

CONFIDENTIAL

The data given in this questionnaire is for statistical purposes only



STATE OF ISRAEL - CENTRAL BUREAU OF STATISTICS

1995 POPULATION AND HOUSING CENSUS

מדבקה לשאלון

שם ישוב

סמל ישוב

שם ישוב

מספר בית במפה

סמל רחוב

מספר דירה בתא

באיסוף

מ"ב

רשומות

שאלון נוסף

מילוי:

עצמי חלקי מוקד

בהפצה

לכבוד

שם רחוב

מספר בית במפה

סמל רחוב

מספר דירה בתא

לשימוש הפוקד

For use of census-taker

27

Dear Sir/Madam,

This is a questionnaire for the 1995 population and housing census, designated for the inhabitants of this apartment. An explanation sheet is enclosed to help you with the questionnaire.

- ◆ Please write your answers clearly, within the given space. For those answers to be answered by marking the square, please do so by writing only an X in the box, next to the appropriate answer.
- ◆ The census-taker will return within two weeks to collect the questionnaire. If any clarification is needed he/she will do so at that time.
- ◆ In case the questionnaire is insufficient for all those living in the apartment, the census-taker will provide you with an additional form.

Thank you for your cooperation

Telephone number in the apartment (should clarifications be needed)

Telephone number in the apartment (should clarifications be needed)

PLEASE BEGIN HERE

LIST OF PEOPLE RESIDING IN THE APARTMENT

Please list everyone who resided in this apartment, on a regular basis, on Saturday night, November 4, 1995

Second address (should it exist) only for those who spent most of the last month's nights at another address			First name	Family name
House No.	Street/Neighborhood	Town		

Who should be written first?

In case of a couple living in the apartment, list one of them first. Otherwise - please list first a person older than 15 years of age.

List the following persons as well:

- Anyone in the military service (either compulsory service or regular army)
- A baby born before Saturday night, 4 November, 1995
- A new immigrant, who arrived in Israel before Saturday night, 4 November, 1995
- An Israeli citizen living abroad for less than a year.
- A tourist or a temporary resident who has been in the country for over a year
- A person deceased after Saturday night, 4 November, 1995
- A person on holiday, in reserve army duty, in a general hospital or a detention center

Do not list the following persons:

- A child or adult living in a boarding school
- A person residing in an institution such as: senior citizens' home, nursing home for the chronically ill, mental asylum, prison

מדבקה לשאלון נוסף

מדבקה לשאלון נוסף

לשימוש הפוקד

מא-77002

Enclosed are additional questions directed to every fifth family in the country

PART B:

(Page 6)

Including questions regarding the family's living conditions

PART C:

(Beginning on page 7)

Including questions regarding education, work, births etc.

This part includes two pages for everyone 15 years old prior to November 4, 1995 (anyone born before November 4, 1980).

**PLEASE MAKE CERTAIN YOU
ANSWER ALL OF THE QUESTIONS**

**USE THE EXPLANATION SHEET ATTACHED TO THE
QUESTIONNAIRE.
SHOULD YOU STILL NEED CLARIFICATIONS AFTER
READING THE EXPLANATION SHEET PLEASE ASK
THE CENSUS-TAKER.**

We are all part of the census

PART B: LIVING CONDITIONS

10 Does this apartment have a bath or a shower?

- It has a bath (with or without shower) 1
- It only has a shower 2
- It has neither a bath nor a shower 3

11 Do you have the following items at your disposal?

Please mark an X For each and every item

- | | No | Yes | |
|---|----------------------------|----------------------------|---|
| Telephone | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Telephone |
| Television set | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Television set |
| Video set | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Video set |
| Washer | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Washer |
| Dryer | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Dryer |
| Microwave oven | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Microwave oven |
| Dishwasher | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Dishwasher |
| Personal Computer | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Personal Computer |
| Airconditioner/s
(heating and/or cooling system) | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Airconditioner/s
(heating and/or cooling system) |
| Sun-heated boiler | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | Sun-heated boiler |

12 Do you have a car at your disposal?

A private or commercial vehicle (such as a pick-up or van) up to 4 tons

- No car, mark X and go on to part C on the next page (p. 7) 1
- 1 car 2
- 2 cars 3
- ← 3 cars and more, specify how many 4

13 Who owns the car?

- We own the car (all the cars) 1
- Owned by the employer or by the company 2
- Some owned by us some by employer or company 3
- Other, please specify: 4

6 How many rooms are occupied by your family?

Please mark an X in the box next to the number of rooms in your apartment
Do not include: kitchen, bathrooms and a room used for business only.

- | | | | |
|-----------------|-----------------------------|-------------|----------------------------|
| 4 Rooms | <input type="checkbox"/> 7 | 1 Room | <input type="checkbox"/> 1 |
| 4 1/2 Rooms | <input type="checkbox"/> 8 | 1 1/2 Rooms | <input type="checkbox"/> 2 |
| 5 Rooms | <input type="checkbox"/> 9 | 2 Rooms | <input type="checkbox"/> 3 |
| 5 1/2 Rooms | <input type="checkbox"/> 10 | 2 1/2 Rooms | <input type="checkbox"/> 4 |
| 6 Rooms or more | <input type="checkbox"/> 11 | 3 Rooms | <input type="checkbox"/> 5 |
| | | 3 1/2 Rooms | <input type="checkbox"/> 6 |

7 When was the construction of this apartment completed?

Not including additions, enclosed terraces, etc.
If the exact year is not known, estimate the date and indicate such.

