



# 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 Week	Constant No	
Round No.	_____	

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

## Part I : Identification Information

IDNUM	<input type="text"/>	REP	<input type="text"/>	IDSAM	<input type="text"/>
ID1	Locality code	<input type="text"/>	ID4	Number of HU in the Building	<input type="text"/>
ID2	Enumeration Area	<input type="text"/>	ID5	Number of household in HU	<input type="text"/>
ID3	Building no	<input type="text"/>	ID6	District code	<input type="text"/>
ID7	Type of locality	<input type="text"/>	ID8	No. of HH in Enumeration Area	<input type="text"/>
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	Duration of interview per minute
QC1	QC2	QC3	QC4	QC5	QC7	QC8			
day	Month	Year	(1-9)	(1-3)					
1	<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"/>
2	<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"/>
3	<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"/>
4	<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"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD2: Number of household members who left the household due to death, migration or any other reason	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD3: Number of household members less than 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD4: Number of household members 10 years and over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RD5: Number of residence rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the number is more than one, add the new names to the household roster

If the number is more than one update the roster and delete the names of the leaving members

TEL:

E-Mail:

HR0	HR0A	HR1	IDPER	IDK	HR2	HR3	HR4	HR5	HR6	HR7	HR8					
Office Use Only Person Change Status Code	Number of Person answering by Round  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	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 9. Other relative 10. Others	Refugee Status 1.Registered 2.Not Registered 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	Do you have any difficulties					
											vision	Hearing	Mobility and using finger	remembering and concentrating	Communication	
1 2 3 4						Day Month Year			1 2 3 4		1. No - no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Can not at all 5- Don't know					
			01							1 2 3 4						
			02							1 2 3 4						
			03							1 2 3 4						
			04							1 2 3 4						
			05							1 2 3 4						
			06							1 2 3 4						
			07							1 2 3 4						
			08							1 2 3 4						
			09							1 2 3 4						
			10							1 2 3 4						
			11							1 2 3 4						
			12							1 2 3 4						
			13							1 2 3 4						
			14							1 2 3 4						
			15							1 2 3 4						
			16							1 2 3 4						
			17							1 2 3 4						
			18							1 2 3 4						
			19							1 2 3 4						
			20							1 2 3 4						

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

**Part 4: Individuals aged 10 years and above**
**ROUND:**  

District: _____		Locality: _____		Name of head of HH: _____		IDSAM: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Serial No: <input type="text"/> <input type="text"/>			Name: _____				
<b>Pr1:</b>	The Age at last Birthday		<input type="text"/> <input type="text"/> Years				
<b>Pr2:</b>	Attendance in formal Education		<input type="checkbox"/>		1.Currently Attending 2. Attended and left 3. Attended and graduated 4. Never attended		
<b>Pr3:</b>	How many years have you completed successfully		<input type="text"/> <input type="text"/>				
<b>Pr4:</b>	Educational Attainment( higher Qualification )		<input type="text"/> <input type="text"/>		1. Illiterate 2.Can Read and Write 3. Elementary 4.Preparatory 5.Secondary 6.Associatte Diploma 7.BA\ BSc 8. Higher Diploma 9.Master Degree 10.Ph.D		
<b>If the answer is one of the option (1-4), skip to Question Pr5</b>							
<b>Pr4a</b>	Specialization of education		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<b>Pr4b</b>	Country of graduation		<input type="text"/> <input type="text"/> <input type="text"/>				
<b>Pr4c</b>	Years of graduation		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<b>Pr4d</b>	Specialization of secondary school (for who answered Pr4 number 6 and above)		<input type="text"/> <input type="text"/>				
<b>Pr5</b>	Marital Status: ask for Persons 12 years and above, Persons 10-11 years record for them (-)		<input type="checkbox"/>		1.Never Married 2. Engaged 3.Married 4. Divorced 5. Widowed 6. Separated		
<b>Pr6</b>	Did attendance .... training course attendance during last 12 months (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"/>		1.Yes (Skip to Pr7) 2.No		
<b>Pr6a</b>	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"/>		1.Yes 2.No (Skip to Pr10)		
<b>Pr7</b>	Training Institution name		<input type="text"/> <input type="text"/>				
<b>Pr8</b>	Specialization of training course		<input type="text"/> <input type="text"/>				
<b>Pr9</b>	Training course period		<input type="text"/> <input type="text"/> months				
<b>PW01</b>	Last week, did..... work for wage or salary ,or for other income in cash or in kind of job including casual activities even for one hour?		<input type="checkbox"/>		1.Yes (Skip to PW05) 2.No-Disable\ Detained \ abroad (Skip to PW25) 3.No		
<b>PW02</b>	Last week, did ... do any unpaid work even if only for one hour on enterprise of the family ....?		<input type="checkbox"/>		1.Yes (Skip to PW05) 2.No		
<b>PW03</b>	Last week,..... have any work or enterprise for which he\she was temporarily absent last week? (and to which he/she will definitely return to work for wage or without wage)		<input type="checkbox"/>		1.Yes 2.No (Skip to PW16)		
<b>PW04</b>	Why was..... absent from his\her job last week?		<input type="checkbox"/>		1.Vacatio 2.Ill \ injury 3.Maternity leave 4. Strike\ Closure 5.Temporary stoppage 6.Bad weather 7.Education/ Training 8.Family responsibilities 9.Other		
<b>PW04a</b>	How many days, did .... Absent from work ?		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> days				
<b>PW05</b>	How many hours, did .... usually work per week?		<input type="text"/> <input type="text"/> (main job)				
<b>PW06</b>	How many hours, did ..... actually work in all jobs last week?		<b>IF the hours 35 or more Skip to PW08</b>				
<b>PW07</b>	Why was the number of hours..... worked last week less than 35 hours?		<input type="checkbox"/>		1.Personal reasons (Illness, vacation,,) 2.No desire to work more 3.Strike 4.Closure 5.Nature of work 6.Could not find additional work 7.Other		
<b>PW08</b>	Last week, did... work hours more than hours of usually work?		<input type="checkbox"/>		1.Yes 2.No (Skip to PW10)		

