



State of Palestine
Palestinian Central Bureau of Statistics

Palestinian's Psychological Conditions in the West
Bank and Gaza Strip in light of May 2021 Conflict
Survey
Survey questionnaire

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

Section 1: identification information

ID00	HH serial number in sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID3	Enumeration area No.	<input type="text"/> <input type="text"/> <input type="text"/>	ID6	HH serial number in the Enumeration area sample	<input type="text"/> <input type="text"/>
ID1	Governorate code	<input type="text"/> <input type="text"/>	ID4	Building on within enumeration area	<input type="text"/> <input type="text"/> <input type="text"/>	ID7	Location of the housing unit with respect to the separation barrier/ARA	
ID2	Locality code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID5	No. of Housing unit within the building	<input type="text"/> <input type="text"/> <input type="text"/>	GAZA	1. Less than 1000 m 2. 1000 m and more	<input type="text"/>
						WEST BANK	1. inside separation barrier 2. Outside separation barrier	<input type="text"/>

Section 2 (B): Quality Control

QC1	Enumerator Visits schedule			QC2	Interview Result		<input type="text"/>
	Day	Mo	Year	1	Completed	5	No information was available
1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2	Partially completed	6	Household not found
2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3	Household is abroad	7	Uninhabited household
3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	4	Refused/reason	8	Could not reach
QC1: duration	Start time: __: __		End time __: __			9	Other, specify

QC3	Household identifications information	
1	Name of 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"/> <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"/>

QC4	Reference persons (The number of the husband, wife, son) or an identifier outside the family	
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"/>

Number of Household Members

QC5_T :Total number of household members QC5_M :Male members 18 years and above QC5_F :Female members 18 years and above

Section 3: Household Members Data (all members)

D1	D2	D2_A	D3	D4	D5	D6	D7	D9
Member's serial number	Full name (four name)	Type of Residence (name...) with HH 1. in the residence/ old 2. in the residence/ new 3. Not in the resident	What is the relation of (name) to the household head? 1. Head of Household 2. Husband/wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandfather/mother 7. Grandchild 8. Son wife/Daughter husband 9. Other relatives 10. Others	Sex 1. Male 2. Female	Age Compute age from birthday and record the answer in full years, record (00) if age is less than one year. (98) for 98+	Refugee status 1. Registered Refugee 2. Unregistered Refugee 3. Not refugee	Does the member has health insurance 0. No insurance 1. PA only 2. UNRWA only 3. Private Sector 4. PA and UNRWA 5. PA an private 6. UNRWA and private 7. Israeli 8. other/ specify	Does (name) suffer from any chronic disease according to a medical diagnosis and receive ongoing treatment? Diabetes, blood pressure, heart disease, cancer, ulcers, asthma, epilepsy, others 1. Yes 2. No
1		<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"/>
2		<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"/>
3		<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"/>
4		<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"/>
5		<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"/>
6		<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"/>
7		<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"/>
8		<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"/>
9		<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"/>
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"/>
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"/>
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"/>
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"/>

☐ Interviewer: Please check the box with X if an additional questionnaire has been used.

D1	D2	For all members						Member 3 years old and above	Member 5 years old and above				
		D9-1						D10	D11	D12	D12 _01		D12 _02
Member's serial number	Name of usual household members (four names)	As a result to health condition, does (the name) have a difficulty in? 0. No 1. Yes, some 2. Yes a lot 3. He /She is in capable						Is (name...) enrolled in educations? Enrolled in kindergarten . Move to next member 2. Enrolled in education (post kindergarten) 3. Was enrolled and dropped out 4. Was enrolled and graduated 5. Never enrolled Move to D12 6. Don't know. Move to next member	What is the number of schooling years that (the name) successfully achieved in formal education system.	What is (name)'s educational status? 1. illiterate 2. Reads and writes Elementary 3. Preparatory 4. Secondary 5. Intermediate level diploma 6. Bachelor's degree BA 7. Higher diploma 8. Masters degree Ma 9. Phd 10. Don't know	Why (name) has left school or has never been enrolled in education If the answer to question D10 is 3 or 5 1. Lack of desire for academic education 2. Lack of interest in education 3. Not interested in studying 4. Repeated failure 5. Poor economic status of the family 6. Having family problems 7. Taking care of family members 8. Marriage 9. Illness 10. Disability 11. No school nearby 12. The security situation 13. Maltreatment of teachers 14. Dismissal from school due to repeated failure 15. Others / specify..... 16. Israeli procedures 17. Covid-19 related measures		Have you failed in any school year (name)? 1. Yes 2. No
		seeing	hearing	mobility	Remembering and concentrating	Communication	Self / personal care						
		D9-1a	D9-1b	D9-1c	D9-1d	D9-1e	D9-1f						
1								<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"/>
2								<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"/>
3								<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"/>
4								<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"/>
5								<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"/>
6								<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"/>
7								<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"/>
8								<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"/>
9								<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"/>
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"/>
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"/>
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"/>
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"/>

D1	D2	For individuals 7 years and above(last week)							
Member series number	Full name (four names)	D13 (Name...) relation to labor force during the past week 1. Working 1-14 hours 2. Working 15-34 hours 3. Working 35- 45 hours 4. Working 46 hours or more 5. (not working and looking for a job – worked before) Looked for a job in the past four weeks 6. not working and looking for a job – did not work before) Looked for a job in the past four weeks <u>Is not working and does not want to work, reasons:</u> 7. Full time studying/ training 8. Full time housework 9. Disability/ age/ illness 10. Availability of income 11. Retirement 12. Other specify..... If answers were choices 6-12, move to D21	D14 What is the employment status of (the name)? 1. Employer 2. Self employed 3. S/he works without wage 4. S/he works for a regular wage 5. S/he works for unpaid regular wages If answers: were (1-3) don't answers D15_1	D15 What is the place of work of (the name) 1. in the housing unit 2. within the same locality 3. within the same governorate 4. in another governorate 5 in Israel 6. in Settlements 7. Abroad	D15-1 Asked for those who answered in D14 BY 4 or 5 Was (name) work in his/her current or previous job on the basis of an employment contract? 1. Yes - a contract for a specified period 2. Yes - written for an indefinite period 3. Yes - oral 4. No.	D15-2 What is the nature of (name) permanence in his/her current or previous job? 1. Regular full time 2. Part time 3. Temporary / Seasonal / Occasional work Asked for those who answered in D14 a 4 or 5	D16 What is the current main/previous occupation of (the name)? Please describe in details:	D17 What is the currents /previous economic activity in which (the name) works? Please describe in details:	D18 What is the sector of work of (the name)? 1. Private national inside EST. 2. Private national outside EST. 3. Private Foreign inside EST. 4. Private Foreign outside EST. 5. National government 6. Local authority 7. Foreign government 8. Charitable association 9. Cooperation association 10. UNRWA 11. International organization
1		<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"/>
2		<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"/>
3		<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"/>
4		<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"/>
5		<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"/>
6		<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"/>
7		<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"/>
8		<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"/>
9		<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"/>
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"/>
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"/>
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"/>

