

 <p>State of Palestine Palestinian Central Bureau of Statistics</p>	<p>Survey on socioeconomic conditions for the Palestinian households, 2014</p>	<b>List of Household Members (as per 2013 cycle) who move to live with new households</b>								
		ID00	DI	Name of head of new household	Address					
					Governorate	Locality	Neighborhood	Street	Building Name	Mobile Number
		□□□□□□□□	□□	.....	.....	.....	.....	.....	.....	.....
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The information in this questionnaires are for pure statistical purposes only; It is considered confidential in accordance with the Public Statistics Law for the year 2000

**Part I: Identification Data**

<b>INI</b>	<p>Was the household part of previous round sample (2013)?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No, Move to ID00 <input type="checkbox"/></p>	
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<b>IN2</b>	<p>Has the household residence changed as compared to previous round (2013)?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No (move to ID00) <input type="checkbox"/></p>	
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<b>ID00</b>	Household serial number in sample	□□□□□□□□		<b>ID3</b>	Enumeration area's No	□□□		<b>ID6</b>	Household No in enumeration area sample	□□
<b>ID1</b>	Governorate	□□		<b>ID4</b>	Bldg. no in enumeration area	□□□		<b>ID7</b>	Location of housing unit to the barrier wall	□
<b>ID2</b>	Locality	□□□□□□□□		<b>ID5</b>	No of Housing unit within the building	□□□			1. Inside 2. Outside	

**Part II: Quality Control**

QC1	Field worker visits Schedule			QC2	Interview Result			QC3	Household Identification Data	
	Day	Month	Year	1	completed	5	Refused/ reason.....	1	Head of household	.....
1	□□	□□	□□□□	2	Partially completed	6	Information not available	2	Landline	□□□□□□□□
2	□□	□□	□□□□	3	Household is abroad	7	Address not found	3	Mobile No	□□□□□□□□
3	□□	□□	□□□□	4	Nobody home	8	Other/specify....	<b>QC4</b>	<b>Household references</b>	
<b>QC_1</b>	<p>Questions began at: □□:□□</p> <p>Questions ended at: □□:□□</p>							1	Full name	.....
<b>Duration of Interview</b>								2	Mobile Number	□□□□□□□□

<b>No of Household Members</b>			
QCS_T: total no of household members <input type="checkbox"/> <input type="checkbox"/>	QCS_M: Male members 18 and above <input type="checkbox"/> <input type="checkbox"/>	QCS_F: Female members 18 and above <input type="checkbox"/> <input type="checkbox"/>	

<b>Members no longer with the household (Split, formed new families) after preceding visit</b>	
QC6_M: Males <input type="checkbox"/> <input type="checkbox"/>	QC6_F: Females <input type="checkbox"/> <input type="checkbox"/>

<b>IR07</b>	Field worker's Name	<b>IR08</b>	Field worker's No	□□□□	Date	□□/□□/□□□□
<b>IR09</b>	Supervisor's Name	<b>IR10</b>	Supervisor's No	□□□□	Date	□□/□□/□□□□
<b>IR11</b>	Editor's Name	<b>IR12</b>	Editor's No	□□□□	Date	□□/□□/□□□□
<b>IR13</b>	Encoder's Name	<b>IR14</b>	Encoder's No	□□□□	Date	□□/□□/□□□□
<b>IR15</b>	Data entree's name	<b>IR16</b>	Data entree's No	□□□□	Date	□□/□□/□□□□

**Part III: Household Members Data**

D1	D2	D2_A	D3	D4	D5_01			D5	D6	D7
Member's serial number	Full Name (Four names)	<b>Type of (Name..) residency with family</b> <b>Permanent resident</b> 1. In dwelling/old 2. In dwelling/new <b>Absent</b> 3. Out of the country for a limited period (regardless of reasons other than studying) 4. Out of the country for studying <b>Exceptionally resident</b> 5. Moved exceptionally <b>Used to be resident but is not currently present and the reason:</b> 6. Separated to Form a new family 7. Death/ martyrdom 8. Immigration	<b>Relation of (Name..) with the head of household</b> 1. Head of household 2. Husband/wife 3. Son/ daughter 4. Father/ mother 5. Brother/ sister 6. Grandfather/ grandmother 7. Grandson/ Granddaughter 8. Son wife/ Daughter husband 9. Other relatives 10. Others	<b>Sex of (Name...)</b> 1. Male 2. Female	Date of birth of (Name...)?			<b>Age in full years of (Name..) for individuals less than one year, put 00 and for individuals of 98 years or above, put 98</b>	<b>Refugee status of (Name..)</b> 1. Registered refugee 2. Non registered refugee 3. Not a refugee	<b>Does (Name..) have health insurance</b> 0. None 1. Only governmental 2. Only UNRWA 3. Only private 4. Governmental and UNRWA 5. Governmental and private 6. UNRWA and private 7. Israeli 8. Other/ specify
					Day	Month	Year			

1		<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		<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		<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		<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		<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		<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		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To researchers; kindly put the sign X in the box if another form is used for the same family

					For individuals 3 years and above	For individuals 6 years	
D1	D2	D9			D10	D11	D12
Member's serial number	Full Name (four names)	Is (name..) suffering from any of the following diseases as diagnosed by a specialized doctor and does he/she receive regular treatment?			Is (Name..) enrolled in education? 1. Enrolled in kindergarten <b>move to next member</b> 2. Enrolled in education (post kindergarten) 3. Was enrolled and dropped out 4. Was enrolled and graduated 5. Never enrolled <b>Move to D12</b>	What are the number of schooling years successfully completed by (Name) in formal education?	What is the educational status of (Name..)? 1. Illiterate 2. Reads and writes 3. Elementary 4. Preparatory 5. Secondary 6. Intermediate level diploma 7. Bachelors degree BA 8. Higher diploma 9. Masters degree MA 10. PHD
		A Diabetes	B high blood pressure	C heart disease			
1		<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		<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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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5		<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		<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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

For individuals 10 years and above (Last week)										
D1	D2	D13	D13_1		D14	D15	D16	D17	D18	D18_01
Me mb er's seri al nu mb er	Full name (four names)	(Name...) relation to labor force 1. Working 1-14 hours 2. Working 15-34 hours 3. Working 35 or more hours 4. Temporarily absent 5. Looked for a job in the past four weeks-used to work before 6. Looked for a job in the past four weeks-has not worked before, move to D21_B <u>Has not worked before and does not want to work, reasons:</u> 7. Full time studying/ training 8. Full time housework 9. Disability/ age/ illness 10. Availability of income/ retirement 11. Others <b>If answers were choices 7-11, move to D22</b>	Date at which (Name...) got his/her first job opportunity		Main professional status of (Name) 1. Employer 2. Self-employed 3. Works with regula r pay 4. Works with irregul ar pay 5. Works for family without pay	Where is the workplace of (Name..) 1. From home 2. Within the same locality 3. Within the same governorate 4. In another governorate 5. In Israel 6. In settlements 7. Abroad	What is (Name..) main profession The craft or type of work performed currently or before in detail	What is the main economic activity of (Name) Nature of activity in detail	What is the sector (name) works in? 1. Private national inside EST. 2. Private national outside EST. 3. Private Foreign inside EST. 4. Private Foreign outside EST. 5. National government 6. Foreign government 7. Charitable association 8. UNRWA 9. International organization 10. Not for profit organization	What is the total number of regular hours worked by (Name) per week <b>For those who answered D13, options 1-4</b>
			Month	Year						
1		<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"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	
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For individuals 10 years and above							
D1	D2	D18_02			D19	D20	D21_B
Member's serial number	Full name (four names)	This question is asked to respondents to Question D13 from 1-4 and to wage employees only who replied to D14 with (3 or 4)			For individuals who answered question D13 by choices (1-4), and for other choices the question will not be answered and must be left empty	Number of months (Name) worked in 2014 Write the number of months worked in 2014 If did not work in the year 2014, write (00)	For individuals who answered question D13 by choices (5 or 6) For how long has (Name)'s work been disrupted? Write period in months
		What is the pay received by (Name...)? Time: 1. Daily 2. Weekly 3. Monthly Type of currency: 1. NIS 2. JD 3. USD					
		Time	Pay received	currency			
1		<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2		<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3		<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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14		<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

For individuals 12 years and above							
D1	D2	D22	D22_01	D22_02	D22_03		
Member's serial number	Full name (four names)	What is (Name) marital status? 1. Never married (move to next person) 2. first time contract without getting married (move to next person) 3. Married 4. Divorced 5. Widow 6. separated	Age at first marriage of (Name)	Relation to husband/wife 1. son/daughter of father's brother 2. son/daughter of father's sister 3. son/daughter of mother's brother 4. son/daughter of mother's sister 5. son/daughter of father/s brother and mother's sister/ son/daughter of mother's brother and father's sister 6. of same tribe 7. no family kinship	Usual place of residence of husband (name)/ wife (name) before marriage		
					Answer	Write governorate name if answer is (3) only	Governorate code
1		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	
14		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .....	<input type="checkbox"/> <input type="checkbox"/>	

Part IV: Housing Data			Answer
H1	What kind of dwelling unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Barracks 7. Caravan 8. Shelter/ public house move to H23_2 9. Other/ specify.....	<input type="checkbox"/>
H2	What is type of tenure?	1. Full ownership 2. Mortgage/ loaned residence 3. Rented without furniture 4. Rented with furniture 5. For free 6. In exchange of labor 7. Other/ specify.....	<input type="checkbox"/>
H3	1. What is the value of monthly rent 2. Specify currency	<b>Asked to respondents by 3 or 4 to Question H2</b> Currency: 1. NIS 2. JD 3. USD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H4	1. <b>If you rented a similar residence these days</b> , what would be the estimated rent for this current month 2. Specify currency	Rent value: Currency: 1. NIS 2. JD 3. USD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H6	Main building material for external walls?	1. Clean stone 2. Stone and cement 3. Old stone 4. Bricks, cement 5. Concrete 6. Other/ specify .....	<input type="checkbox"/>
H6_1	Main building material for the roof?	1. Cement/ concrete 2. Metal 3. Wood 4. Asbestos/ cement fiber 5. Hay/ palm leaves 6. Other/ specify .....	<input type="checkbox"/>
H7	What is the type of occupancy of the dwelling?	1. Residence only 2. Residence and workplace 3. Other/ specify .....	<input type="checkbox"/>
H8	Number of rooms in the house	<b>(excluding bathroom and kitchen)</b>	<input type="checkbox"/> <input type="checkbox"/>
H9	Number of rooms used for sleep (sleep area)		<input type="checkbox"/> <input type="checkbox"/>

H12	Dwelling connection to utilities networks (main source of such services)		Answer
	1. Water	1. Local public water network 2. Israeli water Network (Mikrot) 3. Rain water collection well 4. Springs 5. Tanks 6. Irrigation well 7. Other/ specify .....	<input type="checkbox"/>
	2. Electricity	1. Public network 2. Private generator. 3. None	<input type="checkbox"/>
	3. Sewage	1. Public network. 2. Porous Cesspit. 3. Tight Cesspit. 4. None	<input type="checkbox"/>

H13	Is the service provided by public networks disrupted (for dwellings connected to public utility networks)		Answer
	1. Water	1. Service continuously available. 2. Service disrupted once a month. 3. Service disrupted once a week 4. Service disrupted more than once a week. 5. Service disrupted on daily basis (fixed hours of service a day). 6. Network not operating. 7. Other/ specify.....	<input type="checkbox"/>
	2. Electricity	1. Service continuously available. 2. Service disrupted once a month. 3. Service disrupted once a week 4. Service disrupted more than once a week. 5. Service disrupted on daily basis (fixed hours of service a day). 6. Network not operating. 7. Other/ specify.....	<input type="checkbox"/>

H13_1	Of the following sources, what represents a source of drinking water for your family?	Answer (1. Yes, 2. No)
1.	Transported via pipelines to the residence	<input type="checkbox"/>
2.	Protected dug well	<input type="checkbox"/>
3.	Rain water collection well	<input type="checkbox"/>
4.	Tanks/ vehicle with small tank/ barrel	<input type="checkbox"/>
5.	Bottled/ mineral water	<input type="checkbox"/>
6.	Other/ specify .....	<input type="checkbox"/>

H13_2a	Does the household do anything to make water safer?	Answer
	1. Yes. 2. No. 3. I don't know <b>If the answer is 2 or 3, move to H14</b>	<input type="checkbox"/>
H13_2b	What is the family doing to make the water safer?	<input type="checkbox"/>

