



Palestine
Palestinian Central Bureau of Statistics
Youth Survey 2015

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

Identification Data

ID00	Questionnaire's serial number in the sample	□ □ □ □	ID01	Questionnaire's serial number in the enumeration area:	□ □
ID02	Governorate Code	□ □	ID03	Locality:	□ □ □ □ □ □
ID04	Enumeration area number:	□ □ □	ID05	Building number:	□ □ □
ID06	Name of head of household:		ID07	housing unit Number:	□ □

Interview Log

IR01	Visits' schedule	Day	Month	Year	Visit Number	
		□ □	□ □	□ □ □ □	First Visit	
		□ □	□ □	□ □ □ □	Second Visit	
		□ □	□ □	□ □ □ □	Third Visit	
IR02	Total number of visits	□				
IR02_1	Duration of Interview	Began at :		□ □ : □ □	Ended at: □ □ : □ □	
IR03	Final result of the interview	1	Completed			□
		2	Partially completed			
		3	Household was abroad			
		4	No one at the house			
		5	Refused to cooperate/ (reason):			
		6	No available Information			
		7	The housing unit is uninhabited			
		8	Other/ specify			
IR04	Total number of household members	□ □				
IR05	Number of male members (15-29 years)	□ □	IR06	Number of female member (15 – 29 years)	□ □	

IR07	Fieldworker's Name:	IR08	Fieldworker's Number:	□ □ □ □ □ □
IR09	Supervisor's Name:	IR10	Supervisor's Number:	□ □ □ □ □ □
IR11	Auditor's Name:	IR12	Auditor's Number:	□ □ □ □ □ □
IR13	Codifier's Name:	IR14	Codifier's Numebr:	□ □ □ □ □ □
IR15	Data entry official's name:	IR16	Data entry official's number	□ □ □ □ □ □

Section 1: Household Roster

HR01	HR02	HR03	HR04	HR05			HR06	HR07	HR08
Individual serial number	Household members (Full name) <small>Kindly provide me with a list of names of all the persons living usually with your family, including small children and infants. Let us start with the head of family please.</small>	What is (name) relation to the head of household: 01 Head of household 02 Spouse 03 son/ daughter 04 father/ mother 05 brother/ sister 06 grandfather/ grandmother 07 grandson/ granddaughter 08 daughter/ son in law 09 other relatives 10 others	Is (name) male or female? 1. Male 2. Female	What is (name) date of birth Day/ month/ year Note to fieldworker's: Note DOB through official documents if possible Day Month Year			To fieldworker's: age is calculated based on date of birth in HR05 and answer is noted with full years. In case the date of birth is unknown, ask about age. Note (00) if age is below 1 year 98 if age is 99 years or more	Is (name) registered refugee or unregistered refugee or non-refugee? 1. Registered refugee 2. Non-registered refugee 3. Non-refugee	To Fieldworker's: ask questions to people aged 5 years and above Is (name)... 1. Currently attending school 2. Attended school at some time and left before completing any level 3. Attended school and graduated 4. Never attended school
01		<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"/>
02		<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"/>
03		<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"/>
04		<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"/>
05		<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"/>
06		<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"/>
07		<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"/>
08		<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"/>
09		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
11		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
12		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
13		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
14		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
15		<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"/>
16		<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"/>
17		<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"/>

HR01	HR02	For individuals 10 years and above				For 12 years		HR14	HR15	
		HR09	HR10	HR11	HR 12	HR13				
Individual serial number	Household members (Full name) Kindly provide me with a list of names of all the persons living usually with your family, including small children and infants. Let us start with the head of family please.	(name) educational status 1. Illiterate 2. Can read and write 3. Elementary 4. Preparatory 5. Secondary 6. Associate diploma 7. Bachelor 8. High diploma 9. Master 10. Ph. D.	How many school years has (name) successfully completed? Write (00) if number of year is less than 1 year 98 I don't know	How did (name) spend most of his/ her time last week? 1. Working 1-14 hrs 2. Working 15+ hrs 3. Unemployed, previously working 4. Unemployed, never worked 5. Full time student/ trainee 6. Full time housekeeper 7. Disabled/ senior/ ill 8. With revenue/ retired 9. Other, specify (If answer from 4-9, Skip to HR13)	What is (name) Occupation? Main Occupation (type of work (name) is doing) To Fieldworker's: the question is asked if individual is currently working or has previously worked.	Profession	Code	What is (name) current matrimonial status? Is he/she 1. Never married 2. Legally married 3. Currently married 4. Divorced 5. Widowed 6. Separated	To Fieldworker's: draw a circle around the number of the line of young people aging 15-29 years as per Question HR06	To Fieldworker's: Draw a circle around the number of the line of young people aging 15-29 years as per question HR06, who were selected for direct interview.
01		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	01	01
02		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	02	02
03		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	03	03
04		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	04	04
05		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	05	05
06		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	06	06
07		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	07	07
08		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	08	08
09		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	09	09
10		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	10	10
11		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	11	11
12		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	12	12
13		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	13	13
14		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	14	14
15		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	15	15
16		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	16	16
17		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	17	17

Part I. B: Housing Characteristics

HD01	Type of dwelling of family's usual residence?	1. Villa	<input type="checkbox"/>
		2. House	
		3. Apartment	
		4. Independent room	
		5. Tent	
		6. Barracks	
		7. Other/ specify	
HD02	Number of rooms in the housing	Number of rooms	<input type="checkbox"/> <input type="checkbox"/>
HD03	Is the housing.....?	1. Owned	<input type="checkbox"/> <input type="checkbox"/>
		2. Rented without furniture	
		3. Rented with furniture	
		4. Without pay	
		5. In exchange of work	
		6. Other	
HD04	Does the family have any of the following?	1. Yes 2. No	
		1. Private care	<input type="checkbox"/>
		2. Electric fridge	<input type="checkbox"/>
		3. Solar boiler	<input type="checkbox"/>
		4. Central heating	<input type="checkbox"/>
		5. Home library	<input type="checkbox"/>
		6. Gas stove	<input type="checkbox"/>
		7. Washing machine	<input type="checkbox"/>
		8. TV	<input type="checkbox"/>
		9. VCR	<input type="checkbox"/>
		10. Satellite dish	<input type="checkbox"/>
		11. PC	<input type="checkbox"/>
		12. Laptop	<input type="checkbox"/>
		13. Tablet	<input type="checkbox"/>
		14. Phone line	<input type="checkbox"/>
		15. Palestinian Internet connection	<input type="checkbox"/>
		16. Israeli Internet connection	<input type="checkbox"/>
		17. Palestinian Mobile	<input type="checkbox"/>
18. Israeli Mobile	<input type="checkbox"/>		



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Youth Survey 2015

Data collected through this questionnaire shall be used for specific statistical purposes only and shall be kept confidential as per the General Statistics Law for the year 2000

Identification Data

ID00	Questionnaire's serial number in the sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID01	Questionnaire's serial number in the enumeration area:	<input type="text"/> <input type="text"/>
ID02	Governorate Code	<input type="text"/> <input type="text"/>	ID03	Locality:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID04	Enumeration area number:	<input type="text"/> <input type="text"/> <input type="text"/>	ID05	Building number:	<input type="text"/> <input type="text"/> <input type="text"/>
ID06	Name of head of household:		ID07	housing unit Number:	<input type="text"/> <input type="text"/>

IR01	Visits Log	Day	Month	Year	Visit 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"/>	First Visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Second Visit	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Third Visit	
IR02	Total number of visits	<input type="text"/>				
IR02_1	Duration of Interview	Began at <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		Ended at: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
IR03	Interview end result	1	Completed			<input type="checkbox"/>
		2	Partially completed			
		3	No individual within the age group (15-29 years)			
		4	Refused to cooperate/ (reason):			
		5	Other/ specify			

Part I: Education

Education Experience

	Question	Answers	Skip to
E001	To Fieldworker's: write young person name	Name of young person	
E002	To Fieldworker's: no. of young person line in family members' list	No. of young person line	<input type="text"/> <input type="text"/>
E003	To Fieldworker's: gender of young person on family members' list	Male	1
		Female	2
E004	To Fieldworker's: young person age in years (HR06)	Age of young person	<input type="text"/> <input type="text"/>
E101	Enrollment in education?	Currently attending school	1
		Attended school at some time and left before completing any level	2
		Attended school and graduated	3
		Never attended school	4
			E104
E102	Main reason for leaving school?	Completed required/ desired education	1
		No nearby schools available	2
		Economic reasons/ cost of education	3
		Working at home	4
		I had to work/ I want to work	5
		I had to help in household work	6
		Parents wish I do not complete school	7
		I did not want to finish school	8
		Failing exams	9
		Avoid mixing with the other gender	10
		Marriage	11
		Health reasons	12
		Others (specify)	13
		Refused to answer	14
			Next section
E103	How old were you when you left school?	Age in full years	<input type="text"/> <input type="text"/>
E104	How old were you when you enrolled in school (grade 1)? To Fieldworker's: if age unknown, write 98	Age in years	<input type="text"/> <input type="text"/>
E110	What is the young person's academic qualification	Less than elementary	0
		Elementary	1
		Preparatory	2
		Secondary	3
		Intermediate diploma	4
		Bachelor	5
		Higher diploma	6
		Master	7
Ph.D.	8		
			E132
E111	Have you or are you now enrolled in higher education	Yes	1
		No	2
			E132
E118	Have you chosen your university/ college yourself?	I choose	1
		No, depends on general certificate marks	2
		Parents	3
E119	Have you chosen your field of specialization in the college/ department or was it imposed upon you?	Yes, I chose	1
		No, it was imposed	2
		No specialization	3
		Have not specialized yet	4
			E121
E120	Who encouraged you in your choice? (no options)		
E120-1	My father	1. Yes 2. No	<input type="checkbox"/>
E120-2	My mother	1. Yes 2. No	<input type="checkbox"/>
E120-3	My brothers	1. Yes 2. No	<input type="checkbox"/>
E120-4	My sisters	1. Yes 2. No	<input type="checkbox"/>

E120-5	Relatives/ friends	1. Yes	2. No	<input type="checkbox"/>	
E120-6	Nobody (the student himself)	1. Yes	2. No	<input type="checkbox"/>	
E120-7	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	
E121	Place of (University/ college)?	In Palestine		1	
		Outside Palestine		2	
E123	Were you able to consult faculty members and discuss lecture themes with them after the lecture	Yes		1	
		No		2	
		Never tried		3	
E124	Were you using computers that were made available to you in the university/ college?	Never		1	
		Rarely		2	
		Sometimes		3	
		Often		4	
		Always		5	
		No computers were available		6	
E125	Did your university/ college have the following?				
E125-1	Broken chairs and amphitheaters	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-2	Inadequate lighting in halls	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-3	Inadequate ventilation	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-4	Difficulty hearing lecturers	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-5	Difficulty seeing what is written on the board	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-6	Required books unavailable beginning of semester	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-7	Books too expensive	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-8	Teachers do not dedicate sufficient time to discuss books, references and other relevant issues	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-9	Teachers do not take time to discuss work opportunities available to student in their area of specialization	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-10	University/ college does not organization professional orientation and guidance	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-11	Teachers do not treat students respectfully	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E125-12	Unclean public utilities in university/ college	1 Yes	2 No	3 To some extent	<input type="checkbox"/>
E126	What did you use for studying in university/ college?				
E126-1	Teacher's book	1. Yes	2. No	<input type="checkbox"/>	
E126-2	Lectures	1. Yes	2. No	<input type="checkbox"/>	
E126-3	Different library references	1. Yes	2. No	<input type="checkbox"/>	
E126-4	Researches and references on the Internet	1. Yes	2. No	<input type="checkbox"/>	
E126-5	Teacher's/ Professor's handouts	1. Yes	2. No	<input type="checkbox"/>	
E126-6	Other (specify) _____	1. Yes	2. No	<input type="checkbox"/>	
E127	Have you ever used university/ college library?	Yes		1	
		No		2	
		Not available		3	E129
E128	Have you been introduced to the library and how to use it to search for subjects, books, etc.	Yes		1	
		No		2	
E129	Do you think that your university/ college provided you with education that would ensure you a job opportunity	Yes		1	
		No		2	
		To a certain extent		3	

