



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.	□□□			
ID04	Household Number in enumeration area	□□	ID09	Month of the survey	□
ID010	Building Address	_____			
ID11	Name of Household Head	_____			
ID12	Respondent serial Number	□□			

IR01	Interview result	□	1. Completed 2. Partially completed 3. The household is travelling 4. No one at home 5. Refused to cooperate 6. Information not available 7. Non-occupied housing unit 8. Housing unit does not exist 9. Other specify.....
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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:

Section 1: Household Members Data

HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR07A	HR08
Member's serial number	Names of usual household members (three 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. Daughter/son-in-law 9. Other relative 10. Non relative	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 = age 98years + and 99 =don't know	Refugee status 1. Registered Refugee 2. Unregistered Refugee 3. Not refugee	Have any of your family members changed his place of residence during the past 5 years? 1.No 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 others 5.Israeli measures 6. other
1.		<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"/>
3.		<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"/>
5.		<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"/>
7.		<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"/>
9.		<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"/>
11.		<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"/>
13.		<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"/>
15.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

[illegible]

		Members above 5 years old		10 years and above			
HR01	HR02	HR19	HR20	HR21	HR22	HR23	HR24
Member's Serial number	Names of usual household members (three 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	School enrollment 1. Currently Enrolled 2. Enrolled and quit 3. Graduated 4. never attended school	How many schooling years did (name) successfully complete? Record (00) if schooling years are less than 1 year 99:Don't know	What is (name)'s educational status? 1. Illiterate 2. can read and write 3. Elementary 4. Preparatory 5. Secondary 6. Intermediate level diploma 7. Bachelors degree 8. Higher diploma 9. Masters degree 10. Ph. D. 99. Don't know	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 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: What kind of work is/was (name) doing in detail?	Economic activity of the establishment where employed members work
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
15		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

[illegible]

Section 2: Housing Characteristics

Q201	What kind of dwelling unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Marginal/barrakia 7. Other/ specify:	<input type="checkbox"/>
Q202	Main building material for external walls	1. Clean stones 2. Cement & stones 3. Old stones 4. Bricks 5. Cement 6. Mud brick 7. Other/ specify:	<input type="checkbox"/>
Q203	Is your dwelling?	1. Owned 2. Rented unfurnished 3. Rented furnished 4. For free 5. For work 6. Other/ specify:	<input type="checkbox"/>
Q204	Current dwelling usage status	1. Residence only 2. Several (work and residence)	<input type="checkbox"/>
Q205	What is the total number of rooms in the dwelling unit for the household use?		<input type="text"/>
Q206	What is the main source of water for your household?	1. Public local network 2. Public Israeli network 3.wells-rain 4.springs 5. Tank 6. Other/ specify:	<input type="text"/>
Q206 A	If water source is from public networks, how many days you got the water during the week (DK=99)		
Q207	What main source of Electricity	1. Public network 2.Private generator 3. No electricity	<input type="checkbox"/>
Q208	Do you have wastewater disposal system	1. Public network 2. cesspit 3. Septic tank 4. non	<input type="checkbox"/>
Q209	Availability of a Kitchen	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen	<input type="checkbox"/>
Q210	Availability of a Bathroom	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom	<input type="checkbox"/>
Q211	Availability of a toilet	1. Toilet with Piped Water 2. Toilet without Piped Water 3. No Toilet	

Q212	What main source of energy for		
	1.Cooking	1.Gas 2.Kerosene 3.Electricity 4.Wood/coal 5.desiel 6.Other/ specify.....	<input type="checkbox"/>
	2.Heating	0. No heat 1.gas 2.Kerosene 3.Electricity 4.Wood/coal 5.desiel 6. Other/ specify.....	<input type="checkbox"/>
	3.Baking	0. No heat 1.gas 2.Kerosene 3.Electricity 4.Wood/coal 5.desiel 6. Other/ specify.....	<input type="checkbox"/>

