



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

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

Introduction Data

ID00	Questionnaire's serial number in sample	□□□□	ID04	Numeration area's No. in the community	□□□
ID01	Questionnaire's No. in numeration area	□□	ID05	Building's number	□□□
ID02	Governorate: (code):	□□	ID06	No. residential unit in the building	□□
ID03	Community:	□□□□□□	ID07	Name of household head:	
ID08	Street / District:				
ID09	Location the household from the Expansion and annexation Well		1. Inside		□
			2. Out side		

Interview Record:

IR01	Visits schedule	Day	Month	Year	Number of Visit
		□□	□□	2010	1 st visit
		□□	□□	2010	2 nd visit
		□□	□□	2010	3 rd visit
IR02	Total Number of Visits				□
IR03	Final outcome of the interview	.1 .2 .3 .4 .5 .6 .7 .8 .9	Completed Partially completed Family traveling Refused to cooperate Information not available Refusal Uninhabited unit Not available Information Other / specify		□
IR04	Questionnaire's No. in numeration area:	□□			
IR05	Total No of household members	□□			
IR06	No. of males	□□	IR07	□□	No. of female

IR08 Interviewer's name:	IR09 Interviewer's No:	Date : \..... \2010	□□□□□□
IR10 Supervisor's name:	IR11 Supervisor's No:	Date : \..... \2010	□□□□□□
IR12 Verifier's name:	IR13 Verifier's No:	Date : \..... \2010	□□□□□□
IR14 Encoder's name:	IR15 Encoder's No:	Date : \..... \2010	□□□□□□
IR16 Data enterer's name:	IR17 Data enterer's No:	Date : \..... \2010	□□□□□□

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

First Part: Characteristics of Household members

Member's number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	What is the relation of (name) to the household head? 1. Household head 2. Spouse 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandparent 7. Grandson/granddaughter 8. Son-in-law/daughter-in-law 9. Other relative 10. Other	Is (name) male or female? 1. Male 2. Female	What is (name)'s date of birth in day, month and year? Interviewer: record this information from official documents whenever possible Day Month Year	Interviewer: calculate age from the date of birth in HR05 and record the result in complete years If date of birth is unknown, ask for age and record it Record (00) if age less than 1 year Record (98) if age 98 and more 99 – Don't know	What is the type of Religion for (name)? 1. Muslim 2. Christian 3. Other	What is the type of Identity card for (name)? 1. Palestine Authority 2. Jerusalemite 3. Other	Is (name) a 1. Registered refugee 2. Non-registered refugee 3. Non-refugee
HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08	HR09
01								
02								
03								
04								
05								
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07								
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09								
10								
11								
12								
13								
14								

Member's Number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Is the individual suffers from difficulty in ...										Does the (name) have health insurance? 1.Their is no government insurance. 2.Yes, government insurance 3.Yes, Military insurance 4.Yes, UNRWA insurance. 5.Yes, Israeli (cubat holim) 6. Yes, Private Insurance.	Does (name) have : 1.Both 2.Diabetes 3.High blood pressure 4.Heart disease or arteries 5.Fat cholesterol 6.Cancer 7.Ulcer in the stomach 8.Asthma(required) 9.Flagile bones 10.Headache or chronic headache 11.Disease of the Joints(arthritis) 12.Anemia 13.Depression 14.Back Pain 15.Kidney Disease 16.Liver Disease 17.Thalassemia 18.Epilepsy 19.Endocrinology 99.I don't know <i>The researcher can choose more than one</i>
		Reason:											
		Watching		Hearing		Movement		Understanding		Communication			
		Difficulties	Reason	Difficulties	Reason	Difficulties	Reason	Difficulties	Reason	Difficulties	Reason		
HR01	HR02	HR10	HR11	HR12	HR13	HR14	HR15	HR16	HR17	HR18	HR19	HR20	HR21
01												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
02												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
03												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
04												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
05												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
06												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
07												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
08												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
09												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
10												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
11												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
12												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
13												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99
14												1 2 3 4 5 6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 99