Does the family dwelling have...			Answer																																																																								
H14	Kitchen	1. Kitchen with water connection. 2. Kitchen without water connection. 3. No kitchen	<input type="checkbox"/>																																																																								
H15	Bathroom	1. Bathroom with water connection. 2. Bathroom without water connect. 3. No bathroom	<input type="checkbox"/>																																																																								
H16	Toilet	1. Toilet with water connection. 2. Toilet without water connection. 3. No toilet ( <b>move to H17</b> )	<input type="checkbox"/>																																																																								
H16_1	Do other people share you in using toilet?	1. Yes 2. No	<input type="checkbox"/>																																																																								
H17	What is the Internet source in the dwelling?	1. DSL. 2. USB. 3. Phone dial-up 4. Through the neighbors. 5. Other/ specify..... 6. None	<input type="checkbox"/>																																																																								
H18	What is the main source of energy used in....																																																																										
	1. Cooking	1. Gas. 2. Kerosene. 3. Electricity. 4. Wood. 5. Other/ specify.....	<input type="checkbox"/>																																																																								
	2. Heating	1. Gas. 2. Kerosene. 3. Electricity. 4. Wood. 5. Diesel. 6. Coal. 7. Other/ specify..... 8. None	<input type="checkbox"/>																																																																								
	3. Air conditioning	1. Electricity. 2. Other/ specify..... 3. None.	<input type="checkbox"/>																																																																								
	4. Baking	1. Gas. 2. Electricity. 3. Wood. 4. <i>Jift</i> (recycled olive remnants after oil pressing). 5. Other (coal, animal waste)/ specify..... 6. None.	<input type="checkbox"/>																																																																								
	5. Heating water	1. Solar energy. 2. Gas. 3. Kerosene. 4. Electricity. 5. Wood. 6. Coal. 7. Diesel. 8. Other/ specify.....	<input type="checkbox"/>																																																																								
H19	How does household dispose of solid waste	1. Collected by garbage man. 2. Charged in nearest trash container. 3. Charged at random. 4. Charged to landfill. 5. Burned. 6. Used for particular purposes. 7. Other/ specify.....	<input type="checkbox"/>																																																																								
H22	How many of the following durables are available to the house hold? (if non, write 0)	<table border="1"> <tbody> <tr> <td>1. Private car</td> <td><input type="checkbox"/></td> <td>10. Kerosene cooker (<i>babour</i>)</td> <td><input type="checkbox"/></td> <td>19. home library</td> <td><input type="checkbox"/></td> <td>28. smart mobile phones</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Electric fridge</td> <td><input type="checkbox"/></td> <td>11. Palestinian mobile line</td> <td><input type="checkbox"/></td> <td>20. regular TV</td> <td><input type="checkbox"/></td> <td>29. LC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Freezer</td> <td><input type="checkbox"/></td> <td>12. Vacuum cleaner</td> <td><input type="checkbox"/></td> <td>21. VCR/ DVD</td> <td><input type="checkbox"/></td> <td>30. LC split unit</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Solar heater</td> <td><input type="checkbox"/></td> <td>13. Electric fan</td> <td><input type="checkbox"/></td> <td>22. Satellite dish</td> <td><input type="checkbox"/></td> <td>31. IPAD/ Tablet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Water heater (wooden or boiler)</td> <td><input type="checkbox"/></td> <td>14. Gas/ electric cooker</td> <td><input type="checkbox"/></td> <td>23. phone line</td> <td><input type="checkbox"/></td> <td>32. Radio</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Automatic washing machine</td> <td><input type="checkbox"/></td> <td>15. Microwave</td> <td><input type="checkbox"/></td> <td>24. Israeli mobile phone line</td> <td><input type="checkbox"/></td> <td>33. TV/ LCD/ LED/ S-D screen</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Regular washing machine</td> <td><input type="checkbox"/></td> <td>16. Gas/ electric oven</td> <td><input type="checkbox"/></td> <td>25. computer (PC)</td> <td><input type="checkbox"/></td> <td>34. Play station/ X-Box</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. Dryer</td> <td><input type="checkbox"/></td> <td>17. Central heating</td> <td><input type="checkbox"/></td> <td>26. Computer (laptop)</td> <td><input type="checkbox"/></td> <td>35. other/ specify....</td> <td><input type="checkbox"/></td> </tr> <tr> <td>9. Dishwasher</td> <td><input type="checkbox"/></td> <td>18. Heater</td> <td><input type="checkbox"/></td> <td>27. Water Filter</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	1. Private car	<input type="checkbox"/>	10. Kerosene cooker ( <i>babour</i> )	<input type="checkbox"/>	19. home library	<input type="checkbox"/>	28. smart mobile phones	<input type="checkbox"/>	2. Electric fridge	<input type="checkbox"/>	11. Palestinian mobile line	<input type="checkbox"/>	20. regular TV	<input type="checkbox"/>	29. LC	<input type="checkbox"/>	3. Freezer	<input type="checkbox"/>	12. Vacuum cleaner	<input type="checkbox"/>	21. VCR/ DVD	<input type="checkbox"/>	30. LC split unit	<input type="checkbox"/>	4. Solar heater	<input type="checkbox"/>	13. Electric fan	<input type="checkbox"/>	22. Satellite dish	<input type="checkbox"/>	31. IPAD/ Tablet	<input type="checkbox"/>	5. Water heater (wooden or boiler)	<input type="checkbox"/>	14. Gas/ electric cooker	<input type="checkbox"/>	23. phone line	<input type="checkbox"/>	32. Radio	<input type="checkbox"/>	6. Automatic washing machine	<input type="checkbox"/>	15. Microwave	<input type="checkbox"/>	24. Israeli mobile phone line	<input type="checkbox"/>	33. TV/ LCD/ LED/ S-D screen	<input type="checkbox"/>	7. Regular washing machine	<input type="checkbox"/>	16. Gas/ electric oven	<input type="checkbox"/>	25. computer (PC)	<input type="checkbox"/>	34. Play station/ X-Box	<input type="checkbox"/>	8. Dryer	<input type="checkbox"/>	17. Central heating	<input type="checkbox"/>	26. Computer (laptop)	<input type="checkbox"/>	35. other/ specify....	<input type="checkbox"/>	9. Dishwasher	<input type="checkbox"/>	18. Heater	<input type="checkbox"/>	27. Water Filter	<input type="checkbox"/>			
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**Part V: Assistance and Coping Strategies**

<b>C01</b>	In the second half of 2014, have you or any of your family received any type of Assistance from any agency (like food, medicine, labor, education)				1. Yes . 2. No→ move to C04	<input type="checkbox"/>
<b>To researcher: Record Assistance received by the family during the second half of 2014 / set a line per every type of assistance.</b>						
<b>C02</b>	<b>A.What is the type of assistance received by household or one of its members</b>	<b>B.What is the value of assistance received by household or one of its members</b>	<b>C. What is the source of Assistance received by household or one of its members</b>	<b>D.Periodicity of Assistance?</b>	<b>E. Level of satisfaction with Assistance</b>	<b>F. Main reason behind dissatisfaction with Assistance</b>
	1. Food 2. Free treatment/ medicine 3. Clothing 4. Employment/ job 5. Compensations for martyrs. 6. Cash (money) 7. Health insurance. 8. Food ratio 9. School nutrition 10. production inputs (seeds, fertilizers, animal feed, water tanks) 11. drinking water 12. electricity charging 14. housing (shelter, rent, caravan) 13. other/ specify.....	Value (the total sum of all times of the same type of assistance from the same source in NIS)	1. Ministry of social affairs 2. Other PNA institutions 3. Political parties/ factions 4. Zakat committees 5. International/ development agency 6. UNRWA 7. Arab or foreign states 8. Charitable/ Religions associations 9. Family and relatives 10. Friends/ Acquaintance/ neighbors/doers of good deed 11. Labor unions 12. Local banks 13. Local reform committee 14. Other/ specify.....	1. Periodic 2. contingency	1. very satisfied 2. satisfied 3. dissatisfied 4. very dissatisfied 9. I don't know/ no answer  <b>If answer= 1,2,9, move to next line</b>	1. quantity 2. quality 3. quality and quantity 4. frequency of Assistance 5. other/ specify 9. I don't know/ no answer
1	<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"/>	<input type="checkbox"/>
2	<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"/>	<input type="checkbox"/>
3	<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"/>	<input type="checkbox"/>
4	<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"/>	<input type="checkbox"/>
5	<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"/>	<input type="checkbox"/>
6	<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"/>	<input type="checkbox"/>
7	<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"/>	<input type="checkbox"/>
8	<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"/>	<input type="checkbox"/>
9	<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"/>	<input type="checkbox"/>
10	<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"/>	<input type="checkbox"/>
11	<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"/>	<input type="checkbox"/>

<b>C04</b>	<b>This question is asked to households who did not receive any type of assistance during the second half of 2014, in your opinion, what is the main reason why it did not receive any assistance?</b>	<ol style="list-style-type: none"> <li>Did not ask for assistance.</li> <li>Submitted application but did not receive any because it dwells in remote area</li> <li>Submitted application but did not receive any because it dwells in a rich neighborhood</li> <li>Submitted application but did not receive because of political reasons</li> <li>Submitted application and did not receive for not fulfilling eligibility criteria</li> <li>Submitted application and did not receive for lack of available funding</li> <li>Submitted application but did not receive because one or more family members work</li> <li>Submitted application and did not receive but do not know why</li> <li>Other/ specify</li> </ol>	<input type="checkbox"/>
<b>C05</b>	<b>Regardless of the fact that you received assistance or not, do you think you need assistance?</b>	<ol style="list-style-type: none"> <li>Yes, pretty much.</li> <li>Yes, kind of.</li> <li>No, we don't. → <b>C07</b></li> </ol>	v

<b>C06</b>	Regardless of the fact that you received assistance or not, what is the type of assistance the family or any member needs <b>(1 yes, 2 no)</b>	1. Cash assistance	<input type="checkbox"/>	6. Orphans allowance	<input type="checkbox"/>	11. training	<input type="checkbox"/>
		2. Food assistance	<input type="checkbox"/>	7. Social interventions	<input type="checkbox"/>	12. startup project	<input type="checkbox"/>
		3. Health/medical insurance	<input type="checkbox"/>	8. School/ university fees	<input type="checkbox"/>	13. customs duty exemption	<input type="checkbox"/>
		4. Disability allowance	<input type="checkbox"/>	9. Contingency Assistance	<input type="checkbox"/>	14. housing assistance (remonstration, maintenance, shelter, rent, caravan)	<input type="checkbox"/>
		5. Elders allowance	<input type="checkbox"/>	10. Employment	<input type="checkbox"/>	15. Other/ specify	<input type="checkbox"/>

<b>C07</b>	<b>Regardless of the fact that you are received assistance or not, in your opinion how efficient or effective do you see the targeting of the needy sectors by the assistance provided and to what extent do you assess reception of such assistance by the needy sectors?</b>	<ol style="list-style-type: none"> <li>Assistance are mainly received by the needy</li> <li>Assistance are mainly received by the needy but some not needy also receive assistance</li> <li>Generally speaking assistance is distributed at random to needy and not needy</li> <li>I don't know, No answer.</li> </ol>	<input type="checkbox"/>
<b>C07_1</b>	<b>Regardless of the fact that you received assistance or not, do you think that assistance helps to:</b> 1. Yes 2. No	<ol style="list-style-type: none"> <li>Improve household situation</li> <li>Improve area status (neighborhood, community) you live in</li> <li>Improve the situation in West Bank</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>C08</b>	<b>During the past 30 days, how many times has your family encountered the following</b> 0: Never 1: Once or twice 2: from 3 – 10 times 3 :more than 10 times 9: I don't know/ no answer	1. Anxiety that household will not have sufficient food (food insecurity)	<input type="checkbox"/>
		2. Household members were not able to have preferred types of food due to lack of resources	<input type="checkbox"/>
		3. Household members had to eat limited types of food due to lack of resources	<input type="checkbox"/>
		4. Household members had to eat to un-preferred food due to lack of resources	<input type="checkbox"/>
		5. Household members had to eat food less than what they need because of it insufficiency	<input type="checkbox"/>
		6. Household members had to eat less number of meals because of insufficient food	<input type="checkbox"/>
		7. Absence/ insufficient food at home because of insufficient resources to purchase	<input type="checkbox"/>
		8. Any of household members had to sleep at night hungry because there was insufficient food	<input type="checkbox"/>
		9. Any household member had to abstain from eating all day long because of insufficient food	<input type="checkbox"/>

<b>C09_1</b>	<b>During past 12 months, the family was on loan, borrowing or debt?</b>	<ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't know</li> <li>No answer <b>if choices 2,3,4 Move to C12_1</b></li> </ol>	
<b>C10</b>	<b>What is the total value of loan/borrowing/ debt in NIS</b>	<input type="text"/>	
<b>C10_1</b>	What is the value of debt in NIS per source <b>(put 99999 if you don't know the value for any of the sources)</b>	1. Government loan/ advance pay	<input type="text"/>
		2. Commercial bank loan	<input type="text"/>
		3. Loans from specialized loaning institutions	<input type="text"/>
		4. Debt from individuals (friends, relatives)	<input type="text"/>
		5. Debt, loans from other sources/ specify	<input type="text"/>

C11	During the past 12 months, Has the loan/debt been used in any of the following	1.Yes.	2. No.	3. I don't know
	1. Living or food		<input type="checkbox"/>	
	2. Build/ expand/ maintain house		<input type="checkbox"/>	
	3. Wed a family member		<input type="checkbox"/>	
	4. Purchase furniture, devices		<input type="checkbox"/>	
	5. Educate a family member		<input type="checkbox"/>	
	6. Purchase/ expand real estate		<input type="checkbox"/>	
	8. Purchase car		<input type="checkbox"/>	
	7. Other/ specify .....		<input type="checkbox"/>	

C12_1	(A) In the second half of 2014, has any of the family members faced traumatic shocks	Answer 1. Yes 2.No move to next row	(B) what is the impact/ effect of this shocks 1. increase. 2. Reduction. 3. No change			
			Income	Assets	Food storage	Purchase power of food supply
1.	High cost of food supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	High cost of production input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Shortage of water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Loss in assets (including land) and projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Loss in assets or projects due to Israeli measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Restriction imposed on access to land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Inability to repay loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Bad weather conditions (storm, inundation, drought)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Loss of part or all of salary/ income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Damage to crops (disease, failure, storage damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Serious illness that inhibits performance of routine activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Death of family's main breadwinner (God forbids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Delay of payment of salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Loss of some/ all of assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Lack of permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Inability to receive health care because of lack of medicine and equipment	<input type="checkbox"/>				
17.	Inability to pay treatment cost	<input type="checkbox"/>				
18.	Inability to travel abroad for education	<input type="checkbox"/>				
19.	Inability to travel abroad for treatment	<input type="checkbox"/>				
20.	Inability to travel abroad for other reasons (other than education or health)	<input type="checkbox"/>				
21.	Divorce cases	<input type="checkbox"/>				
22.	Birth	<input type="checkbox"/>				