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"/>
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members 7 years and above											members 14 years and above
D1	D2	D18_02			D19	D19-1	D19-2				D21
Member's Serial number	Names of usual household members (three names)	<i>Asked for those who answered 1-4 on question D13 and 3 on question D14</i> What is the wage earned by (the name) Unit: 1. Daily 2. Weekly 3. Monthly Currency type: 1. NIS 2. JD 3. USD			Asked for those who answered 1-4 on question D13. For others please leave blank Does (the name) have a secondary job/other jobs? 1. Yes 2. No	Asked for those who answered 1-4 on question D13. How many months has (name) worked regularly in the past 12 months?	Does the employer provide any of the following privileges? 1. Yes 2. No. 8. Not applicable 9. I don't know Asked for those who answered in question D14 by 4 or 5 Privileges asked for the name, not the institution				What is the marital status of (the name) 1. never married 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widow/widower 6. separated
		Unit	Value	Currency			1.contribution to retirement/end-of-service gratuity	2- Granting paid annual leave or leave allowance compensation	3. Granting paid sick leave	4. Granting paid maternity leave (women only)	
1					<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		<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"/>
3		<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"/>
4		<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"/>
5		<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"/>
6		<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"/>
7		<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"/>
8		<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"/>
9		<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"/>
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Housing Unit Information

H1	What kind of housing unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Marginal/ caravan/ barracks 7. Other / specify:	<input type="checkbox"/>
H2	Type of tenure	1. Owned 2. Owned by loan still under payment /Mortgage 3. Rented unfurnished 4. Rented furnished 5. For free 6. Free of work 7. Other / specify:	<input type="checkbox"/>
H3	1. What is the monthly rental value of this housing unit 2.Currency	Asked for those who answered 3 or 4 on question H2. 1.NIS 2.JD 3.US\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H8	What is the total number of rooms are there in the dwelling (except the bathroom, kitchen and rooms used for work only)		<input type="text"/> <input type="text"/>
H9	What is the total number of only bedrooms in the housing unit?		<input type="text"/> <input type="text"/>

H12	Connection of the dwelling housing unit to public networks (the main source for these services)		
1. Water	1. Local Public Network 2.Isreali Network 3.Collected rain-water wells 4.Spring 5.Tanks 6. Ground Well 7.Other\Specify.....		<input type="checkbox"/>
2. Electricity	1. Public Network 2.private generator 3. Private network 4. Solar units 5.Other\Specify..... 6. None		<input type="checkbox"/>
3. Sewage system	1. Public network 2.Porous Cesspit 3.Tight cesspit 4.None 5. Other specify.....		<input type="checkbox"/>

H13	Is there any cuts in service provision from public networks (for dwellings connected to public networks)		
1. Water	1. No, the service is continuously provided 2. The interruption happens once a month 3. The interruption happens once a week 4. The interruption happens more than once a week 5. The interruption happens daily 6. Network is not functional 7. Other specify.....		<input type="checkbox"/>
2. Electricity	1. No, the service is continuously provided 2. The interruption happens once a month 3. The interruption happens once a week 4. The interruption happens more than once a week 5. The interruption happens daily 6. Network is not functional 7. Other specify.....		<input type="checkbox"/>

H13_1	What is the <u>main source</u> of drinking water for the HH members (1:yes 2:No)			
1.	Public water network connection	<input type="checkbox"/>	5.	Water tanker <input type="checkbox"/>
2.	Protected ground well/spring	<input type="checkbox"/>	6.	Bottled water <input type="checkbox"/>
3.	Unprotected ground well/spring	<input type="checkbox"/>	7.	Public tab water <input type="checkbox"/>
4.	Rain water	<input type="checkbox"/>	8.	Other: specify <input type="checkbox"/>

H22	How many of the following durables are available to the household (register (0) when non)	1. Private car <input type="checkbox"/>	9. Dishwasher <input type="checkbox"/>	17. Central heating <input type="checkbox"/>	25. laptop <input type="checkbox"/>
		2. Gas /electric Stove over <input type="checkbox"/>	10. Water filter <input type="checkbox"/>	18.Landline <input type="checkbox"/>	26. Smart phone <input type="checkbox"/>
		3. Electric fridge <input type="checkbox"/>	11. TV LED/LCD <input type="checkbox"/>	19. Home library <input type="checkbox"/>	27. IPAD/Tablet <input type="checkbox"/>
		4. Freezer <input type="checkbox"/>	12. Regular TV <input type="checkbox"/>	20. local internet connection <input type="checkbox"/>	28. WIFI Battery <input type="checkbox"/>
		5. Vacuum cleaner <input type="checkbox"/>	13. Satellite dish <input type="checkbox"/>	21. Israeli internet <input type="checkbox"/>	29. UPS Battery <input type="checkbox"/>
		6. Microwave <input type="checkbox"/>	14. Electric Fan <input type="checkbox"/>	22. local mobile phone <input type="checkbox"/>	30. Electric generators <input type="checkbox"/>
		7. Washing machine <input type="checkbox"/>	15. Air condition unit <input type="checkbox"/>	23. Israeli mobile phone <input type="checkbox"/>	31. solar panel <input type="checkbox"/>
		8. Dryer <input type="checkbox"/>	16. Central air conditioning <input type="checkbox"/>	24. Computer <input type="checkbox"/>	32. Solar heater <input type="checkbox"/>
					33. Video/DVD <input type="checkbox"/>

