What is the Main Two Sources for Pollution? (When There are no Two Sources You can Select One)		
1. Noise <input type="checkbox"/>			<input type="checkbox"/>		1. First <input type="checkbox"/> 2. Second <input type="checkbox"/>	1. Traffic 2. Planes 3. Queries and Stone Cutting 4. Construction 5. Industrial Activities 6. Other (Specify).....	
2. Smell <input type="checkbox"/>			<input type="checkbox"/>		1. First <input type="checkbox"/> 2. Second <input type="checkbox"/>	1. Waste Water 2. Dump 3. Public WCs 4. Transportation 5. Agricultural Wastes 6. Industrial Activities 7. Other (Specify).....	
3. Dust <input type="checkbox"/>			<input type="checkbox"/>		1. First <input type="checkbox"/> 2. Second <input type="checkbox"/>	1. Unpaved Roads 2. Queries and Stone Cutting 3. Construction 4. Industrial Activities 5. Other (Specify).....	
4. Smoke <input type="checkbox"/>			<input type="checkbox"/>		1. First <input type="checkbox"/> 2. Second <input type="checkbox"/>	1. Industrial Activities 2. Waste Burning 3. Transportation 4. Construction 5. Other (Specify).....	
HC17	Who Collects Household Wastes		<input type="checkbox"/>	1. Garbage Collector 2. Closed Containers 3. Open Containers 4. Discard Randomly 5. Burned in the Housing Unit 6. Hiding in Hole 7. Other			
HC18	Who is the Doer of Solid Waste Disposal?		<input type="checkbox"/>	1. Jerusalem "Municipality" (Arabic) 2. Local Authority 3. Local Authority (Israeli) 4. UNRWA 5. Privet Contractor 6. Other, Specify			
HC19	Availability of Durable Goods and Services for the Household 1. Yes 2. No	1. Private Car <input type="checkbox"/> 2. Refrigerator <input type="checkbox"/> 3. Washing Machine <input type="checkbox"/> 4. Television <input type="checkbox"/> 5. Video <input type="checkbox"/>	6. Satellite <input type="checkbox"/> 7. Solar Boile <input type="checkbox"/> 8. Central Heating <input type="checkbox"/> 9. Hoover <input type="checkbox"/> 10. Cooking Stove <input type="checkbox"/>	11. Home Library <input type="checkbox"/> 12. Computer <input type="checkbox"/> 13. Telephone Line <input type="checkbox"/> 14. Internet <input type="checkbox"/> 15. Israel Mobile <input type="checkbox"/>	16. Jawwal <input type="checkbox"/> 17. Dray Machine <input type="checkbox"/>		
HC20	How Many Housing Units do the Household Need During the Next 10 Years?						<input type="checkbox"/> <input type="checkbox"/>
HC21	How Many Housing Units Can the Household Build During the Next 10 Years?						<input type="checkbox"/> <input type="checkbox"/>
HC22	How Much the House far from? 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Public Transportation <input type="checkbox"/> 2. Elementary School <input type="checkbox"/> 3. Privet Doctor's Clinic <input type="checkbox"/> 4. Medical Center <input type="checkbox"/> 5. Hospital <input type="checkbox"/>						

