



**Palestinian Central Bureau of Statistics
Housing Conditions survey 2003**

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IDSAM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		WEEK NUM <input type="checkbox"/> <input type="checkbox"/>	
Locality Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Name of Householder ID9	
Locality Name.....ID1		Name of Householder ID9	
Final Result of meeting <input type="checkbox"/>		QC2	
1.Done(The Household not Changed) 2.Done(The Household Changed) 3.Travel Household 4.No found Unit 5. No inhabited Unit 6.Refused cooperation 7.Uninhabited Unit 8. No Data 9.Others, limited			
H1	Type of Housing Unit	<input type="checkbox"/>	1 Villa 2.House 3.Apartment 4.Independent Room 5.Tent 6.Marginal 7. Others, limited
H2	Tenure of Housing Unit	<input type="checkbox"/>	1.Owned 2.Rented Unfurnished 3.Rented Furnished 4. Without Payment 5.For Work 6.Others, Limited
H3	Construction Material of External Walls	<input type="checkbox"/>	1.Cleand Stone 2.Stone and Concrete 3.Old Stone 4.Cement Block 5.Adobe Clay 6.Clay 7.Other, Limited
H4	Area of Housing Units (m2)	
H5	Area of Land on which buildings constructed(m2)	
H6	Year of Completing Housing Unit	
H7	Accessibility of the housing unit	<input type="checkbox"/>	1. Residential only 2. Multiple purposes
H8	Number of Rooms in the Housing Unit	<input type="checkbox"/> <input type="checkbox"/>	
H9	Number of Bed Rooms in the Housing Unit	<input type="checkbox"/> <input type="checkbox"/>	
H10	1. monthly Rent 2. Specify kind of Money <input type="checkbox"/>	(For whom answer as 2,3 in H2) 1.Shekel 2.Jordanian Denair 3.US Dolor
H11	1. Estimated monthly Rent 2. Specify kind of Money <input type="checkbox"/>	(For whom answer as 2,3 in H2) 1.Shekel 2.Jordanian Denair 3.US Dolor
H12	Connection to public networks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.Public Network 2.Private System 3.No Piped Water 1.Public Network 2.Private Generator 3.No Electricity 1.Public Network 2.Porous Cesspit 3.No Sewage
H13	Availability of Kitchen	<input type="checkbox"/>	1. With Piped Water 2. Without Piped Water 3. No Kitchen
H14	Availability Bathroom	<input type="checkbox"/>	1. With Piped Water 2. Without Piped Water 3. No Bathroom
H15	A. Availability of Toilet.	<input type="checkbox"/>	1. With Piped Water 2. Without Piped Water 3. No Toilet
H16	Main Source of Energy for:	<input type="checkbox"/> <input type="checkbox"/>	1.Gas 2.Kerosene 3.Electricity 4.Wood 5.Other, Limited 0.No Heating 1.Gas 2. Kerosene 3.Electricity 4.Wood/Coal 5.Other
H17	How far your house unit from:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.Less Than 1km 2.1-5 km 3.More than 5km 1.Less Than 1km 2.1-5 km 3.More than 5km 1.Less Than 1km 2.1-5 km 3.More than 5km 1.Less Than 1km 2.1-5 km 3.More than 5km

	5. Nearest Elementary School	<input type="checkbox"/>	1.Less Than 1km	2.1-5 km	3.More than 5km			
	6. Nearest Maternal Center	<input type="checkbox"/>	1.Less Than 1km	2.1-5 km	3.More than 5km			
H18	Availability of Durable Goods:	1.Yes	2.No					
	1.Private Car	<input type="checkbox"/>	6. Dishes washing machine	<input type="checkbox"/>	11. TV	<input type="checkbox"/>	16. Computer	<input type="checkbox"/>
	2. Refrigerator	<input type="checkbox"/>	7. Central Heating	<input type="checkbox"/>	12. Video	<input type="checkbox"/>	17. Dish (satellite)	<input type="checkbox"/>
	3. Solar Boiler	<input type="checkbox"/>	8.Vacuum (Electric Broom)	<input type="checkbox"/>	13. Telephone Line	<input type="checkbox"/>	18. Internet Service	<input type="checkbox"/>
	4. Washing Machine	<input type="checkbox"/>	9. Tumble Drier	<input type="checkbox"/>	14. Jawwal	<input type="checkbox"/>		
	5. Cooking Stove	<input type="checkbox"/>	10. Home Library	<input type="checkbox"/>	15. Israeli Mobile	<input type="checkbox"/>		
H19	Number of Mobile Phone Availability for Household	<input type="checkbox"/>	<input type="checkbox"/>	1. Card				
		<input type="checkbox"/>	<input type="checkbox"/>	2. Bill				
H20	How many housing units do the household need during the next 10 years	<input type="checkbox"/>	<input type="checkbox"/>					
H21	How many housing units can the household build during the next 10 years	<input type="checkbox"/>	<input type="checkbox"/>					
H22	Did the housing unit have been Damage During Al-Aqsa Intifada	<input type="checkbox"/>	1. Completely Subverted					
	1. Yes 2. No	<input type="checkbox"/>	2. Partially Subverted					
		<input type="checkbox"/>	3. Walls or Windows Crack					
		<input type="checkbox"/>	4. The House Furniture was Exposed to Partially or Completely Damaged					
		<input type="checkbox"/>	5. Damaged in Water & Electricity services					
		<input type="checkbox"/>	6. Not Damaged					