



Palestinian National Authority  
**Palestinian Central Bureau of Statistics**  
**Expenditure and Consumption Survey, 2010**  
**Household Questionnaire**

<b>ID00</b>	Questionnaire serial no. in sample <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID04</b>	Questionnaire serial no. in Enumerated Area <input type="text"/> <input type="text"/>
<b>ID01</b>	Governorate <input type="text"/> <input type="text"/>	<b>ID05</b>	Number of Building <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID02</b>	Locality code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID06</b>	Number of Housing Unit in the Building <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID03</b>	Enumerated Area code in locality <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID07</b>	Round Number <input type="text"/> <input type="text"/>
<b>ID08</b>	Month Record	<b>ID09</b>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>ID10</b>	Location from the Separation and Annexation Wall	1. Behind the wall    2. Outside the wall <input type="text"/> 3. Localities circled by the wall    4. Localities divided by the wall	
<b>ID11</b>	Name of Household (HH) Head.....		

**Address**.....

<b>IR03</b>	<b>Interview Result</b>	<b>1</b>	Interview is completed
		<b>2</b>	Household traveled
		<b>3</b>	Unit not found
		<b>4</b>	Nobody at home
		<b>5</b>	Refused
		<b>6</b>	Not inhabited
		<b>7</b>	No information
		<b>8</b>	Other (Specify) .....

<b>IR04</b>	Total members of HH <input type="text"/> <input type="text"/>	Male Number <input type="text"/> <input type="text"/>	Female Number <input type="text"/> <input type="text"/>
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<b>IR05</b>	Interviewer's Name.....	<b>IR06</b>	Interviewer's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date .../.../201..
<b>IR07</b>	Supervisor's Name.....	<b>IR08</b>	Supervisor's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date.../.../201...
<b>IR09</b>	Editor's Name.....	<b>IR10</b>	Editor's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date.../.../201...
<b>IR11</b>	Data Entry Person's Name.....	<b>IR12</b>	Data Entry Person's code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date.../.../201...

**January 2010/January 2011**



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**Household Questionnaire**

<b>ID00</b>	Questionnaire serial no. in sample	□ □ □ □	<b>ID04</b>	Questionnaire serial no. in Enumerated Area	□ □
<b>ID01</b>	Governorate	□ □	<b>ID05</b>	Number of Building	□ □ □
<b>ID02</b>	Locality code	□ □ □ □ □ □	<b>ID06</b>	Number of Housing Unit in the Building	□ □ □
<b>ID03</b>	Enumerated Area code in locality	□ □ □	<b>ID07</b>	Round Number	□ □
<b>ID08</b>	Month Record		<b>ID09</b>	Year	□ □ □ □
<b>ID10</b>	Location from the Separation and Annexation Wall		1. Behind the wall    2. Outside the wall 3. Localities circled by the wall    4. Localities divided by the wall		
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**Address**.....

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		<b>7</b>	No information
		<b>8</b>	Other (Specify) .....

<b>IR04</b>	Total members of HH	□ □	Male Number	□ □	Female Number	□ □
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<b>IR05</b>	Interviewer's Name.....	<b>IR06</b>	Interviewer's code	□ □ □ □	Date .../.../201 ..
<b>IR07</b>	Supervisor's Name.....	<b>IR08</b>	Supervisor's code	□ □ □ □	Date.../.../201...
<b>IR09</b>	Editor's Name.....	<b>IR10</b>	Editor's code	□ □ □ □	Date.../.../201...
<b>IR11</b>	Data Entry Person's Name.....	<b>IR12</b>	Data Entry Person's code	□ □ □ □	Date.../.../201...

**January 2010/January 2011**

D1	D2	D3	D4	D5	D6	D7	D8
Line no. of member	Names of usual HH residents (Full names)	The relationship of (name) to the head of HH? 1. Head of HH. 2. Husband/ wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grand father/mother 7. Grandchild 8. Daughter/son in law 9. Other relatives 10. Other	Sex 1. Male 2. Female	Age Record the answer in full years. Record (00) if age is less than one year. 98 DK	Refugee Status 1. Registered refugee 2. Unregistered refugee 3. not refugee	Does mother name alive 1.YES 2.NO 3.DO NOT KNOW	Interviewer: if mother is alive record her number as in D1. Record (00) if not.
01.		<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"/>		
03.		<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"/>		
05.		<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"/>		
07.		<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"/>		
09.		<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"/>		
11.		<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"/>		
13.		<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"/>		
15.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		



**Household Members**

D1	D2	D14	D15	D16	D17
Line no. of member	Names of usual HH residents (Full names)	Education Attendance (for persons aged 5 years and over) 1. Currently attending school 2. Attended school at any time and left before completing level 3. Attended school and graduated 4. Never attended school	Number of education years that	Educational Status (for persons aged 10 years and over) 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.	What is the main reason for dropping out of school (for persons 5 years and more)? 1. Unwillingness for academic education 2. Unwillingness for co-education 3. Frequent repetition 4. Not interested in study 5. Bad economic situation of the family 6. Existing family problems 7. Caring for members of the family 8. Marriage 9. Sickness 10. Disability 11. No school nearby 12. Mistreatment at school 13. Security situation 14. Dismissal from school because of exceeding the legal age 15. Other
01.		<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"/>
03.		<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"/>
05.		<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"/>
07.		<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"/>
09.		<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"/>
11.		<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"/>
13.		<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"/>

Person 7 years and over				
D1	D2	D18	D19	D20
Line no. of member	Names of usual HH residents (Full names)	Work Status during the past week (for persons aged 7 years and over) 1. Employed from 1-14 hours 2. Employed 15-34 hours 3. 35 hours and over <b>(Doesn't work but wants to – has ever worked)</b> 4. Looked for work last week 5. Did not look for work because of frustration <b>(Doesn't work but wants to – has never worked)</b> 6. looked for work last week 7. Did not look for work because of frustration <b>(Doesn't work and doesn't want to)</b> 8. Full time student 9. Housewife 10. Unable to work 11. has revenue 12. other <u><b>6-12 move to D26</b></u>	Employment Status 1. Employer 2. Self employed 3. Unpaid Employee 4. work for regular wage 5. work for irregular wage	Place of Work 1. At home 2. In the same Locality 3. In the same Governorate 4. In other Governorate 5. Israel 6. Settlements 7. Abroad
01.		<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"/>
03.		<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"/>
05.		<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"/>
07.		<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"/>
09.		<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"/>
11.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1	D2	D21	D22	D23	D24	D25	D26
Continuous: Work Status for persons age 7 years and over							
Line no. of member	Names of usual HH residents (Full names)	Main Occupation Describe main tasks for coding	Economic Activity	Sector 1. National private inside establishments 2. National private outside establishments 3. Foreign private inside establishments 4. Foreign private outside establishments 5. National government 6. Foreign government 7. Charitable association 8. UNRWA 9. International organization	Does person have Another work  1. Yes 2. No	Number of working months during the year .If not working during the year, write 00	Marital Status (for persons 12 years and over) 1. Never married 2. Legally married 3. Currently married 4. Divorced 5. Widowed 6. Separated
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**Housing Data**

