



**Palestinian Authority**  
**Palestinian Central Bureau of Statistics**  
**Social Survey of Jerusalem Governorate, 2013**

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**

<b>ID00</b>	Questionnaire's serial number in sample: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID04</b>	Enumeration area's No. in community: <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID01</b>	Questionnaire Serial Number in Sample of the Area: <input type="text"/> <input type="text"/>	<b>ID05</b>	Building's number: <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID02</b>	Governorate: (code): <input type="text"/> <input type="text"/>	<b>ID06</b>	No. of residential unit in the building: <input type="text"/> <input type="text"/>
<b>ID03</b>	locality: (code): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID07</b>	Name of household head:
<b>ID08</b>	Street / District:		
<b>ID09</b>	Location the household from the Expansion and annexation Wall? 1. Inside the wall 2. Outside the wall <input type="checkbox"/>	<b>ID10</b>	Duration of the interview in minutes <input type="text"/> <input type="text"/>

**Interview Record:**

<b>IR01</b>	Visits schedule	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Number of Visit</b>
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2013	1 <sup>st</sup> visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2013	2 <sup>nd</sup> visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2013	3 <sup>rd</sup> visit
<b>IR02</b>	Total Number of Visits	<input type="text"/>			
<b>IR03</b>	Final outcome of the interview	1. Completed 2. Partially completed 3. Family traveling 4. Unit does not exist 5. No one at home 6. Refused to cooperate, the reason ..... 7. Uninhabited unit 8. Not available Information 9. Other\ specify .....	<input type="text"/>		
<b>IR04</b>	Line number of the individual who responded to questions relating to the family: <input type="text"/> <input type="text"/>				
<b>IR05</b>	Total No of household members:	<input type="text"/> <input type="text"/>			
<b>IR06</b>	No. of males:	<input type="text"/> <input type="text"/>	<b>IR07</b>	No. of female:	<input type="text"/> <input type="text"/>

<b>IR08</b>	Interviewer's name:	<b>IR09</b>	Interviewer's No:	Date : ...../...../2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR10</b>	Supervisor's name:	<b>IR11</b>	Supervisor's No:	Date : ...../...../2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR12</b>	Verifier's name:	<b>IR13</b>	Verifier's No:	Date : ...../...../2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR14</b>	Encoder's name:	<b>IR15</b>	Encoder's No:	Date : ...../...../2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR16</b>	Data enterer's name:	<b>IR17</b>	Data enterer's No:	Date : ...../...../2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