H22_1	Do some / all of the rooms in the housing unit, including the corridors and the kitchen, suffer from any of the following: 1. Yes 2. No	1. Humidity <input type="checkbox"/>	4. Poor ventilation <input type="checkbox"/>
		2. Coldness <input type="checkbox"/>	5. High summer temperatures <input type="checkbox"/>
		3. Difficulty heating in the winter <input type="checkbox"/>	6. Ceiling cracks / falling off <input type="checkbox"/>

H24_A	Has the household moved since 2018?	1. Yes 2.No (Go to H26_1)	<input type="checkbox"/>
H24_B	If yes, when?	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
H24_C	What was the reason?	1. The house has been demolished for not having an Israeli permission (only for Jerusalem and Area C residents) 2. The house was damaged during the Israeli attack 3. Other: specify	<input type="checkbox"/>

The reason	H26_1	
	Does any of the following represent a serious problem around your residence 1. No 2. Yes	
1. Noise	<input type="checkbox"/>	
2. Smell	<input type="checkbox"/>	

3. Dust	<input type="checkbox"/>
4. Smoke	<input type="checkbox"/>

Section 5: Assistance and coping strategies

C01	During the first half of 2021, did the HH or any member of HH received any type of assistance? (Such as food, medicine, work, education,.....)	1. yes 2. No	<input type="checkbox"/>
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C08	During the past 30 days, how many times have your household experienced the following (0:none, 1: once or twice, 2: 3 to 10 times, 3: more than 10 times, 9 don't know/no answer)			
	1. Did you worry that your household would not have enough food?	<input type="checkbox"/>	6. Did you or any other household member eat fewer meals in a day because there was not enough food?	<input type="checkbox"/>
	2. Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	<input type="checkbox"/>	7. Was there ever no food at all in your household because there were not resources to get more?	<input type="checkbox"/>
	3. Did you or any household member eat a limited variety of foods due to a lack of resources?	<input type="checkbox"/>	8. Did you or any household member go to sleep at night hungry because there was not enough food?	<input type="checkbox"/>
	4. Did you or any household member eat food that you preferred not to eat because of a lack of resources to obtain other types of food?	<input type="checkbox"/>	9. Did you or any household member go a whole day and night without eating anything because there was not enough food?	<input type="checkbox"/>
	5. Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?	<input type="checkbox"/>		

C12_1	(A) During the second half 2021, did you or any of your HH members witness any of the following?	1. shortage of water	<input type="checkbox"/>
		2. assets/project (including land) loss/damage resulting from Israeli aggression	<input type="checkbox"/>
		3. assets/project (including land) loss/damage resulting from other reasons	<input type="checkbox"/>
		4. inability to access the lands due to restrictions imposed by the Israeli occupation	<input type="checkbox"/>
		5. Inability to pay back a loan/debt	<input type="checkbox"/>
		6. Loss of all or total wages/salaries	<input type="checkbox"/>
		7. death of bread winner	<input type="checkbox"/>
		8. Crop damage	<input type="checkbox"/>
		9. serious sickness	<input type="checkbox"/>
		10. delay in getting paid a salary	<input type="checkbox"/>
		11. loss of a source of aid/assistance	<input type="checkbox"/>
		12. inability to renew work permit	<input type="checkbox"/>
		13. inability to attend for health treatment due to lack of medication	<input type="checkbox"/>
		14. inability to pay for medication	<input type="checkbox"/>
		15. inability to leave the country for educational reasons	<input type="checkbox"/>
		16. inability to leave the country for medical treatment reasons	<input type="checkbox"/>
		17. inability to leave the country for other reasons	<input type="checkbox"/>
		18. A family member has been subjected to threat / arrest / violence / humiliation because of his/her political opinions written or spoken by the Israeli occupation	<input type="checkbox"/>
		19. Being robbed (inside / outside) the house	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
		22. A family member was (injured / wounded / martyred) by the Israeli occupation	<input type="checkbox"/>
		23. inability of a family member to visit family, relatives or friends due to the Israeli restrictions (checkpoints / separation wall / buffer zone / intrusions / curfews)	<input type="checkbox"/>

C12_2	What is the top main event/shock that has affected your HH (record the code from the previous list) You do not need to describe the whole event, but can you describe in a single sentence	<input type="checkbox"/>
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C12_3	During the past 12 months, have any of the male or female children witnessed or exposed to problems related to living life 1. Yes 2. No 8. Not applicable 9. I don't know	
1.	Not to allow any of the females in the family to visit the doctor / relatives / friends without an accompaniment	<input type="checkbox"/>
2.	Not to allow one of the female workers in the family to have a separate bank account	<input type="checkbox"/>
3.	Inability of a female to dispose of her own property / income, wage from work, or her bank account due to family restrictions	<input type="checkbox"/>
4.	A female member of the family was subjected to physical violence by a family member	<input type="checkbox"/>
5.	Not to allow one of the females in the family to work or search for work due to restrictions imposed on them by the parents (father, husband, brothers)	<input type="checkbox"/>
6.	Not to allow a female family to enroll in university education due to parent restrictions	<input type="checkbox"/>
7.	Not to allow one of the females in the family to choose the major she wants due to restrictions from parents	<input type="checkbox"/>

8.	One of the children in the family was subjected to physical violence from a family member	<input type="checkbox"/>
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C12_4	During the past 12 months , did any family member of school-age witness or experience problems related to primary education: 1. Yes 2. No 8. Not applicable 9. I don't know	
1	Did a family member of school-age face any problems with teachers' incompetence	<input type="checkbox"/> <input type="checkbox"/>
2	Did a family member of school-age face any problems with lack of textbooks	<input type="checkbox"/> <input type="checkbox"/>
3	Has a family member of school-age experienced any problems with a lack of services and facilities at school (bathrooms, squares, etc.)	<input type="checkbox"/> <input type="checkbox"/>