H1	Type of housing unit	<input type="checkbox"/>	1. Villa 2. House 3. Apartment 4. Separate Room 5. Tent 6. Marginal 7. Others
H2	Tenure of the housing unit	<input type="checkbox"/>	1. Owned 2. Rented no furniture 3. Rented with furniture 4. Without payment 5. For work 6. Others (specify).....
H35	Date of establishment of the building	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date must be written in completed years: If answer to question H2 is 2-6, then skip to H3. Otherwise continue
H3	What is the main material used in building outside walls of housing unit		1. cleaned stone 2. stone & cement 3. old stone 4. cement cob 5. concrete 6. mud 7. other (specify).....
H4	What is usage of housing unit	<input type="checkbox"/>	1. for residence 2. residence & work
H5	How many rooms are there in dwelling	<input type="checkbox"/> <input type="checkbox"/>	Excluding (bathroom and kitchen)
H6	How many sleeping rooms are used in dwelling	<input type="checkbox"/> <input type="checkbox"/>	
H7	1. How much do you pay in rent each month 2. Specify type of currency	..... <input type="checkbox"/>	If code 2 or 3 in H2 1. Shekel 2. Dinar 3. Dollar
H8	1. What is estimated rent value each month 2. Specify type of currency	..... <input type="checkbox"/>	If code 1 or 4 or 5 or 6 in H2 (if someone wanted to rent a dwelling like yours) 1. Shekel 2. Dinar 3. Dollar
H9	Connection to Public Networks		1. Local Public network 2. Israelian network 3. rain water 4. Bridges 5. Tank 6. other
	1. Water	<input type="checkbox"/>	
	2. Electricity	<input type="checkbox"/>	1. Public network 2. Private generator 3. No electricity
	3. Sewage system	<input type="checkbox"/>	1. Public Sewage System 2. hole absorption 3. Cesspit 3. No Sewage System
H10	Availability of a kitchen	<input type="checkbox"/>	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen
H11	Availability of a bathroom	<input type="checkbox"/>	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom
H12	Availability of a toilet (WC):	<input type="checkbox"/>	1. Toilet with Piped Water 2. Toilet without Piped Water 3. No Toilet
H13	Main source of energy for		
	1. Cooking	<input type="checkbox"/>	1. Gas 2. Kerosene 3. Electricity 4. Wood 5. Other / specify.....
	2. Heating	<input type="checkbox"/>	0. No exist 1. gas 2. Kerosene 3. Electricity 4. Wood 5. solar 6. coal 7. Other/ specify.....
	3. Conditioner	<input type="checkbox"/>	0. No exist 1. Electricity 2. Other/ specify.....
	4. Oven	<input type="checkbox"/>	0. No exist 1. gas 2. Electricity 3. Wood 4. olive cake 5. coal 6. Other/ specify.....
	5. Water heater	<input type="checkbox"/>	1. Sun 2. Gas 3. Kerosene 4. Electricity 5. Wood 6. Coal 7. solar 8. Other/ specify.....
H14	Do several or all of house rooms and corridors, and kitchen suffer from the following: 1. Yes 2. No	1. Dampness <input type="checkbox"/> 3. Poor ventilation <input type="checkbox"/>	2. Cold and difficult heating in winter <input type="checkbox"/> 4. High heat in summer <input type="checkbox"/>
H18	Is household member faced in housing unit with any of the following effects		
	1. Smoke, exhaust from cars	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	2. Smoke, exhaust from industry	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	3. Odors resulting from animals	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	4. Odors resulting from sewage system water	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	5. Odors resulting from garbage	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	6. General dust	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	7. Dust or smells resulting from other sources	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know
	8. Noise	<input type="checkbox"/>	1. Yes 2. No 3. Don't Know



H19	What is the method for removing garbage	<input type="checkbox"/>	1. Collected by sanitation worker 2. Thrown in nearby garbage container 3. Thrown randomly 4. Thrown in garbage area 5. Burned 6. Used for specific things 7. Other / specify.....
H20	What is the distance from the following: 1. Public transportation 2. Private doctor clinic 3. Health center 4. Hospital 5. Elementary/ secondary school 6. Mother and child health central	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km 1. Less than 1 km 2. 1-5 km 3. More than 5 km
H21	Availability of durable goods 1. Yes 2. No	1. Private Car <input type="checkbox"/> 2. Refrigerator <input type="checkbox"/> 3. Solar Boiler <input type="checkbox"/> 4. Washing Machine <input type="checkbox"/> 5. Cooking stove <input type="checkbox"/> 6. Dish washer <input type="checkbox"/> 7. Central heating <input type="checkbox"/> 8. Vacuum cleaner <input type="checkbox"/> 9. Dehumidifier <input type="checkbox"/> 19. Radio/Recorder <input type="checkbox"/> 21. Other <input type="checkbox"/>	10. Home library <input type="checkbox"/> 11. T.V <input type="checkbox"/> 12. Video/DVD <input type="checkbox"/> 13. Phone line <input type="checkbox"/> 14. Jawwal <input type="checkbox"/> 15. Mobile Israel <input type="checkbox"/> 16. Computer <input type="checkbox"/> 17. Satellite <input type="checkbox"/> 18. Microwave <input type="checkbox"/> 20. Filter <input type="checkbox"/>
H22	Does household have facilities for generation of income 1. Yes 2. No	1. Animals for transportation <input type="checkbox"/> 2. Taxi <input type="checkbox"/> 3. Truck <input type="checkbox"/> 4. Tractor <input type="checkbox"/> 9. Others <input type="checkbox"/>	5. Container water <input type="checkbox"/> 6. Sewing machine <input type="checkbox"/> 7. Craft jobs <input type="checkbox"/> 8. Trade jobs <input type="checkbox"/>
H23	Arrange Main Source of Income	1. Agriculture <input type="checkbox"/> 2. Household business <input type="checkbox"/> 3. Wages and salaries from public sector <input type="checkbox"/> 4. Wages and salaries from private sector <input type="checkbox"/> 5. Wages and salaries from Israeli work sector <input type="checkbox"/> 11. National insurance (Jerusalem) <input type="checkbox"/> 13. Other <input type="checkbox"/>	6. Remittances from Palestine <input type="checkbox"/> 7. Remittances from abroad <input type="checkbox"/> 8. International Institutions (aids) <input type="checkbox"/> 9. Social Aid <input type="checkbox"/> 10. wages from international organization <input type="checkbox"/> 12. Property income <input type="checkbox"/>
H24	Does the Household have agricultural land?	1. Yes 2. No -> Skip to H32	<input type="checkbox"/>
H25	What is the area of this land in general	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	How many square meter?
H26	What are the uses of this land? 1. Yes 2. No 99. Don't know/No answer	1. Field Crops <input type="checkbox"/> <input type="checkbox"/> 2. Vegetables <input type="checkbox"/> <input type="checkbox"/> 3. Horticultural trees <input type="checkbox"/> <input type="checkbox"/> 4. Meadows and permanent pasture <input type="checkbox"/> <input type="checkbox"/> 5. Forest <input type="checkbox"/> <input type="checkbox"/> 6. Uncultivated <input type="checkbox"/> <input type="checkbox"/> 7. Other (Specify ..... ) <input type="checkbox"/> <input type="checkbox"/>	

