



State of Palestine  
Palestinian Central Bureau of Statistics

Impact of COVID-19 on The Palestinian households' socio-economic conditions, 2020

All information in this questionnaire is only for pure statistical purposes. It is considered confidential in accordance with the General Statistics Law of 2000.

Part 1: identification information

ID00	Questionnaire ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID1	Governorate code	<input type="text"/> <input type="text"/>
ID2	Locality code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID3	PSU	<input type="text"/> <input type="text"/> <input type="text"/>

QC1	Household identifications information	
1	Name of the head	.....
2	Landline	<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	Mobile	<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"/>
QC3	Reference persons	
1	Full Name	.....
2	Mobile #	<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"/>

**Part 2: The second section, qualitative control data (information for the researcher): the mechanism of conducting the interview**

1. Record the phone number and the contact hour in each call attempt, until a response is received as indicated in the statement.
2. Identify the device and the purpose of the call and ask to speak to the head of the family or any adult in the family.
3. Hello, my name is (your name). We are from the Palestinian Central Bureau of Statistics and we are carrying out a survey to measure the impact of the COVID-19 on social and economic conditions of Palestinian families. You were chosen since you participated in a previous survey, which made it easy for us to contact you according to the phone number that was provided to us by yourself during your participation in that survey (mention the survey name: Survey of Social and Economic Conditions of Palestinian Households, 2018). The majority of questions will be from 05/03/2020 until 05/25/2020 and this interview will take about 20-30 minutes. All the information we collect will remain completely anonymous and confidential. If you choose not to answer a question or wish to stop the interview, please let us know.
4. According to the following table / Determine the type of respondent's reaction according to the options in Question C7 and Question C8
5. In case of approval, start with the third section according to the questions and the mechanism of their arrangement

C1	C2	C3	C4	C5	C6	C7	C8
Call attempt	For the Interviewer: The phone number dialed for each call attempt	Time of call	<b>Was the call answered?</b> 1. <b>Yes</b> 2. <b>No, no one answered ...</b> <b>&lt;&lt; next attempt</b> 3. <b>No, the number is out of service ... &lt;&lt; Next try</b> 4. <b>No, number locked ... &lt;&lt; Next try</b> 5. <b>The number is incorrect ... &lt;&lt; The next attempt</b>	Is the respondent the head of the family 1. Yes 2. No	Write down the respondents name and number from the family list If the respondent is not the head of the family	Did [...] agree to conduct the interview 1. Yes ... go to the third section 2. No, another time 3. No, rejected	For the researcher: Inquiring from the respondent about the possibility of contacting him/her later 1. Yes ... set the day and the time 2. No .. go to the interview result part
1			<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"/>	
3			<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"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