23.	Place of birth: 1. Home. 2. Private clinic. 3. Public clinic 4. Hospital. 5. Ambulance. 6. Other/ specify...	First birth <input type="checkbox"/> .....	Second birth <input type="checkbox"/> .....	Third birth <input type="checkbox"/> .....
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C12_2	What are the most significant shocks that your family endured and had major impact on your family's situation (insert event/action code from previous question (C12_1)	First <input type="checkbox"/> <input type="checkbox"/>	Second <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>
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C13	In the past 30 days, has your family done any of the following:	A. Answer	B. Number of times	C. Is the possibility of future use still exist
		1. Yes. 2. No 8. NA 9. Don't know (2,8,9 move to next item)		1. Yes. 2. No
1.	Not pay bills (water, electricity, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2.	Sell assets property (radio, furniture, fridge, TV, Jewelry, and other)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3.	Use family savings	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4.	Sell productive equipment (sewing machine, hand carts, transportation vehicles)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5.	Reorganize family members to save money (cohabitation, food jointly, etc.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6.	Reduce school expenses on education/ health/ clothes etc	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7.	Plant land/ Raise cattle/ fishing	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8.	Looking for overtime job	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
9.	Take children out of school	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10.	Reduce expenses on fertilizers, animal feed, vaccination	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
11.	Sell the remaining animals (females)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12.	Forced to take children out of school	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
13.	Sell house or agriculture land	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

C14	In the past 30 days (make sure you repeat the following phrase in asking all of the questions related to coping strategies) and when the family did not have sufficient food or money to purchase food, how many times have you	1. Never happened
1.	Eaten stored food ( As legumes, dairy products, that were stored to be used in winter)	<input type="checkbox"/>
2.	Collected wild plants (khobesa, zaatar, etc)	<input type="checkbox"/>
3.	Purchased low quality markets "Leftover"	<input type="checkbox"/>
4.	Bought and consumed fewer types of food items ( less expensive)	<input type="checkbox"/>
5.	Reduced portion of food for adults in favor of children's	<input type="checkbox"/>
6.	Reduced number of daily meals	<input type="checkbox"/>
7.	Purchased food on credit	<input type="checkbox"/>
8.	Reduced the portion of meals for all household members	<input type="checkbox"/>
9.	Asked for and received assistance from friends and/or relatives	<input type="checkbox"/>
10.	Sent women and / or children to work for food	<input type="checkbox"/>

Part VI: Expenditure and consumption

E702	In the second half of 2014, has the family expenditure changed for the following items?	Item	Answer	
			1. Yes, decreased	
			2. Yes, increased	
			3. No, remained the same	
	1. Purchased/ consumed quantity of meat	<input type="checkbox"/>		
	2. Purchased/ consumed quantity of fruits	<input type="checkbox"/>		
	3. Purchased/ consumed quantity of milk and milk products	<input type="checkbox"/>		
	4. Other/ specify	<input type="checkbox"/>		

E704	What is the monthly household consumption expenditure on food (NIS) in the second half of 2014	<input type="text"/>
E704_01	What is the monthly household consumption expenditure on clothes and shoes (NIS) in the second half of 2014	<input type="text"/>
E704_02	What is the monthly household consumption expenditure on housing (NIS) in the second half of 2014	<input type="text"/>
E704_03	What is the monthly household consumption expenditure on kitchen and silver ware (NIS) in the second half of 2014	<input type="text"/>
E704_04	What is the monthly household consumption expenditure on housework needs (cleaning materials and other supplies) (NIS) in the second half 2014	<input type="text"/>
E704_05	What is the monthly household consumption expenditure on medical care (NIS) in the second half 2014	<input type="text"/>
E704_06	What is the monthly household consumption expenditure on transportation (NIS) in the second half 2014	<input type="text"/>
E704_07	What is the monthly household consumption expenditure on telecommunication (NIS) in the second half 2014	<input type="text"/>
E704_08	What is the monthly household consumption expenditure on entertainment and cultural activities (NIS) in the second half 2014	<input type="text"/>
E704_09	What is the monthly household consumption expenditure on personal care (NIS) in the second half 2014	<input type="text"/>
E704_010	What is the monthly household consumption expenditure on tobacco and smoking (NIS) in the second half 2014	<input type="text"/>
E704_011	What is the annual household consumption expenditure on education (stationery and fees) (NIS) in the second half 2014	<input type="text"/>
E704_012	What is the annual household consumption expenditure on durable goods (NIS) in the second half 2014	<input type="text"/>
E704_013	What is the annual household consumption expenditure on furniture (NIS) in the second half 2014	<input type="text"/>
E704_014	What is the household's overall consumption expenditure on vehicles in the past three years (NIS)	<input type="text"/>
E703	What is the household overall monthly consumption expenditure (NIS) in the second half 2014	<input type="text"/>

E708	Over the past 12 months, Does the family purchase its needs of food products on credit (because of inability to cover cost)	1. Yes 2. No (move to next period)
E709	What is the percentage of food products purchased on credit to the total monthly household consumption of food products	<input type="text"/> <input type="text"/> <input type="text"/> %

E710_1	In your opinion, do you think that the household's current living standard compared to the first half of 2014 has improved, remained the same or deteriorated?	1. Improved 2. Remained the same 3. Deteriorated	<input type="checkbox"/>
E710_2	In your opinion, do you think that the household's living standard over the coming 12 months will be improved, will remain the same, will be deteriorated	1. Will be Improved 2. Will remain the same 3. Will be Deteriorated	<input type="checkbox"/>

**Part VII. Food diversity and facing food shortage**

<b>E801 Over the past week, how many days has the family consumed the following food products and what was the main source thereof</b>			
	<b>Food group</b>	<b>A. Number of days of consumption of this group</b> (Fill in the number of days regardless of the number of consumption times per day)	<b>B. Main source</b> 1. Food assistance via voucher/ coupons 2. Purchased cash 3. Self-produced 4. Barter 5. Gifts 6. In-kind food assistance 7. Purchased on credit 8. Loan from family/ neighbors 9. Other/ specify
1.	Wheat, Frekeh, purghul	<input type="checkbox"/>	<input type="checkbox"/>
2.	Rice	<input type="checkbox"/>	<input type="checkbox"/>
3.	Bread	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fish	<input type="checkbox"/>	<input type="checkbox"/>
5.	Eggs	<input type="checkbox"/>	<input type="checkbox"/>
6.	Red meat (lamb, beef, veal)	<input type="checkbox"/>	<input type="checkbox"/>
7.	White meat (poultry)	<input type="checkbox"/>	<input type="checkbox"/>
8.	Canned meat/ fish	<input type="checkbox"/>	<input type="checkbox"/>
9.	Milk and dairy products	<input type="checkbox"/>	<input type="checkbox"/>
10.	Olive oil	<input type="checkbox"/>	<input type="checkbox"/>
11.	Vegetable oil	<input type="checkbox"/>	<input type="checkbox"/>
12.	Pickles (olives and other vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Orange color fruits (Mango, papaya, peach, apricot, etc)	<input type="checkbox"/>	<input type="checkbox"/>
14.	Other types of fruit	<input type="checkbox"/>	<input type="checkbox"/>
15.	Orange color vegetables (carrot, pumpkin etc)	<input type="checkbox"/>	<input type="checkbox"/>
16.	Green leaves (spinach, broccoli, etc)	<input type="checkbox"/>	<input type="checkbox"/>
17.	Other vegetables	<input type="checkbox"/>	<input type="checkbox"/>
18.	Dried beans (lentils, chick beans)	<input type="checkbox"/>	<input type="checkbox"/>
19.	Liver, kidney, heart and other types of meat	<input type="checkbox"/>	<input type="checkbox"/>
20.	Potatoes and other similar vegetables	<input type="checkbox"/>	<input type="checkbox"/>
21.	Dried fruit and fruit paste	<input type="checkbox"/>	<input type="checkbox"/>
22.	Sugar, jam, sweets	<input type="checkbox"/>	<input type="checkbox"/>
23.	Thyme and dukka	<input type="checkbox"/>	<input type="checkbox"/>
24.	Other – drinks, tea, coffee, spices	<input type="checkbox"/>	<input type="checkbox"/>

**Chapter VIII: Income**

<b>I01</b>	What is the household's breadwinner's sex?	1. Male 2. Female	<input type="checkbox"/>
<b>I02</b>	How do you compare the household's living conditions (economic situation) in general to the <b>second half of 2014</b> ?	1. Much better today. 2. Better to a certain extent. 3. Almost the same/ nothing tangible changed. 4. Worse to a certain extent. 5. Much worse. 9. I don't know	<input type="checkbox"/>
<b>I04</b>	In your opinion what is the total amount your family needs per month to fulfill its basic life needs (like food, housing, clothes, education, health, etc.)	Respondents shall estimate amounts in NIS Field worker records (-) in boxes in case an answer is impossible to achieve	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>I04_1</b>	In general, do you consider your family?	1. Rich (good). 2. Middle class. 3. Poor. 4. Very poor	<input type="checkbox"/>
<b>I05</b>	In case the situation remains as such, for how long do you think your family can sustain itself financially in the future?	1. it can sustain regardless of time. 2. About one year 3. for a few months only 4. We barely make it 5. We suffer serious financial constraints and we don't know how we can make it. 9. I don't know	<input type="checkbox"/>

<b>I06</b>	<b>In the past 12 months</b> , which of the following sources were included as source of household income	<b>Answer</b> 1. Yes 2. No, <b>move to the next source</b>	What is the average monthly income in the past 12 months (NIS)?
	1. Agriculture, animal breeding, fishing	<input type="checkbox"/>	<input type="text"/>
	2. Family business (other than agriculture)	<input type="checkbox"/>	<input type="text"/>
	3. Government wage and salary	<input type="checkbox"/>	<input type="text"/>
	4. Private sector wage and salary	<input type="checkbox"/>	<input type="text"/>
	5. Wages from Israeli labor sectors	<input type="checkbox"/>	<input type="text"/>
	6. Transfers from Palestinian Territory (including pension)	<input type="checkbox"/>	<input type="text"/>
	7. Transfers from abroad	<input type="checkbox"/>	<input type="text"/>
	8. International organizations (assistance)	<input type="checkbox"/>	<input type="text"/>
	9. Social assistance	<input type="checkbox"/>	<input type="text"/>
	10. Salary from international organizations	<input type="checkbox"/>	<input type="text"/>
	11. National insurance (Jerusalem)	<input type="checkbox"/>	<input type="text"/>
	12. Property Income	<input type="checkbox"/>	<input type="text"/>
	13. Other/ specify	<input type="checkbox"/>	<input type="text"/>
<b>I06_1</b>	From the above stated sources, what is the main source of household income ( <b>specify using the code</b> )	<input type="text"/> <input type="text"/>	
<b>I07</b>	<b>In the past 12 months</b> , what is the average monthly income of sources with answer yes in I06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>I08</b>	What is the percentage of household income from agricultural activity, including animal reading (excluding paid labor for third parties in the agricultural sector)	<input type="text"/> <input type="text"/> <input type="text"/> %	

**Part IX: Agriculture and Livestock**

<b>A1</b>	Does the household have (owned, leased or used) agriculture land	1. Yes 2. No <b>move to A4</b>	<input type="checkbox"/>
<b>A2</b>	what is the area of land (owned, leased or used) the family has in sq. m.	1. Total area (of land) in square meters as on 31 March 2015	<input type="text"/> sq. m.
		2. Area of open irrigated vegetables in agricultural year 2013/2014	<input type="text"/> sq. m.
		3. Area of protected vegetables (greenhouses, surface canals, underground canals) in agricultural year 2013/2014	<input type="text"/> sq. m.
		4. Area of rain fed vegetables in agricultural year 2013/2014	<input type="text"/> sq. m.
		5. Field crops area in agricultural year 2013/2014	<input type="text"/> sq. m.
		6. Area of horticultural trees (other than olive) as on 31 March 2015	<input type="text"/> sq. m.
		7. Olive trees area as on 31 March 2015	<input type="text"/> sq. m.
		8. Area of arable unused land (temporarily undeveloped) as on 31 March 2015	<input type="text"/> sq. m.
		9. Area of non-arable (barren) land as on 31 March 2015	<input type="text"/> sq. m.
<b>A3</b>	What is the percentage of use of the following means of irrigation of agricultural crops in 2013/2014	1. Irrigation well / spring	<input type="text"/> <input type="text"/> <input type="text"/> %
		2. Public network	<input type="text"/> <input type="text"/> <input type="text"/> %
		3. Water tanks	<input type="text"/> <input type="text"/> <input type="text"/> %
		4. Collection wells	<input type="text"/> <input type="text"/> <input type="text"/> %
		5. Rain fed	<input type="text"/> <input type="text"/> <input type="text"/> %
		6. other/ specify...	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total</b>			<b>100%</b>
<b>A4</b>	Did the household have livestock during the agriculture year 2013/2014	1. yes 2. No ( <b>Move to A07</b> if answer to <b>A1</b> is <b>yes</b> ) ( <b>Move to T1</b> if answer to <b>A1</b> is <b>No</b> )	<input type="checkbox"/>

<b>A5</b>	How many animal heads as on 31 March 2015 (including economic projects)? (register the number, write 0 in the box in case no animals)	<b>Kind</b>		<b>Kind</b>	
		1. Milk cows	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6. egg chicken	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		2. Fattening calves	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7. beehives	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3. Sheep	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8. Camels	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4. Goat	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Other/ specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		5. Meat chicken	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

