

**Palestinian Central Bureau of Statistics**  
**Victimization Survey Questionnaire**  
**Labor Force Survey( No. 99): (October–December, 2020)**

<b>D09:</b> Head of Household Name.....	<b>IDSAM ID02:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>D02: Name of Locality</b> ..... <input type="text"/> <input type="text"/>	<b>WN: Week</b> ..... <input type="text"/>						
<b>QC2:</b> Final result	1. Complete	2. Household traveled	3. Unit Not Found	4. Nob ody	5. Refused	6. Not inhabited unit	7. No information	9. Others/ Select...	<input type="text"/>

**The first part of the Questionnaire**

Questi on	<i>Relate to the Household or Any Member VS11-VS1 Questions : Instructions to Field Worker</i>				How many times
<b>VS1</b>	During the Last Twelve Months, Did Anyone Steal Anything (Exception the Car) Related to the Household or any Member?	1. Yes 2. No	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS2</b>	During the Last Twelve Months, Is the Household or any Member of the Household Owned the Car?	1. Yes 2. No <b>(Skip to Q VS4)</b>	<input type="checkbox"/>		
<b>VS3</b>	During the Last Twelve Months, Is the Vehicle, which Related to the Household, or to its Member Exposed to the Theft? <b>1. Yes 2. no</b>	1. The Vehicle	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
		2. Part of Vehicle	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS4</b>	During the Last Twelve Months, did you Find Anything Indicate that Somebody Attempted to Break the House or any Properties Related to Household, and his aim to Theft or Robbery	1. Yes 2. No <b>(Skip to Q VS6)</b>	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS5</b>	What are the Indicators found and Showed that Someone Tried to Break the House or any Properties Related to Household?	1. Break the Padlock of the Door 2. Break the Glass 3. Feet Trace 4. Other./Specify	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS6</b>	During the Last Twelve Months, did the Household or any Member Properties was Exposed to Damage, Break or Arson?" Not including attacks by the Israeli army and settlers"	1. Yes 2. No	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS7</b>	During the Last Twelve Months, did Household or any Member Exposed to Threat Exception Threat Calls? <b>1. Yes 2. no</b>	1. Threat Vocally	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
		2. Threat with Firearms	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
		3. Threat by White Weapons or Other Weapons non-Fire	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS8</b>	During the Last Twelve Months, did Household or any Member Exposed to any Assault	1. Yes 2. No	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS9</b>	During the Last Twelve Months, did Household or any Member Exposed to Other Criminal Offenses?	1. Yes 2. No	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS10</b>	During the Last Twelve Months, did Household or any Member Exposed to Israeli Soldiers or Settlers Harassment or Assault?	1. Yes 2. No	<input type="checkbox"/>		<input type="text"/> <input type="text"/>
<b>VS11</b>	In the past 12 months, did Household or any Member Exposed to any information threats through the Internet or social networking sites?	1. Yes 2. No 3. I do not know			
	1. Viruses		<input type="checkbox"/>		<input type="text"/> <input type="text"/>
	2. Subvert or tamper with information and data		<input type="checkbox"/>		<input type="text"/> <input type="text"/>
	3. Disseminate inappropriate content		<input type="checkbox"/>		<input type="text"/> <input type="text"/>
	4. Stealing personal data		<input type="checkbox"/>		<input type="text"/> <input type="text"/>
	5. Stealing credit card numbers		<input type="checkbox"/>		<input type="text"/> <input type="text"/>
	6. Others/ specify.....		<input type="checkbox"/>		<input type="text"/> <input type="text"/>

Important Instructions For The Fieldworkers Please adhere to it after completing all the questions on this page: If any of the questions are answered (VS10, VS9, VS8, VS7, VS6, VS4, VS3, VS1) (yes) The second section is followed up, but if all the answers are (all not) we move to the third section of the form,