- | | | | |
|------|-----------------------------|-----------------|----------------------------|
| 1990 | <input type="checkbox"/> 7 | 1947 or earlier | <input type="checkbox"/> 1 |
| 1991 | <input type="checkbox"/> 8 | 1954 - 1948 | <input type="checkbox"/> 2 |
| 1992 | <input type="checkbox"/> 9 | 1964 - 1955 | <input type="checkbox"/> 3 |
| 1993 | <input type="checkbox"/> 10 | 1974 - 1965 | <input type="checkbox"/> 4 |
| 1994 | <input type="checkbox"/> 11 | 1984 - 1975 | <input type="checkbox"/> 5 |
| 1995 | <input type="checkbox"/> 12 | 1989 - 1985 | <input type="checkbox"/> 6 |

8 Is this your own apartment or do you rent it?

- We own the apartment - mark X and skip to **10** 1
- We pay 'key' money for the apartment 2
- We pay monthly rent (not 'key' money) 3
- None of the above, please clarify and and move to **10** 4

9 Who do you rent the apartment from?

- A private landlord (including a relative) 1
- A public company (such as Amidar, Amigur, Prazot, Halamish) 2
- None of the above, please clarify: 3

Continuation of the questions for persons 15 years and older

23 At what time did you leave for work, on most days last week (or the last week during which you worked)? **23**

Please mark X: A.M. 1 Hour Minutes
P.M. 2 Please write the exact time, (hour and minutes)

24 How many hours per week did you generally work, in all places of employment? **24**

hours a week I worked

INCOME

Income from a salary, as member of a cooperative or as a professional soldier

25 What was your gross income (before deductions) from wages for the month of September 1995? **25**

If you had no such income mark X 1 and proceed to **26**

Please include wages from all the places of work in Israel, where you were employed.

Please copy the gross salary from your pay slip (round it off to the nearest shekel):

NET (If gross is unknown) GROSS

I.S. I.S.

Details on Work Last Week

If you worked last week in more than one place of employment - you should refer to your principal place of work where you worked most of the week. If you did not work last week - you should refer to your last place of employment in Israel over the past 12 months.

26 Place of employment (factory, business, institution or employer): **26**

examples: "Kor oz" factory, Falafel stand "Hashalom", Municipality of Holon, seamstress working at home.

27 Employment Address **27**

House No. Street/Neighborhood (or nearby landmark) Town

26 For how many work-days were you paid during the month of September 1995? **26**

For the entire month 1

days: for ← For part of the month 2

28 Place of work's main activity (a description of the activity, products, or services). **28**

Examples: Food import, manufacturing refrigerators, wholesale clothes dealer, car garage, elementary school, rehabilitation clinic.

Income from self-employed work or as a farm owner

27 What was your gross income from your work as self-employed or a farm owner? **27**

Please include withdrawals from the business for private purposes as well as personal taxes such as income tax and National Insurance payments.

A. Gross income for September 1995

1 If you had no income please mark X NIS

B. Gross income for 1994

1 If you had no income please mark X NIS

29 Name the department or division in which you were employed (if exists): **29**

Examples: Refrigerator manufacturing division, family health clinic.

Income not derived from work

28 Did you receive any National Security annuities during September, 1995? **28**

A joint annuity (such as a couple's joint pension, annuity for children) should be marked for ONE of the Couple only. Please answer all questions

No	Yes	
<input type="checkbox"/> 2	<input type="checkbox"/> 1	A. National Security children's pay
<input type="checkbox"/> 2	<input type="checkbox"/> 1	B. National Security old age pension
<input type="checkbox"/> 2	<input type="checkbox"/> 1	C. Other National Security annuities

29 Describe your work: **29**

A. Your main occupation in your place of employment: Examples: licensing clerk, telephone technician, building engineer, branch manager of a bank, construction worker. Do not give a general description such as: clerk, technician, engineer, manager, manual worker

B. Specify your main activities at work: Example: in charge of import licenses, repair telephones, planning and carrying out building plans, inspecting all of bank-branch activities, roof tarring

29 Did you, during September 1995, have income from the following sources? **29**

Joint income (such as property revenues) should be reported by ONE of the couple only. Please answer all questions.

No	The sum in NIS	Yes	
<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	A. Pension from a place of work or a Kupat Tagmulim in Israel
<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	B. Pension or reparation from abroad
<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	C. Other regular income, from sources other than work such as: pension from the Ministry of Defence, income from renting property, immigration absorption payments, grants, income from the army for compulsory service.

30 What is your status at this place of employment? **30**

Self-employed employing 10 or more employees <input type="checkbox"/> 5	Employed by salary <input type="checkbox"/> 1
Member of a cooperative <input type="checkbox"/> 6	Self-employed, employing no workers <input type="checkbox"/> 2
Kibbutz member (who is not a waged worker) <input type="checkbox"/> 7	Self-employed employing 1-2 employees <input type="checkbox"/> 3
Family member working without pay in family's business or farm <input type="checkbox"/> 8	Self-employed employing 3-9 or more employees <input type="checkbox"/> 4

31 How did you arrive at work most days last week? **31**

If you did not work last week, then refer to the last week during which you did work.

Public bus - using one bus-line only <input type="checkbox"/> 8	I worked at home, mark X and proceed to 32 . <input type="checkbox"/> 1
Public bus - using more than one bus-line <input type="checkbox"/> 9	I walked <input type="checkbox"/> 2
I took the train <input type="checkbox"/> 10	I rode a bicycle <input type="checkbox"/> 3
By "sherut" taxi <input type="checkbox"/> 11	I used a motorcycle, motor scooter, motorbike etc. <input type="checkbox"/> 4
Other kind of vehicle, specify: <input type="checkbox"/> 12	By transportation organized by my place of work <input type="checkbox"/> 5
	By private or commercial car, as a driver <input type="checkbox"/> 6
	By private or commercial car, as a passenger <input type="checkbox"/> 7

← Additional persons 15 years and older please continue filling in the questionnaire on the following pages