

Palestinian Central Bureau of Statistics
Victimization Survey Questionnaire
Labor Force Survey(No. 83): (October–December, 2016)

D09: Head of Household Name.....	IDSAM ID02: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D02: Name of Locality :..... <input type="text"/> <input type="text"/>	WN: Week <input type="text"/>						
QC2: 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
VS1	During the Last Twelve Months, Did Anyone Steal Anything (Exception the Car) Related to the Household or any Member?	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/> <input type="checkbox"/>
VS2	During the Last Twelve Months, Is the Household or any Member of the Household Owned the Car?	1. Yes	<input type="checkbox"/>	2. No (Skip to Q VS4)	
VS3	During the Last Twelve Months, Is the Vehicle, which Related to the Household, or to its Member Exposed to the Theft? 1. Yes 2. no	1. The Vehicle	<input type="checkbox"/>	2. Part of Vehicle	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
VS4	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	<input type="checkbox"/>	2. No (Skip to Q VS6)	<input type="checkbox"/> <input type="checkbox"/>
VS5	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	<input type="checkbox"/> <input type="checkbox"/>
VS6	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"	3. Feet Trace	<input type="checkbox"/>	4. Other./Specify	
VS7	During the Last Twelve Months, did Household or any Member Exposed to Threat Exception Threat Calls? 1. Yes 2. no	1. Threat Vocally	<input type="checkbox"/>	2. Threat with Firearms	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	3. Threat by White Weapons or Other Weapons non-Fire	<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
VS8	During the Last Twelve Months, did Household or any Member Exposed to any Assault	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/> <input type="checkbox"/>
VS9	During the Last Twelve Months, did Household or any Member Exposed to Other Criminal Offenses?	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/> <input type="checkbox"/>
VS10	During the Last Twelve Months, did Household or any Member Exposed to Israeli Soldiers or Settlers Harassment or Assault?	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/> <input type="checkbox"/>
VS11	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="checkbox"/> <input type="checkbox"/>
	2.Subvert or tamper with information and data		<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	3.Disseminate inappropriate content		<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	4.Stealing personal data		<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	5.Stealing credit card numbers		<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	6.Others/ specify.....		<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

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	CR01	CR02	CR03	CR04	CR05	CR06	CR07	CR08	CR09	CR10
Register the Numbers of Members from Household from the List	Field Worker: Register the Name of Household Members who was Exposed to Last Assault During the Last Twelve Months:	What's the Type of Criminal Offense which the Victim Expose to? 1.Theft 2.Robbery Attempt 3.Property Damage 4.Threat 5.Assault 6.Israeli Soldiers or Settlers Harassment or Assault 7.Other\ Specify.... (2,3,4,5,6,7: Skip to CR03)	What are the things Stolen During the Crime? 1. Money, Jewelry, 2. Vehicle or Part of it 3. Both 4.Mobile 4. Others\ Specify	Timing the crime? 1. (08:00-15:59) 2. (16:00-23.59) 3.(24:00-07:59) 4.Do not Know	Where did the Crime Happen? 1. Inside House 2. Near House 3. Other Place in the Same Locality 4. Outside the Locality 5.At Israeli Checkpoints	Who is the Perpetrator of Crime? 1.Israeli Soldiers or Settlers 2.A Relative 3. From Same Locality; Not Relative 4. Others Known 5. Others Unknown (2, 3, 4: Skip to CR07) (5: Skip to CR10)	What's the Type of Assault or Harassment that the Victim was exposes to by Israeli Soldiers or Settlers? 1.Beating 2.Arrest 3.Property Damage 4. Seizure the Land 5.Other\ Specify.... (Skip to CR14)	What is the Sex of the Person or Persons who Committed the Crime? 1.Male 2.Female 3.Both 4. I Do not Know	How do you Estimate the Age of the Person or Persons who Committed the Crime? 1. Less Than 18 Year 2 18 Years and Over 3.Both 4. I don't know	How Many Criminals Committed the Crime?	Is the Crime Reported? 1.Yes 2.No (1: Skip to CR12)
	Members of Household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Section III of the questionnaire

POLL1	Do you feel safe walking through the area you live in?	1. 2.	Yes No	<input type="checkbox"/>
POLL2	In the past 12 months, have you paid a bribe or asked you to pay a bribe in exchange for running any of your transactions in government institutions?	1. 2.	Yes No	<input type="checkbox"/>
POLL3	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"/>
POLL4	Have any members of the household ever experienced harassment / pressure from these individuals?	1. 2.	Yes No	<input type="checkbox"/>
POLL5	If this phenomenon (drug phenomenon) exists, do you think what are the three main reasons for its existence? Fieldworker:: Sort by priority			
	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				