Member's number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	For persons aged 3 years or over		For persons years or 5aged over	For persons aged 10 years or over	What is the main reason that the (name) dropped out? <i>Leakage: If the answer to a question column HR22 (2 or 3), (those who joined and left, or enrolled in and graduated (with the exception of secondary and higher)</i>
		Is (name): 1. Currently attending school 2. attended school and dropped out (go to HR24) 3. Attended school and graduated (go to HR24) 4. Never attended school ((go to HR25, then HR 28)	What type of education institution attended (name)? 1.Private kindergarten 2.Israeli municipality of committee kindergarten 3.Government school 4. Israeli municipality of committee school 5.UNRWA school 6.Private school 7.Palestinian College 8.Palestinian University 9.Israeli Higher education 10.Educational institution aboard.	How many schooling years did (name) successfully complete? Record (00) if schooling years are less than 1 year 99 – Don't know	What is (name)'s educational status? 01. Illiterate 02. Acquainted 03. Elementary 04. Preparatory 05. Secondary 06. Intermediate level diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D.	
HR01	HR02	HR22	HR23	HR24	HR25	HR26
01						
02						
03						
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14						

Member's Number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	For persons aged 10 years or over		For persons aged 5 years or over			For persons aged 10 years or over	
		For individuals with qualifications who responded to a question HR25 (5-10) and higher secondary What specialty (name) to the highest academic qualification?	Specialization Code	Does (name) use computer? 1.Yes 2.No (HR30)	Does (name) use Internet? 1. Inside the house 2. Outside the house 3. Both 4. Not used	Does (name) use mobile phone? 1. Palestinian 2. Israeli 3. Both 4. Does not have	Relation to labor force during the past week: (Does not work does not want to work because of) 1. Employed 1-14 hours weekly 2. Employed 15-34 hours weekly. 3. Employed 35 hours and over weekly. (Does not work and wants to work - has worked) 4. Look for work last week 5. Not looking for work because of despair	(Does not work and wants to work - never work) 6. Look for work last week 7. Not looking for work because despair 8. Full-time study training 9. Full-time home business 10. Disability –old age – disease 11. Report the presence – retired 12. Other If the answer from the 6-12, go to question (HR40)
HR01	HR02	HR27		HR28	HR29	HR30	HR31	
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"/>
04			<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"/>
06			<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"/>
08			<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"/>
10			<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"/>
12			<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"/>
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member's number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	<i>For persons aged 10 years or over</i>						
		Employed or Unemployed who have previously worked in the past week no response from the HR31 column (1-5)						
		What is the profession (name)? Main occupation (type / nature of the work he / she has done (name) detail)		What main economic activity of the institution in which it operates (name)? (Type of work being done by hand, work in detail)		Where a place of business (name)?	What key practical case (the name)? 1. Employer 2. Self-employed 3. Bagger works regularly 4. Paid work is a regular 5. Working as unpaid family	What is the time it takes to get to the place of work in both directions? 1. Less than an hour 2. Than an hour - less than an hour and a half 3. Than an hour and a half - two hours 4. More than two hours
HR01	HR02	Code	Activity	Code	Activity	HR34	HR35	HR36
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
10			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member's number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	<i>For persons aged 10 years or over</i>			<i>For persons aged 10 years or over Who responded to a question, HR31, options (1-7)</i>			For persons aged 12 years or over	
		Workers who responded to a question HR31 (1-3) and the Question of HR35 (3-4)			Have you ever went (name) to request a service from any of the offices of the Israeli labor? 1. Yes 2. No (move to HR42)	Satisfaction with the service? 1. Completely satisfied 2. Satisfied to some extent 3. Is satisfied to some extent 4. Not satisfied at all	Do you (name) a member of the trade unions / professional? 1. No 2. Yes, Palestinian 3. Yes, Israeli 4. Yes, Both	is the status of (name) current marital status? Is he / she is 1. Never married 2. The wedding for the first time and is not entering 3. Married / unmarried 4. Divorced / Divorced 5. Widower / widow 6. Distinct / separate	For married couples who are currently or previously married How old was (name) at first marriage? (The actual marriage)
		As the (name), what amount of paid work undertaken?							
		The type of fare: 1. Daily 2. Monthly 3. Yearly	The amount received during the specified period	Type of currency: 1. NIS 2. JD 3. US\$					
HR01	HR02	HR37	HR38	HR39	HR40	HR41	HR42	HR43	HR44
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"/>

