



**State of Palestine**  
**Palestinian Central Bureau of Statistics**  
**Household Expenditure and Consumption Survey, 2016/2017**

*All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance to General Statistical Law of 2000*

**Section 1 : Questionnaire Information**

ID00	Questionnaire Serial Number in the Sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID04	Household Number in the Enumeration Area	<input type="text"/> <input type="text"/>
ID01	Governorate:.....	<input type="text"/> <input type="text"/>	ID05	Building Number	<input type="text"/> <input type="text"/>
ID02	Locality:.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID06	Household Unit Number in the Building	<input type="text"/> <input type="text"/>
ID03	Number of Enumeration Area	<input type="text"/> <input type="text"/> <input type="text"/>	ID07	Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID08	Registration month	<input type="text"/> <input type="text"/>			

ID09	Household Unit location to the Barrier (WB)	1. Inside Barrier      2. Outside Barrier	<input type="text"/>
ID10	Household Unit location to Buffer Zone (GS)	1. Less than 1,000 m    2. 1,000 m and more	<input type="text"/>

QC1	<b>Household Identification</b>		
1	Name of the Head of the Household	.....	
2	Phone Number	<input type="text"/>	
3	Mobile Number	<input type="text"/>	

QC2	Result of the Interview	1. Done Completely	6. Household Unit does not Exist	<input type="text"/>
		2. Partially Completed	7. Household Unit not Occupied	
		3. Refused / reason .....	8.No Information	
		4. Household traveled	9.Other\ Specify:.....	
		5.No Body at Household Unit		

QC3	Household size	<input type="text"/> <input type="text"/>	QC4	Males	<input type="text"/> <input type="text"/>	QC5	Females	<input type="text"/> <input type="text"/>
-----	----------------	---	-----	-------	---	-----	---------	---

**Fieldwork Staff**

	interviewer	Supervisor	Editor	Encoder	Data entry
	QC6	QC7	QC8	QC9	QC10
1.Name	.....	.....	.....	.....	.....
2.Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Section 2: Household Roster**

D0	Name of Respondent	D0_1	<input type="checkbox"/> <input type="checkbox"/>	All household 's members							Member 12 yrs+
D1	D2		D3	D4	D5			D6	D7	D8	
Person ID Code	Names:		Relationship to the head of household	Sex	Date of Birth			Age	Refugee Status	Marital Status	
			1.Head of Household 2.Spouse 3.Son\ Daughter 4.Father\ Mother 5.Brother\ Sister 6.Grand Father\ Mother 7.Grand Child 8.Son Wife\ Daughter Husband 9.Other Relatives 10.Others	1.Male 2.Female	Day      Month      Year			In full years  If less than one year record (00)  If 98 years and more record (98)	1.Registered Refugee 2.Non - registered refugee 3.Non-refugee	1.Married 2.Never married 3.Legally married without weeding 4.Widowed 5.Divorced\ Separated	
1.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	

**Section 2: Household Roster**

D1	D2	All household 's members										Women 15-49 Years					
		D9	D10					D11	D12					D13	D14	D15	
			Names:	Health Insurance	1	2	3		4	5	1	2	3	4	5	For married women or have been married	
Person ID Code		Is the (name) has health insurance  1. Yes 2. No	If (name) has health insurance, which of the following types have (name).  Instructions: Put the number (1) If the name has this type of insurance					Did (name) suffering from chronic disease and receives treatment on an ongoing basis ?  Diabetes, blood pressure, heart disease, cancer, ulcers, asthma (crisis), epilepsy, and other  1. Yes 2. No	Did (name) suffers difficulty in					Age at first marriage	Number of live births who was born in 10 years ago	Number of babies who died before their first year of age through 10 years ago	
			Governmental	UNRWA	Private	Israeli	Other		Seeing	Hearing	Movement and use of hand	Remembering and focus	Communication				
1.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>

Member 5 yrs+ ( Education enrollment)						
D1	D2	D16	D17	D18	D19	
Person ID Code	Names:	Did [ name] ever attended school? 0. Currently attending kindergarten (Skip to D22) 1. Currently attending 2. Attended and graduated 3. Attended and dropped out 4. Never attended, can read and write 5. Never attended, cannot read and write 6. Don't know (Skip to Next person)	Why did [ name] dropout or stop going to school, or never attend school? 1-Unwillingness for academic education 2-Unwillingness for education 3-Not interested in studying 4-Frequent Repetition 5-Bad economic situation of family 6-Existing family problems 7-Caring for family members 8-Marriage 9-Sickness 10-Disability 11-No School Nearby 12- Security Situation 13- Mistreatment at school 14-Dismassal from school due to Frequent Repetition 15-Other	What is the highest level of school (name) had completed in regular education  0.Never attended education (Skip to Next person) 1. Write highest grade finished (1-12) 13.Asociated Diploma 14.Bachelore 15.Higher diploma 16.Master Degree 17.PhD 18.Dont Know	Did [ name] Repeat any educational year before ?  1. Yes 2. No (Skip to D22)	
	1.		<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"/>
	3.		<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"/>
	5.		<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"/>
	7.		<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"/>
	9.		<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"/>
	11.		<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"/>
	13.		<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"/>
	15.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

<b>Member 5 yrs+ ( Education enrollment)</b>				
<b>D1</b>	<b>D2</b>	<b>D20</b>	<b>D21</b>	<b>D22</b>
Person ID Code	Names:	If the answer in question D19 option 1  Did the name repeated the last year?  1.Yes 2.No	Number of repeated school years  <b>Instructions: Writ the number of years</b>	Type of School / University / kindergarten that was enroll / currently enrolled by (name)  1. Public\ government 2.UNRWA 3.Private 4.Abroad
1.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>



**Section 3: Labor**

		Member 10 yrs+							
D1	D2	L5	L6	L7	L8	L9	L10	L11	
Person ID Code	Names:	Employment Status (current\ previous job)  1. Employer 2. Self-employed 3. Unpaid worker 4. Regular waged employee 5. Irregular waged employee	Place of work (current\ previous job)  1. At home 2. In the same locality 3. In the same governorate 4. In another governorate 5. Israel 6. Settlement 7. Abroad	FOR WHOM ANSWER 4 OR 5 IN L5  Was the job of [name] (current\previous job) basis on contract  1. Yes- contract for a limited period 2. Yes- Written contract for unlimited period 3. Yes- group agreement 4. Yes- Verbal agreement 5. No	FOR WHOM ANSWER 4 OR 5 IN L5  What was the nature of [name] job (current\ previous job)  1. Full-time\ Regular 2. Part-time 3. Temporary \ Seasonal \ Occasional time	Sector  1. National Government 2. Foreign Government 3. Local authority 4. International organization 5. UNRWA 6. NGOS 7. Private sector 8. Other	How many regular working months during last 12 months	Was injured during the last 12 months (lost organs, fractures, wounds, burns, suffocation, polio ...)  1. Yes 2. No	
	1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	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"/>

**Section 3: Labor**

Member 10 yrs+									
D1	D2	L12	L13	L14					
Person ID Code	Names:	Main Occupation	Main Economic Activity	FOR WHOM ANSWER IN L5 BY 4 OR 5					
				Does employer provide any of Privileges					
				1.Yes 2.No 8. Not applicable 9.Don't know  (Privileges asked for the name and not the institution)					
				1.Pension fund	2.Paid annual leave	3.Paid Sick leave	4.Paid maternity leave for women	5. End service benefits	
1.		.....□□□□□□	.....□□□□□□	<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"/>	
3.		.....□□□□□□	.....□□□□□□	<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"/>	
5.		.....□□□□□□	.....□□□□□□	<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"/>	
7.		.....□□□□□□	.....□□□□□□	<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"/>	
9.		.....□□□□□□	.....□□□□□□	<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"/>	
11.		.....□□□□□□	.....□□□□□□	<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"/>	
13.		.....□□□□□□	.....□□□□□□	<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"/>	
15.		.....□□□□□□	.....□□□□□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# Dwelling

## SECTION 1: HOUSE TYPE AND OWNERSHIP

H04	Name of Respondent:	H04_4	<input type="checkbox"/> <input type="checkbox"/>
H1	What is the type of the Household unit	<input type="checkbox"/>	1.Villa 2.Traditional house 3.Flat 4.Separate room 5.Tent 6.Marginal 7.Caravan 8.Other
H2	Type of occupancy of this dwelling	<input type="checkbox"/>	1.For residence only 2.For residence and work
H3	What is the type of occupancy of this dwelling?	<input type="checkbox"/>	1.Owned (Skip to H4) 2.Rented without furniture } Skip to H10 3.Rented with furniture } 4.Without payment 5.Povided from work } Skip to H9 6.Other }
H4	How did you get the owned dwelling it?	<input type="checkbox"/>	1. Family legacy (Skip to H9) 2. Personal building 3. Purchase by a broker 4. Purchase by real estate foundation 5. Purchase by the contractor 6.Purchase by a family member 7. Purchase by a friend's 8.Purchase by association 9.Other, specify.....