First Section: 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. Husband / wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandfather / grandmother 7. Grandson/granddaughter 8. Son-in-law/daughter- in-law 9. Other relative 10..Others	Is (name) male or female?  1. Male 2. Female	What is (name)'s date of birth in day, month and year?  The researcher: record this information from official documents whenever possible  Day      Month      Year	The researcher: 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 one year.  (98) if age 98 and above  (99) if 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	Refugee Status Is (name) a ...  1. Registered refugee 2. Non-registered refugee 3. Non-refugee							
HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08	HR09							
01															
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Member's number	Names of usual household members (three names)	<p style="text-align: center;"><b>health insurance</b></p> <p><b>Does the (name) have health insurance?</b></p> <p>1. No insurance.</p> <p>2. Yes, government insurance</p> <p>3. Yes, Military insurance</p> <p>4. Yes, UNRWA insurance.</p> <p>5. Yes, Israeli (cubat holim)</p> <p>6. Yes, Private Insurance.</p> <p style="text-align: center;"><b>The researcher can choose more than one answer except if the answer is the symbol (1)</b></p>	<p><b>Is the name suffers from any of the following diseases and take treatment consistently?</b></p> <p>1. Does not suffer from any disease</p> <p>2. Diabetes</p> <p>3. Hypertension</p> <p>4. Cardiac Disease</p> <p>5. Fat, cholesterol</p> <p>6. Cancer</p> <p>7. Ulcer</p> <p>8. Asthma</p> <p>9. Osteoporosis</p> <p>10. Headache or chronic Headache</p> <p>11. Rheumatism</p> <p>12. Anemia</p> <p>13. Depression</p> <p>14. Disk(Back pain)</p> <p>15. Nephrology</p> <p>16. Liver disease</p> <p>17. Thalassemia</p> <p>18. Epilepsy</p> <p>19. Endocrine diseases</p> <p>99. Don't know</p> <p style="text-align: center;"><b>The researcher can choose more than one answer except if the answer is the symbol (1) or (99)</b></p>
HR01	HR02	HR10	HR11
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 Individuals aged 3 years and above		For Individuals aged 5 years and above	For Individuals aged 10 years and above	What is the main reason that the (name) dropped out? <i>Leakage: If the answer to a question column HR12 (3 or 4),( those who joined and left, or enrolled in and graduated (with the exception of secondary and higher)</i>
		Is the (name).....? 1.Currently attending kindergarten 2. Currently attending Government school 3. Attended school and leave it (go to HR14) 4. Attended school and graduated (go to HR14) 5.Never attended school  (go to HR15, then HR18)	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 school years did (name) successfully complete?  Record (00) if schooling years are less than 1 year, and (99) if 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. 99. Don't No	
HR01	HR02	HR12	HR13	HR14	HR15	HR16
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 individuals with qualifications who responded to a question HR15 (5-10) secondary and above  What specialization (the name) for the highest academic qualification?          Specialization      Code	For individuals aged 5 and above			For individuals aged 10 years and above	
			Does the (name) use computer?  1.Yes 2.No (go to HR20)	Does the (name) use Internet?  1. Inside the house 2. Outside the house 3. Both 4. Not used	Does the (name) have mobile phone?  1. Palestinian 2. Israeli 3. Both 4. Does not have	Relation to labor force during the past week? 1. Employed 1-14 hours weekly 2. Employed 15-34 hours weekly. 3. Employed 35 hours and above weekly. 4. Look for work last week because of despair 5. Not looking for work because of despair 6. Look for work last week 7. Not looking for work because of despair 8. Full-time study \ training 9. Full-time home \ business 10. Disability \ old age \ disease 11. The presence of revenue \ Superannuated 12. Other (If the answer from the 6-12, go to question HR30)	
HR01	HR02	HR17	HR18	HR19	HR20	HR21	
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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?	<i>For individuals aged 10 years and above</i>														
		Employed or Unemployed who have previously worked in the past week, the answer of HR21 was (1-5)														
		<b>What is the Main Occupation (name)?</b>  Main occupation (type / nature of the work he / she has done (name) ..... detail)				<b>What is the main economic activity of the institution in which it operates (name)?</b>  (The type of work being done by the employer in detail)				<b>Where is the place of business (name)?</b> 1. In the house 2. In the same of locality 3. In Area J1 4. In Area J2 5. In another governorate 6. Inside Israel 7. Inside settlements 8. Abroad		<b>What is the Main Employment Status (name)?</b>  1. Employer 2. Self-employed 3. Wage Employee 4. Unpaid Family Member		<b>What is the time it takes to get to the place of work in both directions?</b> 1. Less than an hour 2. 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	Occupation Code				Economic activity Code				HR24		HR25		HR26		
01																
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03																
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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?	<i>For individuals aged 10 years and above</i>			<i>For individuals aged 10 years and above</i> <i>Who responded to a question, HR21, options</i> <i>(1-7)</i>			<i>For individuals aged 12 years and above</i>	
		Workers who responded to a question HR21 (1-3) and the Question of HR25 (3)							
		As the (name) Wage Employee, what amount of paid work undertaken?							
		The type Wage:  1.Daily 2. Weekly 3. Monthly	The amount received during the specified period	Type of currency:  1.NIS 2.JD 3.US\$	Have you ever went (name) to request a service from any of the offices of the Israeli labor?  1.Yes 2. No (go to HR32)	Satisfaction from the service?  1. Completely satisfied 2. Somewhat satisfied 3 Not satisfied to some extent 4.Not satisfied at all	Is (name) a member for labor unions / a professional?  1.No 2.Yes, Palestinian 3.Yes, Israeli 4.Yes, Both	What is the status of (name) current marital status?  Is he / she.....  1. Never Married 2. Marriage contract 3. Married 4. Divorced 5. Widower 6. Separate	For married couples who are currently or previously married. How old was (name) at first marriage? (The actual marriage)
HR01	HR02	HR27	HR28	HR29	HR30	HR31	HR32	HR33	HR34
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"/>
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>
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"/>	<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"/>	<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"/>
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"/>
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"/>
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"/>
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"/>	<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 a (name) Have relatives on the other side of the wall?  1. No 2. First degree Relatives 3 Second degree Relatives 4. Friends and acquaintances 5. Others  The researcher can choose more than one answer except if the answer is the symbol (1)	Do you usually go (name) to the other side of the wall? 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, other, specify... The researcher can choose more than one answer except if the answer is the symbol (1)	For individuals aged 10 years and above			
				During the past three years, Does the 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 of (the name)? 1. Liberated (go to HR40) 2. Convicted 3. Suspended 4. Administrative  Answer (3-4) go to the following individual	What is the period of imprisonment (the name) full years? Less than a year: 00  After answering this question go to the following individual	The editors prisoners during the past three years, have you faced (name) any of the following problems or difficulties?  1. Get a job 2. Educational Enrollment 3. Access to medical services 4. Engage the community 5. Israeli harassment 6. Did not face any problems or difficulties 7. Other, specify...  The researcher can choose more than one answer except if the answer is the symbol (6)
HR01	HR02	HR35	HR36	HR37	HR38	HR39	HR40
01		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
02		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
03		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
04		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
05		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
06		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
07		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
08		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
09		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
10		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
11		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
12		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
13		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7
14		1 2 3 4 5	1 2 3 4 5 6 7 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6 7



