



**Palestinian National Authority
Palestinian Central Bureau of Statistics
Violence Survey of the Palestinian Society, 2019**

"All the information in this Questionnaire is used for purely statistical purposes only, where it aims to identify the nature of household relations between members of the household and members of the surrounding community, including the behavior of Israeli occupation soldiers and settlers against members of the Palestinian society. The questionnaire is divided into several sections that have to do with women, men, children and the elderly"

All information in this questionnaire is used for statistical purposes only and will be kept confidential in accordance with the General Statistics Law 2000

Identification data

ID00	Questionnaire serial number in sample:	ID01	Questionnaire serial number in enumeration area sample:
ID02	Governorate :	ID03	Locality:
ID04	Number of the enumeration area in locality :	ID05	Residence number:
ID06	Residence unit number:	ID07	Head of Household name:
ID08	Telephone number:	ID09	Mobile number:

Interview data

IR01	Visits schedule	Day	Month	Year	Visit No.	Start time of interview Hour: Minute	End time of interview Hour: Minute
		<input type="text"/>	<input type="text"/>	<input type="text"/>	First visit	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Second visit	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Third visit	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
IR02	Total of visits	<input type="text"/>					
IR03	Last interview result	<input type="text"/>	1	Completed	6	Non-cooperative Cause	
			2	Partially completed	7	Uninhabited residence unit	
			3	Household members abroad	8	No information available	
			4	Residence unit not existed	9	Other/specify	
			5	No one at residence			
IR04	Number of household males	<input type="text"/>	IR05	Number of household females	<input type="text"/>		
IR06	Number of males aged 0-11	<input type="text"/>	IR07	Number of females aged 0-11	<input type="text"/>		
IR08	Number of males aged 12-17	<input type="text"/>	IR09	Number of females aged 12-17	<input type="text"/>		
IR10	Number of unmarried males aged 18-64	<input type="text"/>	IR11	Number of unmarried females aged 18-64	<input type="text"/>		
IR12	Number of males aged 65 and above	<input type="text"/>	IR13	Number of females aged 65 and above	<input type="text"/>		

IR14	Number of men currently married or previously married in the age group (14-64) years	<input type="checkbox"/> <input type="checkbox"/>	IR15	Number of women currently married or previously married in the age group (14-64) years	<input type="checkbox"/> <input type="checkbox"/>
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IR16	Interviewer name:	IR17	Interviewer No.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IR18	Supervisor name:	IR19	Supervisor No.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IR20	Editor name:	IR21	Editor No.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IR22	Coder name:	IR23	Coder No.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IR24	Data-entry operator name:	IR25	Data-entry operator No.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section I
Household questionnaire

To get to know household members, I would like to ask you some general questions about all those who live permanently in this house regardless of their gender, age, and marital status.

HR01	HR02	HR03	HR04	HR05A			HR05	HR06	HR07					
Individual serial No.	Names of household members (first name, father's name, family name) Would you please mention the names of all individuals in your household including children and infants? Let us start with the head of household	What is the relationship between (the name) and the head of household? 01 Head of Household 02 Husband/wife 03 Son/daughter 04 Father/mother 05 Brother/sister 06 Grandfather/mother 07 Grandson/daughter 08 Son/daughter in law 09 Other relatives 10 Others	Is (the name) male or female? 1. Male 2. Female	What is the date of birth of (the name) by day, month and year? The interviewer should take the date of birth based on official documents (if possible). I do not know: Write 99 in the day column Write 99 in the month column Write 9999 in the year column			Interviewer: How old is (the name)? Calculate the age using the date of birth in HR05A and write down the answer. In case the date of birth is unknown, ask about the age and write it down. (00) if the age is less than a year (98) if it is 98 years and above (99) I do not know	Refugee Status? 1. Registered refugee 2. Unregistered refugee 3. Non refugee	As a result of a health condition, Does (Name) suffer a difficulty in 0. No difficulty 1. Yes, some difficulty 2. A lot of difficulty 3. Cannot at all					
				D1	D2	D3			D4	D5	D6			
				Seeing	Hearing	Moving and using hands			Remembering and concentration	Self-care	Communication			
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														

Check the box (X) if the number of the household members is more than 15 and use an additional sheet.

For all members of the household			For persons (3 years and above)	For persons (5 years and above)	For persons (10 years and above)	Labor force status in the Past Week (persons 10 years and above)			For persons (14 years and above)	
HR01	HR02	HR08	HR09	HR10	HR11	HR12	HR13		HR14	HR15
Individual serial No. Would you please mention the names of all individuals in your household including children and infants? Let us start with the head of household	Names of household members (first name, father's name, family name) 1. No 2. Governmental only 3. UNRWA only 4. Private only 5. Governmental and UNRWA 6. Governmental and Private 7. UNRWA and Private 8. Israeli 9. Others	Health Insurance 1. Currently enrolled in KG 2. Currently enrolled 3. Enrolled and left 4. Enrolled and graduated 5. Never enrolled If the answer option is (5) go to HR11 question	Enrollment in education Write (00) if the number of schooling years is less than one year	No. of schooling years successfully completed 1. Illiterate 2. Can read & write 3. Elementary 4. Preparatory 5. Secondary 6. Intermediate diploma 7. Bachelor 8. Higher diploma 9. Master 10. PhD	Educational Attainment 1. Worker 1-14 hrs. 2. Worker 15 – 34 hrs 3. worker 35-45 hrs 4. Worker 46 hrs and more 5.(doesn't work but wants to work - worked before) Sought for a work during the last 4 weeks 6 .(doesn't work but wants to work – did not work before) Sought for a work during the last 4 weeks (doesn't work and does not want to work) 7. Studying/ training 8. Housekeeping 9. Disability/ aging/ illness 10. Having another source of income 11. Retirement 12. Other	Main occupation Current\ Previous (Detailed type of employee work) For employed persons and unemployed ones who ever worked (whose answer items are (1-5) of HR12, and if the answers are (6-12) put (-)		Main Employment Status 1. Employer 2. Self employed 3. Regular wage employee 4. Unpaid family member For employed persons and unemployed ones who ever worked (whose answer items are (1-5) of HR12, and if the answers are (6-12) put (-)	Marital status 1. Never married 2. Legally engaged 3. Married 4. Divorced 5. Widowed 6. Separated	
						Occupation	Code			
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										

		3. Our income barely covers the needed expenses.	
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Section III

Women currently married or previously married in the age group (14-64) years

<u>In case there are more than one married female in the household, random Kish tables are used to select one female for the interview</u>			
Interviewer Instructions: Married females within the last 12 months are asked the questions of column B. Married females for more than one year are asked the questions of B & C columns. Answer code is written down by selecting the suitable answer's number below.			
<u>Divorced, widowed and separated women during the period preceding the last 12 months from the date of the interview, column C is completed</u>			
<u>Divorced, widowed and separated women over the past 12 months from the date of the interview, column B & C are completed</u>			
ID00 Household serial number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		HR01-W Individual number from the register <input type="checkbox"/> <input type="checkbox"/>	HR02 Name of individual according to register:
HH03: Was the same individual interviewed? (For individuals with disability) 1. Yes 2. No (If the answer is 2, move to HH04		HH04: Number of interviewed individual? (For individuals with disability)	
RW: Result of the final interview	1. Completed 2. Partially completed 3. Non-cooperative 4. Unable to interview the required individual 5. No individuals under the required category 6. Other.....		
MS : Marital Status	1. Married 2. Divorced Define the date <input type="checkbox"/> <input type="checkbox"/> .3. Widow Define the date <input type="checkbox"/> <input type="checkbox"/> 4. Separated Define the date <input type="checkbox"/>		
DMS: Define Marriage date	Date of actual marriage/wedding (last <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> marriage)		

PWB: Kinship with husband

PWB	Is there a kinship relation between you and your current (last) husband?	Kinship with husband	<input type="checkbox"/>
		1. Son of paternal uncle	
		2. Son of paternal aunt	
		3. Son of maternal uncle	
		4. Son of maternal aunt	
		5. Son of paternal uncle & maternal aunt / maternal uncle & paternal aunt	
		6. From the same clan	
		7. No kinship	

Spouses usually experience different circumstances that may affect their behavior with each other and the rest of the household members and sometimes exceeds abuse. The following questions describe some of those circumstances, the behavior of the husband, the wife's acceptance of those behaviors and her ability to participate in taking family decisions. Sometimes the abuse or harm caused by others are covered by some of the questions in this section of the questionnaire.

WB: The following are certain conditions that many households go through. Please specify if any of these circumstances or events have occurred to you or your husband or to your household.

Note: The interviewer writes down the answer code by selecting the suitable answer's number below							
1.Yes		2.No		3.I do not know		4.Not applicable	
Number	Things occurred with the husband or household	B		C			
		Within the last 12 months		Prior to the last 12 months			
WB01	Your husband had problems and instability at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB02	The stresses or responsibilities in your husband's work increased significantly. (overtime hours of your husband increased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB03	The nature of your husband's work increases his anxiety and tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB04	Your husband was dismissed from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB05	A close relative of your husband died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB06	Did you experience any problems and instability at your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB07	The stresses or responsibilities at work increased significantly. (your working hours increased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB08	The nature of your work increases your anxiety and stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB09	You were dismissed from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB10	You were sick and had to be hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB11	You were pregnant or gave birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB12	You were pregnant and experienced pregnancy loss or lost your baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB13	Burden of caring for your household, your parents and your parents-in-law increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB14	Troubles between you and your husband increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB15	You were deprived of your inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB16	The bank confiscated your properties or your husband's for different reasons (Such as savings and salary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB17	Were you forced to participate or not to participate in election, regardless of their type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB18	One of your close relatives died, God forbid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB19	A household member or first-degree relative (brother, sister, grandfather, grandmother, paternal uncle, paternal aunt, maternal uncle, maternal aunt) experienced health problems that led to their hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB20	There is not enough time to interact with your husband/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WB21	One of your children was dismissed from school or barred for specific period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WB22	One of your children was involved in community illegal issues (Subject to law penalties)	<input type="checkbox"/>	<input type="checkbox"/>
WB23	Does any member of your household have any type of drug/ alcohol addiction?	<input type="checkbox"/>	<input type="checkbox"/>
WB24	Does any member of your household need special care (an individual with disability)?	<input type="checkbox"/>	<input type="checkbox"/>

WZ- I will read for you some statements used by some women describing their husbands. Please think about your husband and inform me to what extent you think each statement describes him.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below					
1.Very much	2.Average	3. Few	4.Rarely	5.Never	6.Not applicable
Number	Is/Does your husband?				Answer code
WZ01	jealous and does not want you to talk with other men?				<input type="checkbox"/>
WZ02	try to limit your connections with your relatives or female friends?				<input type="checkbox"/>
WZ03	urge you to tell him about whom you are with and where you are always?				<input type="checkbox"/>
WZ04	prevent you from going anywhere without being accompanied by him?				<input type="checkbox"/>
WZ05	prevent you from participating in social events and occasions?				<input type="checkbox"/>
WZ06	keep you away from information the household income even if you ask him?				<input type="checkbox"/>
WZ07	prevent you from spending household money (even if you request)?				<input type="checkbox"/>
WZ08	Ignore you (does not care about you)?				<input type="checkbox"/>
WZ09	prevent you from traveling abroad?				<input type="checkbox"/>
WZ10	interfere in your religious practices?				<input type="checkbox"/>
WZ11	prevent you from expressing your opinions freely?				<input type="checkbox"/>
WZ12	prevent you from continuing your studies?				<input type="checkbox"/>
WZ13	underestimate your daily domestic work?				<input type="checkbox"/>
WZ14	underestimate your efforts in taking care of your children?				<input type="checkbox"/>
WZ15	prevent you from raising your children the way you find it good?				<input type="checkbox"/>
WZ16	underestimate your efforts in taking care of the elderly?				<input type="checkbox"/>
WZ17	underestimate your efforts in taking care of individuals with disabilities				<input type="checkbox"/>

WL- Household decision-taking

Each household should take decisions to manage the daily life, i.e. buying a car or not, having children or not ...etc.

Who takes decisions in such issues?