## SECTION 2: MORTGAGE PAYMENTS

H5	What is the main source of funding for the acquisition of housing?	<input type="checkbox"/>	1.Savings (Skip to H9) 2. Loan 3. Monthly payments to the contractor } Skip to H7 4. Monthly payments of construction supplies } 5. Family legacy } Skip to H9 6. Other, Specify... }
H6	What is the source of the loan?	<input type="checkbox"/>	1.Bank (commercial) 2. Bank (Islamic) 3. Relatives and friends 4. Lending institution 5.Other, Specify.....
H7	1.How much the monthly payment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	2. currency	<input type="checkbox"/>	1.NIS 2.JD 3.US\$
H8	Did the payments for housing completed?	<input type="checkbox"/>	1.Yes 2.No

## SECTION 3: RENT AND RENT VALUATION

H9	1. What is the estimated rental monthly value of this dwelling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If you were to reside in a similar dwelling, what would be the estimated rental monthly value
	2.Currency	<input type="checkbox"/>	1.NIS 2.JD 3.US\$
H10	1.What is the monthly rental value of this dwelling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	2.Currency	<input type="checkbox"/>	1.NIS 2.JD 3.US\$

## SECTION 4: HOUSE AGE AND MATERIALS

H11	Age years of this dwelling	<input type="checkbox"/>	1. Less than one year 2. 1-4 years 3. 5-9 years 4. 10-19 years 5. 20 years and more
H12	What is the principal material of the walls of this dwelling	<input type="checkbox"/>	1.Stone 2.Stone and cement 3.Old Stone 4.Concrete bricks 5.Concrete (bench) 6. Mud 7.Cloth\ animal leather\canvas 8.Other, Specify.....
H13	What is the principal material of the ceiling of this dwelling	<input type="checkbox"/>	1.Reinforced concrete casting 2.Metallic 3.Wood 4. Asbestos\fiber cemen 5.Straw\palm fronds 6. Other/specify...
H14	What is the principal material of the floor of this dwelling	<input type="checkbox"/>	1.Soil floor 2.Wood 3.Tiles 4.Marble 5.Cement 6. Brick / stone 7. Other, Specify.....

## SECTION 5: NUMBER OF ROOMS AND WATER CONNECTIONS

	Household Unit Parts	H15. How many ROOMS do you have?	H16. Does ROOM have piped water? 1. Yes 2. No
1	Bedroom	<input type="checkbox"/> <input type="checkbox"/>	
2	Separate bedroom for girls (10-19) years	<input type="checkbox"/> <input type="checkbox"/>	
3	Separate bedroom for boys (10-19) years	<input type="checkbox"/> <input type="checkbox"/>	
4	Salon	<input type="checkbox"/> <input type="checkbox"/>	
5	Guest room	<input type="checkbox"/> <input type="checkbox"/>	
6	Kitchen	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7	Bathroom (for the purpose of bathing)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8	Toilet (for the purpose of eliminating need)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

9	Shared bathroom and toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Excluding the bathroom and the kitchen, how many rooms in this house	<input type="checkbox"/>	<input type="checkbox"/>	
11	Store room	<input type="checkbox"/>	<input type="checkbox"/>	
12	Garage	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION 6: PUBLIC SERVICES**

SERVICE	H17: Main source used to supply this Service	H18: During the last month, Was there interruptions in the supply of [SERVICE] from the public network? 1. Service continuously available 2. Service disrupted once a month 3. Service disrupted once a week 4. Service disrupted more than once a week 5. Service disrupted daily (fixed hours of service a day) 6. Network not operating 7. Other/ specify.....	H19: During the last month, how many hours per-day is the [SERVICE] available from the public network 1. Less than one hour per-day 2. One hour per-day 3. (2-4) hours 4.(5-9) hours 5.(10-23) hours 6. Whole day 7. Don't Know 9. Not applicable
1.Water	1.Local Public Network 2.Israeli Network 3.Collectd rain-water wells 4.Spring 5.Tanks (private) 6.Other	<input type="checkbox"/>	<input type="checkbox"/>
2.Electricity	1.Public Network 2.Private generator 3.Shared generator 4.No Electricity. 5.Solar cells	<input type="checkbox"/>	<input type="checkbox"/>
3.Sewage system	1.Public network 2.Porous Cesspit 3.Impermeable Cesspit 4.No Sewage	<input type="checkbox"/>	

H20	Of the following sources, what represents a source of drinking water for your family?	<input type="checkbox"/>	1.Transported via pipelines to the dwelling 2.Protected dug well 3. Tanks/ vehicle with small tank/ barrel 4. Rain water collection 5.Bottled water 6. Other/ specify .....
H21	How does your household mainly dispose of its garbage?	<input type="checkbox"/>	1.Collectd by the municipality clean worker 2.Put in nearest container 3.Thrown outside random 4. Dumped in landfill 5. Burnt 6. Used for special purposes 7.Other\Specify...

**SECTION 7: ENERGY SOURCES AND USE**

H22	What is the main source of energy used for .....	<input type="checkbox"/>	
	1. Cooking	<input type="checkbox"/>	1.Gas 2. Kerosene 3. Electricity 4. Wood 5. Other/ specify
	2. Heating	<input type="checkbox"/>	0. None 1.Gas 2. Kerosene 3. Electricity 4. Wood 5. Diesel 6. Coal 7. Other/ specify.....
	3. Air conditioning	<input type="checkbox"/>	0. None 1.Electricity. 2. Other/ specify.....
	4. Baking	<input type="checkbox"/>	0. None 1.Gas 2. Electricity 3. Wood 4. Jift 5. Coal 6. Other / specify.....
	5. Heating water	<input type="checkbox"/>	1.Solar energy 2. Gas 3. Kerosene 4. Electricity 5. Wood 6. Coal 7. Diesel 8. Other/ specify..

**SECTION 8: PUBLIC SERVICES**

H23	How far is dwelling from the following services usually used by household	<input type="checkbox"/>	1.Less than 1 km 2. (1-5) km 3.More than 5 km 4. Not applicable
	1.Public transportation	<input type="checkbox"/>	9. Youth club <input type="checkbox"/>
	2.Nearest private doctor clinic	<input type="checkbox"/>	10. Police centre <input type="checkbox"/>
	3.Health center (mother and child)	<input type="checkbox"/>	11. Bank <input type="checkbox"/>
	4.Nearest public or private hospital	<input type="checkbox"/>	12. Fire Station <input type="checkbox"/>
	5.Pharmacy	<input type="checkbox"/>	13. Nearest food purchase center <input type="checkbox"/>
	6.Nearest elementary school	<input type="checkbox"/>	14. Nearest shopping center <input type="checkbox"/>
	7.Nearest secondary school	<input type="checkbox"/>	15. House of the Elderly <input type="checkbox"/>
	8. Center / club for the elderly	<input type="checkbox"/>	16.Social service center\ Orphans <input type="checkbox"/>

**SECTION 9: DURABLES GOODS**

	Commodity	H24	H25	H26	H27	H28	H29
		Number of durables goods owned by household	Commodity order according to last acquired	When owned /bought family this good	What is the year of Manufacturing	How much You paid a price for this good?	If you were to sell this good today, how much would you get in the market for it?
01	Privacy cars	□□	1				
			2				
			3				
02	Public vehicles	□□	1				
			2				
			3				
03	Motorcycle	□□	1				
			2				
			3				
04	Tuk Tuk	□□	1				
			2				
			3				
05	Refrigerator	□□	1				
			2				
			3				
06	TV (LCD/LED/3-D)	□□	1				
			2				
			3				
07	Regular washing machine	□□	1				
			2				
			3				
08	Automatic washing machine	□□	1				
			2				
			3				
09	Solar panel	□□	1				
			2				
			3				
10	Solar Boiler	□□	1				
			2				
			3				
11	Satellite	□□	1				
			2				
			3				
12	Computers (PC and laptop)	□□	1				
			2				
			3				
13	Smart phones	□□	1				
			2				
			3				
14	Play station/ X-Box	□□	1				
			2				
			3				
15	IPAD/Tablets	□□	1				
			2				
			3				
16	Stove (gas, electric)	□□					
17	Radio	□□					
18	Phone (landline)	□□					
19	Cell phone (not smart phone)	□□					
20	Dishwasher	□□					
21	Electric heater	□□					
22	Freezer	□□					