H27	Main source of irrigation? 1. Tube well  2. Public network  3. Water tank  4. Well assembly  5. Rain fed  6. Other	1.Field Crops <input type="checkbox"/> <input type="checkbox"/>  2.Vegetables <input type="checkbox"/> <input type="checkbox"/>  3.Horticultural trees <input type="checkbox"/> <input type="checkbox"/> 4.Meadows and permanent pasture <input type="checkbox"/> <input type="checkbox"/> 5.Forest <input type="checkbox"/> <input type="checkbox"/>
H28	What is the area planted with trees in square meter?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H29	What is the area planted with Vegetables in square meter?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H30	What is the area planted with field crops in square meter?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H31	What are the numbers of family members worked in the land cultivation during the last agricultural season? Males <input type="checkbox"/> <input type="checkbox"/> Females <input type="checkbox"/> <input type="checkbox"/>	
H32	Does the household have animal holdings (Cattle, Sheep and Goats, Poultry, Horses and Mules, Beehives) 1.YES                      2.NO (or finished)	<input type="checkbox"/>
H33	What are the number of branded heads and beehives at the visit time?	1. Cows <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Sheep and Goats <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Poultry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4.Beehives <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  5. Chickens <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Camels <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7.Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H34	What are the numbers of family members worked in animals caring?	Males <input type="checkbox"/> <input type="checkbox"/> Females <input type="checkbox"/> <input type="checkbox"/>

**Goods List**

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
<b>01</b>	Long-grain rice	101								
	Short-grain rice	102								
	Wheat	103								
	Local wheat flour	104								
	Imported white flour	105								
	Different kinds of bread	106								
	Qurshallah	107								
	Cookies stuffed with dates	108								
	Sesame bar	109								
	Macaroni	110								
	Noodles	111								
	Stuffed biscuit	112								
	Salted biscuit or local	113								
	Semolina	114								
	Crushed wheat	115								
	Roasted green wheat	116								
	Starch	117								
	Cake & Cookies	118								
	Infants products (Cerelac, Farleys,) etc.)	119								
	Breakfast cereals	120								
	Corn chips, popcorn	121								
	Oriental deserts (Kunafa....etc)	122								
	Ready made maftool	123								
	Dough	125								
	Other (specify)	124								
	Roasted green wheat	126								
<b>02</b>	<b>Meat and poultry</b>									
	Fresh goat & sheep meat	201								
	Frozen goat & sheep meat	202								
	Fresh beef meat	203								
	Frozen beef meat	204								
	Fresh camel meat	205								
	Fresh or frozen rabbit meat	206								
	Featherless fresh chicken	207								
	Feathered fresh chicken	217								

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Frozen chicken	208								
	Fresh turkey	209								
	Frozen turkey	218								
	Fresh or frozen squab	210								
	Other fresh or frozen birds	211								
	Processed lamb/ beef (hamburger, mortadella)	212								
	Processed poultry meat (mortadella, sausages)	219								
	Tinned meat	213								
	Fresh, frozen or tinned pork meat	214								
	Fresh chicken and turkey liver	215								
	Fresh lamb liver	220								
	Fresh beef liver	221								
	Inside organs and limbs of slaughtered animal	222								
	Meat processing costs	223								
	Other, specify	216								
	<i>Total meat &amp; poultry</i>									
<b>03</b>	<b>Fish and sea product</b>									
	Fresh fish	301								
	Frozen fish	302								
	Salted fish	303								
	Smoked fish	304								
	Tinned sardines	305								
	Tinned tuna	306								
	Fresh or chilled shrimps	307								
	Fish products	308								
	Fish processing costs	310								
	Other, specify	309								
	<i>Total fish &amp; sea products</i>									
<b>04</b>	<b>Dairy products and eggs</b>									
	Fresh or pasteurized milk	401								
	Condensed liquid milk	402								
	Fresh or pasteurized milk with fruit flavor	423								
	Powder milk	403								
	Infants powder milk	404								
	Tinned yogurt	405								

	Yogurt in kg.	406								
Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Liquid yogurt	407								
	Tinned yogurt paste (labaneyh)	408								
	Yogurt paste (labaneh) in kg.	409								
	Soft white cheese	410								
	Homemade cheese	411								
	Cooked cheese for sandwich	412								
	Processed cheese	413								
	Tinned yellow cheese	414								
	Yellow cheese (in carton)	415								
	Cheese, caccio cavallo	416								
	Other canned cheese (stores canned cheese)	422								
	Cream	417								
	Yogurt in solid form (Jamid) or (Kishik)	419								
	Other dairy products	420								
	Eggs	421								
	<i>Total dairy &amp; eggs</i>									
<b>05</b>	<b>Oils and fats</b>									
	Olive oil	501								
	Corn oil	502								
	Sunflower oil	503								
	Soya oil	504								
	Palm kernel oil	505								
	Vegetable fat (i.e Gazelle fat)	506								
	Animal fat	507								
	Margarine/ butter	509								
	Other oils & fats (specify)	508								
	<i>Total oils and fats</i>									
<b>06</b>	<b>Fresh fruits</b>									
	Oranges	601								
	Mandarins	602								
	Pomelos	603								
	Grapefruits	604								
	Lemons	605								
	Bananas	606								
	Apples	607								

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Grapes	608								
	Water melons	609								
	Melons	610								
	Apricots	611								
	Plums	612								
	Cherries	613								
	Peaches	614								
	Strawberries	615								
	Pears	616								
	Guavas	617								
	Pomegranates	618								
	Figs	619								
	Prickly pears	620								
	Khakis	621								
	Dates	622								
	Indian apricots	623								
	Pineapples	624								
	Mangos	625								
	Coconuts	626								
	Almonds, green	627								
	kiwi	629								
	Other fresh fruits, (berries, etc), specify	628								
	<i>Total fresh fruits</i>									
<b>07</b>	<b>Tinned fruits &amp; natural fruits juice</b>									
	Tinned pineapple	701								
	Tinned peaches	702								
	Tinned mixture of fruits	703								
	Others (specify)	706								
	<i>Total tinned fruits &amp; natural fruits juice</i>									
<b>08</b>	<b>Dried fruit</b>									
	Dried figs	801								
	Dried grapes	802								
	Dried dates	803								
	Dried apricots	805								
	Other (i.e dried apricot, dried grapes) specify	804								

	<i>Total dried fruits</i>									
<b>09</b>	<b>Nuts</b>									
	Pistachio	901								
Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Peanuts	902								
	Almonds	903								
	Hazelnuts	904								
	Watermelon seeds	905								
	Pumpkin seeds	906								
	Sunflower seeds	907								
	Walnuts	908								
	Cashew nuts	909								
	Chick peas	910								
	Chestnuts	911								
	Assorted nuts	912								
	Others (specify)	913								
	<i>Total nuts</i>									
<b>10</b>	<b>Fresh vegetables</b>									
	Tomatoes	1001								
	Cucumbers	1002								
	Egyptian cucumbers	1003								
	Carrots	1006								
	Eggplants	1007								
	Marrows	1008								
	Pumpkins	1009								
	Gourds	1010								
	Green beans	1011								
	Green okra	1012								
	Green broad beans	1013								
	Green Jews mallow	1014								
	Green peppers	1015								
	Spinach	1016								
	Cauliflower	1017								
	Cabbage	1018								
	<i>Lakhni ( a type of cabbage)</i>	1031								
	Green cow peas	1019								
	Green peas	1020								

	Lettuce	1021								
	Grape leaves	1022								
	Turnips	1023								
	Yellow corn	1024								
Group No	Description of item	Item No.	First Week		Second Week	Third Week		Fourth Week		
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Mushrooms	1025								
	Green thyme	1027								
	Green sage	1028								
	Parsley	1029								
	Coriander	1032								
	Watercress	1033								
	Akoob	1034								
	Fennel	1035								
	Radishes	1036								
	Spring onions	1037								
	Fresh garlic	1038								
	Green olives (not pickled)	1039								
	Others	1030								
	avocado	1040								
	<i>Total fresh vegetables</i>									
<b>12</b>	<b>Frozen vegetables</b>									
	Frozen green peas	1201								
	Peas and carrots	1205								
	Frozen green beans	1202								
	Frozen green okra	1206								
	Frozen mixed vegetables	1203								
	Other (specify)	1204								
<b>13</b>	<b>Legumes &amp; Vegetables Dried or Tinned</b>									
	Lentils	1301								
	Crushed lentils	1302								
	Dry chick peas	1303								
	Dry fava beans	1304								
	Dry sweet peas	1305								
	Dry peas	1306								
	Dry beans	1307								