Member's number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Is there (the name) about the relationship on the other side of the fence? 1. No 2. First degree relative 3. Second degree relative 4. Friends and acquaintances 5. Others The researcher can choose more than one	Do you usually go (name) to the other side of the fence? 1. No 2. Yes, for education 3. Yes, access to medical services 4. Yes, to work 5. Yes, for tourism, for the exercise of cultural and recreational activities 6. Yes, to visit relatives 7. Yes, to follow up any matters pending with the various service departments 8. Yes, again, select the ... The researcher can choose more than one	For persons aged 10 years or over			
				Does the .1 Name have been arrested by Israeli forces? 1. Yes 2. No If the answer is no, go to the following individual.	What is the current situation (the name)? 1. Editor (go to the HR50) 2. Doomed 3. Reserve 4. Administrative Answer (3-4) moved to the individual the following	What is the sentence (the name) in completed years? Less than a year: 00 After answering this question go to the following individual Answer (3-4) moved to the individual the following	Of the released prisoners during the past five years, have you encountered (name) of any of the following problems or difficulties? 1. Get a job 2. Enrollment 3. Access to medical services 4. Community involvement 5. Israeli harassment 6. Did not face any problems or difficulties 7. Select another ... The researcher can choose more than one
HR01	HR02	HR45	HR46	HR47	HR48	HR49	HR50
01		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
02		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
03		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
04		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
05		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
06		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
07		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
08		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
09		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
10		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
11		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
12		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
13		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7
14		1 2 3 4	2 3 4 5 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7

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	Ask those who answered question 2 in the HC02 1. How much is the monthly rent of the dwelling? 2. Select the type of currency	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of currency: 1. NIS 2. JD 3. U.S. \$
HC04	What are the predominant building material in the outer walls of the house?	<input type="checkbox"/>	1. Stone clean 2. Stone and cement 3. CONCRETE 4. Brick concrete 5. Milk mud 6. Old Stone 7. Other
HC05	In which year was the completion of the establishment of housing?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
HC06	What is the status of occupancy housing?	<input type="checkbox"/>	1. To live only 2. Multi-purpose
HC07	How many rooms in the house?	<input type="checkbox"/> <input type="checkbox"/>	(Except the bathroom and kitchen, Alborndat)
HC08	How many bedrooms in the dwelling?	<input type="checkbox"/> <input type="checkbox"/>	
Public Services:			
HC09	What is the main source for water?	<input type="checkbox"/>	1. Public water system 2. Buy water tanks 3. From the well of my house 4. From the spring or eye 5. Gallons of mineral water 6. Another source
HC10	Electricity	<input type="checkbox"/>	1. Arab public network 2. Israeli public network 3. Generator 4. No
HC11	Sanitation	<input type="checkbox"/>	1. Public network 2. Absorbency hole 3. Blind hole 4. No
HC12	Do you have all of in the family?		
1	Kitchen	<input type="checkbox"/>	1. Online kitchen water 2. Kitchen water is offline 3. No
2	Bath	<input type="checkbox"/>	1. Post bath water 2. Water bath is offline 3. No
3	WC	<input type="checkbox"/>	1. Post a toilet water 2. Toilet water is offline 3. No
HC13	What is the main source of energy used in each of the?		Source
1	Cooking	<input type="checkbox"/>	1. No 7. Solar
2	Baking	<input type="checkbox"/>	2. Gas
3	Water heating	<input type="checkbox"/>	3. Electricity
4	Air conditioning	<input type="checkbox"/>	4. Wood
5	Heating	<input type="checkbox"/>	5. Kaz
6	Lighting	<input type="checkbox"/>	6. Solar
HC14	How is the disposal of waste from the house?	<input type="checkbox"/>	1. Collected by the cleaner 5. Burned in home 2. Is thrown into closed containers 6. Buried in pits 3. Are thrown into open containers 7. Other 4. Are thrown randomly
HC15	Who is responsible for collecting waste to get rid of them permanently?	<input type="checkbox"/>	1. Jerusalem Municipality 1. Private contractor 2. One household members 2. A family member in addition to a third party 3. Local authority 4. . UNRWA