C13	During the last 30 days , when the household did not have enough food or money to buy the food, did the the members do any of the following?	A. Answer 1.Yes 2.No 8.Not applicable 9.Don't know (2,8,9 skip to next line)	B. Number of times	C. Is the possibility of future use still exist 1.Yes 2.No
	1. Not pay bills/utilities	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	2. Sell off assets jewelry, furniture, productive assets, etc.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	3. Used life savings	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	4. Sell off productive assets (sewing machine, vehicles, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	5. re-organize the HH members to save money (live or eat together)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	6. Reduce HH expenditures on health, education, and clothing.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	7. Resorting to agriculture (planting, animal husbandry, fishing)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	8. looking for secondary job	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	9. taking children out of school	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	10. reducing production costs for example cut on fertilizers etc.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	11. Selling remaining productive assets such as female goats etc	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	12. Selling land or housing	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	13. Buy food on credit, borrow food	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	14. Borrow money	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	15. Send children to eat somewhere else, eating in groups	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	16. Change of residence	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

C14	Make sure to repeat the following when asking about the coping strategies adopted during the past 7 days: During the last 7 days, when the household did not have enough food or money to buy the food, how many times did you	Number of times during the past 7 days (0-7)
1.	Reduced the number of meals for all household members per day	
2.	Reduced the quantity of meals eaten by adults in favor of children	<input type="checkbox"/>
3.	Purchased low quality markets "Leftover"	<input type="checkbox"/>
4.	Reduced portion of food for adults in favor of children's	<input type="checkbox"/>
5.	borrow food or rely on help from family and friends	<input type="checkbox"/>
6.	Refrain from consuming expensive and resort to alternatives (buying cheaper kind of food)	<input type="checkbox"/>

Section 6: consumption

Consumption includes the following items: own produces food, own produced nonfood including embroidery.

E704	What is the average HH monthly expenditure on food (NIS) during second half of 2021	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E703	What is the average HH total monthly expenditures during the second half of 2021 (NIS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 7: Dietary Diversity and Coping with food access

During the past week, how many days did the household consume the following food groups?

E801	Food Group	a. Number of days consumed (regardless of the number of times per day. If not consumed insert 0)
1.	Starches and tubers (rice, pastries, wheat flour, barley, potatoes, wheat bread, Freekeh, bourghul)	<input type="checkbox"/>
2.	Legumes (lintels, chickpeas, fava beans, green peas)	<input type="checkbox"/>
3.	Fish (dried, canned, fresh)	<input type="checkbox"/>
4.	Eggs	<input type="checkbox"/>
5.	Red meat (beef, sheep, etc)	<input type="checkbox"/>
6.	White meat (poultry)	<input type="checkbox"/>
7.	Liver, kidney, and other	<input type="checkbox"/>
8.	Dairy products	<input type="checkbox"/>

E801	Food Group	a. Number of days consumed (regardless of the number of times per day. If not consumed insert 0)
9.	Oils and fats	<input type="checkbox"/>
10.	Vitamin A rich fruits (Melons, Mango, Papaya, Apricots etc.)	<input type="checkbox"/>
11.	Other fruits (Orange, Apples, Bananas, etc.)	<input type="checkbox"/>
12.	Vegetables (Orange colored)	<input type="checkbox"/>
13.	Green leafy vegetables	<input type="checkbox"/>
14.	Other vegetables (onions, tomatoes, radish)	<input type="checkbox"/>
15.	Sugar, jams, honey and sweetened drinks	<input type="checkbox"/>
16.	Others (coffee, tea, condiments)	<input type="checkbox"/>

Section 8: Income

I01_a	The name of the main breadwinner for the household as from D02
I01_b I01	The main breadwinner's line number in the roster (from D01)	<input type="checkbox"/> <input type="checkbox"/>

I04	What do you think the Total amount of money that a household need to satisfy its basic needs (necessities)	The interviewee should provide an estimate. If impossible to get an estimated insert -.	In NIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I04_1	In general do you consider your HH	1. Wealthy (very) 2.middle 3. Poor 4.very poor	<input type="checkbox"/>
I05	How long could the HH keep up financially in the future if situation were to remain the same	1.For as long as it takes 2.For about one year 3.For only few months 4. We hardly could manage 5.HH situation is serious and does not have enough to live 9. don't know/no answer	<input type="checkbox"/>

I06	During the past 12 months: What of following sources is of the household sources of income (multiple choice)	1. Yes 2. No
1	Agriculture, fisheries and animal husbandry	<input type="checkbox"/>
2	Non agriculture family business	<input type="checkbox"/>
3	Wages and salaries from the public sector	<input type="checkbox"/>
4	Wages and salaries from the private sector	<input type="checkbox"/>
5	Wages and salaries from Israel labor market	<input type="checkbox"/>
6	Transfers from within WB & GS (including retirement)	<input type="checkbox"/>
7	Transfers from abroad	<input type="checkbox"/>
8	International agencies (aid)	<input type="checkbox"/>
9	Social assistance	<input type="checkbox"/>
10	Wages and salaries from international agencies	<input type="checkbox"/>
11	National insurance (Jerusalem)	<input type="checkbox"/>
12	Property income	<input type="checkbox"/>
13	Other:.....	<input type="checkbox"/>
I06_01	Of the sources selected above, what is the main source of income (insert the number of the choice?)	<input type="checkbox"/> <input type="checkbox"/>

I07	During the past 12 months what is the average monthly income of the main resource	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Section 9: household's income generating projects

AG01	During the past 12 months, did the HH or any of its members practiced any privately owned agricultural activity	1. yes 2.No (move to AG07)	<input type="checkbox"/>
AG02	Area of land planted during The past 12 Months (year 2021) (in Dunums)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AG07	During the past months have the HH or one of its members practiced animal husbandry?	1. Yes 2.no...move to Section 10	<input type="checkbox"/>

<i>Type</i>	<i>Number as in 01/12/2021</i>				
AG08 1. Cows	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AG12	5. Camels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AG09 2. Goats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AG13	6. hives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AG10 3. Sheep	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AG14	67. other >	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Section 10: Mobility and Access to Basic Services

