



Palestinian Central Bureau of Statistics
Socio-economic Monitoring of the Palestinian
Households' Survey

All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance with the Public Statistics Law of 2000.

| | | | | | | |
|------|---|-------------|---------------------|--|-----------------------|--------------|
| ID00 | Questionnaire's serial number in sample | □□□ | ID05 | Building's Number | □□ | |
| ID01 | Governorate: _____ | □□ | ID06 | Number of Housing unit within Building's | □□□ | |
| ID02 | Locality: _____ | □□□□□□ | ID08 | Housing unit location to the Barrier (WB)/buffer zone (GS) 1. Inside Barrier/buffer zone 2. Outside Barrier /buffer zone | □ | |
| ID03 | Numeration area's No. | □□□ | ID09 | Month of the survey | □ | |
| ID04 | Household Number in enumeration area | □□ | ID010 | Building Address | | |
| ID11 | Name of Household Head | _____ | | | | |
| ID12 | Respondent serial Number | □□ | | | | |
| IR01 | Result of the interview | 1.completed | 2. partly completed | | | |
| IR02 | Visits' schedule | | Day | Month | Year | Visit Number |
| □□ | | | □□ | □□□□ | 1 st visit | |
| □□ | | | □□ | □□□□ | 2 nd visit | |
| □□ | | | □□ | □□□□ | 3 rd visit | |
| IR03 | Total No of visits | □□ | IR04 | Total No of household members (male, female) | □□ | |
| IR05 | Total No of Males | □□ | IR06 | Total No of Females | □□ | |
| IR07 | Interviewer's name:----- | IR08 | Interviewer'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 enterer's name:----- | IR16 | Data enterer's No | □□□□ | Date: _____ | |

☐ Interviewer: Please check the box with X if an additional questionnaire has been used.

Section 1: Household Members Data (all members)

| D1 | D2 | D3 | D4 | D5 | D6 | D6A | D7 | D8 |
|------------------------|--|--|-----------------------------|---|--|--|---|---|
| Member's serial number | Names of usual household members (four names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head | What is the relation of (name) to the household head? 1. Head of Household 2. Husband/wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandfather/mother 7. Grandchild 8. Son wife/Daughter husband 9. Other relatives 10. Others | Sex 1. Male 2. Female | Age Compute age from birthday and record the answer in full years, record (00) if age is less than one year. (98) for 98+ (99) don't know | Refugee status 1. Registered Refugee 2. Unregistered Refugee 3. Not refugee | Type of identity 1. Palestinian 2. Israeli 3. Other | Is the mother alive 1. Yes 2. No → D9 9. I don't know → D9 | If the mother lives with the family register the number of its line as in D1 register (00) if she doesn't live with the family |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |

Section 1: Household Members Data (all members)

| D1 | D2 | D9 | D10 | D11 | D12 | D13 | | | | | D14 | D15 | D16 |
|------------------------|---|---|---|--|---|---|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|
| Member's serial number | Names of usual household members (four names) | Is the father alive 1. Yes 2. No → D11 9. I don't know → D11 | If the father lives with the family register the number of its line as in D1 register (00) if he doesn't live with the family | Does the member have health insurance 0. No insurance 1. PA only 2. UNRWA only 3. Private Sector 4. PA and UNRWA 5. PA and private 6. UNRWA and private 7. Israeli 8. other | Is (name) has a chronic illness and receiving treatment on an ongoing basis? Diabetes, blood pressure, heart disease, cancer, ulcers, asthma (crisis), epilepsy, other 1. Yes 2. No | Does the member suffer any difficulties in any of the following: 0. No difficulty 1. Some difficulty 2. Great difficulty 3. Could not entirely | | | | | Have any of your family members changed his/her place of residence during the past 5 years? 1.No → D17 2. yes within same community 3. Yes within same governorate 4. Yes to another governorate 5. Yes, abroad 6.other | When was the last change of the place of residence, record month and year | Reason for change place of residency 1. work 2. education 3. marriage 4. company 5. Israeli measures 6. other |
| | | | | | | vision | hearing | movement | understanding | communication | | | |
| 1 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 2 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 3 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 4 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 5 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 6 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 7 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 8 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 9 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 10 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 11 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 12 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 13 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| 14 | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |

Section 1: Household Members Data

| D1 | D2 | Members above 3 years old | | | members 10 years and above | | | |
|------------------------------|---|--|---|--|---|--|--|--|
| | | D17 | D18 | D19 | D20 | D21 | D22 | D23 |
| Member's Serial number | Names of usual household members (three names) | School enrollment 1. Currently enrolled 2. Enrolled and quit 3. Graduated 4. never attended school → D20 | Enrollment place 1. Kindergarten 2. School 3. Institution of higher education | How many schooling years did (name) successfully complete? (Excluding years of schooling in kindergarten) | What is (name)'s educational status? 01. Illiterate 02. can read and write 03. Elementary 04. Preparatory Vocational Diploma 05. Secondary 06. Intermediate level diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph.D. | Relations to Labor force 1. working 1-14 hours 2. working 15-34 hours 3. working 35 and more hours (doesn't work and willing to work-worked before) 4. looked for job last week 5. did not look for job (discouraged) (doesn't work and willing to work-did not work before) 6. looked for job last week (discouraged) 7. did not look for job (discouraged) do not work and not willing to 8. student 9. housekeeping 10. disability, old age, sickness 11. Retirement income 12. other | Main occupation: 1. Employer 2. Self-employed 3. Working without pay 4. regularly Employee 5. Irregularly Employee irregularly 9. Do not know | Place of work 1. In house 2. Within the same locality 3. Within the same governorate 4. In another governorate 5. In Israel 6. Settlements 7. Abroad 9. Do not know |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |

Section 1: Household Members Data

| | | members 10 years and above | | | | | | members above 12 years | |
|------------------------|--|--|----------------------|--|----------------------|---|--|---|--|
| D1 | D2 | D24 | | D25 | | D26 | D27 | D28 | D29 |
| Member's Serial number | Names of usual household members (three names) | Main Occupation status | | Main Economic Activity | | Sector | Does the member have secondary job (if answer to D21 from 1-3, otherwise keep empty) | Number of months worked during the last 12 months | What is (name)'s current marital status? |
| | | What type / nature of the work carried out / has done ...In detail | | The type of work being done by affiliation in detail | | 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. charity 8. UNRWA 9.international organization | 1. yes 2. no | register (00) if he/she did not work during the previous year | Is he/she ... 1. Single 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widow/widower 6. Separated |
| 1 | | | <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"/> |
| 3 | | | <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"/> |
| 5 | | | <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"/> |
| 7 | | | <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"/> |
| 9 | | | <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"/> |
| 11 | | | <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"/> |
| 13 | | | <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"/> |