23	Central heating	<input type="checkbox"/>	<input type="checkbox"/>
24	Heater	<input type="checkbox"/>	<input type="checkbox"/>
25	Home library	<input type="checkbox"/>	<input type="checkbox"/>
26	Water Filter	<input type="checkbox"/>	<input type="checkbox"/>
27	Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>
28	Center Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>
29	Regular TV	<input type="checkbox"/>	<input type="checkbox"/>
30	Electric vacuum	<input type="checkbox"/>	<input type="checkbox"/>
31	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>
32	Recorder or CD-player	<input type="checkbox"/>	<input type="checkbox"/>
33	Microwave	<input type="checkbox"/>	<input type="checkbox"/>
34	Electric fan	<input type="checkbox"/>	<input type="checkbox"/>
35	Cooler	<input type="checkbox"/>	<input type="checkbox"/>

H30	Available of Cooling (Conditioning)	<input type="checkbox"/>	1. Central conditioner 4. Other\Specify	2. Air conditioner 5. Not available	3. Fan
H31	Internet connection at house	<input type="checkbox"/>	1. Dial-up 5. Wireless 8. Israeli Sim-card	2. Mobile phone 6. Cables from provider 9. Other\ Specify....	3. ADSL 4. Satellite 7. From neighborhood 10. Not available
H32	How many SIM cards does the household own of the following types?				
	1. Palestinian	Number	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Israeli	Number	<input type="checkbox"/>	<input type="checkbox"/>	

### SECTION 10: HOUSING QUALITY

H33	Does the housing suffer from any of the following: 1. Yes 2. No	<input type="checkbox"/>	1. Shortage in rooms number
		<input type="checkbox"/>	2. Shortage in rooms areas
		<input type="checkbox"/>	3. Shortage in housing utilities (garden, garage, cars parks,,etc)

H34	Do several or all of house rooms, corridors, and kitchen suffer from the following: 1. Yes 2. No	<input type="checkbox"/>	1. Humidity
		<input type="checkbox"/>	2. Cold
		<input type="checkbox"/>	3. The difficulty of heating in winter
		<input type="checkbox"/>	4. Poor ventilation
		<input type="checkbox"/>	5. High temperatures in the summer
		<input type="checkbox"/>	6. Cracks housing / ramshackle

		H35_A	H35_B	H35_C
		Is any of the following cause a serious problem in the area around the house?  1. No } 2. Rarely } Skip to 3. Sometimes } next line 4. Mostly }	What is the most exposed time to this problem?  1. "6 morning - 11:59 noon" 2. "12 noon-7:59 evening" 3. "8 evening -5:59 morning" 4. No determined time	What is the main source of pollution?
.1	Noise	<input type="checkbox"/>	<input type="checkbox"/>	1. Traffic 2. Aircraft 3. Quarries and cutting stones 4. Building 5. Industrial activities 6. Other, Specify...
2.	Smells	<input type="checkbox"/>	<input type="checkbox"/>	1. Wastewater 2. landfill 3. Public baths 4. Transportation 5. Agricultural waste (plant and animal) 6. Industrial activities 7. Other, Specify...
3.	Dust	<input type="checkbox"/>	<input type="checkbox"/>	1. Unpaved roads 2. Quarries and cutting stones 3. Building 4. Industrial activities 5. Other, Specify....
4.	Smoke	<input type="checkbox"/>	<input type="checkbox"/>	1. Industrial activities 2. Burn waste transport 3. Transportation 4. Building 5. Other, Specify....

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>01</b>	<b>Bread and Cereals</b>												
	Short -grain rice	101											
	Long-grain rice	102											
	Wheat	103											
	Local wheat flour	104											
	Imported white flour	105											
	Qurshallah	107											
	Cookies stuffed with dates	108											
	Sesame bar	109											
	Macaroni	110											
	Noodles	111											
	Stuffed biscuit	112											
	Salted biscuit or local	113											
	Semolina	114											
	Crushed wheat	115											
	Roasted green wheat	116											
	Starch	117											
	Cake & Cookies	118											
	Infants products (Cerelac, Farleys, etc.)	119											
	Breakfast cereals	120											
	Corn chips, popcorn	121											
	Oriental deserts (Kunafa....etc)	122											
	Ready made maftool	123											
	Dough	125											
	Roasted green wheat	126											
	Barley grains	127											
	Oats	128											
	Biscuit weaver/ chocolate	129											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Milled rice	130											
	Beasley	131											
	Ready mixture for sweets	132											
	croissant	133											
	Donuts	134											
	White bread - Kmaj	136											
	Tabon bread	137											
	Shrak bread	138											
	Other types of bread (baguette French bread, toast bread White or Black)	139											
	Paste Qatayef	140											
	Indomie	141											
	Salty Cracker (Bajeelh)	142											
	Grain processing expenses	143											
	Other (specify)	124											
	<b>Total Bread and cereals</b>												
02	<b>Meat and Poultry</b>												
	Fresh goat & sheep meat	201											
	Frozen goat & sheep meat	202											
	Fresh beef meat	203											
	Frozen beef meat	204											
	Fresh camel meat	205											
	Fresh or frozen rabbit meat	206											
	Featherless fresh chicken	207											
	Feathered fresh chicken	217											
	Frozen chicken	208											
	Fresh turkey	209											
	Frozen turkey	218											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Fresh or frozen squab	210											
	Other fresh or frozen birds	211											
	Processed lamb/ beef (hamburger, mortadella)	212											
	Processed poultry meat (mortadella, sausages..etc)	219											
	Meat turkey manufactured (mortadella, hotdog..etc)	229											
	Tinned meat	213											
	Fresh, frozen or tinned pork meat	214											
	Fresh chicken and turkey liver	215											
	Fresh lamb liver	220											
	Fresh beef liver	221											
	Inside organs and limbs of slaughtered animal	222											
	Meat processing costs	223											
	Well done Duck meat	224											
	Duck meat freezer	225											
	Fresh geese meat	226											
	Frozen geese meat	227											
	Other meat	216											
	<b>Total Meat &amp; Poultry</b>												
03	<b>Fish and Sea Product</b>												
	Fresh fish	301											
	Frozen fish	302											
	Salted fish	303											
	Smoked fish	304											
	Tinned sardines	305											
	Tinned tuna	306											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Fresh or chilled shrimps	307											
	Fish products	308											
	Fish processing costs	310											
	Other kind of fish	309											
	<b>Total Fish and Sea Product</b>												
04	<b>Dairy Products and Eggs</b>												
	Fresh milk	424											
	pasteurized milk	425											
	Condensed liquid milk	402											
	Fresh or pasteurized milk with fruit flavor	423											
	Powder milk	403											
	Infants powder milk	404											
	Tinned yogurt	405											
	Tinned Yogurt (kg).	406											
	Liquid yogurt	407											
	Tinned yogurt paste (labaneyh)	408											
	Yogurt paste (labaneh) in kg.	409											
	Soft white cheese	410											
	Homemade cheese	411											
	Cooked cheese for sandwich	412											
	Processed cheese	413											
	Tinned yellow cheese	414											
	Yellow cheese (in carton)	415											
	Cheese, caccio cavallo	416											
	Other tinned cheese (tinned cheese from stores)	422											
	Cream	417											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Yogurt in solid form (Jamid) or (Kishik)	419											
	Other dairy products	420											
	Eggs	421											
	<b>Total Dairy Products and Eggs</b>												
<b>05</b>	<b>Oils and Fats</b>												
	Olive oil	501											
	Corn oil	502											
	Sunflower oil	503											
	Soya oil	504											
	Palm kernel oil	505											
	Vegetable fat (i.e Gazelle fat)	506											
	Animal fat	507											
	Margarine/ butter	509											
	Other oils & fats	508											
	<b>Total Oils and Fats</b>												
<b>06</b>	<b>Fresh Fruits</b>												
	Oranges	601											
	Mandarins	602											
	Pomelos	603											
	Grapefruits	604											
	Lemons	605											
	Bananas	606											
	Apples	607											
	Grapes	608											
	Water melons	609											
	Melons	610											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Apricots	611											
	Plums	612											
	Cherries	613											
	Peaches	614											
	Strawberries	615											
	Pears	616											
	Guavas	617											
	Pomegranates	618											
	Figs	619											
	Prickly pears	620											
	Khakis	621											
	Dates	622											
	Indian apricots	623											
	Pineapples	624											
	Mangos	625											
	Coconuts	626											
	Almonds, green	627											
	kiwi	629											
	Other fresh fruits	628											
	<b>Total Fresh Fruits</b>												
<b>07</b>	<b>Tinned Fruits</b>												
	Tinned pineapple	701											
	Tinned peaches	702											
	Tinned mixture of fruits	703											
	Other tinned fruits	706											
	<b>Total Tinned</b>												