T2	During the second half of 2021 did you or any HH member face difficulty in accessing the following:	A. difficulties	B. Reasons of difficulties 1.Yes 2.No				
		0. No difficulty 1. Minor difficulty 2. Big difficulty 3. Not applicable 9. Don't know (1.8.9 move to the next)	1. Access Restrictions related (crossing, check point, no go zone etc)	2. Cost related reasons	3. Bombing and military operations	4. Other / specify:.....	5. COVID-19 related measures
	1. work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. plant your land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. school or college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. health facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Inside the seam zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Inside the separation barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. outside the seam zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. outside the separation barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T3	How far is your residence from each of the following? What is the most frequent used transportation mean and the duration of the trip			
	Type Of Service	1.distance	2.Mean of transport	3.Duration of trip in minutes
	1. public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. Closest private clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3. Public health center (maternal health center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4. private or public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6. Closest primary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	7. Closest secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	8. Closest center to buy food/ food market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	9. Closest commercial center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	10. Senior Center / Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	11. Youth Center / Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	12. Police station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	13. A bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	14. A fire station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	15. Home for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	16. A social service / counseling / orphans center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Distance:

- less than 1 km
- 1 km to less than 3km
- 3 km to less than 5 km
- 5 km or more
- I don't know

Frequent mean of transport

- walking
- private car
- Public transport
- taxi
- Other / specify:
- Don't know

Individuals Survey 18 years and above

Mechanism for selection among household members

Table (1): census and order of household members according to the required age group (18 years and above)

Enumerate family members of the required age group (18 years and above)			
Members name	Age	Order	Selection

Instructions to researcher:

1. Organize male/ female members according to the required age group starting with the most senior to the youngest
2. Use the household random number table according to the serial survey number in the enumeration zone in Table (2)
3. Select the male/ female requested. Crossing of column No of household members of the age group 18 and above and the class assigned to every code of the random class from selection table for individual from family Table 3

Table (2) random household symbol according to the survey serial number

Household random code	Serial number of survey in enumeration zone	Random household code	Survey serial number in enumeration zone
A	14	A	1
B1	15	A	2
B2	16	B1	3
C	17	B2	4
C	18	C	5
D	19	C	6
D	20	D	7
E1	21	D	8
E2	22	E1	9
F	23	E2	10
F	24	F	11
A	25	F	12
		A	13

Table (3) Table of selection of household member

Random household code	If number of male/ female members above 18 years					
	1	2	3	4	5	6 or more
Select member whose order is:						
A	1	1	1	1	1	1
B1	1	1	1	1	2	2
B2	1	1	1	2	2	2
C	1	1	2	2	3	3
D	1	2	2	3	4	4
E1	1	2	3	3	3	5
E2	1	2	3	4	5	5
F	1	2	3	4	5	6

Individual's survey 18 years and above

Section 1: identification information

GA1	Individual's name as appeared in D02.....		
GA2	Individual's line no D01		□□
GA 3	Outcome of individual's interview	1. Completed. 2. Partially completed. 3. Unable to meet with the person 4. Refused (reason....) 5. Other/ specify.....	□

Q1.4	Was the individual interviewed in 2018 for the individual's survey?	1. Yes 2. No	□
Q1.5	mobile number of the respondent Preferred to have the respondent's personal phone number.	□□□□□□□□□□	

If the respondent does not have a phone and you enter the phone number of a family member or friend		Q1.6 Contact (1)	Q1.7 Contact (2)
A	Name
B	Mobile number	□□□□□□□□□□	□□□□□□□□□□

Q1.8	Setting of the interview	1. Personal 2. Telephone	□
Q1.9	Marital status	1. Never married 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5. Widow/widower 6. Separated	□
Q1.10	Sex	1. Male 2. Female	□
Q1.11	Age (Compute age from birthday and record the answer in full years, record (00) if age is less than one year. (98) for 98+)		□□

Section 2: Evaluation of service

2.1 Evaluation of health service			
HS 01	During the past 12 months did you (or a child in your household) really need a medical examination or <u>treatment excluded Dental care and teeth exams?</u>	1. Yes (at least once) 2. No (There was no needed medical examination or treatment) Move to ES06 (Education Section) 98Refuse to answer Move to ES06 (Education Section)	□
HS 02	Did you [or any family members less than 18 years old] have a medical examination or treatment each time you [or any family members less than 18 years old] really needed it?	1. Yes (For each time I or a child in my household needed it) 2. No (there was one occasion when I or a child in my household did not have a medical examination or treatment when I needed it) Move to HS 03 98. Refuse to answer Move to ES 06 (Education Section)	□
HS 02_A	Who the main provider of the last service had received? Who is the provider of the last service for which treatment was received?	1. Palestinian Ministry of Health 2 . UNRWA 3. Non-governmental organizations 4. Private sector 5. Israeli sector 6 . Other / specify:	□
HS 03	What was the main reason for not having the service or needed treatment?	1. Could not afford to (too expensive) 2. Long waiting list (to get an appointment, or when turning up to a health facility without an appointment) 3. Too far to travel or no means of transportation to get there 4. Don't trust medical doctors and healthcare personnel 5. Could not take time because of work, care for children or for other reasons 6. Wanted to wait and see if problem got better on its own 7. Fear of medical doctors, hospitals, examination or treatment 8. Healthcare facilities are not clean 9. Healthcare facilities are not adequately equipped or lack medicine 10. Other reasons / specify..... move to the educational services section	□

HS 04	In the past 12 months, regarding the latest health service how do you evaluate it or any household member less than 18 years old 1. Totally agree 2. Agree 3. Disagree 4. Totally disagree 98. Refuse to answer 99. I don't know		
A	It was easy to get to the place where I received medical treatment.		<input type="checkbox"/>
B	Expenses for healthcare/ treatment services were affordable to household		<input type="checkbox"/>
C	The healthcare facilities were clean and in good condition		<input type="checkbox"/>
D	All people are treated equally in receiving healthcare services in your area.		<input type="checkbox"/>
E	The doctor/nurse spent enough time with Treatment recipients during the consultation		<input type="checkbox"/>
HS05	In the past 12 months Overall, how satisfied or dissatisfied were you with the quality of primary healthcare services you [or a child in your household than less 18 years old] received on that last consultation?	1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied 98. Refuse to answer 99. I don't know	<input type="checkbox"/>