	Dried Jew's mallow	1308								
	Dried okra	1309								
	Onions	1318								
	Garlic	1319								
	Dried hyssop	1320								
<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	First Week	Second Week		Third Week		Fourth Week		
	Dry yellow corn	1310	Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Lupine	1311								
	Other legumes and vegetables dried	1312								
	Broad beans (tinned)	1313								
	Chick peas, tinned or crushed	1314								
	Dried & tinned sweet beans	1315								
	Green beans (tinned)	1321								
	Tinned sweet beans	1316								
	Green pea (tinned)	1322								
	Other legumes tinned	1317								
	Mixed Vegetables	1323								
	Dry yellow corn	1310								
	<i>Total legumes &amp; vegetables (dried or tinned)</i>									
	Tomato paste or solid (tinned)	1324								
	Other tinned vegetables	1325								
<b>14</b>	<b>Tubers</b>									
	Potato	1401								
	Sweet potato	1402								
	Potato slices (frozen or tinned)	1403								
	Other, specify	1405								
	<i>Total tubers</i>									
<b>15</b>	<b>Sugar and Confectionery</b>									
	Sugar	1501								
	Halawa	1502								
	Treacle	1503								
	Jam	1504								
	Turkish delight	1505								
	Honey	1506								
	Local chocolate	1507								

	Imported chocolate	1508								
	Sweet	1509								
	Toffee	1510								
	Chewing gum	1511								
	<i>Qamar deen (made of apricot)</i>	1514								
	<i>Malban (made of grapes)</i>	1515								
	Bonbon, citrus products, etc...	1512								

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Ice-cream	1516								
	Ice	1517								
	Other, specify	1513								
	<i>Total sugar and confectioneries</i>									
<b>16</b>	<b>Tea, coffee, and hot chocolate (cacao)</b>									
	Tea (in kg)	1601								
	Tea packing (various types)	1602								
	Tea bags	1603								
	Ground coffee	1604								
	Green seed coffee	1605								
	Coffee substitutes (nescafe)	1606								
	Cocoa	1607								
	Cappuccino	1609								
	Coffee creamer	1610								
	Other, specify	1608								
	Black pepper	1701								
	Assorted spices	1702								
	Cardamom	1703								
	Canella	1704								
	Aniseed	1705								
	Cinnamon	1706								
	Sumac	1707								
	Other spices (specify)	1708								
	Fenugreek	1709								
	Black cumin	1710								
	Sesame	1711								
	Dried sage	1712								
	Dried chamomile	1713								
	Treated thyme	1714								
	Salt	1715								
	Lemon salt	1716								

	Tehina	1717								
	Green olive	1718								
	Pine nut	1719								
	Soup with noodles	1720								
	Soup (cubes)	1721								
	Coconut, rasped	1722								

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Rose water	1723								
	Vinegar	1724								
	Gel powder	1725								
	Cream caramel	1726								
	Pickles	1727								
	Catsup	1728								
	Mayonnaise	1729								
	Yeast	1730								
	Vanilla	1731								
	Baking powder	1732								
	Sodium carbonate	1733								
	Infants ready made food	1734								
	Potato products (potato chips)	1736								
	Other (specify)	1735								
	<i>Total spices, salt &amp; other preserves</i>									
<b>18</b>	<b>Take away ready food</b>									
	Chick peas (Hummos)	1801								
	Fava beans (foul)	1802								
	Falafel	1803								
	Other sandwiches	1804								
	Grilled chicken	1805								
	Other grilled meat	1806								
	Pastries (pie, pizza, pie with thyme...etc)	1807								
	Roasted corn	1808								
	Lupine, ready	1809								
	Fresh fruit juice	1810								
	Other (specify)	1811								
	<i>Total take away ready food</i>									
<b>19</b>	<b>Meals (taken inside restaurant)</b>									
	Food meals inside restaurant	1901								

	Beverages inside restaurant or cafe	1902								
	Water pipe smoke inside rest. or cafe	1903								
	<i>Total meals inside restaurant</i>									
<b>20</b>	<b>Beverages</b>									
	Mineral water	2001								
	Juice liquid	2002								
Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Juice powder	2003								
	Concentrated juice	2004								
	Natural fruit juice	2010								
	Soft drinks, can	2006								
	Soft drinks, bottles	2007								
	Soft drinks, family size	2008								
	Energy drink	2011								
	choco	2012								
	Other drinks	2009								
<b>21</b>	<b>Tobacco and cigarettes</b>									
	Tobacco cured (Arabic)	2101								
	Tobacco, pipe (in can or packet)	2102								
	Local cigarettes	2103								
	Imported cigarettes	2104								
	Cigars	2105								
	Manufactured tobacco (Masell)	2106								
	Essence, tobacco (waterpipes)	2107								
	Other, specify	2110								
	Beer	2111								
	Whisky	2112								
	Wine	2113								
	Cognac	2114								
	Other spirits (specify)	2115								
<b>22</b>	<b>Own produced products, consumed or given away</b>									
	Wheat	2201								
	Fresh goat and sheep meat	2202								
	Poultry	2203								
	Other birds	2204								

	Fish and sea product	2205								
	Fresh milk	2206								
	Yogurt	2207								
	Labaneh	2208								
	White cheese	2209								
	Yogout, sold (Jamid)	2210								
	Eggs	2211								
Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Fresh fruit, specify	2212								
	Thyme	2213								
	Onion	2214								
	Fresh vegetables, specify	2215								
	Tomato paste	2216								
	Pickled olives	2217								
	Olive oil	2218								
	Butter	2225								
	Seeds (lentils, beans...etc.)	2226								
	Hard onions	2227								
	Dried garlic	2228								
	Other dried vegetables ( <i>molokhiya</i> ...etc.)	2229								
	Other, from food	2219								
	Water (collect water, spring)	2223								
	Clothes	2221								
	Fuel	2222								
	Coal	2231								
	Wood	2232								
	Olive cake	2233								
	Tobacco	2230								
	Other from non food	2220								
	<i>Total own produced product</i>									

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
<b>23</b>	<b>Ready made men clothes</b>									
	Men trouser	2301								
	Men shirt	2302								
	Men jacket	2303								
	Coat	2304								
	Men suite	2305								
	Trouser	2306								
	Men trouser	2307								
	Underwear	2308								
	Pajama	2309								
	Classes	2310								
	Cofieh	2311								
	Arabic suite(qumbaz)	2312								
	Doshdasheh	2313								
	Tie	2314								
	Sports suite	2315								
	Other	2316								
	<i>Total ready made men's clothes</i>									
<b>24</b>	<b>Clothes for women</b>									
	Women suite	2401								
	Skirt	2402								
	Bloze	2403								
	Shirt	2404								
	Trouser	2405								
	Jacket	2406								
	Sleeping wears	2407								
	Underwear	2408								
	Classes	2409								
	Doshdasheh	2410								
	Women suite	2411								
	Women coat	2412								