HC16		HC17		HC18			
Are any of the following serious problem in the vicinity of the house? 1. No 2. Rarely (1-2, go to the next line) 3. Sometimes 4. Often (3-4 go to the HC17)		Times more vulnerable to this problem 1. 6:00 -12 pm 2. 12:00 - 8 pm 3. 8 pm - 6 am 4. No specific time		What are the main exporters to the problem of pollution? (In the absence of exporters can choose a single source) Answer			
1. Noise	<input type="checkbox"/>	<input type="checkbox"/>	1.First 2.Second	<input type="checkbox"/> <input type="checkbox"/>	1. Traffic 2. Aircraft 3. quarries and stone cutting	4. Construction 5. Industrial activities 6. Other / Select	
2. Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	1.First 2.Second	<input type="checkbox"/> <input type="checkbox"/>	1. Wastewater 2. Landfill 3. Public baths 4. Transport	5. Agricultural waste (plant and animal) 6. Industrial activities 6. Other / Select	
3. Dust	<input type="checkbox"/>	<input type="checkbox"/>	1.First 2.Second	<input type="checkbox"/> <input type="checkbox"/>	1. Unpaved roads 2. Quarries and stone cutting	4. Industrial activities 5. Other / Select	
4. Smoke	<input type="checkbox"/>	<input type="checkbox"/>	1.First 2.Second	<input type="checkbox"/> <input type="checkbox"/>	1. Industrial activities 2. Burning of waste 3. Transport	4. Construction 5. Other / Select	
HC19	Do you have goods or services at the following family?						
	1. Private car <input type="checkbox"/>	7. Solar heater <input type="checkbox"/>	13. Phone line <input type="checkbox"/>	19. Radio / Recorder <input type="checkbox"/>			
	2. Electric refrigerator <input type="checkbox"/>	8. Tuvin central <input type="checkbox"/>	14. Palestinian Internet line <input type="checkbox"/>	20. Microwave <input type="checkbox"/>			
	3. Washing Machine <input type="checkbox"/>	9. Vacuum cleaner <input type="checkbox"/>	15. Israeli Internet line <input type="checkbox"/>	21. DVD <input type="checkbox"/>			
	4. TV <input type="checkbox"/>	10. Gas cooker <input type="checkbox"/>	16. Palestinian mobile <input type="checkbox"/>				
	5. Video <input type="checkbox"/>	11. Library Home <input type="checkbox"/>	17. Israeli mobile <input type="checkbox"/>				
	6. Satellite <input type="checkbox"/>	12. Computer <input type="checkbox"/>	18. Clothes dryer <input type="checkbox"/>				
HC20	How many housing units and community needs over the next 10 years?						
HC21	How many housing units, a family can build over the next 10 years? (From which you need)						
HC22	During the past ten years it was truncated part of the housing unit to another family? 1. Yes 2. No (If 2 Scroll to the HC24)						
HC23	How many individuals who shared the house with you in the other housing unit?						
HC24	During the past ten years it has another family housing in partnership with you in the same housing unit? 1. Yes 2. No (If 2 Scroll to the HC26)						
HC25	How many individuals who participated with you in the house?						
HC26	How far is the family home on each of? Answer: 1. Less than 1 km 2. Of 1-5 km 3. More than 5 km						
	1. Public Transport <input type="checkbox"/>	3. The nearest clinic, private doctor <input type="checkbox"/>	5. The nearest public hospital or private <input type="checkbox"/>				
	2. Nearest primary school <input type="checkbox"/>	4. Health center (clinic) <input type="checkbox"/>					
HC27	Does the possession of the family farm? (During the agricultural year 2008/2009) 1. Yes 2. No (go to the SL01)						
HC28	What is the number of agricultural holdings?						
	1. Plant only <input type="checkbox"/>	2. Animal only <input type="checkbox"/>	3. Mixed <input type="checkbox"/>				

