



Palestinian Central Bureau of Statistics
Questioner of the Environmental Survey for Health Care Centers 2008
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PCBS USED		
GO	Governorate :.....	Governorate code: <input type="text"/> <input type="text"/>
LO	Locality:.....	Locality code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NA	Health Care Center Name:.....	Center Number: <input type="text"/>
TY	Health Care Center Type:..... (1. Hospital 2. Clinical 3. Other)	Type code: <input type="text"/>
OW	Ownership: 1. Ministry of Health 2. Lijan Azakah 3. Union of Palestine Medical Relief Committees 4. Union of Health Committees 5. Union of Health Work Committees 6. Patient's Friends Society 7. Red Crescent Society 8. UNRWA 9. Charities 10. Health Care Military Service 11. NGO's	Ownership Code: <input type="text"/> <input type="text"/>

Respondent Data	Name: Signature: Date: \ \ 2008 Center Stamp	Notes:
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PCBS USED		
Encoder:	Encoder code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Encoder date: \ \ 2008
Data entry:	Data entry code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Data entry date: \ \ 2008
Data editor:	Data editor code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Data editor date: \ \ 2008

W: Water Consumption

EW01A	What is the main source of obtaining water.	1. Public water network 2. Collection rainfall well 3. Buying tanks 4. Others, specify,.....	<input type="checkbox"/>
EW01B	what was the used quantity from these sources during the last month (m ³)?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WW: Wastewater Consumption

EW02	What was the wastewater disposal method in the health care center?	1. Wastewater network 2. Tight cesspit 3. Porous cesspit 4. Randomly	<input type="checkbox"/>
EW03	Does the produced wastewater treat in the health care center?	1. Yes 2. No (Go to ES01)	<input type="checkbox"/>
EW04	What is the used wastewater treatment type?	1. Mechanical treatment 2. Chemical treatment 3. Biological treatment	<input type="checkbox"/>

SW: Health Care Solid Waste:

ES01	What was the produced solid waste quantity in K gm monthly?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ES02	Did the produced wastes separate before disposing ?	1. Yes, totally (don't answer B) (Not separated solid waste) 2. Yes, partially 3. Did not separate (don't answer A) (Separated solid waste)

SWS: Separate of Health Care Solid Waste:

ES03	ES04	ES05	ES06	ES07	ES08
Did the health care center produced the following waste 1. Yes 2. NO	Did any of the following solid waste components separate 1. Yes 2. NO	What was the quantity of separated solid waste last month in K gm	What was the main important means of putting separated solid waste during the last month? 1. Special nylon bags 2. Special metal boxes 3. Carton boxes 4. Plastic boxes 5. Plastic cans 6 Nylon bags	What was the periodicity of disposing separated solid waste last week? 1. 1-3 2. 4-6 3. More than 7	What was the main separated solid waste transporting method inside the health care center? 1. Manual 2. Special tools 3. Both methods
A. Separated Solid Waste					
1. General waste	<input type="checkbox"/>	<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. Infectious waste	<input type="checkbox"/>	<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. Chemical & Pharmaceutical waste	<input type="checkbox"/>	<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. Radioactive waste	<input type="checkbox"/>	<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. Sharp waste	<input type="checkbox"/>	<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. Other specify,.....	<input type="checkbox"/>	<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. Not Separated Solid Waste		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Solid Waste Treatment

ES09	ES10	ES11	ES12	ES13
Did the following produce solid waste treat? 1.Yes 2.NO	what was the quantity of treated solid waste? in Kgm/month	What was the main solid waste treatment method ? 1. Chemical Disinfection 2. Thermal Disinfection 3. Disinfection by radiation 4. Incineration 5. Open Burning 6. Thermal isolation 7. Mechanical treatment 8. Disposal in Sewage	What was the periodicity of treatment solid waste last month? 1. 1-3 2. 4-6 3. More than 7	Which was the doer that treat the produced solid waste ? 1. Health care center itself 2. Another establishment 3. Both of them
1.General waste <input type="checkbox"/>	<input type="checkbox"/> <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. Infectious waste <input type="checkbox"/>	<input type="checkbox"/> <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.Chemical & Pharmaceutical waste <input type="checkbox"/>	<input type="checkbox"/> <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. Radioactive waste <input type="checkbox"/>	<input type="checkbox"/> <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. Sharp waste <input type="checkbox"/>	<input type="checkbox"/> <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. Other specify,..... <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SWD: Separate of Health Care Solid Waste:

		Choices	Answer
ES14	Where was the solid waste dispose after its collection inside the health care center?	1. Municipality open container 2. Municipality closed container 3. Health care center open container 4. Health care center closed container 5. Without container (Go to ES16)	<input type="checkbox"/>
ES15	Are the volume of used Continuer commensurate with quantity of waste	1. Yes 2. No	<input type="checkbox"/>
ES16	Where did the solid waste collect before its final disposal ?	1. Inside health care center building (Go to ES18) 2. Inside health care center square (Go to ES18) 3. Outside health care center	<input type="checkbox"/>
ES17	What was the distance (in m) between the health care center and waste collection place last month?	1.Less than 50 2.51-150 3.More than 151	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ES18	What was the doer of transporting solid waste to the final disposal place?	1. The health care center 2. Local authority 3. Private contractor 4. UNRWA 5. Others, specify,	<input type="checkbox"/>
ES19	Where were the solid waste transport for final disposal ?	1. Local authority dumping site 2. Private dumping site 3. Throw randomly 4. Others, specify,	<input type="checkbox"/>
ES20	What was the frequency of transporting solid waste during the last week?	1. 1-3 2. 4-6 3. More than 7	<input type="checkbox"/> <input type="checkbox"/>