	Pajama	2413								
	Jilbab	2414								
	Popular dress	2415								
	Trouser	2416								
	Isharb	2417								
	Other	2418								
	<i>Total ready made women's clothes</i>	2421								
<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>First Week</b>		<b>Second Week</b>		<b>Third Week</b>		<b>Fourth Week</b>	
<b>25</b>	<b>Clothes for boys and children</b>									
	Girls dress	2501								
	Girls coat	2502								
	Boys jacket	2503								
	Girls jacket	2504								
	Shirt	2505								
	Girls pajamas	2506								
	Boys pajamas	2507								
	Underwear	2508								
	Girls socks	2509								
	Boys socks	2510								
	Bys sets	2511								
	Boys trouser	2512								
	Girls trouser	2513								
	Girls skirt	2514								
	Blouse	2515								
	Baby wear	2516								
	Other	2517								
	<i>Total ready made boys &amp; children</i>									
<b>26</b>	<b>Fabrics for Tailoring</b>									
	Men's fabrics	2601								
	Women fabrics	2602								
	Girls and boys fabrics	2603								
	Trico wool	2304								
	Embroidery fabrics	2605								
	Cotton and silk yarn	2606								
	Sewing supplies	2607								
	Trico yarn	2608								
	Embroidery yarn	2609								

	Sewing supplies	2610							
	Belts	2611							
	Other	2612							
	Total Fabrics and other kinds of clothes								
<b>25</b>	<b>Clothes for boys and children</b>								
	Girls dress	2501							
	Girls coat	2502							
	Boys jacket	2503							
<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>First Week</b>	<b>Second Week</b>	<b>Third Week</b>	<b>Fourth Week</b>			
	Girls jacket	2504							
	Shirt	2505							
	Girls pajamas	2506							
	Boys pajamas	2507							
	Underwear	2508							
	Girls socks	2509							
	Boys socks	2510							
	Bys sets	2511							
	Boys trouser	2512							
	Girls trouser	2513							
	Girls skirt	2514							
	Blouse	2515							
	Baby wear	2516							
	Other	2517							
	<i>Total ready made boys &amp; children</i>								
<b>26</b>	<b>Fabrics for Tailoring</b>								
	Men's fabrics	2601							
	Women fabrics	2602							
	Girls and boys fabrics	2603							
	Trico wool	2304							
	Embroidery fabrics	2605							
	Cotton and silk yarn	2606							
	Sewing supplies	2607							
	Trico yarn	2608							
	Embroidery yarn	2609							
	Sewing supplies	2610							
	Belts	2611							
	Other	2612							
	Total Fabrics and other kinds of clothes								



<b>27</b>	<b>Tailoring charges</b>									
	Men's clothes	2701								
	Women's clothes	2702								
	Children's clothes	2703								
	Clothes repair costs	2710								
<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>First Week</b>	<b>Second Week</b>	<b>Third Week</b>	<b>Fourth Week</b>				
	Clothes renting costs	2711								
	Clothes cleaning and ironing	2712								
	Clothes dying costs	2713								
	Other	2714								
<b>28</b>	<b>Footwear</b>									
	Shoes for men	2801								
	Men boot	2802								
	Men hvaip	2803								
	Men gumboots	2804								
	Men sandal	2805								
	Other men shoes	2806								
	Shoes for women	2807								
	Women boot	2808								
	Women sandal	2809								
	Women hvaip	2810								
	Women gumboots	2811								
	Girls shoes	2812								
	Girls boot	2813								
	Girls sandal	2814								
	Girls hvaip	2815								
	Girls gumboots	2816								
	Other shoes for women and girls	2817								
	Boys shoes	2818								
	Boys gumboots	2819								
	Boys boot	2820								
	Boys sandal	2821								
	Boys hvaip	2822								
	Baby boot	2823								
	Other shoes for boys	2824								
	Fixed shoes	2825								

	<i>Total footwear</i>									
<b>29</b>	<b>Expenditure on dwelling</b>									
	Dwelling rent	2901								
	Garbage disposal & insecticides	2902								
	Electricity charges	2903								
	Water charges	2904								
	Gas charges	2905								
	Solar oil	2906								
<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>First Week</b>	<b>Second Week</b>	<b>Third Week</b>	<b>Fourth Week</b>				
	Kerosene	2907								
	Coal/ charcoal	2908								
	Coal	2923								
	Wood	2924								
	Olive cake	2925								
	Sewage fees	2920								
	Small repairs and secondary maintenance expenses	2921								
	Repairs and maintenance material	2922								
	Other expenditure on dwelling	2913								
	<i>Total expenditure on dwelling</i>									
<b>30</b>	<b>Textiles and Furnishings</b>									
	Bed sheets	3001								
	Blankets	3002								
	Wool mattress	3003								
	Sponge mattress	3004								
	Spring mattresses	3005								
	Cotton mattress	3020								
	Quilts	3006								
	Pillows	3007								
	Towels	3008								
	Clothes or metal curtains	3009								
	Table sheet	3011								
	Veranda & garden umbrellas	3017								
	Other, specify	3018								
	Furniture & textiles repair	3019								
	<i>Total textiles and furnishings</i>									

<b>31</b>	<b>Household utensils</b>									
	Table glassware, crystal, china (cups and dishes)	3130								
	Knives, forks, and spoons	3131								
	Plates and dishes made of metal or melamine	3132								
	Non-electric cooking utensils (saucepans, frying pans)	3133								
	Other non-electric stuff (coolers, bottles, milk bottles, iron board)	3134								

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>First Week</b>	<b>Second Week</b>	<b>Third Week</b>	<b>Fourth Week</b>
	Home utensils repair	3135				
<b>32</b>	<b>Household operations</b>					
	Washing powder and conditioner	3230				
	Washing up liquid	3231				
	Floor and window cleaners	3232				
	Antiseptics	3233				
	Insecticides	3234				
	Cleaning tools (brooms, brushes, mats, sponge for washing the dishes)	3235				
	Paper products (kitchen towels, napkins, paper plates, vacuum cleaner bags, aluminum foil)	3236				
	Other materials (candles, matches, coat hangers, needles, thread, glue, nails)	3237				
	Servants, drivers, cooks, and gardeners	3240				
	Babysitting and housework provided by companies	3241				
	Cleaning and insecticide services	3242				
	Dry cleaning, washing and dyeing wools and carpets	3243				
	Renting furniture and home equipment	3244				
	Other	3245				
	Tools (pliers, hammer, screwdriver, file...etc.)	3250				
	Garden tools (wheelbarrow, hose, shovels, plant scissors,	3251				
	Ladders	3252				
	Door installations (joints and locks)	3253				

	Light pulps, wires, flashlights, batteries	3254							
	House fire extinguisher	3255							
	Repair of small house tools	3256							
	Other	3257							
<b>33</b>	<b>Medical services</b>								
	Doctors services fees	3301							
	Specialized practitioners' services (ophthalmic surgeon, orthopedic surgeon ...etc)	3320							
	Dentist fees	3302							

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>First Week</b>	<b>Second Week</b>	<b>Third Week</b>	<b>Fourth Week</b>
	Teeth maintenance and repairs	3303				
	Physical therapy fees	3304				
	Medical laboratory fees	3305				
	X - ray fees	3306				
	Nurses fees	3307				
	Ambulance services	3321				
	Vitamins and medicine	3308				
	Thermometers and cotton	3309				
	First aid kits	3310				
	Other, specify	3311				
	Eye lenses	3312				
	Eye glasses	3313				
	Hearing aids	3314				
	Wheelchairs	3315				
	Medical instruments repair	3316				
	Government Hospital fees	3317				
	Special hospital fees (admittance & treatment)	3322				
	NGO Hospital fees (admittance & treatment)	3323				
	Traditional medicine services	3324				
	Renting medical equipment	3325				
	<i>Total medical services</i>					
<b>34</b>	<b>Expenditure on personal transport</b>					
	Tires for cars	3401				
	Tubes	3402				
	Spare parts and batteries	3403				
	Repair charges	3404				