Schools				
E132	What type of schools did you study in?	Government	1	
		Private	2	
		UNRWA	3	
		Other (specify) _____	4	
E135	What was your branch of studies?	Scientific	1	
		Literary	2	
		Industrial	3	
		Commercial	4	
		Nursing	5	
		Agricultural	6	
		Hotel Management	7	
		Not applicable	8	
		Other (specify)	9	
E138	Did you receive any practical training during your studies?	Yes	1	
		No	2	
E139	What were the main studying languages at your school?	Arabic	1	
		English	2	
		Several main languages	3	
		Other (specify)	4	
E141	Were you using computers available at your school?	Never	1	
		Rarely	2	
		Sometimes	3	
		Often	4	
		Always	5	
		Computers not available	6	
E142	Did students in your school face physical punishment (beating)	Never	1	
		Rarely	2	
		Sometimes	3	
		Often	4	
		Always	5	
E143	Did you used external books to study?	Yes	1	
		No	2	
E145	Was your school operating on shifts?	Yes	1	
		No	2	
E146	Was your school.....?	Mixed	1	
		Male only	2	
		Female only	3	
E147	Was your school's teaching staff...?	Mixed	1	
		Male only	2	
		Female only	3	
For students currently enrolled in education				
E168	To Fieldworker's: go back to question (E101)	Currently enrolled	1	
		Enrolled and dropped	2	E195
		Enrolled and graduated	3	E200
E169	How do you go to school/ university/ college? i.e do you walk or use transportation? To Fieldworker's: in case of use of several means, note down the means of transportation taken for the longest distance	Walk	1	
		Bicycle	2	
		Taxi	3	
		Public Transport	4	
		School bus	5	
		Private car	6	
		Other (Specify) _____	7	

E170	How long does the trip to school/ university/ college take?	Less than half an hour	1	
		Half an hour to one hour	2	
		More than one hour	3	
E171	Are you currently enrolled in Higher Education?	Yes	1	E191
		No	2	
E172	In general, how do you assess the cleanliness of your school?	Very clean	1	
		Clean	2	
		Not clean	3	
E173	How do you assess your relations with your teachers?	Good	1	
		Reasonable/ acceptable	2	
		Bad	3	
E174	What of the following items is available in your classroom?			
E174-1	Some chairs and broken seats	1. Yes 2. No 3. somewhat	<input type="checkbox"/>	
E174-2	Uncomfortable seats for students	1. Yes 2. No 3. somewhat	<input type="checkbox"/>	
E174-3	Improper lighting	1. Yes 2. No 3. somewhat	<input type="checkbox"/>	
E174-4	Bad board, hard to read what is on	1. Yes 2. No 3. somewhat	<input type="checkbox"/>	
E174-5	Class windows broken	1. Yes 2. No 3. somewhat	<input type="checkbox"/>	
E174-6	Improper ventilation	1. Yes 2. No 3. somewhat	<input type="checkbox"/>	
E175	Do you have the following in your school?			
E175-1	Library	1. Yes 2. No	<input type="checkbox"/>	If answers to all questions were (no), Skip to (E179)
E175-2	Computer lab	1. Yes 2. No	<input type="checkbox"/>	
E175-3	Science lab	1. Yes 2. No	<input type="checkbox"/>	
E175-4	School clinic	1. Yes 2. No	<input type="checkbox"/>	
E175-5	Counseling room	1. Yes 2. No	<input type="checkbox"/>	
E175-6	Resources Room (educational support)	1. Yes 2. No	<input type="checkbox"/>	
E176	Have you ever used/ visited or participated in any of the following services/ activities?			
E176-1	Library	1. Yes 2. No 3. N/A	<input type="checkbox"/>	If answers to all questions (No or N/A), Skip to (E179)
E176-2	Computer lab	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E176-3	Science lab	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E176-4	School clinic	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E176-5	Counseling room	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E176-6	Resources room (educational support)	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E177	In general, how often do you go to/ visit ..			
E177-1	Library	1. Never 2. Sometimes 3. Always 4. N/A	<input type="checkbox"/>	
E177-2	Computer lab	1. Never 2. Sometimes 3. Always 4. N/A	<input type="checkbox"/>	
E177-3	Science lab	1. Never 2. Sometimes 3. Always 4. N/A	<input type="checkbox"/>	
E177-4	School clinic	1. Never 2. Sometimes 3. Always 4. N/A	<input type="checkbox"/>	
E177-5	Counseling room	1. Never 2. Sometimes 3. Always 4. N/A	<input type="checkbox"/>	
E177-6	Resources room (educational support)	1. Never 2. Sometimes 3. Always 4. N/A	<input type="checkbox"/>	
E178	Are you satisfied with the following services/ activities?			
E178-1	Library	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E178-2	Computer lab	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E178-3	Science lab	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E178-4	School clinic	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E178-5	Counseling room	1. Yes 2. No 3. N/A	<input type="checkbox"/>	
E178-6	Resources room (educational support)	1. Yes 2. No 3. N/A	<input type="checkbox"/>	

E179	Does any of your family members helps you in your studying/ homework?	Yes	1	E181
		No	2	
E180	Who mainly helps you?	Father	1	
		Mother	2	
		An older sibling	3	
		Other relatives	4	
		Other (specify)	5	
E181	If you face a problem at school, who comes with you to solve the problem?	Father only	1	
		Mother only	2	
		Father and mother	3	
		Brothers	4	
		Sisters	5	
		I solve it myself	6	
		Other relatives	7	
		Nobody	8	
		I do not make troubles	9	
		Refused to answer	10	
E182	Does any of your family members/ parents come to your school to meet your teachers and check on your attainment at school?	Never	1	
		Rarely	2	
		Sometimes	3	
		Often	4	
		Always	5	
E183	Do your parents attend your school meetings	Never	1	
		Rarely	2	
		Sometimes	3	
		Often	4	
		Always	5	
E191	Did you miss any day (s) at your school/ university/ college this year (except strikes and work suspension)	Yes	1	E194
		No	2	
E192	How many days Absence Researcher in case they do not know the answer is recorded 998		<input type="text"/> <input type="text"/> <input type="text"/>	
E193	Why did you miss school?			
E193-1	For health reasons	1. Yes 2. No	<input type="checkbox"/>	
E193-2	Family problems	1. Yes 2. No	<input type="checkbox"/>	
E193-3	Problems at school with teachers	1. Yes 2. No	<input type="checkbox"/>	
E193-4	Problems at school with students	1. Yes 2. No	<input type="checkbox"/>	
E193-5	School is very far	1. Yes 2. No	<input type="checkbox"/>	
E193-6	No use going to school	1. Yes 2. No	<input type="checkbox"/>	
E193-7	Work and help family	1. Yes 2. No	<input type="checkbox"/>	
E193-8	Parents traveling/ sick	1. Yes 2. No	<input type="checkbox"/>	
E193-9	To study and prepare for exams	1. Yes 2. No	<input type="checkbox"/>	
E193-10	Other (specify)	1. Yes 2. No	<input type="checkbox"/>	
E194	What is the highest diploma you wish to have?	Basic	1	
		Secondary	2	
		Intermediate diploma	3	
		BA	4	
		MA	5	
		Ph.D.	6	

General section								
E195	Have you left school for a period of over four continuing month since the last time to returned?	Yes					1	
		No					2	E200
E196	How many times did you miss school for a period exceeding 4 months	Once					1	
		Twice					2	
		Three or more times					3	
E197	How many years in total have you missed school in reason of this disruption of attendance?	Number of school years					<input type="text"/>	<input type="text"/>
E200	Have you ever repeated a school year?	Yes					1	
		No					2	E206
E201	When was the year you repeated at school?							
E201-1	Basic	1. Yes 2. No					<input type="checkbox"/>	
E201-2	Secondary	1. Yes 2. No					<input type="checkbox"/>	
E206	Based on your experience, I will mention some phrase and need to know your opinion if they happen always/ sometimes/ never?							
E206-1	Teachers encourage students to freely express themselves and respect their opinions	1, never	2, rarely	3, sometimes	4, often	5, always		<input type="checkbox"/>
E206-2	Teachers always encourage students to adopt positions and stances regarding different issues	1, never	2, rarely	3, sometimes	4, often	5, always		<input type="checkbox"/>
E206-3	Teachers care about students' problems and help in solving them	1, never	2, rarely	3, sometimes	4, often	5, always		<input type="checkbox"/>
E206-4	Teachers use physical punishment and beating against students	1, never	2, rarely	3, sometimes	4, often	5, always		<input type="checkbox"/>
E206-5	Educational counselors care about students and teachers' problems and help solving them	1, never	2, rarely	3, sometimes	4, often	5, always		<input type="checkbox"/>
E206-6	Administration and teachers treat male and female students without discrimination	1, never	2, rarely	3, sometimes	4, often	5, always	6. N/A	<input type="checkbox"/>
E206-7	Rules and regulations at school/ college/ university apply to all equally	1, never	2, rarely	3, sometimes	4, often	5, always		<input type="checkbox"/>
E207	Are you satisfied with your educational experience?	Yes					1	Next section
		No					2	
		To a certain extent					3	
E208	What is the main reason behind your dissatisfaction with the educational system	School buildings					1	
		Distance					2	
		Teachers' treatment					3	
		Administration's treatment					4	
		Difficult studies					5	
		Exams					6	
		Teaching style focuses only on memorization					7	
		No jobs after graduation					8	
Other (specify)					9			

Part II: Work and Earning				
Work in previous week				
W119	Have you did any job or been contracted to a job during last week?	Yes	1	W126
		No	2	
W120	Have you been looking for jobs in the last four weeks?	Yes	1	
		No	2	
W122	Did you want to work during the last week?	Yes	1	
		No	2	W124
W123	If an opportunity work were available for you, will you be willing to work as early as possible?	Yes	1	W172
		No	2	
W124	Why don't you want or aren't willing to work (main reason)	Enrolled in education/ training	1	W125
		Engaged homeduties	2	
		Parents or husband do not approve	3	
		Suffer from disability	4	
		Unpaid leave or not working	5	
		Plan to travel/ immigrate or work abroad	6	
		Cannot find appropriate work	7	
		Busy with are children/ family	8	
		Family well-off, no need to work	9	
		Have no skills to get a job	10	
		Do not want to work	11	
		Tired of looking for jobs	12	
		No jobs in government/ public sector	13	
		No jobs with proper pay	14	
		Other (specify)	15	
W125	What do you consider doing after you complete your current education?	Look for a job	1	W222
		Full time housework	2	
		Complete my education	3	
		Pursue training	4	
		I don't know	5	
		Other (specify)	6	
W126	How many actual days of work have you performed last week, whether continuous or interrupted?	Number of days	<input type="text"/> <input type="text"/>	
W127	How many hours per day or week did you work in all the jobs you performed last week? Fieldworker's: (if 40 hours and more a week, Skip to w129)	Number of hours per day	<input type="text"/> <input type="text"/>	
		Number of hours per week	<input type="text"/> <input type="text"/> <input type="text"/>	
W128-1	To Fieldworker's: if working hours were less than 40 hours in the last week, ask: Why did you work less than 40 hours last week	Official working hours less than 40 a week	1	
		Work conditions require so	2	
		No job opportunities available rest days	3	
		Pay not worth it	4	
		Do not want to work the rest of the days/ work part-time	5	
		Temporary absence because of commitments	6	
		No incentives in workplace/ boring	7	
		Study/ training for some time	8	
		Other (specify)	9	
W128-2	Was your work last week your main job in the last three months	Yes	1	
		No	2	
W129	Do you want to continue your main job?	Yes	1	
		No	2	
W130	Are you looking for another job other than your main job?	Yes	1	
		No	2	