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below						
1. Wife only	2.Wife mostly	3.Husband & wife	4.Husband mostly	5.Husband only	6. Others	7.Not applicable
Number	Who takes the decision concerning the following:					Answer code
WL01	Having children					<input type="checkbox"/>
WL02	Number of children					<input type="checkbox"/>
WL03	Selecting school for sons					<input type="checkbox"/>
WL04	Selecting school for daughters					<input type="checkbox"/>

WL05	Continuing education of sons	<input type="checkbox"/>
WL06	Continuing education of daughters	<input type="checkbox"/>
WL07	The specialisation at university for sons	<input type="checkbox"/>
WL08	The specialisation at university for daughters	<input type="checkbox"/>
WL09	Marriage of one of the sons	<input type="checkbox"/>
WL10	Marriage of one of the daughters	<input type="checkbox"/>
WL11	Making adjustments to the housing unit of the household (e.g. refurbishing the kitchen, changing the internal layout of house... etc.)	<input type="checkbox"/>
WL12	Buying or building a new house	<input type="checkbox"/>
WL13	Buying or selling a car	<input type="checkbox"/>
WL14	Your work (other than household work)	<input type="checkbox"/>
WL15	Defining the nature of your wage employment (outside household)	<input type="checkbox"/>
WL16	The amount of money to be spent on household's daily expenses	<input type="checkbox"/>
WL17	Visiting your relatives or friends	<input type="checkbox"/>
WL18	Visiting your husband's relatives or friends	<input type="checkbox"/>
WL19	Being guarantor for your husband or a relative at a lending institution	<input type="checkbox"/>
WL20	Getting a loan from any lending institution for your husband or a member of the household	<input type="checkbox"/>
WL21	How and what to wear	<input type="checkbox"/>
WL22	Your participation or non-participation in the elections (regardless of its type)	<input type="checkbox"/>
WL23	Managing household income such as salary	<input type="checkbox"/>
WL24	Managing gold or savings	<input type="checkbox"/>

WV: There might be some disagreements and sharp discussions between the husband and wife, which some believe to justify beating the wife by her husband, do you think that the following behaviors justify beating the wife?

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below				
1. Strongly agree	2. Agree	3. uncertain	4. Disagree	5. Strongly disagree

Number	Statement	Answer code
WV01	If she talks to her husband in a provocative way	<input type="checkbox"/>
WV02	If she does not answer her husband's requests (in general)	<input type="checkbox"/>
WV03	If she does not answer his family's requests	<input type="checkbox"/>
WV04	If she acts with her husband in a way that does not please him (when alone)	<input type="checkbox"/>
WV05	If she acts with her husband in a way that does not please him or in a way which is not acceptable in society (in front of others)	<input type="checkbox"/>
WV06	If she insults her husband or his family	<input type="checkbox"/>

WV07	If she speaks words that embarrass her husband (in front of others)	<input type="checkbox"/>
WV08	If she speaks to other men in a manner that provokes him	<input type="checkbox"/>
WV09	If she does not prepare meals on time	<input type="checkbox"/>
WV10	If she burns food	<input type="checkbox"/>
WV11	If she does not do housework as expected by her husband	<input type="checkbox"/>
WV12	If she comes out dressed in a way that is not acceptable to her husband	<input type="checkbox"/>
WV13	If she leaves the house without informing her husband	<input type="checkbox"/>
WV14	If she does not take care of the children as her husband expects	<input type="checkbox"/>
WV15	If she argues her husband	<input type="checkbox"/>
WV16	If she refuses to sleep with her husband (sexual intercourse)	<input type="checkbox"/>
WV17	If she suspects that her husband is in an affair with another woman and she always asks where he is going	<input type="checkbox"/>

Interviewer instructions: Married females of more than one year from the date of the interview are asked the questions of the current year and the previous years. Married females within the last 12 months are asked the questions of the current year only

WA: Please define the number of times your husband has used this method with you over the last 12 months by choosing one of the answers from 0-6, and during the period preceding the past 12 months by choosing the answer's code (1 or 2)?

Every marriage faces problems which usually cause tense situations between spouses for many reasons. They may disagree on different issues and become angry and upset. Each spouse has his/her own practices to solve these problems. I will read for you some of husband's practices that he uses against his wife.

Interviewer instructions: Married women for more than 12 months from the date of the interview have to answer the questions for sections B and C. Those who have been married over the past 12 months have to answer the questions for section (B)

Divorced, widowed and separated women during the period preceding the past 12 months from the interview date, column C is only answered

As for the divorced, widowed and separated women over the past 12 months from the date of interview, columns B & C are answered

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below (0-6) to answer the questions in column B related to the last 12 months period. Answers will be (1, 2 or 3) for the questions in column C for the period preceding the last 12 months.

0.Never	1.Once	2.Twice	3. 3-5 times	4. 6 times and more	5. I do not know	6. Not applicable
Number	Husband practices			B		C
				Over the past 12 months		Preceding the past 12 months

			1.Yes	2.No	3. Not applicable
WA01	Your husband insulted or humiliated you	<input type="checkbox"/>		<input type="checkbox"/>	
WA02	Your husband threw something towards you, which can be harmful	<input type="checkbox"/>		<input type="checkbox"/>	
WA03	Your husband twisted your arm or pulled your hair	<input type="checkbox"/>		<input type="checkbox"/>	
WA04	Your husband assaulted you, causing bruises, scratches, minor wounds, joint pain	<input type="checkbox"/>		<input type="checkbox"/>	
WA05	Your husband refused to use birth control tools even though you asked for that	<input type="checkbox"/>		<input type="checkbox"/>	
WA06	Your husband pushed you hard	<input type="checkbox"/>		<input type="checkbox"/>	
WA07	Your husband forced you physically to practice sexual intercourse	<input type="checkbox"/>		<input type="checkbox"/>	
WA08	Your husband tried to attack you with a knife, axe, shovel or any other dangerous tool	<input type="checkbox"/>		<input type="checkbox"/>	
WA09	Your husband hit you on the head and you fainted	<input type="checkbox"/>		<input type="checkbox"/>	
WA10	Your husband told you that you are stupid, ugly, disabled or any bad word	<input type="checkbox"/>		<input type="checkbox"/>	
WA11	Your husband blamed you for your dressing style	<input type="checkbox"/>		<input type="checkbox"/>	
WA12	Your husband hit you with less dangerous tools, i.e. belt, stick ...etc	<input type="checkbox"/>		<input type="checkbox"/>	
WA13	Your husband ruined your belongings	<input type="checkbox"/>		<input type="checkbox"/>	
WA14	Your husband suffocated you or tried to suffocate you	<input type="checkbox"/>		<input type="checkbox"/>	
WA15	Your husband shouted on you	<input type="checkbox"/>		<input type="checkbox"/>	
WA16	Your husband held you tight while attacking you	<input type="checkbox"/>		<input type="checkbox"/>	
WA17	Your husband used different forms of violence with you (hitting and using dangerous tools) to force you practice different forms of sexual intercourse against your will	<input type="checkbox"/>		<input type="checkbox"/>	
WA18	Your husband slapped you on the face	<input type="checkbox"/>		<input type="checkbox"/>	
WA19	Your husband attacked you which resulted in breaking one of your bones	<input type="checkbox"/>		<input type="checkbox"/>	
WA20	Your husband burned your skin on purpose	<input type="checkbox"/>		<input type="checkbox"/>	
WA21	Your husband uttered expressions/bad words to tease you and make you angry	<input type="checkbox"/>		<input type="checkbox"/>	
WA22	Your husband threatened/forced you to have sexual intercourse with him	<input type="checkbox"/>		<input type="checkbox"/>	
WA23	Your husband refused to give you enough money for household expenses even though he had enough money to spend on other things	<input type="checkbox"/>		<input type="checkbox"/>	
WA24	Your husband asked about how you spent money in details	<input type="checkbox"/>		<input type="checkbox"/>	
WA25	Your husband withdrew money from your account or credit card without your permission	<input type="checkbox"/>		<input type="checkbox"/>	

WA26	Your husband forced you to work	<input type="checkbox"/>	<input type="checkbox"/>
WA27	Your husband forced you to quit your work	<input type="checkbox"/>	<input type="checkbox"/>
WA28	Your husband prevented you from working	<input type="checkbox"/>	<input type="checkbox"/>
WA29	Your husband tried to exploit what you inherited from your family without your permission	<input type="checkbox"/>	<input type="checkbox"/>
WA30	Your husband disposed of your belongings without your permission	<input type="checkbox"/>	<input type="checkbox"/>
WA31	Your husband restricted your connections/relations with your first-degree relatives	<input type="checkbox"/>	<input type="checkbox"/>
WA32	Your husband prohibited you from going out with your female neighbors	<input type="checkbox"/>	<input type="checkbox"/>
WA33	Your husband tried to prevent you from meeting your female friends	<input type="checkbox"/>	<input type="checkbox"/>
WA34	Your husband expelled you from the house	<input type="checkbox"/>	<input type="checkbox"/>
WA35	Your husband ignored your sexual desires	<input type="checkbox"/>	<input type="checkbox"/>
WA36	Your husband threatened you that he would marry a nother woman because you have only begotten daughters or for not having begotten any child	<input type="checkbox"/>	<input type="checkbox"/>
WA37	Your husband refused to send you to a doctor for your treatment (buy medicine or go to a doctor)	<input type="checkbox"/>	<input type="checkbox"/>
WA38	Your husband kept an eye on your phone and asked you to open your social networking sites to check them	<input type="checkbox"/>	<input type="checkbox"/>
Number	Husband practices	B	C
		Over the past 12 months	Prior to the past 12 months
			1. Yes 2. No 3. Not applicable
WA39	Your husband insulted your family	<input type="checkbox"/>	<input type="checkbox"/>
WA40	Your husband made fun of your education or specialization	<input type="checkbox"/>	<input type="checkbox"/>
WA41	Your husband prevented you from using your medical aids or medications	<input type="checkbox"/>	<input type="checkbox"/>

wy0 – You reported that you were subjected to violence from your husband. Please define if your husband's violent behaviors led to psychological problems over the past 12 months? for those Who answered (1-4) in question WA in section B?

wy0	Did the violent behaviors committed by your husband, against you, cause you any psychological problems?				
	1. Yes, high degree	2. Yes, medium degree	3. Yes, low degree	4. No	<input type="checkbox"/>

WY: You reported that you were subjected to violence from your husband. please define if your Husband's Violent Behaviors LED to Injuries Over the past 12 Month? For Those Who Answered (1-4) in Section B

WY	Did your husband's behaviors lead to any physical injury?		Answer code
	1. Yes	2. No (If no, move to question number LB01)	<input type="checkbox"/>

LA: Please identify any type of physical injury you experienced as a result of your Husband's behavior against you that Caused an injury resulting from the last Violent act or behavior that occurred To you Over the past 12 months

Number	Injury	B	
		Over the past 12 months	
		1.Yes	2.No
LA01	Scratch, Scrape, Bruises	<input type="checkbox"/>	
LA02	Sprains, Dislocations	<input type="checkbox"/>	
LA03	Burns or bite marks.	<input type="checkbox"/>	
LA04	Penetrating trauma, Deep Cuts, Gashes	<input type="checkbox"/>	
LA05	A hole in the eardrum/ ruptured eardrum	<input type="checkbox"/>	
LA06	Eye injury.	<input type="checkbox"/>	
LA07	Fractures, Broken Bones	<input type="checkbox"/>	
LA08	Broken Teeth	<input type="checkbox"/>	
LA09	Internal Injuries (Fractures and bleeding).	<input type="checkbox"/>	
LA10	Other (specify): _____	<input type="checkbox"/>	

LB01- Need care or medical services as a result of violent behaviors directed by the husband over the last 12 months?

Number	Indicator	Over the past 12 months		
		1. Yes, and received.	2. Yes, but I did not receive it. move to question number LD1	3. No, move to question number LD1
LB01	Over the past 12 months, did you need care or health services?	<input type="checkbox"/>		

LC- The health services I received as a result of the violent behaviors that I was subjected to by the husband over the past 12 months.

Number	Services	Over the past 12 months		
		A: Did you pay for the service?	C. What was the paid amount? (For the last violent act) In Israeli shekel	D: What was the paid amount? (For all violent acts) In Israeli shekel
		1. Yes 2. NO (Go to the section below 3. There was no need for service (Go to the section below		

LC01	Doctor, nurse, pharmacist or technician	<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"/>
LC02	Hospital fees, clinic, health center (excluding overnight)	<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"/>
LC03	Hospital fees	<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"/>
LC04	Number of days spent in hospital		Number of days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number of days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LC05	Transportation including escorts	<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"/>
LC06	Tests (rays, labs... etc.)	<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"/>
LC07	Drugs and treatments	<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"/>
LC08	Alternative medical treatment (Arabic medicine, herbal medicine... etc.)	<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"/>
LC09	Other expenses related to health care (food, drink... etc.) including companions	<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"/>
LC10	Medical Consultation (Psychiatrists... other Consultations)	<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"/>
LC11	Other medical or health reports	<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"/>

LD1- The need for legal services and counseling as a result of the violent behaviors of her husband over the past 12 months?

