



**Palestinian National Authority
Palestinian Central Bureau of Statistics
Culture Survey, 2006**

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

Introductory data:

ID00	Questionnaire's serial number in the sample	<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"/>
ID04	Enumeration area's number in the Locality name	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID05	Building number:	<input type="text"/>	<input type="text"/>
ID06	Name of head of household:				ID07	Number of unit of household in the check list:	<input type="text"/>	<input type="text"/>
					ID08	Household number in the check list:	<input type="text"/>	<input type="text"/>

Interview record:

IR01	Visits' schedule	Day	Month	Year	Visit number	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	1 st visit	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	2 nd visit	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	3 rd visit	
IR02	Total number of visits	<input type="text"/>				
IR03	Final result of the interview	1	Completed			
		2	Partially completed			
		3	Traveling			
		4	Non at Home			
		5	Refused to cooperate			
		6	Doweling is vacant			
		7	Unit does not exist			
		8	No Information			
		9	Other / specify			
IR04	Total number of household members	<input type="text"/>	<input type="text"/>			
IR05	Total Number of Males 10 years and over	<input type="text"/>	<input type="text"/>	IR06	Total Number of Females 10 years and over	
				<input type="text"/>	<input type="text"/>	

IR07	Interviewer's name:	IR08	Interviewer's number:	<input type="text"/>
IR09	Supervisor's name:	IR10	Supervisor's number:	<input type="text"/>
IR11	Editor's name:	IR12	Editor's number:	<input type="text"/>
IR13	Coder's name:	IR14	Coder's number:	<input type="text"/>
IR15	Data entry personal name:	IR16	Data entry personal number:	<input type="text"/>

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

Section I: Household Roaster

HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08
Line no.	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	What is the relationship of (name) to the head of HH? 01 Head of HH 02 Husband/ Wife 03 Son/ Daughter 04 Father/ Mother 05 Brother/ Sister 06 Grand Father/ Mother 07 Grand Child 08 Daughter/ Son in Law 09 Other Relatives 10 Other	Is (name) Male or Female? 1. Male 2. Female	What is the birthday of (name) in day/ month/year? <i>Interviewer: Birthday should be taken from official documents if possible.</i> <i>Day Month Year</i>	<i>Interviewer: Compute age from birthday in HR05 and record the answer in full years. In case that birthday is not known, ask for age and record it.</i> Record (00) if age is less than one year and 98 if age more than 98.	Is (name) registered refugee or unregistered refugee or not refugee? 1. Registered refugee 2. Unregistered refugee 3. Not refugee	For persons aged 5 years and over Is (name): 1. Currently attending school 2. Attended school at any time and left before completing any level 3. Attended school and graduated 4. Never attended school
01		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HR01	HR02	For persons aged 10 years and over				For persons aged 12 years and over
		HR09	HR10	HR11	HR12	HR13
Line no. Circle no. of respondent	Names of usual HH residents (Full names) Please give me the names of the persons who usually live in your HH including children and infants, starting with the head of HH.	What is the educational Attainment of (name)? 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. 98 Don't Know	How many years did (name) successfully complete? Interviewer: Record (00) if number of schooling years less than one year. 98 Don't Know.	What did (name) work most of the time last during the past week? 1 Employed from 1-14 hours 2 Employed for 15 hours or above 3 Absent and will back 4 Unemployed, has ever worked 5 Unemployed, has never worked 6 Full time student 7 Housewife 8 Unable to work 9 Doesn't work and doesn't looking for it. 10 Disgoureged people 11 Other <i>Interviewer: If answer from 5 to 11 ⇒ HR13</i>	What is the occupation of (name)? Interviewer: Ask this question if the person is working or unemployed ever worked.	What is the marital status for (name) ? 1: Single 2: Engaged 3: Married 4: Divorced 5: Separated 6: widower
					Occupation (Code)	
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Section II: Household Part