<b>A6</b>	What is the percentage of use of the following water sources in breeding animals in the agriculture year 2013/2014?	<b>Water source</b>	<b>Percentage</b>	<b>Water source</b>	<b>percentage</b>
		1. Irrigation well/ spring	<input type="text"/> <input type="text"/> <input type="text"/> %	2. Public network	<input type="text"/> <input type="text"/> <input type="text"/> %
		3. Water tanks	<input type="text"/> <input type="text"/> <input type="text"/> %	4. Collection wells	<input type="text"/> <input type="text"/> <input type="text"/> %
		5. Other/ specify	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>Total</b>	<b>100%</b>

<b>A7</b>	what is the percentage of the following marketing methods used by the family to discharge their agricultural products (plant or animal)	<b>Marketing/ disposal methods</b>	<b>Percentage</b>	<b>Marketing/disposal method</b>	<b>percentage</b>
		1. Household consumption/ gifts	<input type="text"/> <input type="text"/> <input type="text"/> %	2. Direct sale by farmer to consumers	<input type="text"/> <input type="text"/> <input type="text"/> %
		3. Sale to associations, cooperatives for food processing	<input type="text"/> <input type="text"/> <input type="text"/> %	4. sale through wholesalers and brokers	<input type="text"/> <input type="text"/> <input type="text"/> %
		5. Direct sale to stores (retailers)	<input type="text"/> <input type="text"/> <input type="text"/> %	6. Sale in special family store/ street vending	<input type="text"/> <input type="text"/> <input type="text"/> %
		7. other/ specify	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>Total</b>	<b>100%</b>

		Equipment	Answer 1 Yes 2 No 8 NA	Equipment	Answer 1 Yes 2 No 8 NA	Equipment	Answer 1 Yes 2 No 8 NA
<b>A8</b>	Did the household own any of the following agricultural equipments as on 31 March 2015	1. plough	<input type="checkbox"/>	2. manual plough (hack)	<input type="checkbox"/>	3. automatic spray	
		4. hoe/ shovel	<input type="checkbox"/>	5. automatic plough	<input type="checkbox"/>	6. tractor	
		7. hand spray	<input type="checkbox"/>	8. threshing tool	<input type="checkbox"/>	9. harrow	
		10. hatchet	<input type="checkbox"/>	11. fishing hook	<input type="checkbox"/>	12. harvesting machine	
		13. mangers	<input type="checkbox"/>	14. drinking fountains	<input type="checkbox"/>	15. Animal trimming tools	
		16. other/ specify	<input type="checkbox"/>				

**Part X: Freedom of movement**

<b>T1</b>	During the second half 2014 to what extent you can say that restrictions on your mobility caused problems to you and your family?	1. Very much 2. Minor 3. Not at all 9. I don't know	<input type="checkbox"/>
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<b>T2</b>	During the second half 2014, have you or any of your family members faced difficulties that impeded your access to...	<b>A. There is difficulty</b>	<b>B. Reason for difficulty 1. Yes 2: no</b>				
		1. No difficulty 2. minor difficult 3. Big difficulty 4. Not applicable 9. I don't know (1, 8, 9 move to next item)	1. Restrictions on movement checkpoints/ barriers/ crossing zone, bugger zone	2. Cannot afford cost	3. shelling/ military operations	4. other/ specify	
		1. Work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2. Farming land/ harvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3. School or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		4. Health utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5. Inside district (within Gaza Strip governorates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Outside area (outside the Gaza Strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

T3	How far is you home from the following services and what is the most used means of transportation and duration of travel			
		1. Distance	2. Mean of transport	3. duration
1. Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Nearest private doctor clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Health center (mother and child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Nearest public or private hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Nearest elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. Nearest secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. Nearest food purchase center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Nearest shopping center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Part XI: Immigration**

<b>MG1</b>	Since 2009, has the household or any of its members considered immigration?	1. Yes, one member 2. Yes, more than one member 3. Yes, all family members 4. No <b>move to MG4</b>	<input type="checkbox"/>
<b>MG2</b>	Has the family or any of its members taken serious steps to immigrate (apply for visa, contact embassy, communicate with relatives or acquaintance abroad?)	1. Yes, one member 2. Yes, more than one member 3. Yes, all family members 4. No	<input type="checkbox"/>
<b>MG3</b>	Since 2009, how many members immigrated?	<input type="checkbox"/> <input type="checkbox"/> male	<input type="checkbox"/> <input type="checkbox"/> female
<b>MG4</b>	Since 2009, has any of the family members living abroad returned?	1. Yes 2. No <b>Move to MR5</b>	<input type="checkbox"/>
<b>MG5</b>	Since 2009, how many family members living abroad returned?	<input type="checkbox"/> <input type="checkbox"/> male	<input type="checkbox"/> <input type="checkbox"/> female

**Individuals Survey 18 years and above: questions on reality of suffering and quality of life  
Mechanism for selection among household members**

**Table (1): census and order of household members according to the required age group (18 years and above)**

Enumerate family members of the required age group (18 years and above)			
Members name	Age	Order	Selection

**Instructions to researcher:**

1. Organize male/ female members according to the required age group starting with the most senior to the youngest
2. Use the household random number table according to the serial survey number in the enumeration zone in Table (2)
3. Select the male/ female requested. Crossing of column No of household members of the age group 18 and above and the class assigned to every code of the random class from selection table for individual from family Table 3

**Table (2) random household symbol according to the survey serial number**

Household random code	Serial number of survey in enumeration zone	Random household code	Survey serial number in enumeration zone
A	14	A	1
B1	15	A	2
B2	16	B1	3
C	17	B2	4
C	18	C	5
D	19	C	6
D	20	D	7
E1	21	D	8
E2	22	E1	9
F	23	E2	10
F	24	F	11
A	25	F	12
		A	13

**Table (3) Table of selection of household member**

Random household code	If number of male/ female members above 18 years					
	1	2	3	4	5	6 or more
	Select member whose order is:					
<b>A</b>	1	1	1	1	1	1
<b>B1</b>	1	1	1	1	2	2
<b>B2</b>	1	1	1	2	2	2
<b>C</b>	1	1	2	2	3	3
<b>D</b>	1	1	2	3	4	4
<b>E1</b>	1	1	3	3	3	5
<b>E2</b>	1	1	3	4	5	5
<b>F</b>	1	1	3	4	5	6

Individual's survey 18 years and above on suffering and quality of life		
<b>GA1</b>	Individual's name as appeared in D02	
<b>GA2</b>	Individual's line no D01	
<b>GA 3</b>	Outcome of individual's interview	1. completed. 2. Partially completed. 3. Unable to meet with the person 4. Refused (reason....) 5. Other/ specify.....

		Choices	Six months pre 2014 aggression	During 2014 aggression	Currently
GA4	In general, how do you describe your health condition?	1. Very bad 2. Bad 3. Neither bad nor good. 4. Good 5. Very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GA5	To what extent are you satisfied with your life?	1. Not satisfied at all. 2. Dissatisfied 3. somewhere in between	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GA6	To what extent are you satisfied with your health?	1. not satisfied at all 2. Dissatisfied 3. Somewhere in between 4. Satisfied 5.very satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Welfare index (answers to these questions cover the previous two weeks)**

GA7	Can you focus on your work as usual?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA8	Do you find it difficult to sleep because you are nervous or preoccupied?	1. No never. 2. Not more than usual. 3. More than usual 4. Much more than usual	<input type="checkbox"/>
GA9	Do you feel you are playing a useful role toward the people around you?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA10	Can you make decisions as usual?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA11	Do you feel under continuous pressure?	1. No never. 2. Not more than usual 3. More than usual 4. Much more than usual	<input type="checkbox"/>
GA12	Do you feel capable of overcoming your problems?	1. No never. 2. Not more than usual 3. More than usual 4. Much more than usual	<input type="checkbox"/>
GA13	Are you happy and satisfied with your accomplishment at work?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much more than usual	<input type="checkbox"/>
GA14	Do you feel able to face your problems?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much more than usual	<input type="checkbox"/>
GA15	Do you feel sad and that there is no way out?	1. No never 2. Not more than usual. 3. More than usual. 4. much more than usual	<input type="checkbox"/>
GA16	Have you lost your self-confidence?	1. No never. 2. Not more than usual. 3. More than usual. 4. Much more than usual	<input type="checkbox"/>
GA17	Do you see yourself as a useless person?	1. No never. 2. Not more than usual. 3. More than usual. 4. Much more than usual	<input type="checkbox"/>
GA18	Are you able to feel happy notwithstanding the surrounding circumstances?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much more than usual	<input type="checkbox"/>

**Quality of life (answers to these questions cover the previous two weeks)**

1. Never 2. A little 3. Moderately 4. Very much 5. An extreme amount		
GA19	Do you suffer physical pain?	<input type="checkbox"/>
GA20	To what extent do your family fear for your personal safety?	<input type="checkbox"/>
GA21	To what extent are you able to receive medical treatment when you need it?	<input type="checkbox"/>
GA22	To what extent do you feel physical safety in your daily life?	<input type="checkbox"/>
GA23	To what extent do you feel psychological safety in your daily life?	<input type="checkbox"/>
GA24	To what extent do you fear for yourself in your daily life?	<input type="checkbox"/>
GA25	To what extent do you fear for your family in your daily life?	<input type="checkbox"/>
GA26	To what extent do you feel worry/ fear not being able to provide your family with daily life necessities?	<input type="checkbox"/>
GA27	To what extent do you feel worry/ fear of losing your source of income or your family's source of income?	<input type="checkbox"/>
GA28	To what extent do you feel worry/ fear losing your home?	<input type="checkbox"/>
GA29	To what extent do you feel worry/ fear losing your land?	<input type="checkbox"/>
GA30	To what extent do you feel worry/ fear about displacement and migration?	<input type="checkbox"/>
GA31	To what extent do you feel worry/ fear about the chaos in the Palestinian society?	<input type="checkbox"/>
GA32	To what extent do you feel worry/ fear about your future and the future of your family?	<input type="checkbox"/>

<b>GA33</b>	<b>put the code of the answer you feel closest to what you feel in general/ now</b>  1. Never 2. Sometimes 3. Often 4. Always 5. I don't know	A. To what extent do you feel anxious?	<input type="checkbox"/>
		B. How frustrated/ down did you feel?	<input type="checkbox"/>
		C. To what extent did you feel unable	<input type="checkbox"/>
		D. To what extent did you feel humiliated?	<input type="checkbox"/>
		E. To what extent did you feel lonely?	<input type="checkbox"/>
		F. To what extent did you feel worried?	<input type="checkbox"/>
		G. To what extent did you feel grief?	<input type="checkbox"/>
		H. To what extent did you feel angry?	<input type="checkbox"/>
		I. To what extend did you feel board and fed up of life?	<input type="checkbox"/>
		J. To what extent did you feel unable to control important things in your life?	<input type="checkbox"/>
		K. To what extent did you feel unable to cope with the things that you had to do?	<input type="checkbox"/>
		L. To what extent did you feel unable to perform your daily activities?	<input type="checkbox"/>

<b>GA34</b>	<b>On the past 12 months, have you faced any of the following acts or behaviors?</b>	<b>A</b> Number of times you faced this behavior 1. Never (move to next question) 2. Once 3. Several times	<b>B</b> Main perpetrator of the most painful act or behavior 1. Male in the family 2. Female in the family 3. Male outside the family 4. Female outside the family
1.	Insult and humiliation	<input type="checkbox"/>	<input type="checkbox"/>
2.	Phrases like describing you as fat, ugly, horrendous.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Damage or destruction to personal property	<input type="checkbox"/>	<input type="checkbox"/>
4.	Shouting or screaming at	<input type="checkbox"/>	<input type="checkbox"/>
5.	Saying improper words to raise anger	<input type="checkbox"/>	<input type="checkbox"/>
6.	Throwing things that may hurt you	<input type="checkbox"/>	<input type="checkbox"/>
7.	Twisting arm or pulling hair	<input type="checkbox"/>	<input type="checkbox"/>
8.	Aggression that resulted in scars, wounds, joints pain	<input type="checkbox"/>	<input type="checkbox"/>
9.	Pushed with force	<input type="checkbox"/>	<input type="checkbox"/>
10.	Attack with a knife or paper cutter or hatchet or any other similar and sharp tool	<input type="checkbox"/>	<input type="checkbox"/>
11.	Hitting on the head leading to fainting	<input type="checkbox"/>	<input type="checkbox"/>
12.	Hitting using less sharp tool (like belt, stick or similar tools)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Suffocation or attempt to suffocation	<input type="checkbox"/>	<input type="checkbox"/>
14.	Holding tightly		
15.	Slapping on the face	<input type="checkbox"/>	<input type="checkbox"/>
16.	Breaking a bone	<input type="checkbox"/>	<input type="checkbox"/>
17.	Burn or deliberate burn	<input type="checkbox"/>	<input type="checkbox"/>
18.	Kicking	<input type="checkbox"/>	<input type="checkbox"/>
19.	Biting	<input type="checkbox"/>	<input type="checkbox"/>
20.	Harassment/ abuse	<input type="checkbox"/>	<input type="checkbox"/>