Number	Indicator	Over the past 12 months		
		1. Yes and received.	2. Yes, but I did not receive it. move to question number LD3	3. No, move to question number LD3
LD1	Over the past 12 months, did you need legal services / legal consultations?	<input type="checkbox"/>		

LD2: The legal services and consultations as a result of the violent behaviors of your husband over the past 12 months

LD2	Legal Services	A: Did you pay for the service?	C. What was the paid amount? (For the last violent act) In Israeli shekel	D: What was the paid amount? (For all violent acts) In Israeli shekel
		1. Yes 2. NO (move to the section below) 3. There was no need for such services (move to the section below)		
LD2-1	Lawyer fees	<input type="checkbox"/>	<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"/>
LD2-2	Court fees and litigation	<input type="checkbox"/>	<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"/>
LD2-3	Consulting expenses (going to a legal consultation center)	<input type="checkbox"/>	<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"/>
LD2-4	Reports or any other charges	<input type="checkbox"/>	<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"/>
LD2-5	Other expenses (transportation, communications, food... etc.)	<input type="checkbox"/>	<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"/>
LD2-6	Legal consultation online.	<input type="checkbox"/>	<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"/>

• It is determined in Israeli shekels according to the exchange rate circulated to the interviewers and is transferred from any currency that is mentioned.

LD3: Other financial costs paid over the past 12 months?

LD3	Costs	A: Did you pay any other financial costs?	C. What was the paid amount? (For the last violent act) In Israeli shekel	D: What was the paid amount? (For all violent acts) In Israeli shekel
		1. Yes 2. NO (move to the section below) 3. Not applicable (move to the section below)		
LD3-1	Transportation to your parents' home, or other destinations as a result of leaving the house or where the violence occurred	<input type="checkbox"/>	<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"/>
LD3-2	Telecommunications and cell phones bills.	<input type="checkbox"/>	<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"/>
LD3-3	Other expenses (food, drink, house rent, hotel rental, housekeeping... etc.)	<input type="checkbox"/>	<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"/>

LN- We talked about the amounts paid and the different costs incurred for medical, legal or other costs , did you pay for it a lone or did someone pay with you over the past 12 months?

If there is any answer on one of the previous sections (LD1, LD2, LD3, LC) with (Yes), this section shall be answered

Number	Did you pay financial costs on your own or did someone pay with you over the past 12 months?	1.Yes 2.No
LN01	Myself	<input type="checkbox"/>
LN02	My husband and myself	<input type="checkbox"/>
LN03	My husband's family and myself	<input type="checkbox"/>
LN04	My husband, my husband's family and myself	<input type="checkbox"/>
LN05	My husband, my family and myself	<input type="checkbox"/>
LN06	My family and myself	<input type="checkbox"/>
LN07	My husband	<input type="checkbox"/>
LN08	My husband's family	<input type="checkbox"/>
LN09	My husband and my husband's family	<input type="checkbox"/>
LN10	My husband and my family	<input type="checkbox"/>
LN11	My family	<input type="checkbox"/>
LN12	Insurance company	<input type="checkbox"/>
LN13	other persons / others, specify _____	<input type="checkbox"/>

LK - Over the past 12 months and as a result of violent behaviors towards the wife, did you or your husband destroy or break some special objects at home, did it happen?

B				
<i>Over the past 12 months</i>				
Number	Property	A. Did any damage of property occur?	B: Did you replace/repair the damaged property?	C: What is the value of replacement or repair for those who answered B with (yes) Or what is the estimated cost of replacement or repair for those who answered (B) with (no) in case of not having replaced or repaired the damaged property in Israeli shekel
		1. Yes 2. NO (move to the section below) 3. Not applicable (move to the section below)	1. Yes 2. NO (move to the section below)	
LK01	Plates and tableware and utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK02	Electronic devices (mobile, remote control, tablet, laptop...etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK03	Electrical appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK04	Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK05	Bicycle/ Children toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK06	Antiques and wall clocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK07	Carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK08	Clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK09	Furniture such as a sofa set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LK10	Other/ Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LH- Your Boys / girls were absent from school or university due to violent behaviors.

Number	Because of the violent behaviors against you by your husband, were your boys/girls absent from school or university in the last 12 months?	B		
		Over the past 12 months		
		BA	BB	BC
		1. Yes 2. No 3. Not applicable (If the answer is 2 or 3 move to the section below)	Number of boys / girls	Number of days of absence
LH01	Boys / girls were absent from schools	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LH02	Boys / girls were absent from university.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LFF- Working over the past 12 months?

Number	Did you do a paid or unpaid work over the past 12 months?	1. Yes	2. No (move to LF09)
LFF			<input type="checkbox"/>

LF - Because of the violent behaviors you have experienced from your husband, did violence or violent behavior affected your work or education in the last 12 months?

Number	In which case did violence affect your work or study?	B	
		Over the past 12 months	
		BA	BB
		1. Yes No	2. 3. Not applicable (If the answer is 2 or 3 move to the section below)
LF01	Was your ability to do the work affected, leading to a decrease in your productivity or quality of your work?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF02	Husband delayed or distorted your work. (e.g.: frequent calling, threatening, coming to your work place... etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF03	Decreased your ability to focus.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF04	Decreased your self-confidence.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF05	Being forced to change the road or the means of transportation because of fear of going to work.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF06	Absent from paid work (paid vacation).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF07	Absent from paid work (unpaid vacation).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF08	Absent from unpaid work (unpaid family member or other)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LF09	Did violence affect your absence from school or university?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LFW: The husband's work was affected by his violent behaviors against his wife

Number	In which of the following cases, the husband's work was affected as a result of his violent behaviors against you?	B	
		Over the past 12 months	
		BA	BB
		1. Yes 2. No 3. Not applicable (If the answer is 2 or 3 move to the section below)	Number of Days
LFW1	Was your husband's work negatively affected over the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LFW2	Your husband was absent from paid work (paid vacation).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LFW3	Your husband was absent from paid work (unpaid vacation).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LFW4	Your husband was absent from unpaid work (unpaid family member or other)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LQ- The impact of your husband's violent behaviors on your husband and you in terms of doing the various household chores over the past 12 months?

Number	Did the violent behaviors that you experienced from your husband affect you or your husband in terms of doing the usual household chores?	B	
		Over the past 12 months	
		1. Yes	2. No (If you answered the LQ2 + LQ1 with (No) move to the WD section)
LQ01	Wife	<input type="checkbox"/>	
LQ02	Husband	<input type="checkbox"/>	

LR- The impact of your husband's violent behaviors on you and your husband in terms of doing the various household chores over the past 12 months?

Number	Because of the violent behaviors of your husband, did that lead not to do the household chores that you or your husband usually do?	Over the past 12 months			
		Wife		Husband	
		CB	BB	CA	BA
		1. Yes 2. No 3. Not applicable (If the answer is 2 or 3 move to CA)	Number of Days	1. Yes 2. No 3. Not applicable (If the answer is 2 or 3 move to CB)	Number of Days
LR01	Child Care (childbearing, feeding/ breastfeeding, cleaning, baby bathing, changing diapers, preparing children for school, medical/ health care for children...etc).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR02	Care for the elderly and sick (personal care, medical care, accompanying the elderly for medical/ health services, preparing food for patients and the elderly).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR03	Children's education (reading, training and assisting them).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR04	Various housework chores (preparing meals, routine cleaning of rooms, bathrooms, kitchen, washing, washing, arranging, dusting, washing windows, and polishing floors, getting rid of garbage...etc).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR05	Shopping for household matters (shopping/ buying food products (groceries of all kinds), medical supplies, school supplies, gasoline, clothing, household appliances and furniture).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR06	Other housework chores (routine external cleaning of the garage, cleaning patio and collection of foliage).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR07	Social activities (receiving visitors visiting friends and relatives, participating in weddings, funerals).	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WD: You previously indicated that you were subjected to one or more physical, sexual, economic or social abuse and felt you need help. To which of the following mentioned options you went seeking help.

Interviewer instructions: The following questions are prepared for the females who answered from 1-4 in section B and for females who answered Yes on WA questions in section C. We demonstrate the following methods that females adopt to face their husbands' abuse.

Note for the interviewer: Write down the answer's code by selecting the suitable answer's number

No.	When you feel you need assistance, which of the following agencies or agencies have you resorted to?	A			B		C		
		If the answer is Yes, move to B			Did you receive the assistance that you required?		Are you satisfied with the assistance you received?		
		1. Yes	2. No (Move to the next point)	3. Not applicable (Move to next point)	1. Yes	2. No (Move to next point)	1. Completely satisfied	2. Moderately satisfied	3. Dissatisfied
WD01	You left the house and went to your father's, brother's or a relative's house	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD02	You did not leave the house, but rather you talked about it with your parents, brothers, sisters or relatives	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD03	You did not leave the house, but you talked about it with his parents or one of his relatives	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD04	You talked about it with your female colleagues at work or neighbors for seeking their advice or even protection	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD05	You ignored your husband and refused talking to him for several days (If the answer is Yes, move to next point)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD06	You did not tell anybody about it (If the answer is Yes, move to next point)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD07	I went to legal entities / famous parties in your clan or other clan	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD08	You went to a lawyer to file a complaint against your husband	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD09	You went to a psychiatric, social and legal help center	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD10	You went to the police station or family protection unit to file a complaint against your husband or to get help or protection from your husband	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
WD11	You called an organization/agency for counseling via phone	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

WD12	You talked to a Sheikh/Priest, whom you think that he has power/influence on the society and your husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD13	You talked to a man with a high social / political reputation, whom you thought that he has power/influence on society and your husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD14	You talked with your husband and asked him to stop abusing you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD15	You went to a government medical/health center for treatment (government clinics or government hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD16	You went to a private medical/health center for treatment (private clinics or hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD17	You went to an UNRWA medical/health center for treatment (UNRWA clinics or hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD18	You went to the Governor's Office seeking help and protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD19	You went to the directorates of the Ministry of Social Development seeking help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD20	You went to shelters for abused women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WF- Violence of others

Many women face different forms of unacceptable situations and abuse practiced by either men or women in their lives. Those abusers could be relatives and/or others. If it does not annoy you, I would like to ask you some questions on similar situations. I would like to ask you first about what happened with you over the past 12 months. Did anybody do the following to you?

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below to answer the questions in WFN and WFS in the opposite box

1.No	2.Once	3.More than once	4.Not applicable
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Number	Individuals	WFN: How many times did anybody punch you, hit you, push you or pull your hair or your clothes over the past 12 months?	WFS: How many times did anybody try to suffocate you, burn you on purpose, threaten you using a gun or a knife or any other weapon or attack you with a harmful object, i.e. chair, stick, belt... etc over the past 12 months?
WF01	Stepfather	<input type="checkbox"/>	<input type="checkbox"/>
WF02	Stepmother	<input type="checkbox"/>	<input type="checkbox"/>
WF03	Mother in law	<input type="checkbox"/>	<input type="checkbox"/>
WF04	Father in law	<input type="checkbox"/>	<input type="checkbox"/>
WF05	Stepson / Stepdaughter	<input type="checkbox"/>	<input type="checkbox"/>
WF06	Brother in law / Sister in law	<input type="checkbox"/>	<input type="checkbox"/>
WF07	One of the adolescent sons/daughters	<input type="checkbox"/>	<input type="checkbox"/>

WF08	Male from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>
WF09	Female from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>
WF10	Friend (male)	<input type="checkbox"/>	<input type="checkbox"/>
WF11	Friend (female)	<input type="checkbox"/>	<input type="checkbox"/>
WF12	Stranger (male)	<input type="checkbox"/>	<input type="checkbox"/>
WF13	Stranger (female)	<input type="checkbox"/>	<input type="checkbox"/>
WF14	Colleague at work (male)	<input type="checkbox"/>	<input type="checkbox"/>
WF15	Colleague at work (female)	<input type="checkbox"/>	<input type="checkbox"/>
WF16	Doctor at the medical care (male)	<input type="checkbox"/>	<input type="checkbox"/>
WF17	Doctor at the medical care (female)	<input type="checkbox"/>	<input type="checkbox"/>
WF18	An individual with high religious/social/political reputation	<input type="checkbox"/>	<input type="checkbox"/>
WF19	Employer	<input type="checkbox"/>	<input type="checkbox"/>
WF20	Superior person at work	<input type="checkbox"/>	<input type="checkbox"/>
WF21	Palestinian policeman	<input type="checkbox"/>	<input type="checkbox"/>
WF22	Palestinian security man (Military Intelligence & General Intelligence)	<input type="checkbox"/>	<input type="checkbox"/>
WF23	Social worker (male) in women's centers or women protection institutions	<input type="checkbox"/>	<input type="checkbox"/>
WF24	Social worker (female) in women's centers or women protection institutions	<input type="checkbox"/>	<input type="checkbox"/>
WF25	Israeli occupation soldier/settler	<input type="checkbox"/>	<input type="checkbox"/>
WF26	Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