2.2 Evaluation of Educational Service		This section is for households with children aged between 5-18 Years		Primary education	Secondary education
ES06 Are there children in your household whose age falls between 5 and 18 years old? (This question is automatically transferred to it, as it is linked with the data of family members)					
ES07	Does this child (do all of these children) attend a school regularly?	1. Yes 2. No Move to (GOS 11) Evaluation of Administrative service 98. Refuse to answer Move to (GOS 11) Evaluation of Administrative service 99. I don't know Move to (GOS 11) Evaluation of Administrative service		<input type="checkbox"/>	<input type="checkbox"/>
ES07_A (Primary Education)	What is the supervisory authority of the school? 1. Yes 2. No	1. The government Move to ES 09 2. UNRWA Move to ES 09 3. Private Move to ES 08 4. The Israeli Ministry of Education and the Municipality move to ES 09		<input type="checkbox"/>	<input type="checkbox"/>
ES07_B (Secondary Education)	What is the supervisory authority of the school? 1. Yes 2. No	1. the government Move to ES 09 2. UNRWA Move to ES 09 3. Private Move to ES 08 4. The Israeli Ministry of Education and the Municipality move to ES 09			
ES08_A (Primary Education)	What is the main reason for the child / children to enroll in a (non- private school governmental, UNRWA or a school that is not affiliated with the Israeli Ministry of Education and Municipality?	1. High cost (books, clothing, transportation,) 2. The school is far away or there is no transportation. 3. School facilities are in poor condition 4. School facilities are not safe 5. Teachers and other school staff do not treat children with respect 6. Teachers are ineffective/not adequately trained 7. Teachers are often absent 8. children need to stay home to help with housework/farm work 9. No culturally or religiously appropriate educational programs available 10. School not equipped for children with special learning needs. 11. Other / specify..... Move to Evaluation of Governmental services Section		<input type="checkbox"/>	<input type="checkbox"/>
ES08_B (Secondary Education)	What is the main reason for the child / children to enroll in a (non- private school governmental, UNRWA or a school that is not affiliated with the Israeli Ministry of Education and Municipality?	1. High cost (books, clothing, transportation,) 2.The school is far away or there is no transportation. 3.School facilities are in poor condition 4.School facilities are not safe 5.Teachers and other school staff do not treat children with respect 6.Teachers are ineffective/not adequately trained 7.Teachers are often absent 8.Children need to stay home to help with housework/farm work 9.No culturally or religiously appropriate educational programs available 10.School not equipped for children with special learning needs. 11.Other / specify..... Move to Evaluation of Governmental services Section		<input type="checkbox"/>	<input type="checkbox"/>

ES09	Please tell me more about the primary and/or secondary public schools attended by this child/children in your household non- governmental, UNRWA, or a school affiliated to the Israeli Ministry of Education and Municipality 1. Total agree 2. Agree 3. Disagree 4. Totally disagree 98. Refuse to answer 99. I don't know		
09.1	The school can be reached by public or private transportation, or by walk, in less than 30 minutes and without difficulties.	<input type="checkbox"/>	<input type="checkbox"/>
09.2	School-related expenses (including administrative fees, books, uniforms and transportation) are affordable to you/your household.	<input type="checkbox"/>	<input type="checkbox"/>
09.3	School facilities are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>
09.4	All children are treated equally in the school attended by the child/children in your household.	<input type="checkbox"/>	<input type="checkbox"/>
09.5	The quality of teaching is good.	<input type="checkbox"/>	<input type="checkbox"/>
ES10	Overall, how satisfied or dissatisfied are you with the quality of education services provided by the primary and/or secondary public schools attended by this child/children in your household? non- governmental, UNRWA, (or a school affiliated to the Israeli Ministry of Education and Municipality	1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied 98. Refuse to answer 99. I don't know	<input type="checkbox"/>

2.3 Evaluation of Governmental services

		GOS11	GOS12	GOS13
Document name		During the past 12 months, Was there for any household members need to issue any document? 1. Yes 2. No Move to Next document 98. Refuse to answer Move to Next document	Did you obtain the document that you or a family member needed? 1. Yes Move to Next document 2. No 98. Refuse to answer Move to Next document	What is the main reason for not obtaining the document that you or a family member needs? 1. Cannot afford to (administrative fees are too expensive) 2. Too difficult to access the place of service 3. The staff doesn't treat people with respect 4. The process for applying and obtaining such documents is too complicated 5. It takes too long to get what you need 6. Other reasons/ specify.....
1.	national identity card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	certificate of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	divorce certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If none of the 7 documents above were obtained (GOS 12 answered no to all the documents he needed) within the past 12 months, you should move to the next set of questions

GOS 14_A	During the past 12 months what was the last document you tried to obtain	1. National identity card 2. Passport 3. Certificate of birth 4. Death certificate 5. Marriage certificate 6. Divorce certificate 7. Driver's license	<input type="checkbox"/>
GOS 15	How satisfied with the following questions about the last document service they received in the past 12 months.		<input type="checkbox"/>
	1. Totally agree 2. Agree 3. Disagree 4. Totally disagree 98. Refuse to answer 99. I don't know		
15.1	The office service was easily accessible.		<input type="checkbox"/>
15.2	Reasonableness of costs of obtaining such documents		<input type="checkbox"/>
15.3	The process for applying and obtaining the ID or the certificate was simple and easy to understand.		<input type="checkbox"/>
15.4	All people are treated equally in receiving government services in your area.		<input type="checkbox"/>
15.5	The reasonableness of the time required to obtain such documents		<input type="checkbox"/>

GOS 16	Overall, how satisfied were you with the quality of last document were received in the past 12 months	1. very satisfied 2. Satisfied 3. dissatisfied 4. very dissatisfied 98. Refuse to answer 99. I don't know	<input type="checkbox"/>
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Section 3: CONFLICT EXPOSURE (may-2021) TO BE ASKED ONLY IN GAZA