Answers to these questions cover the previous two weeks

1. Never 2. A little 3. Moderately 4. Very much 5. An extreme amount		
GA35	Do you feel deprived? (if answer is 1, move to GA 45)	<input type="checkbox"/>
GA36	To what extent do you feel material deprivation (money, food, house)?	<input type="checkbox"/>
GA37	To what extent do you feel deprived because there is no work for you?	<input type="checkbox"/>
GA38	To what extent do you feel deprived because of your inability to enroll in university education?	<input type="checkbox"/>
GA39	To what extent do you feel deprived because of your inability to move from one place to another from the Gaza Strip to the West Bank?	<input type="checkbox"/>
GA40	To what extent do you feel deprived because of your inability to travel outside Palestine?	<input type="checkbox"/>
GA41	To what extent do you feel deprived because of your inability to move inside the Gaza Strip?	<input type="checkbox"/>
GA42	To what extent do you feel deprived because of the Palestinian split?	<input type="checkbox"/>
GA43	To what extent do you feel deprived because of the occupation?	<input type="checkbox"/>
GA44	To what extent do you feel deprived because of the conservative nature of the society and constraints on personal freedom?	<input type="checkbox"/>

GA45	Is suffering part of your life?	1. Never 2. Yes a little 3. Yes moderately 4. Yes pretty much <b>If answer is 1, move to GA 47)</b>	<input type="checkbox"/>
	To what extent do the current circumstances constitute a reason of suffering and part of your life? Answer must be on a scale from 0-10  <b>Where (0) means no suffering and (10) means extreme suffering</b>	1. 2014 aggression 2. Occupation in general 3. Siege 4. Palestinian split 5. Nepotism/ favoritism 6. Palestinian social restrictions 7. Global policies toward Palestine 8. 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"/>
GA47	When you face a problem, who do you ask for help or solution to the problem?	1. I solve it on my own and do not ask for anybody's help 2. Family member 3. Friend 4. Relatives 5. Party comrades 6. Talk to a specialist (doctor, nurse, counsel, etc) 7. Ignore the problem and don't do anything 8. I cannot handle the problem because I am frustrated 9. Other/ specify.....	<input type="checkbox"/>
GA48	Compared to pre 2014 aggression has the following? 1. Increased 2. Decreased 3. Remained the same	1. Differences with family members during the 2014 aggression 2. Differences with neighbors during the 2014 aggression 3. Differences with other people (other than neighbors and relative) during the 2014 aggression 4. Solidarity within the same family 5. Each person tried to save himself/herself and their families and did not think of others. 6. Solidarity in the whole community	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		Since 2009 aggression till before 2014 aggression	During 2014 aggression	Now
<b>GA49</b>	Have you ever thought of immigrating outside the Gaza Strip during this period? 1. Yes 2. No <b>If answer to all paragraphs is (No) end of survey</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GA50</b>	<b>If you have considered immigrating outside the Gaza Strip</b> , have you started serious immigration procedures (submission of visa application, contacting embassy, communicating with relatives or friends abroad?)	Answer		
		1. Yes 2. No <input type="checkbox"/>		

<b>GA51</b>	Which of the following reasons pushed you to consider immigrating?  1. Yes 2. No	<ol style="list-style-type: none"> <li>1. The siege</li> <li>2. Palestinian split</li> <li>3. Bad economic condition (in general)</li> <li>4. To improve the economic situation</li> <li>5. 2014 aggression</li> <li>6. Political situation in general</li> <li>7. Lack of feeling of security</li> <li>8. Dissatisfaction with the quality of life in Gaza</li> <li>9. Fear for the family</li> <li>10. Lack of good education opportunities</li> <li>11. Other/ specify.....</li> </ol>	<input type="checkbox"/> <input type="checkbox"/>
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State of Palestine  
Palestinian  
Central Bureau  
of Statistics

Survey on the impact of the 2014 Israeli aggression in on the socioeconomic conditions in Gaza Strip

List of Household Members (as per 2013 cycle) who move to live with new households

ID00	DI	Name of head of new household	Address						
			Governorate	Locality	Neighborhood	Street	Building Name	Mobile Number	
□□□□□□□□	□□	.....	.....	.....	.....	.....	.....	.....	
□□□□□□□□	□□	.....	.....	.....	.....	.....	.....	.....	
□□□□□□□□	□□	.....	.....	.....	.....	.....	.....	.....	

The information in this questionnaires are for pure statistical purposes only; It is considered confidential in accordance with the Public Statistics Law for the year 2000

Part I: Identification Data

INI	Was the household part of previous round sample (2013)? 1. Yes <input type="checkbox"/> 2. No, Move to ID00	IN2	Has the household residence changed as compared to previous round (2013)? 1. Yes <input type="checkbox"/> 2. No (move to ID00)	IN3	Reason for change of household residence from previous round (2013)? 1. Original residence is no longer fit for living in reason of 2014 aggression <input type="checkbox"/> 2. Moved for reasons other than 2014 aggression
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ID00	Household serial number in sample	□□□□□□□□	ID3	Enumeration area's No	□□□	ID6	Household No in enumeration area sample	□□
ID1	Governorate	□□	ID4	Bldg. no in enumeration area	□□□	ID7	Location of housing unit to the buffer zone 1. Less than 1000 m    2. 1000 m or more	<input type="checkbox"/>
ID2	Locality	□□□□□□□□	ID5	No of Housing unit within the building	□□□			

Part II: Quality Control

QC1	Field worker visits Schedule			QC2	Interview Result			QC3	Household Identification Data	
	Day	Month	Year	1	completed	5	Refused/ reason.....	1	Head of household	.....
1	□□	□□	□□□□	2	Partially completed	6	Information not available	2	Landline	□□□□□□□□
2	□□	□□	□□□□	3	Household is abroad	7	Address not found	3	Mobile No	□□□□□□□□
3	□□	□□	□□□□	4	Nobody home	8	Other/specify....	QC4	Household references	
QC_1	Questions began at: □□:□□ Questions ended at: □□:□□							1	Full name	.....
Duration of Interview								2	Mobile Number	□□□□□□□□

No of Household Members

QC5_T: total no of household members	□□	QC5_M: Male members 18 and above	□□	QC5_F: Female members 18 and above	□□
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Members no longer with the household (Split, formed new families) after preceding visit

QC6_M: Males	□□	QC6_F: Females	□□
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IR07	Field worker's Name	IR08	Field worker's No	□□□□□□	Date	□□/□□/□□□□
IR09	Supervisor's Name	IR10	Supervisor's No	□□□□□□	Date	□□/□□/□□□□
IR11	Editor's Name	IR12	Editor's No	□□□□□□	Date	□□/□□/□□□□
IR13	Encoder's Name	IR14	Encoder's No	□□□□□□	Date	□□/□□/□□□□
IR15	Data entree's name	IR16	Data entree's No	□□□□□□	Date	□□/□□/□□□□

**Part III: Household Members Data**

D1	D2	D2_A	D3	D4	D5_01			D5	D6	D6_A	D6_B				D7
Member's serial number	Full Name (Four names)	Type of (Name..) residency with family <b>Permanent resident</b> 1. In dwelling/old 2. In dwelling/new <b>Absent</b> 3. Out of the country for a limited period (regardless of reasons other than studying) 4. Out of the country for studying <b>Exceptionally resident</b> 5. Moved exceptionally in as a result of 2014 aggression <b>Used to be resident but is not currently present and the reason:</b> 6. Separated to Form a new family 7. Death/ martyrdom 8. Immigration 9. 2014aggression	Relationof (Name..) with the head of household 1. Head of household 2. Husband/wife 3. Son/ daughter 4. Father/ mother 5. Brother/ sister 6. Grandfather/ grandmother 7. Grandson/ Granddaughter 8. Son wife/ Daughter husband 9. Other relatives 10. Others	Sex of (Name...) 1. Male 2. Female	Date of birth of (Name...)?			Age in full years of (Name..) for individuals less than one year, put 00 and for individuals of 98 years or above, put 98	Refugee status of (Name..) 1. Registered refugee 2. Non registered refugee 3. Not a refugee	Has (Name..) left his original residence during 2014 aggression? 1. Yes 2. Did not reside with family during 2014 aggression 3. No move to D7	Where did (Name..) stay when he/she move to another place because of 2014 aggression?				Does (Name..) have health insurance None Only governmental Only UNRWA Only private Governmental and UNRWA Governmental and private UNRWA and private Israeli Other/ specify
					Day	Month	Year				1. Secondary family or personal house 2. Children's, family's or relative's house 3. Friends' or other people's house 4. Rent house/ hotel room 5. Hospital 6. School 7. Public places/ public yards 8. Place of worship 9. Other/ specify <b>If moved to several places, put them in chronological order</b> First place    Second place    Third place    Fourth place				

1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>							

To researchers; kindly put the sign X in the box if another form is used for the same family





For individuals 10 years and above										
D1	D2	D18	D18_01	D18_02			D18_03	D19	D20	
Member's serial number	Full name (four names)	What is the sector (name) works in? 1. Private national inside EST. 2. Private national outside EST. 3. Private Foreign inside EST. 4. Private Foreign outside EST. 5. National government 6. Foreign government 7. Charitable association 8. UNRWA 9. International organization 10. Not for profit organization	What is the total number of regular hours worked by (Name) per week For those who answered D13, options 1-4	This question is asked to respondents to Question D13 from 1-4 and to wage employees only who replied to D14 with (3 or 4)  What is the pay received by (Name...)?  Time: 1. Daily 2. Weekly 3. Monthly Type of currency: 1. NIS 2. JD 3. USD			During 2014 aggression  Has (Name...) pay changed?  1. No change 2. Totally stopped 3. Reduced 4. Increased	For individuals who answered question D13 by choices (1-4), and for other choices the question will not be answered and must be left empty  Has (Name) have a secondary work (another job)?  1. Yes 2. No	Number of months (Name) worked in 2014  Write the number of months worked in 2014 If did not work in the year 2014, write (00)  For those who answered question D13 by options 1-4	
				Time	Pay received	currency				
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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	
5		<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"/> <input type="text"/>	
6		<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"/> <input type="text"/>	
7		<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"/> <input type="text"/>	
8		<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"/> <input type="text"/>	
9		<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"/> <input type="text"/>	
10		<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"/> <input type="text"/>	
11		<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"/> <input type="text"/>	
12		<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"/> <input type="text"/>	
13		<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"/> <input type="text"/>	
14		<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"/> <input type="text"/>	

D1	For individuals 10 years and above									For individuals 12 years and above						
	D2	D20_01	D20_02	D20_03	D20_04	D20_05	D20_06	D21_A	D21_B	D22	D22_01	D22_02	D22_03			
Member's serial number	Full name (four names)	Was (Name) working before 2014 aggression? 1. Yes 2. No <b>Move to D22</b>	Was (Name) working during 2014 aggression? 1. Yes 2. No <b>Move to D20_6</b>	How long has (Name) faced work disruption during 2014 aggression (in days)	Was the period of work disruption paid? 1. Yes, full 2. Yes, partly 3. Unpaid	For the (Name...) What was the main reason for work disruption ? 1. Mental/physical health 2. Establishment partly or fully damaged 3. Lack of raw materials because of closure 4. Inability to access workplace 5. Establishment closed during this period	Main professional status of (Name) before 2014 aggression? 1. Employer 2. Self-employed 3. Regular pay 4. Irregular pay 5. Works for family without pay	Has work time changed for (name) during 2014 aggression? 1. No change 2. work disrupted but same pay received 3. Work disrupted with higher pay 4. work disrupted with lower pay 5. work disrupted and no pay 6. weekly work hours reduced 7. work hours increased 8. NA	For individuals who answered question D13 by choices (5 or 6) For how long has (Name)'s work been disrupted ? Write period in months	What is (Name) marital status? 1. Never married (move to next person) 2. first time contract without getting married (move to next person) 3. Married 4. Divorced 5. Widowed 6. separated	Age at first marriage of (Name)	Relation to husband/wife 1. son/daughter of father's brother 2. son/daughter of father's sister 3. son/daughter of mother's brother 4. son/daughter of mother's sister 5. son/daughter of father/s brother and mother's sister/son/daughter of mother's brother and father's sister 6. of same tribe 7. no family kinship	Usual place of residence of husband (name)/ wife (name) before marriage 1. same locality 2. another locality in same governorate 3. another governorate/ name 4. abroad 5. 1948 occupied territory			
													Answer	Write governorate name if answer is (3) only	Governorate code	
1		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
2		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
3		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
4		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
5		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
6		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
7		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
8		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
9		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
10		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
11		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
12		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
13		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
14		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>

Part IV: Housing Data			Answer
H1	What kind of dwelling unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Barracks 7. Caravan 8. Shelter/ public house move to H23_2 9. Other/ specify.....	<input type="checkbox"/>
H2	What is type of tenure?	1. Full ownership 2. Mortgage/ loaned residence 3. Rented without furniture 4. Rented with furniture 5. For free 6. In exchange of labor 7. Other/ specify.....	<input type="checkbox"/>
H3	1. What is the value of monthly rent 2. Specify currency	<b>Asked to respondents by 3 or 4 to Question H2</b> Currency: 1. NIS 2. JD 3. USD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H4	1. <b>If you rented a similar residence these days</b> , what would be the estimated rent for this current month 2. Specify currency	Rent value: Currency: 1. NIS 2. JD 3. USD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H6	Main building material for external walls?	1. Clean stone 2. Stone and cement 3. Old stone 4. Bricks, cement 5. Concrete 6. Other/ specify .....	<input type="checkbox"/>
H6_1	Main building material for the roof?	1. Cement/ concrete 2. Metal 3. Wood 4. Asbestos/ cement fiber 5. Hay/ palm leaves 6. Other/ specify .....	<input type="checkbox"/>
H7	What is the type of occupancy of the dwelling?	1. Residence only 2. Residence and workplace 3. Other/ specify .....	<input type="checkbox"/>
H8	Number of rooms in the house	<b>(excluding bathroom and kitchen)</b>	<input type="checkbox"/> <input type="checkbox"/>
H9	Number of rooms used for sleep (sleep area)		<input type="checkbox"/> <input type="checkbox"/>