WK- "Cont." violence of others (The interviewer writes down the answer's code by selecting the suitable answer's number)

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below to answer the questions in WKN and WKS in the opposite box					
1.No		2.Once	3.More than once	4.Not applicable	5. No Answer / Refused to answer
Number	Individuals		WKN: How many times did anybody humiliate you, curse you, or abuse you verbally over the past 12 months?	WKS: How many times did anybody try to force you to have sexual intercourse with him/her (did not happen), or forced you to have sexual intercourse with him/her, touched you for sexual purposes, or did any other unacceptable sexual behaviors against your will over the past 12 months?	
WK01	Stepfather		<input type="checkbox"/>	<input type="checkbox"/>	
WK02	Stepmother		<input type="checkbox"/>	<input type="checkbox"/>	
WK03	Mother in law		<input type="checkbox"/>	<input type="checkbox"/>	
WK04	Father in law		<input type="checkbox"/>	<input type="checkbox"/>	
WK05	Stepson / Stepdaughter		<input type="checkbox"/>	<input type="checkbox"/>	

WK06	Brother in law / Sister in law	<input type="checkbox"/>	<input type="checkbox"/>
WK07	One of the adolescent sons/daughters	<input type="checkbox"/>	<input type="checkbox"/>
WK08	Male from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>
WK09	Female from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>
WK10	Friend (male)	<input type="checkbox"/>	<input type="checkbox"/>
WK11	Friend (female)	<input type="checkbox"/>	<input type="checkbox"/>
WK12	Stranger (male)	<input type="checkbox"/>	<input type="checkbox"/>
WK13	Stranger (female)	<input type="checkbox"/>	<input type="checkbox"/>
WK14	Colleague at work (male)	<input type="checkbox"/>	<input type="checkbox"/>
WK15	Colleague at work (female)	<input type="checkbox"/>	<input type="checkbox"/>
WK16	Doctor at the medical care (male)	<input type="checkbox"/>	<input type="checkbox"/>
WK17	Doctor at the medical care (female)	<input type="checkbox"/>	<input type="checkbox"/>
WK18	An individual with high religious/social/political reputation	<input type="checkbox"/>	<input type="checkbox"/>
WK19	Employer	<input type="checkbox"/>	<input type="checkbox"/>
WK20	Superior person at work	<input type="checkbox"/>	<input type="checkbox"/>
WK21	Palestinian police Person	<input type="checkbox"/>	<input type="checkbox"/>
WK22	Palestinian security Person (Military Intelligence & General Intelligence)	<input type="checkbox"/>	<input type="checkbox"/>
WK23	Social worker (male) in women's centers or women protection institutions	<input type="checkbox"/>	<input type="checkbox"/>
WK24	Social worker (female) in women's centers or women protection institutions	<input type="checkbox"/>	<input type="checkbox"/>
WK25	Israeli occupation soldier/settler	<input type="checkbox"/>	<input type="checkbox"/>
WK26	An Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

WI-Violence in other places (Outside household)

Did you face any kind of violence in other places over the past 12 months?

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below to answer the questions in WIA, WIB, WIC and WID in the opposite box							
1. Yes		2. No		3. Not applicable		4. No Answer / Refused to answer	
Number	Place	WIA: Did anybody humiliate you, curse you, or abuse you verbally over the past 12 months?	WIB: Did anybody punch you, hit you, push you or pull your hair or your clothes over the past 12 months?	WIC: Did anybody try to suffocate you, burn you on purpose, threaten you using a gun or a knife or any other weapon or attack you with a harmful object, i.e. chair, stick, belt... etc	WID: Did anybody try to force you to have sexual intercourse with him/her (did not happen), or forced you to have sexual intercourse with him/her, touched you for sexual purposes, or did any other		

				over the past 12 months?	unacceptable sexual behaviors against your will over the past 12 months?
WI01	Street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI02	Shopping places (Markets or shopping stores)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI03	Israeli military check points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI04	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI05	Health, social, cultural services centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI06	School/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI07	Work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI08	Other place (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WX: Violence that you were subjected to when you were under the age of 18: Many women are subjected to abusive and inappropriate sexual behaviors by others causing discomfort and some may reach the degree of physical abuse. I would like to ask you some questions about similar situations that you experienced (instructions to the interviewer to reiterate on data confidentiality)

Please answer these questions by selecting one of the following options		Answer's code
		1. Yes 2. No 3. No answer / Refused to answer
WX01	Were you subjected to any kind of household violence when you were under 18 years old?	<input type="checkbox"/>
WX02	Were you subjected to any form of sexual harassment, such as sexual words or touching sensitive parts of your body before the age of 18?	<input type="checkbox"/>

CA: Electronic violence

The Internet is considered as a window of freedom for many people in terms of positive, which was not previously available, but it caused many problems, I will ask you some questions about using the Internet

No.	Question	B	C
		over the past 3 months	over the past 12 months
		1. Yes 2.No 3. Not applicable	1. Yes 2.No 3. Not applicable
CA01	Did you use internet regardless of the used device? (If the answer is 2 or 3 in sections B or C, move to section CY)	<input type="checkbox"/>	<input type="checkbox"/>
CA02	Did you use any of social media sites (facebook, insta gram, viber, whatsapp, skype...etc)? (If the answer is 2 or 3 in sections B or C, move to question CA08)	<input type="checkbox"/>	<input type="checkbox"/>
CA03	Were you exposed, through one of social media sites (facebook, instagram, viber, whatsapp, skype ... etc), to harassment, threats, intimidation or blackmailing by people?	<input type="checkbox"/>	<input type="checkbox"/>
CA04	Were you insulted or humiliated by others through one of the social media sites (facebook, instagram, viber, whatsapp, skype... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
CA05	Were you subjected to any sexual harassment or did anyone attempt to force or induce you by various means (money, other privileges) to make sexual movements...through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
CA06	Were you blackmailed in different ways through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc.) for a sum of money or anything else?	<input type="checkbox"/>	<input type="checkbox"/>
CA07	Were you threatened or blackmailed through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc) by Israeli occupation forces or settlers?	<input type="checkbox"/>	<input type="checkbox"/>

CA08	Was your electronic bank account (online) or email stolen (hacked)?	<input type="checkbox"/>	<input type="checkbox"/>
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CY: Violence through telecommunications

Telecommunications via landline, mobile networks or text messaging is considered as a window for communication for many people, but it has caused many problems. I will ask you some questions about the use of telecommunications.

1. Yes		2. No				Not used .3			
Question		G. Palestinian companies (Jawwal, Ooredoo, Paltel)		H. Israeli companies (Cellcom, Orange... etc)		K. International companies		O. Other (Unknown source)	
No.	Were you threatened, blackmailed, or harassed by persons through your contacts or messages?	A	B	A	B	A	B	A	B
			over the past 3 months	over the past 12 months	over the past 3 months	over the past 12 months	over the past 3 months	over the past 12 month	over the past 3 months
CY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KK: Knowledge of institutions and centers for protection from violence

	Question	Options	Answer's code
KK01	Did you know about the availability of institutions and centers for protection from violence in your area, community, or governorate?	1. Yes 2. No	<input type="checkbox"/>

OWW-Please tell me if you own any of the following:

Note to the interviewer: The answer's code is selected by choosing the appropriate answer's number below			
1. Yes, I own	2. Yes, I own in partnership with others	3. Options (1 + 2)	4. No, I don't own
Number	Properties	Answer code	

OWW01	Land (construction, agricultural)	<input type="checkbox"/>
OWW02	House (villa, house, apartment, studio, building)	<input type="checkbox"/>
OWW03	Establishment (company, store, factory, workshop)	<input type="checkbox"/>
OWW04	Livestock (cows, camels, sheep, goats)	<input type="checkbox"/>
OWW05	Poultry (hens, turkey, rabbits, pigeons.....)	<input type="checkbox"/>
OWW06	Poultry farms (hens, turkey, rabbits, pigeons.....)	<input type="checkbox"/>
OWW07	House furniture	<input type="checkbox"/>
OWW08	Jewelry, gold or anything valuable	<input type="checkbox"/>
OWW09	Private / commercial cars	<input type="checkbox"/>
OWW10	Shares and bonds	<input type="checkbox"/>
OWW11	Bank savings	<input type="checkbox"/>
OWW12	Other properties (specify)	<input type="checkbox"/>

WS- Violence against Couples (from the wife's point of view)

Please specify the times you used this manner with your husband over the past 12 months by selecting the answer's code (0 - 6) and during your marriage period that preceded the said 12 months by selecting the answer (1,2, or 3) in this section?

Note: The interviewer asks the wife directly about her husband over the past 12 months and period that preceded it.

As for widowed, divorced and separated women during the period that preceded the past 12 months from the date of the interview, Column C should be filled about her husband.

Marriage life has its ups and downs. Hence, there could be times where the relationship between spouses is tense for many reasons; they may disagree on different issues and become angry and upset at each other. However, each spouse handles the situation differently. I will read now some of the wives' manners that they use against their husbands.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below						
0. Never	1. Once	2. Twice	3. 3-5 times	4. More than 6 times	5. I do not know	6. Not applicable
Number	Wife practices	B		C		
		Over the past 12 months	Period preceding the last 12 months			
			1. Yes	2. No	3. Not applicable	
WS01	Cursed or humiliated your husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS02	Threw something at your husband which might have hurt him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS03	Pushed your husband away during a quarrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS04	Pushed your husband away from your children during a quarrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS05	Attacked him which resulted in bruises, scratches, minor injuries or pain in his body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS06	Pushed your husband hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS07	Attacked your husband with a knife, ax, shovel or any other dangerous tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS08	Told your husband that he is stupid, or ugly any other word that hurt his feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS09	Hit your husband with less dangerous objects, i.e. belt, stick ...etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS10	Sabotaged your husband belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS11	Tried to suffocate your husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS12	Yelled or screamed at your husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS13	Held your husband firmly while quarreling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS14	Slapped your husband or tried to slap him on his face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS15	Burned your husband on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS16	Uttered expressions to tease your husband and make him angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS17	Withdrew money from your husband's account or credit card without his permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS18	Tried to prohibit your husband from meeting his friends or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS19	Prohibited your husband from going out with his friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS20	Threatened him using confidential information you know about him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS21	Limited his communication with his direct relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS22	Ignored his sexual desires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WS23	Disrespected his parents, relatives, education or specialization	<input type="checkbox"/>	<input type="checkbox"/>
WS24	Incited the kids against him	<input type="checkbox"/>	<input type="checkbox"/>
WS25	Incited the kids to beat him	<input type="checkbox"/>	<input type="checkbox"/>
WS26	Refused his requests/desires to have sexual intercourse without clarifying the reasons.	<input type="checkbox"/>	<input type="checkbox"/>
WS27	Forced your husband to maintain a sexual intercourse in your relationship against his will.	<input type="checkbox"/>	<input type="checkbox"/>

WM- Freedom of Movement

	Over the past 12 months, did you or any of your household members face any difficulty that prevented you from getting to	A. Having Difficulty	B. Causes of Difficulty		
		1. No difficulty 2. Minor difficulty 3. Great difficulty 8. Not applicable 9. I do not know If the answer (1,8,9 move to next item)	1. Movement restrictions Crossings / barriers / buffer zone	1. Yes 2. Inability to afford the costs	2. No 3. Other reasons such as the husband / specify
WM02	1. Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. The land or its cultivation or harvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. School or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Health facilities (clinics, health centers or hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Conduct social relations (such as visiting and attending events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section Four

Children in the age group (0-11) years

This section is to be completed by the wives or mothers who have children in the age group (0-11), or anyone responsible for their care.