CE01	Have you been injured due to Israeli airstrikes or clashes with Israeli security forces in May 2021?	1.Yes 2.No	<input type="checkbox"/>
CE02	Has your household member died due to Israeli airstrikes or clashes with Israeli security forces in May 2021?	1.Yes 2.No	<input type="checkbox"/>
CE03	Was any other household member injured in Israeli airstrikes or clashes with Israeli security forces in May 2021?	1.Yes 2.No	<input type="checkbox"/>
CE04	Did an extended family member or close friend die due to Israeli airstrikes or clashes with Israeli security forces in May 2021?	1.Yes 2.No	<input type="checkbox"/>
CE05	Was an extended family member or close friend injured in Israeli airstrikes or clashes with Israeli security forces in May 2021?	1.Yes 2.No	<input type="checkbox"/>
CE06A	Q2.6: Was your home destroyed or damaged due to Israeli airstrikes in May 2021?	1.Yes 2.No Go to CE07	<input type="checkbox"/>
CE06B	If yes, did you have to move because the house was not habitable?	1.Yes 2.No	<input type="checkbox"/>
CE07	How close was the nearest explosion in km or meters to your then home in May 2021?	(in km) <input type="text"/> <input type="text"/> <input type="text"/> (in m) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CE08A	Was your workplace demolished or damaged due to Israeli airstrikes in May 2021?	1.Yes 2.No Go to next Section	<input type="checkbox"/>
CE08B	If yes, are you still working in the same company/entity?	1.Yes 2.No	<input type="checkbox"/>
CE08C	If yes, is the company/entity still functioning?	1.Yes 2.No	<input type="checkbox"/>

Section 4: FOOD SECURITY

GA51_1	During the past 12 months, Do you have a feeling / or felt:	Answer 1. Yes 2.No
1	Feeling worried about the lack of enough food to eat because of lack of money or provide other sources	<input type="checkbox"/>
2	The inability to eat healthy and nutritious food because of lack of money or other sources	<input type="checkbox"/>
3	Eat a few kinds foods because of lack of money or other sources	<input type="checkbox"/>
4	Give up a meal because there was not enough money or other resources to get food?	<input type="checkbox"/>
5	Eating less than you thought you should because of a lack of money or other resources	<input type="checkbox"/>
6	The food ran out on household because of a lack of money or other resources	<input type="checkbox"/>
7	Hunger with no eating because there was not enough money or other resources for food	<input type="checkbox"/>
8	Do not eat for a whole day because of a lack of money or other sources	<input type="checkbox"/>

Section 5: May\2021 AGGRESSION

Using the 5-point scale, indicate how uncharacteristic or characteristic each of the following statements are in describing you? 1. Not like me at all 2. Not much like me 3. Neutral 4. somewhat like me 5. very like me		
AGG4.1	Given enough provocation, I may hit another person.	<input type="checkbox"/>
AGG4.2	I often find myself disagreeing with people.	<input type="checkbox"/>
AGG4.3	At times I feel I have gotten a raw deal out of life.	<input type="checkbox"/>
AGG4.4	There are people who have pushed me so far that we have come to blows .	<input type="checkbox"/>
AGG4.5	I can't help getting into arguments when people disagree with me.	<input type="checkbox"/>
AGG4.6	Sometimes I fly off the handle for no good reason.	<input type="checkbox"/>
AGG4.7	Other people always seem to get the breaks.	<input type="checkbox"/>
AGG4.8	I have threatened people I know.	<input type="checkbox"/>

Using the 5-point scale, indicate how uncharacteristic or characteristic each of the following statements are in describing you? 1. Not like me at all 2. Not much like me 3. Neutral 4. somewhat like me 5. very like me		
AGG4.9	My friends say I am somewhat argumentative.	<input type="checkbox"/>
AGG4.10	I have trouble controlling my anger.	<input type="checkbox"/>
AGG4.11	I wonder why sometimes I feel so bitter about things.	<input type="checkbox"/>
AGG4.12	I sometimes feel like a powder keg ready to explode.	<input type="checkbox"/>

Section 6: SATISFACTION

		(1) very satisfied Not satisfied at all →→→ (10) very satisfied Very satisfied										
GA 5	All things considered, how satisfied are you currently with your life?	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
GA 6	To what extent are you currently satisfied with your health?	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

Section 7: GENERAL HEALTH (the questions are asked about the last two weeks)

GA7	Can you focus on your work as usual?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA8	Do you find it difficult to sleep because you are nervous or preoccupied?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA9	Do you feel you are playing a useful role toward the people around you?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA10	Can you make decisions as usual?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA11	Do you feel under continuous pressure?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA12	Do you feel incapable of overcoming your problems?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA13	Are you happy and satisfied with your accomplishment at work?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA14	Do you feel able to face your problems?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA15	Do you feel sad and that there is no way out?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA16	Have you lost your self-confidence?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA17	Do you see yourself as a useless person?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>
GA18	Are you able to feel happy notwithstanding the surrounding circumstances?	1. Better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	<input type="checkbox"/>

No	In the past two weeks	0. Never 1. A little of time (rarely) 2. Slightly less than half the time 3. More than half of the time 4. More often 5. Always
GA52	You were happy with a good mood	<input type="checkbox"/>
GA53	You were feeling calm and relaxed	<input type="checkbox"/>
GA54	You were feeling energetic	<input type="checkbox"/>
GA55	You woke up active and relaxed	<input type="checkbox"/>
GA56	Your days were full of things you liked	<input type="checkbox"/>

Q1_A	We are interested in understanding the everyday experiences that may make you fearful or anxious. This could be anything, for example having been affected by the crisis directly (i.e. being hospitalized) or indirectly (i.e. relatives/friends hospitalized or passed away), etc. Can you describe one event in the past year that caused you fear or anxiety?	
Q1_B	We are interested in understanding your everyday experiences in feeling stressed and worrisome. A lot of people are currently reporting negative emotions or stress because of threats to their livelihoods due to the crisis. It can be anything, for example not being able to do your usual economic activities anymore, having household income abruptly reduced because of the crisis etc. Can you describe what causes you stress and worry when thinking about the current situation or the future?	
Q1_C	We are interested in understanding your general daily experiences. This could be anything. Could you please describe one event in the past year?	
Q1_D	We are interested in understanding your daily experiences that make you happy or joyous. This could be anything, for example the birth of a child, marriage of a relative, or success in your studies or in your work. Could you please describe one event in the past year that caused you happiness?	
Q2	A hammer and a nail cost \$110 in total. The hammer costs \$100 more than the nail. How much does the nail cost?	<input type="text"/> <input type="text"/> <input type="text"/> \$
Q3	It takes 5 machines 5 minutes to make 5 pencils. How many minutes would it take 100 machines to make 100 pencils?	<input type="text"/> <input type="text"/> <input type="text"/> minutes