H12	Dwelling connection to utilities networks (main source of such services)			Before 2014 assault	Now
	1. Water	1. Local public water network 2. Israeli water Network (Mikrot) 3. Rain water collection well 4. Springs 5. Tanks 6. Irrigation well 7. Other/ specify .....		<input type="checkbox"/>	<input type="checkbox"/>
	2. Electricity	1. Public network 2. Private generator. 3. None		<input type="checkbox"/>	<input type="checkbox"/>
	3. Sewage	1. Public network. 2. Porous Cesspit. 3. Tight Cesspit. 4. None		<input type="checkbox"/>	<input type="checkbox"/>

H13	Is the service provided by public networks disrupted (for dwellings connected to public utility networks)			
	1. Water	1. Service continuously available. 2. Service disrupted once a month. 3. Service disrupted once a week 4. Service disrupted more than once a week. 5. Service disrupted on daily basis (fixed hours of service a day). 6. Network not operating. 7. Other/ specify.....		<input type="checkbox"/>
	2. Electricity	1. Service continuously available. 2. Service disrupted once a month. 3. Service disrupted once a week 4. Service disrupted more than once a week. 5. Service disrupted on daily basis (fixed hours of service a day). 6. Network not operating. 7. Other/ specify.....		<input type="checkbox"/>

H13_1	Of the following sources, what represents a source of drinking water for your family?	Before 2014 aggression (1. Yes, 2. No)	Currently (1. Yes, 2. No)
1.	Transported via pipelines to the residence	<input type="checkbox"/>	<input type="checkbox"/>
2.	Protected dug well	<input type="checkbox"/>	<input type="checkbox"/>
3.	Rain water collection well	<input type="checkbox"/>	<input type="checkbox"/>
4.	Tanks/ vehicle with small tank/ barrel	<input type="checkbox"/>	<input type="checkbox"/>
5.	Bottled/ mineral water	<input type="checkbox"/>	<input type="checkbox"/>
6.	Other/ specify .....	<input type="checkbox"/>	<input type="checkbox"/>

H13_2a	<b>Currently.</b> Does the household do anything to make water safer?	1. Yes. 2. No. 3. I don't know <b>If the answer is 2 or 3, move to H13_3a</b>	<input type="checkbox"/>
H13_2b	<b>Currently.</b> What is the family doing to make the water safer?	1. Boiling. 2. Adding sterilizer/ chlorine. 3. Filtering using textile 4. Use of water filtering system. 5. Leave it to settle. 6. Other/ specify..... 7. I don't know	<input type="checkbox"/>
H13_3a	<b>Before 2014 aggression</b> , did the family do anything to make drinking water safer?	1. Yes. 2. No. 3. I don't know <b>If the answer is 2 or 3, please move to H14</b>	<input type="checkbox"/>
H13_3b	<b>Before 2014 aggression</b> , what did the family do to make water safer for drinking?	1. Boiling 2. Adding sterilizer/ chlorine. 3. Filtering using textile 4. Use of water filtering system. 5. Leave it to settle. 6. Other/ specify..... 7. I don't know	<input type="checkbox"/>

	Does the family dwelling have...		Answer
H14	Kitchen	1. Kitchen with water connection. 2. Kitchen without water connection. 3. No kitchen	<input type="checkbox"/>
H15	Bathroom	1. Bathroom with water connection. 2. Bathroom without water connects. 3. No bathroom	<input type="checkbox"/>
H16	Toilet	1. Toilet with water connection. 2. Toilet without water connection. 3. No toilet ( <b>move to H17</b> )	<input type="checkbox"/>
H16_1	Do other people share you in using toilet?	1. Yes 2. No	<input type="checkbox"/>
H17	What is the Internet source in the dwelling?	1. DSL. 2. USB. 3. Phone dial-up 4. Through the neighbors. 5. Other/ specify..... 6. None	<input type="checkbox"/>

H18	What is the main source of energy used in....		
	1. Cooking	1. Gas. 2. Kerosene. 3. Electricity. 4. Wood. 5. Other/ specify.....	<input type="checkbox"/>
	2. Heating	1. Gas. 2. Kerosene. 3. Electricity. 4. Wood. 5. Diesel. 6. Coal. 7. Other/ specify..... 8. None	<input type="checkbox"/>
	3. Air conditioning	1. Electricity. 2. Other/ specify..... 3. None.	<input type="checkbox"/>
	4. Baking	1. Gas. 2. Electricity. 3. Wood. 4. <i>Jift</i> (recycled olive remnants after oil pressing). 5. Other (coal, animal waste)/ specify..... 6. None.	<input type="checkbox"/>
	5. Heating water	1. Solar energy. 2. Gas. 3. Kerosene. 4. Electricity. 5. Wood. 6. Coal. 7. Diesel. 8. Other/ specify.....	<input type="checkbox"/>

H19	How does household dispose of solid waste	1. Collected by garbage man. 2. Charged in nearest trash container. 3. Charged at random. 4. Charged to landfill. 5. Burned. 6. Used for particular purposes. 7. Other/ specify.....	<input type="checkbox"/>
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H22	How many of the following durables are available to the house hold? (if non, write 0)	1. Private car	<input type="checkbox"/>	10. Kerosene cooker ( <i>babour</i> )	<input type="checkbox"/>	19. home library	<input type="checkbox"/>	28. smart mobile phones	<input type="checkbox"/>
		2. Electric fridge	<input type="checkbox"/>	11. Palestinian mobile line	<input type="checkbox"/>	20. regular TV	<input type="checkbox"/>	29. LC	<input type="checkbox"/>
		3. Freezer	<input type="checkbox"/>	12. Vacuum cleaner	<input type="checkbox"/>	21. VCR/ DVD	<input type="checkbox"/>	30. LC split unit	<input type="checkbox"/>
		4. Solar heater	<input type="checkbox"/>	13. Electric fan	<input type="checkbox"/>	22. Satellite dish	<input type="checkbox"/>	31. IPAD/ Tablet	<input type="checkbox"/>
		5. Water heater (wooden or boiler)	<input type="checkbox"/>	14. Gas/ electric cooker	<input type="checkbox"/>	23. phone line	<input type="checkbox"/>	32. Radio	<input type="checkbox"/>
		6. Automatic washing machine	<input type="checkbox"/>	15. Microwave	<input type="checkbox"/>	24. Israeli mobile phone line	<input type="checkbox"/>	33. TV/ LCD/ LED/ S-D screen	<input type="checkbox"/>
		7. Regular washing machine	<input type="checkbox"/>	16. Gas/ electric oven	<input type="checkbox"/>	25. computer (PC)	<input type="checkbox"/>	34. Play station/ X-Box	<input type="checkbox"/>
		8. Dryer	<input type="checkbox"/>	17. Central heating	<input type="checkbox"/>	26. Computer (laptop)	<input type="checkbox"/>	35. other/ specify....	<input type="checkbox"/>
		9. Dishwasher	<input type="checkbox"/>	18. Heater	<input type="checkbox"/>	27. Water Filter	<input type="checkbox"/>		

H23_1	Does the household still live in the same residence as before the 2014 aggression?	1. Yes. 2. No	<input type="checkbox"/>
H23_2	Was the household's main residence fully or partly damaged because of 2014 aggression?	1. Yes fully/ extremely. 2. Yes partly. 3. No	<input type="checkbox"/>



<b>C04</b>	<b>This question is asked to households who did not receive any type of assistance during the second half of 2014, in your opinion, what is the main reason why it did not receive any assistance?</b>	<ol style="list-style-type: none"> <li>Did not ask for assistance.</li> <li>Submitted application but did not receive any because it dwells in remote area</li> <li>Submitted application but did not receive any because it dwells in a rich neighborhood</li> <li>Submitted application but did not receive because of political reasons</li> <li>Submitted application and did not receive for not fulfilling eligibility criteria</li> <li>Submitted application and did not receive for lack of available funding</li> <li>Submitted application but did not receive because one or more family members work</li> <li>Submitted application and did not receive but do not know why</li> <li>Other/ specify</li> </ol>	<input type="checkbox"/>
<b>C05</b>	<b>Regardless of the fact that you received assistance or not, do you think you need assistance?</b>	<ol style="list-style-type: none"> <li>Yes, pretty much.</li> <li>Yes, kind of.</li> <li>No, we don't. → C07</li> </ol>	<input type="checkbox"/>

<b>C06</b>	Regardless of the fact that you received assistance or not, what is the type of assistance the family or any member needs <b>(1 yes, 2 no)</b>	1. Cash assistance	<input type="checkbox"/>	6. Orphans allowance	<input type="checkbox"/>	11. training	<input type="checkbox"/>
		2. Food assistance	<input type="checkbox"/>	7. Social interventions	<input type="checkbox"/>	12. startup project	<input type="checkbox"/>
		3. Health/medical insurance	<input type="checkbox"/>	8. School/ university fees	<input type="checkbox"/>	13. customs duty exemption	<input type="checkbox"/>
		4. Disability allowance	<input type="checkbox"/>	9. Contingency Assistance	<input type="checkbox"/>	14. housing assistance (remonstration, maintenance, shelter, rent, caravan)	<input type="checkbox"/>
		5. Elders allowance	<input type="checkbox"/>	10. Employment	<input type="checkbox"/>	15. Other/ specify	<input type="checkbox"/>

<b>C07</b>	<b>Regardless of the fact that you are received assistance or not, in your opinion how efficient or effective do you see the targeting of the needy sectors by the assistance provided and to what extent do you assess reception of such assistance by the needy sectors?</b>	<ol style="list-style-type: none"> <li>Assistance are mainly received by the needy</li> <li>Assistance are mainly received by the needy but some not needy also receive assistance</li> <li>Generally speaking assistance is distributed at random to needy and not needy</li> <li>I don't know, No answer.</li> </ol>	<input type="checkbox"/>
<b>C07_1</b>	<b>Regardless of the fact that you received assistance or not, do you think that assistance helps to:</b> 1. Yes 2. No	<ol style="list-style-type: none"> <li>Improve household situation</li> <li>Improve area status (neighborhood, community) you live in</li> <li>Improve the situation in Gaza Strip</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>C07_2</b>	<b>Regardless of the fact that you received assistance or not, do you think that the reconstruction will:</b> 1. Yes 2. No	<ol style="list-style-type: none"> <li>Improve household situation</li> <li>Improve area status (neighborhood, community) you live in</li> <li>Improves situation in Gaza Strip</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>C08</b>	<b>During the past 30 days, how many times has your family encountered the following</b> 0: Never 1: Once or twice 2: from 3 – 10 times 3 :more than 10 times 9: I don't know/ no answer	1. Anxiety that household will not have sufficient food (food insecurity)	<input type="checkbox"/>
		2. Household members were not able to have preferred types of food due to lack of resources	<input type="checkbox"/>
		3. Household members had to eat limited types of food due to lack of resources	<input type="checkbox"/>
		4. Household members had to eat to un-preferred food due to lack of resources	<input type="checkbox"/>
		5. Household members had to eat food less than what they need because of it insufficiency	<input type="checkbox"/>
		6. Household members had to eat less number of meals because of insufficient food	<input type="checkbox"/>
		7. Absence/ insufficient food at home because of insufficient resources to purchase	<input type="checkbox"/>
		8. Any of household members had to sleep at night hungry because there was insufficient food	<input type="checkbox"/>
		9. Any household member had to abstain from eating all day long because of insufficient food	<input type="checkbox"/>

		During 2014 aggression	Within the past 12 months except aggression duration
<b>C09_1</b>	Is the family on loan, borrowing or debt?	<ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't now</li> <li>No answer</li> </ol> } move to next period	<ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't know</li> <li>No answer</li> </ol> } Move to C12_1
<b>C10</b>	What is the total value of loan/borrowing/ debt in NIS	<input type="text"/>	<input type="text"/>
<b>C10_1</b>	What is the value of debt in NIS per source (put 99999 if you don't know the value for any of the sources)	1. Government loan/ advance pay	<input type="text"/>
		2. Commercial bank loan	<input type="text"/>
		3. Loans from specialized loaning institutions	<input type="text"/>
		4. Debt from individuals (friends, relatives)	<input type="text"/>
		5. Debt, loans from other sources/ specify	<input type="text"/>

C11	Has the loan/debt been used in any of the following	During 2014 aggression 1.Yes. 2. No. 3. I don't know		During the past 12 months save aggression time 1.Yes. 2. No. 3. I don't know	
	1. Living or food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Build/ expand/ maintain house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Wed a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Purchase furniture, devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Educate a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Purchase/ expand real estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Purchase car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Other/ specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C12_1	(A) In the second half of 2014, has any of the family members faced traumatic shocks	Answer 1. Yes 2.No <b>move to next row</b>	(B) what is the impact/ effect of this shocks 1. increase. 2. Reduction. 3. No change			
			Income	Assets	Food storage	Purchase power of food supply
1.	High cost of food supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	High cost of production input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Shortage of water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Loss in assets (including land) and projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Loss in assets or projects due to Israeli measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Restriction imposed on access to land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Inability to repay loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Bad weather conditions (storm, inundation, drought)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Loss of part or all of salary/ income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Damage to crops (disease, failure, storage damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Serious illness that inhibits performance of routine activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Death of family's main breadwinner (God forbids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Delay of payment of salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Loss of some/ all of assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Lack of permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Inability to receive health care because of lack of medicine and equipment	<input type="checkbox"/>				
17.	Inability to pay treatment cost	<input type="checkbox"/>				
18.	Inability to travel abroad for education	<input type="checkbox"/>				
19.	Inability to travel abroad for treatment	<input type="checkbox"/>				
20.	Inability to travel abroad for other reasons (other than education or health)	<input type="checkbox"/>				
21.	Divorce cases	<input type="checkbox"/>				
22.	Birth	<input type="checkbox"/>				

