



**Palestinian Central Bureau of Statistics**  
**Household Environment Survey Questionnaire – Second Quarter 2006**

All data and information in this questionnaire are for only statistical purposes, and this considered very secret according to the General Statistical Law 2000

IDSAM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Head of Household Name:
Community name	
Community code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Week .No <input type="checkbox"/> <input type="checkbox"/>
<b>Final Result of Interview</b> <input type="checkbox"/> <input type="checkbox"/>	
1. Complete 2. Complete (Household was changed) 3. Partially Complete 4. Traveled Household 5. Not Available Unit 6. No Body in the House 7. Refusal 8. Not Populated Unit 9. No Data Available 10. Others (Specify) .....	

<b>EW01</b>	Is the housing unit where the household stay connect to the water network?	1. Yes 2. No (go to EW02) (skip EW05)	<input type="checkbox"/>
<b>EW011</b>	According to the invoice, what is the number of consumption days?		<input type="checkbox"/> <input type="checkbox"/>
<b>EW012</b>	According to the invoice, what is quantity of consumed water from the public water network (m <sup>3</sup> /month)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>EW013</b>	According to the invoice, what is the cost of consumed water from the network (Israeli shekel (NIS))		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EW02				EW03		EW04	
<b>In case, the network is not available, or using another source of obtaining water, did one of the following water sources is used?</b>				<b>What is the quantity of consumed water from this source during April 2006?</b>		<b>What is the cost of consumed water from this source during April 2006?</b>	
<b>A</b>	<input type="checkbox"/>	Buying water tanks	1. Yes 2. No ( <b>go to the next line</b> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	M <sup>3</sup>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(NIS)
<b>B</b>	<input type="checkbox"/>	Household well (rainfall collection well)	1. Yes 2. No ( <b>go to the next line</b> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	M <sup>3</sup>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(NIS)
<b>C</b>	<input type="checkbox"/>	Springs	1. Yes 2. No ( <b>go to the next line</b> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	M <sup>3</sup>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(NIS)
<b>D</b>	<input type="checkbox"/>	Water Gallons	1. Yes 2. No ( <b>go to EW05</b> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	M <sup>3</sup>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(NIS)
<b>E</b>	<input type="checkbox"/>	Others	1. Yes 2. No ( <b>go to EW05</b> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	M <sup>3</sup>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(NIS)
<b>EW05</b>	How do you find the quality of water consumption from the public water network?		1. Good (with no color, taste, smell or sediments) 2. Adapted (some of color, taste, smell, sediments) 3. Bad (with color, taste, smile or sediments)			<input type="checkbox"/>	

EW06				EW07	
<b>Do you use the water for the following purposes?</b>				<b>Specify the percentage of using this purpose (total percent =100%)</b>	
<b>A</b>	Drinking	<input type="checkbox"/>	1. yes 2. No ( <b>go to next purpose</b> )	<input type="checkbox"/> <input type="checkbox"/>	
<b>B</b>	Cooking	<input type="checkbox"/>	1. yes 2. No ( <b>go to next purpose</b> )	<input type="checkbox"/> <input type="checkbox"/>	
<b>C</b>	Washing	<input type="checkbox"/>	1. yes 2. No ( <b>go to next purpose</b> )	<input type="checkbox"/> <input type="checkbox"/>	
<b>D</b>	Agriculture (animals and plants)	<input type="checkbox"/>	1. yes 2. No ( <b>go to next purpose</b> )	<input type="checkbox"/> <input type="checkbox"/>	
<b>E</b>	Other purposes, .....	<input type="checkbox"/>	1. yes 2. No ( <b>go to WW01</b> )	<input type="checkbox"/> <input type="checkbox"/>	