## Second Section: Housing and Housing Conditions

<b>HC01</b>	<b>What is the Type of Housing Unit where Household lives?</b>	<input type="checkbox"/>	1.Villa    2.House    3.Apartment    4.Independent Room 5. Tent    6. Marginal    7. Other
<b>HC02</b>	<b>What is the Tenure of the Housing Unit?</b>	<input type="checkbox"/>	1.Owened    2.Rented    3.Without Payment    4. From work 5. Other
<b>HC03</b>	<b>Ask those who answered 2 in the question HC02</b> <b>1. How much is the monthly rent of the dwelling?</b> <b>2. Select the type of currency</b>	<div style="display: flex; gap: 5px;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <div style="display: flex; gap: 5px;"><input type="text"/></div>	<b>Type of currency:</b> 1. NIS    2. JD    3. U.S. \$
<b>HC04</b>	<b>What are the predominant building material in the outer walls of the house?</b>	<input type="checkbox"/>	1. Clean Stone    2. Stone and cement    3. Cement 4. Brick concrete    5. mud    6. Old Stone    7. Other
<b>HC05</b>	<b>In which year was the completion of the establishment of housing?</b>	<div style="display: flex; gap: 5px;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>	
<b>HC06</b>	<b>How many rooms in the house?</b>	<div style="display: flex; gap: 5px;"><input type="text"/><input type="text"/></div>	(Except the bathroom, kitchen and Balconies)
<b>HC07</b>	<b>How many bedrooms in the house?</b>	<div style="display: flex; gap: 5px;"><input type="text"/><input type="text"/></div>	
<b>Public Services:</b>			
<b>HC08</b>	<b>What is the main source to get water?</b>	<input type="checkbox"/>	1. Public Network    2. Purchase Water Tanks    3. Demotic Water Well 4. From the spring    5. Gallons of mineral water    6. Another source ....
<b>HC09</b>	<b>Electricity</b>	<input type="checkbox"/>	1. Arab Public Network    2. Israeli Public Network 3. Special Generator    4. None
<b>HC10</b>	<b>Wastewater</b>	<input type="checkbox"/>	1. Public network    2. Porous Cesspit    3. Tight Cesspit    4. None
<b>HC11</b>	<b>How is Solid Waste Disposal Method From Home?</b>	<input type="checkbox"/>	1. Garbage Collector    5. Burned In Home 2. Disposed in Close Containers    6. Buried in pits 3. Disposed in Open Containers    7. Other 4. Disposed Randomly
<b>HC12</b>	<b>Who is responsible for the collection of waste to get rid of them definitively?</b>	<input type="checkbox"/>	1. Israeli municipality of Jerusalem    5. Private contractor 2. One household members    6. A family member in addition to other views 3. Local authority    7.Other, specify..... 4. UNRWA
<b>HC13</b>	<b>Do the household have the following goods and services?</b>		<div style="display: flex; justify-content: space-between;"> <div> 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. Dish (Satellite) <input type="checkbox"/> </div> <div> 7. Solar heater <input type="checkbox"/>  8. Central Heating <input type="checkbox"/>  9. Vacuum <input type="checkbox"/>  10. Cooking Gas <input type="checkbox"/>  11. Home Library <input type="checkbox"/>  12. Computer <input type="checkbox"/> </div> <div> 1. Yes    2. No  13 Telephone Line <input type="checkbox"/>  14. Palestinian Internet service <input type="checkbox"/>  15. Israeli Internet Service <input type="checkbox"/>  16. Palestinian mobile <input type="checkbox"/>  17. Israeli mobile <input type="checkbox"/>  18. Tumble Drier <input type="checkbox"/> </div> <div> 19. Radio / Recorder <input type="checkbox"/>  20. Microwave <input type="checkbox"/>  21. DVD <input type="checkbox"/>  22. Dishwasher <input type="checkbox"/> </div> </div>
<b>HC14</b>	<b>How many housing units the household needs during the next 10 years?</b>	<div style="display: flex; gap: 5px;"><input type="text"/><input type="text"/></div>	
<b>HC15</b>	<b>How many housing units, the household can build during the next 10 years? (From which you need)</b>	<div style="display: flex; gap: 5px;"><input type="text"/><input type="text"/></div>	
<b>HC16</b>	<b>Does the household have agricultural holding? (During the agricultural year 2011/2012)</b>		1. Yes    2. No    (go to the SL01) <input type="checkbox"/>
<b>HC17</b>	<b>What is the number of agricultural holdings?</b>		
	1. Plant <input type="text"/> <input type="text"/>	2. Animal <input type="text"/> <input type="text"/>	3. Mixed <input type="text"/> <input type="text"/>