SL15	<u>This question is answered yes in item (food) in question SL14</u>		1. The amount of food intake of family members 2. The quality of the food intake of family members 3. The amount of meat purchased / consumed per month (meat, chicken, fish) 4. The quantity of fruit purchased / consumed per month 5. The amount of milk or milk products purchased / consumed per month		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	If your family expenditure decreased during the last 12 months on food, is affected by any of the following: Answer: 1. Yes 2. No				
SL16	You got family loans during the last 12 months? 1. Yes 2. No 3. I do not know (2-3 moved SL18)				<input type="checkbox"/>
SL17	What is the value of the amount allocated from the loan or debt for the purposes of covering the expenses of the family, (the amount recorded in NIS)?				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SL18	During the last 12 months, did you receive you or a member of your family any assistance from any party? (Exclude debt and loans)		1. Yes, the family received / A personnel assistance 2. Did not receive any assistance, whether financial or in kind (2 go to the SL 21)		<input type="checkbox"/>
SL19	What is the number of times to receive assistance during the last 12 months?				<input type="text"/> <input type="text"/> <input type="text"/>
SL20	A. Type of assistance	B-1. Value of the assistance	B-2. kind of currency for the assistance	C. Source of assistance	D. Satisfaction with assistance
	1. Food 2. Free treatment / medication 3.'s Clothing 4. Run 5. Compensation of the martyrs 6. Cash (financial) 7. Health insurance 8. Multiple 9. Other / select	Of the value of (Total amounts, of all times)	1.NIS 2.JD 3.Dollar\$ 4. Euro	1. Social Affairs 2. Other institutions of power 3. Factions / political parties 4. Zakat committees 5. An international / development institutions 6. UNRWA 7. Arab countries 8. Charitable / religious 9. Parents and relatives 10. From friends / knowledge / neighbors / benefactors 11. Trade Unions 12. Local banks 13. Reform Commission, local 14. Again, select	1. Completely satisfied 2. Somewhat satisfied 3. Not satisfied to some extent 4. Not satisfied at all
Researcher: Register aid obtained by the family during the past 12 months. Dedicated help line for each					
.1	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
.2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
.3	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
.4	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
.5	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
.6	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
.7	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
.8	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
SL21	Regardless of the fact that you have received the help or not, do you see that you need help? 1. Yes 2. No 3. Not sure				<input type="checkbox"/>
SL22	Does the family receive any amounts under the title the following privileges? (Answer: 1. Yes 2. No 3. Does not apply)				
	1. Widows Benefits	<input type="checkbox"/> .1	4. Allocations deficit	<input type="checkbox"/> .4	
	2. Allocations children	<input type="checkbox"/> .2	5. Unemployment benefits	<input type="checkbox"/> .5	
	3. Allocations aging	<input type="checkbox"/> .3	6. teams minimum wage	<input type="checkbox"/> .6	
			7. Select another ...	<input type="checkbox"/> .7	