23.	Place of birth: 1. Home. 2. Private clinic. 3. Public clinic 4. Hospital. 5. Ambulance. 6. Other/ specify...	First birth <input type="checkbox"/> .....	Second birth <input type="checkbox"/> .....	Third birth <input type="checkbox"/> .....
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C12_2	What are the most significant shocks that your family endured and had major impact on your family's situation (insert event/action code from previous question (C12_1)	First <input type="checkbox"/> <input type="checkbox"/>	Second <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>
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C13	In the past 30 days, has your family done any of the following:	A. Answer	B. Number of times	C. Is the possibility of future use still exist
		1. Yes. 2. No 8. NA 9. Don't know (2,8,9 move to next item)		1. Yes. 2. No
1.	Not pay bills (water, electricity, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2.	Sell assets property (radio, furniture, fridge, TV, Jewelry, and other)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3.	Use family savings	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4.	Sell productive equipment (sewing machine, hand carts, transportation vehicles)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5.	Reorganize family members to save money (cohabitation, food jointly, etc.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6.	Reduce school expenses on education/ health/ clothes etc	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7.	Plant land/ Raise cattle/ fishing	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8.	Looking for overtime job	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
9.	Take children out of school	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10.	Reduce expenses on fertilizers, animal feed, vaccination	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
11.	Sell the remaining animals (females)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12.	Forced to take children out of school	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
13.	Sell house or agriculture land	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

C14	In the past 30 days (make sure you repeat the following phrase in asking all of the questions related to coping strategies) and when the family did not have sufficient food or money to purchase food, how many times have you	1. Never happened
	3. Every once in a while (one or twice a week)	
	4. Happens most of the time	
	5. Always happens (daily)	
1.	Eaten stored food	<input type="checkbox"/>
2.	Picked wild plants (khobeza, hamasees, halayoon)	<input type="checkbox"/>
3.	Stopped eating expensive foods and chosen alternatives	<input type="checkbox"/>
4.	Reduced number of meals by all household members	<input type="checkbox"/>
5.	Adults eaten smaller portions to be able to feed children	<input type="checkbox"/>
6.	Purchased low quality market "leftovers"	<input type="checkbox"/>
7.	Reduced amount eaten in meals by all household members	<input type="checkbox"/>
8.	Adults skipped meals to be able to feed children	<input type="checkbox"/>
9.	Food on credit/borrowed from relatives or supermarkets	<input type="checkbox"/>
10.	Sent children elsewhere to eat/regrouped family members for meals	<input type="checkbox"/>
11.	Dangerous/undesirable/illegal jobs or activities (such as working in tunnels, begging or rubble collection in the buffer zone)	<input type="checkbox"/>
12.	Sent females (women or girls) to serve at homes	<input type="checkbox"/>

Part VI: Expenditure and consumption

E702	In the second half of 2014, has the family expenditure changed for the following items?	Item	Answer 1. Yes, decreased 2. Yes, increased 3. No, remained the same
		1. Purchased/ consumed quantity of meat	<input type="checkbox"/>
		2. Purchased/ consumed quantity of fruits	<input type="checkbox"/>
		3. Purchased/ consumed quantity of milk and milk products	<input type="checkbox"/>
		4. Other/ specify	<input type="checkbox"/>

E704	What is the monthly household consumption expenditure on food (NIS) in the second half of 2014	<input type="text"/>
E704_01	What is the monthly household consumption expenditure on clothes and shoes (NIS) in the second half of 2014	<input type="text"/>
E704_02	What is the monthly household consumption expenditure on housing (NIS) in the second half of 2014	<input type="text"/>
E704_03	What is the monthly household consumption expenditure on kitchen and silver ware (NIS) in the second half of 2014	<input type="text"/>
E704_04	What is the monthly household consumption expenditure on housework needs (cleaning materials and other supplies) (NIS) in the second half 2014	<input type="text"/>
E704_05	What is the monthly household consumption expenditure on medical care (NIS) in the second half 2014	<input type="text"/>
E704_06	What is the monthly household consumption expenditure on transportation (NIS) in the second half 2014	<input type="text"/>
E704_07	What is the monthly household consumption expenditure on telecommunication (NIS) in the second half 2014	<input type="text"/>
E704_08	What is the monthly household consumption expenditure on entertainment and cultural activities (NIS) in the second half 2014	<input type="text"/>
E704_09	What is the monthly household consumption expenditure on personal care (NIS) in the second half 2014	<input type="text"/>
E704_010	What is the monthly household consumption expenditure on tobacco and smoking (NIS) in the second half 2014	<input type="text"/>
E704_011	What is the annual household consumption expenditure on education (stationery and fees) (NIS) in the second half 2014	<input type="text"/>
E704_012	What is the annual household consumption expenditure on durable goods (NIS) in the second half 2014	<input type="text"/>
E704_013	What is the annual household consumption expenditure on furniture (NIS) in the second half 2014	<input type="text"/>
E704_014	What is the household's overall consumption expenditure on vehicles in the past three years (NIS)	<input type="text"/>
E703	What is the household overall monthly consumption expenditure (NIS) in the second half 2014	<input type="text"/>

		During 2014 aggression	Over the past 12 months except aggression duration
E708	Does the family purchase its needs of food products on credit (because of inability to cover cost)	1. Yes 2. No (move to next period)	1. Yes 2. No (Move to E710_1)
E709	What is the percentage of food products purchased on credit to the total monthly household consumption of food products	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %

E710_1	In your opinion, do you think that the household's current living standard compared to the pre 2014 aggression has improved, remained the same or deteriorated?	1. Improved 2. Remained the same 3. Deteriorated	<input type="checkbox"/>
E710_2	In your opinion, do you think that the household's living standard over the coming 12 months will be improved, will remain the same, will be deteriorated	1. Will be Improved 2. Will Remain the same 3. Will be Deteriorated	<input type="checkbox"/>

**Part VII. Food diversity and facing food shortage**

<b>E801 Over the past week, how many days has the family consumed the following food products and what was the main source thereof</b>			
	<b>Food group</b>	<b>A. Number of days of consumption of this group</b> (Fill in the number of days regardless of the number of consumption times per day)	<b>B. Main source</b> 1. Food assistance via voucher/ coupons 2. Purchased cash 3. Self-produced 4. Barter 5. Gifts 6. In-kind food assistance 7. Purchased on credit 8. Loan from family/ neighbors 9. Other/ specify
1.	Wheat, Frekeh, purghul	<input type="checkbox"/>	<input type="checkbox"/>
2.	Rice	<input type="checkbox"/>	<input type="checkbox"/>
3.	Bread	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fish	<input type="checkbox"/>	<input type="checkbox"/>
5.	Eggs	<input type="checkbox"/>	<input type="checkbox"/>
6.	Red meat (lamb, beef, veal)	<input type="checkbox"/>	<input type="checkbox"/>
7.	White meat (poultry)	<input type="checkbox"/>	<input type="checkbox"/>
8.	Canned meat/ fish	<input type="checkbox"/>	<input type="checkbox"/>
9.	Milk and dairy products	<input type="checkbox"/>	<input type="checkbox"/>
10.	Olive oil	<input type="checkbox"/>	<input type="checkbox"/>
11.	Vegetable oil	<input type="checkbox"/>	<input type="checkbox"/>
12.	Pickles (olives and other vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Orange color fruits (Mango, papaya, peach, apricot, etc)	<input type="checkbox"/>	<input type="checkbox"/>
14.	Other types of fruit	<input type="checkbox"/>	<input type="checkbox"/>
15.	Orange color vegetables (carrot, pumpkin etc)	<input type="checkbox"/>	<input type="checkbox"/>
16.	Green leaves (spinach, broccoli, etc)	<input type="checkbox"/>	<input type="checkbox"/>
17.	Other vegetables	<input type="checkbox"/>	<input type="checkbox"/>
18.	Dried beans (lentils, chick beans)	<input type="checkbox"/>	<input type="checkbox"/>
19.	Liver, kidney, heart and other types of meat	<input type="checkbox"/>	<input type="checkbox"/>
20.	Potatoes and other similar vegetables	<input type="checkbox"/>	<input type="checkbox"/>
21.	Dried fruit and fruit paste	<input type="checkbox"/>	<input type="checkbox"/>
22.	Sugar, jam, sweets	<input type="checkbox"/>	<input type="checkbox"/>
23.	Thyme and dukka	<input type="checkbox"/>	<input type="checkbox"/>
24.	Other – drinks, tea, coffee, spices	<input type="checkbox"/>	<input type="checkbox"/>

**Chapter VIII: Income**

<b>I01</b>	What is the household's breadwinner's sex?	1. Male 2. Female	<input type="checkbox"/>
<b>I02</b>	How do you compare the household's living conditions (economic situation) in general to the <b>second half of 2014</b> ?	1. Much better today. 2. Better to a certain extent. 3. Almost the same/ nothing tangible changed. 4. Worse to a certain extent. 5. Much worse. 9. I don't know	<input type="checkbox"/>
<b>I03</b>	<b>During 2014 aggression</b> , has there been any change to the household income?	1. Yes, increased 3. No, remained unchanged 2. Yes, decreased 9. I don't know/ no answer	<input type="checkbox"/>
<b>I03_1</b>	<b>After the aggression</b> , has there been any change to the family income?	1. Yes, increased 3. No, remained unchanged 2. Yes, decreased 9. I don't know/ no answer	<input type="checkbox"/>
<b>I04</b>	In your opinion what is the total amount your family needs per month to fulfill its basic life needs (like food, housing, clothes, education, health, etc.)	Respondents shall estimate amounts in NIS Field worker records (-) in boxes in case an answer is impossible to achieve	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>I04_1</b>	In general, do you consider your family?	1. Rich (good). 2. Middle class. 3. Poor. 4. Very poor	<input type="checkbox"/>

I05	In case the situation remains as such, for how long do you think your family can sustain itself financially in the future?	1. it can sustain regardless of time. 2. About one year 3. for a few months only 4. We barely make it 5. we suffer serious financial constraints and we don't know how we can make it. 9. I don't know	<input type="checkbox"/>
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I06	In the past 12 months, which of the following sources were included as source of household income	Answer 1. Yes 2. No, <b>move to the next source</b>	What is the average monthly income in the past 12 months (NIS)?
	1. Agriculture, animal breeding, fishing	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	2. Family business (other than agriculture)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	3. Government wage and salary	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	4. Private sector wage and salary	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	5. Wages from Israeli labor sectors	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	6. Transfers from Palestinian Territory (including pension)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	7. Transfers from abroad	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	8. International organizations (assistance)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	9. Social assistance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	10. Salary from international organizations	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	11. National insurance (Jerusalem)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	12. Property Income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	13. Other/ specify	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I06_1	From the above stated sources, what is the main source of household income (specify using the code)	<input type="text"/> <input type="text"/>	
I07	In the past 12 months, what is the average monthly income of sources with answer yes in I06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
I08	What is the percentage of household income from agricultural activity, including animal reading (excluding paid labor for third parties in the agricultural sector)	<input type="text"/> <input type="text"/> <input type="text"/> %	

**Part IX: Agriculture and Livestock**

A1	Does the household have (owned, leased or used) agriculture land	1. Yes 2. No <b>move to A4</b>	<input type="checkbox"/>
A2	what is the area of land (owned, leased or used) the family has in sq. m.	1. Total area (of land) in square meters as on 31 March 2015 2. Area of open irrigated vegetables in agricultural year 2013/2014 3. Area of protected vegetables (greenhouses, surface canals, underground canals) in agricultural year 2013/2014 4. Area of rain fed vegetables in agricultural year 2013/2014 5. Field crops area in agricultural year 2013/2014 6. Area of horticultural trees (other than olive) as on 31 March 2015 7. Olive trees area as on 31 March 2015 8. Area of arable unused land (temporarily undeveloped) as on 31 March 2015 9. Area of non-arable (barren) land as on 31 March 2015	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq. m.
A3	What is the percentage of use of the following means of irrigation of agricultural crops in 2013/2014	1. Irrigation well / spring 2. Public network 3. Water tanks 4. Collection wells 5. Rain fed 6. other/ specify...	<input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total</b>			<b>100?</b>

<b>A4</b>	Did the household have livestock during the agriculture year 2013/2014	1. yes 2. No ( <b>Move to A07</b> if answer to <b>A1</b> is yes) ( <b>Move to T1</b> if answer to <b>A1</b> is No)	<input type="checkbox"/>
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<b>A5</b>	How many animal heads as on 31 March 2015 (including economic projects)? (register the number, write 0 in the box in case no animals)	<b>Kind</b>		<b>Kind</b>	
		1. Milk cows	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. egg chicken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		2. Fattening calves	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. beehives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3. Sheep	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. Camels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		4. Goat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other/ specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		5. Meat chicken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

<b>A6</b>	What is the percentage of use of the following water sources in breeding animals in the agriculture year 2013/2014?	<b>Water source</b>	<b>Percentage</b>	<b>Water source</b>	<b>percentage</b>
		1. Irrigation well/ spring	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	2. Public network	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
		3. Water tanks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	4. Collection wells	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
		5. Other/ specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<b>Total</b>	<b>100%</b>

<b>A7</b>	what is the percentage of the following marketing methods used by the family to discharge their agricultural products (plant or animal)	<b>Marketing/ disposal methods</b>	<b>Percentage</b>	<b>Marketing/disposal method</b>	<b>percentage</b>
		1. Household consumption/ gifts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	2. Direct sale by farmer to consumers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
		3. Sale to associations, cooperatives for food processing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	4. sale through wholesalers and brokers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
		5. Direct sale to stores (retailers)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	6. Sale in special family store/ street vending	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
		7. other/ specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<b>Total</b>	<b>100%</b>