	Gasoline	3405								
	Diesel	3406								
	Engine oil	3407								
	Other oils (brake oil, gear oil etc)	3408								
	Car lubrication	3409								
	Parking fees	3410								
	Car cleaning fees	3411								
	Car registration fees	3413								
	Car driving lessons fees	3414								
	Car transferring ownership fees	3415								
	Rent a car without driver fares	3418								

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	<i>Total expenditure on personal transport</i>									
<b>35</b>	<b>Transport</b>									
	Bus fares	3501								
	Student transportation fees	3520								
	Taxi fares (public transport)	3502								
	Call on taxi fares	3503								
	Porters and transporting of luggage service	3521								
	Other transport means (specify)	3505								
	<b>Communication</b>									
	Postal services fares (Government)	3506								
	Postal services (letters, parcels)	3522								
	Telephone	3507								
	Mobile	3523								
	Telex - fax	3508								
	Internet Fees	3524								
	Public phone expenses	3525								
	Phones and cell phones repair expenses	3526								
	Phone line installation fees	3527								
	Other, specify	3509								
	<i>Total Transport &amp; communication</i>									
<b>36</b>	<b>Recreational and cultural activities</b>									
	Recorded tapes for recorder & video	3601								
	Unrecorded tapes for recorder & video	3602								
	Diskettes for Attari & computer	3603								
	Renting video tapes	3604								
	Camera films	3605								
	Children toys	3606								
	Entertainment (musical instruments, chess...etc.)	3630								
	Spare parts for recreational equipment	3607								

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Repair of recreational equipment	3608								
	Expenditure on parking & amusement places	3609								
	Expenditure on theatre	3610								
	Expenditures on cinema	3631								
	Sports materials	3632								
	Expenditure on sport & social clubs	3611								
	Expenditure on museum	3636								
	Lottery	3612								
	Developing films fees	3613								
	Hiring of videos and T.Vs	3614								
	Expenditure on pets (cats, dogs)	3615								
	Expenditure on natural plants	3619								
	Expenditure on artificial flowers	3620								
	Expenditure for celebrations	3616								
	Expenditure for death ceremonies	3617								
	Other, specify	3618								
	Albums	3621								
	Books (not for school)	3622								
	School/universities books	3633								
	Magazines	3623								
	Journals	3624								
	Hobby development costs (music playing, swimming ... etc)	3634								
	Other, specify	3625								
	<i>Total recreational &amp; cultural activities</i>									
<b>37</b>	<b>Hotels and internal trips</b>									
	Expenditure on shelter	3701								
	Expenditure on food	3704								
	Expenditure on shopping	3705								
	Expenditure on transportation and telecommunication	3706								
	Other, specify	3703								
	<i>Total hotels and trips</i>									
<b>39</b>	<b>Writing and drawing equipment</b>									
	Notebooks, envelopes, diaries (including	3910								

	school notebooks)									
	Pens and pencils	3901								
Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Rubbers and rulers	3902								
	Pencil sharpeners- staples	3903								
	Paper punches and stamps	3904								
	Ink and paper clips	3905								
	Drawing and painting material	3911								
	Other , specify	3906								
	<i>Total writing &amp; drawing equipment</i>									
<b>40</b>	<b>Personal care &amp; equipment</b>									
	Cosmetic stores expenses; hairstyling and barber expenses	4030								
	Saunas expenses	4031								
	Massage expenses	4032								
	Non-electric tools (shaving tools, razors, toothbrushes, hairpins, bathroom scales	4033								
	Toiletries (soap, shampoo, toothpaste)	4034								
	Cosmetics (lipstick, nail polish, powder, hairstyling materials, hair removers)	4035								
	Fragrance and antiperspirants	4036								
	Paper products: toilet paper and paper towels	4037								
	Medical cotton and sanitary pads	4038								
	Diapers	4039								
	Luggage, handbags, wallets ...etc.	4040								
	Suitcases/ school bags	4041								
	Smokers' stuff: pipes, lighters, cigarette packs	4042								
	Personal luggage: Sunglasses, walking staff	4043								
	Other	4044								



Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
<b>41</b>	<b>Financial and legal services</b>									
	Banking fees	4101								
	Legal services and fines in cash	4102								
	Brokers (commission)	4103								
	Other, specify	4104								
	Driving license fees	4407								
	Driving test fees	4408								
	Travel permits fees	4409								
	Traffic violation fees	4410								
	Documents stamping & approving fees	4411								
	<i>Total financial and legal services</i>									
<b>42</b>	<b>Other services</b>									
	Advertisement fees	4201								
	Photographs fees	4202								
	Copy services	4203								
	Translation & printing	4204								
	Other, specify	4205								
	<i>Total other services</i>									
<b>43</b>	<b>Interests on loans</b>									
	Interests on consumption	4301								
	Interests on loans to build a house	4302								
	<i>Total interests on loan</i>									
<b>44</b>	<b>Fees and taxes</b>									
	Passport issuance fees	4401								
	Family legal document issuance fees	4402								
	Identity card issuance fees	4403								
	Birth certificates fees	4404								
	Visa issuance fees	4405								
	Marriage and divorce	4406								
	Cash taxes (various types)	4412								
	Education tax	4415								
	Roof tax (including the Armona)	4416								

Group No	Description of item	Item No.	First Week		Second Week		Third Week		Fourth Week	
			Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity
	Financial penalties	4413								
	Border crossing fees	4417								
	Other, specify	4414								
	<i>Total fees and taxes</i>									
<b>45</b>	<b>Transfer payment</b>									
	Financial transfers	4501								
	Social insurances	4502								
	Life insurances	4503								
	Medical insurances	4504								
	Car premium	4511								
	House premium	4512								
	Membership in professional associations	4506								
	Membership fees in social & cultural societies and clubs	4513								
	Zakhat and charities (in cash)	4507								
	Gifts in cash	4508								
	Payment during feasts	4509								
	Other, specify	4510								
	<i>Total transfer payments</i>									

**Durable Goods**

Group No	Description of item	Item No.	Total amount last 12 months
<b>50</b>	<b>Furniture</b>		
	Wooden bed	5001	
	Metal bed	5002	
	Wooden tables	5003	
	Wooden chairs	5004	
	Plastic tables	5005	
	Plastic chairs	5006	
	Wooden cupboard	5007	
	Dining room, complete set	5008	
	Living room, complete set	5009	
	Bed room, complete set	5010	
	Office and buffets	5011	
	Book shelves	5012	
	Benches	5013	
	Carpets (area and wall-to-wall)	5014	
	Mats	5015	
	Plates (tableau, portrait etc.)	5016	
	Baby carriage	5017	
	Infant bed	5018	
	Others, specify	5019	
	Repair of furniture	5020	
	<i>Total furniture</i>	<i>5000</i>	
<b>51</b>	<b>Household appliances</b>		
	Gas/ electric stove	5101	
	Gas stove (cooker)	5102	
	Electric stove (cooker)	5103	
	Refrigerator	5104	
	Freezer	5105	
	Electric iron	5106	
	Air conditioner	5107	
	Electric fan	5108	
	Sewing machine	5109	
	Washing machine	5110	
	Dish washer	5111	
	Gas heater	5112	
	Kerosene heater	5113	
	Solar oil heater	5114	
	Electric heater	5115	