	May), was [MAIN INCOME EARNER] able to work as usual in his/her job either at place of work or remotely	3.Both,(at Place of work and remotely) 4.No	
<b>E15</b>	How many hours did [MAIN INCOME EARNER]		
	1.Usually work per week	[MAIN ACTIVITY]	<input type="checkbox"/> <input type="checkbox"/>
	2.Actual working hours which [MAIN INCOME EARNER] has done weekly during the <b>period of emergency (March – May)</b>	[MAIN ACTIVITY]	<input type="checkbox"/> <input type="checkbox"/>
	3.Do you think that working hours of the [MAIN INCOME EARNER] during the <b>period of emergency (March – May) was:</b>	1. More than usual 2. Less than usual 3. As usual	<input type="checkbox"/>
<b>E16</b>	( <b>IF E13=1, E15_3=1,2</b> ) Even though [MAIN INCOME EARNER] was not working as usual, was he/she paid	1. Yes, Full Normal payments 2. Yes, Partial payments (50%) 3. Yes, Partial payments (less than 50%) 4. No payments	<input type="checkbox"/>
<b>E17</b>	Why was [MAIN INCOME EARNER] not able to work as usual ( DON'T READ OPTIONS)	1. Declaring a state of emergency and closing all public and private facilities and institutions due to restrictions resulting from the Corona virus 2. Closure between governorates and the consequent interruption / difficulty in movement. 3. The obligation to stay at home according to the declaration of a state of emergency 4. Fear of leaving home (for fear of getting infected ) 5..No need to work 6. Parents prevented him/ her from leaving the home / going to work 7. Unavailability of production inputs 8. Vacation / holiday 9. Recession / temporary pause of work 10. Illness / injury 11. Family obligations 12. Maternity leave 13. Seasonality 14. Dismissal from work 15. Lack of clients /customers, liquidity and raw materials.16. Increase in the workloads 17. Increase in the customers 18. Started a new job. 19. Reducing employment. 20. Business / gov't closed for another reason 21. Need to care for ill relative 22. Retirement 23. Israel restricted movements 99 . temporary absent [Record this if <b>E4==1</b> ] 24. Other / specify: ....	<input type="checkbox"/> <input type="checkbox"/>
<b>E18</b>	Before the <b>period of emergency (March – May)</b> did you or any household member operate a business including family business	1. Yes 2.No >>> E22	<input type="checkbox"/>
<b>E19</b>	Which of the following best describes the sector of the business	1. Agriculture, forestry and fishing 2. Mining 3. Industry 4. Professional / scientific / technical activities 5. Electricity / water / gas / waste 6. Construction work 7. Transport and storage work 8. Information and communications 9. Retail / Wholesale 10. Financial / Insurance / Real Estate Services 11. Personal Services 12. Education 13. Health 14. General Services 15. Tourism, Hotels, and Restaurants 16. Other / specify: .....	<input type="checkbox"/> <input type="checkbox"/>
<b>E20</b>	When comparing the monthly revenue from the business between <b>February 2020</b> , and the <b>period of emergency ( March – May )</b> , was the revenue in ( <b>March – May</b> ):	1.Higher >> E22 2.The same >> E22 3.Less 4. No revenue 5.Don't Know >> E22	<input type="checkbox"/>
<b>E21</b>	Why was there no revenue from sales? Or Why was revenue from the business sales less in the <b>period of emergency ( March - May)</b>	1.Business was closed due to CORONAVIRUS legal restrictions 2. Business was closed for other reasons 3.Fewer customers\No consumers 4.Stayed at home due to CORONAVIRUS restrictions 5.Ill 6.Take care of family members 7.Seasonal closure 8.Vacation 9.Other. specify.....	<input type="checkbox"/>
<b>E22</b>	Before the <b>period of emergency (March – May)</b> , did you or any household member worked on growing crops, raising livestock or fishing	1. Yes 2.No >>> Go to Part 5	<input type="checkbox"/>
<b>E23</b>	During the <b>period of emergency March – May</b> has any household member been able to perform the normal activities on the farm, raising livestock or fishing	1. Yes >>> Go to Part 5 2.No	<input type="checkbox"/>
<b>E24</b>	What is the main reason for not being able to perform the normal activities on the farm, raising livestock or fishing	1.Requested to stay home 2.Reduced availability of hired labor 3.Restrictions on movements\travel 4..Unavaibility of production input 5.Unable to sell\transport outputs 6.Other	<input type="checkbox"/>