Q4	In a lake, there is a growing patch of oil. Every day, the patch doubles in size. If it takes 48 days for the patch to cover the entire lake, how long would it take for the patch to cover half of the lake?	<input type="text"/> <input type="text"/> <input type="text"/> days
Q5	How do you see yourself: are you a person who is generally willing to take risks, or do you try to avoid taking risks?	(0) means you are “completely unwilling to take risks” (10) means you are “very willing to take risks” <input type="text"/>
Q6	In comparison to others, are you a person who is generally willing to give up something today in order to benefit from that in the future or are you not willing to do so?	(0) means you are “completely unwilling to give up something today” (10) means you are very willing to give up something today”. <input type="text"/>

Section 8: TRAUMATIC EVENTS

The following questions ask about events that may be extraordinarily stressful or disturbing for everyone. Please answer “1=Yes” or “2=No” to report what happened to you.		Panel individuals		Non-panel individual
		Before 2018	From 2018 until now	Has ever happened
BTQ7.1	Have you ever been exposed to or witnessed war-related casualties (for example as a medic or on graves registration duty)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.2	Have you ever been in a serious car accident, or a serious accident at work or somewhere else?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.3	Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.4	Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.5	Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that: you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.6	Not including any punishments or beatings you already reported In Question 5, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.7	Has anyone ever made or pressured you into having some type of unwanted sexual contact? Note: By sexual contact we mean any contact between someone else and your private parts or between you and some else’s private parts”	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.8	Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.9	Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack?	<input type="text"/>	<input type="text"/>	<input type="text"/>
BTQ7.10	Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Questionnaire for assessing Post-traumatic Stress Disorder (PTSD) and complex PTSD; Questions from PTSD7.11 until PTSD7.30 are to be asked only in case there was at least one answer to questions BTQ7.1 through BTQ7.10. Otherwise, move to the next section.

PTSD7.11	Name the most traumatic event from BTQ: (1-10)	<input type="text"/> <input type="text"/>	
PTSD7.12	When did [please name the most troubling experience as answered in PTSD7.11] Occur?	1 = less than 6 months ago 2 = 6 to 12 months ago 3 = 1 to 5 years ago 4 = to 10 years ago 5 = 10 to 20 years ago 6 = more than 20 years ago	<input type="text"/>

Below, are a number of problems that people sometimes report in response to traumatic or stressful life Events. Please read each item carefully, Then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month (1. Not at all 2. A little bit 3. Moderately 4. A little bit 5. Extremely)		
PTSD7.13	Having upsetting dreams that replay part of the experience or are clearly related to the experience?	<input type="text"/>
PTSD7.14	Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	<input type="text"/>
PTSD7.15	Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	<input type="text"/>
PTSD7.16	Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	<input type="text"/>
PTSD7.17	Being “super-alert”, watchful, or on guard?	<input type="text"/>
PTSD7.18	Feeling jumpy or easily startled?	<input type="text"/>

Below, are a number of problems that people sometimes report in response to traumatic or stressful life Events. Please read each item carefully, Then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month (1. Not at all 2. A little bit 3. Moderately 4. A little bit 5. Extremely)

PTSD7.19	In the past month, have the above problems - Affected your relationships or social life?	<input type="checkbox"/>
PTSD7.20	In the past month, have the above problems - Affected your work or ability to work?	<input type="checkbox"/>
PTSD7.21	In the past month, have the above problems - Affected any other important part of your life such as parenting, or school or college work, or other important activities?	<input type="checkbox"/>
PTSD7.22	How true is this of you? when I am upset, it takes me a long time to calm down.	<input type="checkbox"/>
PTSD7.23	How true is this of you? I feel numb or emotionally shut down	<input type="checkbox"/>
PTSD7.24	How true is this of you? I feel like a failure.	<input type="checkbox"/>
PTSD7.25	How true is this of you? I feel worthless.	<input type="checkbox"/>
PTSD7.26	How true is this of you? I feel distant or cut off from people.	<input type="checkbox"/>
PTSD7.27	How true is this of you? I find it hard to stay emotionally close to people	<input type="checkbox"/>
PTSD7.28	In the past month, have the above problems in emotions, in beliefs about yourself and in relationships: Created concern or distress about your relationships or social life?	<input type="checkbox"/>
PTSD7.29	In the past month, have the above problems in emotions, in beliefs about yourself and in relationships: Affected your work or ability to work?	<input type="checkbox"/>
PTSD7.30	In the past month, have the above problems in emotions, in beliefs about yourself and in relationships: Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	<input type="checkbox"/>

Section 9: COVID EXPOSURE

COVID8.1	Have you ever had, or do you believe that you have ever had Coronavirus?	1. Yes 2.No	<input type="checkbox"/>
COVID8.2	In the last 14 days, do you think you have met (seen) anyone who you think had the coronavirus when you met them?	1. Yes 2.No 3. I don't know	<input type="checkbox"/>
COVID8.3	Do you think your area has a high incidence of coronavirus?	1. Yes 2.No 3. I don't know	<input type="checkbox"/>
COVID8.4	Do you personally know someone who has died from the coronavirus in your area?	1. Yes 2.No 3. I don't know	<input type="checkbox"/>

Section 10: COVID EXPOSURE

Did you, during the second half of 2021, do...

PB9.1	Made a financial contribution to a charity, zakat or philanthropic organization	1. Yes 2.No	<input type="checkbox"/>
PB9.2	Volunteered your time at a charity or philanthropic organization	1. Yes 2.No	<input type="checkbox"/>
PB9.3	Allowed someone to go ahead of you in a queue	1. Yes 2.No	<input type="checkbox"/>
PB9.4	Loaned someone money	1. Yes 2.No	<input type="checkbox"/>
PB9.5	Loaned someone an item	1. Yes 2.No	<input type="checkbox"/>
PB9.6	Carried someone's belongings	1. Yes 2.No	<input type="checkbox"/>
PB9.7	Given directions	1. Yes 2.No	<input type="checkbox"/>
PB9.8	Helped someone find a job	1. Yes 2.No	<input type="checkbox"/>
PB9.9	Given money to a beggar or purchased something you did not need from a street seller in order to help them (bought food for someone)	1. Yes 2.No	<input type="checkbox"/>