<b>PW09</b>	How many additional hours....have worked last week?	<input type="text"/> <input type="text"/>	hours
<b>PW10</b>	Did... want to change his\her job Last week?	<input type="checkbox"/>	1.Yes 2.No ( Skip to PW12)
<b>PW11</b>	Why did... want to change his\her job ?	<input type="checkbox"/>	1.Insufficient income 2.Occupation is not suitable 3.Bad work conditions 4.Place of work is far 5.Temporary/seasonal / casual 6.Other  <i>For all answer Skip to PW13</i>
<b>PW12</b>	Why did not .... want to change his\her job?	<input type="checkbox"/>	1. Comfortable work 2.Studying, training 3.Housekeeping 4.Old, Illness 5.Lack of job opportunities 6.Other  <i>For all answer Skip to PW27</i>
<b>PW13</b>	During the last four weeks, did ... look for another job/activity to replace your current one(s)?	<input type="checkbox"/>	1.Yes 2.No
<b>PW14</b>	During the last four weeks, did .... look for extra work ?	<input type="checkbox"/>	1.Yes 2.No
<b>PW15</b>	During the last four weeks, did ... look for extra hours in current job?	<input type="checkbox"/>	1.Yes 2.No  <i>Skip to PW27</i>
<b>PW16</b>	In the last four weeks, did .... looking for a job or trying to start a business?	<input type="checkbox"/>	1.Yes 2.No ( Skip to PW18)
<b>PW17</b>	In the last four weeks, what have done to look for work or to start a business? <b>Answer (1-11) skip to PW19</b> 1.Registered at employment office 2.Placed or answered job ads 3.Use internet 4.Checked with employers 5.Took a test or interview	<input type="checkbox"/>	6.Asked friends, relatives, 7.Waited at work places 8. Looked finance for a business 9.Looked for a business 10.Applied for permit or license 11.Other 12. Did nothing
<b>PW18</b>	What was the main reason did not.... seek work or try to start a business in the last four weeks? 1.Waiting news from employer 2.Waiting season 3. Studying/ training 4.Family responsibilities 5. Low wages 6.Illness\ injury\ disability 7.Waiting results from previous job\applications 8. Arrangement was taken to start self employment 9.Too young or too old to work	<input type="checkbox"/> <input type="checkbox"/>	10. Waiting for permit to work in Israel 11.Found\established a job which starts later 12. Lack of the necessary qualification, training or experience 13.Unable to find work 14.Retirement 15. The existence of revenue 16.No jobs available in the area 17.No need to work 18. The household do not permit to work 19. Other
<b>PW19</b>	Was .... available for work last week?	<input type="checkbox"/>	1.Yes 2.No  <i>Skip to PW22</i>
<b>PW20</b>	Was there any reason that prevented ..... from getting a job if he was offered on the last week? 1.No 2.Yes- Studying\ training 3.Yes-Family responsibilities 4.Yes-Illness\ injury \ disability 5.Yes-Retirement	<input type="checkbox"/> <input type="checkbox"/>	6.Yes-Old 7.Yes-Too young 8.Yes- Not willing to work 9.Yes-Seasonal / casual/ Temporary 10.Yes-Rest 11.Yes-Begging 12.Yes- Other
<b>PW21</b>	For how long have ..... been without work and trying to find a job or start a business?	<input type="text"/> <input type="text"/>	Months
<b>PW22</b>	During the last 6 months, did .... do anything to look for work or to start a business?	<input type="checkbox"/>	1.Yes 2.No
<b>PW23</b>	Did....desire for work job in wage or profit during the next four weeks?	<input type="checkbox"/>	1.No 2. Yes-Wage employee 3. Yes-Self employment
<b>PW24</b>	In ..... opinion, what is the main reason could not find work?	<input type="checkbox"/>	1.Lack of education\ Experience\ Qualification 2.Lack of suitable job opportunities 3.High competition 4.Not interested for looking a work 5.Other....