W131	What is your work status?	Wage employee	1	
		Employer/ manager and hiring other waged employee	2	
		Self-employed but not hiring anybody	3	
		Unpaid work in family worker	4	
W132	When did you start this work? (date of commencement of work in month and year	Month	<input type="text"/>	<input type="text"/>
		Year	<input type="text"/>	<input type="text"/>
W134	How are you stable in your work?	Permanent	1	
		Temporary	2	
		Seasonal	3	
		Disrupted	4	
W135	What sector do you work for?	National government	1	
		Foreign government	2	
		Local authority	3	
		Private sector	4	
		International organization	5	
		UNRWA	6	
		Non-for-profit NGO	7	
		Private business	8	
		Other (specify)	9	
W144	Do you have a written contract or official appointment with your employer in your main job?	No	1	
		Yes	2	
		N/A business owner (self-employed)	3	
W147	Do you have health insurance in your job?	Yes	1	
		No	2	
W148	Fieldworker's: go back to question (w131), has the respondent been	Wage employee	1	
		Employer / self-employed/ unpaid in in family worker	2	W153
W149	Have you encountered any of the following in your work in the last three months?			
W149-1	Cruel/ degrading treatment from your supervisors	1. Yes 2. No	<input type="checkbox"/>	
W149-2	Long working hours	1. Yes 2. No	<input type="checkbox"/>	
W149-3	Low pay	1. Yes 2. No	<input type="checkbox"/>	
W149-4	Unable to take paid annual leave	1. Yes 2. No	<input type="checkbox"/>	
W149-5	Unable to take paid sick leaves	1. Yes 2. No	<input type="checkbox"/>	
W149-6	Unable to take paid maternity leave (for females)	1. Yes 2. No 3. N/A (male)	<input type="checkbox"/>	
W149-7	Extreme work pressure	1. Yes 2. No	<input type="checkbox"/>	
W149-8	Long travel hours to and from work/ difficult transportation	1. Yes 2. No	<input type="checkbox"/>	
W149-9	Bullying from work colleagues or supervisors	1. Yes 2. No	<input type="checkbox"/>	
W149-10	Harassment from colleagues or supervisors (for female)	1. Yes 2. No 3. N/A (male)	<input type="checkbox"/>	
W149-11	Maltreatment from clients/ customers	1. Yes 2. No	<input type="checkbox"/>	
W149-12	Harassment from clients/ customers (female)	1. Yes 2. No 3. N/A (male)	<input type="checkbox"/>	
W149-13	Work place very dangerous/ risky work conditions	1. Yes 2. No	<input type="checkbox"/>	
W149-14	Harassment on the way to and from work (female)	1. Yes 2. No 3. N/A (male)	<input type="checkbox"/>	
W149-15	Pay late or not paid after work performance	1. Yes 2. No	<input type="checkbox"/>	
W149-16	Pay undetermined at beginning of work	1. Yes 2. No	<input type="checkbox"/>	
W151	To Fieldworker's: review answers to question W149	One answer at least yes	1	
		All answers no	2	W153

W152	Do you wish to leave your job because of these problems?	Yes	1	
		No	2	
W153	Does your main work require any technical skill?	Yes	1	
		No	2	
W155	Do you use computer in your work?	Yes	1	
		No	2	W161
W156	What software do you use			
W156-1	MS word	1. Yes 2. No	<input type="checkbox"/>	
W156-2	MS Excel worksheets	1. Yes 2. No	<input type="checkbox"/>	
W156-3	Web Site design	1. Yes 2. No	<input type="checkbox"/>	
W156-4	Photoshop and paintbrush	1. Yes 2. No	<input type="checkbox"/>	
W156-5	Network connection and new devices	1. Yes 2. No	<input type="checkbox"/>	
W156-6	Programming using one of the programming languages	1. Yes 2. No	<input type="checkbox"/>	
W156-7	Statistical software like SPSS	1. Yes 2. No	<input type="checkbox"/>	
W156-8	Other (specify):	1. Yes 2. No	<input type="checkbox"/>	
W157	Where did you learn to use these programs?			
W157-1	School/ university	1. Yes 2. No	<input type="checkbox"/>	
W157-2	Specialized training in a training center	1. Yes 2. No	<input type="checkbox"/>	
W157-3	Training organized by my work	1. Yes 2. No	<input type="checkbox"/>	
W157-4	Self-taught	1. Yes 2. No	<input type="checkbox"/>	
W157-5	Through a friend/ relative	1. Yes 2. No	<input type="checkbox"/>	
W157-6	Other (specify):	1. Yes 2. No	<input type="checkbox"/>	
Earnings				
161W	Do you receive pay from your main job?	Yes	1	
		No (business owner/ self-employed/ unpaid labor)	2	W166
162W	What is the method used to calculate/ estimate your pay?	Fixed rate	1	
		Concordant with production/ sales	2	
		Partly fixed, partly flexible	3	
		Other (specify):	4	
163W	What do you do with your pay/ income?			
W163-1	Contribute to household spending	1. Yes 2. No	<input type="checkbox"/>	
W163-2	Support father	1. Yes 2. No	<input type="checkbox"/>	
W163-3	Support mother	1. Yes 2. No	<input type="checkbox"/>	
W163-4	Support siblings	1. Yes 2. No	<input type="checkbox"/>	
W163-5	Support other relatives	1. Yes 2. No	<input type="checkbox"/>	
W163-6	Keep it all for myself	1. Yes 2. No	<input type="checkbox"/>	
W163-7	Other (specify)	1. Yes 2. No	<input type="checkbox"/>	
W166	Do you provide any cash or in-kind assistance to your parents?	Cash assistance	1	
		Cash assistance/ in-kind assistance	2	
		Nothing	3	W168
		N/A	4	W235
W167	What is the value of this assistance?	Average value of cash assistance per month in NIS	<input type="text"/>	
W168	Do you receive any cash or in-kind assistance from your parents?	Cash assistance	1	
		Cash/ in-kind assistance	2	
		None	3	W235
W169	What is the value of this assistance?	Average value of assistance per month in NIS	<input type="text"/>	W235

Unemployment				
W172	What is the main reason that you were not working last week? (specify the most important reason)	no work available at all	1	
		No work appropriate for my qualification/ experience	2	
		No work with appropriate pay	3	
		No work with adequate employer	4	
		No work in government/ public sector	5	
		Lack of security	6	
		Pay less than housing cost or productivity	7	
		The location of work is not appropriate	8	
		Other (specify):	9	
W173	What is the minimum monthly wage acceptable to you to take a job?	Monthly pay in NIS	<input type="text"/>	<input type="text"/>
W174	When did the last unemployment continuing unemployment start for you? (date of start of unemployment)	Month	<input type="text"/>	<input type="text"/>
		Year	<input type="text"/>	<input type="text"/>
W175	Are you registered in a government labor office or employment-related organization?	Yes	1	
		No	2	
W176	Did you attempt any of the following to find a job in the past six months?			
W176_1	Register with government labor office	1. Yes 2. No	<input type="checkbox"/>	
W176_2	Register with private employment office	1. Yes 2. No	<input type="checkbox"/>	
W176_3	Take part in hiring contest/ exam	1. Yes 2. No	<input type="checkbox"/>	
W176_4	Submit job application to any agency (CV)	1. Yes 2. No	<input type="checkbox"/>	
W176_5	Search on jobs web sites	1. Yes 2. No	<input type="checkbox"/>	
W176_6	Published paper advertisement to request work	1. Yes 2. No	<input type="checkbox"/>	
W176_7	Responded to a job announcement in papers or online	1. Yes 2. No	<input type="checkbox"/>	
W176_8	Asked for help from friends or relatives	1. Yes 2. No	<input type="checkbox"/>	
W176_9	Contacted an employer	1. Yes 2. No	<input type="checkbox"/>	
W176_10	Searched for a private business (land, equipment)	1. Yes 2. No	<input type="checkbox"/>	
W176_11	Made arrangements to secure funding for your own project	1. Yes 2. No	<input type="checkbox"/>	
W176_12	Registered on an online jobs websites	1. Yes 2. No	<input type="checkbox"/>	
W176_13	Other (specify):	1. Yes 2. No	<input type="checkbox"/>	
W177	Did you use a landline to look for a job in the past three months?	Yes	1	
		No	2	
W178	Did you use a mobile phone to look for a job in the past three months?	Yes	1	
		No	2	
W179	Did you use the Internet to look for a job in the past three months?	Yes	1	
		No	2	
W182	Fieldworker's: review answers and if one at least in question (w176) is yes	One answer at least is yes	1	W184
		All answers are no	2	
W183	What is the main reason why you have not been seeking jobs in the past three months?	I believe there is no job available	1	
		Tired of seeking jobs	2	
		Males are preferred to females in hiring	3	
		I don't know an effective way of searching	4	
		Waiting for appointment	5	
		No jobs available in the government	6	
		I don't have the necessary skills	7	
		No appropriate jobs	8	
		No need to work	9	
		Health conditions do not allow me to work	10	
		Family responsibilities	11	
		Because one of family members objects	12	
		Insufficient social relations (no nepotism)	13	
		Still studying	14	
		Other (specify):	15	

W184	Have you refused any job that was offered to you before?	Yes	1	W188
		No	2	
W185	Where was this job? Fieldworker's: propose alternatives when respondent does not mention any of them.	(establish/ co-establish) a private business	1	
		Work for government/ public sector	2	
		Work for international organization	3	
		work for the private sector	4	
		Work for not-for-profit NGO	5	
		Work in family owned field/ farm	6	
		Work in other people's field/ farm	7	
		Work in a family business	8	
		Other (specify):	9	
		I don't know	10	
W187	What was the reason you rejected the job offer	Salary too low	1	
		Didn't like the nature of the job	2	
		Bad location	3	
		Work does not fit my qualification	4	
		Work for too few hours	5	
		Work for too many hours	6	
		Waiting for a better opportunity	7	
		No contract/ short-term contract	8	
		Does not fulfill my professional aspirations	9	
		Lower than my social status	10	
		Below my academic qualifications	11	
		Workplace not fit for me	12	
		No health or social insurance	13	
		Waiting for appointment in the public sector	14	
		Other (specify):	15	
W188	While unemployed (not working) how do you use your time?	Only waiting at home for a job	1	
		Waiting at home and helping in housework	2	
		Helping family in their project/ business/ field	3	
		Pursuing more studies/ training	4	
		Hang out with friends at café/ club or the like	5	
		Unpaid volunteer work	6	
		Planning to start my own business	7	
		Pursuing higher studies	8	
		Other (specify):	9	
Attitudes to work				
W222	Did you work while you were studying/ training?	Yes with pay	1	W224
		Yes without pay	2	
		No	3	
W223	What were you working at?	Family business	1	
		Agriculture/ farming	2	
		Paid job in the private sector	3	
		Paid job in the public sector	4	
		Volunteer work	5	
		Other (specify):	6	
W224	Who do you think should be responsible for providing work opportunities	School/ university	1	
		Labor employment companies	2	
		Non-governmental organizations	3	
		State/ government	4	
		Governorate/ local authority	5	
		I	6	
		My family	7	
		My in-laws	8	
		Other (specify):	9	
W225	Do you have a CV?	Yes	1	
		No	2	

W226	Do you think it is better to get a job relying on your own skills or via nepotism	Personal skills	1	W228
		Nepotism	2	
W227	What are the skills you see necessary to get a job?			
W227-1	Computer	1. Yes 2. No	<input type="checkbox"/>	
W227-2	Languages	1. Yes 2. No	<input type="checkbox"/>	
W227-3	Professional/ technical skills	1. Yes 2. No	<input type="checkbox"/>	
W227-4	Higher studies	1. Yes 2. No	<input type="checkbox"/>	
W227-5	Public relations	1. Yes 2. No	<input type="checkbox"/>	
W227-6	Specialized practical training	1. Yes 2. No	<input type="checkbox"/>	
W227-7	Other (specify)	1. Yes 2. No	<input type="checkbox"/>	
W228	If you can choose between getting a paid job or own your own business, what do you choose?	Waged labor	1	W230
		Own business/ self-employed/ family business	2	
W229	Why do you prefer a waged job? (main reason)	More stability and better guarantee	1	W231
		Larger income when compared to freelancing	2	
		Less responsibility	3	
		Better opportunity for promotion and advancement	4	
		Work perks (insurances and the like)	5	
		Other (specify):	6	
W230	Why do you prefer to own your business or be self-employed?	No other jobs/ work opportunities are available	1	
		More independence if in freelancing	2	
		More flexible working hours	3	
		Better income than in employment	4	
		Higher professional status	5	
		My family are also business owners	6	
		Better social status	7	
		Other (specify):	8	
W231	Do you think that working in the public sector or government is better than the private sector?	Yes	1	W233
		No	2	
W232	Why (think of the most important reason)	Job stability	1	
		Maternity leave	2	
		Less work and responsibility	3	
		Guaranteed pay	4	
		Insurances and social security	5	
		Social status as public servant	6	
		Limited working hours	7	
		Other (specify):	8	
W233	What is the monthly pay you deem fit for your qualifications (NIS)	NIS.....	<input type="text"/>	
		Cannot specify	7	
		I don't know	8	
Financial behavior				
W235	When you have money, is it you who decides on how to spend it?	Yes	1	
		No	2	
W236	Do you try to save some money?	Yes	1	W240
		No	2	
W237	Where do you save?			
W237-1	At home	1. Yes 2. No	<input type="checkbox"/>	
W237-2	With family (father/ mother/ siblings/ spouse)	1. Yes 2. No	<input type="checkbox"/>	
W237-3	With relatives/ friends	1. Yes 2. No	<input type="checkbox"/>	
W237-4	In savings/ investment companies	1. Yes 2. No	<input type="checkbox"/>	
W237-5	In the bank	1. Yes 2. No	<input type="checkbox"/>	
W237-6	Other (specify)	1. Yes 2. No	<input type="checkbox"/>	