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>08</b>	<b>Dried Fruit</b>												
	Dried figs	801											
	Dried grapes	802											
	Dried dates	803											
	pressed dates (ajwah)	806											
	Dried apricots	805											
	Other dried fruit	804											
	<b>Total Dried Fruit</b>												
<b>09</b>	<b>Nuts</b>												
	Pistachio	901											
	Peanuts	902											
	Almonds	903											
	Hazelnuts	904											
	Watermelon seeds	905											
	Pumpkin seeds	906											
	Sunflower seeds	907											
	Walnuts	908											
	Cashew nuts	909											
	Chick peas	910											
	Chestnuts	911											
	Assorted nuts	912											
	Indian assorted nuts	914											
	Other kind of Nuts	913											
	<b>Total Nuts</b>												
<b>10</b>	<b>Fresh Vegetables</b>												
	Tomatoes	1001											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Cucumbers	1002											
	Egyptian cucumbers	1003											
	Carrots	1006											
	Eggplants	1007											
	Marrows	1008											
	Pumpkins	1009											
	Gourds	1010											
	Green beans	1011											
	Green okra	1012											
	Green broad beans	1013											
	Green Jews mallow	1014											
	Green peppers	1015											
	Spinach	1016											
	Cauliflower	1017											
	Cabbage	1018											
	Lakhni ( a type of cabbage)	1031											
	Green cow peas	1019											
	Green peas	1020											
	Lettuce	1021											
	Grape leaves	1022											
	Turnips	1023											
	Yellow corn	1024											
	Mushrooms	1025											
	Green thyme	1027											
	Green sage	1028											
	Akoob	1034											
	Fennel	1035											
	Radishes	1036											
	Fresh onions	1037											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Fresh garlic	1038											
	Green olives (not pickled)	1039											
	black olives (not pickled)	1041											
	avocado	1040											
	Hibiscus	1044											
	Alhoernh	1042											
	Olive squeeze pay	1043											
	Other	1030											
<b>12</b>	<b>Frozen vegetables</b>												
	Frozen green peas	1201											
	Peas and carrots	1205											
	Frozen green beans	1202											
	Frozen green okra	1206											
	Frozen mixed vegetables	1203											
	Other	1204											
<b>13</b>	<b>Legumes &amp; Vegetables Dried or Tinned</b>												
	Lentils	1301											
	Crushed lentils	1302											
	Dry chick peas	1303											
	Dry fava beans	1304											
	Dry sweet peas	1305											
	Dry peas	1306											
	Dry beans	1307											
	Dried Jew's mallow	1308											
	Dried okra	1309											
	Dried Onions	1318											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Dried garlic	1319											
	Dried thyme	1320											
	Dry yellow corn	1310											
	Lupine	1311											
	Other legumes and vegetables dried	1312											
	Broad beans (tinned)	1313											
	Chick peas, tinned or crushed	1314											
	Dried & tinned sweet beans	1315											
	Green beans (tinned)	1321											
	Tinned sweet beans	1316											
	Green pea (tinned)	1322											
	Mixed Vegetables (tinned)	1323											
	Cost Grind thyme	1327											
	Falafel paste	1328											
	Other legumes tinned	1317											
	Tomato paste or solid (tinned)	1324											
	Other tinned vegetables	1325											
	Mushroom canned	1326											
	<b>Total Legumes &amp; Vegetables Dried or Tinned</b>												
<b>14</b>	<b>Tubers</b>												
	Potato	1401											
	Sweet potato	1402											
	Potato slices (frozen or tinned)	1403											
	Potato products (potato chips)	1406											
	Other	1405											
	<b>Total Tubers</b>												