[illegible]

The persons who answered PW25 option (1-2) skip to the next person			
PW40	What is\was his\her employment status? <b>(main job)</b>	<input type="checkbox"/>	1.Wage Employee 2.Employer 3.Self Employed 4.Unpaid Family member <div style="float: right;">} <b>Skip to PW50</b></div>
PW41	Are ..... employed on the business in a written contract ? <b>(main job)</b>	<input type="checkbox"/>	1.Yes- written for limited period   2.Yes- written for unlimited period   3.Verbal agreement   4.No
PW42	Does the employer contributions to the pension fund ? <b>(main job)</b>	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW43	Does the employer get paid annual leave or payment for leave not taken? <b>(main job)</b>	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW44	Does the employer get paid sick leave in case of illness or injury? <b>(main job)</b>	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW45	Does the employer get maternity leave? <b>(main job)</b>	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know 4.Not apply
PW46	Did ... receive training courses during the first period at work?	<input type="checkbox"/>	1.Yes 2.No 3.New employee (didn't finish three months)
PW47	Is the work conditions ... characterized of the following? 1.Yes   2. No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Provide free private health insurance/partially health 2. Provide free public health insurance. 3.Provide insurance against injuries
PW48	Do..... receive wage with a pay slip? <b>(main job)</b>	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW49	Does .....s employer deduct income tax from your wage or salary?	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW50	What is the sector of the organization in which it works ... currently? <b>(main job)</b>	<input type="checkbox"/> <input type="checkbox"/>	1. National Government 2.Foreign government 3. Local Authority 4. International institution 5. UNRWA 6. Nonprofit Organization 7. Private Sector 8. Private enterprise 9. Private household 10. Other <div style="float: right;">             } <b>Skip to PW54</b>               } <b>Skip to PW51</b>              } <b>Skip to PW53</b> </div>
PW51	Does the business or farm registered in tax administration? <b>(main job)</b>	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW52	Does the business or farm keep a complete record of accounts? <b>(main job)</b>	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
PW53	Where is the product being produced marketed ? <b>(main job)</b>	<input type="checkbox"/>	1. Market 2. Both (Market and household)
PW54	How many persons, including ..... usually, work at the place of work? <b>(main job)</b>	<input type="checkbox"/>	1.Only one 2.2-4 3.5-9 4.10-19 5. 20+
PW55	What is the actual number of workers with ... in the current work? <b>(main job)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>PW56</b>	Are .... affiliated to any of the workers/Vocational union?	<input type="checkbox"/>	1.Yes 2.No
<b>PW57</b>	Did ... occupation suit with educational qualification? <b>For persons who hold educational qualification associated diploma and above only if other chose the 3<sup>rd</sup> option</b>	<input type="checkbox"/>	1.Yes 2.No 3.Not applicable
<b>PW58</b>	Did .... exposed to injury during the last 12 months?	<input type="checkbox"/>	1.Yes 2. No <b>Skip to PW61</b>
<b>PW59</b>	Did ..... absent from work due to this injury?	<input type="checkbox"/>	1.Yes 2.No <b>Skip to PW61</b>
<b>PW60</b>	Did the absent period was paid by the employer? <b>Ask only who answered PW40 option (1)</b>	<input type="checkbox"/>	1.Yes 2.No
<b>PW61</b>	Does..... have any other jobs last week? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes 2.No <i>Skip to PW81</i>
<b>PW62</b>	How many hours, did ..... actually work last week? ( <b>secondary job</b> )	<input type="text"/> <input type="text"/> hours	
<b>PW63</b>	Where did... work in the currently secondary job?	<input type="checkbox"/>	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.Aboard
<b>PW64</b>	Does...work with permit or has any document to get to Israel or settlements?	<input type="checkbox"/>	1.Work with permit 2.Work without permit 3.Israel identity\foreign passport\Jerusalem identity
<b>PW65</b>	For whom did ... work in the main current\previous work? ( <b>secondary job</b> )		.....
<b>PW66</b>	What type of Industry (economic activity) does this company\ establishment work in? ( <b>secondary job</b> )		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>PW67</b>	What are the main duties and activities that... does At this work? ( <b>secondary job</b> )		.....
<b>PW68</b>	What is\was his\her main occupation at this work? ( <b>secondary job</b> )		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>PW69</b>	What is\was his\her employment status? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Wage Employee 2.Employer 3.Self Employed 4.Unpaid Family member                      } <i>Skip to 70</i> <i>Skip to PW77</i>
<b>PW70</b>	Are ..... employed on the business in a written contract ? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes- written for limited period 2.Yes- written for unlimited period 3.Yes- Verbal agreement                      4.No
<b>PW71</b>	Does the employer contributions to the pension fund ? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
<b>PW72</b>	Does the employer get paid annual leave or payment for leave not taken? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
<b>PW73</b>	Does the employer get paid sick leave in case of illness or injury? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
<b>PW74</b>	Does the employer get maternity leave? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know 4.Not apply
<b>PW75</b>	Do..... receive wage with a pay slip? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know
<b>PW76</b>	Does ..... 's employer deduct income tax from your wage or salary? ( <b>secondary job</b> )	<input type="checkbox"/>	1.Yes 2.No 3.Don't Know