### Third Section: The Standard of living, Advantages and Procedures

<b>SL01</b>	<b>What is the main source of income for the household? Select Main source of income from SL02</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>SL02</b>	<b>What are the secondary sources of household income? You can select more than one source</b> 1. Yes    2. No <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. No sources  2. Agriculture and animal husbandry and fishing  3. Household's Business  4. Wages and Salaries from the Government  5. Wages and salaries from the private sector  6. Wages and salaries from Israeli Sectors </div> <div style="width: 45%;"> 7. Allocations from the National Insurance (aging, unemployment, deficit)  8. Transfers from Inside Palestine  9. Transfers from abroad  10. Social assistance  11. Wages and salaries from international Hiat  12. Log in ownership  13. Other </div> </div>			
<b>SL03</b>	<b>During the past month, how much total monthly income of your family from all sources, in NIS? To researcher: the total income means the total amount of cash and in kind received by the family per month regardless of their source</b>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL04</b>	<b>During the past 12 months: How much the average monthly income of your family's from all the sources, in NIS?</b>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL05</b>	<b>During the past month, how much your family monthly expenditure on various goods and services, NIS?</b>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL06</b>	<b>In your opinion, what is the total amount that your family need to meet their needs monthly, NIS?</b>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL07</b>	<b>In general, how you considered your household?</b>	1. Well                      2. Average (1-2 go to the SL10) 3. poor                      4. Very poor	<input type="text"/>	
<b>SL08</b>	<b>Arrange the most important three main reasons for the poverty?</b>	1. Lack of job opportunities <input type="checkbox"/> 2. Few sources of income <input type="checkbox"/> 3. Low wages and salaries <input type="checkbox"/> 4. Rising cost of living <input type="checkbox"/> 5. Large family size <input type="checkbox"/>	6. Illness / disability / aging head of the family <input type="checkbox"/> 7. The death of former head of the household <input type="checkbox"/> 8. Debt <input type="checkbox"/> 9. Other / specify ... <input type="checkbox"/>	
<b>SL09</b>	<b>Arrange the three most important ways that will help your family to get rid of poverty suffered by?</b>	1. Job Creation <input type="checkbox"/> 2. Increase the wages and salaries <input type="checkbox"/> 3. Receiving Aids <input type="checkbox"/> 4. Increase the income of the family <input type="checkbox"/> 5. Get rid of Debt <input type="checkbox"/>	6. Provide housing <input type="checkbox"/> 7 Organizing the descendants of the family <input type="checkbox"/> 8. Other / specify .... <input type="checkbox"/>	
<b>SL10</b>	<b>Do you Receiving Regular Transfers from Outside the Country periodically usual?</b> 1. Yes                      2. No (go to SL12)		<input type="text"/>	
<b>SL11</b>	<b>How much is the value Transfers abroad, in NIS?</b>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL12</b>	<b>During the past 12 months, is affected by the monthly expenses of your family?</b>	1. Yes, decreased 2. No Change 3. Yes, Increased (if the answer is (2-3) go to SL15)	<input type="text"/>	
<b>SL13</b>	<b>If decreased monthly expenses of your family, what are the items that have been cut spending during the last 12 months.</b> Answer:    1. Yes                      2. No	1. Food <input type="checkbox"/> 2. Cloth <input type="checkbox"/> 3. Education expenditure <input type="checkbox"/> 4. Health expenditure <input type="checkbox"/>	5. housing expenditure / house Equipments <input type="checkbox"/> 6. Water expenditures <input type="checkbox"/> 7. Transportation <input type="checkbox"/> 8. Otherwise / specify... <input type="checkbox"/>	