Section 2: Housing Character Statistics

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|------------------------------------|--------------------------|-----------------|--------------------------|---------------|--------------------------|-----------|--------------------------|--------------------|--------------------------|--------|--------------------------|--------------------|--------------------------|----------|--------------------------|--------------|--------------------------|---------------------|--------------------------|-----------------------|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|------------|--------------------------|--|--|--|--|--|--|-----------------|--------------------------|--|
| H1 | What kind of dwelling unit does the family live in? | 1. Villa 2. House 3. Apartment 4. Independent room 6. Tent 7. Other / specify: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 | Type of tenure | 1. Owned 2. Rented unfurnished 3. Rented furnished 4. For free 5. For work 6. Other / specify: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 | Main building material for external walls | 1. Clean stones 2. Cement & stones 3. Old stones 4. Bricks 5. Cement 6. Mud brick 7. other | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H4 | Current dwelling usage status | 1. Residence only 2. residence and work | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H5 | What is the total number of rooms in the housing unit? (excluding kitchen & bathroom) | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H6 | What is the total number of bedrooms in the housing unit? | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H7 | What is the main source of water for your household? | 1.Local public water network 2. Israeli water network (Mekorot) 3. Collect rain water wells 4. Springs 5. Tanks (tanks) 6. Other / specify: | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H8 | What is the main source of drinking water for your household? | 1.Local public water network 2. Israeli water network (Mekorot) 3. Collect rain water wells 4. Springs 5. Tanks (tanks) 6. Mineral water 7.Other / specify: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H9 | If water source is from a national or Israeli public networks, how many days you got the water during the previous month? (Don't Know=99) | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H10 | What is the main source of electricity in the housing unit? | 1. Public network 2.Private generator 3. No electricity | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H11 | Do you have wastewater disposal system? | 1. Public network 2. Porous Cesspit 3. Tight cesspit 4. Non | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H12 | Way to get rid of household waste | 1. Collected by worker hygiene 2. Be thrown into the nearest container 3. Randomly dumping 4. thrown into the garbage dump 5. Burns 6. Use for certain purposes 7. Other / specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H13 | Availability of a Kitchen | 1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H14 | Availability of a Bathroom | 1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H15 | Availability of a toilet | 1. Toilet with Piped Water 2. Toilet without Piped Water 3. No Toilet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H16 | What is the main source of energy for | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1.Cooking | 1. Gas 2.Kerosene 3.Electricity 4.Wood 5.Other (specify)..... | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2.Heating | 0. No heat 1.gas 2.Kerosene 3.Electricity 4.Wood 5.diesel 6. Cool 7.Other (specify)..... | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.Conditioning | 0. No conditioning 1.Electricity 2. Other (specify)..... | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4.Baking | 0. No baking 1.gas 2.Electricity 3.Wood 4.Olive cake 6.Cool 7.Other (specify)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5.Water heating | 1.Solar heater 2.gas 3.Kerosene 4.Electricity 5.Wood 6. Cool 7. diesel 8.Other (specify)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H17 | How many of the following durables are available to the household (register (0) when non) | <table border="1"> <tr> <td>1. Private car</td><td><input type="checkbox"/></td> <td>7. Central heating</td><td><input type="checkbox"/></td> <td>13.Jawwal Cellular</td><td><input type="checkbox"/></td> <td>19. Printer</td><td><input type="checkbox"/></td> </tr> <tr> <td>2. Electric fridge</td><td><input type="checkbox"/></td> <td>8. Vacuum cleaner</td><td><input type="checkbox"/></td> <td>14.Israeli Cellular</td><td><input type="checkbox"/></td> <td>20. microwave</td><td><input type="checkbox"/></td> </tr> <tr> <td>3. Water heater (Solar, boiler...)</td><td><input type="checkbox"/></td> <td>9. Home library</td><td><input type="checkbox"/></td> <td>15. DVD/Video</td><td><input type="checkbox"/></td> <td>21. Dryer</td><td><input type="checkbox"/></td> </tr> <tr> <td>4. Washing machine</td><td><input type="checkbox"/></td> <td>10. TV</td><td><input type="checkbox"/></td> <td>16. Satellite dish</td><td><input type="checkbox"/></td> <td>22. Oven</td><td><input type="checkbox"/></td> </tr> <tr> <td>5. Gas stove</td><td><input type="checkbox"/></td> <td>11.Computer, laptop</td><td><input type="checkbox"/></td> <td>17. Internet services</td><td><input type="checkbox"/></td> <td>23. Water heater</td><td><input type="checkbox"/></td> </tr> <tr> <td>6. Dishwasher</td><td><input type="checkbox"/></td> <td>12.Telephone</td><td><input type="checkbox"/></td> <td>18. Radio/Recorder</td><td><input type="checkbox"/></td> <td>24. Heater</td><td><input type="checkbox"/></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td>25. Water filer</td><td><input type="checkbox"/></td> </tr> </table> | 1. Private car | <input type="checkbox"/> | 7. Central heating | <input type="checkbox"/> | 13.Jawwal Cellular | <input type="checkbox"/> | 19. Printer | <input type="checkbox"/> | 2. Electric fridge | <input type="checkbox"/> | 8. Vacuum cleaner | <input type="checkbox"/> | 14.Israeli Cellular | <input type="checkbox"/> | 20. microwave | <input type="checkbox"/> | 3. Water heater (Solar, boiler...) | <input type="checkbox"/> | 9. Home library | <input type="checkbox"/> | 15. DVD/Video | <input type="checkbox"/> | 21. Dryer | <input type="checkbox"/> | 4. Washing machine | <input type="checkbox"/> | 10. TV | <input type="checkbox"/> | 16. Satellite dish | <input type="checkbox"/> | 22. Oven | <input type="checkbox"/> | 5. Gas stove | <input type="checkbox"/> | 11.Computer, laptop | <input type="checkbox"/> | 17. Internet services | <input type="checkbox"/> | 23. Water heater | <input type="checkbox"/> | 6. Dishwasher | <input type="checkbox"/> | 12.Telephone | <input type="checkbox"/> | 18. Radio/Recorder | <input type="checkbox"/> | 24. Heater | <input type="checkbox"/> | | | | | | | 25. Water filer | <input type="checkbox"/> | |
| 1. Private car | <input type="checkbox"/> | 7. Central heating | <input type="checkbox"/> | 13.Jawwal Cellular | <input type="checkbox"/> | 19. Printer | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Electric fridge | <input type="checkbox"/> | 8. Vacuum cleaner | <input type="checkbox"/> | 14.Israeli Cellular | <input type="checkbox"/> | 20. microwave | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Water heater (Solar, boiler...) | <input type="checkbox"/> | 9. Home library | <input type="checkbox"/> | 15. DVD/Video | <input type="checkbox"/> | 21. Dryer | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Washing machine | <input type="checkbox"/> | 10. TV | <input type="checkbox"/> | 16. Satellite dish | <input type="checkbox"/> | 22. Oven | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Gas stove | <input type="checkbox"/> | 11.Computer, laptop | <input type="checkbox"/> | 17. Internet services | <input type="checkbox"/> | 23. Water heater | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Dishwasher | <input type="checkbox"/> | 12.Telephone | <input type="checkbox"/> | 18. Radio/Recorder | <input type="checkbox"/> | 24. Heater | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 25. Water filer | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|------------|--|--|
| H18 | Do the HH have any land been confiscated/ isolated by Israel since the uprising of 2000? 1.yes 2. no →H21 88. Doesn't apply → H21 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| H19 | What is the area of the confiscated/ isolated land in dunum? (Area in Dunum and to the nearest decimal place) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| H20 | Do the HH has the access to the confiscated/ isolated land 1.Yes, always 2. Yes, seasonally 3. No | <input type="checkbox"/> |
| H21 | Is the family home was demolished (part / whole) or deported since the uprising of 2000? 1. Yes 2. No | <input type="checkbox"/> |