Q213	How many of the following durables are available to the household (fill the number in the box)	1. Private car <input type="checkbox"/>	8. Vacuum cleaner <input type="checkbox"/>	15. Computer <input type="checkbox"/>	22. Dryer <input type="checkbox"/>
	2. Electric fridge <input type="checkbox"/>	9. Home library <input type="checkbox"/>	16. Satellite dish <input type="checkbox"/>	23. Oven <input type="checkbox"/>	
	3. Solar <input type="checkbox"/>	10. TV <input type="checkbox"/>	17. Internet services <input type="checkbox"/>	24.water heater <input type="checkbox"/>	
	4. Washing machine <input type="checkbox"/>	11.VCR/DVD <input type="checkbox"/>	18. Radio/Recorder <input type="checkbox"/>	25.Heater <input type="checkbox"/>	
	5. Gas stove <input type="checkbox"/>	12.Telephone <input type="checkbox"/>	19. Printer <input type="checkbox"/>		
	6. Dishwasher <input type="checkbox"/>	13.Jawwal Cellular <input type="checkbox"/>	20. microwave <input type="checkbox"/>		
	7. Central heating <input type="checkbox"/>	14.Israeli Cellular <input type="checkbox"/>	21. commercial car Heater <input type="checkbox"/>		

Q214	Do the HH have any land been confiscated/ isolated by Israel during last 12 months	1.yes 2. no ...skip to Q301	<input type="checkbox"/>
Q215	Area confiscated/ isolated land in dunum		<input type="text"/>
Q216	Do the HH has the access to the confiscated/ isolated land	1.yes 2. no	<input type="checkbox"/>

Section 3: Agricultural Activities

Q301	Does the household have land during agricultural year 2010/2011 1. Yes 2. No skip to Q305	<input type="checkbox"/>
Q302	What is the area of the land during agricultural year 2010/2011 (m2)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q303	What is the percentage allocation of land planted by the following planting types (01/10/2011)	
	1. Field Crops	<input type="text"/> <input type="text"/> <input type="text"/> %
	2. Vegetables	<input type="text"/> <input type="text"/> <input type="text"/> %
	3. horticulture Trees	<input type="text"/> <input type="text"/> <input type="text"/> %
	4. meadow and permanent pastures	<input type="text"/> <input type="text"/> <input type="text"/> %
	5. Forests	<input type="text"/> <input type="text"/> <input type="text"/> %
	6. not planted	<input type="text"/> <input type="text"/> <input type="text"/> %
	7. Other	<input type="text"/> <input type="text"/> <input type="text"/> %
	Total	100%
Q304	Which of the following sources of water is considered that main irrigation method for each of the planting type? 1. Artisan well/spring 2. Public network 3. tanks 4. Well-rain 5. Rain fed 6. Other 88. NA	
	1. Field Crops	<input type="text"/> <input type="text"/>
	2. Vegetables	<input type="text"/> <input type="text"/>
	3. horticulture Trees	<input type="text"/> <input type="text"/>
	4. meadow and permanent pastures	<input type="text"/> <input type="text"/>
	5. Forests	<input type="text"/> <input type="text"/>
Q304A	What is the area of planted in during agricultural year 2010/2011 (m2) 1. Field Crops	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q304b	What is the area of planted in during agricultural year 2010/2011 (m2) 2. Vegetables	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q304c	What is the area of planted in during agricultural year 2010/2011 (m2) 3. horticulture Trees	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q305	<i>Do the HH have animals</i> during agricultural year 2010/2011 1. Yes 2. No <i>skip Q307</i>	<input type="checkbox"/>

Q306	<i>What is the number of the following as in 01/10/2011</i>			
	1. cows	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5. layers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	2. Sheep / Goats	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6. Camels	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	3. Broilers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7. Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	4. BeeHives	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Q306A	Which of the following sources of water is considered that main irrigation method for <i>animals</i> 1. Artisan well/spring 2. Public network 3. tanks 4. Well-rain 5. Other			<input type="checkbox"/>
Q307	How many members from HH working in agriculture and caring animals during agricultural year 2010/2011		Males <input type="text"/> <input type="text"/>	Females <input type="text"/> <input type="text"/>
Q308	How you deal with the product? 1. Self/HH consumption 2. Selling/trade 3 gift 4 other 88. NA			
	1. Agriculture			<input type="checkbox"/>
	2. livestock			<input type="checkbox"/>