<b>SL14</b>	<b>This question is answered yes in item (food) in question SL13</b>  <b>If your family expenditure decreased during the last 12 months on food, is affected by any of the following:</b> 1. Yes      2. No		1. Quantity of food that is eaten by family members 2. Quality of the food that is eaten by family members 3. Quantity of Bought Meat / Consumed Monthly (Meat, Chicken, Fish) 4. Quantity of Bought Fruits / Consumed Monthly 5. Quantity of Milk and Its Products Bought/ Consumed Monthly		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>SL15</b>	Is the household have taken loans during the last 12 months? 1. Yes 2. No 3. Do not know (2-3 go to SL17) <input type="checkbox"/>				
<b>SL16</b>	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"/>				
<b>SL17</b>	<b>During the last 12 months, did you or your family receive any assistance from any party?</b> (Exclude debt and loans)		1. Yes, the family received / A personnel assistance 2. Did not receive any assistance, whether financial or in kind (go to SL20) <input type="checkbox"/>		
<b>SL18</b>	What is the number of times to receive assistance during the last 12 months? <input type="text"/> <input type="text"/> <input type="text"/>				
<b>SL19</b>	<b>A. Type of assistance</b>  1. Food 2. Free Medical Treatment 3. Cloth 4. working 5. Compensation of the martyrs 6. Cash (financial) 7. Health insurance 8. Multiple 9. Other / specify.....	<b>B-1. Value of the assistance</b>  The value (Total amounts, of all times)	<b>B-2. Type of currency</b>  1. NIS 2. JD 3. Dollar\$ 4. Euro	<b>C. Source of assistance</b>  1. Social Affairs 2. Other of State Institutions 3. Factions / political parties 4. Charity (Zakat) Committees 5. An international / development institutions 6. UNRWA 7. Arab countries 8. Charitable Institutions / religious 9. Families, Relatives 10. From friends / knowledge / neighbors / benefactors 11. Labor unions 12. Local banks 13. Reform Commission, local 14. Other, specify...	<b>D. Satisfaction on the assistance</b>  1. Completely satisfied 2. Somewhat satisfied 3. Not satisfied to some extent 4. Not satisfied at all
<b>Researcher: Record aid obtained by the family during the past 12 months. Allocated line for each assistance</b>					
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"/>
<b>SL20</b>	<b>Regardless of the fact that you are you have received assistance or not, do you see that you in need of assistance?</b> 1. Yes 2. No 3. Not sure <input type="checkbox"/>				
<b>SL21</b>	<b>Did the household receive any payments under the title the following privileges?</b> (Answer: 1. Yes 2. No 3. Not applicable)				
	1. Widows Allowances 2. Children Allowances 3. Pension Allowances	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>	4. Disability Allowances 5. Unemployment Allowances 6. Difference in Minimum Wage 7. Other, specify...	4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/>	