Third 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 <input type="checkbox"/> 2. Agriculture and Fishing <input type="checkbox"/> 3. Household Business <input type="checkbox"/> 4. Wages and Salaries from the PNA <input type="checkbox"/> 5. Wages and Salaries from the Private Sector <input type="checkbox"/> 6. Income from Israeli Sectors <input type="checkbox"/>	7. "National" insurance allowances (Old age, Unemployment, Disability...) <input type="checkbox"/> 8. Transforms from the Palestinian Territory <input type="checkbox"/> 9. Transforms from Abroad <input type="checkbox"/> 10. Social Assistance <input type="checkbox"/> 11. Other <input type="checkbox"/>	
SL03	In the Last Month, What is the Total Monthly Household Income from all Sources (in NIS) Fieldworker: Total Income Means the Total Monthly Amounts of Cash and Per kind No Matter the Source is		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL04	In the Last 12 Months, What is the Average Monthly Household Income From all Sources (in NIS)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL05	What was the Total Monthly Household Income Before the Intifada (in NIS)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL06	In the Last Month, What is the Household Monthly Expenditure from all Service and Commodities (in NIS)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL07	In your Opinion, What is the Monthly Amount Needed for your Household to Meet the Basic Living Needs. (In NIS)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL08	Does the Household Receiving any Regular Remittances from Outside the Country? 1. Yes 2. No → SL10		<input type="checkbox"/>
SL09	The Amount of Monthly Remittances (in NIS)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL10	In the Last 12 Months Is there any Effects on the Household Monthly Expenditure	1. Yes, Decreased 2. No Change → <input type="text"/> 3. Yes, Increased → <input type="text"/> → SL13	<input type="checkbox"/>
SL11	If the Household Monthly Expenditure Decreased, What of these List Decrease 1. Yes 2. No	1. Food <input type="checkbox"/> 2. Clothes <input type="checkbox"/> 3. Education Expenditure <input type="checkbox"/> 4. Health Expenditure <input type="checkbox"/>	5. House Expenditure <input type="checkbox"/> 6. Water Expenditure <input type="checkbox"/> 7. Transportation <input type="checkbox"/> 8. Other, <input type="checkbox"/>
SL12	Ask this Question if Answer in SL11-1 =1 If the Household Monthly Expenditure Decreased, What of these List Effects 1. Yes 2.No	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL13	During the Last 12 Months, did the Household or any of its Members Receive any Kind of Loan? 1. Yes 2. No 3. Do Not Know (2-3 skip to SL15)		<input type="checkbox"/>
SL14	What is the Total Value of Loan Used to Cover Household Expenditure (in NIS)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SL15	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 SL18					<input type="checkbox"/>
SL16	During the Last 12 Months, How Many Times did the Household Receive Assistance?					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL17	A. kind of assistance	B-1.The Total Value of Assistance	B-2	C. Sources of Assistances	D. Satisfied on Assistant	
	1.Food 2. Medicine 3. Clothes 4. Working 5. Martyrs Compensations 6. Assistance – in Cash 7. Health Insurance 8. Motley 9. Other/ specify	The Total Value of Assistance Received by Household for all the Times	1. NIS 2. JD 3. US\$	1. Ministry of Social Affairs 2. Other PNA Institutions 3. Political Parties 4. Charity (Zakat) committee 5.International institution 6. UNRWA 7. Arabic Country 8. Religious\ Charity Institutions 9. From family or Relatives 10. From Friends\ Neighbor 11. Union Labor 12. Local Banks 13. local reform Institutions 14. other, specify.....	1. Completely Satisfied 2. Properly Satisfied 3. Not Satisfied 4. Completely Not Satisfied	
To interviewer record all assistant that the Household or any of its Members receive During the last 12 months\ row for each assistant						
1.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
SL18	Are you need to assistant? 1. Yes 2. No 3. Not sure					<input type="checkbox"/>
SL19	Do the Household have any of the following allowances? 1.Yes 2. No 3. Not applicable					
	1. Widows Allowances	<input type="checkbox"/>	4. Disability Allowances	<input type="checkbox"/>		
	2. Children Allowances	<input type="checkbox"/>	5. Unemployment Allowances	<input type="checkbox"/>		
	3. Pension Allowances	<input type="checkbox"/>	6. Other/ Specify	<input type="checkbox"/>		

