



**Palestinian Central Bureau of Statistics**  
**Questionnaire of the Environmental Survey for Health Care Centers 2012**  
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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"/>
<b>TY</b>	<b>Health Care Center Type</b> :..... (1. Hospital 2. Clinical 3. Other)	<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> ..... <b>Signature:</b> ..... <b>Date:</b> \ \ 2012  <b>Center Stamp:</b>	<b>Notes:</b> ..... ..... ..... ..... ..... .....
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PCBS USED		
<b>Encoder:</b> .....	<b>Encoder code:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Encoder date:</b> \ \ 2012
<b>Data entry:</b> .....	<b>Data entry code:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Data entry date:</b> \ \ 2012
<b>Data editor:</b> .....	<b>Data editor code:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Data editor date:</b> \ \ 2012

**First: Environment of Health Care Center**

**EA: Outside Environmental Effects**

	EA01	EA03
	<p><b>Is any of the following considered as serious problem around health Care Center</b></p> <p>1.No            <b>go to <u>the next row</u></b>                      2.Seldom      <b>go to <u>the next row</u></b>                      3.Sometimes                      4.Very often</p>	<p><b>What are the two most important sources to the problem?</b></p>
Noise (1)	<input type="checkbox"/>	<p>1. Main Road                      2. Commercial Activities                      3. Industrial Activities                      4. Queries &amp; Stone Cutting                      5. Residential Buildings                      6. Construction                      7. Israeli Military Activities                      8. Settlements                      9. Others, specify .....</p> <p>First <input type="checkbox"/>            Second <input type="checkbox"/></p>
Smells (2)	<input type="checkbox"/>	<p>1. Main Road                      2. Industrial Activities                      3. Dump Site or waste container                      4. Public Toiltte                      5. Wastewater                      6. Agricultural wastes                      7. Settlements                      8. Others, specify .....</p> <p>First <input type="checkbox"/>            Second <input type="checkbox"/></p>

Dust (3)	<input type="checkbox"/>	1. Unpaved roads 2. Industrial activities 3. Main Road 4. Queries & Stone Cutting 5. Construction 6. Israeli Military Activities 7. Others (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>
Smoke (4)	<input type="checkbox"/>	1. Industrial activities 2. Waste burning 3. Main Road 4. Queries & Stone Cutting 5. Construction 6. Israeli Military Activities 7. Settlements 8. Others (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>

**EW: Water and Wastewater:**

EW01		EW02	EW03	EW04
<b>Are the following means used to get water?</b>		<b>What is the average consumed water per month? m<sup>3</sup>/month</b>	<b>What is the average monthly payment for consumed water in the health care center ?</b>	<b>How do you find the quality of water consumption from the public water network?</b>
1. Yes (Main source) 2. Yes (Secondary source) 3. No ( <b><u>Go to the next source</u></b> )			(NIS)\Month	1. Good (with no color, taste, smell or sediments) 2. Adapted (some of color, taste, smell, sediments) 3. Bad (with color, taste, smile or sediments)
1.	Water Network <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.	Water Tanks <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.	Water Well <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.	Spring <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.	Others ( 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"/>

Code	Question	Choices	Answers
EW05	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"/>
EW06	What is the monthly estimated amount of money paid for wastewater disposal in the health care center ?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS\Month
EW07	Did the produced wastewater treat in the health care center ?	1. Yes 2. No (Go to ES01)	<input type="checkbox"/>
EW08	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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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ES02	ES03	ES04	ES05	ES06	ES07	ES08	ES09	ES10	ES11
<b>Does the produced solid waste contain any of the following solid waste types?</b>  1. Yes 2. No ( <u>Go to next row</u> )	<b>What is the percentage of quantity of this kind of waste from the total quantity waste generated?</b>  <u>(Total must be 100%)</u>	<b>Is this kind of waste separated from the waste generated?</b>  1. Yes 2. No ( <u>Go to next row</u> )	<b>Where did the waste put after collection?</b> 1. Nylon bags 2. Special bags 3. Carton boxes 4. Metal boxes 5. Plastic boxes 6. Others, specify	<b>What is weekly periodicity for collection solid waste inside the health care center?</b>  1. 1-3 times 2. 4-6 times 3. 7 times and more	<b>What is the main separated solid waste transporting method inside the health care center?</b>  1. Manual 2. Special tools 3. Both methods	<b>Does any of the following solid waste components treated?</b>  1. Yes 2. No ( <u>Go to next row</u> )	<b>What is the used method for treating?</b> 1. Open burning 2. Incineration 3 Buried 4. Chemical treatment 5. Disinfection 6. Mechanical treatment 7. Insulation 8. Thrown in the sewerage with water	<b>What is the periodicity of treating solid waste per month?</b>  1. 1-3 times 2. 4-6 times 3. 7 times and more	<b>Who is treating the solid waste?</b>  1. The health care center itself 2. Another health care center 3. Both
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. Electronic 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"/>
7. Others 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"/>
<b>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</b>				<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) 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 2. Is collected directly from the institution by the local authority (Go to ES18) 3. The Corporation transferred to the nearest landfill waste (Go to ES18) 4. The Foundation is shifting the random (Go to ES18) 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 3. Health care center open container 4. Health care center closed container 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 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 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS

**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"/>