Part5:Access to Services

	S0	S1	S2	S3
	<b>HEALTH SERVICES</b>	During the <b>period of emergency March – May</b> , did any of your household members (including yourself) need to access to [SERVICE] 1.Yes 2.No>> NEXT SERVICE 3.NA>> NEXT SERVICE	did any of your household members (including yourself) have access to [SERVICE] when he\she needed it 1.Yes>> NEXT SERVICE 2.No 3. don't try	<b>What was the main reason behind not being able to access the health service</b> 1.Unavailability of health provider 2.Health care centers\hospitals were unable to admit patients 3.Private health centers were closed 4.Medicine is not available in the pharmacy 5.Medicine / vaccines is not available in health facilities 6.Available pharmacy was closed 7.Inability to cover costs 8.Restriction on movements 9.Transportation was not available 10.Afraid to leave home 11.Other
1	Antenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2	Post-natal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3	Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4	treatment\ care of chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5	treatment\care of non-chronic health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6	Reproductive health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7	Buy Medicine\Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8	Treatment or care of the disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>EDUCATION</b>				
S4	<b>INTERVIEWER:</b> Are there children aged between 6-18 years old	1.Yes 2.No >>>S12		<input type="checkbox"/>
S5	Were any of them attending school before schools are closed due to Coronavirus	1.Yes 2.No >>>S12		<input type="checkbox"/>
S6	What type of schools have most of the children been attending	1.Public 2.Private 3.UNRWA 4. Israeli side 5. Other (specify)		<input type="checkbox"/>
S7	Have children been engaged in any education or learning activities during <b>the period of emergency (March – May)</b> .	1.Yes 2.No >>>S9		<input type="checkbox"/>
S7_1	Number of children participating in distant learning activities			<input type="checkbox"/> <input type="checkbox"/>
S8	In what types have the children been engaged  1.Yes 2.No  >>>S10	1.Completed assignments provided by the teacher 2.Used mobile learning app. 3.Watched educational TV programs 4.Filming videos from inside home and sending them to the teacher 5.Other/specify		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S8_B	Parent evaluation of the distance learning experience	1.Good, It served its purpose 2.Good, It served its purpose and Can be improved 3.Bad, not done served its purpose		<input type="checkbox"/>
S9	Main reason of why they were not being engaged in any education or learning activities	1.Internet is not available at home 2.Parents' unwillingness to carry out these activities 3.Parents' lack of knowledge of the implementation of these activities 4.Children unwilling to carry out these activities 5.Parents have no knowledge of such activities 6.Lack of activities by teachers 7.Chaos inside the house 8.Health status or disability 9.Violence inside the home 10.Other		<input type="checkbox"/>
S10	Have the children or anyone else been in contact with their teachers during the <b>period of emergency (March – May)</b>	1.Yes 2.No >>>S12		<input type="checkbox"/>
S11	How have the children or others been in contact with their teachers	1.Telephone 2.Email 3.SMS 4.WhatsApp\skype ..... 5 Through a school-specific application 6 Other / specify		<input type="checkbox"/>
S12	During <b>the period of emergency (March – May)</b> , did you or anyone of your household members need to go to a bank, money agent or use ATM	1.Yes 2.No >>> Go to Part 6		<input type="checkbox"/>
S13	Were you able to successfully access it	1.Yes >>> Go to Part 6 2.No		<input type="checkbox"/>
S14	Why were you not able to access it	1.Bank\money agent was closed 2.Movement restrictions 3.Afraid to go out 4.Other		<input type="checkbox"/>

**Part 6: Copying**

<b>CS1</b>	When comparing the monthly income of your household from all sources between <b>February 2020</b> , and the <b>period of emergency (March – May, has it in (March – May):</b>	1.Increased 2.Remained the same 3.Decreased by less than half 4.Decreased by half or more	<input type="checkbox"/>
<b>CS2</b>	Did your household have enough resources to sustain usual expenditures during the <b>period of emergency (March – May)</b>	1.Yes 2.No >> C4 3.Don't Know >> C4	<input type="checkbox"/>
<b>CS3</b>	If the situation regarding the Coronavirus pandemic does not improve, how long do you think your household can finance the usual expenditures before looking for alternative sources of income	1.One month or less 2. Two months 3. Three months 4 Four months or more	<input type="checkbox"/>
<b>CS4</b>	Are you a tenant at your current place of residence	1.Yes 2.No >> C6	<input type="checkbox"/>
<b>CS5</b>	Will your household have enough resources to pay the rent for the current month	1.Yes 2.No	<input type="checkbox"/>
<b>CS6</b>	<b>Please answer with Yes or No if the following statements were applicable to your household during the period of emergency (March – May)?</b>	1.Yes 2.No	
	1.Were you or others in your household worried about not having enough food to eat due to the lack of money or other resources?		<input type="checkbox"/>
	2.Was there a time when you or others in your household were unable to eat healthy and nutritious food due to the lack of money or other resources?		<input type="checkbox"/>
	3.Was there a time when you or others in your household ate only a few kinds of foods due to the lack of money or other resources?		<input type="checkbox"/>
	4.Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources?		<input type="checkbox"/>
	5. Was there a time when you or others in your household ate less than you thought you should eat because there was not enough money or other resources?		<input type="checkbox"/>
	6. Was there a time when you or others in your household ran out of food because there was not enough money or other resources?		<input type="checkbox"/>
	7. Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources?		<input type="checkbox"/>
	8. Was there a time when you or others in your household went without eating for a whole day due to .....?		<input type="checkbox"/>
	9. Was there a time when you or others in your household did not consume food for a full day due to the lack of money or other sources?		<input type="checkbox"/>
<b>CS7</b>	Does your household or any of its members usually resort to borrowing money or buying in debt to cover the expenses of the household?	1.Yes 2.No 3.Don't Know	<input type="checkbox"/>
<b>CS8</b>	During the <b>period of emergency (March – May)</b> , did the household or one of its members resort to buying [...] in debt, because they were not able to pay? 1.Yes 2.No 3.I don't know	1.Food Items 2.Non-Food Items	<input type="checkbox"/> <input type="checkbox"/>
<b>CS9</b>	During the <b>period of emergency (March – May)</b> , do you think that the household's expenditures on food supplies compared to the previous month ( <b>February 2020</b> )	1.Increased 2.Remained the same 3.Decreased by less than half 4.Decreased by half or more	<input type="checkbox"/>