Group No	Description of item	Item No.	Total amount last 12 months
	Vacuum cleaner	5116	
	Textile machine	5117	
	Electric food mixer	5118	
	Coffee mill	5119	
	Electric meat processor	<b>5130</b>	
	Toaster	<b>5131</b>	
	Electric kitchen sets	5120	
	Electric kettle (tea or coffee)	5121	
	Personal grooming electric devices and their repair	<b>5132</b>	
	Hair dresser	5122	
	Electric cooking pan	5123	
	Microwave oven (stove)	5124	
	Boiler	5125	
	Solar panel	<b>5133</b>	
	Electric cooler	5126	
	Gas cylinder	5127	
	Other, specify	5128	
	Household appliances repair	5129	
	<i>Total household appliances</i>	<i>5100</i>	
<b>52</b>	<b>Personal means of transportation</b>		
	Vehicles (car, van) new	5201	
	Vehicles (car, van) old	<b>5205</b>	
	Motorcycle	5202	
	Bicycle	5203	
	Other, specify	5204	
	<i>Total personal means of transportation</i>	<i>5200</i>	
<b>53</b>	<b>Recreational supplies</b>		
	Radio or radio with tape recorder	5301	
	Radio	<b>5315</b>	
	recorded–Tape	<b>5316</b>	
	T.V's	5302	
	Video	5303	
	DVD	5326	
	Video camera	5304	

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
	Cameras	5305	
	Musical instruments	5306	
	Satellite	5307	
	TV's aid	5308	
	Attari	5309	
	Computers	5310	
	Mobile	<b>5317</b>	
	Telephone	<b>5318</b>	
	Telefax	<b>5319</b>	
	Other specify	5311	
	Recreational appliances repair	5312	
	Calculator	<b>5320</b>	
	Buying pets	<b>5321</b>	
	Plants including Christmas tree	<b>5322</b>	
	Sports equipment	<b>5323</b>	
	Camping tools	<b>5324</b>	
	<i>Total recreational appliances</i>		
<b>54</b>	<b>Other goods and services</b>		
	Tickets for traveling abroad	5401	
	Tourist trip abroad (food, transport, shelter)	<b>5406</b>	
	Trip abroad costs (study)	<b>5407</b>	
	Hajj and <i>Omra</i> (visit Mecca for religious ceremonies)	<b>5408</b>	
	(physical therapy)	<b>5409</b>	
	Jewels, watches, rings, precious stones etc.	5403	
	Other specify	5404	
	Jewels and watches repair	5405	
	<i>Total other goods and services</i>		
<b>55</b>	<b>Social protection</b>		
	Expenses of old people homes and disabled people's homes	<b>5501</b>	
	Expenses for schools for the disabled	<b>5502</b>	
	Childcare expenses	<b>5503</b>	
<b>38</b>	<b>Education</b>		
	Kindergarten tuition	3801	

<b>Group No</b>	<b>Description of item</b>	<b>Item No.</b>	<b>Total amount last 12 months</b>
	School tuition	3802	
	Special education elementary fees	<b>3815</b>	
	Government secondary education fees	<b>3816</b>	
	Special secondary education fees	<b>3817</b>	
	Municipality elementary education fees (Jerusalem)	<b>3821</b>	
	Municipality secondary education fees (Jerusalem)	<b>3822</b>	
	Lore secondary education fees (Israel)	<b>3823</b>	
	Lore elementary education fees (Israel)	<b>3824</b>	
	Community college tuition	3803	
	University tuition	3804	
	Vocational education fees	<b>3818</b>	
	Cultural development education fees	<b>3819</b>	
	Expenses of adult and youth education outside school	<b>3820</b>	
	Other, specify	3813	
	<i>Total education</i>		

**Assistance Data**

I01	During the month of the survey, did you or a family member receive any kind of assistance from any party (such as food, medicine, work, educational assistance)?	1. Yes, the family received assistance and it was in need for it			<input type="checkbox"/> <input type="checkbox"/>	
		2. Yes, the family received assistance and it was not in need for it				
		3. No, the family did not receive assistance and it was in need for it.....Skip to I05				
		4. No, the family did not receive assistance and it was not in need for it .....Skip to I05				
		5. No/Don't know/No answer.....Skip to I05				
I02	How many times have you received assistance				<input type="checkbox"/> <input type="checkbox"/>	
I03	A. Assistance type	B. Assistance value	C. Source of Assistance	D. Satisfaction with the assistance	E. Dissatisfied about assistance	
	1. food 2. free treatment 3. clothes 4. work 5. martyr's family 6. cash 7. health insurance 8. multi 9. other	value 1.NIS 2.JD 3.US\$	1. social affairs 2. other Palestinian authority foundations 3. political parties 4. zakat 5. international organizations 6. UNRUA 7. Arab countries 8. charities 9. family and relatives 10. friends/neighbor 11. labor unions 12. national banks 13. local committee 14. other/specify	1. Very satisfied 2. Satisfied 3. Not satisfied 4. Not satisfied at all 5. No applicable	1.very satisfied 2.rarely satisfied 3.not satisfied 4.absolutely not satisfied	
Interviewer: record assistance that household receives during this month, each row/kind of assistances						
1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
I04	What is the most important assistance you receive	1.without this assistance we can not manage living 2.we manage our living with difficulty 3. it is a help factor and additional income 4. contributed to decreasing difficulties 5.we can manage our living without 6. not important for household 88. not applicable 99. do not know			<input type="checkbox"/> <input type="checkbox"/>	

I05	In case your family did not receive any assistance, what do you think is the main reason?	1. The family did not apply for assistance	<input type="checkbox"/> <input type="checkbox"/>
		2. The family lives in a remote area	<input type="checkbox"/> <input type="checkbox"/>
		3. The family lives in rich neighborhood	<input type="checkbox"/> <input type="checkbox"/>
		4. No answer	<input type="checkbox"/> <input type="checkbox"/>
I06	Regardless of the fact that you have received assistance or not, do you see that you need help?	1. Yes, often	<input type="checkbox"/> <input type="checkbox"/>
		2. Yes, somewhat	<input type="checkbox"/> <input type="checkbox"/>
		3. Not sure	<input type="checkbox"/> <input type="checkbox"/>
		4. No, no need for assistance	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I07	Regardless of the fact that you have received assistance or not, what is your opinion on the accuracy or efficacy of targeting needy sectors in terms of food assistance in your community, to what extent you can say that they reach the needy sectors?	1. The assistance reaches primarily the needy people	<input type="checkbox"/> <input type="checkbox"/>
		2. The assistance reaches primarily needy people, but also some people who are not in need receive it	<input type="checkbox"/> <input type="checkbox"/>
		3. Generally, food aid is distributed without distinction between needy and not needy person	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I08	What is the period that you think you can hold on financially in the future	1. I can hold on regardless of time 2. around year 3. for many month 4. almost we can manage our life 5. we have a difficult situation 99. do not know/no answer	<input type="checkbox"/> <input type="checkbox"/>
I09	During the month of the survey, has the family experienced any of the following?  1. Yes  2. No  1. Not applicable  99. Don't know/ No answer	1. The principal breadwinner lost his job	<input type="checkbox"/> <input type="checkbox"/>
		2. The family lost its business	<input type="checkbox"/> <input type="checkbox"/>
		3. The family lost its property (house, agricultural land, greenhouses, ... etc.)	<input type="checkbox"/> <input type="checkbox"/>
		4. Difficulties and problems associated with access to the workplace, the market, land, ...etc.	<input type="checkbox"/> <input type="checkbox"/>
		5. Loss of assistance	<input type="checkbox"/> <input type="checkbox"/>
		6. Loss of full / or part of the salary / delay in obtaining the salary	<input type="checkbox"/> <input type="checkbox"/>
		7. One of the family members got new job / inheritance/ Better salary/ No business	<input type="checkbox"/> <input type="checkbox"/>
		8. Movement of residence to new location with better services (closer to work, school, health centers)	<input type="checkbox"/> <input type="checkbox"/>
		9. Rise in food prices	<input type="checkbox"/> <input type="checkbox"/>
		10. Other (Specify.....)	<input type="checkbox"/> <input type="checkbox"/>
I10	During the month of the survey, was there any change in the consumption of your family?	1. Yes, decreased	<input type="checkbox"/> <input type="checkbox"/>
		2. Yes, increased	<input type="checkbox"/> <input type="checkbox"/>