Section 4: Assistance

Q 401	During last 6 months, did the HH receive any assistants <i>1.yes 2. No skip to Q501</i>									<input type="checkbox"/>
Q 402	A. Type	B. frequency	C. Value	D. Source	E. satisfaction	F. Reason for dissatisfaction				
	1. Food 2. Job opportunities 3. Cash 4. Voucher 5. School feeding 6. Product inputs 7. other	How many times for each type during last 6 months	Total value for each type during last 6 months	1. MOSA 2. Other PA agencies 3. Zakat/other local institutions 4. International agencies 5. UNRWA 6. Relatives/friends/neighbors 7. Other 99. DK	<i>1. Satisfied</i> <i>2. Not satisfied</i> 99 Dk	1. Yes 2. No				
						Quantity	Quality	Times	Type	Other
1.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 month did you face any of the following	1. sickness of the bread winner 2. loss of any HH members job 3. loss on HH business 4. loss on HH property (house, land, agricultural, green house, etc) 5. Difficulties in reaching work place, land, etc 6. loss on assets (car, well, poultry, etc) 7. loss of sources of aid 8. loss of all or part of wage 9. delay in receiving wages 10. lack of access to raw materials 11. Family member got new job, inheritance, better job, new project 12. moving to a better services area 13. increase in prices 14. other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q503	How much do u rely on food aid in your daily consumption of food	1. Totally 2. Heavily 3. Partially 4. Negligible 5. not receiving assistants	<input type="checkbox"/>
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Q 504	Coping Strategies	1. Yes 2. no 8. not applicable 9. don't know	How many times	Is it still available for future use 1. Yes 2. No
A.	For the household to stead financially <u>during the past month</u>, did you have to do any of the following fill in 1. Yes 2. No			
1.	eaten stored food			
2.	...picked wild plants (khobeza, hamasees, halayoon)			
3.	...stopped eating expensive foods and chosen alternatives			
4.	...reduced number of meals by all household members			
5.	...adults eaten smaller portions to be able to feed children			
6.	...purchased low quality market "leftovers"			
7.	...reduced amount eaten in meals by all household members			
8.	...adults skipped meals to be able to feed children			
9.	...food on credit/borrowed from relatives or supermarkets			

10.	...sent children elsewhere to eat/regrouped family members for meals			
11.	...dangerous/undesirable/illegal jobs or activities (such as working in tunnels, begging or rubble collection in the buffer zone)			
12.	...sent females (women or girls) to serve at homes			

Q 504 B	For the household to stead financially during the past 6 month, did you have to do any of the following	1.Yes 2. no 88. not applicable 99. don't know	How many times	Is it still available for future use 1. Yes 2. No
1.	1. Not pay bills/utilities	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2.	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.	3. Used life savings	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4.	4. Regrouping of family members to save money	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5.	5. Reduce health and education expenses	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6.	6. Change place of residence	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

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 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
	1. Private sector regular wage work	<input type="checkbox"/>	<input type="text"/> NIS
	2. Private sector Irregular wage	<input type="checkbox"/>	<input type="text"/> NIS
	3. Private sector Self employment	<input type="checkbox"/>	<input type="text"/> NIS
	4. Private sector employer	<input type="checkbox"/>	<input type="text"/> NIS
	5. Government (Public Sector)	<input type="checkbox"/>	<input type="text"/> NIS
	6. UNRWA (regular staff)	<input type="checkbox"/>	<input type="text"/> NIS
	7. Job creation programs	<input type="checkbox"/>	<input type="text"/> NIS
	8. Israel and settlements	<input type="checkbox"/>	<input type="text"/> NIS
	9. Cash Aid	<input type="checkbox"/>	<input type="text"/> NIS
	10. in kind aid (food, clothes....)	<input type="checkbox"/>	<input type="text"/> NIS
	11. Social insurance, pensions and retirement	<input type="checkbox"/>	<input type="text"/> NIS
	12. Transfers from Friends and Relatives	<input type="checkbox"/>	<input type="text"/> NIS
	13. Properties Rents	<input type="checkbox"/>	<input type="text"/> NIS
	14. Profits, Interests, and dividends	<input type="checkbox"/>	<input type="text"/> NIS
	15. Agriculture including livestock	<input type="checkbox"/>	<input type="text"/> NIS
	16. Selling of assets/ (what type of asset)_____ other	<input type="checkbox"/>	<input type="text"/> NIS

