



Palestinian Central Bureau of
Statistics

Palestinian Authority
The Status of Cultural Institutions
Survey, 2010
Publishing and Distribution

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"/>	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"/>	
		<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"/>	Q3	Tel:	<input type="text"/>	
Q4	Fax:	<input type="text"/>				
Q5	Is the institution have an e-mail? 1. Yes 2. No (go to Q07)				<input type="checkbox"/>	
Q6	E-mail:.....					
Q7	Is the institution have a Web-site? 1. Yes 2. No (go to Q09)				<input type="checkbox"/>	
Q8	Web-site:.....					
Q9	Is the Publishing and Distribution Institution officially licensed? 1. Yes 2. No (go to Q12)				<input type="checkbox"/>	
Q10	Official employer number				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q11	Registered capital in NIS				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q12	Working capital in NIS				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q13	Is the institution? 1. independent 2. branch of other organization.				<input type="checkbox"/>	
	Q14	Q15	Q16	Q17	Q18	Q19
	Name	Age	SEX 1. Male 2. Female	Qualification 1. lower than Secondary 2. Secondary 3. Associate diploma 4. Bachelor 5. Master 6. PhD	Years of Experience in Publishing and Distribution	Position in the institution 1. Full-time 2. Part-time
1.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
2.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
3.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
4.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
5.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
6.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
7.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
8.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
9.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
10.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
11.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
12.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
13.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
14.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
15.		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Please check the box with X if an additional questionnaire has been used.					
Q20	Who owns the building? 1. Leased 2. Owned by the institution 3. Donated by another party 4. Others (please specify)				<input type="checkbox"/>	
Q21	Has the building ever been renovated? 1. Yes 2. No				<input type="checkbox"/>	
Q22	Number of Room				<input type="text"/> <input type="text"/>	
Q23	Number of Furnish halls				<input type="text"/> <input type="text"/>	
Q24	Area of Building				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Q25	What is the main activity? 1. Yes 2. No		
	1. Publishing		1. <input type="checkbox"/>
	2. Distribution		2. <input type="checkbox"/>
	3. Publishing and Distribution		3. <input type="checkbox"/>
Q26	Is there printing left? 1. Yes 2. No		<input type="checkbox"/>
Q27	Does the organization participate in local fairs (activities)? 1. Yes 2. No		<input type="checkbox"/>
Q28	Does the organization participate in fairs (activities) abroad? 1. Yes 2. No		<input type="checkbox"/>
Q29	Does the organization print cultural materials? 1. Yes 2. No		
	1. Books	1. <input type="checkbox"/>	3. Magazine
	2. News	2. <input type="checkbox"/>	4. Other cultural materials \ specify... 4. <input type="checkbox"/>
Q30	Number of titel printed or distrebuted the last year		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		30_1 Number of titel printed	30_2 Number of copies distrebuted
	1. Books	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. News	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3. Magazine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4. Other cultural materials \ specify...	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q31	Number of titel of local books and volums not of your publications which were distributed during last year?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q32	Number of copies of local books and volums not of your publications which were distributed during last year?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q33	Number of titel of out books and volums not of your publications which were distributed during last year?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q34	Number of copies of out books and volums not of your publications which were distributed during last year?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q35	What percentage of the beneficiaries of your production by the following sectors?		
	1. Individuals		1. <input type="checkbox"/> <input type="checkbox"/>
	2. Governmental organizations		2. <input type="checkbox"/> <input type="checkbox"/>
	3. schools		3. <input type="checkbox"/> <input type="checkbox"/>
	4.university		4. <input type="checkbox"/> <input type="checkbox"/>
	5.library		5. <input type="checkbox"/> <input type="checkbox"/>
	6. Foreign organizations		6. <input type="checkbox"/> <input type="checkbox"/>
	7. Other\ specify.....		7. <input type="checkbox"/> <input type="checkbox"/>
Q36	Has the institution prepared a study or assessed its work? 1. Yes 2. No		<input type="checkbox"/>
Q37	Did you face problems? 1. Yes 2. No (go to Q39)		<input type="checkbox"/>
Q38	State the obstacles that face the development of the stitution?		(for code)
	1:.....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2:.....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3:.....



Q39	For Interviewer: Please Fill the Following Table Regarding to Building Status: 1. Good 2. SoSo 3. Bad
1. Ceiling	1. <input type="checkbox"/>
2. Walls	2. <input type="checkbox"/>
3. Doors	3. <input type="checkbox"/>
4. Windows	4. <input type="checkbox"/>
5. Ground	5. <input type="checkbox"/>