W238	Why do you save?			
W238-1	For my education	1. Yes 2. No	<input type="checkbox"/>	
W238-2	For family/ relatives' education	1. Yes 2. No	<input type="checkbox"/>	
W238-3	Housing	1. Yes 2. No	<input type="checkbox"/>	
W238-4	Marriage	1. Yes 2. No	<input type="checkbox"/>	
W238-5	To face any health condition or chronic disease	1. Yes 2. No	<input type="checkbox"/>	
W238-6	For emergencies	1. Yes 2. No	<input type="checkbox"/>	
W238-7	Buy clothes/ shoes and other personal goods	1. Yes 2. No	<input type="checkbox"/>	
W238-8	Buy additional commodities (mobile phone, watch, ...)	1. Yes 2. No	<input type="checkbox"/>	
W238-9	Immigration	1. Yes 2. No	<input type="checkbox"/>	
W238-10	Perform religious rituals (pilgrimage/ umra)	1. Yes 2. No	<input type="checkbox"/>	
W238-11	Help/ support family and friends	1. Yes 2. No	<input type="checkbox"/>	
W238-12	Buy a car	1. Yes 2. No	<input type="checkbox"/>	
W238-13	Fund a private business	1. Yes 2. No	<input type="checkbox"/>	
W238-14	Other (specify)	1. Yes 2. No	<input type="checkbox"/>	
W240	Do you have a bank account?	Yes	1	W249
		No	2	
W241	Do you have a visa/ credit card?	Yes	1	
		No	2	
Previous experiences of self employment				
W249	Have you ever considered, or are you currently considering establishing your own business?	yes	1	Section II
		No	2	
W250	Have you already established your own business?	Yes	1	Section II
		No	2	
W251	When did you start your own project? (date of commencement month/year)	Month	<input type="text"/> <input type="text"/>	
		Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
W252	Why did you decide to start your own business?	Could not find a job with decent pay	1	
		To be free	2	
		Flexible and more convenient working hours	3	
		Better income	4	
		Father/mother have successful business experience	5	
		Other/ specify:	6	
W252-A	Do you receive assistance in your activities/ business?	Yes	1	W255
		No	2	
W253	Who of the following helps you in your activities/ business			
W253-1	Waged family members	1. Yes 2. No	<input type="checkbox"/>	
W253-2	Paid employees	1. Yes 2. No	<input type="checkbox"/>	
W253-3	Unpaid family members	1. Yes 2. No	<input type="checkbox"/>	
W253-4	Unpaid partners	1. Yes 2. No	<input type="checkbox"/>	
W254	How many people help you in your activity/ business?			
W254_1	Waged family members		<input type="text"/> <input type="text"/>	
W254_2	Paid employees		<input type="text"/> <input type="text"/>	
W254_3	Unpaid family members		<input type="text"/> <input type="text"/>	
W254_4	Unpaid partners		<input type="text"/> <input type="text"/>	
W255	Where did you get the money to start this project?			
W255-1	My own savings	1. Yes 2. No	<input type="checkbox"/>	
W255-2	Savings of a family member	1. Yes 2. No	<input type="checkbox"/>	
W255-3	Loan from family/ friends	1. Yes 2. No	<input type="checkbox"/>	
W255-4	Loan from bank/ financial institution	1. Yes 2. No	<input type="checkbox"/>	
W255-5	Loan from private lender	1. Yes 2. No	<input type="checkbox"/>	
W255-6	Loan/ aid from governmental institution	1. Yes 2. No	<input type="checkbox"/>	
W255-7	Loan/ aid from not-for-profit organization	1. Yes 2. No	<input type="checkbox"/>	
W255-8	Other (specify):	1. Yes 2. No	<input type="checkbox"/>	

W260	Where is the project located?	My own house	1	
		Store/ shop	2	
		Another house	3	
		Apartment/ office	4	
		Workshop/ factory	5	
		Stall	6	
		Salesman	7	
		Pick-up	8	
		Taxi	9	
		Field/ farm	10	
		Other/ specify: ...	11	
W261	How do you assess the profit and loss of your project?	Loss	1	
		No loss or profit (break even)	2	
		Modest profit	3	
		Good profit	4	
		Still a startup	5	
W262	What were the two major problems you faced in managing your business?	First problem	<input type="checkbox"/>	<input type="checkbox"/>
		Second problem	<input type="checkbox"/>	<input type="checkbox"/>
		Information on business/ markets	1	
		Marketing	2	
		Finance	3	
		Accounting	4	
		Legal works	5	
		Expertise/ advise and counseling	6	
		Training on business management	7	
		Training on foreign languages	8	
		Training on specialized skills and expertise	9	
		Internet services	10	
		Access to technology	11	
		Products development	12	
		Obtain a loan	13	
		Get premises (facilities)	14	
		I am alone in the business/ better with a partner	15	
No problems	16			
Other (specify):	17			
W263	Have you heard of any organizations that provide financial/ non-financial assistance to small enterprises?	Yes	1	
		No	2	
W264	Have you received assistance or transfer of expertise in business management, technical skills needed for your project?	Yes	1	
		No	2	W267
W265	What was the organization that helped you?	Not for profit organization	1	
		Governmental organization	2	
		Nongovernmental organization	3	
		Other (specify)	4	
W267	Are you member of any of the following?			
W267-1	Professional syndicates (labor unions)	1. Yes	2. No	<input type="checkbox"/>
W267-2	Cooperatives	1. Yes	2. No	<input type="checkbox"/>
W267-3	Chambers of Commerce	1. Yes	2. No	<input type="checkbox"/>
W267-4	Businessmen associations	1. Yes	2. No	<input type="checkbox"/>
W267-5	Other (specify)	1. Yes	2. No	<input type="checkbox"/>
W267-6	None	1. Yes	2. No	<input type="checkbox"/>
W268	Have you been invited to meetings/ workshops/ seminars on small businesses awareness?	Yes	1	
		No	2	
W269	Are you considering joining any of these institutions in the future?	Ye	1	
		No	2	
W270	Do you think the society encourages and helps the establishment of small enterprises	Yes	1	
		No	2	

W271	What are the obstacles that may hinder individuals from setting up their own businesses?			
W271-1	For of loss/ inability to repay loan/ debt	1. Yes	2. No	<input type="checkbox"/>
W271-2	Fear of inability to access sufficient funding to start the project	1. Yes	2. No	<input type="checkbox"/>
W271-3	Fear of lack of necessary skills and expertise to succeed	1. Yes	2. No	<input type="checkbox"/>
W271-4	Fear of inability to obtain all licenses and fulfill legal requirements	1. Yes	2. No	<input type="checkbox"/>
W271-5	Fear of family or non-family members' opinion if I fail	1. Yes	2. No	<input type="checkbox"/>
W271-6	Fear of inability to control my staff	1. Yes	2. No	<input type="checkbox"/>
W271-7	Fear of inability to confront corruption at work at society at large	1. Yes	2. No	<input type="checkbox"/>
W271-8	Fear of strong competition in my field of business	1. Yes	2. No	<input type="checkbox"/>
W271-9	Fear that clients may not need my products/ services	1. Yes	2. No	<input type="checkbox"/>
W271-10	Other/ specify:	1. Yes	2. No	<input type="checkbox"/>

Section III: Immigration				
Attitudes toward immigration abroad				
M101	Have you previously resided in a state other than Palestine for a period exceeding 6 months	Yes	1	
		No	2	
M103	Do you wish to emigrate outside Palestine and reside in another country?	Yes	1	
		No	2	M120
M104_A	What type of migration are you considering/ thinking of?	Permanent	1	M105
		Temporary for a fixed no of years	2	
M104_B	How many years do you wish to spend abroad?	Number of years	<input type="text"/>	<input type="text"/>
M105	To which country do you wish to emigrate? Fieldworker's: if answer is I don't know, write 998	Country name: _____	<input type="text"/>	<input type="text"/>
M106	What is the main reason that makes you consider emigrate?	Unemployed/ no job opportunities	1	
		Insufficient income	2	
		Improve living conditions/ difficult living conditions in the homeland	3	
		Escape family problems/ pressure	4	
		Family reunification	5	
		Education and training	6	
		Get a job abroad	7	
		Seek political asylum	8	
		Political and security situation here	9	
		Israeli occupation	10	
		Other (specify) _____	11	
M108	What is your source of information about this country?	Relatives abroad	1	
		Relatives in Palestine	2	
		Palestinian friends abroad	3	
		Friends in Palestine	4	
		Internet	5	
		Government	6	
		General readings	7	
		Media	8	
		Embassies	9	
		Other (specify)	10	
M110	Do you have a valid passport?	Yes	1	
		No	2	
M113	To emigrate abroad, do you need any financial or procedural assistance from anybody?	Yes	1	
		No	2	M116
M114	Who do you expect will help you?	Relatives abroad	1	
		Relatives in Palestine	2	
		Palestinian friends abroad	3	
		Friends in Palestine	4	
		Immigration brokers	5	
		Embassies/ consulates	6	
		Other (specify)	7	
M116	In case you travelled abroad, will you accept working in a field other than your area of specialization or professions that match your academic qualification?	Yes	1	
		No	2	
		I do not wish to work at all	3	
M118	Do you know any person or institution that may facilitate travel or immigration abroad	Yes	1	
		No	2	
Immigration of friends, relatives and acquaintance				
M120	Do you know a relative, friend or acquaintance living abroad?	Yes	1	
		No	2	M125
M121	Who among them are you still in touch with?	Relative	1	
		Friend	2	
		Neighbor/ acquaintance	3	
		Nobody	4	
M122	In which country?	Name of country:	<input type="text"/>	<input type="text"/>
M123	How long has he been living abroad?	Months	<input type="text"/>	<input type="text"/>
		Years	<input type="text"/>	<input type="text"/>

M124	How did he leave the country? By which means?	legal migration	1	
		illegal migration	2	
		I don't know	3	
Experience of immigration abroad				
M125	Fieldworker's: review question M101 to verify if respondent has immigrated abroad	Yes	1	
		No	2	Next section
M126	Have you emigrated since 2005 to date to any place outside Palestine for a continuing period above 6 months	Yes	1	
		No	2	Next section
M127	To which country did you travel? (last country where you resided for 6 or more months since 2005)	Country name:		<input type="text"/> <input type="text"/> <input type="text"/>
M128	Duration of actual residency in this country?	Months	<input type="text"/> <input type="text"/>	
		Years	<input type="text"/> <input type="text"/>	
M129	What is the main reason for emigrated abroad?	Work related	1	
		Studies and training	2	
		Accompany/ join family	3	
		Tourism and entertainment	4	
		Therapy	5	
		Political and security situation in Palestine	6	
		Other (specify)	7	
M132	Before traveling to this country, what was your main source of information about the country?	Relatives abroad	1	
		Relatives in Palestine	2	
		Palestinian friends abroad	3	
		Friends in Palestine	4	
		Internet	5	
		Government	6	
		General readings	7	
		Media	8	
		Embassies	9	
		Previous experience	10	
		Other (specify)	11	
M133	When you traveled to this country, did you confirm what you have heard about it before?	Yes, it was like I heard about it	1	
		No, better	2	
		No, worse	3	
		I didn't hear about it/ I was young	4	
M134	Who was the person who helped you travel abroad?	Relatives abroad	1	
		Relatives in Palestine	2	
		Palestinian friends abroad	3	
		Friends in Palestine	4	
		Foreign friends	5	
		Foreign husband/ wife	6	
		Immigration brokers	7	
		Previous/ current job locally	8	
		Previous/ current international job	9	
		Educational establishment	10	
		No body	11	
		Other (specify)	12	
M135	Did you pay money to fund your travel?	Yes	1	
		No	2	M141

