

Palestinian Central Bureau of Statistics
Questionnaire of the Medical Environmental Survey\ Attached with Services Survey 2000

Trade Name of the Establishment:

Number of the medical establishment:

Type of the Establishment Activity:.....

Activity Code:

Interview result: 1. Completed 2. Completely Closed 3. Temporarily Closed 4. Could not reach the address 5. Did not Practice Medical Activity
 6. Different economic activity 7. Refuse 8. Repeated 9. Other

EW01	What is the Quantity of water consumed last month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (month / m ³)
EW02	What is the method of wastewater disposal?	<input type="checkbox"/> 1. Public network 2. Tight Cesspit 3. Porous Cesspit 4. Others
EW03	Is the wastewater Treated before disposal?	<input type="checkbox"/> 1. Totally 2. Partially 3. There is no treatment (Go To ES01)
EW04	What is the method of the wastewater treatment?	<input type="checkbox"/> 1. Mechanical treatment 2. Chemical treatment 3. Biological treatment
ES01	Does the waste separate before disposal?	<input type="checkbox"/> 1. Totally 2. Partially 3. There is no separation (Go To ES07)

Item	ES02		ES03		ES04					ES05		ES06				
	Do you separate any type of the following waste?		What are the quantities of waste in the last month?		Where did you put the waste after separation? (respectively, and Possible for 3choices)					What is the period of waste collection inside the establishment?		What is the method of transferring wastes inside the establishment?				
	1. Yes	2. No (Go to the next item)	Quantity	Units 1. Liter 2. kg	1. Special nylon bags	2. Special plastic box	3. Special carton box	4. Special metal cans	5. Plastic cans	6. Nylon bag	7. Others.....	period 1. Week 2. Month	Number of times	1. Manually	2. Special vehicles	3. Both
1	General waste	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Determine:.....			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Determine:.....		
2	Infectious waste	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Determine:.....			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Determine:.....		
3	Chemical & Pharmaceutical Waste	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Determine:.....			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Determine:.....		
4	Radio active waste	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Determine:.....			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Determine:.....		
5	Sharp waste	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Determine:.....			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Determine:.....		
6	Other.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Determine:.....			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	Determine:.....		

ES07	What is the total quantity of the disposed waste last month?	Quantity <input type="text"/> <input type="text"/> <input type="text"/> (Units <input type="checkbox"/> 1. Liter 2. Kilo gram)						
ES08	Where did you put the non-separated wastes after collection?	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	1. Special nylon bags	3. Special carton box	5. Plastic cans	7. Other
	(respectively, and Possible for 3choices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Special plastic box	4. Special metal cans	6. Nylon bags	8. All types are separated
ES09	What is the method of transferring the non-separated waste inside the medical establishment?	<input type="checkbox"/>	1. Manually	2. Special vehicles	3. Both	4. Other....	5. All types are separated	
ES10	How many times the non-separated waste were collected yesterday inside the establishment?	<input type="text"/> <input type="text"/>	(if the answer is zero then explain.....) (fill in 99 if the establishment separate all types of waste)					
ES11	Usually how many times the non-separated waste were collected inside the establishment weekly?	<input type="text"/> <input type="text"/>	(fill in 99 if the establishment separate all types of waste)					

ES12	were the produced medical wastes treated?	<input type="checkbox"/>	1. Yes	2. No (Go To ES18)
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Item	ES13	ES14	ES15	ES05	ES06									
	Are any of the following treatment methods used?	What is the used method in the treatment?	Who is the doer of medical waste treatment?	What is the period of waste collection inside the establishment?	What are the type and the quantity of the treated waste?									
	1. Yes 2. No (Go to the next item)	1. Chemical Disinfection 2. Thermal Disinfection 3. Disinfection by radiation 4. Thermal isolation 5. Radio active isolation 6. Pressured 7. Crashed 8. Other	1. The establishment 2. Another establishment that treats then returns the waste back 3. Another establishment that treats then disposal the waste	Number of time	period 1. Week 2. Month 3. Year	First marital			Second marital					
						Type of waste	Quantity	Units 1. liter 2. kg	Type of waste	Quantity	Units 1. liter 2. kg			
1	Disinfection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine:	<input type="checkbox"/>	<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	Incineration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine:	<input type="checkbox"/>	<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	Open Burning	<input type="checkbox"/>	(Go To ES15)	<input type="checkbox"/>	Determine:	<input type="checkbox"/>	<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	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine:	<input type="checkbox"/>	<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	Mechanical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine:	<input type="checkbox"/>	<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	Disposal it in Sewage	<input type="checkbox"/>	(Go To ES15)	<input type="checkbox"/>	Determine:	<input type="checkbox"/>	<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	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ES18	Where the wastes are collected before disposal?	<input type="checkbox"/>	1. Public container	2. Container owned by the establishment	3. Without container (Go To ES22)
ES19	What is the type of container used for waste collection?	<input type="checkbox"/>	1. Open container	2. Closed container	3. Other
ES20	What is the material of the used container?	<input type="checkbox"/>	1. Metallic container	2. Plastic container	3. Wooden container 4. Other
ES21	What is the volume of the used container?	<input type="checkbox"/> <input type="checkbox"/>	Units (<input type="checkbox"/> 1. Cubic meter 2. Liter)		
ES22	Where is the place of the waste collection located before the final disposal?	<input type="checkbox"/>	1. Inside the establishment building	2. Inside the establishment court	3. Outside the establishment (Determine the distance in meter)
ES23	Who is the responsible doer for waste transportation from the establishment to the final disposal place?	<input type="checkbox"/>	1. Medical establishment	2. Local authority	3. Private contractor or
ES24	Where is the final disposal place?	<input type="checkbox"/>	1. Local authority dump	2. Another dump	3. Randomly thrown 4. Other 5. Do not know
ES25	How many times was the waste transported to the final disposal place last week?	<input type="checkbox"/> <input type="checkbox"/>	(If the result for this Question is Zero Determine the reason)		