SL23	A. Would you pay the family of any of the following taxes and discounts (for housing or individuals)? 1. Yes(move to B) 2.No 3. Not applicable 1. Arnona <input type="checkbox"/> 2. National Insurance <input type="checkbox"/> 3.TV <input type="checkbox"/> 4. Health insurance <input type="checkbox"/> 5. Income tax <input type="checkbox"/> 6.Other\(\Specify....) <input type="checkbox"/>	B. What the total value of the family what you pay annually in NIS (If you do not know the answer to be 99 999) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
SL24	Do you have family or one of its members, the implementation of domestic trips during the first half of the year 2010? 1.Yes 2.No(move to SL27)	<input type="checkbox"/>																								
SL25	How much appreciate spending the family (or individual ones) on domestic flights (within the Palestinian territories) during the first half of the year 2010 (U.S. \$)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
SL26	Appreciate how the family spent the following items during the last local tourist trip? 1. Food and drink 2. Shopping 3. Offices of tourism and travel 4. Recreational, cultural and sport 5. Overnight in hotels <input type="checkbox"/> <input type="checkbox"/>																									
SL27	Do you have family or one of its members, the implementation of trips abroad during the first half of the year 2010? 1.Yes 2.No (move to SL30)	<input type="checkbox"/>																								
SL28	How much appreciate spending the family (or individual ones) on overseas trips (outside the Palestinian territories) during the first half of the year 2010 (U.S. \$)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
SL29	Appreciate how the family spent the following items during the last local tourist trip? 1. Food and drink 2. Shopping 3. Offices of tourism and travel 4. Recreational, cultural and sport 5.Overnight in hotels <input type="checkbox"/> <input type="checkbox"/>																									
SL30	During the past ten years, has your family to apply for a building permit? 1.Yes 2.No(move SL30)	<input type="checkbox"/>																								
SL31	What is the year of application (first application)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
SL32	How many times made the demand?	<input type="checkbox"/>																								
SL33	How many times Reviewed on demand?	<input type="checkbox"/> <input type="checkbox"/>																								
SL34	What kind of response to last request? 1. Rejected 2. Acceptance 3. Treatment is still under treatment	<input type="checkbox"/>																								
SL35	During the past ten years, was the addition of any part of the housing? 1. Yes 2. No (go to the SL37)	<input type="checkbox"/>																								
SL36	What are the additions made to the housing? 1. Yes 2. No 1.Room or above <input type="checkbox"/> 2.Bathroom <input type="checkbox"/> 3. Verandah <input type="checkbox"/> 4. Other\(\Specify....) <input type="checkbox"/>																									
SL37	During the past ten years, was the restoration of housing or any part of it? 1. Yes 2. No	<input type="checkbox"/>																								
SL38	Do you need your home to any type of repairs? 1. Yes 2. No (go to the SL40)	<input type="checkbox"/>																								
SL39	In the event of the need to restore and not to do fixed, what is the main reason for not doing it? 1. Financial 2. Legal 3. Other / specify ...	<input type="checkbox"/>																								
SL40	Since 1967, was the confiscation of property belonging to the family? 1. Yes 2. No (go to the SL42)	<input type="checkbox"/>																								
SL41	<table border="1"> <thead> <tr> <th data-bbox="194 1747 475 1821">A: What type of property? (Answer: 1. Yes 2. No)</th> <th data-bbox="481 1747 644 1821">B: Where to place the property?</th> <th data-bbox="651 1747 836 1821">C: What is the reason for confiscation?</th> <th data-bbox="842 1747 1193 1821">B:</th> <th data-bbox="1200 1747 1543 1821">C:</th> </tr> </thead> <tbody> <tr> <td data-bbox="194 1830 475 1859">1. Land <input type="checkbox"/></td> <td data-bbox="481 1830 644 1859"><input type="checkbox"/></td> <td data-bbox="651 1830 836 1859"><input type="checkbox"/></td> <td data-bbox="842 1830 1193 1859">1. In the same assembly</td> <td data-bbox="1200 1830 1543 1859">1. Military</td> </tr> <tr> <td data-bbox="194 1868 475 1897">2. Home <input type="checkbox"/></td> <td data-bbox="481 1868 644 1897"><input type="checkbox"/></td> <td data-bbox="651 1868 836 1897"><input type="checkbox"/></td> <td data-bbox="842 1868 1193 1897">2. In the assembly of another province</td> <td data-bbox="1200 1868 1543 1897">2. For the purpose of settlement</td> </tr> <tr> <td data-bbox="194 1906 475 1935">3. Facility <input type="checkbox"/></td> <td data-bbox="481 1906 644 1935"><input type="checkbox"/></td> <td data-bbox="651 1906 836 1935"><input type="checkbox"/></td> <td data-bbox="842 1906 1193 1935">3. In another province</td> <td data-bbox="1200 1906 1543 1935">3. Leak</td> </tr> <tr> <td data-bbox="194 1944 475 2027">4.Other \(\Specify....) <input type="checkbox"/></td> <td data-bbox="481 1944 644 2027"><input type="checkbox"/></td> <td data-bbox="651 1944 836 2027"><input type="checkbox"/></td> <td data-bbox="842 1944 1193 2027">4. In the occupied territories in 1948</td> <td data-bbox="1200 1944 1543 2027">4. For the purpose of building the roads or services</td> </tr> </tbody> </table>	A: What type of property? (Answer: 1. Yes 2. No)	B: Where to place the property?	C: What is the reason for confiscation?	B:	C:	1. Land <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. In the same assembly	1. Military	2. Home <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. In the assembly of another province	2. For the purpose of settlement	3. Facility <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. In another province	3. Leak	4.Other \(\Specify....) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. In the occupied territories in 1948	4. For the purpose of building the roads or services
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3. Facility <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. In another province	3. Leak																						
4.Other \(\Specify....) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. In the occupied territories in 1948	4. For the purpose of building the roads or services																						