M137	Where did you get this money from?			
M137-1	My own savings/ from family	1. Yes	2. No	<input type="checkbox"/>
M137-2	Borrowed money from family	1. Yes	2. No	<input type="checkbox"/>
M137-3	Borrowed money from friends	1. Yes	2. No	<input type="checkbox"/>
M137-4	Borrowed money from relatives	1. Yes	2. No	<input type="checkbox"/>
M137-5	Sold property	1. Yes	2. No	<input type="checkbox"/>
M137-6	Loan from bank	1. Yes	2. No	<input type="checkbox"/>
M137-7	Other (specify)	1. Yes	2. No	<input type="checkbox"/>
M141	During your residency in this country, did you send money to your family in Palestine?	Yes		1
		No		2
M142	What were the reasons for returning from abroad?	Reasons related of state abroad / end of contract, end of the residence and refused renewal		1
		Personal and family reasons (marriage, family, escorting..)		2
		Patriotic reasons (nostalgia and desire to return)		3
M143	Do you wish to emigrate to the same country again or to another country?	Emigration again for the same country		1
		Emigration of another country		2
		Not Emmigrating anymore		3
M144	Does your work abroad Proportionally your education or previous works you did in Palestine prior to your traveling?	Proportionally with my specialty		1
		Proportionally my previous work in Palestine		2
		Does not Proportionally with my specialty		3
		I did not work		4
M145	How do you assess the experience of emigrating abroad?	Very good		1
		Good		2
		Bad		3
		Very bad		4

Section 4: marital and health status

Matrimonial relation

H101	In your opinion, what is the right age for marriage for girls? To Fieldworker's: age does not matter97 I don't know 98	Appropriate age:.....	<input type="text"/> <input type="text"/>	
H102	In your opinion, what is the right age for marriage for young male? To Fieldworker's: age does not matter.....97 I don't know98	Appropriate age	<input type="text"/> <input type="text"/>	
H103	In your opinion, what is the right age for the mother to have the first-born? To Fieldworker's: I don't know...98	Appropriate age	<input type="text"/> <input type="text"/>	
H104	In your opinion, what is the most appropriate period which must be between the birth of the child and the birth of the next child? Fieldworker's: I don't know ...98	Period in months	<input type="text"/> <input type="text"/>	
		Period in years	<input type="text"/> <input type="text"/>	
H105	What is the ideal number of children you want to have in the future/ you preferred to have before you got married? (Fieldworker's, write 00 in case does not want to have children)			
H105-1	Male children	Number of male children	<input type="text"/> <input type="text"/>	
H105-2	Female children	Number of female children	<input type="text"/> <input type="text"/>	
H105-3	Gender does not matter (male/ female)	Number in case answer is not based on gender	<input type="text"/> <input type="text"/>	
H106	Marital Status	Never married	1	H111
		Have been married before	2	
H107	How many living children do you currently have? To Fieldworker's: if no children, write 00			
H107-1	male children	Number of male children	<input type="text"/> <input type="text"/>	
H107-2	Female children	Number of female children	<input type="text"/> <input type="text"/>	
H107-3	Total	Total	<input type="text"/> <input type="text"/>	
H108-1	How old were you in completed years when you were engaged for the first time?	Age at engagement	<input type="text"/> <input type="text"/>	
H108-2	How old was your associated with him in completed years when you were engaged for the first time?	Age of partner at engagement	<input type="text"/> <input type="text"/>	
H108-3	How old were you in completed years when you first got married?	Age at first marriage	<input type="text"/> <input type="text"/>	
H108-4	How old was your partner at your first marriage?	Age of partner at first marriage	<input type="text"/> <input type="text"/>	
H109	How many times have you been engaged? And how many times were you actually married?			
H109-1	Engaged	Number	<input type="text"/>	
H109-2	Actually married	Number	<input type="text"/>	
H111	What is your marital status now?	Never married	1	H132
		Engaged	2	
		Married	3	
		Divorced/ widowed/ separated	4	
H112	How long have you been in this marital status?	Number of months (less than 1 year)	<input type="text"/> <input type="text"/>	
		Number of years (1 or more years)	<input type="text"/> <input type="text"/>	
H113	How did you meet your current husband/ wife (fiancé/ fiancée)?	At work	1	
		During studies	2	
		We are neighbors	3	
		We are relatives	4	
		Via friends/ relatives/ acquaintance	5	
		Through the Internet	6	
		In performance of religious ritual	7	
		In political activism	8	
Cultural/ sporting/ social activity	9			

		Other (specify)	10				
H114	Who made the decision that you get married/ engaged with your current husband/ wife, fiancé/ fiancée?	I did	1				
		Only father	2				
		Only mother	3				
		Father and mother together	4				
		Older brother	5				
		I, jointly with my family	6				
		Grandfather/ grandmother	7				
		Other relatives	8				
		Other (specify):	9				
H115	Have you ever discussed with your husband/wife (fiancé/fiancée) the number of children you prefer to have?	Yes	1				
		No	2	H119			
H116	How many children does your husband/ wife (fiancé/fiancée) wish to have? To Fieldworker's (write 00 if respondent does not wish to have children of particular gender)						
H116-1	Male children	Number of male children	<input type="text"/>	<input type="text"/>			
H116-2	Female children	Number of female children	<input type="text"/>	<input type="text"/>			
H116-3	Any gender (male/female)	Number (in case no answer per gender)	<input type="text"/>	<input type="text"/>			
H119	Fieldworker's (go to H111) marital status	Divorced/widowed / separated	1	H123			
		Married	2				
		Engaged but did not get married	3	H132			
H120	Do you discuss the following with your husband/ wife?						
H120-1	Your plans/ projects/ ideas for the future	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
H120-2	Work/ studying problems	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
H120-3	General talk about daily life	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
H120-4	Future of your current (or future) children	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
H120-5	Private relations (sexual and intimate couple relation)	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
H121	I will tell you some phrases and need to see whether you agree with them or not?						
H121-1	I feel I have enough freedom and independence in our relation	1. Fully agree	2. Agree	3. Neutral	4. Disagree	5. Fully disagree	<input type="checkbox"/>
H121-2	When I disagree with my wife/husband, we discuss till solved	1. Fully agree	2. Agree	3. Neutral	4. Disagree	5. Fully disagree	<input type="checkbox"/>
H121-3	My husband/wife and I enjoy very good terms	1. Fully agree	2. Agree	3. Neutral	4. Disagree	5. Fully disagree	<input type="checkbox"/>
H121-4	My husband/ wife does not respect me	1. Fully agree	2. Agree	3. Neutral	4. Disagree	5. Fully disagree	<input type="checkbox"/>
H121-5	My husband/ wife and I fight continually	1. Fully agree	2. Agree	3. Neutral	4. Disagree	5. Fully disagree	<input type="checkbox"/>
H121-6	My husband/ wife treats me with violence	1. Fully agree	2. Agree	3. Neutral	4. Disagree	5. Fully disagree	<input type="checkbox"/>
H122	How do you describe your marriage?	Very happy	1				
		Happy	2				
		Moderately ok/ with ups and downs	3				
		Unhappy	4				
		Very unhappy	5				
H123	What was the period between your engagement and actual marriage?	Months (less than one year)	<input type="text"/>	<input type="text"/>			
		Years (one or more years)	<input type="text"/>	<input type="text"/>			

Issues related to housing and gender roles					
H129	When you first got married, did you live in your independent house or with the family of either spouse?	With my family		1	H135
		With my husband/ wife's family		2	
		With another person (brother, sister)		3	
		Independent house		4	
H130	Did you prepare and eat your food with everybody or on your own?	Alone		1	
		With the family		2	
H131	How long have you lived there?	Period in months Until now 995		<input type="text"/> <input type="text"/> <input type="text"/>	H135
H132	When married, do you plan to live with your family or near them?	With my family		1	
		Near them		2	
		Away from my family		3	
		Not necessarily		4	
H133	Will you accept to live with your father/ mother in law?	Yes		1	
		No		2	
H135	In your opinion, what are the existing problems that prevent or delay young people from getting married ?				
H135-1	Cost and bride price	1. Yes	2. No	<input type="checkbox"/>	
H135-2	Unemployment/ few job opportunities for young people	1. Yes	2. No	<input type="checkbox"/>	
H135-3	Low salaries and expensive cost of living	1. Yes	2. No	<input type="checkbox"/>	
H135-4	They want to start a life with full luxury	1. Yes	2. No	<input type="checkbox"/>	
H135-5	Jobs are unstable/ no job security	1. Yes	2. No	<input type="checkbox"/>	
H135-6	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	
H135-7	No problems	1. Yes (Skip to H140)	2. No	<input type="checkbox"/>	
H136	How do you think we can overcome these problems?				
H136-1	Financial assistance from bride family	1. Yes	2. No	<input type="checkbox"/>	
H136-2	Financial assistance from groom family	1. Yes	2. No	<input type="checkbox"/>	
H136-3	Work abroad	1. Yes	2. No	<input type="checkbox"/>	
H136-4	Young people need to work more (harder)	1. Yes	2. No	<input type="checkbox"/>	
H136-5	Wife must work	1. Yes	2. No	<input type="checkbox"/>	
H136-6	Government must help young couples	1. Yes	2. No	<input type="checkbox"/>	
H136-7	Live with the family	1. Yes	2. No	<input type="checkbox"/>	
H136-8	Start their life in accordance with their abilities	1. Yes	2. No	<input type="checkbox"/>	
H136-9	Borrow money/ debt	1. Yes	2. No	<input type="checkbox"/>	
H136-10	Other/ specify	1. Yes	2. No	<input type="checkbox"/>	
H140	I will tell you some phrases and want to know if you agree with them or not?				
H140-1	Boys education is more important than girls education	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree			<input type="checkbox"/>
H140-2	With low job opportunities, male should be given priority over female	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree			<input type="checkbox"/>
H140-3	Boys as well as girls must help in housework	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree			<input type="checkbox"/>
H140-4	Girls must listen to their brothers even if brothers are younger	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree			<input type="checkbox"/>
H140-5	Husband alone decides on house expenses and their items	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree			<input type="checkbox"/>

H140-6	Wife must take husband's approval for anything she wants to do	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree	<input type="checkbox"/>	
H140-7	Girls with indecent clothes are more prone to harassment	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree	<input type="checkbox"/>	
H140-8	Although Islamic law grants females right to inheritance, in some cases, they should abstain from claiming this right	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree	<input type="checkbox"/>	
H140-9	If girls work, they get better chance to get married	1. Fully agree 2. Agree 3. Neutral 4. Disagree 5. Fully disagree	<input type="checkbox"/>	
H141	Do you think women should have the right to file for divorce?	Yes	1	
		No	2	H143
H142	In which of the following situation will women have the right to file for divorce			
H142-1	If husband does not respect his wife's family	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-2	If husband does not respect or consider his wife	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-3	If husband tries to beat or abuse her	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-4	If husband is accustomed to beating his wife	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-5	If husband does not provide for his wife and children sufficiently	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-6	When husband tries to lay hand on wife's money or monthly pay	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-7	If husband has relation with another woman	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-8	If he takes another wife	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-9	when she feels she hates her husband	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-10	When husband neglects her children	1. Agree 2. Disagree	<input type="checkbox"/>	
H142-11	When husband suffers from a sexual problem	1. Agree 2. Disagree	<input type="checkbox"/>	
H143	In your opinion, in which of the following situations husband must divorce his wife			
H143-1	When wife does not respect husband's family	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-2	When wife does not respect husband	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-3	When wife does not take care of family home	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-4	When wife does not take care of the children	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-5	When wife is in relation with another man	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-6	If wife refuses to contribute from her pay to family expenses	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-7	If husband hates wife	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-8	If wife is sterile	1. Agree 2. Disagree	<input type="checkbox"/>	
H143-9	If wife has sexual problem	1. Agree 2. Disagree	<input type="checkbox"/>	
H145	Do you think the husband may beat his wife in any of the following situations?			
H145-1	if she burns the food	1. Agree 2. Disagree	<input type="checkbox"/>	
H145-2	If she neglects the children	1. Agree 2. Disagree	<input type="checkbox"/>	
H145-3	If she always argues and discusses with him	1. Agree 2. Disagree	<input type="checkbox"/>	
H145-4	If she is in relation with another man	1. Agree 2. Disagree	<input type="checkbox"/>	
H145-5	If she spent money on trivial things	1. Agree 2. Disagree	<input type="checkbox"/>	
H145-6	If she refuses to have sex with her husband	1. Agree 2. Disagree	<input type="checkbox"/>	
Public Health				
H146	How do you describe your health in general?	Excellent	1	
		Very good	2	
		Good	3	
		bad	4	