<b>SL22</b>	<b>A. Would the family pay of any of the following taxes and discounts (for housing or individuals)?</b>  1. Yes ( go to B)      2.No      3. Not applicable  1. Arnona Tax <input type="checkbox"/> 2. "National" Insurance <input type="checkbox"/> 3. Television <input type="checkbox"/> 4. Health insurance <input type="checkbox"/> 5. Income tax <input type="checkbox"/> 6. Other, Specify.... <input type="checkbox"/>	<b>B. What the total value which the family pay annually in NIS (If do not know record 99999)</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>SL23</b>	<b>A. Do the family or one of its members have the implementation of domestic trips during the first quarter of the year 2013?</b> 1. Yes    2.No ( go to SL26) <input type="checkbox"/>	<b>B. The number of domestic tourist trips?</b> <input type="text"/> <input type="text"/>
<b>SL24</b>	<b>Appreciate how much the family expenditure (or members thereof) on the last trip local tourist (inside the Palestinian territories) during the first quarter of the year 2013 (U.S. \$) ?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL25</b>	<b>Duration of the local tourist trip in hour?</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL26</b>	<b>A. Do the family or one of its members have the implementation of broad tourist during the first quarter of the year 2013?</b> 1. Yes    2.No ( go to SL29) <input type="checkbox"/>	<b>B. The number of broad Tourist?</b> <input type="text"/> <input type="text"/>
<b>SL27</b>	<b>Appreciate how much the family expenditure (or members thereof) on the last trip broad tourist (outside the Palestinian territories) during the first quarter of the year 2013 (U.S. \$) ?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL28</b>	<b>Duration of the broad tourist trip in day?</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL29</b>	<b>During the past ten years, has your family to apply for a building permit?</b> 1. Yes    2.No (go to SL34) <input type="checkbox"/>	
<b>SL30</b>	<b>What is the Year of submission of the application (The first request)?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SL31</b>	<b>how many times have made demand?</b> <input type="text"/>	
<b>SL32</b>	<b>How many times has Reviewed on demand?</b> <input type="text"/> <input type="text"/>	
<b>SL33</b>	<b>Reply on the Final Request?</b> 1. Refusal    2. Acceptance    3. Still in the Process <input type="checkbox"/>	
<b>SL34</b>	<b>During the past ten years, was the addition of any part of the housing?</b> 1. Yes    2. No (go to SL36) <input type="checkbox"/>	
<b>SL35</b>	<b>What are the additions made to the housing?</b> 1. Yes    2. No 1. Room or above <input type="checkbox"/> 2. Bathroom <input type="checkbox"/> 3. Balcony <input type="checkbox"/> 4. Other, Specify.... <input type="checkbox"/>	
<b>SL36</b>	<b>During the past ten years, was the restoration of housing or any part of it?</b> 1. Yes    2. No <input type="checkbox"/>	
<b>SL37</b>	<b>Do your house need to any kind of repairs?</b> 1. Yes    2. No (go to the SL39) <input type="checkbox"/>	
<b>SL38</b>	<b>In the event of the need to restore and not to do fixed, what is the main reason for not doing it?</b> <input type="checkbox"/> 1. Financial    2. Legal    3. Other / specify ...	