Section 3: Agricultural Activities

| | | | |
|---|---|--|--------------------------|
| Q301 | Does the household have agricultural land (Owned, Leased, Used) during year 2011/2012? | 1. Yes 2. No → Q304 | <input type="checkbox"/> |
| Q302 | What is the area of the agricultural land (Owned, Leased, Used) during the agricultural year 2011/2012 ? (in m²) | 1. Open irrigated vegetables <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 2. Protected vegetables <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 3. rain fed vegetables <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 4. Field crops <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 5. Horticultural trees (not olive tree) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 6. Olive trees <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 7. Arable land and not used <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 8. Non Arable land <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² 9. Total area (m²) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m² | |
| Q303 | Which of the following sources of water is considered that main irrigation method for each of the planting type? | 1. Artisan well/spring <input type="checkbox"/> 2. Public network <input type="checkbox"/> 3. tanks <input type="checkbox"/> 4. Well-rain <input type="checkbox"/> 5. Rain fed <input type="checkbox"/> 6. Other/Specify..... <input type="checkbox"/> | |
| Q304 | Does the HH have livestock during agricultural year 2011/2012? 1. Yes 2. No → Q307 | | <input type="checkbox"/> |
| If the answers in Q301 & Q304 were NO → Section 4 | | | |
| Q305 | What is the number of the following as in 01/10/2012? Register (000) when there are no animals (Include economic projects) | 1. Cows of milk <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"/> 3. Sheep <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"/> 5. Poultry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Beehives <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Camels <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Fish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Other poultry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Q306 | Which of the following water resources used for animal raising during the agricultural year 2001/2012? 1. Yes 2. No | 1. Artisan well/spring <input type="checkbox"/> 2. Public network <input type="checkbox"/> 3. tanks <input type="checkbox"/> 4. Well-rain <input type="checkbox"/> 5. Other/Specify <input type="checkbox"/> | |
| Q307 | The family discharge of agricultural products (plant, | 1. Household consumption or gifts <input type="checkbox"/> 2. Direct selling from the farmer to the consumer <input type="checkbox"/> | |