SL20	A. Do the Household pays any of the following taxes or deductions? 1. Yes → B 2. No 3. Not applicable 1. Arnona 2. "National" Insurance 3. Television 4. Other/ Specify.....		B. Total Tax value per year in NIS (If the answer don't kNow write 99999) <div style="display: flex; justify-content: space-around;"> <div> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> </div> <div> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/> </div> </div>			
SL21	During the Last 10 years, did the Household Apply for Building License 1. Yes 2. No → SL27		<input type="checkbox"/>			
SL22	When the Household asked for the Building License (first time)?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SL23	How Many Times the License Application has been Requested?		<input type="checkbox"/>			
SL24	How Many Times the Household Reviewed to Ask about the Request?		<input type="checkbox"/> <input type="checkbox"/>			
SL25	What is the Reply on the Last Request 1. Refused 2. Accepted 3. Still Under Process		<input type="checkbox"/>			
SL26	During the last 10 years, Did any Addition Occurred to the Housing Unit? 1. Yes 2. No → SL28		<input type="checkbox"/>			
SL27	What are the parts added (1. Yes 2. No)	3. One Bedroom or More 4. Toilet	<input type="checkbox"/> <input type="checkbox"/>	1. Balcony 2. Other/ Specify	<input type="checkbox"/> <input type="checkbox"/>	
SL28	During the last 10 years, Did the Housing Unit or any Part of it had been Repaired? 1. Yes 2. No		<input type="checkbox"/>			
SL29	Does the Housing Unit Need any kind of Repair? 1. Yes 2. No → SL31		<input type="checkbox"/>			
SL30	If the Housing Unit Needs Repair and hadn't Done, What is the Mian Reason for Not beeing Repaired? 1. Financial 2. Legal 3. Other/Specify		<input type="checkbox"/>			
SL31	Since 1967, did any Estate Owned to the Household had been Confiscated? 1. Yes 2. No → SL33		<input type="checkbox"/>			
SL32	A: What is the Type of Estate (1. Yes 2. No)	B: Place of Estate	C: Reason of Confiscation			
	1. Land 2. Housing unit 3. Establishment 4. Other/Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. In the Same Locality 2. Other Locality in the Governorate 3. In other Governorate 4. In the Land Occupied in 1948	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Military 2. Settlement Setting 3. Drain 4. Street Construction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL33	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)					
	1. House Demolishing 2. House Closed 3. . Deprived of Health Insurance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Violation due to Building Without License 5. Traffic Violation 6. Municipal regulations violation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Environment Violation 8. Allowances Deprivation 9. Other/Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SL34	1. Did Household Received a Demolition Order Since 1967,? 1. No → SL37 2. Yes for part of building 3. Yes for all building 2. At what year did Household Received a Demolition Order?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
SL35	What is the Confiscation of the building? 1. Residential only 2. commercial 3. Multiple purposes			<input type="checkbox"/>		
SL36	Number of individuals that Aggrieved					
	All Males	<input type="checkbox"/> <input type="checkbox"/>	Males less than 18 years	<input type="checkbox"/> <input type="checkbox"/>		
	All Females	<input type="checkbox"/> <input type="checkbox"/>	Females less than 18 years	<input type="checkbox"/> <input type="checkbox"/>		

	All Total	<input type="checkbox"/> <input type="checkbox"/>	Total less than 18 years	<input type="checkbox"/> <input type="checkbox"/>
SL37	In your Opinion is There is any Effects for Building the Wall on			
		1. Yes	2. No	
	1. Visit Relatives	<input type="checkbox"/>	8. Health Care	<input type="checkbox"/>
	2. Enjoying Social Activities	<input type="checkbox"/>	9. Increase in Transportation	<input type="checkbox"/>
	3. Accessing Cultural and Entertainment Activities	<input type="checkbox"/>	10.Changed Place of Residence	<input type="checkbox"/>
	4. Education	<input type="checkbox"/>	11. Income Decrease	<input type="checkbox"/>
	5. Personals Business with different institutions	<input type="checkbox"/>	12. Agriculture	<input type="checkbox"/>
	6. Chang or Left Work	<input type="checkbox"/>	13. Others	<input type="checkbox"/>
	7. Economic Relations	<input type="checkbox"/>		

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 	B. Number of Times
	Important for the Interviewer: if the Answer of all Items in Question V01.A is (2. No) End the Interview, Other Wise Answer the Following Question.		
V02	What the kind of Last Exposed (select from V01)		<input type="checkbox"/>
V03	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)		<input type="checkbox"/>
V04	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 known		<input type="checkbox"/>
V05	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		<input type="checkbox"/>
V06	Did the last Criminal Offence Reported? 1. Yes 2. No ► V08		<input type="checkbox"/>
V07	What was the Authority that the Criminal Offence Reported to? 1. Palestinian Police 2. Israeli Authorities 3. Patriotic Persons 4. Other/Specify.....		<input type="checkbox"/>
For the Interviewer: Write the Answer of this Question and Then Go to V09			

V08	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"/>
V09	Were There any Damages Caused by the Last Criminal Offence? 1. Yes Physical 2. Yes Tangible 3. Both 4. No (1,4 Skip V11)	<input type="checkbox"/>
V10	Who Bayed Damages Caused by the Last Criminal Offence? 1. Criminal /His Family 3. Insurances 2. Victim/Family 4. Other, Specify.....	<input type="checkbox"/>
V11	Do the Households Believe that Drug Addicts are in Their Locality? 1. Yes 2. No (end)	<input type="checkbox"/>
V12	Are the Household Members were Abused by These Persons in the Surrounding Area (the locality) Taking Drugs? 1. Yes 2. No	<input type="checkbox"/>
V13	What the Households Opinion that the Main Reason for this Phenomena? 1. Economic Problem 2. Social Problem 3. Physical Problem 4. Insufficient Supervision of the Household on Their Sons 5. Insufficient Supervision of the Schools 6. Association of Bad Friends	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>