H00	Name of eligible person..... Serial Number (HR01)	<input type="checkbox"/>	<input type="checkbox"/>
H33	Does the household have? (The answer: 1.Yes 2. No)		
	1. Radio		<input type="checkbox"/>
	2. TV		<input type="checkbox"/>
	3. Video		<input type="checkbox"/>
	4. DVD		<input type="checkbox"/>
	5. Analog dish satellite		<input type="checkbox"/>
	6. Digital dish satellite		<input type="checkbox"/>
	7. Satellite dish subscription (ART, Orbit)		<input type="checkbox"/>
CH01	Is there a library in the house? 1: Yes 2: No (skip to ch03)		
CH02	Does the library include any of the following? (The answer: 1.Yes 2. No)		<input type="checkbox"/>
	1. Scientific books (extra curricula books)		<input type="checkbox"/>
	2. Literary books (extra curricula books)		<input type="checkbox"/>
	3. Religious books		<input type="checkbox"/>
	4. Curricula books		<input type="checkbox"/>
	5. Cultural books, stories, magazines.....ect		<input type="checkbox"/>
CH03	Does the household usually buy newspaper? 1: Yes, always 2: Yes, sometimes 3: No		<input type="checkbox"/>
CH04	Does the household usually buy periodic magazines? 1: Yes, always 2: Yes, sometimes 3: No		<input type="checkbox"/>
CH05	Does the household usually view Palestine Television? 1: Yes, always 2: Yes, sometimes 3: No <i>(if the answer is Yes always or Yes sometimes skip to ch07)</i>		<input type="checkbox"/>
CH06	What is the main reason for not viewing Palestine Television? 1: Couldn't receive the transmission signal 2: No free time 3: The programs are repeated 4: Do not have antenna for Palestine TV 5: There are alternatives (Satellite Channels) 6: The programs are boring 7: Other (specify)..... 8: TV itself is not available		<input type="checkbox"/>
CH07	Does the household usually view Local Television? 1: Yes, always 2: Yes, sometimes 3: No		<input type="checkbox"/>
CH08	Does the household usually listen to Local radio stations? 1: Yes, always 2: Yes, sometimes 3: No		<input type="checkbox"/>

Section III: Person 10 years and over (use KISH tables to select the person randomly)

Res	Final result of the interview	1. Completed 2. Unable to interview the selected person 3. No one eligible at the family 4. Refused 5. Other (Specify)	<input type="checkbox"/>
PNUM	Serial number of the person...	Serial number (HR01)	<input type="checkbox"/> <input type="checkbox"/>
Sex	1. Male 2. Female		<input type="checkbox"/>
CP01	Usually, do you? (The answer: 1: Yes- always 2: Yes- sometimes 3: No)		
	1: Read daily newspapers		<input type="checkbox"/>
	2: Read magazines		<input type="checkbox"/>
	3: Watch TV		<input type="checkbox"/>
	4: Watch local TV		<input type="checkbox"/>
	5: Listen to radio		<input type="checkbox"/>
	6: Listen to local radio stations		<input type="checkbox"/>
	7: Listen to Voice of Palestine radio station		<input type="checkbox"/>
CP02	Usually, do you attend? (The answer: 1: Yes- always 2: Yes- sometimes 3: No)		
	1: Leisure Activities		<input type="checkbox"/>
	2: Public Library		<input type="checkbox"/>
	3: Sport Clubs		<input type="checkbox"/>
	4: Worship Places		<input type="checkbox"/>
	5: Exhibitions		<input type="checkbox"/>
	6: Art Concerts		<input type="checkbox"/>
	7: Museums		<input type="checkbox"/>
	8: Theaters		<input type="checkbox"/>
	9: Cinema		<input type="checkbox"/>
CP03	Which of the above mentioned do you attend most to frequently?		<input type="checkbox"/>
CP04	Usually, do you practice any of the following recreational and leisure activities? (The answer: 1: Yes- always 2: Yes- sometimes 3: No)		
	1: Writing		<input type="checkbox"/>
	2: Playing a musical instrument		<input type="checkbox"/>
	3: Societies or clubs activities		<input type="checkbox"/>
	4: Playing Sport		<input type="checkbox"/>
	5: Dancing and music band		<input type="checkbox"/>
	6: Attending symposiums and public lectures		<input type="checkbox"/>
	7: Singing in bands		<input type="checkbox"/>
	8: Drawing		<input type="checkbox"/>

CP05	Which of above mentioned recreational and leisure activities did you practice in most frequently?	<input type="checkbox"/>
CP06	Do you want to attend any of the above mentioned leisure activities but you cannot do that? 1. Yes 2. No, (skip to CP09)	<input type="checkbox"/>
CP07	What is the main leisure activity you want to attend out of the following? 1: Writing 2: Playing a musical instrument 3: Societies or clubs activities 4: Playing Sport 5: Dancing and music band 6: Attending symposiums and public lectures 7: Singing in bands 8: Drawing	<input type="checkbox"/>
CP08	What is the main reason behind not attending the desired leisure activity? 1: no free time 2: no information are available about it 3: no money 4: public service is not available 5: no self motivation 6: transportation difficulties 7: other, specify,.....	<input type="checkbox"/>
CP09	Are you a member in? (The answer: 1.Yes 2.No) 1: Sport Club 2: Cultural Club 3: Public Library 4: Charitable Society 5: Unions 6: Other (specify).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>