



Palestinian Central Bureau of Statistics

Data Confidential in Accordance to General Statistical Law 2000

Repetition	Quarter	Year
1	1 2 3 4	_____
2	1 2 3 4	_____
3	1 2 3 4	_____
4	1 2 3 4	_____
Interviewee	_____	Constant No
Week		
Round No.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	

Mark (x) in the box of the Repetition in which the household is interviewed ☐ first ☐ second ☐ third ☐ forth

Part I : Identification Information

IDNUM	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	REP	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	IDSAM	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
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ID1	Locality code	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	ID4	Number of HU in the Building	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	ID7	Type of locality	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
ID2	Enumeration Area	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	ID5	Number of household in HU	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	ID8	No. of HH in Enumeration Area	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
ID3	Building no	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	ID6	District code	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	ID9	Name of head of HH		
District				Locality				Street/Route	

Part II: Quality Control

Repetition	Date of interviewing	Final result	No. of visits	Name of interviewer	No. of interviewer	Editor code	Coder code	Data entry operator code
	QC1	QC2	QC3		QC4	QC5	QC6	QC7
	day month year	(1-9)	(1-3)					
1	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
2	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
3	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
4	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

QC2	Final result	1. Complete (Household not changed) 2. Complete (Household was changed) 3. Household traveled 4. Unit Not Found 5. Nobody at Home 6. Refused 7. Not inhabited unit 8. No information 9. Others/ Select.....
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Interviewer: Read all names of household members listed in the previous Repetition and ask the following questions	Repetition				
	First	Second	Third	Fourth	
RD1: Number of new household members					If the number is more than one, add the new names to the household roster
RD2: Number of household members who left the household due to death, migration or any other reason					If the number is more than one update the roster and delete the names of the leaving members
RD3: Number of household members less than 10 years					
RD4: Number of household members 10 years and over					
RD5: Number of residence rooms					

HR0					HR0A	HR1	IDPER	IDK	HR2	HR3	HR4	HR5	HR6	HR7	Pw22_F
Office Use Only Person Change Status Code					Number of Person answering by Round <div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	Name	Id Number	Id Type 1.Palestinian 2.Palestinian hold another applection 3. Jerusalem Id 4. Israeli Id 5. Foreign Applection 6. Other	Sex 1.Male 2.Female	Date of Birth Day Month Year	Relationship to the Head of Household 1. head 2. spouse 3. son\daughter 4. father\mother 5. brother\ sister 6. Grand Father\ Mother 7. grand child 8. Son Wife\ Daughter Husband 9. Other relative 10. Others	Refugee Status 1.Regist ered 2.Not Register ed 3.Not Refugee	Interviewer: Write down changes of residency Status 1. Work 2. Studying 3. Marriage 4. Accompanying 5. Emigration 6. Death 7. Newborn 8. Others 9. Nothing	When was the Person Registered For the first time in the HH by the Repetition	Father occupationWhen 15 years old
1	2	3	4	Number		<div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	<div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	<div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>		
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				17											
				18											
				19											
				20											

O Interviewer: Mark (x) in the circle if an extra questionnaire was completed for the household

ROUND:

District: _____		Locality: _____		Name of head of HH: _____		IDSAM: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Serial No: <input type="checkbox"/> <input type="checkbox"/>		Name: _____		Pr1: The Age: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Pr2: School Attendance: <input type="checkbox"/> 1. yes 2. no	Pr3 Years of school: <input type="checkbox"/> <input type="checkbox"/>	Pr4 Educational Attainment(higher Qualification)					
		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/><input type="checkbox"/> 1. Illiterate 2. Can Read and Write 3. Elementary 4. Preparatory 5. Secondary </div> <div> 6. Associate Diploma 7. BA\ BSc 8. Higher Diploma 9. Master Degree 10. Ph.D </div> </div>					
Pr4a	Specialization of education: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Pr4b	Country of graduates <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Pr5	Marital Status: ask for Persons 12 years and above, Persons 10-11 years record for them (--) 1. Never Married 2. Engaged 3. Married 4. Divorced 5. Widowed 6. Separated		<input type="checkbox"/>				
Pr6	Training course attendance (such as training course that managed by ministry of labour, Qalandia institute) must present certificate at the end of the training course		<input type="checkbox"/>				
Pr7	Training Institution name		<input type="checkbox"/> <input type="checkbox"/>				
Pr8	Specialization of training course		<input type="checkbox"/> <input type="checkbox"/>				
PW01	Did..... work for wage in any kind of job including casual activities even for one hour?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 yes 2 No-Disable\abroad 3 abroad 4 Detained 5 No </div> <div style="border-left: 1px solid black; height: 40px; margin: 0 10px;"></div> <div> Skip to PW05 Skip to PW17 PW02 </div> </div>				
PW02	Although.....did not work last week, did he\she assist in any work including casual activities ?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 Yes 2 No </div> <div style="border-left: 1px solid black; height: 20px; margin: 0 10px;"></div> <div> Skip to PW05 </div> </div>				
PW03	Does have any work or enterprise for which he\she was absent last week? (and to which he/she will definitely return to work for wage or without wage)		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 Yes 2 No </div> <div style="border-left: 1px solid black; height: 20px; margin: 0 10px;"></div> <div> Skip to PW11 </div> </div>				
PW04	Why was..... absent from his\her job last week?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 Ill 2 Vacation 3 Strike, closure, curfew 4 Closure(Permit with payment) 5 Temporary stoppage 6 Others </div> <div style="border-left: 1px solid black; height: 60px; margin: 0 10px;"></div> <div> Skip to PW08 </div> </div>				
PW05	Does..... have any other jobs?		<input type="checkbox"/> 1. Yes 2. No				
PW05a	What is the economic activity in the second job		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
PW06	How many hours did work in all jobs last week? (separate between main and second job)		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> a. Main Job b. Second Job </div> <div style="border-left: 1px solid black; height: 40px; margin: 0 10px;"></div> <div> IF the hours 35 or more Skip to PW08 </div> </div>				
PW07	Why was the number of hours worked last week less than 35 hours?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 Personal reasons (Illness, vacation,,) 2 No desire to work more 3 Nature of work 4 Strike 5 Closure 6 Could not find additional work 7 Others </div> <div style="border-left: 1px solid black; height: 100px; margin: 0 10px;"></div> </div>				
PW08	Did... want to change his\her job or to get additional work last week?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 Yes 2 No </div> <div style="border-left: 1px solid black; height: 20px; margin: 0 10px;"></div> <div> Skip to PW10 </div> </div>				
PW09	Why did... want to change his\her job or to get additional work?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 Insufficient income 2 Occupation is not suitable 3 Bad work conditions 4 Place of work is far 5 Others </div> <div style="border-left: 1px solid black; height: 60px; margin: 0 10px;"></div> <div> Skip to PW18 </div> </div>				
PW10	Why did not want to change his\job or to get additional job?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 Good work 2 Studying, training 3 Home duties 4 Old, Illness 5 Others </div> <div style="border-left: 1px solid black; height: 60px; margin: 0 10px;"></div> <div> Skip to PW18 </div> </div>				

