



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

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

Interview Record:

IR01	Visits schedule	Day	Month	Year	Number of Visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2013	1 st visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2013	2 nd visit
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2013	3 rd visit
IR02	Total Number of Visits	<input type="text"/>			
IR03	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="checkbox"/>		
IR04	Line number of the individual who responded to questions relating to the family:				<input type="text"/> <input type="text"/>
IR05	Total No of household members:	<input type="text"/> <input type="text"/>			
IR06	No. of males: <input type="text"/> <input type="text"/>	IR07	No. of female: <input type="text"/> <input type="text"/>		

IR08 Interviewer's name:	IR09 Interviewer's No:	Date : \..... \2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR10 Supervisor's name:	IR11 Supervisor's No:	Date : \..... \2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR12 Verifier's name:	IR13 Verifier's No:	Date : \..... \2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR14 Encoder's name:	IR15 Encoder's No:	Date : \..... \2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR16 Data enterer's name:	IR17 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		<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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14		<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?	<p style="text-align: center;">health insurance</p> Does the (name) have health insurance? 1. No insurance. 2. Yes, government insurance 3. Yes, Military insurance 4. Yes, UNRWA insurance. 5. Yes, Israeli (cubat holim) 6. Yes, Private Insurance. The researcher can choose more than one answer except if the answer is the symbol (1)	Is the name suffers from any of the following diseases and take treatment consistently? 1. Does not suffer from any disease 2. Diabetes 3. Hypertension 4. Cardiac Disease 5. Fat, cholesterol 6. Cancer 7. Ulcer 8. Asthma 9. Osteoporosis 10. Headache or chronic Headache 11. Rheumatism 12. Anemia 13. Depression 14. Disk(Back pain) 15. Nephrology 16. Liver disease 17. Thalassemia 18. Epilepsy 19. Endocrine diseases 99. Don't know The researcher can choose more than one answer except if the answer is the symbol (1) or (99)
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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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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?	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. <u>(Does not work and wants to work - never work because of)</u> 6. Look for work last week 7. Not looking for work because despair <u>(Does not work and Does not wants to work)</u> 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	
01							
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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)						
		What is the Main Occupation (name)? Main occupation (type / nature of the work he / she has done (name) detail)	What is the main economic activity of the institution in which it operates (name)? (The type of work being done by the employer in detail)	Where is the place of business (name)? 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	What is the Main Employment Status (name)? 1. Employer 2. Self-employed 3. Wage Employee 4. Unpaid Family Member	What is the time it takes to get to the place of work in both directions? 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		
Occupation	Code	Economic activity	Code	HR24	HR25	HR26		
HR01	HR02	HR22		HR23		HR24	HR25	HR26
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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>For individuals aged 12 years and above</i>	
		Workers who responded to a question HR21 (1-3) and the Question of HR25 (3)			Who responded to a question, HR21, options (1-7)			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)
		As the (name) Wage Employee, what amount of paid work undertaken?			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		
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\$	HR30	HR31				HR32	HR33
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"/>
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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)? (go to HR40) 1. Liberated 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

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	
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 2 in the question 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. Clean Stone 2. Stone and cement 3. Cement 4. Brick concrete 5. 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	How many rooms in the house?	<input type="checkbox"/> <input type="checkbox"/>	(Except the bathroom, kitchen and Balconies)	
HC07	How many bedrooms in the house?	<input type="checkbox"/> <input type="checkbox"/>		
Public Services:				
HC08	What is the main source to get water?	<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	
HC09	Electricity	<input type="checkbox"/>	1. Arab Public Network 2. Israeli Public Network 3. Special Generator 4. None	
HC10	Wastewater	<input type="checkbox"/>	1. Public network 2. Porous Cesspit 3. Tight Cesspit 4. None	
HC11	How is Solid Waste Disposal Method From Home?	<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	
HC12	Who is responsible for the collection of waste to get rid of them definitively?	<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	
HC13	Do the household have the following goods and services?		1. Yes 2. No	
	1. Private car <input type="checkbox"/>	7. Solar heater <input type="checkbox"/>	13 Telephone Line <input type="checkbox"/>	19. Radio / Recorder <input type="checkbox"/>
	2. Refrigerator <input type="checkbox"/>	8. Central Heating <input type="checkbox"/>	14. Palestinian Internet service <input type="checkbox"/>	20. Microwave <input type="checkbox"/>
	3. Washing Machine <input type="checkbox"/>	9. Vacuum <input type="checkbox"/>	15. Israeli Internet Service <input type="checkbox"/>	21. DVD <input type="checkbox"/>
	4. Television <input type="checkbox"/>	10. Cooking Gas <input type="checkbox"/>	16. Palestinian mobile <input type="checkbox"/>	22. Dishwasher <input type="checkbox"/>
	5. Video <input type="checkbox"/>	11. Home Library <input type="checkbox"/>	17. Israeli mobile <input type="checkbox"/>	
	6. Dish (Satellite) <input type="checkbox"/>	12. Computer <input type="checkbox"/>	18. Tumble Drier <input type="checkbox"/>	
HC14	How many housing units the household needs during the next 10 years?	<input type="checkbox"/> <input type="checkbox"/>		
HC15	How many housing units, the household can build during the next 10 years? (From which you need)	<input type="checkbox"/> <input type="checkbox"/>		
HC16	Does the household have agricultural holding? (During the agricultural year 2011/2012)		1. Yes 2. No (go to the SL01) <input type="checkbox"/>	
HC17	What is the number of agricultural holdings?			
	1. Plant <input type="checkbox"/> <input type="checkbox"/>	2. Animal <input type="checkbox"/> <input type="checkbox"/>	3. Mixed <input type="checkbox"/> <input type="checkbox"/>	