| | | | |
|-------------|---|--|---|
| | animal) through (Record percentage) | 3.Sales associations, cooperatives food processing | <input type="checkbox"/> |
| | | 4. Sales through brokers / Hisbah (wholesalers) | <input type="checkbox"/> |
| | | 5. Direct sales stores (retailers) | <input type="checkbox"/> |
| | | 6. Sell in special family store / Basta on the street | <input type="checkbox"/> |
| | | 7.Other/Specify... | <input type="checkbox"/> |
| Q308 | Did the family receive any assistance in the field of agricultural production inputs (plant, animal) during the last agricultural year 2011/2012? | 1.Yes 2.No → Q310 | <input type="checkbox"/> |
| Q309 | What are the types of assistance received by the family during the agricultural year 2011/2012? 1.Yes 2.No | 1.Providing seeds / seedlings | <input type="checkbox"/> |
| | | 2. Supply of fertilizers | <input type="checkbox"/> |
| | | 3. Rehabilitation or construction Greenhouses | <input type="checkbox"/> |
| | | 4. Provide irrigation network | <input type="checkbox"/> |
| | | 5. Provide veterinary assistance (medicines) | <input type="checkbox"/> |
| | | 6. Provide fodder | <input type="checkbox"/> |
| | | 7. Provide Animals or poultry (sheep, poultry, birds, etc..) | <input type="checkbox"/> |
| | | 8. Create a home wells or agricultural wells | <input type="checkbox"/> |
| | | 9. Provide water purification units (water used) | <input type="checkbox"/> |
| | | 10. Establishment of home gardens | <input type="checkbox"/> |
| | | 11. Other/Specify | <input type="checkbox"/> |
| Q310 | Which of the following formed the difficulty of your work in the field of agriculture during the agricultural year 2011/2012? 1.Yes 2.No | 1.Lack or limited availability of inputs (seeds, seedlings, fertilizers) | <input type="checkbox"/> |
| | | 2. Rising prices of inputs (seeds, seedlings, fertilizers) | <input type="checkbox"/> |
| | | 3. Lack or limited availability of water | <input type="checkbox"/> |
| | | 4. Higher water prices | <input type="checkbox"/> |
| | | 5. Difficult access to land | <input type="checkbox"/> |
| | | 6. Difficulty marketing | <input type="checkbox"/> |
| | | 7. Lower product prices | <input type="checkbox"/> |
| | | 8. Israeli actions | <input type="checkbox"/> |
| | | 9. Other / Specify | <input type="checkbox"/> |
| Q311 | What are the requirements that you see might help in your agricultural work during the agricultural year 2011/2012? 1.Yes 2.No | 1.Support production inputs | <input type="checkbox"/> |
| | | 2. Assistance in marketing | <input type="checkbox"/> |
| | | 3. Provision of agricultural extension services | <input type="checkbox"/> |
| | | 4. Improve agricultural technology | <input type="checkbox"/> |
| | | 5. Technical qualification and training | <input type="checkbox"/> |
| | | 6. Small or medium-sized loans | <input type="checkbox"/> |
| | | 7. Other/Specify..... | <input type="checkbox"/> |
| Q312 | How many members from the HH were working in agriculture and animal raising during the agricultural year 2011/2012? | A.Total | B.Full time |
| | | C.Part time | |
| | 1.Male | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | 2.Female | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|------|--|-----------------|--------------------------|
| Q403 | To what degree the family relies on aid to meet the daily needs of food (cash or in-kind)? | 1.Totaly | <input type="checkbox"/> |
| | | 2.Often | |
| | | 3.Partially | |
| | | 4.Limited | |
| | | 5.No assistance | |

Section 5: Steadfastness and coping strategies

| | | | | | |
|------|---|--|---|--|--------------------------|
| Q501 | For how long can you steadfast financially in the future? | 1. I can steadfast regardless of period (more than a year) 2. 10-12 months 3. 3-9 months 4. We can barely manage (1 or 2 months) 5. We are in serious problem and we cannot manage | | | <input type="checkbox"/> |
| Q502 | During the past 6 months did you face any of the following? 1. 1. Yes 2. 2. No 3. 88. Not applicable 99. don't know/No answer | 1. sickness of the bread winner | | | <input type="checkbox"/> |
| | | 2. loss of any HH members job | | | <input type="checkbox"/> |
| | | 3. loss of HH business | | | <input type="checkbox"/> |
| | | 4. loss of HH property (house, land, agricultural, green house, etc) | | | <input type="checkbox"/> |
| | | 5. Difficulties in reaching work place, land, etc | | | <input type="checkbox"/> |
| | | 6. loss of assets (car, well, poultry, etc) | | | <input type="checkbox"/> |
| | | 7. loss of sources of aid | | | <input type="checkbox"/> |
| | | 8. loss of all or part of wage | | | <input type="checkbox"/> |
| | | 9. delay in receiving wages | | | <input type="checkbox"/> |
| | | 10. lack of access to raw materials | | | <input type="checkbox"/> |
| | | 11. Family member got new job, inheritance, better job, new project | | | <input type="checkbox"/> |
| | | 12. moving to a better services area | | | <input type="checkbox"/> |
| | | 13. Rising cost of living | | | <input type="checkbox"/> |
| | | 14. Reduce expenditure on smoking (use of electronic cigarette / change the type of smoke / quit or reduce smoking) | | | <input type="checkbox"/> |
| | | 15. Other/Specify.... | | | <input type="checkbox"/> |
| Q503 | During the last six months, did the household do any of the following? | A. Answer 1. Yes 2. No 88. Not applicable 99. Don't know (2, 88, 99 skip to next line) | B. Number of times | C. Is the possibility of future use still exist 1. Yes 2. No | |
| | 1. Not pay bills/utilities | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |
| | 2. Sell off assets jewelry, furniture, productive assets, etc | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |
| | 3. Used life savings | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |
| | 4. Regrouping of family members to save money | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |
| | 5. Reduce health and education expenses | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |
| | 6. Change place of residence | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |

| Q 504 | During the past month, did your family do any of the following matters, when they did not find a sufficient quantity of food or when you cannot find money to buy food | A. Answer 1.Yes 2.No 88.Not applicable 99.Don't know (2,88,99 skip to next line) | B. Number of times | C. Is the possibility of future use still exist 1.Yes 2.No |
|--------------|--|---|---------------------------|---|
| 1. | Eaten stored food (As legumes, dairy products, that were stored to be used in winter) | | | |
| 2. | Collected wild plants (khobesa, zaatar, etc) | | | |
| 3. | Purchased low quality markets "Leftover" | | | |
| 4. | Bought and consumed fewer types of food items (less expensive) | | | |
| 5. | Reduced portion of food for adults in favor of children's | | | |
| 6. | Reduced number of daily meals | | | |
| 7. | Purchased food on credit | | | |
| 8. | Reduced the portion of meals for all household members | | | |
| 9. | Asked for and received assistance from friends and/or relatives | | | |
| 10. | Sent women and / or children to work for food | | | |

Section 6: Income

| | | | | | | | |
|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|--------------------------|
| Q601 | Is the head of HH the bread winner 1. Yes 2. no | | | | <input type="checkbox"/> | | |
| Q602 | If Q601 answer is no write the serial number of the bread winner of the family, if he/she is not a member of the family write 99 | | | | <input type="text"/> | | |
| Q603 | Was any of the following a source of income for the household (multiple choice) is of the households sources of income | 1. Yes 2. No | What is the average monthly income from each of these sources (NIS) | | What is the average yearly income from each of these sources (NIS) | | |
| | 1. Private sector regular wage work | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 2. Private sector Irregular wage | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 3. Private sector Self employment | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 4. Private sector employer | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 5. Government (Public Sector) | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 6. UNRWA (regular staff) | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 7. Job creation programs | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 8. Israel and settlements | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 9. Cash Aid | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 10. in kind aid (food, clothes....) | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 11. Social insurance, pensions and retirement | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 12. Transfers from Friends and Relatives | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 13. Properties, Rents | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 14. Profits, Interests and dividends | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 15. Agriculture including livestock | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| | 16. Proceed of assets/Specify.... | <input type="checkbox"/> | <input type="text"/> | | <input type="text"/> | | |
| Q603A | Total of sources, household income during the past month and the average annual income | <input type="text"/> | <input type="text"/> | | <input type="text"/> | | |
| Q604 | What percentage of annual household income from agriculture, including animal husbandry (not including paid work for others in the agricultural sector)? | | | | <input type="text"/> % | | |
| Q605 | During the past six months | | A. did the household sources of income change? 1.Yes, decreased 2.Yes, increased 3.No, remained the same → Q606 | | B. If changed, why? 1. Israeli measures 2. Other | | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | | | | |
| Q606 | During the past six months | | A. did the household average monthly income change? 1.Yes, decreased 2.Yes, increased 3.No, remained the same → Q607 | | B. If changed, why? 1. Israeli measures 2. Other | | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | | | | |
| Q607 | Do the household own facilities to generate income than the main business (as in roster)? | 1.Animals for transport | <input type="checkbox"/> | 2.Truck | <input type="checkbox"/> | 3.Water tank | <input type="checkbox"/> |
| 4.Taxi | | <input type="checkbox"/> | 5.Tractor | <input type="checkbox"/> | 6. Sewing, Knitting | <input type="checkbox"/> | |
| 7.Handicrafts | | <input type="checkbox"/> | 8.Business | <input type="checkbox"/> | 9.Other/Specify | <input type="checkbox"/> | |
| 10. Agribusinesses | | <input type="checkbox"/> | | | | | |

