



Palestinian Central Bureau of
Statistics

Palestinian Authority
The Status of Cultural Institutions
Survey, 2010
Theaters

وزارة الثقافة

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"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID01	Name of institution:
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	Division:		ID05	Street :

Interview record:

IR01	Visits' schedule	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"/>	1 st 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"/>	2 nd 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"/>	3 rd visit	
IR02	Total number of visits	<input type="text"/>				
IR03	Final result of the interview	1	Completed			
		2	Permanently closed			
		3	Temporarily closed			
		4	Repeated			
		5	Not Cultural institution			
		6	Refused to cooperate			
		7	No Information			
		8	Other / specify			

IR04	Interviewer's name:	IR05	Interviewer's number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR06	Supervisor's name:	IR07	Supervisor's number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR08	Editor's name:	IR09	Editor's number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR10	Coder's name:	IR11	Coder's number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IR12	Data entry personal name:	IR13	Data entry personal number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q1	Establishing year		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q2	Mobile:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q3	Tel:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q4	Fax:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q5	Is the theatre have an e-mail? 1. Yes 2. No (go to Q7)					<input type="checkbox"/>
Q6	E-mail:.....					
Q7	Is the theatre have website? 1. Yes 2. No (go to Q7)					<input type="checkbox"/>
Q8	Web-site:.....					
Q9	Is the Theater officially licensed? 1. Yes 2. No					<input type="checkbox"/>

Theatrical band member

	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17
	Name	Age	SEX 1. Male 2. Female	Qualification 1. Lower than Secondary 2. Secondary 3. Associate diploma 4. Bachelor 5. Master 6. PhD	Areas of specialization for workers in the theatre band? 1. Acting 2. Directing 3. Scenario writing 4. Training 5. Kinetic design 6. Snogeravia and Decoration 7. Management of Theatre (Stage) 8. Lighting techniques 9. Sound techniques 10. Administration and finance 11. Production 12. other	Type of work in the theatre band? 1. Permanent jobs 2. Rewards based 3. Volunteering	Years of Experience in the theatrical work?	Certificate of specialization in theatrical work
1.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
2.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
3.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
4.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
5.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
6.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
7.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
8.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
9.		<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"/>
11.		<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"/>
13.		<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"/>
15.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Please check the box with X if an additional questionnaire has been used.							

Q18	Type of training offered by the theatrical band? 1. Yes 2. No	
	1. Acting 1. <input type="checkbox"/>	4. Presentation 4. <input type="checkbox"/>
	2. Dancing 2. <input type="checkbox"/>	5. Decor Design & Fashion 5. <input type="checkbox"/>
	3. Movement 3. <input type="checkbox"/>	6. Other\ specify..... 6. <input type="checkbox"/>
Q19	What types of performance offered by the theatrical band? 1. Yes 2. No	
	1. Concert dance 1. <input type="checkbox"/>	5. Puppet theater 5. <input type="checkbox"/>
	2. Comedies 2. <input type="checkbox"/>	6. Tragedy 6. <input type="checkbox"/>
	3. Silent Theatre 3. <input type="checkbox"/>	7. Monodrama 7. <input type="checkbox"/>
	4. Children theatre 4. <input type="checkbox"/>	8. Other\ specify..... 8. <input type="checkbox"/>
Q20	Is the theatrical band have residence satisfy their needs? 1. Yes 2. No <input type="checkbox"/>	
Q21	Is the Theater Open? 1. Yes 2. No	Q22: Number of Hour
	1. In Morning <input type="checkbox"/>	<input type="text"/> <input type="text"/>
	2. In Evening <input type="checkbox"/>	<input type="text"/> <input type="text"/>
Q23	Who owns the building where the Theaters is located? <input type="checkbox"/>	
	1. Leased 2. Owned by the institution 3. Donated by another party 4. 5. Others (please specify)	
Q24	Number of Room <input type="text"/> <input type="text"/>	
Q25	Number of Furnish halls <input type="text"/>	
Q26	Area of Building <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q27	Number of stage show <input type="text"/> <input type="text"/>	
Q28	Number of chairs in stage show <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q29	Does the local community take part in financial and in kind support of the Theater? 1. Yes 2. No (go to Q31) <input type="checkbox"/>	
Q30	Does the local community take part in supporting the Theater in any of the following? 1. Yes 2. No	
	1. Voluntary work 1. <input type="checkbox"/>	4. Financial and in kind donations 4. <input type="checkbox"/>
	2. Property/ land 2. <input type="checkbox"/>	5. Transportation 5. <input type="checkbox"/>
	3. Costs and spending 3. <input type="checkbox"/>	6. Others (please specify) 6. <input type="checkbox"/>
Q31	What are the resources of the budget of the Theater? Joining the activities of the Theater 1. Yes 2. No	
	1. Membership fees 1. <input type="checkbox"/>	5. NGOs 5. <input type="checkbox"/>
	2. Joining the activities of the Theater 2. <input type="checkbox"/>	7. Donors 6. <input type="checkbox"/>
	3. Donations and grants from individuals 3. <input type="checkbox"/>	8. Others (please specify) 7. <input type="checkbox"/>
	4. Government agencies 4. <input type="checkbox"/>	8. <input type="checkbox"/>
Q32	Areas of specialization for workers in the theatre band? 1. Yes 2. No	
	1. Stage (Wood floor) 1. <input type="checkbox"/>	5. Seats for the public 5. <input type="checkbox"/>
	2. Lighting equipments 2. <input type="checkbox"/>	6. Decor manufacturing workshop / store 6. <input type="checkbox"/>
	3. Sound equipments 3. <input type="checkbox"/>	7. office supplies 7. <input type="checkbox"/>
	4. Air conditioning for the stage 4. <input type="checkbox"/>	8. Others (please specify) 8. <input type="checkbox"/>

Q33	<p>What are the needs of the theatrical band to improve its performance in the administrative and professional aspects? 1. Yes 2. No</p> <p>1. project Planning, drafting and evaluation 1. <input type="checkbox"/></p> <p>2. Administrative and finance ordering 2. <input type="checkbox"/></p> <p>3. Public relations and marketing 3. <input type="checkbox"/></p> <p>4. Others (please specify) 4. <input type="checkbox"/></p>
Q34	<p>For Interviewer: Please Fill the Following Table Regarding to Building Status: 1. Good 2. SoSo 3. Bad</p> <p>1. Suitability of the building as a theatre 1. <input type="checkbox"/></p> <p>2. Technical equipment (lighting, sound and air conditioning) 2. <input type="checkbox"/></p> <p>3. Safety and security (Windows, doors, fire extinguishers, emergency exists) 3. <input type="checkbox"/></p> <p>4. Suitability of seats 4. <input type="checkbox"/></p> <p>5. Suitability of Stage platform 5. <input type="checkbox"/></p> <p>6. Suitability of Electrical setup an lighting 6. <input type="checkbox"/></p>
Q35	<p>Did you face problems? (for code)</p> <p>1:..... <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>2:..... <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>3:..... <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
Q36	<p>Has the theatre prepared a study or assessed its work? 1. Yes 2. No <input type="checkbox"/></p>