HR0A	HR1	CR11	CR12	CR13	CR14	CR15	CR16	CR17	CR17	CR18
Register the Numbers of Members from Household from the List of household	<b>Field Worker:</b> Register the Name of Household Members who was Exposed to Last Assault During the Last Twelve Months:	Reasons for Not Reporting? 1. Crime Seriousness 2. Personal Solution 3. Orientation to the tribal judiciary 4. Orientation to national forces 5. There is no Insurance 6. Dislike of Police Interfering 7. Do not Trust in Authorities 8. Social Position for victim\ criminal 9. Other/ Specify .....	What is the party that has been Reported?  1.Palestini an police 2.Israeli occupation authorities 3. Other/ Specify .....	Reported Crime Underwent Legal Proceeding?  1. Yes 2. No	Does Confrontation Occure During the Crime?  1. Yes 2. No	Is Weapons used During the Crime?  1.Yes 2.No  <b>(2: Skip to CR16)</b>	What's the Type of Weapons Used?  1.White Weapons 2.Fire Weapons 3.Both 4.Other	Is the Criminal Offenses Caused Physical Harm/ Tangible Losses?  1.Yes-Physical Harm 2. Yes- Tangible Losses 3.Yes- Both 4.No  <b>(2,3: Skip to CR18) (4 Go to Section III)</b>	What was the Value of Tangible Losses which the crime Caused?  <b>(Value of Tangible Losses by JD)</b>	Which party Prone to Tangible Losses?  1. Criminal/His Family 2.Victim/ His Family 3.Insurance 4.Palestinian National Authority 5.Other: Specify.....
<b>No. **</b>	Members of Household who were victims of									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*: Record the numbers of family members and their names from the family register and if one or more victims were killed or died we give them the number of 99 descending

### Section III of the questionnaire

<b>POLL1</b>	How safe do you feel walking alone in the area/neighborhood in which you live?	1. 2. 3. 4. 5.	Very safe Fairly safe Slightly Unsafe Never safe I don't walk alone	<input type="checkbox"/>	
<b>POLL2_1</b>	During the past 12 months, have you been exposed to any form of discrimination or harassment on any of the following grounds?	1.	Sex /gender (such as being a man or a woman)	<input type="checkbox"/>	
		2.	Age (such as being very young or old)	<input type="checkbox"/>	
		3.	Disability (such as difficulty seeing, hearing, walking, remembering, concentrating, communicating)	<input type="checkbox"/>	
	1. Yes 2. No 9. I don't know/ No answer	4.	Religion (religious beliefs, the way I dress like wearing a head scarf)	<input type="checkbox"/>	
		5.	Socio-economic status (such as my income, education, or occupation level)	<input type="checkbox"/>	
		6.	Ethnicity (skin color)	<input type="checkbox"/>	
		Note: In the event that the answer to all the items of the question is No, I don't know, or No answer, we will move to the question `POLL3	7.	Type of locality (city, village, camp)	<input type="checkbox"/>
			8.	Political/Ideological Affiliation	<input type="checkbox"/>
	9.		Family/clan affiliation	<input type="checkbox"/>	
		10.	Geographical affiliation (from Hebron, from Nablus, from Gaza, etc.)	<input type="checkbox"/>	
		11.	Other / select it...	<input type="checkbox"/>	
<b>POLL2</b>	In the case of being subjected to any form of discrimination or harassment above, have any of the following entities been informed of this exposure?  1. Yes 2. No	1.	In case that you have faced any form of discrimination or harassment above, has an official/co-worker been informed of this exposure	<input type="checkbox"/>	
		2.	In case that you have faced any form of discrimination or harassment above, has an official/colleague in the study place been informed of this exposure	<input type="checkbox"/>	
		3.	In case that you have faced any form of discrimination or harassment above, was the head of the household or one of the household members reported about this exposure	<input type="checkbox"/>	
		4.	In case that you have faced any form of discrimination or harassment mentioned above, was the Palestinian police reported about this exposure	<input type="checkbox"/>	
		5.	In case that you have faced any	<input type="checkbox"/>	

			form of discrimination or harassment above, were other relevant official bodies reported about this exposure	
		6.	In case that you have faced any form of discrimination or harassment above, has a political/partisan organization reported this exposure	<input type="checkbox"/>
		7.	In case that you have faced any form of discrimination or harassment above, was any other party reported about this exposure	<input type="checkbox"/>
<b>POLL3</b>	Do you think there are people who use drugs in the surrounding environment (locality, neighborhood, etc.)?	1. 2.	Yes No "End Interview"	<input type="checkbox"/>
<b>POLL4</b>	Have any members of the household ever experienced harassment / pressure from these individuals?	1. 2.	Yes No	<input type="checkbox"/>
<b>POLL5</b>	If this phenomenon (drug phenomenon) exists, do you think what are the three main reasons for its existence? <b>Fieldworker:: Sort by priority</b>			
	1.Economic problems                      2. social problems		First priority	<input type="checkbox"/>
	3.Psychological problems              4. Non-parental control		Second priority	<input type="checkbox"/>
	5. Schools are not monitored for students		A third priority	<input type="checkbox"/>
	6. Escort friends bad                      7. Israeli occupation			
8. Other Select what is .....				