Q604	How many sources of income does the household have	<input type="text"/>
Q605A	During the Past six months, did household income sources been change 1. Yes, decreased 2. Yes, increased 3. No, remained the same	<input type="checkbox"/>

Q605B	During the Past six months, did average value household income change 1. Yes, decreased 2. Yes, increased 3. No, remained the same	<input type="checkbox"/>
Q606	What is the percentage contribution of income from Agriculture including livestock (do not include working for others in agriculture)	<input type="text"/> <input type="text"/> <input type="text"/> %

Section 7: 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 were changed on food, where was the change?	1. Quantity of food purchased/ consumed	<input type="checkbox"/>	4. Quantity of fruits purchased /consumed	<input type="checkbox"/>
		2. Quality of food consumed	<input type="checkbox"/>	5. Quantity of milk purchased /consumed	<input type="checkbox"/>
	1. Yes, decreased 2. Yes, increased 3. No, remained the same	3. Quantity of meat purchased /consumed	<input type="checkbox"/>	6. Others (Specify)	<input type="checkbox"/>

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"/> 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"/> NIS
Q705	A. What was your household average monthly water bills consumption during the past 6 months (in NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	B. What was your household average monthly water tanks and other consumption during the past 6 months (in NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS

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 assistants			c. Own production		
1.	Cereals and cereal products (wheat, flour, purghul, frekeh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<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"/>	NIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q707A	What is the cash value of the consumption expenditures on the following items during the past month	Cash value in NIS
	1. Expenditures on ready meals and drinks outside homes (NIS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	2. the value of expenditures on Housing (includes cost of rent, routine non capital forming maintenance, cleaning materials and appliances, etc...) during the past month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	3. the value of expenditures on Tobacco and cigarettes (NIS)	
	4. What is the value of expenditures on Utility Bills (Water/electricity/fuel/phone for household use only) during the past month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
Q707B	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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	2. the value of expenditures on Transportation and communications (including spare parts, Gasoline, repair costs, etc..)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	3. the value of expenditures on Clothing and shoes (including for women and men, adults and children	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	4. the value of expenditures on Personal care (including for women and men, adults and children) during the last month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
	5. the value of expenditures on Recreational and cultural activities during the last 6 months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS
Q707C	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 and school fees for all household members (in the country and abroad if applicable) during the past 6 months	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NIS

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. days number	b. is it: 1 imported 2.local made 3 DK	c. source 1. Voucher 2. Cash 3. Self production 4. Exchange 5. Gifts 6. Food aid 7. Credit purchase 8. Borrow from family/friends 9. other
1.	Cereals and cereal products (wheat, flour, purghul, frekeh)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Rice	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Bread (and products)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Fish	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	Eggs	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	Red Meat	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	white meat Chicken	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	Tinned fish/meat	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	Milk and dairy products	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	Olive oil	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	Oils and fats	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	Pickles (olives, and other vegetables)	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	Fruits	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	Vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	Legumes	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.	Tubers (potatoes etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>
17.	Dried fruits	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	Sugar and confectionaries	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	Zaatar (thyme)	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	Other types of food (tea, coffee, coco, salt, pepper , drinks)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
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Q902	During the past 6 month were you able to reach the following	A. difficulties	B. Reasons of difficulties		
			1. Yes 2. No		
		1. Not difficulty 2. difficult 3. Very difficult 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"/>

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