H147	When you need medical care for illness, you go to	Government hospital	1	
		UNRWA hospital	2	
		Government/ UNRWA clinic	3	
		School/ university doctor	4	
		Private hospital/ clinic	5	
		Pharmacy	6	
		NGO managed clinic	7	
		Nowhere	8	
		Other (specify)	9	
H148	Based on our acquaintance experiences, what are the most important health issues young people face	Chronic diseases (diabetes/ high blood pressure)	1	
		Psychological problems	2	
		Smoking. Addiction, unhealthy behavior related diseases	3	
		Skin diseases	4	
		Reproductive and sexual health disorder	5	
		Nutritional disorder and obesity	6	
		I don't know	7	
		Other (specify)	8	
H153	In the past six months, have you suffered or are still suffering from health problem? To Fieldworker's (respondent must be examined by a specialist and receiving treatment)			
H153-1	Diabetes	1. Yes	2. No	<input type="checkbox"/>
H153-2	Asthma	1. Yes	2. No	<input type="checkbox"/>
H153-3	Cancer	1. Yes	2. No	<input type="checkbox"/>
H153-4	Cardio (heart) diseases	1. Yes	2. No	<input type="checkbox"/>
H153-5	Joints infection or other rheumatic diseases	1. Yes	2. No	<input type="checkbox"/>
H153-6	High blood pressure	1. Yes	2. No	<input type="checkbox"/>
H153-7	Osteoporosis	1. Yes	2. No	<input type="checkbox"/>
H153-8	Thalassemia	1. Yes	2. No	<input type="checkbox"/>
H153-9	Thyroid disorder	1. Yes	2. No	<input type="checkbox"/>
H153-10	Skin allergies/ diseases	1. Yes	2. No	<input type="checkbox"/>
H153-11	Hepatitis/ lever disorders	1. Yes	2. No	<input type="checkbox"/>
H153-12	Kidney problems	1. Yes	2. No	<input type="checkbox"/>
H153-13	Epilepsy	1. Yes	2. No	<input type="checkbox"/>
H153-14	Migraine/ recurrent headache	1. Yes	2. No	<input type="checkbox"/>
H153-15	Stomach ulcer/ digestive system disorder	1. Yes	2. No	<input type="checkbox"/>
H153-16	Do not suffer any illnesses	1. Yes (Answers above no)	2. No	<input type="checkbox"/>
H155	Do you suffer any disability or challenge in			
H155-1	Vision	1. Yes	2. No	<input type="checkbox"/>
H155-2	Hearing	1. Yes	2. No	<input type="checkbox"/>
H155-3	Mobility	1. Yes	2. No	<input type="checkbox"/>
H155-4	Understanding and realization	1. Yes	2. No	<input type="checkbox"/>
H155-5	Communication	1. Yes	2. No	<input type="checkbox"/>
H155-6	Other (specify)	1. Yes	2. No	<input type="checkbox"/>
H155_7	No disability	1. Yes (Answers above no)	2. No	<input type="checkbox"/>
H168	In the past two weeks, did you take any medicine without prescription?	Yes	1	
		No	2	H181
H169	Who advised you to take this medicine?	I took it myself	1	
		Nurse	2	
		Pharmacist	3	
		Husband/ wife	4	

		Father/ mother	5	
		Friends	6	
		Other (specify)	7	
H170	What was the type of this medicine?			
H170-1	Anti-biotic	1. Yes	2. No	<input type="checkbox"/>
H170-2	For weight loss	1. Yes	2. No	<input type="checkbox"/>
H170-3	For flue or high temperature	1. Yes	2. No	<input type="checkbox"/>
H170-4	Acne vulgaris	1. Yes	2. No	<input type="checkbox"/>
H170-5	Pain reliever of all types	1. Yes	2. No	<input type="checkbox"/>
H170-6	Abdominal pain reliever (stressed stomach and intestines)	1. Yes	2. No	<input type="checkbox"/>
H170-7	Eye drops	1. Yes	2. No	<input type="checkbox"/>
H170-8	Other (specify)	1. Yes	2. No	<input type="checkbox"/>
H181	In the past 12 months, did you fight with any or several people?	Yes		1
		No		2
H186	Fieldworker's: confirm respondent's gender	Male		1
		Female		2
H187	Did you encounter any flittering/ sexual harassment in the past 12 months?			1
				2
H188	What was the type of harassment or flittering you faced?			H193
H188-1	Ridiculous comments made to me	1. Yes	2. No	<input type="checkbox"/>
H188-2	Conversation with me on embarrassing sexual topics	1. Yes	2. No	<input type="checkbox"/>
H188-3	Someone tried to hug and embarrass me with sexual connotations	1. Yes	2. No	<input type="checkbox"/>
H188-4	Someone touched my genitals/ forced me to touch his genitals	1. Yes	2. No	<input type="checkbox"/>
H188-5	Someone touched my body in an improper way	1. Yes	2. No	<input type="checkbox"/>
H188-6	Flittering on the phone/mobile/email/via social media	1. Yes	2. No	<input type="checkbox"/>
H188-7	Sending erotic pictures via social media	1. Yes	2. No	<input type="checkbox"/>
H188-8	Someone showed me his/ her genital parts	1. Yes	2. No	<input type="checkbox"/>
H188-9	Someone tried to rape me	1. Yes	2. No	<input type="checkbox"/>
H188-10	Other (specify)	1. Yes	2. No	<input type="checkbox"/>
H189	Who was the abuser? (without mentioning choices)			
H189-1	A strange person	1. Yes	2. No	<input type="checkbox"/>
H189-2	A family member	1. Yes	2. No	<input type="checkbox"/>
H189-3	An acquaintance but not family	1. Yes	2. No	<input type="checkbox"/>
H189-4	Teacher	1. Yes	2. No	<input type="checkbox"/>
H189-5	Work colleague	1. Yes	2. No	<input type="checkbox"/>
H189-6	The boss	1. Yes	2. No	<input type="checkbox"/>
H189-7	Lover or fiancé	1. Yes	2. No	<input type="checkbox"/>
H189-8	Other (specify)	1. Yes	2. No	<input type="checkbox"/>
H190	Place of harassment to place? (do not mention options)			
H190-1	Street	1. Yes	2. No	<input type="checkbox"/>
H190-2	Deserted/ dark place	1. Yes	2. No	<input type="checkbox"/>
H190-3	Transportation	1. Yes	2. No	<input type="checkbox"/>

H190-4	Home	1. Yes	2. No	<input type="checkbox"/>	
H190-5	School/ university	1. Yes	2. No	<input type="checkbox"/>	
H190-6	Work	1. Yes	2. No	<input type="checkbox"/>	
H190-7	Public parks	1. Yes	2. No	<input type="checkbox"/>	
H190-8	Shopping mall/ market	1. Yes	2. No	<input type="checkbox"/>	
H190-9	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	
H191	Did you tell anybody about this incident?	Yes		1	
		No		2	H193
H192	Who did you tell? (do not mention choices)				
H192-1	Father/ mother (family)	1. Yes	2. No	<input type="checkbox"/>	
H192-2	Friends	1. Yes	2. No	<input type="checkbox"/>	
H192-3	Other relatives	1. Yes	2. No	<input type="checkbox"/>	
H192-4	Police	1. Yes	2. No	<input type="checkbox"/>	
H192-6	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	
		Nutrition			
H193	Do you take breakfast every day?	Never		1	
		Rarely		2	
		Sometimes		3	
		Often		4	
		always		5	
H194	What do you think of your weight?		respondent	Fieldworker's	
		Much below appropriate weight	1	1	
		Little below appropriate weight	2	2	
		Appropriate weight (fit)	3	3	
		Little above appropriate weight	4	4	
	Much above appropriate weight	5	5		
H195	Do you wish to change your current weight?	Lose weight		1	
		Gain weight		2	
		Maintain my weight		3	
		Doesn't matter		4	H201
H196	What measures are you taking to change your weight?				
H196-1	Reduce size or number of meals	1. Yes	2. No	<input type="checkbox"/>	
H196-2	Follow a special diet supervised by doctor	1. Yes	2. No	<input type="checkbox"/>	
H196-3	Weight loss pills	1. Yes	2. No	<input type="checkbox"/>	
H196-4	Exercise/ sports	1. Yes	2. No	<input type="checkbox"/>	
H196-5	Use drugs that stimulate stool or vomiting	1. Yes	2. No	<input type="checkbox"/>	
H196-6	Appetite stimulus therapy	1. Yes	2. No	<input type="checkbox"/>	
H196-7	Perform surgery	1. Yes	2. No	<input type="checkbox"/>	
H196-8	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	
H196-9	Nothing	1. Yes	2. No	<input type="checkbox"/>	

H201	Do you take any food at school/ institute/ college/ work?	Buy some food (pies..)		1	
		Food or pies from home		2	
		Meal from the school/ university/ work		3	
		Nothing		4	
		N/A		5	
H202	Do you feel capable of staying focused with full energy until the end of the day?	Yes		1	
		No		2	
		To a certain extent		3	
H203	Have you ever tried to smoke a cigarette even just one or two blows	Yes		1	
		No		2	H208
H204	How old were you when you smoked a whole cigarette for the first time? Fieldworker's: if did not smoke a whole cigarette (oo)	Age.....		<input type="text"/>	<input type="text"/>
		Did not smoke		00	H208
H205	Do you currently smoke cigarettes?	Yes		1	
		No		2	H208
H206	How many cigarettes have you smoked in the last 24 hours?	Number of cigarettes		<input type="text"/>	<input type="text"/>
H207	In the past month, how many days did you smoke? Fieldworker's: note the number of days if the days with smoking less than 10	Number of days		<input type="text"/>	
		10 or more days		10	
		Almost every day/ every day		30	
H208	Have you tried other smoking items like hookah/ pipe/ cigar?	Yes		1	
		No		2	H214
H209	In the past month, did you use any tobacco consumed by smoking?	Yes		1	
		No		2	H214
H210	What are the other tobacco products, consumed by smoking, which you used or smoked?				
H210-1	Cigar	1. Yes	2. No	<input type="text"/>	
H210-2	Hookah	1. Yes	2. No	<input type="text"/>	
H210-3	Pipe	1. Yes	2. No	<input type="text"/>	
H211	In the past month, how many days have you used tobacco products consumed by smoking? Fieldworker's: note the number of days of smoking if less than 10 days	Number of days		<input type="text"/>	
		10 or more days		10	
		Every day/ almost everyday		30	
H214	In the past year (12 months) has any of your friends consumed alcohol (beer, wine or any other spiritual drink)	Yes		1	
		No		2	
		I don't know		3	
H215	Have you ever consumed alcohol?	Yes		1	
		No		2	H215
		Refused to answer		3	H215
H216	How often do you consume such drinks?	daily		1	
		weekly		2	
		monthly		3	
		Rarely		4	
H218	Have you ever seen any of your family members driving under the effect of alcohol?	Yes		1	
		No		2	
H219	Has any of your friends used or tried to use any type of Drugs?	Yes		1	
		No		2	
H220	Has any of your family member consumed or tried to consume any type of Drugs?	Yes		1	
		No		2	
H221	Have you ever consumed or tried to consume any type of Drugs?	Yes		1	
		No		2	H225
H222	What type of narcotics (drugs) did you take?				
H222-1	Pain reliever/sleep pills (Amival, Hyndrom, Valium..)	1. Yes	2. No	<input type="text"/>	
H222-2	Narcotic like pain reliever (Tramadol)	1. Yes	2. No	<input type="text"/>	
H222-3	Ecstasy drugs	1. Yes	2. No	<input type="text"/>	

H222-4	Marijuana	1. Yes	2. No	<input type="checkbox"/>	
H222-5	Weeds (hashish of all types)	1. Yes	2. No	<input type="checkbox"/>	
H222-6	Cocaine (sniffing or smoking)	1. Yes	2. No	<input type="checkbox"/>	
H222-7	Heroin (sniffing powdered, or inhaling vapor)	1. Yes	2. No	<input type="checkbox"/>	
H222-8	Volatile solvents (smelling paint, gas, glue, thinner)	1. Yes	2. No	<input type="checkbox"/>	
H222-9	Injectable drugs (heroin, cocaine, amphetamine)	1. Yes	2. No	<input type="checkbox"/>	
H222-10	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	
H223	Have you consumed any drugs in the past 30 days?	Yes		1	
		No		2	
		Refused to answer		3	
H225	Have you ever heard or seen anti-narcotics campaigns, whether using posters, TV lecture or awareness in schools?	Yes		1	
		No		2	H227
H226	Do you think these campaigns are enough?	Yes		1	
		No		2	