					5. For the purpose of building the wall
					6. Other (Specify....)

SL42	Since 1967, is the Israeli authorities, including the mayor of Jerusalem in any of the following actions against the family or one of its members?					
	1.Yes		2.No			
	1. Demolition of houses	<input type="checkbox"/>	4. The withdrawal of Jerusalem identity	<input type="checkbox"/>	7. A denial of identity of Jerusalem	<input type="checkbox"/>
	2. Closure of homes	<input type="checkbox"/>	5. Cutting service health insurance	<input type="checkbox"/>	8. Denial of benefits	<input type="checkbox"/>
	3. Notification of demolition of the building	<input type="checkbox"/>	6. Violations of building without a permit	<input type="checkbox"/>	9. Other / Select	<input type="checkbox"/>
Is to answer the questions SL43 and SL44 in case the answer is (1) on one of the items (1-3) in question SL42						
SL43	The reasons for the demolition of housing by the Israeli occupation forces (if there is more than one reason why Put in order of importance)			1. Under the pretext of the proximity of the sites occupation and settlements	<input type="checkbox"/>	
				2. Proximity of the route / area separation wall.	<input type="checkbox"/>	
				3. Without a permit.	<input type="checkbox"/>	
				4. Other(specify....)	<input type="checkbox"/>	
SL44	The number of individuals covered by the damage in the building / part of the building to which the notification?					
	Total Number			Number of children (under 18 years old)		
	1. Males	<input type="checkbox"/>	<input type="checkbox"/>	.4 Males	<input type="checkbox"/>	<input type="checkbox"/>
	2. Females	<input type="checkbox"/>	<input type="checkbox"/>	.5 Females	<input type="checkbox"/>	<input type="checkbox"/>
	3. Total	<input type="checkbox"/>	<input type="checkbox"/>	.6 Total	<input type="checkbox"/>	<input type="checkbox"/>
SL45	Do you have family or one of its members to change the place of residence?				1.Yes	2.No (move to SL47)
					<input type="checkbox"/>	<input type="checkbox"/>
SL46	What is the reason behind the family or one of its members to change the place of residence				1.Yes	2.No
	1. working	<input type="checkbox"/>	6. Because of the wall	<input type="checkbox"/>		
	2. Study	<input type="checkbox"/>	7. Measures are due to other Israeli	<input type="checkbox"/>		
	3. Marriage	<input type="checkbox"/>	8. Return to home	<input type="checkbox"/>		
	4. Accompanying	<input type="checkbox"/>	9. keep Jerusalem identity	<input type="checkbox"/>		
	5. Treatment	<input type="checkbox"/>	10. Other, specify	<input type="checkbox"/>		
SL47	Do you think the family or one of its members to change the current place of residence?				<input type="checkbox"/>	
					1.Yes	2.No (move to SL50)
SL48	Select where you are thinking of moving to it					
	1. Another rally in the same province behind the wall		4. Another rally in the province outside of the wall	<input type="checkbox"/>		
	2. Another rally in the same province outside of the wall		5. Abroad / Arab countries			
	3. Another rally in the province of other behind the wall		6. Abroad / foreign countries.			
SL49	Select the main reason why the family or a change in thinking about their current place of residence					
	1.working		6. Because of the wall	<input type="checkbox"/>		
	2. Study		7. Measures are due to other Israeli			
	3. Marriage		8. Return to home			
	4. Accompanying		8. Return to home			
	5. Treatment		10. Other, specify			
SL50	According to your assessment, after you build the wall on					
	1.Yes		2.No			
	1. Visit family and relatives	<input type="checkbox"/>	8. Health services	<input type="checkbox"/>		
	2. The practice of social activities	<input type="checkbox"/>	9. Increase the cost of transportation	<input type="checkbox"/>		
	3. The practice of recreational activities, cultural and religious	<input type="checkbox"/>	10. Change Location	<input type="checkbox"/>		
	4. Education	<input type="checkbox"/>	11. Low-income	<input type="checkbox"/>		
	5. Follow up on the family with the various service departments	<input type="checkbox"/>	12. Agriculture	<input type="checkbox"/>		
	6. Leaving / changing work	<input type="checkbox"/>	13. Other(specify.....)	<input type="checkbox"/>		