Section 7: Consumption/Expenditures

| Part A: Consumption / Expenditures | | | | | |
|------------------------------------|---|---|--|--|--|
| Q701 | During last 6 months, were expenditures of the household changed, on the following items? 1. Yes, decreased 2. Yes, increased 3. No, remained the same | 1.Food | <input type="checkbox"/> | | |
| | | 2. Clothes | <input type="checkbox"/> | | |
| | | 3. Education | <input type="checkbox"/> | | |
| | | 4. Housing Needs | <input type="checkbox"/> | | |
| | | 5. Health | <input type="checkbox"/> | | |
| | | 6. Travel /recreation | <input type="checkbox"/> | | |
| | | 7. Transportation | <input type="checkbox"/> | | |
| | | 8. Utility bills | <input type="checkbox"/> | | |
| | | 9. total consumption | <input type="checkbox"/> | | |
| Q702 | If your family expenditure was changed on food, where was the change? 1. Yes, decreased 2. Yes, increased 3. No, remained the same | 1. Quantity of food purchased /consumed 2. Quality of food purchased consumed 3. Quantity of meat purchased /consumed 4. Quantity of fruits purchased /consumed 5. Quantity of milk purchased /consumed 6. Others (Specify) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

Formatted: Left-to-right, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm, Tab stops: Not at 7.62 cm + 15.24 cm

| | | |
|-------------|---|---|
| Q703 | What was your household average monthly consumption during the past 6 months? (in NIS) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS |
| Q704 | What was your household average monthly food consumption during the past 6 months? (in NIS) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS |
| Q705 | A. What was your household average monthly water bills consumption through the water network during the past 6 months? (in NIS) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | B. What was your household average monthly consumption on water tanks and other water sources (tanks/ springs...) during the past 6 months? (in NIS) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| Q706 What is the cash value of the food acquired for your household consumption during the past month in NIS? | | | | |
|---|--|---|---|---|
| | Food Group | a. Cash Expenses | b. In kind receipts | c. Own production |
| 1. | Cereals and cereal products (wheat, flour, purghul, frekeh) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Rice | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Bread (and products) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Fish | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Eggs | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Red Meat | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | White meat Chicken | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Tinned fish/meat | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Milk and dairy products | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Olive oil | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Oils and fats | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Pickles (olives, and other vegetables) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Fruits | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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. | Vegetables | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 15. | Legumes | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 16. | Tubers (potatoes etc) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 17. | Dried fruits | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18. | Sugar and confectionaries | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19. | Zaatar (thyme) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20. | Other types of food (tea, coffee, coco, salt, pepper , drinks) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|------|---|--|---|
| Q707 | A. What is the cash value of the consumption expenditures on the following items during the past month in NIS? | | Cash value in NIS |
| | 1. Expenditures on ready meals and drinks outside home (eaten at home). | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS |
| | 2. Expenditures on ready meals and drinks at restaurants. | | |
| | 3. Expenditures on tobacco, cigarettes and liquor. | | |
| | 4. Expenditures on transportation and communications (including bus fare, taxi, telephone bills, mobile cards, etc..) | | |
| | 5. Personal care (including for women and men, adults and children) | | |
| Q707 | B.What is the cash value of the consumption expenditures on the following items during the past six month? | | Cash value in NIS |
| | 1. The value of expenditures on Medical expenses/health care (in the country and abroad if applicable)? | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS |
| | 2. Transportation and communications (including spare parts, Gasoline, repair costs, etc..)? | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS |
| | 3. Housing (includes cost of rent, routine non capital forming maintenance, cleaning materials and appliances, Water, electricity, etc...)? | | |
| | 4. the value of expenditures on Clothing and shoes (including for women and men, adults and children)? | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS |
| | 5. the value of expenditures on Recreational and cultural activities? | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS |
| Q707 | C.What is the cash value of the consumption expenditures on the following items during the past year? | | Cash value in NIS |
| | 1. the value of expenditures on Education, school and university fees for all household members (in the country and abroad if applicable)? | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NIS |

| | | | |
|------|--|---|--|
| Q708 | Do you purchase food on credit (inability to cover costs)? 1.Yes 2.No → Q711 | | <input type="checkbox"/> |
| Q709 | What is the average monthly percentage of food purchased on credit of total monthly food purchase? | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % |
| Q710 | Is the purchase of food on credit the same as usual? | | <input type="checkbox"/> |
| | 1. Increased 2. Decreased 3. Stayed the same 9. Don't know | | |
| Q711 | Are there any loans on any of the household members? 1. Yes 2. No→ Q801 | | <input type="checkbox"/> |
| Q712 | What is the type of these loans? | 1.Home loan | <input type="checkbox"/> |
| | | 2.Personal loan | <input type="checkbox"/> |
| | | 3.Car loan | <input type="checkbox"/> |
| | | 4.Home improvement loan | <input type="checkbox"/> |
| | | 5.Agriculture / trade / industry | <input type="checkbox"/> |
| | | 6. Cash withdrawals through electronic card | <input type="checkbox"/> |
| | | 7.Other/Specify.... | <input type="checkbox"/> |