SL14	This question is answered yes in item (food) in question SL13		1. Quantity of food that is eaten by family members <input type="checkbox"/>		
	2. Quality of the food that is eaten by family members <input type="checkbox"/>		3. Quantity of Bought Meat / Consumed Monthly (Meat,Chicken, Fish) <input type="checkbox"/>		
	4. Quantity of Bought Fruits / Consumed Monthly <input type="checkbox"/>		5. Quantity of Milk and Its Products Bought/ Consumed Monthly <input type="checkbox"/>		
SL15	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"/>				
SL16	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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
SL17	During the last 12 months, did you or your family receive any assistance from any party? (Exclude debt and loans)		1. Yes, the family received / A personnel assistance <input type="checkbox"/> 2. Did not receive any assistance, whether financial or in kind (go to SL20) <input type="checkbox"/>		
SL18	What is the number of times to receive assistance during the last 12 months? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
SL19	A. Type of assistance	B-1. Value of the assistance	B-2. Type of currency	C. Source of assistance	D. Satisfaction on the assistance
	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.....	The value (Total amounts, of all times)	1.NIS 2.JD 3.Dollar\$ 4. Euro	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...	1. Completely satisfied 2. Somewhat satisfied 3. Not satisfied to some extent 4. Not satisfied at all
Researcher: Record aid obtained by the family during the past 12 months. Allocated line for each assistance					
1.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
SL20	Regardless of the fact that you are you have received assistance or not, do you see that you in need of assistance? 1. Yes 2. No 3. Not sure <input type="checkbox"/>				
SL21	Did the household receive any payments under the title the following privileges? (Answer: 1. Yes 2. No 3. Not applicable)				
	1. Widows Allowances	1. <input type="checkbox"/>	4. Disability Allowances	4. <input type="checkbox"/>	
	2. Children Allowances	2. <input type="checkbox"/>	5. Unemployment Allowances	5. <input type="checkbox"/>	
	3. Pension Allowances	3. <input type="checkbox"/>	6. Difference in Minimum Wage	6. <input type="checkbox"/>	
			7. Other, specify...	7. <input type="checkbox"/>	

SL39	During the past three years, have you been the confiscation of property belonging to the family? 1. Yes 2. No (go to the SL41)		<input type="checkbox"/>
SL40	A. What type of property? Answer: 1. Yes 2. No	B: Where is the place of property?	C: What is the reason for confiscation?
	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....
D:	What is the area of land confiscation in Donum?		<input type="checkbox"/> <input type="checkbox"/>
SL41	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? 1.Yes 2.No		
	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"/>	
SL42	What are the reasons for the demolition of housing by the Israeli occupation forces? 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"/>	
SL43	The number of individuals covered by the damage in the building / part of the building to which the notification?		
	Total Number	Number of children (Less than 18 years)	
	1. Males <input type="checkbox"/> <input type="checkbox"/> 2. Females <input type="checkbox"/> <input type="checkbox"/> 3. Total <input type="checkbox"/> <input type="checkbox"/>	4. Males <input type="checkbox"/> <input type="checkbox"/> 5. Females <input type="checkbox"/> <input type="checkbox"/> 6. Total <input type="checkbox"/> <input type="checkbox"/>	
SL44	Did the family or one of its members changed the place of residence since the commencement of the building of the wall?		1.Yes 2.No (go to SL46) <input type="checkbox"/>
SL45	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"/> 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"/>	
SL46	Do you think the family or one of its members to change the current place of residence?		1.Yes 2.No (go to S L49) <input type="checkbox"/>

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

Fourth Section: Justice and Crime

V01	A. During the past 12 months, did your family or one of its members Suffered from the following? 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	Answer <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. The number of times the exposure of an offense <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	What type of the last criminal act was subjected household or one of its members? (Choose the answer from the question V01A)	<input type="checkbox"/>
V03	Who made the last criminal act towards the family or one of its members? 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	What is the time of the criminal act? (the time for the last crime) 1.08:00-15:59 2.16:00 -23:59 3.24:00-07:59 4. Don't know	<input type="checkbox"/>
V05	What is the place that got the last criminal act? 1. Inside the house 2. Beside the house 3. Inside the locality 4. Outside the locality	<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 be reported? 1. Palestine police 2. Israeli authorities 3. National personalities 4. Other, specify.... Researcher: Register the answer to this question and go to question V09.	<input type="checkbox"/>
V08	Why not reported on the criminal act? 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	Is there caused damage resulted from the last criminal act? 1. Yes, human 2. Yes, material 3. Both 4. Not (go to V11)	<input type="checkbox"/>
V10	who bore the burden of physical damage? 1. Crime port / clan 2. Victim / clan 3. Insurance 4. Other bodies, specify....	<input type="checkbox"/>
V11	Do you Believe there are people are Drug Addicts in Their Environment (locality, the neighborhood ...)? 1.Yes 2.No	<input type="checkbox"/>
V12	Have you ever encountered or any member of the family annoyances\ pressures from people whose drug abusers? 1. Yes 2.No	<input type="checkbox"/>
V13	In your opinion, What are the three important Reasons of the The phenomenon of addiction \ drug abuse? Sort by the priority? 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"/>