<b>WW01</b>	What is the wastewater disposal method?	1. Public network ( <b>do not answer WW03-WW08</b> ) 2. Porous cesspit ( <b>answer WW05-WW09</b> ) 3. Tight cesspit ( <b>answer WW05-WW09</b> ) 4. Others ( <b>do not answer WW03-WW08</b> )	<input type="checkbox"/>
<b>WW02_A</b>	Do you use a rainfall collection well in your house?	1. Yes 2. No ( <b>Go to WW05 if the answer on the previous question 2 or 3, if the answer 1 or 4 go to WW09</b> )	<input type="checkbox"/>
<b>WW02_B</b>	What is the size of the well?	M <sup>3</sup>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>WW03</b>	What is the location of the rainfall collection well comparing to cesspit?	1. Well bellow cesspit 2. Well above cesspit 3. On the same level	<input type="checkbox"/>
<b>WW04</b>	What is the distance between well and cesspit?	1. Less than 15 meters 2. From 15 – 25 meters 3. From 26 – 40 meters 4. More than 40 meters	<input type="checkbox"/>
<b>WW05</b>	What is the size of the cesspit?	M <sup>3</sup>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>WW06</b>	How many households using the same cesspit? (porous or tight cesspit)	Households	<input type="checkbox"/> <input type="checkbox"/>
<b>WW07</b>	Does cesspit evacuates?	1. Yes 2. No ( <b>Go to ES01</b> )	<input type="checkbox"/>
<b>WW08</b>	During 2005, how many times was the cesspit evacuated?		<input type="checkbox"/> <input type="checkbox"/>
<b>WW09</b>	What is the cost of the cesspit evacuation in each time (NIS)?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>ES01</b>	The doer of solid waste collection	1. Household members 2. Local authority ( <b>Go to ES03</b> ) 3. UNWRA ( <b>Go to ES03</b> ) 4. Private contractor ( <b>Go to ES03</b> ) 5. One of household members in addition to one of the above mentioned 6. Others (specify) ..... ( <b>Go to ES03</b> )	<input type="checkbox"/>
<b>ES02</b>	Select two of the most important methods that household use consequently to dispose waste?	1. Thrown in the nearest container 2. Burning 3. Throwing into a dump 4. Throwing randomly 5. Using to specific purposes (animal food, fertilizer ) 6. Others (specify) .....	<input type="checkbox"/> <b>First</b> <input type="checkbox"/> <b>Second</b>
<b>ES03</b>	How many times did wastes dispose last week ?		<input type="checkbox"/>
<b>ES04</b>	What is your estimations to the quantities of disposed wastes last time (Kg)?		<input type="checkbox"/>
<b>ES05</b>	The distance between the nearest waste collection place and the house ( <b>dump or big container</b> )	1. Less than or equal 500 meter 2. More than 500 meter	<input type="checkbox"/>
<b>ES06</b>	Consequently select two of the most important components of wastes (the first indicate to the more quantity)	1. Baby's nabs 2. Food wastes 3. Paper and carton 4. Rubber 5. Agricultural wastes 6. Plastic 7. Others (specify) .....	<input type="checkbox"/> <b>First</b> <input type="checkbox"/> <b>Second</b>
<b>ES07</b>	What was the cost of the solid waste collection service during the last month?	NIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	<b>EA01</b>	<b>EA02</b>	<b>EA03</b>
	Is any of the following considered as serious problem around household 1.No <b>go to <u>the next row</u></b> 2.Seldom <b>go to <u>the next row</u></b> 3.Sometimes <b>go to EA02</b> 4.Very often <b>go to EA03</b>	Duration of the most exposing to this problem 1. 6 am – 12 pm 2. 12 pm – 8 pm 3. 8 pm – 6am 4. There is no specified time	Insert the figures <b>1,2</b> consequently for <b>two most important sources</b> to the problem (when there are no two sources You can select one)
Noise (1)	<input type="checkbox"/>	<input type="checkbox"/>	1. Traffic 2. Planes 3. Queries and stone cutting 4. Construction 5. Industrial activities 6. Others (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>
Smells (2)	<input type="checkbox"/>	<input type="checkbox"/>	1. Waste water 2. Dump 3. Public restrooms 4. Transportation 5. Agricultural wastes (animal , vegetable ) 6. Industrial activities 7. Others (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>
Dust (3)	<input type="checkbox"/>	<input type="checkbox"/>	1. Unpaved roads 2. Queries and stone cutting 3. Construction 4. Industrial activities 5. Others (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>
Smoke (4)	<input type="checkbox"/>	<input type="checkbox"/>	1. Industrial activities 2. Waste burning 3. Transportation 4. Construction 5. Others (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>