Mental health and social communication

H227	I would like to ask you questions about your health in general: have you in the past two weeks suffered from						
H227-1	Continuing/ recurrent headache	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-2	Loss of appetite	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-3	Insufficient sleeping hours/ cannot sleep easily	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-4	Quick fear	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-5	Shaking of hand	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-6	Feel under stress, anxiety, nervous	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-7	Indigestion	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-8	Difficulty to think clearly	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-9	Feel unhappy	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-10	Crying more than usual	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-11	Difficulty to enjoy your daily activities	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-12	Difficulty to make decisions	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-13	Inability to do daily work	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-14	Difficulty to play a useful role in life	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-15	Loss of interest in things around you	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-16	Feel that you are worthless	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-17	Suicidal thoughts or the idea crosses your mind	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-18	Fatigue all the time	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-19	Continually nervous stomach	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>
H227-20	Easily getting tired	1. Never	2. Sometimes	3. Often	4. Always	5. Don't know	<input type="checkbox"/>

Sports and physical exercise

H249	Do you exercise for almost half an hour a day?	Yes	1	H271
		No	2	
H250	Does your day include any of the following physical activities?			
H250-1	Waking/ biking to work/ school	1. Yes	2. No	<input type="checkbox"/>
H250-2	Going to weight loss centers/ gym	1. Yes	2. No	<input type="checkbox"/>
H250-3	Exercise at home	1. Yes	2. No	<input type="checkbox"/>
H250-4	Exercise or play games at club/ youth center	1. Yes	2. No	<input type="checkbox"/>
H250-5	Football in the street/ neighborhood	1. Yes	2. No	<input type="checkbox"/>
H250-6	Any activity that require physical effort	1. Yes	2. No	<input type="checkbox"/>
H250-7	Other (specify)	1. Yes	2. No	<input type="checkbox"/>
H251	Have you used any steroids to improve your sports performance?	Yes	1	
		No	2	

Awareness of AIDS (HIV Virus)

H271	Have you ever heard of sexually transmitted diseases?	Yes	1	H273	
		No	2		
H272	What are such diseases that you know? (don't mention options)				
H272-1	Syphilis	1. Yes	2. No	<input type="checkbox"/>	
H272-2	Gonorrhea	1. Yes	2. No	<input type="checkbox"/>	
H272-3	Mycosis fungoid	1. Yes	2. No	<input type="checkbox"/>	
H272-4	AIDS	1. Yes	2. No	<input type="checkbox"/>	
H272-5	Human Papillomavirus (HPV)	1. Yes	2. No	<input type="checkbox"/>	
H273	Have you ever heard of AIDS (HIV)?	Yes	1	H278	
		No	2		
H275	What do you think of the following phrases?				
H275-1	People can protect themselves from AIDS infection by limiting their sexual relation to a single non-infected partner who does not have any other partners	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-2	People may be infected with HIV because of magic, sorcery or other supernatural powers	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-3	People may reduce their potential infection with HIV by using condoms every time they have sex	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-4	People may be infected with HIV because of mosquito bite	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-5	People may be infected with HIV if they share food with an infected person	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-6	A healthy looking person may be HIV infected	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-7	HIV may be transmitted from mother to child during pregnancy	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-8	HIV may be transmitted from mother to child during breastfeeding	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-9	If a teacher is infected with HIV but not sick (carrier), should he/she be allowed to continue teaching at a school?	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H275-10	Will you buy fresh fruit or vegetable from a greengrocer you know is infected with HIV	1. Yes	2. No	3. I don't know	<input type="checkbox"/>
H277	Do you know any place where people can go to test for HIV infection?	Yes	1		
		No	2		
	Satisfaction with life				
H278	By considering everything around you, would you say you are	Very happy	1		
		Somewhat happy	2		
		Neither happy nor unhappy	3		
		Somewhat unhappy	4		
		Totally unhappy	5		

H279	I will ask you questions about your satisfaction in different stages of life	N/A	Very happy	Somewhat happy	Neutral	Somewhat unhappy	Totally unhappy		
H279-1	Satisfaction with family life		1	2	3	4	5	<input type="checkbox"/>	
H279-2	Satisfaction with friends		1	2	3	4	5	<input type="checkbox"/>	
H279-3	Satisfaction with health		1	2	3	4	5	<input type="checkbox"/>	
H279-4	Satisfaction with housing		1	2	3	4	5	<input type="checkbox"/>	
H279-5	Satisfaction with the way people around you treat you		1	2	3	4	5	<input type="checkbox"/>	
H279-6	Satisfaction with your looks		1	2	3	4	5	<input type="checkbox"/>	
H279-7	Satisfaction with your life in general		1	2	3	4	5	<input type="checkbox"/>	
H279-8	Satisfaction (now/ before) with your school	0	1	2	3	4	5	<input type="checkbox"/>	
H279-9	Satisfaction with the work you do now	0	1	2	3	4	5	<input type="checkbox"/>	
H279-10	Satisfaction of the level of your income	0	1	2	3	4	5	<input type="checkbox"/>	
H280	Compared to this time last year, would you say that your life has improved, stayed the same or worsened, in general?	Improved					1		
		Stayed the same					2		
		worsened					3		
H281	In one year from now, do you expect your life to improve, stay the same or worsen, in general?	Will improve					1		
		Will remain the same					2		
		Will worsen					3		
Reproductive and sexual health									
H282	What does reproductive health mean to you? (do not mention options)								
H282-1	Marriage at appropriate age	1. Yes			2. No			<input type="checkbox"/>	
H282-2	Safe pregnancy	1. Yes			2. No			<input type="checkbox"/>	
H282-3	Safe delivery	1. Yes			2. No			<input type="checkbox"/>	
H282-4	Family planning	1. Yes			2. No			<input type="checkbox"/>	
H282-5	Deliver a healthy child (without diseases)	1. Yes			2. No			<input type="checkbox"/>	
H282-6	Treat sterility problems	1. Yes			2. No			<input type="checkbox"/>	
H282-7	Early discovery of breast and uterus cancer	1. Yes			2. No			<input type="checkbox"/>	
H282-8	Other (specify)	1. Yes			2. No			<input type="checkbox"/>	
H282-A	To Fieldworker's: go back to question H282	At least one answer yes					1		
		All answers No					2		H285
H283	Where did you get this information?								
H283-1	Private doctor's clinic	1. Yes			2. No			<input type="checkbox"/>	
H283-2	Hospital	1. Yes			2. No			<input type="checkbox"/>	
H283-3	Health center	1. Yes			2. No			<input type="checkbox"/>	
H283-4	Pharmacy	1. Yes			2. No			<input type="checkbox"/>	
H283-5	Private clinic	1. Yes			2. No			<input type="checkbox"/>	
H283-6	Educational establishments	1. Yes			2. No			<input type="checkbox"/>	
H283-7	Parents	1. Yes			2. No			<input type="checkbox"/>	
H283-8	Friends/ peer learning	1. Yes			2. No			<input type="checkbox"/>	
H283-9	Media/ Internet	1. Yes			2. No			<input type="checkbox"/>	
H283-11	Other (specify)	1. Yes			2. No			<input type="checkbox"/>	
H284	With whom can you discuss reproductive health issues (do not mention choices)								
H284-1	Father	1. Yes			2. No			<input type="checkbox"/>	
H284-2	Mother	1. Yes			2. No			<input type="checkbox"/>	
H284-3	Brother	1. Yes			2. No			<input type="checkbox"/>	
H284-4	Sister	1. Yes			2. No			<input type="checkbox"/>	

H284-5	Husband/ wife	1. Yes	2. No	<input type="checkbox"/>	
H284-6	A friend of the same sex	1. Yes	2. No	<input type="checkbox"/>	
H284-7	A friend of the other sex	1. Yes	2. No	<input type="checkbox"/>	
H284-8	A teacher of the same sex	1. Yes	2. No	<input type="checkbox"/>	
H284-9	A teacher of the opposite sex	1. Yes	2. No	<input type="checkbox"/>	
H284-10	School counselor	1. Yes	2. No	<input type="checkbox"/>	
H284-11	Doctor	1. Yes	2. No	<input type="checkbox"/>	
H285	Have you heard of family planning methods? What partners use to delay or avoid pregnancy	Yes		1	
		No		2	H287
H286	What are the contraceptives that you heard of? Do not mention options				
H286-1	Pills	1. Yes	2. No	<input type="checkbox"/>	
H286-2	Intrauterine Device	1. Yes	2. No	<input type="checkbox"/>	
H286-3	Injections	1. Yes	2. No	<input type="checkbox"/>	
H286-4	Implants	1. Yes	2. No	<input type="checkbox"/>	
H286-5	Male condom	1. Yes	2. No	<input type="checkbox"/>	
H286-6	Female condom	1. Yes	2. No	<input type="checkbox"/>	
H286-7	Vaginal ring for women	1. Yes	2. No	<input type="checkbox"/>	
H286-8	Spermicides	1. Yes	2. No	<input type="checkbox"/>	
H286-9	Tubal occlusion (female sterilization)	1. Yes	2. No	<input type="checkbox"/>	
H286-10	Male sterilization	1. Yes	2. No	<input type="checkbox"/>	
H286-11	Prolonging breastfeeding	1. Yes	2. No	<input type="checkbox"/>	
H286-12	Safe period	1. Yes	2. No	<input type="checkbox"/>	
H286-13	Withdrawal method	1. Yes	2. No	<input type="checkbox"/>	
H286-14	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	
H287	In general do you approve or not that partners use contraceptives to avoid or delay pregnancy?	I agree		1	
		I agree on condition that		2	
		I don't agree		3	
		I don't know		4	

Part V: Community participation

Volunteer activities

S101	In your opinion, what is the best definition of participating in volunteer work	To gather people around a single goal and establish solidarity among them				1	
		Help people develop their skills				2	
		Help transport assistance to the poor and marginalized				3	
		Unpaid community service				4	
		Other (specify_				5	
S102	In your opinion, what motivates young people to take part in volunteer work/ activities						
S102-1	To become active members of the society	1. Yes	2. No		<input type="checkbox"/>		
S102-2	Learn from others and gain experience	1. Yes	2. No		<input type="checkbox"/>		
S102-3	Help others	1. Yes	2. No		<input type="checkbox"/>		
S102-4	Transfer skills to others	1. Yes	2. No		<input type="checkbox"/>		
S102-5	Participate in community development	1. Yes	2. No		<input type="checkbox"/>		
S102-6	Improve their employability chances	1. Yes	2. No		<input type="checkbox"/>		
S102-7	Other (specify)	1. Yes	2. No		<input type="checkbox"/>		
S106	Have you every participated in any volunteer activity at any time over the last year?	Not at all	A few times only	Almost once a month	Almo st once a week	Several times a week	
S106-1	Charitable non-financial activity (provide help to the poor families, disabled people, take part in charity at schools mosques/ churches or healthcare centers)	0	1	2	3	4	<input type="checkbox"/>
S106-2	Educational developmental activity (adult education/ teaching computer or providing other educational assistance	0	1	2	3	4	<input type="checkbox"/>
S106-3	Community development (collective rehabilitation of neighborhood)	0	1	2	3	4	<input type="checkbox"/>
S106-4	Collecting donations (for charity at schools, mosques, churches, health centers or other relief needs	0	1	2	3	4	<input type="checkbox"/>
S106-5	Other volunteer work (specify)	0	1	2	3	4	<input type="checkbox"/>
S107	To Fieldworker's: all answers to S106 (did not participate "not at all")	All answers (did not participate)				1	
		Some answers (did not participate)				2	S109
S108	Have you looked for volunteer opportunities?	Yes				1	
		No				2	
S109	In your opinion, why do young people do not participate in volunteer work?						
S109-1	Insufficient time available	1. Yes		2. No		<input type="checkbox"/>	
S109-2	No financial return	1. Yes		2. No		<input type="checkbox"/>	
S109-3	Limited role for females in volunteer activities	1. Yes		2. No		<input type="checkbox"/>	
S109-4	Bad perception of volunteer work	1. Yes		2. No		<input type="checkbox"/>	
S109-5	Lack of family encouragement	1. Yes		2. No		<input type="checkbox"/>	
S109-6	Volunteering opportunities unavailable	1. Yes		2. No		<input type="checkbox"/>	
S109-7	They were not asked to volunteer before	1. Yes		2. No		<input type="checkbox"/>	
S109-8	Previous bad experience	1. Yes		2. No		<input type="checkbox"/>	
S109-9	Unaware of where such opportunities are available	1. Yes		2. No		<input type="checkbox"/>	
S109-10	No use of such activities	1. Yes		2. No		<input type="checkbox"/>	
S109-11	Lack of security	1. Yes		2. No		<input type="checkbox"/>	
S109-12	Other (specify)	1. Yes		2. No		<input type="checkbox"/>	
S111	Have you paid any money to charity/ financial aid in the past year?	Yes				1	
		No				2	S201
S112	To whom did you donate this money?						
S112-1	Hospitals	1. Yes		2. No		<input type="checkbox"/>	