<b>SL39</b>	<b>During the past three years, have you been the confiscation of property belonging to the family?</b> 1. Yes    2. No (go to the SL41)			<input type="checkbox"/>
<b>SL40</b>	<b>A. What type of property?</b> Answer: 1. Yes    2. No	<b>B: Where is the place of property?</b>	<b>C: What is the reason for confiscation?</b>	
	1. Land <input type="checkbox"/>  2. Home <input type="checkbox"/>  3. Institution <input type="checkbox"/>  4. Other, Specify... <input type="checkbox"/>	1. <input type="checkbox"/>  2. <input type="checkbox"/>  3. <input type="checkbox"/>  4. <input type="checkbox"/>  1. In the same locality 2. In another locality at the same Governorate 3. In another Governorate 4. In the occupied territories in 1948	1. <input type="checkbox"/>  2. <input type="checkbox"/>  3. <input type="checkbox"/>  4. <input type="checkbox"/>  1. Military 2. For the purpose of settlement 3. Leak 4. For the purpose of building the roads or services 5. For the purpose of building the wall 6. Other, Specify....	
<b>D:</b>	<b>What is the area of land confiscation in Donum?</b>			<input type="checkbox"/> <input type="checkbox"/>
<b>SL41</b>	<b>During the past three years, is the Israeli authorities, including the mayor of Jerusalem in any of the following actions against the family or one of its members?</b> <b>1.Yes    2.No</b>			
	1. Demolition of houses <input type="checkbox"/> 2. Close homes <input type="checkbox"/> 3. Notice to demolish the building / part of the building <input type="checkbox"/> 4. Withdraw Jerusalem ID <input type="checkbox"/> 5. Cut health insurance service <input type="checkbox"/> 6. Building without a permit violations <input type="checkbox"/>	7. Deprivation of Jerusalem identity <input type="checkbox"/> 8. Denial of benefits <input type="checkbox"/> 9. House arrest <input type="checkbox"/> 10. Banished from home <input type="checkbox"/> 11. Martyrdom <input type="checkbox"/> 12. Other / Specify..... <input type="checkbox"/>		
<b>SL42</b>	<b>What are the reasons for the demolition of housing by the Israeli occupation forces?</b> 1. Yes    2. No		1. The pretext of the proximity of the sites occupation and settlements <input type="checkbox"/> 2. Proximity of the wall / area separation wall. <input type="checkbox"/> 3. Without a permit. <input type="checkbox"/> 4. Proprietary falsification <input type="checkbox"/> 5. Other, specify.... <input type="checkbox"/>	
<b>SL43</b>	<b>The number of individuals covered by the damage in the building / part of the building to which the notification?</b>			
	<b>Total Number</b> 1. Males <input type="checkbox"/> <input type="checkbox"/> 2. Females <input type="checkbox"/> <input type="checkbox"/> 3. Total <input type="checkbox"/> <input type="checkbox"/>		<b>Number of children (Less than 18 years)</b> 4. Males <input type="checkbox"/> <input type="checkbox"/> 5. Females <input type="checkbox"/> <input type="checkbox"/> 6. Total <input type="checkbox"/> <input type="checkbox"/>	
<b>SL44</b>	<b>Did the family or one of its members changed the place of residence since the commencement of the building of the wall?</b> <b>1.Yes    2.No ( go to SL46)</b>			<input type="checkbox"/>
<b>SL45</b>	<b>What is the reason behind the family or one of its members to change the place of residence?</b> <b>1.Yes    2.No</b>			
	1. working <input type="checkbox"/> 2. Study <input type="checkbox"/> 3. Marriage <input type="checkbox"/> 4. Accompanying <input type="checkbox"/> 5. Treatment <input type="checkbox"/>	6. Because of the wall <input type="checkbox"/> 7. Other Israeli Measures <input type="checkbox"/> 8. Return to the homeland <input type="checkbox"/> 9. Maintaining the identity of Jerusalem <input type="checkbox"/> 10. Other, specify.... <input type="checkbox"/>		
<b>SL46</b>	<b>Do you think the family or one of its members to change the current place of residence?</b> <b>1.Yes    2.No (go to S L49)</b>			<input type="checkbox"/>