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>15</b>	<b>Sugar, Honey and Confectionery</b>												
	Sugar	1501											
	Halawa	1502											
	Treacle	1503											
	Jam	1504											
	Turkish delight	1505											
	Honey	1506											
	Local chocolate	1507											
	Imported chocolate	1508											
	Sweet	1509											
	Toffee	1510											
	Chewing gum	1511											
	Qamar deen (made of apricot)	1514											
	Malban (made of grapes)	1515											
	Sweet (number)	1518											
	Bonbon, citrus products, etc...	1512											
	Ice-cream	1516											
	Ice	1517											
	Choco cans	1519											
	Chocolate cream	1520											
	Jelly cups	1521											
	Creme caramel	1522											
	Other products	1513											
	<b>Total Sugar, Honey and Confectionery</b>												
<b>16</b>	<b>Tea, coffee, and hot chocolate (cacao)</b>												
	Tea (in kg)	1601											
	Tea packing (various types)	1602											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Tea bags	1603											
	Ground coffee	1604											
	Green seed coffee	1605											
	Coffee substitutes (nescafe)	1606											
	Cocoa	1607											
	Cappuccino	1609											
	Coffee creamer	1610											
	Choco	1611											
	Other specify	1608											
	<b>Total Tea, coffee, and hot chocolate (cacao)</b>												
<b>17</b>	<b>Spices, Salt and other preserves</b>												
	Black pepper	1701											
	Assorted spices	1702											
	Cardamom	1703											
	Canella	1704											
	Aniseed	1705											
	Cinnamon	1706											
	Sumac	1707											
	Safflower	1737											
	Other spices specify	1708											
	Fenugreek	1709											
	Black cumin	1710											
	Sesame	1711											
	Dried sage	1712											
	Dried chamomile	1713											
	Treated thyme	1714											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Salt	1715											
	Lemon salt	1716											
	Tehina	1717											
	Green olive	1718											
	Pine nut	1719											
	Soup with noodles	1720											
	Soup (cubes)	1721											
	Coconut, rasped	1722											
	Rose water	1723											
	Vinegar	1724											
	Gel powder	1725											
	Cream caramel	1726											
	Pickles	1727											
	Catsup	1728											
	Mayonnaise	1729											
	Yeast	1730											
	Vanilla	1731											
	Baking powder	1732											
	Sodium carbonate	1733											
	Infants ready made food	1734											
	Hot green pepper	1736											
	Rosemary	1745											
	coriander	1738											
	Spearmint	1739											
	Green Arugula	1740											
	Green Ginger	1741											
	parsley	1742											
	Ready Bread powder	1743											
	Diet meals	1744											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	cream liquid or powder	1746											
	Mcetkh	1747											
	mahaleb	1748											
	Orchid powder	1751											
	Hot sauce	1750											
	Rennet	1749											
	Other specify	1735											
	<b>Total Spices, Salt and other preserves</b>												
<b>18</b>	<b>Take Away Ready Food</b>												
	Chick peas (Hummos)	1801											
	Fava beans (foul)	1802											
	Falafel	1803											
	Mixed sandwiches	1804											
	Grilled chicken	1805											
	Other grilled meat	1806											
	Pastries (pie, pizza, pie with thyme...etc)	1807											
	Roasted corn	1808											
	Lupine, ready	1809											
	Fresh fruit juice	1810											
	Pop corn Ready	1812											
	Fried chicken	1813											
	Salad	1814											
	Kubba / shish pools	1815											
	balela	1816											
	Cups of iced juice	1817											
	hot drinks	1818											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Other	1811											
	<b>Total Away Ready Food</b>												
<b>19</b>	<b>Meals (taken inside restaurant)</b>												
	Food meals inside restaurant	1901											
	Beverages inside restaurant or cafe	1902											
	Shesha in restaurant or cafe	1903											
	<b>Total Spices and Salt</b>												
<b>20</b>	<b>Non-alcoholic Beverages</b>												
	Mineral water	2001											
	Juice liquid	2002											
	Juice powder	2003											
	Concentrated juice	2004											
	Natural fruit juice	2010											
	Soft drinks, can	2006											
	Soft drinks, bottles	2007											
	Soft drinks, family size	2008											
	Energy drink	2011											
	Liquid choco	2012											
	Other drinks	2009											
	<b>Total Beverages</b>												
<b>21</b>	<b>Tobacco and Cigarettes</b>												
	Tobacco cured (Arabic)	2101											
	Tobacco, pipe (in can or packet)	2102											
	Local cigarettes	2103											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Imported cigarettes	2104											
	Cigars	2105											
	Manufactured tobacco (Masell)	2106											
	Essence, tobacco	2107											
	Other tobacco and cigarettes	2110											
	Beer	2111											
	Whisky	2112											
	Wine	2113											
	Cognac	2114											
	Other alcoholic Beverages	2115											
	Drugs	2116											
	<b>Total Tobacco and Cigarettes</b>												
<b>22</b>	<b>Own Produced food in kind</b>												
	Wheat	2201											
	Fresh goat and sheep meat	2202											
	Poultry	2203											
	Other birds	2204											
	Fish and sea product	2205											
	Fresh milk	2206											
	Yogurt	2207											
	Labaneh	2208											
	White cheese	2209											
	Yogout, sold (Jamid)	2210											
	Eggs	2211											
	Fresh fruit	2212											
	Thyme	2213											
	Green Onion	2214											
	Fresh vegetables	2215											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Tomato paste	2216											
	Pickled olives	2217											
	Olive oil	2218											
	Butter	2225											
	Seeds (lentils, beans...etc.)	2226											
	Dried onions (Hard)	2227											
	Dried garlic (Hard)	2228											
	Other dried vegetables	2229											
	Other, from food	2219											
	Water (collect water, spring)	2223											
	Clothes	2221											
	Tobacco	2230											
	Other from non food	2220											
	Coal	2231											
	Wood	2232											
	Olive cake	2233											
	<b>Total Own Produced Products</b>												
<b>23</b>	<b>Ready Made Men Clothes</b>												
	Men trouser	2301											
	Men shirt	2302											
	Men jacket	2303											
	Coat	2304											
	Men suite	2305											
	Trouser	2306											
	Men trouser	2307											
	Underwear	2308											
	Pajama	2309											
	Classes	2310											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Cofieh	2311											
	Arabic suite(qumbaz)	2312											
	Doshdasheh	2313											
	Tie	2314											
	Sports suite	2315											
	Mens trousers Short (Short)	2317											
	Bib pool	2318											
	Gloves	2319											
	Hats	2320											
	Other	2316											
	<b>Total Ready Made Men Clothes</b>												
<b>24</b>	<b>Ready Made Women Clothes</b>												
	Women dress	2401											
	Skirt	2402											
	T-shirt	2403											
	Shirt	2404											
	Trouser	2405											
	Jacket	2406											
	Sleeping wears	2407											
	Underwear	2408											
	Classes	2409											
	Doshdasheh	2410											
	Women suite	2411											
	Women coat	2412											
	Pajama	2413											
	Jilbab	2414											
	Popular dress	2415											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Trouser	2416											
	Isharb	2417											
	Bib pool	2419											
	Gloves	2420											
	hats	2421											
	Other women clothes\ specify	2418											
	<b>Total Ready Made Women Clothes</b>												
<b>25</b>	<b>Clothes for Boys\girls and Children</b>												
	Girls dress	2501											
	Girls coat	2502											
	Boys jacket	2503											
	Girls jacket	2504											
	Shirt Boys	2522											
	Girlie shirt	2523											
	Girls pajamas	2506											
	Bib pool	2518											
	Cloth gloves	2519											
	Rubber gloves	2520											
	Canvas shoes	2521											
	Boys pajamas	2507											
	Underwear	2508											
	Girls socks	2509											
	Boys socks	2510											
	Suites (for girls or boys)	2511											
	Boys trouser	2512											
	Girls trouser	2513											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Girls skirt	2514											
	T-shirt (for girls or boys)	2515											
	Baby wear	2516											
	school uniform	2524											
	Other clothes specify	2517											
	<b>Total Clothes for Boys\girls and Children</b>												
<b>26</b>	<b>Fabrics for Tailoring</b>												
	Men's fabrics	2601											
	Women's fabrics	2602											
	Girls and boys fabrics	2603											
	Trico wool	2604											
	Embroidery fabrics	2605											
	Cotton and silk yarn	2606											
	Sewing supplies	2607											
	Trico yarn	2608											
	Embroidery yarn	2609											
	Weaving supplies	2610											
	Men shoes	2613											
	women shoes	2614											
	Other	2612											
	<b>Total Fabrics for Tailoring</b>												
<b>27</b>	<b>Costs for Tailoring\ cleaning and repairing clothes</b>												
	Costs for men's tailoring clothes	2701											
	Costs for women's tailoring	2702											
	Costs for children's tailoring clothes	2703											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Clothes repair costs	2710											
	Clothes renting costs	2711											
	Clothes cleaning and ironing	2712											
	Clothes dying costs	2713											
	Other	2714											
	<b>Total Costs for Tailoring\cleaning and repairing clothes</b>												
<b>28</b>	<b>Footwear and shoes</b>												
	Shoes for men	2801											
	Men's boot	2802											
	Men's flip-flops	2803											
	Men's gumboots	2804											
	Men's sandal	2805											
	Other Men's shoes	2806											
	Shoes for women	2807											
	Women's boot	2808											
	Women's sandal	2809											
	Women's flip-flops	2810											
	Women's gumboots	2811											
	Girls shoes	2812											
	Girls boot	2813											
	Girls sandal	2814											
	Girls flip-flops	2815											
	Girls gumboots	2816											
	Other Women's Shoes	2826											
	Other Girlie Shoes	2827											
	Boys shoes	2818											
	Boys gumboots	2819											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Boys boot	2820											
	Boys sandal	2821											
	Boys flip-flops	2822											
	Baby boot	2823											
	Other shoes for boys	2824											
	Fixed shoes	2825											
	<b>Total Footwear and shoes</b>												
<b>30</b>	<b>Textiles and Furnishings</b>												
	Bed sheets	3001											
	Blankets	3002											
	Wool mattress	3003											
	Sponge mattress	3004											
	Cotton mattress	3020											
	Quilts	3006											
	Pillows	3007											
	Towels	3008											
	Clothes or metal curtains	3009											
	Table cover	3011											
	Veranda & garden umbrellas	3017											
	Other textiles	3018											
	Furniture & textiles repair	3019											
	Furniture covers / Faces mattresses	3024											
	Laundry bags	3021											
	Bags shoes	3022											
	Other	3023											
	<b>Total Textiles and Furnishings</b>												