**Part 7: Social Protection**

	<b>P0</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>
		Before the <b>period of emergency (March – May)</b> were you (or your household) a beneficiary of any of the following social assistance programs 1.Yes 2.No >>NEXT PROGRAM	Have movement restrictions made it more difficult for you to receive the social assistance [Mention assistance programs]? 1.Yes 2.No	Have you benefited from any additional social assistance measures after the Coronavirus outbreak  1.Yes 2.No
<b>1</b>	Food/food vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Free medicine/health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Government cash transfer program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Job opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Martyrs/injuries compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	ASSISTANCE FROM PRIVATE NON-PROFIT ORGANIZATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Assistance from UNRWA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	FAMILY/FRIENDS TRANSFER (INT'L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	FAMILY/FRIENDS TRANSFERS (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	Vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>P4</b>	[INTERVIEWER: IF all T P1 WITH No AS AN ANSWER ASK] Have you benefited from any social assistance measures due to the <b>emergency state declaration during the period of emergency (March – May)?</b>		1.Yes 2.No
	1.Food/food voucher	<input type="checkbox"/>	6.ASSISTANCE FROM PRIVATE NON-PROFIT.ORGANIZATIONS
	2.Free medicine/health treatment	<input type="checkbox"/>	7.Assistance from UNRWA
	3.Government cash transfer program	<input type="checkbox"/>	8.FAMILY/FRIENDS TRANSFER (INT'L
	4.Job opportunities	<input type="checkbox"/>	9.FAMILY/FRIENDS TRANSFERS (LOCAL)
	5. Martyrs/injuries compensation	<input type="checkbox"/>	10.vouchers

<b>P5</b>	<b>To minimizing the effect of the Coronavirus crisis on your own household in the situation</b> , which three government measures do you consider most relevant in minimizing the effect of the Coronavirus crisis	
	1. Food\food voucher	<b>(First importance)</b> <input type="checkbox"/>
	2. Cash transfer assistance	
	3. Free medicine\health treatment	
	4. Providing a rental allowance	<b>(Second importance)</b> <input type="checkbox"/>
	5. Exemption from paying electricity/ water recharging	
	6. Easy loans to ensure the continuity and recovery of family business	<b>(Third importance)</b> <input type="checkbox"/>
	7. Provide production inputs (agricultural / non-agricultural)	
	8. Job creation / employment	
	9. Removing lockdown and lifting movement restrictions	
10. Other / specify		

<b>QC2</b>	<b>Interview Result</b>	<input type="checkbox"/>
1	Completed	3 Refused
2	Partially completed	4 We could not reach the household
QC4	Are you ready to participate in future surveys on the phone?	1.Yes <input type="checkbox"/> 2.No
QC5	If accept, what is the phone number you can contact you through	<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"/>