<b>SL47</b>	<b>Select where you are thinking of moving to it .....?</b>		
	1. Another locality in the same governorate inside the wall	4. Another locality in another governorate outside of the wall	<input type="checkbox"/>
	2. Another locality in the same governorate outside of the wall	5. Abroad / Arab countries	
	3. Another locality in another governorate inside the wall	6. Abroad / foreign countries.	
<b>SL48</b>	<b>Select the main reason why the family or one of its members thinking about a change in their current place of residence?</b>		
	1. working	6. Because of the wall	<input type="checkbox"/>
	2. Study	7. Other Israeli Measures	
	3. Marriage	8. Return to the homeland	
	4. Accompanying	9. Maintaining the identity of Jerusalem	
	5. Treatment	10. Other, specify.....	
<b>SL49</b>	<b>According to your assessment, Is the Impacts of the Construction of the Expansion and Annexation Wall?</b>		
	1. Yes      2. No		
	1. Visiting Relatives	<input type="checkbox"/> 8. Access Health Care	<input type="checkbox"/>
	2. Practicing Social Activities	<input type="checkbox"/> 9. Increase in cost of transportation	<input type="checkbox"/>
	3. Accessing Culture and Entertainment Activities	<input type="checkbox"/> 10. changing Place of Residence	<input type="checkbox"/>
	4. Education	<input type="checkbox"/> 11. Income Decrease	<input type="checkbox"/>
	5. Follow up of Personal affairs with Different Institutions	<input type="checkbox"/> 12. Agriculture	<input type="checkbox"/>
	6. Leaving / changing work	<input type="checkbox"/> 13. Land confiscation	<input type="checkbox"/>
	7. Economic relations (trade, projects ,.....)	<input type="checkbox"/> 14. Other, specify....	<input type="checkbox"/>
<b>SL50</b>	<b>Number of times that the family or one of its members to visit religious places in Jerusalem during the past 12 month?</b>		<input type="checkbox"/> <input type="checkbox"/>
<b>SL51</b>	<b>Did the family or one of its members faced difficulties in the movement to and from religious places because of Israeli Measures?</b>		1. Yes   2. No <input type="checkbox"/>

#### Fourth Section: Juistce and Crime

<b>V01</b>	<b>A. During the past 12 months, did your family or one of its members Suffered from the following?</b> 1. Yes      2. No (Go to the next line) 1. Property Theft 2. Vehicle or Part of it Theft 3. Property Damage 4. Robbery or Theft Attempt 5. Confiscation / Demolition All or Part of a Real Estate 6. Harassment and Assault by Israeli Soldiers or Settlers 7. Threat (except threat telephone) 8. Offensive	<b>Answer</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>B. The number of times the exposure of an offense</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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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Important instructions for the researcher if the answer to all the items in question V01.A (2. Not) go to the V11. Reversing this, duty of on the next questions		
V02	<b>What type of the last criminal act was subjected household or one of its members? (Choose the answer from the question V01A)</b>	<input type="checkbox"/>
V03	<b>Who made the last criminal act towards the family or one of its members?</b> 1. Israeli Army / settlers      2. From relatives      3. people from the same locality 4. Others had been identified      5. Others have not been identified	<input type="checkbox"/>
V04	<b>What is the time of the criminal act? (the time for the last crime)</b> 1.08:00-15:59      2.16:00 -23:59      3.24:00-07:59      4. Don't know	<input type="checkbox"/>
V05	<b>What is the place that got the last criminal act?</b> 1. Inside the house      2. Beside the house      3. Inside the locality      4. Outside the locality	<input type="checkbox"/>
V06	<b>Have you been reporting on the latest criminal act?</b> 1. Yes    2.No <b>(go to V08)</b>	<input type="checkbox"/>
V07	<b>What is the party that has been be reported?</b> 1. Palestine police    2. Israeli authorities    3. National personalities    4. Other, specify.... <b>Researcher: Register the answer to this question and go to question V09.</b>	<input type="checkbox"/>
V08	<b>Why not reported on the criminal act?</b> 1. The criminal was not serious      2. The solution was personally      3. Do not have Insurance 4. Unwillingness to intervention the police      5. Other, specify....	<input type="checkbox"/>
V09	<b>Is there caused damage resulted from the last criminal act?</b> 1. Yes, human    2. Yes, material    3. Both    4. Not <b>(go to V11)</b>	<input type="checkbox"/>
V10	<b>who bore the burden of physical damage?</b> 1. Crime port / clan    2. Victim / clan    3. Insurance    4. Other bodies, specify....	<input type="checkbox"/>
V11	<b>Do you Believe there are people are Drug Addicts in Their Environment (locality, the neighborhood ...)?</b> 1.Yes    2.No	<input type="checkbox"/>
V12	<b>Have you ever encountered or any member of the family annoyances\ pressures from people whose drug abusers?</b> 1. Yes    2.No	<input type="checkbox"/>
V13	<b>In your opinion, What are the three important Reasons of the The phenomenon of addiction \ drug abuse? Sort by the priority?</b> 1. Economic problems      5. The Lack of Control on Schools 2. Social problems      6. Association With Bad Friends 3. Psychological problems      7. Israeli Occupation 4. Lack of Household's Control of its Sons	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>