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Section 8: Dietary Diversity, Household Food Insecurity Access Scale

| Q801 During the past week, how many days the HH consumed the following with source and made place)? | | | | |
|---|--|--------------------------|---|--|
| | Food Group | A. number of days | B. is it: 1 imported 2.local made 3 Don't know | C. source 1. Voucher 2.Cash 3.Self production 4.Exchange 5.Gifts 6.Food aid 7.Credit purchase 8.Borrowedfrom family/friends 9.other |
| 1. | Cereals and cereal products (wheat, flour, purghul, frekeh) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Rice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Bread (and products) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Fish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Eggs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Red Meat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | White meat Chicken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Tinned fish/meat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Milk and dairy products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Olive oil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Oils and fats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Pickles (olives, and other vegetables) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Fruits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Legumes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Tubers (potatoes, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Dried fruits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Sugar and confectionaries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Zaatar (thyme) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Other types of food (tea, coffee, coco, salt, pepper , drinks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Q802 In answering each of the following questions, please respond according to your situation in the past 30 days | | | |
|---|---|--|--------------------------|
| 1 = No, not even once in the past 30 days 2= Rarely (once or twice in the past 30 days) 3= Sometimes (three to ten times in the past 30 days) 4= Often (more than ten times in the past 30 days) | 1. Did you worry that your household would not have enough food? | | <input type="checkbox"/> |
| | 2. Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? | | <input type="checkbox"/> |
| | 3. Did you or any household member eat a limited variety of foods due to a lack of resources? | | <input type="checkbox"/> |
| | 4. Did you or any household member eat food that you preferred not to eat because of a lack of resources to obtain other types of food? | | <input type="checkbox"/> |
| | 5. Did you or any household member eat a smaller meal than you felt you needed because there was not enough food? | | <input type="checkbox"/> |
| | 6. Did you or any other household member eat fewer meals in a day because there was not enough food? | | <input type="checkbox"/> |
| | 7. Was there ever no food at all in your household because there were not resources to get more? | | <input type="checkbox"/> |
| | 8. Did you or any household member go to sleep at night hungry because there was not enough food? | | <input type="checkbox"/> |
| | 9. Did you or any household member go a whole day and night without eating anything because there was not enough food? | | <input type="checkbox"/> |

Section 9: Mobility and Access to Basic Services

| | | |
|-------------|--|--------------------------|
| Q901 | To what extent would you say that in general movement restrictions represented an obstacle to you /your family during the past 6 months? 1. Very Much 2. Minor 3. Not an obstacle 9. Don't know | <input type="checkbox"/> |
|-------------|--|--------------------------|

| Q902 | During the past 6 month were you able to reach the following | A. difficulties | B. Reasons of difficulties | | |
|------|--|--|--------------------------------|--------------------------|--------------------------|
| | | 1. No difficulty 2. Minor difficulty 3. Big difficulty 88. Not applicable 99. Don't know | 1. Access Restrictions related | 2. Cost related reasons | 3. other reasons |
| | 1. work place | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2. plant your land | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3. school or collage | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4. health facility | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Q903 | How far is your home from the nearest of the following? Is there Barrier impeded access? | Item | A. Distance by Km | Barrier impeded access? 1. Yes 2. No |
|------|--|--------------------------------|---|---|
| | | | Km m | |
| | | 1. Public transportation | <input type="text"/> : <input type="text"/> | <input type="checkbox"/> |
| | | 2. Private clinic | <input type="text"/> : <input type="text"/> | <input type="checkbox"/> |
| | | 3. Health center | <input type="text"/> : <input type="text"/> | <input type="checkbox"/> |
| | | 4. public/private hospital | <input type="text"/> : <input type="text"/> | <input type="checkbox"/> |
| | | 5. maternal health center | <input type="text"/> : <input type="text"/> | <input type="checkbox"/> |
| | | 6. elementary school/secondary | <input type="text"/> : <input type="text"/> | <input type="checkbox"/> |
| | | 7. shopping center | <input type="text"/> : <input type="text"/> | <input type="checkbox"/> |