<b>A8</b>	Did the household own any of the following agricultural equipments as on 31 March 2015	Equipment	Answer 1 Yes 2 No 8 NA	Equipment	Answer 1 Yes 2 No 8 NA	Equipment	Answer 1 Yes 2 No 8 NA
		1. plough	<input type="checkbox"/>	2. manual plough (hack)	<input type="checkbox"/>	3. automatic spray	
		4. hoe/ shovel	<input type="checkbox"/>	5. automatic plough	<input type="checkbox"/>	6. tractor	
		7. hand spray	<input type="checkbox"/>	8. threshing tool	<input type="checkbox"/>	9. harrow	
		10. hatchet	<input type="checkbox"/>	11. fishing hook	<input type="checkbox"/>	12. harvesting machine	
		13. mangers	<input type="checkbox"/>	14. drinking fountains	<input type="checkbox"/>	15. Animal trimming tools	
		16. other/ specify	<input type="checkbox"/>				

**Part X: Freedom of movement**

<b>T1</b>	<b>During the second half 2014</b> to what extent you can say that restrictions on your mobility caused problems to you and your family?	1. Very much 2. Minor 3. Not at all 9. I don't know	<input type="checkbox"/>
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<b>T2</b>	During the second half 2014, have you or any of your family members faced difficulties that impeded your access to...	<b>A. There is difficulty</b>	<b>B. Reason for difficulty</b> 1. Yes 2: no			
		1. No difficulty	1. Restrictions on movement	2. Cannot afford cost	3. shelling/ military operations	4. other/ specify
		2. minor difficult	checkpoints/ barriers/ crossing zone, bugged zone			
		3. Big difficulty				
		4. Not applicable				
		9. I don't know (1, 8, 9 move to next item)				
	1. Work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Farming land/ harvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. School or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Health utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Inside district (within Gaza Strip governorates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Outside area (outside the Gaza Strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>T3</b>	How far is you home from the following services and what is the most used means of transportation and duration of travel			
		1. Distance	2. Mean of transport	3. duration
	1. Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. Nearest private doctor clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3. Health center (mother and child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4. Nearest public or private hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6. Nearest elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	7. Nearest secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	8. Nearest food purchase center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Nearest shopping center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Distance**

1 less than 1km

2 1- 5 km 3 more than 5 km

**Most use transport means**

1. On foot

2. Private car

3. Public transportation

4. Taxi (call)

5. Other/ specify

**Part XI: Immigration**

<b>MG1</b>	Since 2009, has the household or any of its members considered immigration?	1. Yes, one member 2. Yes, more than one member 3. Yes, all family members 4. No <b>move to MG4</b>	Before 2014 aggression <input type="checkbox"/>	Currently <input type="checkbox"/>
<b>MG2</b>	Has the family or any of its members taken serious steps to immigrate (apply for visa, contact embassy, communicate with relatives or acquaintance abroad?)	1. Yes, one member 2. Yes, more than one member 3. Yes, all family members 4. No	<input type="checkbox"/>	<input type="checkbox"/>
<b>MG3</b>	Since 2009 aggression, how many members immigrated?	<input type="checkbox"/> <input type="checkbox"/> male	<input type="checkbox"/> <input type="checkbox"/> female	
<b>MG4</b>	Since 2009 aggression, has any of the family members living abroad returned?	1. Yes 2. No <b>Move to MRS</b>	<input type="checkbox"/>	
<b>MG5</b>	Since 2009 aggression, how many family members living abroad returned?	<input type="checkbox"/> <input type="checkbox"/> male	<input type="checkbox"/> <input type="checkbox"/> female	

**Part XII: Martyrs**

<b>MR5</b>	Has any of the family members martyred because of 2014 aggression?	1. Yes 2. No. <b>move to the part on hosting</b>	<input type="checkbox"/>
<b>MR6</b>	Number of martyrs according to dependency	Number of individuals	
	1. Main breadwinner of household	<input type="checkbox"/> <input type="checkbox"/>	
	2. Secondary breadwinner	<input type="checkbox"/> <input type="checkbox"/>	
	3. Not a breadwinner	<input type="checkbox"/> <input type="checkbox"/>	
	4. <b>Total</b>	<input type="checkbox"/> <input type="checkbox"/>	

**Part XIII: Hosting**

		<b>During 2014 aggression</b>	<b>After 2014 aggression till 31 March 2015</b>
<b>BU227</b>	Has your family hosted another family/ members?	1. Yes 2. <b>No move to the next question</b>	1. Yes 2. <b>No End of household questionnaire</b>
<b>BU228</b>	What is your relationship to the households, individuals you received? 1. yes 2. No	1. Relative 2. Neighbor 3. Friends 4. Co community members 5. Other/ specify	1. Relatives 2. Neighbors 3. Friends 4. Co community members 5. Other/ specify
<b>BU229</b>	What is the total number of hosting days for all household/ individuals?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Individuals Survey 18 years and above: questions on reality of suffering and quality of life  
Mechanism for selection among household members**

**Table (1): census and order of household members according to the required age group (18 years and above)**

**Enumerate family members of the required age group (18 years and above)**

Members name	Age	Order	Selection

**Instructions to researcher:**

1. Organize male/ female members according to the required age group starting with the most senior to the youngest
2. Use the household random number table according to the serial survey number in the enumeration zone in Table (2)
3. Select the male/ female requested. Crossing of column No of household members of the age group 18 and above and the class assigned to every code of the random class from selection table for individual from family Table 3

**Table (2) random household symbol according to the survey serial number**

Household random code	Serial number of survey in enumeration zone	Random household code	Survey serial number in enumeration zone
A	14	A	1
B1	15	A	2
B2	16	B1	3
C	17	B2	4
C	18	C	5
D	19	C	6
D	20	D	7
E1	21	D	8
E2	22	E1	9
F	23	E2	10
F	24	F	11
A	25	F	12
		A	13

**Table (3) Table of selection of household member**

Random household code	If number of male/ female members above 18 years					
	1	2	3	4	5	6 or more
	Select member whose order is:					
A	1	1	1	1	1	1
B1	1	1	1	1	2	2
B2	1	1	1	2	2	2
C	1	1	2	2	3	3
D	1	1	2	3	4	4
E1	1	1	3	3	3	5
E2	1	1	3	4	5	5
F	1	1	3	4	5	6

**Individual's survey 18 years and above on suffering and quality of life**

<b>GA1</b>	Individual's name as appeared in D02	
<b>GA2</b>	Individual's line no D01	
<b>GA 3</b>	Outcome of individual's interview	1. completed. 2. Partially completed. 3. Unable to meet with the person 4. Refused (reason.....) 5. Other/ specify.....

		Choices	Six months pre 2014 aggression	During 2014 aggression	Currently
<b>GA4</b>	In general, how do you describe your health condition?	1. Very bad 2. Bad 3. Neither bad nor good. 4. Good 5. Very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GA5</b>	To what extent are you satisfied with your life?	1. Not satisfied at all. 2. Dissatisfied 3. somewhere in between	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GA6</b>	To what extent are you satisfied with your health?	1. not satisfied at all 2. Dissatisfied 3. Somewhere in between 4. Satisfied 5.very satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Welfare index (answers to these questions cover the previous two weeks)**

<b>GA7</b>	Can you focus on your work as usual?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
<b>GA8</b>	Do you find it difficult to sleep because you are nervous or preoccupied?	1. No never. 2. Not more than usual. 3. More than usual 4. Much more than usual	<input type="checkbox"/>
<b>GA9</b>	Do you feel you are playing a useful role toward the people around you?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
<b>GA10</b>	Can you make decisions as usual?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
<b>GA11</b>	Do you feel under continuous pressure?	1. No never. 2. Not more than usual 3. More than usual 4. Much more than usual	<input type="checkbox"/>
<b>GA12</b>	Do you feel capable of overcoming your problems?	1. No never. 2. Not more than usual 3. More than usual 4. Much more than usual	<input type="checkbox"/>
<b>GA13</b>	Are you happy and satisfied with your accomplishment at work?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much more than usual	<input type="checkbox"/>
<b>GA14</b>	Do you feel able to face your problems?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much more than usual	<input type="checkbox"/>
<b>GA15</b>	Do you feel sad and that there is no way out?	1. No never 2. Not more than usual. 3. More than usual. 4. much more than usual	<input type="checkbox"/>
<b>GA16</b>	Have you lost your self-confidence?	1. No never. 2. Not more than usual. 3. More than usual. 4. Much more than usual	<input type="checkbox"/>
<b>GA17</b>	Do you see yourself as a useless person?	1. No never. 2. Not more than usual. 3. More than usual. 4. Much more than usual	<input type="checkbox"/>
<b>GA18</b>	Are you able to feel happy notwithstanding the surrounding circumstances?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much more than usual	<input type="checkbox"/>

**Quality of life (answers to these questions cover the previous two weeks)**

<b>1. Never 2. A little 3. Moderately 4. Very much 5. An extreme amount</b>			
<b>GA 19</b>	Do you suffer physical pain?		<input type="checkbox"/>
<b>GA20</b>	To what extent do your family fear for your personal safety?		<input type="checkbox"/>
<b>GA21</b>	To what extent are you able to receive medical treatment when you need it?		<input type="checkbox"/>
<b>GA22</b>	To what extent do you feel physical safety in your daily life?		<input type="checkbox"/>
<b>GA23</b>	To what extent do you feel psychological safety in your daily life?		<input type="checkbox"/>
<b>GA24</b>	To what extent do you fear for yourself in your daily life?		<input type="checkbox"/>
<b>GA25</b>	To what extent do you fear for your family in your daily life?		<input type="checkbox"/>
<b>GA26</b>	To what extent do you feel worry/ fear not being able to provide your family with daily life necessities?		<input type="checkbox"/>
<b>GA27</b>	To what extent do you feel worry/ fear of losing your source of income or your family's source of income?		<input type="checkbox"/>
<b>GA28</b>	To what extent do you feel worry/ fear losing your home?		<input type="checkbox"/>
<b>GA29</b>	To what extent do you feel worry/ fear losing your land?		<input type="checkbox"/>
<b>GA30</b>	To what extent do you feel worry/ fear about displacement and migration?		<input type="checkbox"/>
<b>GA31</b>	To what extent do you feel worry/ fear about the chaos in the Palestinian society?		<input type="checkbox"/>
<b>GA32</b>	To what extent do you feel worry/ fear about your future and the future of your family?		<input type="checkbox"/>

<b>GA33</b>	<b>put the code of the answer you feel closest to what you feel in general/ now</b>	A. To what extent do you feel anxious?	<input type="checkbox"/>
		B. How frustrated/ down did you feel?	<input type="checkbox"/>
		C. To what extent did you feel unable	<input type="checkbox"/>
		D. To what extent did you feel humiliated?	<input type="checkbox"/>
		E. To what extent did you feel lonely?	<input type="checkbox"/>
		F. To what extent did you feel worried?	<input type="checkbox"/>
		G. To what extent did you feel grief?	<input type="checkbox"/>
		H. To what extent did you feel angry?	<input type="checkbox"/>
		I. To what extend did you feel board and fed up of life?	<input type="checkbox"/>
		J. To what extent did you feel unable to control important things in your life?	<input type="checkbox"/>
		K. To what extent did you feel unable to cope with the things that you had to do?	<input type="checkbox"/>
		L. To what extent did you feel unable to perform your daily activities?	<input type="checkbox"/>

<b>GA34</b>	<b>On the past 12 months, have you faced any of the following acts or behaviors?</b>	<b>A</b> Number of times you faced this behavior 1. Never (move to next question) 2. Once 3. Several times	<b>B</b> Main perpetrator of the most painful act or behavior 1. Male in the family 2. Female in the family 3. Male outside the family 4. Female outside the family
1.	Insult and humiliation	<input type="checkbox"/>	<input type="checkbox"/>
2.	Phrases like describing you as fat, ugly, horrendous.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Damage or destruction to personal property	<input type="checkbox"/>	<input type="checkbox"/>
4.	Shouting or screaming at	<input type="checkbox"/>	<input type="checkbox"/>
5.	Saying improper words to raise anger	<input type="checkbox"/>	<input type="checkbox"/>
6.	Throwing things that may hurt you	<input type="checkbox"/>	<input type="checkbox"/>
7.	Twisting arm or pulling hair	<input type="checkbox"/>	<input type="checkbox"/>
8.	Aggression that resulted in scars, wounds, joints pain	<input type="checkbox"/>	<input type="checkbox"/>
9.	Pushed with force	<input type="checkbox"/>	<input type="checkbox"/>
10.	Attack with a knife or paper cutter or hatchet or any other similar and sharp tool	<input type="checkbox"/>	<input type="checkbox"/>
11.	Hitting on the head leading to fainting	<input type="checkbox"/>	<input type="checkbox"/>
12.	Hitting using less sharp tool (like belt, stick or similar tools)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Suffocation or attempt to suffocation	<input type="checkbox"/>	<input type="checkbox"/>
14.	Holding tightly		
15.	Slapping on the face	<input type="checkbox"/>	<input type="checkbox"/>
16.	Breaking a bone	<input type="checkbox"/>	<input type="checkbox"/>
17.	Burn or deliberate burn	<input type="checkbox"/>	<input type="checkbox"/>
18.	Kicking	<input type="checkbox"/>	<input type="checkbox"/>
19.	Biting	<input type="checkbox"/>	<input type="checkbox"/>
20.	Harassment/ abuse	<input type="checkbox"/>	<input type="checkbox"/>