WE-HR01: Individual number from the record	<input type="checkbox"/>	HR02: Individual name as per the record:
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YY03: Number of the individual who was interviewed? (Wife or mother or anyone responsible for their care)	<input type="checkbox"/> <input type="checkbox"/>
RZ: final interview result	1. Completed 2. Partially completed 3. Refused to cooperate 4. Unable to interview the chosen individual 5. Unavailable individuals within the required category 6. Other (specify) <input type="checkbox"/>

WE: adults use a variety of methods either to discipline their children and teach them the best behavior or to solve any kind of behavioral problems. Please tell me whether you, your husband, brothers/sisters, any other relative, acquaintance or stranger used any of the following methods with the children.

Question		You or your husband		Brothers/sisters or any other relative, acquaintance or stranger	
		A	B	C	D
No.	Did you use any of the following methods with your child (name of the child)?	Over the past month	Over the Past 12 months	Over the past month	Over the past 12 months
		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
WE01	Depriving (name) of privileges or things he/she wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE02	Explaining to (name) why was his/her behavior wrong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE03	Shaking (name) hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE04	Screaming or yelling at (name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE05	Giving (name) something else to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE06	Forbidding (name) from leaving the house to play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE07	Hitting (name) on his/her behind. (by hand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE08	Hitting (name) on his/her behind or any other part of the body using a belt, stick, comb or any other hard object.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE09	Calling (name) stupid/lazy or any other demeaning name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE10	Hitting/slapping (name) on the face, head or ears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE11	Hitting (name) on the hand, arm or legs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE12	Hitting (name) intensely and repeatedly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WQ: Adults use different kinds of methods to behave their children, thinking that they serve the purpose of behaving them and setting them right.

Number	Question	B	C
		Over the past month	Over the past 12 months
		1.Yes 2.No 3.I do not know 4.Not applicable	1.Yes 2.No 3.I do not know 4.Not applicable
WQ1	Was your child punished (physically, psychologically) by any care providers? (kindergarten, preschool, teachers at schools, nurse, social worker)	<input type="checkbox"/>	<input type="checkbox"/>

WP: Internet usage; child might come across any sexual material while using the internet.

Code	Question	1.Yes 2.No 3. I do not know 4. No Answer / Refused to answer	
		B	C
		Over the past 3 month	Over the past 12 months

WP01	Did your child use the internet regardless of the used device? If the answer is 2 or 3 in section C and B, move to question WJ	<input type="checkbox"/>	<input type="checkbox"/>
WP02	Did your child see sexual pictures or a ggressive movies/ pictures over the internet?	<input type="checkbox"/>	<input type="checkbox"/>

WJ: Unfortunately, sometimes children experience uncontrolled incidents, by older people or adults, that harm their sexual and psychological wellbeing. Hence, they are annoyed and don't feel comfortable, where it is not the fault of the child or parents. Please answer the following question?

WJ01	Did you hear or learn that your child experienced sexual harassment by others over the past 12 months?	1. Yes 2. No 3. I do not know 4. No Answer / Refused to answer	<input type="checkbox"/>
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Section Five

Men previously or currently married in the age group (14-64) years

Men previously or currently married may be abused and hurt. The following questions describe some of these conditions and behaviors.

ID00: Questionnaire serial number in the sample <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		M-HR01 Individual number from the record: <input type="checkbox"/>		HR02 Individual name as per record:	
SS03: Was the same individual interviewed? (Individuals with disabilities) 1. Yes 2.No If the answer is 2, move to SS04		<input type="checkbox"/>	SS04: Number of the individual who was interviewed? (Individuals with disabilities)		<input type="checkbox"/> <input type="checkbox"/>
RM: Final interview result:	1. Completed 2. Partially completed 3. Refused to cooperate 4. Unable to interview the chosen individual 5. Unavailable individuals within the required category 6. Other (specify)				<input type="checkbox"/>
MM Marital status:	1. Married 2. Divorced 3. Widowed 4. Separated				<input type="checkbox"/>
DMM: Date of marriage	Date of actual marriage/wedding (last marriage) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				

In the case of having more than one man who was previously married in the same household, use Kish table to choose one randomly for the interview.

MF: Violence from others

Throughout your life, men may be abused; whether by relatives, acquaintances or strangers. If you do not mind, I would like to ask you some questions about similar situations. First, I will ask you about what happened to you over the past 12 months. Did any of the following happen to you?

Note: The interviewer writes down the answer's code in the opposite box by selecting the suitable answer's number from below:				
0. Never		1. Once	2. More than once	3. Not applicable
Code	Individuals	MFN: How many times did anybody punch, hit, push you or pull your hair or your clothes over the past 12 months?	MFS: How many times did anybody try to suffocate, burn (on purpose), threaten, use a gun/ knife or any other weapon against you or attacked you with a harmful object, i.e. chair, stick, belt ...etc over the past 12 months?	
MF01	Your father			
MF02	Your mother			
MF03	Mother in law			
MF04	Father in law			
MF05	One of the adolescent sons/ daughters.			

MF06	Male from the extended family		
MF07	Female from the extended family		
MF08	Friend (male)		
MF09	Friend (female)		
MF10	Stranger (male)		
MF11	Stranger (female)		
MF12	Colleague at work (male)		
MF13	Colleague at work (female)		
MF14	Doctor at the medical care (male)		
MF15	Doctor at the medical care (female)		
MF16	An individual with high religious/social/political reputation		
MF17	Social worker		
MF18	Employer		
MF19	Manager/head at work		
MF20	Palestinian policeman		
MF21	Palestinian security man (Military Intelligence or General Intelligence)		
MF22	Israeli occupation soldier/settler		
MF23	Other (specify).....		

MK: "Cont." Violence from others (answer's code is chosen based on the suitable answer's number)

Note: The interviewer writes down the answer's code in the opposite box by selecting the suitable answer's number from below:				
0. Never	1.Once	2.More than once	3.Not applicable	4. No Answer / Refused to answer
Code	Individuals	MKN: How many times did anybody humiliate, curse, or abuse you verbally over the past 12 months?	MKS: How many times did anybody try to force you to have sexual intercourse (did not happen), or forced you to have sexual intercourse (rape), or touch you for sexual purposes, or try any other unacceptable sexual behavior against your will over the past 12 months?	
MK01	Your father			
MK02	Your mother			
MK03	Mother in law			
MK04	Father in law			
MK05	One of the adolescent sons / daughters.			
MK06	Male from the extended family			
MK07	Female from the extended family			
MK08	Friend (male)			

MK09	Friend (female)		
MK10	Stranger (male)		
MK11	Stranger (female)		
MK12	Colleague at work (male)		
MK13	Colleague at work (female)		
MK14	Doctor at the medical care (male)		
MK15	Doctor at the medical care (female)		
MK16	An individual with high religious/social/political reputation		
MK17	Social worker		
MK18	Employer		
MK19	Manager/head at work		
MK20	Palestinian policeman		
MK21	Palestinian security man (Military Intelligence or General Intelligence)		
MK22	Israeli occupation soldier/settler		
MK23	Other (specify)		

MI: Violence in different places

Were you subjected to any kind of violence in other places over the past 12 months?

Note: The interviewer writes down the answer's code in the opposite box by selecting the suitable answer's number from below:					
1. Yes		2. No		3. Not applicable	
				4. No Answer / Refused to answer	
Code	Place	MIA: Did anybody humiliate, curse, or abuse you verbally over the past 12 months?	MIB: Did anybody punch, hit, push you, or pull your hair/ clothes over the past 12 months?	MIC: Did anybody try to suffocate, burn (on purpose), threaten, use a gun/ knife or any other weapon against you or attacked you with a harmful object, i.e. chair, stick, belt ...etc over the past 12 months?	MID: Did anybody try to force you to have sexual intercourse (did not happen), or force you to have sexual intercourse (rape), or touch you for sexual purposes, or try any other unacceptable sexual behavior against your will over the past 12 months?
MI01	Family's house.				
MI02	Relatives or friends' house				
MI03	In the Street				
MI04	Shopping places (Market or shopping malls/stores)				
MI05	Israeli check points				
MI06	Transportation				

MI07	Service centers (health, social, cultural)				
MI08	School/university				
MI09	Work place				
MI10	Other places (specify)				

MZ: You mentioned earlier that you were subjected to a form of abuse whether psychological, physical or sexual, and felt in need for help. Which of the following entities did you ask assistance from?

Interviewer's instructions: The following questions are for the men who answered on MKS/MKN/MFS/MFN questions with either 1 or 2 from section MK and MF. The below are different methods men use to face other's abuse.

Code.	When you felt the need for assistance, which of the following entities/things did you resort to?	A			B		C		
		If the answer is Yes, move to B			Did you receive the assistance that you requested ?		How satisfied were you about the assistance you received?		
		1. Yes	2. No (Move to the next point)	3. Not applicable (Move to next point)	1. Yes	2. No (Move to next point)	1. Completely satisfied	2. Fairly Satisfied	3. Dissatisfied
MZ01	Went to a family member (relative or sibling)								
MZ02	Went to VIP in your Tribe/kin or others'								
MZ03	Talked about it with your colleagues at work or neighbors for advice and guidance.								
MZ04	Did not tell anybody about it (If the answer is Yes, move to next point)								
MZ05	Went to a lawyer to file a complaint.								
MZ06	Went to a center that provided you with psychological, social or legal assistance								
MZ07	Went to the police station or one of the security services to file a complaint against the offender/wrongdoer								
MZ08	Called an organization for counseling via phone								
MZ09	Talked to a man of religion whom you thought had an influence on society.								

MZ10	Talked to a man of high social/political reputation whom you thought had an influence on society.			
MZ11	Went to a governmental/public medical center for therapy (government clinics or hospitals)			
MZ12	Went to a private medical/health center for therapy (private clinics and hospitals)			
MZ13	Went to UNRWA medical/health center for therapy (UNRWA clinics or hospitals)			
MZ14	Went to the Governor's Office seeking help and protection.			

MW: Many people experience abuse or harm by one of their household members, relatives or even others. The abuse includes improper and infamous/shameful sexual treatment. I would like to ask you about some of these behaviors that you may have experienced before the age of 18 (Instructions to the Interviewer to reiterate on data confidentiality)

Please answer the question by choosing one of the following options		Code 1.Yes 2. No 3 . No Answer / Refused to answer
MW01	Did you experience any fom of violence before the age of 18?	<input type="checkbox"/>
MW02	Did you experience any form of sexual harassment such as sexual words or touching of sensitive parts of your body before the age of 18?	<input type="checkbox"/>

CB: Electronic violence

The internet is a two-edged sword; a browser of knowledge when used positively and a creator of problems when used negatively. I will ask you several questions about internet usage.

Code	Question	B	C
		Over the past 3 month	Over the last 12 months
		1.Yes 2.No 3. Not applicable	1.Yes 2.No 3. Not applicable
CB01	Did you use the internet (regardless of the used device)? If the answer is 2 or 3 in both sections B and C, move to section BY)	<input type="checkbox"/>	<input type="checkbox"/>
CB02	Did you use any form of social media (Facebook, Instagram, Viber, Whatsapp, Skype... etc.)? (If the answer is either 2 or 3 in both B and C sections, move to CB08)	<input type="checkbox"/>	<input type="checkbox"/>
CB03	Were you exposed, through one of social media sites (facebook, instagram, viber, whatsapp, skype ... etc), to harassment, threatening, intimidation or blackmailing by people?	<input type="checkbox"/>	<input type="checkbox"/>
CB04	Were you insulted or humiliated by others through one of the social media sites (facebook, instagram, viber, whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
CB05	Were you subjected to any sexual harassment or did anyone attempt to force or induce you by various means (money, other privileges) to make sexual movements...through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
CB06	Were you blackmailed in different ways through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc.) for a sum of money or anything else?	<input type="checkbox"/>	<input type="checkbox"/>
CB07	Were you threatened or blackmailed through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc) by Israeli occupation forces or settlers?	<input type="checkbox"/>	<input type="checkbox"/>
CB08	Was your electronic bank account (online) or email stolen (hacked)?	<input type="checkbox"/>	<input type="checkbox"/>

BY: Violence through Telecommunication

Telecommunication, either via land line, cell phones or texting, is considered a vital line of communication for many people. However, many problems emerged from it. I will ask you several questions about Telecommunication usage.