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>31</b>	<b>Household Utensils</b>												
	Glass tableware (cups, dishes)	3136											
	Crystal Tools (cups, dishes)	3137											
	Chinese tableware (cups, dishes)	3138											
	Knives	3139											
	Thorns	3140											
	Spoons	3145											
	Metal plates and dishes	3141											
	Melamine plates, dishes	3142											
	Non-electrical kitchen cutlery (cookers, woks of all kinds) are made from Tefal	3143											
	Non-electrical kitchen cutlery (cookers, woks of all kinds) are made from aluminum	3144											
	Plastic cutlery (cups, plates, spoons, forks)	3146											
	Other non-electric stuff (coolers, bottles, milk bottles, iron board)	3134											
	Home utensils repair	3135											
	<b>Total Household Utensils</b>												
<b>32</b>	<b>Household Operations</b>												
	Washing powder and conditioner	3230											
	Washing up liquid	3231											
	Floor and window cleaners	3232											
	Antiseptics	3233											
	Insecticides	3234											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Cleaning tools (brooms, brushes, mats, sponge for washing the dishes)	3235											
	Paper products (kitchen towels, napkins, paper plates, vacuum cleaner bags, aluminum foil)	3236											
	Other materials (candles, matches, coat hangers, needles, thread, glue, nails)	3237											
	Servants, drivers, cooks, and gardeners	3240											
	Babysitting and housework provided by companies	3241											
	Cleaning and insecticide services	3242											
	Dry cleaning, washing and dyeing wools and carpets	3243											
	Renting furniture and home equipment	3244											
	Other	3245											
	Hand tools (pliers, hammer, screwdriver, file...etc.)	3250											
	Garden tools (wheelbarrow, hose, shovels, plant scissors,	3251											
	The Stairs	3252											
	Door fittings (joints and locks)	3253											
	Light pulps, wires, flashlights, batteries	3254											
	House fire extinguisher	3255											
	Repair of small house tools	3256											
	Shoe polishers	3258											
	Dyeing shoes	3259											
	Alarms devises	3260											
	Timbre	3261											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Tap / water meter	3262											
	Plastic bags	3263											
	Tweezers washing	3264											
	Wash rack	3265											
	Fragrant laundering	3266											
	Fragrant tile	3267											
	Air Freshener	3268											
	painting	3269											
	Other	3257											
	<b>Total Household Operations</b>												
<b>33</b>	<b>Medical Services</b>												
	General practitioners services	3301											
	Specialized practitioners services (ophthalmic surgeon, orthopedic surgeon ...etc)	3320											
	Dentist services	3302											
	Teeth maintenance and repairs	3303											
	Physical therapy services	3304											
	Medical laboratory services	3305											
	X - ray services	3306											
	Nurses and midwives services	3307											
	Ambulance services	3321											
	Vitamins and medicine	3308											
	Thermometers and cotton	3309											
	First aid kits	3310											
	Other medical instruments	3311											
	Eye lenses	3312											
	Eye glasses	3313											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Hearing aids	3314											
	Wheelchairs	3315											
	Medical instruments repair	3316											
	Government Hospital fees (admittance & treatment)	3317											
	Special hospital fees (admittance & treatment)	3322											
	NGOs Hospital fees (admittance & treatment)	3323											
	Traditional medicine services	3324											
	Renting medical equipment	3325											
	Physicians nutrition services	3326											
	Battery Headphone	3327											
	Walker / crutches	3328											
	other	3318											
	<b>Total Medical Services</b>												
<b>34</b>	<b>Personal Transportation Expenses</b>												
	Tires for cars	3401											
	Tubes	3402											
	Spare parts and batteries	3403											
	Repair fees	3404											
	Gasoline	3405											
	Diesel	3406											
	Engine oil	3407											
	Other oils (brake oil, gear oil etc)	3408											
	Car lubrication	3409											
	Parking fees	3410											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Car cleaning fees	3411											
	Car registration fees	3413											
	Car driving lessons fees	3414											
	Transferring car ownership fees	3415											
	Rent a car without driver fees	3418											
	Car fire extinguisher	3419											
	Expenses of service of change the oils and grease for vehicle	3420											
	other	3416											
	<b>Total Personal Transportation Expenses</b>												
<b>35</b>	<b>Transport and Communication</b>												
	<b>Transportations Services</b>												
	Public bus fare	3501											
	Students transportation fare by bus	3529											
	Taxi fare (public transport) for students	3530											
	Call on taxi fare for students	3531											
	Taxi fare (public transport)	3502											
	Call on taxi fare	3503											
	Traveling abroad tickets	3528											
	service of Porters and transferring luggage	3521											
	fees of transfer carts by animals	3532											
	Other transportation fare	3505											
	<b>Communication</b>												

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Postal services (letters, parcels)\ Governmental	3506											
	Postal services (letters, parcels)\ private	3522											
	Telephone fees	3507											
	Mobile fees	3523											
	Telex – fax fees	3508											
	Internet Fees	3524											
	Public phone expenses	3525											
	Phones and cell phones repair fees	3526											
	Phone line installation fees	3527											
	Other	3509											
	<b>Total Transport and Communication</b>												
<b>36</b>	<b>Recreational and Cultural Activities</b>												
	CD songs and movies	3601											
	Empty CD	3602											
	Diskettes for Attari & computer	3603											
	Renting CD movies	3604											
	Digital Camera memory	3605											
	Children toys	3606											
	Entertainment (musical instruments, chess...etc.)	3630											
	Spare parts for recreational equipment	3607											
	Repair of recreational equipment	3608											
	Expenditure on parking & amusement places	3609											
	Expenditure on theatre	3610											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Expenditures on cinema	3631											
	Sports materials	3632											
	Expenditure on sport & social clubs	3611											
	Expenditure on museum and archaeological sites	3636											
	Lottery	3612											
	Print images in studio from camera memory or cell phones fees	3613											
	Hiring of videos and T.Vs	3614											
	Expenditure on pets (cats, dogs)	3615											
	Expenditure on natural plants	3619											
	Expenditure on artificial flowers	3620											
	Other, specify	3618											
	Greeting Cards	3635											
	Albums	3621											
	Books (not for school)	3622											
	School/universities books	3633											
	Magazines	3623											
	Journals	3624											
	Hobby learning costs (music playing, swimming ... etc)	3634											
	school bags	3637											
	Seeds for planting or transplanting	3638											
	Other, specify	3625											
	<b>Total Recreational and Cultural Activities</b>												
<b>37</b>	<b>Hotels and Internal Trips</b>												
	Expenditure on shelter	3701											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Expenditure on food	3704											
	Expenditure on transportation and telecommunication	3706											
	Other	3703											
	<b>Total Hotels and Internal Trips</b>												
<b>39</b>	<b>Writing and Drawing Equipment for Non-Educations</b>												
	Notebooks, envelopes, diaries	3910											
	Pens and pencils	3901											
	Rubbers and rulers	3902											
	Pencil sharpeners- staples	3903											
	Paper punches, scissors and stamps	3904											
	Ink and paper clips	3905											
	Drawing and painting material	3911											
	Other	3906											
	<b>Total Writing and Drawing Equipment for Non-Educations</b>												
<b>40</b>	<b>Personal Care &amp; Equipment</b>												
	Expenses beauty shops for men	4045											
	Styling men's hair	4046											
	Men's Barber	4047											
	Expenses shops and beauty for women	4048											
	Hairdressing for women	4049											
	Haircut for women	4050											
	Saunas and Turkish bath expenses	4031											
	Massage expenses	4032											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Shaving and hair tools	4051											
	blade	4052											
	Toothbrushes	4053											
	Hairpins	4054											
	Personal scales	4055											
	soap	4056											
	shampoo	4057											
	Tooth paste	4058											
	Cosmetics (lipstick, nail polish, powder, hairstyling materials, hair removers)	4035											
	Fragrance and antiperspirants	4036											
	Paper products: toilet paper and paper towels	4037											
	Medical cotton and sanitary pads	4038											
	Diapers	4039											
	Luggage, handbags, wallets ...etc.	4040											
	Smokers' stuff: pipes, lighters, cigarette packs	4042											
	Personal luggage: Sunglasses, walking staff	4043											
	Cotton ear	4059											
	Picks teeth	4060											
	Child Care materials (powder, oil)	4061											
	Cream and sun visor	4062											
	Cosmetic contact lenses	4063											
	Scented wipes	4064											
	Other	4044											
	<b>Total Personal Care &amp; Equipment</b>												

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
<b>41</b>	<b>Financial and Legal Services</b>												
	Banking fees	4101											
	Legal services and fines in cash	4102											
	Brokers (commission)	4103											
	Other	4104											
	<b>Total Financial and Legal Services</b>												
<b>42</b>	<b>Other Services</b>												
	Advertisement fees	4201											
	Photographs services	4202											
	Copy services	4203											
	Translation & printing services	4204											
	Other	4205											
	<b>Total Other Services</b>												
<b>29</b>	<b>Expenditure on Dwelling</b>												
	Dwelling rent	2901											
	Garbage disposal expenditure	2902											
	Electricity charges expenditure	2903											
	Water	2904											
	Gas	2905											
	Solar oil	2906											
	Kerosene	2907											
	Coal	2923											
	Wood	2924											
	Olive cake	2925											
	Sewage disposal expenses	2920											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Small repairs and secondary maintenance expenses	2921											
	Repairs and maintenance material	2922											
	Other expenditure	2913											
	<b>Total Expenditure on Dwelling</b>												
<b>43</b>	<b>Interests on Loans</b>												
	Interests on consumer loans	4301											
	Interests on loans to build a house	4302											
	<b>Total Interests on Loans</b>												
<b>44</b>	<b>Fees and Taxes</b>												
	Passport issuance fees	4401											
	Family legal document issuance fees	4402											
	Identity card issuance fees	4403											
	Birth certificates fees	4404											
	Visa issuance fees	4405											
	Marriage and divorce fees	4406											
	A driver's license fees	4407											
	Test drive fees	4408											
	Travel permit fees	4409											
	Traffic violation fees	4410											
	Ratification transaction fees	4411											
	Cash taxes (various types)	4412											
	Education tax	4415											
	Property tax (including the Arnona)	4416											
	Financial penalties	4413											