<b>PW77</b>	What is the sector of the organization in which it works ... currently? <b>(secondary job)</b>	<input type="checkbox"/> <input type="checkbox"/>	1. National Government 2. Foreign government 3. Local Authority 4. International institution 5. UNRWA 6. Nonprofit Organization 7. Private Sector 8. Private enterprise 9. Private household 10. Other	} <b>Skip to PW54</b>  } <b>Skip to PW51</b> } <b>Skip to PW53</b>
<b>PW78</b>	Does the business or farm registered in tax administration? <b>(secondary job)</b>	<input type="checkbox"/>	1. Yes 2. No                      3. Don't Know	
<b>PW79</b>	Does the business or farm keep a complete record of accounts? <b>(secondary job)</b>	<input type="checkbox"/>	1. Yes 2. No                      3. Don't Know	
<b>PW80</b>	How many persons, including ..... usually, work at the place of work? <b>(secondary job)</b>	<input type="checkbox"/>	1. Only one 2. 2-4 3. 5-9 4. 10-19 5. 20+	
<b>Only for those who answered PW40 option (1) if PW40 option (2-3) skip to PW86 ( In main job)</b>				
<b>PW81</b>	What is the nature of currently Job?	<input type="checkbox"/>	1. Full-time\ Regular 2. Part-time 3. Temporary\ casual \ Seasonal	
<b>PW82</b>	How long is he\she at this work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Months</b>	
<b>PW83</b>	How many days did ..work for wage last month?	<input type="checkbox"/> <input type="checkbox"/>	<b>Days</b>	
<b>PW84</b>	Since ..... 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="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>		
<b>PW85</b>	If do not know the amount of monthly wage, can select a category?	<input type="checkbox"/>	1 . Less than 500 Shiekeel 2. 500-999    Shiekeel 3. 1000-1499    Shiekeel 4. 1500-1999    Shiekeel 5. 2000-2499    Shiekeel 6. 2500-2999    Shiekeel 7. 3000-3499    Shiekeel 8. 3500-3999    Shiekeel 9. 4000 Shiekeel or more	
<b>PW86</b>	<b>Only (employer, self employed ) and who answered the PW40 option (2-3)</b>  How much was ..... net earnings from main job after deducting all expenses last month?  <b>Currency: 1. Shiekeel    2. Jordanian Dinar    3. Dollar</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>		