	For fieldworker: If answer equal (2-3, 99), skip to question.....>I13	3. No changes 99. Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I11	If your family expenditure decreased during the month of the survey, what are the items that have been decreased in spending?  1. Yes 2. No	1. Food	<input type="checkbox"/>
		2. Cloths	<input type="checkbox"/>
		3. Education	<input type="checkbox"/>
		4. Housing expenses / House equipments	<input type="checkbox"/>
		5. Health expenses	<input type="checkbox"/>
		6. Entertainment/Travel	<input type="checkbox"/>
		7. Transportation	<input type="checkbox"/>
		8. Bill	<input type="checkbox"/>
		9. Other (Specify.....)	<input type="checkbox"/>
I12	If your family expenditure on food decreased during the month of the survey, what are the items that have been decreased in spending?  1. Yes 2. No	1. Food quantity	<input type="checkbox"/>
		2. Food quality	<input type="checkbox"/>
		3. The amount of meat purchased / consumed	<input type="checkbox"/>
		4. The amount of fruits purchased / consumed	<input type="checkbox"/>
		5. The amount of milk or its products purchased / consumed	<input type="checkbox"/>
		6. Other (Specify.....)	<input type="checkbox"/>
I13	When answering the following questions, please select answers that best describe the conditions of your family during the month of the survey (during the past 30 days)  0: Not once during the past 30 days  1: Once or twice during the past 30 days  2: 3-10 times during the past 30 days  3: More than 10 times during the past 30 days  99: Don't Know/ No answer	1. Concern that family members will not obtain adequate food	<input type="checkbox"/> <input type="checkbox"/>
		2. Inability of family members to obtain favorite type of foods due to lack of sources	<input type="checkbox"/> <input type="checkbox"/>
		3. Family member were forced to eat specific types of food because of lack of sources	<input type="checkbox"/> <input type="checkbox"/>
		4. Family member were forced to eat unfavorable types of food because of lack of sources	<input type="checkbox"/> <input type="checkbox"/>
		5. Family member were forced to eat less food because of shortage	<input type="checkbox"/> <input type="checkbox"/>
		6. Family member were forced to eat less food meals because of shortage	<input type="checkbox"/> <input type="checkbox"/>
		7. The lack of food or its availability inside the house because of lack of sources to buy it	<input type="checkbox"/> <input type="checkbox"/>
		8. You or a family member had to sleep without eating (hungry) because of food shortage	<input type="checkbox"/> <input type="checkbox"/>
		9. You or a family member had to not eat all day because of food shortage	<input type="checkbox"/> <input type="checkbox"/>
		I14	To what extent you can say that the restrictions on your movement was a problem for you and your family during the month of the survey?
2. Slightly	<input type="checkbox"/> <input type="checkbox"/>		
3. No effect at all	<input type="checkbox"/> <input type="checkbox"/>		
99. Don't know / No answer	<input type="checkbox"/> <input type="checkbox"/>		
I15	During the month of the survey, were you or family members able to go to	1. Not difficult	<input type="checkbox"/> <input type="checkbox"/>
		2. Difficult	<input type="checkbox"/> <input type="checkbox"/>

	work?	3.Very difficult	<input type="checkbox"/> <input type="checkbox"/>
		4.Almost impossible	<input type="checkbox"/> <input type="checkbox"/>
		88. Not applicable	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I16	During the month of the survey, were you or family members able to farm the land?	1.Not difficult	<input type="checkbox"/> <input type="checkbox"/>
		2.Difficult	<input type="checkbox"/> <input type="checkbox"/>
		3.Very difficult	<input type="checkbox"/> <input type="checkbox"/>
		4.Almost impossible	<input type="checkbox"/> <input type="checkbox"/>
		88. Not applicable	<input type="checkbox"/> <input type="checkbox"/>
		99. Don't know/No answer	<input type="checkbox"/> <input type="checkbox"/>
I17	1. Do you receive regular remittances from outside 2. Value of remittances	1.Yes 2.No.....I07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
I18	In which ways do you spend this remittance 1.Yes 2.No	1. food and living 2 .building 3. marriage 4. furniture 5. education 6. properties purchase 7. other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I19	During the survey month did you obtain loans	1.Yes 2.No.....I09	<input type="checkbox"/>
I20A	Loan Source	I07B Loan Value in NIS	Value of loan expended on living in NIS
	1. Governmental loans	<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. Loans from commercial banks	<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. Loans from specialist foundations	<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. Loans from other foundations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I21	For what do you expend this loan 1. YES 2. NO	1. for food and living 2. building 3. marriage 4. furniture 5. education 6. properties sell 7.other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I22	In general, is your household situation	1. Good 2. Middle ] -> Skip to I25 3. Poor 4. Very poor	
I23	Give three main reasons for poor Household, in order of importance	1. Jobs are not available <input type="checkbox"/> 2. Smallness of income sources <input type="checkbox"/> 3. Smallness of wages and salaries <input type="checkbox"/> 4. Rising of living cost <input type="checkbox"/> 5. Large of household size <input type="checkbox"/>	6. Illness of head of household <input type="checkbox"/> 7. Dead of previous head of household <input type="checkbox"/> 8. Loans <input type="checkbox"/> 9. Other (specify)..... <input type="checkbox"/>
I24	Give three important methods that would help your household escape from poverty, in order of importance	1. Job creation <input type="checkbox"/> 2. Increase salaries and wages <input type="checkbox"/> 3. Obtain assistance <input type="checkbox"/> 4. Increase household income <input type="checkbox"/> 5. Removal of loans <input type="checkbox"/>	6. Providing Houses <input type="checkbox"/> 7. Family planning <input type="checkbox"/> 8. Other <input type="checkbox"/>

I25	What measures has your household made toward financial stability during last month			
	1. Depending on usual monthly income 2. Using savings 3. Decreasing expenses 4. Borrowing from individuals 5. Selling or mortgaging land or building 6. Sending family members to work-others 7. Seeking for another job 8. Postponing paying bells 9. Using savings from Israel 10. Received assistance from relatives\ friend 11. Selling their durable goods 12. Selling jewelry or part of it 13. Borrowing from banks or financial institutions 14. Working in agriculture or breeding livestock 15. Sending family members to work-students			<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"/>
I26	Total amount of money that a household needs to satisfy its basic needs	Researcher impute in Shekel		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I27	Did one member of household sell durable goods such as furniture, car, etc. during last 12 months	Researcher impute in Shekel		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I28	Did household do permanent maintenance of housing during last 12 months such as paint, replacing electric installations and ...etc.	SHEKEL .....	DINAR .....	DOLLAR .....
I29	Did household make capital reforms or capita improvements of housing during last 12 months.	SHEKEL .....	DINAR .....	DOLLAR .....