PW11	Was available for work last week?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - Old, Illness <input type="checkbox"/> 3 No, student <input type="checkbox"/> 4 No- home duties <input type="checkbox"/> 5 No- Others	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div> <p style="text-align: center;"><i>Skip to</i> ↓ PW17</p>
PW12	Was there any reason that prevented from getting a job if he was offered on last week?	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, student <input type="checkbox"/> 3 Yes- home duties <input type="checkbox"/> 4 Yes-Old, Illness <input type="checkbox"/> 5 Yes- Others	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div> <p style="text-align: center;"><i>Skip to</i> ↓ PW17</p>
PW13	For How long is.... available and able to work?	<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"/>	Months
PW14	Did... seek for a job last week or last Four weeks?	<input type="checkbox"/> a. last week <input type="checkbox"/> b. last Four weeks	1. Yes 2. No <i>Skip to PW16</i>
PW15	What were the steps taken to get a job?	<input type="checkbox"/> 1 Asked friends <input type="checkbox"/> 2 Declared\ Read newspaper <input type="checkbox"/> 3 Application to employers <input type="checkbox"/> 4 Labour exchange <input type="checkbox"/> 5 Others <input type="checkbox"/> 6 Did nothing	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div> <p style="text-align: center;"><i>Skip to</i> ↓ PW17</p>
PW16	Why did not seek for a job last week?	1 Studying, training 2 Home duties 3 Old, Illness 4 Found\established a job which starts later 5 Waiting results form previous job\applications 6. Waiting clients 7. Closure/ curfew 8 Still trying to have permit to wok in Israel and settlements 9 Vacation / official vacation during the reference period 10 Do not have any qualification or occupation 11 Didn't seek job due low wages 12 Find a job doesn't fit with qualifications 13 Discouraged to find job 14 Not interested in job Finding due to other income sources 15 The household do nor permit to work (only for women) 16 Others	
PW17	Did....ever work in the past for at least two weeks regularly?	<input type="checkbox"/> 1 Yes- in the last 12 months <input type="checkbox"/> 2 Yes- less than 5 years ago <input type="checkbox"/> 3 Yes- more than 5 years ago <input type="checkbox"/> 4 No	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div> <p style="text-align: center;"><i>Skip to PW18</i> End</p>
PW18	Where did... work in the main currents\previous job?	1. In Same District in West Bank 2. In other District in West Bank 3. In same District in Gaza Strip 4. In other District in Gaza Strip 5 Israel and Settlements 6. Abroad	
X18a	Does...work with permit or has any document to get to Israel or settlements	<input type="checkbox"/> 1 Work with permit <input type="checkbox"/> 2 Work without permit <input type="checkbox"/> 3 Israel identity\foreign passport\Jerusalem identity	
X18b	For the interviewer: Write detailed description to ...the work place	a. Major work place <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. Second work place <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PW19	For whom did ... work in the main current\previous work?		
PW20	What type of Industry (economic activity) does this company\ establishment work in?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PW21	What are the main duties and activities that... does At this work?		
PW22	What is\was his\her main occupation at this work?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PW23	What is\was his\her employment status a. Main Job b. Second Job (IF the answer in PW05 is 1)	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>	1.Employer(inside establishment) 2.Employer(outside establishment) 3.Self employed (inside establishment) 4. Self employed (outside establishment) 5.Unpaidfamily member 6.Employee\National Government 7.Employee\Foreign Government 8.Employee\ UNRWA 9.Employee\Internati 10.Employee\ Nonprofit Organization 11.Regular employee\ 12.Irregular employee\ private sector 13.Other (specify) (6-13 skip to PW23d)
pw23a	What is the legal status/organization of the enterprise where you work ? a. Main Job b. Second Job	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>	1.Individual Property 2.Defacto Company 3.Other
pw23b	What kind of accounts do you keep for this activity a. Main Job b. Second Job	a. <input type="checkbox"/> b. <input type="checkbox"/>	1.Complet assets of written accounts 2.Simplified written accounts 3.Only through informal records of orders, sales, purchases 4. No record are kept
pw23c	Product destination a. Main Job b. Second Job	a. <input type="checkbox"/> b. <input type="checkbox"/>	1. Market 2. Household use 3. Mixed (Market and household)
pw23d	Is the enterprise in which you work registered in tax administration a. Main Job b. Second Job	a. <input type="checkbox"/> b. <input type="checkbox"/>	1. Yes 2. No 3. In process of being registered 4. Don't know
pw23e	How many persons (including your self) usually work your enterprise/ the enterprise where you are employed? a. Main job b. Second job	a. <input type="checkbox"/> b. <input type="checkbox"/>	1. Only one 2. 2--4 3. 5--9 4. 10--19 5. 20++
pw23f	How many of them are paid employees a. Main Job b. Second Job	a. <input type="checkbox"/> b. <input type="checkbox"/>	1. 5 or less 2. 6 or more 3.No employees
Pw23n	Are you affiliated to any of the workers/Vocational unions	<input type="checkbox"/>	1.Yes 2.No
For wage employees only (the answer in pw23 from 6-13)			
pw23g	Are you employed permanently or temporarily/ seasonal / casual job? a. Main job b. Second job	a. <input type="checkbox"/> b. <input type="checkbox"/>	1. Full time/ regular 2. part time 3.Seasonal / casual, occasional
pw23h	Are you employed on the business in a written contract ? a. Main job b. Second job	a. <input type="checkbox"/> b. <input type="checkbox"/>	1.Yes- written for limited period 2.Yes- written for unlimited period 3.Yes- collective agreement 4.Yes- Verbal agreement 5.No
pw23i	Do you benefit from any of the following: 1. Yes 2.No 3. Not applicable	Main Job <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Second Job <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Contributions to the pension fund 2. Annual paid 3. Paid sick leave 4. In case of birth of a child Would you be given the opportunity to benefit from maternity leave (for women only)
Only for those who answered PW23 6-13, and did not answer PW17			
PW24	How long is he\she at this work?	<input type="text"/> <input type="text"/> <input type="text"/>	Months
PW25	How many days did ..work for wage last month	<input type="text"/> <input type="text"/>	Days
PW26	Since he\she worked for wage what was the amount for it - Period: 1. Daily 2. Weekly 3. Monthly -amount he\she received: -Currency: 1. Shiekeel 2. Jordanian Dinar 3. Dollar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	