7. Economic relations (trade, projects ,.....)



Fourth Part: Justice and Crime

V01	A. During the past 12 months, you had family members or a.... 1.Yes (move to B) 2.No 1. Steal some property 2. Steal a car or some of its contents 3. Destroy or burn some property 4. Members to try to burglary and theft 5. Confiscate / demolition of property or part of the drug 6. Harassment and attacks by occupation forces or Israeli settlers 7. Times that has been threatened 8.Attacked	Answer	B. The number of times the exposure of an offense <table style="width: 100%; border: none;"> <tr><td style="border: none;"> </td><td style="border: none;"> </td></tr> </table>																
Important instructions for the researcher if the answer to all the items in question V01.A (2. Not) go to the V11. The opposite is the duty of the following question																			
V02	What kind of another criminal act has been the family or one of its members (a symbol is selected the appropriate answer to a question V01A)		<input type="checkbox"/>																
V03	Who has the latest criminal act against the family or one of its members? 1. Israeli Army / settlers 2. Of relatives 3. Of people from the locality 4. Others have been identified 5. Others have not been identified		<input type="checkbox"/>																
V04	What is the time of the criminal act? (Is the question of time for another crime) 1. 15:59-08:00 23:59-16:00 3. 07:59-24:00 4.I don't know		<input type="checkbox"/>																
V05	What is the place that took place when the last criminal act? 1.Inside 2.Beside 3.Within cluster 4.Outside		<input type="checkbox"/>																
V06	Have you been reporting on the latest criminal act? (1. Yes 2.No , go to V08)		<input type="checkbox"/>																
V07	What is the party that has been communicated? 1.Palestine police 2.Israeli authorities 3.Forces or national 4. Others Researcher: Register answer to this question and go to question V09.		<input type="checkbox"/>																
V08	Why not reported? 1. The incident was not serious 2. The solution was personally 3. Insurance is not available 4. You do not want police intervention 5. Other / Select		<input type="checkbox"/>																
V09	Do you caused damage to the latest criminal act? 1.Yes,human 2.Yes, material 3.Both 4.Not		<input type="checkbox"/>																
V10	From bearing the burden of physical damage? 1.Perpetrator 2.Victim 3.Insurance 4.Other view(Select)		<input type="checkbox"/>																
V11	Do you think there are people who use drugs in the surrounding environment (the pool, the neighborhood ,...)? 1.Yes 2.No		<input type="checkbox"/>																
V12	Have you faced any member of the family harassment / pressure from these people? 1.Yes 2.No		<input type="checkbox"/>																
V13	If this phenomenon exists, what do you think are the three most important reasons for its existence? Sort by priority 1. Economic problems 5. Lack of control schools 2. Social problems 6. Escort bad friends 3.Psychological problems 7. Israeli occupation 4. Lack of control parents		First Reason <input type="checkbox"/> Second Reason <input type="checkbox"/> Third Reason <input type="checkbox"/>																