1. Yes		2. No				.3 Not used			
Question		G. Palestinian companies (Jawwal, Ooredoo, Paltel)		H. Israeli companies (Cellcom, Orange...)		K. International Companies		O. Other (Unknown sources)	
Code	Were you harassed, blackmailed, or threatened by people or entities via phone calls or text messages?	A	B	A	B	A	B	A	B
		BY		Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 months
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KM: Knowledge of institutions and centers for protection from violence

	Question	Options	Answer code
KM01	Did you know about the availability of institutions and centers for protection from violence in your area, community, or governorate?	1. Yes 2.No	<input type="checkbox"/>

Section Six

Unmarried individuals in the age group (18-64)

Many people are abused or harmed by one of their household members, relatives or even others. The abuse includes improper and infamous/shameful sexual treatment. I would like to ask you about some of these behaviors that you may have experienced

ID00 Questionnaire serial number in the sample	Z-HR01 Individual number from the record:	HR02 Individual name as per record	SE Sex: 1.Male 2.Female
HS03 Was the same individual interviewed? (for Individuals with disabilities) 1. Yes 2. No If the answer is 2, move to HS04	HS04: Number of the individual who was interviewed? (for individuals with disabilities)		
RC: Result of the final interview	1.Completed 2.Partially completed 3. Refused to cooperate 4. Unable to interview the required individual 4.Unavailable individuals in the required category 5.Other (specify)		

ZA: Please indicate the number of times a member of your household used these practices against you over the past 12 months and even prior t that?

In case of having more than one unmarried individual in the age group (18-64), use Kish tables to choose one individual randomly, either a male or female, to be interviewed

If the answer is (0,5,6) to all questions in ZAB section, and No or Not applicable in section C, move to section ZE.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below							
0. Never	1. Once	2. Twice	3. 3-5 times	4. More than 6 times	5. I do not know	6. Not applicable	
Number	Household member practices			B		C	
				over the past 12 months		Has it happened since you turned 18 years old or prior to the last 12 months?	
						1. Yes	2. No
ZA01	Household member cursed you or humiliated you			<input type="checkbox"/>		<input type="checkbox"/>	
ZA02	Household member threw something towards you which may have harmed you			<input type="checkbox"/>		<input type="checkbox"/>	
ZA03	Household member twisted your arm or pulled your hair			<input type="checkbox"/>		<input type="checkbox"/>	
ZA04	Household member attacked you which resulted in joint pain, bruises, scratches, or minor injuries			<input type="checkbox"/>		<input type="checkbox"/>	
ZA05	Household member pushed you hard			<input type="checkbox"/>		<input type="checkbox"/>	

ZA06	Household member tried to attack you with a knife, a x, shovel or any other sharp dangerous tool	<input type="checkbox"/>	<input type="checkbox"/>
ZA07	Fainted after being hit on your head by a household member	<input type="checkbox"/>	<input type="checkbox"/>
ZA08	Household member told you that you are stupid, or ugly	<input type="checkbox"/>	<input type="checkbox"/>
ZA09	Household member hit you with a belt, stick... etc	<input type="checkbox"/>	<input type="checkbox"/>
ZA10	Household member sabotaged your belongings	<input type="checkbox"/>	<input type="checkbox"/>
ZA11	You went to the physician or the clinic due to a household member attack/assault	<input type="checkbox"/>	<input type="checkbox"/>
ZA12	Household member suffocated you or tried to do so.	<input type="checkbox"/>	<input type="checkbox"/>
ZA13	Household member yelled or screamed at you.	<input type="checkbox"/>	<input type="checkbox"/>
ZA14	You needed medical care after being attacked by a household member but did not attend to it.	<input type="checkbox"/>	<input type="checkbox"/>
ZA15	Household member hit you repeatedly (repetition of the hits for few minutes or more during the same assault)	<input type="checkbox"/>	<input type="checkbox"/>
ZA16	Household member held you tight against your will	<input type="checkbox"/>	<input type="checkbox"/>
ZA17	Household member went out of the house or room angry, yelling and screaming during a dispute with you.	<input type="checkbox"/>	<input type="checkbox"/>
ZA18	Household member slapped you on the face	<input type="checkbox"/>	<input type="checkbox"/>
ZA19	Household member broke one of your bones while assaulting you	<input type="checkbox"/>	<input type="checkbox"/>
ZA20	Household member burned you on (or used an iron against you)	<input type="checkbox"/>	<input type="checkbox"/>
ZA21	Household member told you that you are unsuccessful/loser.	<input type="checkbox"/>	<input type="checkbox"/>
ZA22	Household member told you things to tease you and make you angry	<input type="checkbox"/>	<input type="checkbox"/>
ZA23	Household member abused you sexually.	<input type="checkbox"/>	<input type="checkbox"/>
ZA24	Household member forced you into undesired sexual practices.	<input type="checkbox"/>	<input type="checkbox"/>
ZA25	Household member forced you to watch porn (pictures or movies)	<input type="checkbox"/>	<input type="checkbox"/>
ZA26	Household member forced you physically to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>
ZA27	Household member harassed you sexually	<input type="checkbox"/>	<input type="checkbox"/>
ZA28	Household member used different force forms, i.e. using sharp tools to force you into different practices of sexual intercourse against your will	<input type="checkbox"/>	<input type="checkbox"/>
ZA29	Family member threatened you in order to force you into having different practices of sexual intercourse against your will.	<input type="checkbox"/>	<input type="checkbox"/>

ZA30	Were you forced into participating/not participating in elections despite of its form.	<input type="checkbox"/>	<input type="checkbox"/>
ZA31	Household member kicked you out of the house for a long time (one night at least)	<input type="checkbox"/>	<input type="checkbox"/>
ZA32	Household member forbade you from leaving the house	<input type="checkbox"/>	<input type="checkbox"/>
ZA33	Household member threatened you to reveal your secrets.	<input type="checkbox"/>	<input type="checkbox"/>
ZA34	Household member forced you to unlock your phone to know its contents	<input type="checkbox"/>	<input type="checkbox"/>
ZA35	Household member forced you to work	<input type="checkbox"/>	<input type="checkbox"/>
ZA36	Household member banned you from using your salary.	<input type="checkbox"/>	<input type="checkbox"/>
ZA37	Household member banned you from working	<input type="checkbox"/>	<input type="checkbox"/>

ZD- Who are the two most abusive household members to you?

Number	Individuals	Answer's code
ZD1	Father	First Member <input type="checkbox"/>
ZD2	Mother	
ZD3	Stepmother	Second Member <input type="checkbox"/>
ZD4	Stepfather	
ZD5	Grandfather	
ZD6	Grandmother	
ZD7	Brothers	
ZD8	Sisters	
ZD9	Paternal Uncles/Aunts	
ZD10	Maternal Uncles/Aunts	
ZD11	Others (specify).....	

ZB:- The following questions are for those who answered options 1-4 in section B, and yes in section C to any of ZA questions. We will ask you now about the methods you used to face the assaults of household members.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number

No.	When you felt the need for assistance, which of the following entities/things did you resort to?	A			B		C		
		If the answer is Yes, move to B			Did you receive the assistance that you requested?		How satisfied are you with the assistance you received?		
		1. Yes	2. No (Move to the next point)	3. Not applicable (Move to next point)	1. Yes	2. No (Move to next point)	1. Completely satisfied	2. fairly satisfied	3. Dissatisfied

ZB01	You left the house and went to one of your siblings or relatives' house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB02	You did not leave the house, but talked to either your father, siblings or relatives about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB03	You talked about it with your colleagues at work or neighbors for an advice or even protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB04	You talked about it with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB05	You did not tell anybody about it (If the answer is Yes, move to next point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB06	You ignored them and refused talking to them for several days (If the answer is Yes, move to next point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB07	You went to a man of high social/political reputation/ well known men in your clan or other clans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB08	You went to a lawyer to file a complaint against a Household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB09	You went to a center that provides psychological, social or a legal support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB10	You went to the police station/ Household protection unit to file a complaint against a household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB11	You called an organization for counseling via phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB12	You talked to a man of religion whom you thought had an influence on society and your household members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB13	You talked to a man of high social/political reputation whom you thought had an influence on society and your household members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB14	You resorted to social media, i.e. Facebook, Twitter, Messenger...etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB15	You went to social or cultural center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB16	You went to sport club/GYM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB17	You talked to the abuser/wrongdoer and asked him/her to stop abusing you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB18	You went to a governmental/public medical center for therapy (government clinics or hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB19	You went to a private medical/ health center for therapy (private clinics and hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ZB20	You went to UNRWA medical/health center for therapy (UNRWA clinics or hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB21	You went to the directorates of the Ministry of Social Development seeking help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZB22	You went to shelters for abused women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ZE: Physical Violence from others

Many individuals face unacceptable situations and abuse practiced by either males or females in their lives. These abusers could be relatives and/or others. If you do not mind, I would like to ask you some questions about similar situations. I would like to ask you about what happened to you over the past 12 months. Has anybody done the following to you?

Note: The interviewer writes down the answer's code by selecting the suitable answer's number from below to answer the questions in question ZEN and ZES in the opposite box				
0. Never		1. Once	2. More than once	3. Not applicable
Number	Individuals	ZEN: How many times did anybody punch, hit, push you or pull your hair or your clothes over the past 12 months?	ZES: How many times did anybody try to suffocate, burn (on purpose), threaten you, or use a gun or a knife or any other weapon against you or even attacked you with a harmful object, i.e. chair, stick, belt ...etc over the past 12 months?	
ZE01	Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 02	Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 03	Male from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 04	Female from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 05	Friend (male)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 06	Friend (female)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 07	Fiancé/Fiancée	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 08	Stranger (male)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 09	Stranger (female)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 10	Colleague at work (male)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 11	Colleague at work (female)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 12	University instructor (male)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 13	University instructor (female)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 14	Doctor at the medical care (male)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 15	Doctor at the medical care (female)	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 16	Employer	<input type="checkbox"/>	<input type="checkbox"/>	
ZE 17	Manager/head at work	<input type="checkbox"/>	<input type="checkbox"/>	

ZE 18	An individual with high religious/social/political reputation	<input type="checkbox"/>	<input type="checkbox"/>
ZE 19	Palestinian Policeman	<input type="checkbox"/>	<input type="checkbox"/>
ZE 20	Palestinian security man (Military Intelligence or General Intelligence)		
ZE 21	Israeli occupation soldier/settler	<input type="checkbox"/>	<input type="checkbox"/>
ZE 22	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

ZF: Psychological and sexual abuse from others

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below to answer the questions in question ZFN and ZFS in the opposite box					
0. Never		1. Once	2. More than once	3. Not applicable	4.No answer/ refused to answer
Number	Individuals	ZFN: How many times did an individual humiliate, curse, or abuse you verbally over the past 12 months?	ZFS: How many times did anybody try to force you into having sexual intercourse (did not happen), or forced you into sexual intercourse (rape), or touch you for sexual purposes, or try any other unacceptable sexual behavior against your will over the past 12 months?		
ZF01	Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 02	Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 03	Male from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 04	Female from the extended family (Relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 05	Friend (male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 06	Friend (female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 07	Fiancé/Fiancée	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 08	Stranger (male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 09	Stranger (female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 10	Colleague at work (male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 11	Colleague at work (female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 12	University instructor (male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 13	University instructor (female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 14	Doctor at the medical care (male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 15	Doctor at the medical care (female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 16	Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZF 17	Manager/head at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ZF 18	An individual with high religious/social/political reputation	<input type="checkbox"/>	<input type="checkbox"/>
ZF 19	Palestinian Policeman	<input type="checkbox"/>	<input type="checkbox"/>
ZF 20	Palestinian security man (Military Intelligence or General Intelligence)	<input type="checkbox"/>	<input type="checkbox"/>
ZF 21	Israeli occupation soldier/settler	<input type="checkbox"/>	<input type="checkbox"/>
ZF 22	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

ZF: Psychological and sexual abuse from others Did you face any kind of abuse in places other than home over the past 12 months?

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below to answer the questions in question ZHA, ZHB, ZHC and ZHD in the opposite box			
1. Yes	2. No	3. Not applicable	4. No Answer / Refused to answer

Number	Place	ZHA: Were you humiliated, cursed, or abused verbally over the past 12 months?	ZHB: Were you punched, hit, pushed, or pulled by hair/ clothes over the past 12 months?	ZEC: Did anybody try to suffocate, burn (on purpose), threaten, use a gun/ knife or any other weapon against you or attacked you with a harmful object, i.e. chair, stick, belt ...etc over the past 12 months?	ZHD: Did anybody try to force you into having sexual intercourse (did not happen), or forced you into sexual intercourse (rape), or touch you for sexual purposes, or try any other unacceptable sexual behavior against your will over the past 12 months?
ZH01	Street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZH02	Shopping places (Market or shopping malls/stores)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZH03	Israeli check points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZH04	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZH05	Service centers (health, social, cultural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZH06	School/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZH07	Work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZH08	Other place (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ZZ: Sexual harassment before age 18:

Please answer the question by choosing one of the following options		Answer code 1. Yes 2.No 3.No Answer / Refused to answer
ZZ01	Did you experience sexual abuse or harassment before the age of 18?	<input type="checkbox"/>

CD: Electronic Violence

The internet is a two-edged sword; a browser of knowledge when used positively and a creator of problems when used negatively. I will ask you several questions about internet usage.