S112-2	Beggars	1. Yes	2. No	<input type="checkbox"/>	
S112-3	Friends, colleagues, relatives	1. Yes	2. No	<input type="checkbox"/>	
S112-4	Orphanage	1. Yes	2. No	<input type="checkbox"/>	
S112-5	Needy families	1. Yes	2. No	<input type="checkbox"/>	
S112-6	Civil society organizations/ Not-for profit organizations/ Zakat committees	1. Yes	2. No	<input type="checkbox"/>	
S112-7	Political parties	1. Yes	2. No	<input type="checkbox"/>	
S112-8	Worship houses	1. Yes	2. No	<input type="checkbox"/>	
S112-9	Via Internet/ social media/ TV shows	1. Yes	2. No	<input type="checkbox"/>	
S112-10	Other (specify)	1. Yes	2. No	<input type="checkbox"/>	

Social communication, friends and family support

		S201	S202		S203		
		Do you belong to any of the following groups?	Why do you take part in this group? (most important reason)		How often did you participate in this group's activities last year?		
Group Name		1. Yes 2. No (Skip to next rubric)	1- to be with friends/ make new friends 2- get out of the house 3- get a job/ improve employability/ make money 4- learn new skills 5- exercise (sporting) 6- help others 7- Was assigned to do this work 8- to achieve national and political goals 9- To improve the country 10- Other (specify)		1- A few times last year 2- Almost once a month 3- Almost once a week 4- Several times a week		
1	civil/ cultural/ nongovernmental organizations (art groups, singing/ music bands, religious chanting, environmental protection organizations, charities, community/ women organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Sports clubs (youth centers – scout – sports club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Unions/ syndicates (students union/ labor union/ professional associations/ syndicates/ owners' associations/ PTA's/ Boards of trustees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Political party/ political groups/ political Skipments/ coalitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Community alliances/ unregistered (any non-official groups that provide community services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S204	Approximately, how many friends do you have?	Male		<input type="checkbox"/>	<input type="checkbox"/>		
		Female		<input type="checkbox"/>	<input type="checkbox"/>		
S205	Do you discuss any of the following personal topics with the people listed below (1) Never (2) Rarely (3) Sometimes (4) Often (5) Always (6) N/A						
		1. Father	2. Mother	3. Brother/ sister	4. Friends	5. others	6. husband/ wife
S205-1	School/ college performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S205-2	Friendship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S205-3	Emotional relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S205-4	Harassment/ bullying at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S205-5	Your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S206		Do you discuss any of the following personal topics with any of the persons listed here below?											
		(1) Never (2) Rarely (3) Sometimes (4) Often (5) Always (6) N/A											
		1. Father	2. Mother	3. Brother/ sister	4. Friends	5. others	6. husband/ wife						
S206-1	Current political events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
S205-2	Corruption problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
S206-3	Security and public freedom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
S206-4	More representation of youth voice and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
S206-5	Other/ specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Community values													
S301	On a scale of (1-10), to what extent do you feel that the following values exist in the society?												
	Values	Absent										exists	
S301-1	Individual sense of responsibility	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-2	Hard/ serious work	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-3	Tolerance and respect of others	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-4	Religiosity	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-5	Independence/ self-reliance	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-6	Savings/ lack of extravagance	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-7	Transparency in interim phases	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-8	Acceptance of other religions	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-9	Acceptance of opposing political opinions	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-10	Helping each other in the society	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-11	Equality before the law	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-12	Importance to be educated	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S301-13	Importance to have financial comfort	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
S303	Of the following topics, what are the two most important in your opinion that must remain a priority for the Palestinian society in the future?												
S303-1	Terminate occupation and build the state												
S303-2	Democracy/ human rights												
S303-3	Raising the living standard	First issue											
S303-4	Improving education and health status	Second issue											
S303-5	Combat poverty and unemployment												
S303-6	Fight corruption												
S303-7	Improve morals in the community												
S303-8	Other (specify)												
Political participation and future aspirations													
S501	To Fieldworker's: is the respondent 18 years or more, from Question HR06	Yes										1	
		No										2	S518
S502	Are you currently interested in politics?	Never										1	
		Rarely										2	
		Sometimes										3	
		Often										4	
		Always										5	
S503	Did you take part in the 2006 legislative elections?	Yes										1	S508
		No										2	
S504	Why didn't you take part in the voting?	I was out of the county										1	
		Not interested/ do not want to participate										2	
		Refused to participate										3	
		Below legal/ voting age										4	

		Work conditions did not allow to				5		
		Other (specify)				6		
S508	Did you take part in the last municipal elections?	Yes				1	S513	
		No				2		
S510	Why didn't you take part in the voting?	I was out of the county				1		
		Not interested/ do not want to participate				2		
		Refused to participate				3		
		Below legal/ voting age				4		
		Work conditions did not allow to				5		
		Other (specify)				6		
S513	Will you cast your vote in any future elections?	Yes of course				1		
		I may vote				2		
		I may not vote				3		
		Definitely, I will not vote				4		
S518	Have you been eyewitness of bribery last year?	Yes				1		
		No				2		
S519	Have you ever seen act of nepotism or favoritism in the past year?	Yes				1		
		No				2		
S520	Some people say that nowadays you cannot find a job without nepotism (personal relations and favoritism), but others say that employment depends only on qualifications. Based on your experience, what would you say?	Employment depends mainly on nepotism				1		
		Employment depends on nepotism to a certain extent				2		
		Employment does not depend on nepotism				3		
		I don't know				4		
S522	Questions related to the extent of anxiety and fear you felt about some issues (in the past two months)							
S522-1	Worried or anxious about yourself/ family in daily life	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S522-2	Worried or anxious about losing your home or land	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S522-3	Worried or anxious about your future of your family's	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S522-4	Worried or anxious about chaos and coup d'état in Palestine	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S522-5	The situation in Palestine makes your children or family afraid	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S522-6	Worried or anxious about loss of your/ breadwinner's job	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S522-7	Worried or anxious you will not get your rights	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S522-8	Worried or anxious you will be humiliated/ undignified	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S523	The following questions relate to your feeling of freedom in..							
S523-1	Express your opinions and ideas at home	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S523-2	Express your opinions and ideas outside your home	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S523-3	Express your political opinions	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S523-4	Wear whatever you want	1. never	2. rarely	3. sometimes	4. often	5. always	<input type="checkbox"/>	
S525	Under the so-called "Arab Spring" and current political events at home, people talk much of politics and express different opinions, how do you react when you meet a person with totally different opinions from yours?	I listen to his opinion and am willing to convince him					1	
		I listen to his opinion and keep mine for myself					2	
		I listen to his opinion and try to convince him of mine					3	
		I listen to his opinion and try to find common grounds					4	
		I avoid talking about politics because nobody shall be convinced of other people's opinion					5	
		I may interrupt him even if I cannot convince him of my opinion					6	
		Other (specify)					7	
Internet and Social Media								
S900	Have you used a computer (desktop, laptop, tablet) in any place over the past 3 months?	Yes					1	
		No					2	
S901	Do you know what the Internet is?	Yes, and I use it					1	

		Yes, and I don't use it					2	
		I don't know anything about internet service					3	S905-A
S903	How many hours do you spend on Internet service? To Fieldworker's: if less than one hour, write (00)	Average number of hours					<input type="text"/> <input type="text"/>	
S904	Where do you use the Internet?							
S904-1	At home	1. Yes	2. No			<input type="checkbox"/>		
S904-2	Internet café (for fees)	1. Yes	2. No			<input type="checkbox"/>		
S904-3	School/ university	1. Yes	2. No			<input type="checkbox"/>		
S904-4	Youth center	1. Yes	2. No			<input type="checkbox"/>		
S904-5	Public place with free access	1. Yes	2. No			<input type="checkbox"/>		
S904-6	At friends' houses	1. Yes	2. No			<input type="checkbox"/>		
S904-7	At work	1. Yes	2. No			<input type="checkbox"/>		
S904-8	Other (specify)	1. Yes	2. No			<input type="checkbox"/>		
S905	In the past three months, what did you use the Internet for?							
S905-1	Getting information about goods or services	1. Yes	2. No			<input type="checkbox"/>		
S905-2	Getting information related to health or health services.	1. Yes	2. No			<input type="checkbox"/>		
S905-3	Getting information from general government organizations.	1. Yes	2. No			<input type="checkbox"/>		
S905-4	Interacting with general government organizations	1. Yes	2. No			<input type="checkbox"/>		
S905-5	Sending or receiving e-mail	1. Yes	2. No			<input type="checkbox"/>		
S905-6	Telephoning over the Internet/VoIP	1. Yes	2. No			<input type="checkbox"/>		
S905-7	Posting information or instant messaging	1. Yes	2. No			<input type="checkbox"/>		
S905-8	Purchasing or ordering goods or services	1. Yes	2. No			<input type="checkbox"/>		
S905-9	Internet banking	1. Yes	2. No			<input type="checkbox"/>		
S905-10	Education or learning activities	1. Yes	2. No			<input type="checkbox"/>		
S905-11	Playing or downloading video games or computer games	1. Yes	2. No			<input type="checkbox"/>		
S905-12	Downloading movies, images, music, watching TV or video, or listening to radio or music	1. Yes	2. No			<input type="checkbox"/>		
S905-13	Downloading software	1. Yes	2. No			<input type="checkbox"/>		
S905-14	Reading or downloading online newspapers or magazines, electronic books	1. Yes	2. No			<input type="checkbox"/>		
S905-15	Others, specify	1. Yes	2. No			<input type="checkbox"/>		
S905-A	Do you own a mobile phone?	Yes					1	
		No					2	
S906	What media did you use in the past three months to get the following information?							
S906-1	Radio or TV stations (other than radio or TV news broadcasted via the Internet)	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	
S906-2	Printed daily paper	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	
S906-3	Internet or SMS broadcasted TV or Radio news	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	
S906-4	Internet or mobile apps uploaded papers or magazines	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	
S906-5	Twitter/ Facebook/ friends or family's tweets						<input type="checkbox"/>	
S906-6	TV or Radio talk shows or entertainment web sites mainly specialized in comic shows and hosting celebrities	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	
S906-7	Multi-media sites like Google, Yahoo, Dunia Alwatan, Maan News Agency	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	
S906-8	News sent via email disclosed lists or automatic messages or updates	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	
S906-9	Blogs, YouTube videos on political and social issues	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>	

S907	Have you done any activity (other than political like hobbies, sports, arts, entertainment) in the past 3 months						
S907-1	Joined Internet groups or forums on your interests	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
S907-2	Published or exchanged information, photos, videos on your interests	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
S907-3	Helped provide advice or suggestions to others on the Internet on issues of interest to you	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
S907-4	Used the Internet to administer groups/ talk points or sites	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always	<input type="checkbox"/>
S908	To what extent do you used communication media with your friends/ colleagues/ family	Never	Once a month at least	Once a week at least	On daily basis		
S908-1	SMS	1	2	3	4	<input type="checkbox"/>	
S908-2	Email	1	2	3	4	<input type="checkbox"/>	
S908-3	Ongoing daily updates (Whatsapp)	1	2	3	4	<input type="checkbox"/>	
S908-4	Talk through Facebook or Twitter (chat)	1	2	3	4	<input type="checkbox"/>	
S908-5	Internet-supported phone calls	1	2	3	4	<input type="checkbox"/>	

Fieldworker's Notes

Notes on respondent: _____

Notes on specific questions: _____

Any other comments: _____

Fieldworker's Name: _____ Date: --/--/

Fieldworker's Number: _____

Supervisor's Notes

Supervisor's name: _____ Date: --/--/

Supervisor's Number: _____

Auditor's Notes

Auditor's Name: _____ Date: --/--/

Auditor's Number: _____