



**Palestinian Central Bureau of Statistics**  
**Questioner of the Environmental Survey for Health Care Centers 2009**  
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|           |  | PCBS USED                |   |
|-----------|--|--------------------------|---|
| <b>GO</b> | <b>Governorate :</b> .....   | <b>Governorate code:</b> | <input type="text"/> <input type="text"/>   |
| <b>LO</b> | <b>Locality:</b> .....   | <b>Locality code:</b>    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| <b>NA</b> | <b>Health Care Center Name:</b> .....  | <b>Center Number:</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"/> |
| <b>TY</b> | <b>Health Care Center Type:</b> .....  | <b>Type code:</b>        | <input type="text"/>  |
| <b>OW</b> | <b>Ownership:</b> 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 |                          | <b>Ownership Code:</b> <input type="text"/> <input type="text"/>  |

|                        |   |   |
|------------------------|---|---|
| <b>Respondent Data</b> | <b>Name:</b> .....<br><b>Signature:</b> .....<br><b>Date:</b> \    \    2009<br><br><div style="text-align: center;">Center Stamp</div> | <b>Notes:</b> .....<br>.....<br>.....<br>.....<br>.....<br>.....<br>..... |
|------------------------|---|---|

| PCBS USED          |                   |   |                                  |
|--------------------|-------------------|---|----------------------------------|
| Encoder: .....     | Encoder code:     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Encoder date:    \    \ 2009     |
| Data entry: .....  | Data entry code:  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Data entry date:    \    \ 2009  |
| Data editor: ..... | Data editor code: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Data editor date:    \    \ 2009 |

**EW: Water and Wastewater:**

| Code  | Question   | Choices   | Public water network  | Collection rain water well  | Buying tanks  | Others  |
|-------|--|---|---|---|---|---|
| EW01A | Do any of these sources used by the health care center for obtaining water?        | 1. Yes (Main source)    2. Yes (Secondary source)<br>3. Not source ( <b>In this case don't answer EW01B and EW01C</b> ) | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| EW01B | What is the average monthly consumed water in the the health care center ?         | (M <sup>3</sup> )\Month   | <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"/> |
| EW01C | What is the average monthly payment for consumed water in the health care center ? | (NIS)\Month <i>For Editor use only:</i><br>Monthly subscription fee <input type="text"/> <input type="text"/> (NIS)     | <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"/> |

| Code  | Question   | Choices   | Answers                  |
|-------|--|---|--------------------------|
| EW02A | What is the Wastewater disposal method in the health care center ?                                     | 1.Wastewater network   2.Tight cesspit   3.Porous cesspit   4.Others, specify                 | <input type="checkbox"/> |
| EW02B | What is the monthly estimated amount of money paid for wastewater disposal in the health care center ? | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS\Month |                          |
| EW03  | Did the produced wastewater treat in the health care center ?  | 1. Yes    2. No ( <b>Go to ES01</b> )   | <input type="checkbox"/> |
| EW04  | What is the used wastewater treatment method?  | 1. Mechanical treatment   2. Chemical treatment   3. Biological treatment                     | <input type="checkbox"/> |

**ES: Solid Waste Management:**

|      |  |   |
|------|--|---|
| ES01 | What is the average monthly of produced solid waste quantity in the health care center (Kg)? | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|------|--|---|

| ES02   | ES03   | ES04   | ES05   | ES06  | ES07  | ES08   | ES09  | ES10  | ES11   |
|--|--|--|--|---|---|--|---|---|--|
| Does the produced solid waste contain any of the following solid waste types?<br><br>1. Yes<br>2. No ( <b>Go to next row</b> ) | What is the percentage of quantity of this kind of waste from the total quantity waste generated?<br><br><i>(Total must be 100%)</i> | Is this kind of waste separated from the waste generated?<br><br>1. Yes<br>2. No ( <b>Go to next row</b> ) | Where did the waste put after collection?<br>1. Nylon bags<br>2. Special bags<br>3. Carton boxes<br>4. Metal boxes<br>5. Plastic boxes<br>6. Others, specify | What is weekly periodicity for collection solid waste inside the health care center?<br><br>1. 1-3 times<br>2. 4-6 times<br>3. 7 times and more | What is the main separated solid waste transporting method inside the health care center?<br><br>1. Manual<br>2. Special tools<br>3. Both methods | Does any of the following solid waste components treated?<br><br>1. Yes<br>2. No ( <b>Go to next row</b> ) | What is the used method for treating?<br>1. Open burning<br>2. Incineration<br>3 Buried<br>4. Chemical treatment<br>5. Disinfection<br>6. Mechanical treatment<br>7. Insulation<br>8. Thrown in the sewerage with water | What is the periodicity of treating solid waste per month?<br><br>1. 1-3 times<br>2. 4-6 times<br>3. 7 times and more | Who is treating the solid waste?<br><br>1. The health care center itself<br>2. Another health care center<br>3. Both |
| 1. General waste   | <input type="checkbox"/>   | <input type="text"/> <input type="text"/> %  | <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="text"/> <input type="text"/> %  | <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="text"/> <input type="text"/> %  | <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="text"/> <input type="text"/> %  | <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="text"/> <input type="text"/> %  | <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="text"/> <input type="text"/> %  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |
| In case of all or some types of solid waste not separated, you must answer ES05 to ES11 in this row for non-separated waste    |  |  |  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |

| Code | Question   | Choices   | Answer  |
|------|--|---|---|
| ES12 | Where did the solid waste collect before its final disposal?   | 1. Inside health care center building (Go to ES14)<br>2. Inside health care center square (Go to ES14) 3. Outside health care center  | <input type="checkbox"/>                          |
| ES13 | What was the distance (in m) between the health care center and waste collection place?                | 1. 50 m and less than 2. 51 to 150 m 3. 151m and more   | <input type="checkbox"/>                          |
| ES14 | How to deal with the waste after collection by the institution and before final disposal?              | 1. The Corporation transferred to the nearest container<br>2. Is collected directly from the institution by the local authority (Go to ES18)<br>3. The Corporation transferred to the nearest landfill waste (Go to ES18)<br>4. The Foundation is shifting the random (Go to ES18)<br>5. Other (Go to the ES18) | <input type="checkbox"/>                          |
| ES15 | What is the volume of the used container (in m <sup>3</sup> )?   | 1. 1- 3 2. 4-6 3. 7 m <sup>3</sup> and more   | <input type="checkbox"/>                          |
| ES16 | What is the material of construction of the used container?  | 1. Metal 2. Plastic 3. Others, specify  | <input type="checkbox"/>                          |
| ES17 | Where was the solid waste dispose after its collection inside the health care center ?                 | 1. Municipality open container 2. Municipality closed container<br>3. Health care center open container 4. Health care center closed container<br>5. Without container (Go to ES20)   | <input type="checkbox"/>                          |
| ES18 | who is transporting solid waste to the final disposing place?  | 1. The health care center 2. Local authority 3. Private contractor<br>4. UNRWA 5. Others, specify, .....  | <input type="checkbox"/>                          |
| ES19 | Are you responsible for the disposal of waste from the place of the transfer assembly to dumping site? | 1. Yes, Local authority dumping site 2. Yes, Private dumping site<br>3. No, Throw randomly 4. No, Unknown location  | <input type="checkbox"/> <input type="checkbox"/> |
| ES20 | What is the frequency of transporting solid waste during the last week?                                | 1. 1- 3 2. 4-6 3. 7 m <sup>3</sup> and more   | <input type="checkbox"/>                          |
| ES21 | What is the estimated payment for the disposal of solid waste in the health care center ?              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS\ <input type="text"/> <input type="text"/> Month  |   |

#### EE Environmental Assessment:

| Code | Question  | Choices   | Answer                   |
|------|---|---|--------------------------|
| EE01 | Health care center's Evaluation for Used Water Quality  | 1. Good 2. Fairly good 3. Bad                   | <input type="checkbox"/> |
| EE02 | Health care center's Evaluation for Water Supply Service  | 1. Good 2. Fairly good 3. Bad                   | <input type="checkbox"/> |
| EE03 | Health care center's Evaluation for Wastewater Disposal Service Using Wastewater Network          | 1. Good 2. Fairly good 3. Bad 4. Not applicable | <input type="checkbox"/> |
| EE04 | Health care center's Evaluation for Quality of Container which Used for Solid Waste Collection    | 1. Good 2. Fairly good 3. Bad                   | <input type="checkbox"/> |
| EE05 | Health care center's Evaluation for Comparing the Container Size with the Produced Waste Quantity | 1. Sufficient 2. Inadequate                     | <input type="checkbox"/> |
| EE06 | Health care center's Evaluation for Periodicity of Waste Collection                               | 1. Appropriate 2. Inappropriate                 | <input type="checkbox"/> |