Number	Question	B	C
		Over the past 12 months?	Over the past 3 months?
		1. Yes 2. No 3. Not applicable	1. Yes 2. No 3. Not applicable
CD01	Did you use the internet (regardless of the used device)? If the answer is 2 or 3 in both sections B and C, move to section DY)	<input type="checkbox"/>	<input type="checkbox"/>
CD02	Did you use any form of social media (Facebook, Instagram, Viber, Whatsapp, Skype... etc.)? (If the answer is either 2 or 3 in both sections B and C, Move to CD08)	<input type="checkbox"/>	<input type="checkbox"/>
CD03	Were you exposed, through one of social media sites ((facebook, instagram, viber, whatsapp, skype... etc), to harassment, threatening, intimidation or blackmailing by people? inconvenience, threat, intimidation or extortion by	<input type="checkbox"/>	<input type="checkbox"/>
CD04	Were you insulted or humiliated by others through one of the social media sites (facebook, instagram, viber, whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
CD05	Were you subjected to any sexual harassment or did anyone attempt to force or induce you by various means (money, other privileges) to make sexual movements...through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
CD06	Were you blackmailed in different ways through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc.) for a sum of money or anything else?	<input type="checkbox"/>	<input type="checkbox"/>
CD07	Were you threatened or blackmailed through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc) by Israeli occupation forces or settlers?	<input type="checkbox"/>	<input type="checkbox"/>

CD08	Was your electronic bank account (online) or email stolen (hacked)?	<input type="checkbox"/>	<input type="checkbox"/>
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DY: Violence through Telecommunication

Telecommunication, either via land line, cell phones or texting, is considered a vital line of communication for many people. However, many problems emerged from it. I will ask you several questions about Telecommunication usage.

1. Yes		2. No				Not used .3			
Question		G. Palestinian companies (Jawwal, Ooredoo, Paltel)		H. Israeli companies (Cellcom, Orange, ...)		K. International Companies		O. Other (Unknown sources)	
No.	Were you threatened, blackmailed, or harassed by persons through your contacts or messages?	A	B	A	B	A	B	A	B
		Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 month	Over the past 3 months	Over the past 12 months
DY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KZ: Knowledge institutions and centers for protection from violence

	Question	Options	Answer's code
KZ01	Did you know about the availability of institutions and centers for protection from violence in your area, community, or governorate?	1. Yes 2. No	<input type="checkbox"/>

OWF: Please tell me if you own any of the following (females only)

Interviewer note: answer's code is chosen by selecting the appropriate answer's number

1Yes		2Yes. I own in partnership with others	.3Options (1+2)	No
Number	Properties			Answer code
OWF01	Land (construction, agricultural)			<input type="checkbox"/>
OWF02	House (villa, house, apartment, studio, building)			<input type="checkbox"/>
OWF03	Facility (company, store, factory, Workshop)			<input type="checkbox"/>
OWF04	Livestock (cows, camels, sheep, goats)			<input type="checkbox"/>
OWF05	Poultry (hens, turkey, rabbits, pigeons, ..)			<input type="checkbox"/>
OWF06	Poultry farms (hen, turkey, rabbits, pigeons,)			<input type="checkbox"/>
OWF07	House furniture			<input type="checkbox"/>
OWF08	Jewelry, gold or anything valuable			<input type="checkbox"/>
OWF09	Private/commercial cars			<input type="checkbox"/>
OWF10	Shares and bonds			<input type="checkbox"/>
OWF11	Bank savings			<input type="checkbox"/>
OWF12	Other properties (specify).....-			<input type="checkbox"/>

Section Seven

Children in the age group 12-17 (unmarried)

Many children experience abuse whether from their household or others; if you don't mind, I would like to ask you about these behaviors

ID00 Questionnaire serial number in the sample	D-HR01 Individual number from the record:	HR02 Individual name as per record	SE Sex: 1.Male 2.Female
HY03 Was the same individual interviewed? (for Individuals with disabilities) 1. Yes 2. No If the answer is 2, move to HY04	HY04: Number of the individual who was interviewed? (for individuals with disabilities)		
Result of the final interview	1.Completed 2.Partially completed 3. Refused to cooperate 4. Unable to interview the required individual 4.Unavailable individuals in the required category 5.Other (specify)		

In case of having more than one child in the age group (12-17), use Kish tables to choose one child randomly, either a male or female, to be interviewed

DA- The interviewer should direct these questions to the selected child as follows:

These questions will tackle your life, relationship with your parents, and how your parents treat you. If you lived with one of your parents (mother or father), talk about it only.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below						
0. Never	1. Once	2.Twice	3. 3-5 times	4. 6 times and more	5. I do not know	6. Not applicable

Code	Interaction and communication methods	Over the past 12 months	
		B How many times did your father use the following with you?	C How many times did you mother use the following with you?
DA01	Discussed an issue with you with temper but without yelling at you	<input type="checkbox"/>	<input type="checkbox"/>
DA02	Humiliated you, cursed you or yelled at you	<input type="checkbox"/>	<input type="checkbox"/>
DA03	Frowned at you	<input type="checkbox"/>	<input type="checkbox"/>
DA04	Refused to talk to you to punish you or humiliate you	<input type="checkbox"/>	<input type="checkbox"/>
DA05	Said or did something that hurt your feelings	<input type="checkbox"/>	<input type="checkbox"/>
DA06	Threw things at you while quarreling/discussing with you	<input type="checkbox"/>	<input type="checkbox"/>
DA07	Ruined your belongings	<input type="checkbox"/>	<input type="checkbox"/>

DA08	Threatened to hit you	<input type="checkbox"/>	<input type="checkbox"/>
DA09	Threatened to throw something at you	<input type="checkbox"/>	<input type="checkbox"/>
DA10	Pushed you aggressively	<input type="checkbox"/>	<input type="checkbox"/>
DA11	Locked you home	<input type="checkbox"/>	<input type="checkbox"/>
DA12	Slapped you at your face or other parts of your body	<input type="checkbox"/>	<input type="checkbox"/>
DA13	Hit you with something, i.e. belt, stick, chair, ruler...etc	<input type="checkbox"/>	<input type="checkbox"/>
DA14	Hit you aggressively	<input type="checkbox"/>	<input type="checkbox"/>
DA15	Threatened you with a knife or any other sharp tool	<input type="checkbox"/>	<input type="checkbox"/>
DA16	Attacked you with a knife or any other sharp tool	<input type="checkbox"/>	<input type="checkbox"/>

DB- The interviewer should direct these questions to the selected child as follows:

This time, we will talk about your life and relationship with your elder brothers and sisters and one of your relatives (grandfather/mother, uncle, aunt) and how they treat you. In case the child does not have brothers or sisters aged 12 and over, the answer (Not applicable) is selected.

These questions will tackle your life, relationship with your older siblings and one of you relatives (grandfather/mother, uncle, aunt), and how they treat you. In case of not having any brothers or sisters in the age group 12 and above, not applicable is the answer to be selected.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below							
0. Never	1. Once	2. Twice	3. 3-5 times	4. 6 times and more	5. I do not know	6. Not applicable	
No.	Interaction and communication methods	Over the past 12 months					
		DBA- How many times did your elder brothers use the following with you?	DBB -How many times did your elder sisters use the following with you?	DBC -How many times did your grandfather use the following with you?	DBD-How many times did your grandmother use the following with you?	DBE- How many times did your uncle use the following with you?	DBF- How many times did your aunt use the following with you?
DB01	Discussed an issue with you angrily or with temper without yelling at you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DB02	Humiliated, cursed or yelled at you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DB03	Frowned at you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DB04	Refused to talk to you to punish you or humiliate you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DB05	Said or did something that hurt your feelings	<input type="checkbox"/>					
DB06	Threw things at you while quarreling/discussing with you	<input type="checkbox"/>					
DB07	Ruined your belongings	<input type="checkbox"/>					
DB08	Threatened to hit you	<input type="checkbox"/>					
DB09	Threatened to throw something at you	<input type="checkbox"/>					
DB10	Pushed you aggressively	<input type="checkbox"/>					
DB11	Have you been slapped on the face or any other parts of your body	<input type="checkbox"/>					
DB12	Hit you with something, i.e. belt, stick, chair, ruler...etc	<input type="checkbox"/>					
DB13	Hit you aggressively	<input type="checkbox"/>					
DB14	Threatened you with a knife or any other sharp tool	<input type="checkbox"/>					
DB15	Attacked you with a knife or any other sharp tool	<input type="checkbox"/>					
DB16	Locked you home	<input type="checkbox"/>					

DC- Questions about children abuse by individuals other than household members:

	Did anyone (other than household members) punched, hit, pushed you or pulled your hair/cloths or attacked you with a stick/ knife or shot at you etc?	B	C
		Over the past month	Over the past 12 months
		1. Yes 2.No 3. Not applicable	1. Yes 2.No 3. Not applicable
DC01	1.Old neighbor	<input type="checkbox"/>	<input type="checkbox"/>
	2.Young neighbor	<input type="checkbox"/>	<input type="checkbox"/>
	3.Friend	<input type="checkbox"/>	<input type="checkbox"/>
	4.Teacher/s	<input type="checkbox"/>	<input type="checkbox"/>
	5.Israeli occupation forces and settlers	<input type="checkbox"/>	<input type="checkbox"/>
	6.Boys/girls at street	<input type="checkbox"/>	<input type="checkbox"/>
	7.School pupils (males or females)	<input type="checkbox"/>	<input type="checkbox"/>
	8. Other care providers	<input type="checkbox"/>	<input type="checkbox"/>
	9.Other(specify)	<input type="checkbox"/>	<input type="checkbox"/>
DC02	Did any individual (other than household members) a buse you verbally?	B	C
		Over the past month	Over the past 12 months

	1. Yes	2. No	3. Not applicable	1. Yes	2. No	3. Not applicable
1. Old neighbor		<input type="checkbox"/>			<input type="checkbox"/>	
2. Young neighbor		<input type="checkbox"/>			<input type="checkbox"/>	
3. Friend		<input type="checkbox"/>			<input type="checkbox"/>	
4. Teacher/s		<input type="checkbox"/>			<input type="checkbox"/>	
5. Israeli occupation forces and settlers		<input type="checkbox"/>			<input type="checkbox"/>	
6. Boys/girls at street		<input type="checkbox"/>			<input type="checkbox"/>	
7. School pupils (males or females)		<input type="checkbox"/>			<input type="checkbox"/>	
8. Other care providers		<input type="checkbox"/>			<input type="checkbox"/>	
9. Other(specify)		<input type="checkbox"/>			<input type="checkbox"/>	

DV: Children may experience some forms of abuse; did you experience any form of abuse over the past 12 months in any of the following places?

1. Yes	2. No	3. Not applicable

Number	Place	Answer code
DV01	Home	<input type="checkbox"/>
DV02	Street	<input type="checkbox"/>
DV03	Shopping places (Market or shopping malls/stores)	<input type="checkbox"/>
DV04	Israeli check points	<input type="checkbox"/>
DV05	Transportation	<input type="checkbox"/>
DV06	Service centers (health, social, cultural)	<input type="checkbox"/>
DV07	School	<input type="checkbox"/>
DV08	Work place	<input type="checkbox"/>
DV09	public parks.	<input type="checkbox"/>
DV10	Other place (specify)	<input type="checkbox"/>

DD- In case of being abused as indicated in questions **DA and DB**, did you resort to any of the following people in the list. In case there were answers to questions **DA and DB**

Number	When you felt the need for assistance, to whom of the following did you resort to?	A			B		C		
		If the answer is Yes, move to B			Did you receive the assistance that you requested?? If the answer is Yes, move to C		How satisfied are you with the assistance you received?		
		1. Yes	2. No (Move to next point)	3. Not applicable (Move to next point)	1. Yes	2. No (Move to next point)	1. completely satisfied	2. Fairly satisfied	3. Dissatisfied
DD01	Parent		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD02	Friend (male or female)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD03	Family friend (not a relative)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD04	Brother or sister		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD05	Paternal or Maternal Uncles		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD06	Paternal or Maternal Aunts								
DD07	Teacher (male or female)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD08	Man of religion whom you thought had an influence on society		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD09	An individual with a high social / political reputation,		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD10	Physician or nurse (male)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD11	Physician or nurse (female)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD12	Social specialist (male)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD13	Social specialist (female)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD14	Social worker at school		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD15	Police station (family protection unit)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD16	Protection or shelter houses		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD17	You went to the Governor's Office to ask for help and protection		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
DD18	other (specify)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

DE: Unfortunately, we all may experience some abusive situations from others, we want to ask you if any of the following happened to you against your will

DE01	Question	Answer's code 1. Yes 2.No 3.No Answer/refused to answer	
		Over the past month	Over the past 12 months
	Did you experience or did someone try to kiss, hug, touch or reveal any part of your body that made you feel uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>

CE: Cyber Violence

The internet is a two-edged sword; a browser of knowledge when used positively and a creator of problems when used negatively. I will ask you several questions about internet usage.