Group No	Description of Item	Item Code	First Week		Second Week		Third Week		Fourth Week		Total value During Month	Total Quantity during Month	1.kg 2.litre 3.number
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity			
	Border crossing fees	4417											
	Other	4414											
	<b>Total Fees and Taxes</b>												
<b>45</b>	<b>Transfer Payments</b>												
	Financial transfers	4501											
	Social insurances	4502											
	Life insurances	4503											
	A government health insurance	4521											
	Private health insurance	4522											
	Other types of insurance	4523											
	Car insurance	4511											
	House insurance	4512											
	Cash Gifts	4508											
	Payment during feasts	4509											
	In kind gifts	4513											
	Wedding expenses	4514											
	Funeral expenses	4515											
	Dowry	4516											
	Aqeeqah	4517											
	sacrifice	4518											
	Charity (zakat)	4519											
	alms	4520											
	Other	4510											
	<b>Total Transfer Payments</b>												

## Durable Goods

Group No	Description of item	Item Code	Total Value last 12 Months
<b>50</b>	<b>Furniture</b>		
	Wooden bed	5001	
	Metal bed	5002	
	Wooden tables	5003	
	Wooden chairs	5004	
	Plastic tables	5005	
	Plastic chairs	5006	
	Wooden cupboard	5007	
	Complete set of Dining room	5008	
	Complete set of Living room	5009	
	Complete set of Bed room	5010	
	Office and buffets	5011	
	Book shelves	5012	
	Benches	5013	
	Carpets	5014	
	Mokeet Carpet	5025	
	Mats	5015	
	Ground Covers	5026	
	Lanterns and candelabra	5027	
	Chandeliers	5028	
	Plates (tableau, portrait etc.)	5016	
	Garden Furniture	5029	
	Baby carriage	5017	
	Baby bed	5018	
	Other	5019	
	Repair of furniture	5020	
	<b>Total Furniture</b>		
<b>51</b>	<b>Household Appliances</b>		
	Stove Gas with electric	5101	
	Gas stove	5102	
	Electric stove (cooker)	5103	
	Refrigerator	5104	
	Freezer	5105	

<b>Group No</b>	<b>Description of item</b>	<b>Item Code</b>	<b>Total Value last 12 Months</b>
	Electric iron	5106	
	Electric air conditioner	5107	
	Electric fan	5108	
	Sewing machine	5109	
	Regular Washing machine	5110	
	Washing machine full automated	5140	
	Dish washer	5111	
	Gas heater	5112	
	Kerosene heater	5113	
	Solar oil heater	5114	
	Electric heater	5115	
	Vacuum cleaner	5116	
	Sewing machine	5117	
	Electric food mixer	5118	
	Electric coffee mill	5119	
	Electric meat processor	5130	
	Toaster	5131	
	Electric kitchen sets	5120	
	Electric kettle (tea or coffee)	5121	
	Personal electric devices for personal care and their repair	5132	
	Electric cooker	5123	
	Microwave oven (stove)	5124	
	Boiler	5125	
	Solar panel	5133	
	Electric heater	5126	
	Gas cylinder	5127	
	Water tank	5134	
	Electric motor to raise the water	5135	
	Electrical generator	5136	
	Battery to generate electricity	5137	
	Heater firewood	5138	
	Water filter	5139	
	Cooler	5141	
	Other	5128	

<b>Group No</b>	<b>Description of item</b>	<b>Item Code</b>	<b>Total Value last 12 Months</b>
	Household appliances repair	5129	
	<b>Total Household Appliances</b>		
<b>53</b>	<b>Entertainment equipment \ leisure items</b>		
	Radio with CD	5301	
	Radio	5315	
	T.V's, LCD, LED,... etc	5302	
	DVD	5326	
	Video camera	5304	
	Digital Cameras	5305	
	Musical instruments	5306	
	Receiver	5307	
	Satellite	5308	
	Attari	5309	
	Personal computer and accessories	5310	
	Mobile	5317	
	Telephone	5318	
	Telefax	5319	
	Other Entertainment equipment	5311	
	Recreational appliances repair	5312	
	Pocket Calculator	5320	
	Buying pets	5321	
	Plants including Christmas tree	5322	
	Sports equipment	5323	
	Camping tools	5324	
	remote control	5327	
	Router	5328	
	Memory (Flash Memory)	5329	
	Other leisure items	5325	
	X Box	5330	
	IPAD /Tablet	5331	
	Smart phones	5332	
	Computer laptop	5333	
	<b>Total Recreational Supplies</b>		

<b>Group No</b>	<b>Description of item</b>	<b>Item Code</b>	<b>Total Value last 12 Months</b>
<b>54</b>	<b>Other Goods and Services</b>		
	Tickets for traveling abroad	5401	
	Tourist trip abroad ( included food, transport, and shelter)	5406	
	Trip abroad costs (study)	5407	
	Hajj and Omra	5408	
	Trip abroad costs (Therapy)	5409	
	Jewels, precious stones etc.	5403	
	Clocks	5410	
	Other	5404	
	Jewels and watches repair	5405	
	Total Other Goods and Services		
<b>55</b>	<b>Social Protection</b>		
	Expenses of old people homes and disabled people's homes	5501	
	Expenses of schools for the disabled	5502	
	Nursery expenses and Childcare	5503	
	Other	5504	
	Total Social Protection		
<b>38</b>	<b>Education</b>		
	Kindergarten tuition	3801	
	Government elementary education tuition	3802	
	Special education elementary fees	3815	
	Government secondary education tuition	3816	
	Special secondary education fees	3817	
	Municipality elementary education fees (Jerusalem)	3821	
	Municipality secondary education fees (Jerusalem)	3822	
	Lore secondary education fees (Israel)	3823	
	Lore elementary education fees (Israel)	3824	
	Community college fees	3803	
	University fees	3804	
	Students hostel expenses	3825	
	Vocational education fees	3818	

<b>Group No</b>	<b>Description of item</b>	<b>Item Code</b>	<b>Total Value last 12 Months</b>
	Cultural development education fees	3819	
	Expenses outside education school for adult and youth	3820	
	Private lessons	3826	
	Books and memoranda (including school books)	3827	
	Pens and pencils	3828	
	Erasers and rulers	3829	
	Sharpener- stapler	3830	
	Punches, Seals and Scissors Paper	3831	
	Ink and clamps	3832	
	Drawing and painting materials	3833	
	Other, specify	3813	
	Total education		

<b>Group No</b>	<b>Description of item</b>	<b>Item Code</b>	<b>Total value during the three previous years</b>
<b>52</b>	<b>Personal Means of Transportation</b>		
	Car or Vehicles ( van) - new	5201	
	Car or Vehicles ( van)- old	5205	
	Motorcycle	5202	
	Bicycle	5203	
	Tuk Tuk	5206	
	Other, specify	5204	
	Total Personal Means of Transportation		

**Section 5: Assistance and Coping Strategies**  
(LAST visit)

C00	Name of Respondent:	C00_1	Number of Respondent	<input type="checkbox"/> <input type="checkbox"/>
C01	Did the household or any of your household members receive any type of assistance from any side ( food, work, medicine, educational assistance) <b>During the survey month</b>	<input type="checkbox"/>	1.Yes 2.No (Skip to C03)	
C02	How much was the total value of the assistance <b>During the survey month</b>	NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

C03	Did the household receive any remittances from abroad during the last 12 months?	<input type="checkbox"/>	1.Yes 2.No (Skip to C06)	
C04	How much was the total value of these remittances received	NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C05	Where did you spend these remittances on?  1.Yes      2.No	1. Living or Food		<input type="checkbox"/>
		2. Building\ Expansion of the dwelling\ maintenance		<input type="checkbox"/>
		3. Marriage of any member of household		<input type="checkbox"/>
		4. Buy durables consumer goods ( Furniture, Devices....)		<input type="checkbox"/>
		5. Medical coverage		<input type="checkbox"/>
		6. Education of any member of household		<input type="checkbox"/>
		7. Properties purchase\ Expansion		<input type="checkbox"/>
		8. Pay back debts		<input type="checkbox"/>
		9.Other, Specify....		<input type="checkbox"/>
C06	Did any member of this household TAKEN loans during the past 10 years	1.Yes      2.No (Skip to C10)		<input type="checkbox"/>
C07	What was the type of the loan  1.Yes      2.No      99. Don't know	1. Housing loan		<input type="checkbox"/>
		2. Personal loan		<input type="checkbox"/>
		3. Car loan		<input type="checkbox"/>
		4. Housing enhancement		<input type="checkbox"/>
		5. Agricultural\ Trade\ Manufacture		<input type="checkbox"/>
		6. Withdrawals by credit cards		<input type="checkbox"/>
		7. Other, Specify....		<input type="checkbox"/>
C08	Where did you spend these loans on  1.Yes      2.No	1. Living or Food		<input type="checkbox"/>
		2. Building\ Expansion of the dwelling\ maintenance		<input type="checkbox"/>
		3. Marriage of any member of household		<input type="checkbox"/>
		4. Buy durables consumer goods ( Furniture, Devices....)		<input type="checkbox"/>
		5. Medical coverage		<input type="checkbox"/>
		6. Education of any member of household		<input type="checkbox"/>
		7. Properties purchase\ Expansion		<input type="checkbox"/>
		8. Pay back debts		<input type="checkbox"/>
		9.Other, Specify....		<input type="checkbox"/>
C09	Did the repayment loan completed	1.Yes      2.No		<input type="checkbox"/>