No.	Question	B	C
		Over the past 3 months	Over the past 12 months
		1.Yes 2.No 3.Not applicable	1.Yes 2.No 3.Not applicable
CE01	Did you use the internet (regardless of the used device)? If the answer is 2 or 3 in both section B and C, move to section EY)	<input type="checkbox"/>	<input type="checkbox"/>
CE02	Did you use any of social media sites (facebook, instagram, viber, whatsapp, skype...etc)? (If the answer is either 2 or 3 in both B,C sections, Move to CB08)	<input type="checkbox"/>	<input type="checkbox"/>
CE03	Were you exposed, through one of social media sites (facebook, instagram, viber, whatsapp, skype ... etc), to harassment, threatening, intimidation or blackmailing by people?	<input type="checkbox"/>	<input type="checkbox"/>
CE04	Were you insulted or humiliated by others through one of the social media sites (facebook, instagram, viber, whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
CE05	Were you subjected to any sexual harassment or did anyone attempt to force or induce you by various means (money, other privileges) to make sexual movements...through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>

CE06	Were you blackmailed in different ways through social media sites (facebook, insta gram, viber, Whatsapp, skype ... etc.) for a sum of money or anything else?	<input type="checkbox"/>	<input type="checkbox"/>
CE07	Were you threatened or blackmailed through social media sites (facebook, insta gram, viber, Whatsapp, skype ... etc) by Israeli occupation forces or settlers?	<input type="checkbox"/>	<input type="checkbox"/>
CE08	Was your email stolen (hacked)?	<input type="checkbox"/>	<input type="checkbox"/>

EY: Cyber Violence abuse Telecommunication

Telecommunication, either via land line, cell phones or texting, is considered a vital line of communication for many people. However, many problems emerged from it. I will ask you several questions about Telecommunication usage.

1. Yes		2. No				.3 Not used			
Question		G. Palestinian companies (Jawwal, Ooredoo, Paltel)		H. Israeli companies (Cellcom, Orange, ...)		K. International Companies		O. Other (Unknown sources)	
No.	Were you threatened, blackmailed, or harassed by persons through your contacts or messages?	A	B	A	B	A	B	A	B
		Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 month	Over the past 3 months	Over the past 12 months
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KW: Knowledge of institutions and centers for protection from abuse and violence

	Question	Options	Answer's code
KW01	Did you know about the availability of institutions and centers for protection from violence in your area, community, or governorate?	1. Yes 2.No	<input type="checkbox"/>

Section Eight

The elderly in the age group 65 and above

Our society holds the elderly in a position of appreciation and respect, but, unfortunately, sometimes they get abused, neglected and deprived of their right to make decisions about their lives. The following are some questions pertaining to the topic:

ID00 Questionnaire serial number in sample: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		EL-HR01 Individual number from the record:	
HR02 Individual name:.....	SE Sex: 1. Male 2. Female <input type="checkbox"/>		
<input type="checkbox"/> HZ03 Was the same individual interviewed? (for Individuals with disabilities) 1. Yes 2. No If the answer is 2, move to HZ04		<input type="checkbox"/> <input type="checkbox"/> HZ04: Number of the individual who was interviewed? (for individuals with disabilities)	
Results of the final interview	1. Completed 2. Partially completed 3. Refused to cooperate 4. Unable to interview the required individual 5. Other (specify)		
	<input type="checkbox"/>		

KA- We will ask you some questions about your circumstances and experiences over the past 12 months.. Please answer with Yes or No.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number below		
1. Yes	2. No	3. Not applicable

Number	Experiences	Answer code
KA01	Do you trust most of your household members who live at this house?	<input type="checkbox"/>
KA02	Do you take your medication by yourself?	<input type="checkbox"/>
KA03	Do your household members assist you in taking your medication, when needed?	<input type="checkbox"/>
KA04	Do you feel that no one wants you at this house?	<input type="checkbox"/>
KA05	Did any of your household members try to abuse you at this house?	<input type="checkbox"/>
KA06	Are you afraid of any member of your household who live at this house?	<input type="checkbox"/>
KA07	Did any member of your household who does not live at this house abuse you (called you names, showed you any contempt or underestimated you)	<input type="checkbox"/>
KA08	Did any member of your household who does not live at this house force you to stay in bed pretending to be sick even though you are not?	<input type="checkbox"/>
KA09	Did any of your household members force you to do things against your will?	<input type="checkbox"/>
KA10	Did any of your household members take your possessions (money, belongings...etc) against your will and approval?	<input type="checkbox"/>
KA11	Did any member of your household make you feel that you are not wanted at the house?	<input type="checkbox"/>
KA12	Did any member of your household twist your arm, push or pull you hard to harm you?	<input type="checkbox"/>
KA13	Did any member of your household attack you which resulted in bruises, scratches, light injuries or pain in joints?	<input type="checkbox"/>

KA14	Were you fainted after being hit on your head by one of your Household members?	<input type="checkbox"/>
KA15	Did any member of your household hit you with a belt, stick ...etc?	<input type="checkbox"/>
KA16	Did any member of your household ruin your belongings?	<input type="checkbox"/>
KA17	Did you go to the physician or clinic after being attacked by a household member?	<input type="checkbox"/>
KA18	Did any member of your household isolate you from people or prevent you from meeting them?	<input type="checkbox"/>
KA19	Was any of your bones broken after being attacked by a household member?	<input type="checkbox"/>
KA20	Were you forced into participating/ not participating in elections despite of its form?	<input type="checkbox"/>

KD- Who are the two most abusive household members to you??

Number	Individuals	Answer code
KD1	Daughter in law	First member <input type="checkbox"/>
KD2	Son in law	
KD3	Your grand sons	Second member <input type="checkbox"/>
KD4	Your grand daughters	
KD5	Your sons	
KD6	Your daughters	
KD7	Husband / Wife	
KD8	Other (specify)	

KB-Interviewer instructions:

The following questions are for those who answered yes on questions KA4-KA20. We will ask you now about the methods you used to face assaults of household members.

Note: The interviewer writes down the answer's code by selecting the suitable answer's number

No.	When you felt the need for assistance, which of the following entities/things did you resort to?	A			B		C		
		If the answer is Yes, move to B			Did you receive the assistance that you requested?		How satisfied are you with the assistance you received?		
		1. Yes	2. No (Move to the next point)	3. Not applicable (Move to next point)	1. Yes	2. No (Move to next point)	1. Completely satisfied	2. Fairly satisfied	3. Dissatisfied
KB01	You left the house and went to one of your relatives'		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 02	You left the house and went to one of your close friend's		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 03	You left the house and went to one of your married daughters		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 04	You left the house and went to one of your sons who does not live with you		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 05	You ignored and refused to talk to them for several days (after answering this question, move to next point)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 06	You did not tell anybody about it or did not report it (after answering this question, move to next point)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 07	You went to a leading figure in your area/tribe		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 08	You went to the police station/ Household protection unit to file a complaint against a household member		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 09	You called an organization for counseling via phone		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 10	You talked to a man of religion whom you thought had an influence on one of your household members.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
KB 11	You talked to a man of high social/political reputation whom you		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

	thought had an influence on society and your household.			
KB 12	You went to medical/health center for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KB 13	You went to elderly homes to seek protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KB 14	You went to the Governor's Office to ask for help and protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KB 15	You went to the directorates of the Ministry of Social Development for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KB 16	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KC. Cyber violence

The internet is a two-edged sword; a browser of knowledge when used positively and a creator of problems when used negatively. I will ask you several questions about internet usage.

No.	Question	B	C
		Over the past 3 months	Over the past 12 months
		1.Yes 2.No 3.Not applicable	1.Yes 2.No 3.Not applicable
KC01	Did you use internet regardless of the used device? If the answer is 2 or 3 in both sections B and C, move to section KY)	<input type="checkbox"/>	<input type="checkbox"/>
KC02	Did you use any of social media sites (facebook, instagram, viber, whatsapp, skype...etc)? (If the answer is either 2 or 3 in both sections B and C, Move to KC08)	<input type="checkbox"/>	<input type="checkbox"/>
KC03	Were you exposed, through one of social media sites (facebook, instagram, viber, whatsapp, skype ... etc), to harassment, threatening, intimidation or blackmailing by people?	<input type="checkbox"/>	<input type="checkbox"/>
KC04	Were you insulted or humiliated by others through one of the social media sites (facebook, instagram, viber, whatsapp, skype... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
KC05	Were you subjected to any sexual harassment or did anyone attempt to force or induce you by various means (money, other privileges) to make sexual movements...through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc)?	<input type="checkbox"/>	<input type="checkbox"/>
KC06	Were you blackmailed in different ways through social media sites (facebook, instagram, viber, Whatsapp, skype ... etc.) for a sum of money or anything else?	<input type="checkbox"/>	<input type="checkbox"/>

KC07	Were you threatened or blackmailed through social media sites (facebook, instagra m, viber, Whatsapp, skype ... etc) by Israeli occupation forces or settlers?	<input type="checkbox"/>	<input type="checkbox"/>
KC08	Was your electronic bank account (online) or email stolen (hacked)?	<input type="checkbox"/>	<input type="checkbox"/>

KY: Cyber Violence abuse Telecommunication

Telecommunication, either via land line, cell phones or texting, is considered a vital line of communication for many people. However, many problems emerged from it. I will ask you several questions about Telecommunication usage.

.1 Yes		.2 No				3. Not used			
Question		G. Palestinian companies (Jawwal, Ooredoo, Paltel)		H. Israeli companies (Cellcom, Orange, ...)		K. International Companies		O. Other (Unknown sources)	
No.	Were you threatened, blackmailed, or harassed by persons through your contacts or messages?	A	B	A	B	A	B	A	B
				Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 months	Over the past 3 months	Over the past 12 months
KY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KX: Knowledge of institutions and centers for protection from violence

	Question	Options	Answer's Code
KX01	Did you know about the availability of institutions and centers for protection from violence in your area, community, or governorate?	1. Yes 2. No	<input type="checkbox"/>

OWE: Please indicate if you own any of the following (females only)

Interviewer note: Code's answer is chosen by selecting the appropriate answer's number below			
1 Yes, I own	2 Yes, I own in partnership with others	.3 Option (1+2)	4. No, I don't own

No.	Properties	Answer code
OWE01	Land (construction, agricultural)	<input type="checkbox"/>
OWE02	House (villa, house, apartment, studio, building)	<input type="checkbox"/>
OWE03	Facility (company, store, factory, Workshop)	<input type="checkbox"/>
OWE04	Livestock (cows, camels, sheep, goats)	<input type="checkbox"/>
OWE05	Poultry (hens, turkey, rabbits, pigeons, ..)	<input type="checkbox"/>
OWE06	Poultry farms (hen, turkey, rabbits, pigeons,)	<input type="checkbox"/>
OWE07	House furniture	<input type="checkbox"/>
OWE08	Jewelry, gold or anything valuable	<input type="checkbox"/>
OWE09	Private /commercial cars	<input type="checkbox"/>
OWE10	Shares and bonds	<input type="checkbox"/>
OWE11	Bank savings	<input type="checkbox"/>
OWE12	Other properties (specify).....	<input type="checkbox"/>

Interviewer Notes

Notes on survey subjects (individuals): -----

Notes on specific questions:-----

Other notes:-----

Interviewer name:----- **Interviewer No.:**----- **Date:** / / **2019**