C10	<b>During the LAST 12 MONTHS</b> , did any family member faced the following shocks? 1. Yes    2. No    88. Not Applicable    99. Don't know	
1	Loss in assets (including destruction or robbery)	<input type="checkbox"/> <input type="checkbox"/>
2	Loss in assets or projects due to Israeli procedures	<input type="checkbox"/> <input type="checkbox"/>
3	Exposure to robbery (inside\ outside) house.	<input type="checkbox"/> <input type="checkbox"/>
4	Did any family member arrested and detained because of their political opinions by the government (at least one year)	<input type="checkbox"/> <input type="checkbox"/>
5	Did any family member threatened \arrested \violated \humiliated, because of his political opinions written or spoken by the government	<input type="checkbox"/> <input type="checkbox"/>
6	Did any family member threatened \ arrested \ violated \ humiliated, because of his political opinions written or spoken by the Israeli occupation	
7	Did any family member exposed ( injury\ wound \martyrdom ) by the occupation	<input type="checkbox"/> <input type="checkbox"/>
8	Inability to reach a land, because the procedures on access to land by Israeli	<input type="checkbox"/> <input type="checkbox"/>
9	Inability of any family member to visit parents or relatives or friends because of Israeli procedures (barriers\ separation wall/ buffer zone\ ...etc)	<input type="checkbox"/> <input type="checkbox"/>

C11	<b>During the LAST 12 MONTHS</b> , did any women or children faced living life problems? 1.Yes    2. No    88. Not applicable    99. Don't know	
1	Disallow any female of family member to attend university education due to restrictions by the parents	<input type="checkbox"/> <input type="checkbox"/>
2	Disallow any female of family member to choosing the desired specialization due to the restrictions by the parents	<input type="checkbox"/> <input type="checkbox"/>
3	Disallow any female of family member to work or look for work because of the restrictions imposed by parents, (father, husband, brothers )	<input type="checkbox"/> <input type="checkbox"/>

C11-Cont	<b>During the LAST 12 MONTHS</b> , did any women or children faced living life problems? 1.Yes    2. No    88. Not applicable    99. Don't know	
1	Disallow any female of family member to visit doctor\relatives\friends without company	<input type="checkbox"/> <input type="checkbox"/>
2	Disallow any female of family member to have separated bank account	<input type="checkbox"/> <input type="checkbox"/>
3	Inability of any female to act for her property \ income or wages due to family restrictions	<input type="checkbox"/> <input type="checkbox"/>
4	Exposed any female of family member to verbal violence by a family member	<input type="checkbox"/> <input type="checkbox"/>
5	Exposed any female of family member to physical violence by a family member	<input type="checkbox"/> <input type="checkbox"/>
6	Exposed any child of family member to verbal violence by a family member	<input type="checkbox"/> <input type="checkbox"/>
7	Exposed any child of family member to physical violence by a family member	<input type="checkbox"/> <input type="checkbox"/>

C12	<b>During the LAST 12 MONTHS</b> , did the household member in school age faced any problems related to education? 1.Yes    2. No    88. Not applicable    99. Don't know	
1	Did the household member in school age faced any problems regarding the inefficiency of teachers	<input type="checkbox"/> <input type="checkbox"/>
2	Did the household member in school age faced any problems regarding the lack of teaching books	<input type="checkbox"/> <input type="checkbox"/>
3	Did the household member in school age faced any problems regarding the lack of services and facilities at the school (bathrooms, squares,, etc)	<input type="checkbox"/> <input type="checkbox"/>

C13	<b>During the LAST 12 MONTHS</b> , did the head of household 1.Yes    2. No    99. Don't know	
1	Participate in cultural club	<input type="checkbox"/> <input type="checkbox"/>
2	Participate\ work with one of the organizations of civil society as an act of voluntary	<input type="checkbox"/> <input type="checkbox"/>
3	Visit family\ friends\ relatives\ co-workers at least once a month	<input type="checkbox"/> <input type="checkbox"/>
4	Attend the General seminars \ going to the cinema\ Attend a play	<input type="checkbox"/> <input type="checkbox"/>
5	Give aid (whether cash\ amount \ kind) for relatives or friends when they are in need her	<input type="checkbox"/> <input type="checkbox"/>
6	Did the head of household receive aid (whether cash\ amount \ kind) from a relatives or friends when he was in need her	<input type="checkbox"/> <input type="checkbox"/>

**Section 6: Income and means of generating income**

I00	Name of Respondent:			Number of Respondent	I00_1	<input type="checkbox"/> <input type="checkbox"/>
I01	Which of the following sources were included as source of household income  1.Yes 2.No	1. Agriculture, breeding animals and fishing	<input type="checkbox"/>	8. International Organizations (Aid)		<input type="checkbox"/>
		2. Household business ( non agriculture)	<input type="checkbox"/>	9. Social Aid		<input type="checkbox"/>
		3. Wages and salaries from government	<input type="checkbox"/>	10.Wages and salaries from international Organizations		<input type="checkbox"/>
		4. Wages and salaries from private sector	<input type="checkbox"/>	11.National insurance (Jerusalem)		<input type="checkbox"/>
		5. Wages and salaries from Israeli work sector	<input type="checkbox"/>	12.Property Income		<input type="checkbox"/>
		6. Remittances from Palestine	<input type="checkbox"/>	13. Other, Specify....		<input type="checkbox"/>
		7. Remittances from abroad	<input type="checkbox"/>	14.Retirement		<input type="checkbox"/>
I02	From the above sources, what is the main source of household income ( <b>specify name and code of source</b> )	.....				<input type="checkbox"/> <input type="checkbox"/>

I03	In your opinion, how much total amount of money that a household need to satisfy its basic needs (necessities) ( such as Food, clothes, housing, education, health,..etc.)	NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I04	To how far can you say that your household income is close to this number today	1.Much higher than this number 3.About\ almost the same 5.Much less than this number	2.Slightly higher than this number 4.Slightly less than this number 99. Don't know	<input type="checkbox"/> <input type="checkbox"/>

I05	In your view, do you think that family income at this moment, compared with the past 12 months has improved or stayed the same or declined?	1.Today is much better 4.Today somewhat worse	2. Today somewhat better 5.Today much worse	3.About the same\ nothing change 99. Don't know	<input type="checkbox"/> <input type="checkbox"/>		
I06	In your view, do you think that family income during the next 12 months will improve or remain the same or decline?	1.Will increase	2. Will remain the same	3.Will decrease 99. Don't know	<input type="checkbox"/> <input type="checkbox"/>		
I07	In general, and from household opinion, is your household	1.Very good	2.Good	3. Middle	4.Poor	5.Very poor	<input type="checkbox"/> <input type="checkbox"/>

I08	Is the Household have owned land?	1.Yes	2.No (Skip to I12)	<input type="checkbox"/>	
I09	What is the area of the owned land by household	[in M <sup>2</sup> ]	<input type="checkbox"/>		
I10	Did confiscated \ isolated of the family land by Israel since the 2000 uprising	1.Yes	2.No (Skip to I12)	<input type="checkbox"/>	
I11	Is the family able to access to the confiscation \isolated land?	1.Yes , always	2. Yes, seasonally	3.No	<input type="checkbox"/>
I12	Is the household have livestock	1.Yes	2.No (End the section)	<input type="checkbox"/>	

I13	What are the numbers of livestock as in.... (including economic projects) register the number, and write 0 in the box in case no animals)	Type	Number	Type	Number
		1. Cows for milk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6.Egg chickens	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		2.Fattening calves	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.Beehives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3.Sheep	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8.Camels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		4.Goats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9.Other, Specify....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		5.Meat chickens	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		





