



הלשכה המרכזית לסטטיסטיקה
Central Bureau of Statistics
دائرة الإحصاء المركزية

Social Survey 2023

Health And Way Of Life

Chapter 1 : Details Of Household Members

1.10 Is your permanent address _____ (the address which appears in the Population Registry)?

1. Yes
2. No.

1.20.2 What is your permanent address?

Name of locality: _____

1.20 Street name: _____

1.20.1 House number: _____

1.20.3 Apartment number: _____

1.30 I will now ask you regarding the people who live in this dwelling on a permanent basis.

Respondent only:

1.40 What is your name? First name _____

1.50 Last name _____

For all HH members except Respondent:

1.40 Other than you, who else lives in the dwelling on a permanent basis?

The dwelling referred to is the one at _____. It includes soldiers in compulsory army service, as well as children studying at boarding schools, including Grade 12.

First name _____.

Last name _____.

1.60 ID number including zeros on the left and the check digit on the right _____

1.70 Relationship to respondent:

1. [Respondent]
2. Spouse
3. Child
4. Spouse of Child
5. Grandchild
6. Parent
7. Spouse's parent
8. Sibling
9. Brother/sister-in-law
10. Grandparent
11. Aunt/uncle
12. Niece/nephew
13. Other relative
14. Foster child
15. Roommate
16. Caregiver or cleaning person
17. Other non-relative

1.80 Do all those living in the dwelling have a common expense budget for food?

1. Yes
2. No

1.90 Who of those living in the dwelling has a joint expense budget for food with you <names of HH members>?

1. Yes
2. No

For all HH members:

1.100 Sex:

1. Male
2. Female

1.110 Year of birth: _____

1.110.1 If year of birth is unknown: Age _____

Respondent only:

1.120 Country of birth (according to current borders):

1. Israel
2. Other: specify country _____

For Israeli born:

1.130 Father's country of birth (according to current borders):

1. Israel
2. Other: specify country _____

For Israeli born:

1.140 Mother's country of birth (according to current borders):

1. Israel
2. Other: specify country _____

For foreign born:

1.150 Year of immigration _____

1.150.1 If year of immigration is unknown: No. of years in Israel

1.160 Are you:

1. Married
2. Separated
3. Divorced
4. Widowed
5. Single

For married or separated:

1.170 Year of marriage _____

1.170.1 If year of marriage is unknown: No. of years married _____

For divorced:

1.170 Year of divorce _____

1.170.1 If year of divorce is unknown: No. of years divorced _____

For widowed:

1.170 Year widowed _____

1.170.1 *If year of being widowed is unknown: No. of years of being widowed* _____

Respondent only:

1.180 How many times have you been married (including current marriage)?

For all HH members except Respondent:

1.190 Is < name of household member > **employed?**

[Not including housework at home or voluntary labor]

[National Service ("Sherut Le'umi") is considered civilian labor]

1. Yes, employed.
2. In the permanent army
3. In compulsory army service
4. Not employed

1.210 Has <name of household member-1.40> **<studied or does he or she study> at an educational institution?**

1. <Studies or studied> only in the past.
2. Currently studying (including on vacation) *Continue to 1.220*
3. Never studied in an educational institution. *Continue to the next person in the household for 1.100*

Not known, refuses to answer *Continue to 1.220*

The question is asked only about household members aged 17 and over

1.220 What is the highest diploma or degree that <name of household member-1.40> has received?

Interviewer: Show Page 2 of the booklet to the interviewee.

1. Primary school / intermediate school diploma (including someone who studied in secondary school but did not graduate)
2. Secondary school diploma – no matriculation
3. Matriculation certificate
4. Post-secondary school diploma (non-academic track)
5. First academic degree, B.A., or similar degree
6. Second academic degree, M.A., or similar degree (including M.D., medical doctor)
7. Third academic degree, Ph.D, or similar degree
8. Other diploma / degree
9. No diploma / degree

Chapter 2: Details of Dwelling, Automobile and Help

2.10 I will now ask you regarding housing, cars and household help.

2.20 Is the dwelling in which you live:

1. A dwelling you own
2. A rented dwelling
3. Sheltered housing
4. Dwelling owned by others and you do not pay rent. Includes kibbutzim.
5. Dwelling with key-money arrangement
6. Other

2.20.1 Other, specify: _____

2.30 From whom did you rent the apartment?

1. A private individual
2. A public company, (such as *Amidar, Halamish, Prazot, Shikmona*)
3. A institution of learning, (such as student dormitories or *yeshivot*)
4. The government, local authorities, *kibbutz* or cooperative *moshav*, etc.
5. Other

2.30.1 Other, specify: _____

2.50 In how many rooms do you live, including half-rooms?

Include living room, not including kitchen, bathroom and rooms used only for business purposes:_____

For those who own the dwelling in which they live:

2.60 Do you own another dwelling?

1. Yes
2. No

For those renting, or with some other arrangement:

2.70 Do you own a dwelling?

1. Yes
2. No

2.80 Does your household have the use of an automobile or a commercial vehicle?

[Including under 4 tons gross weight. Not including a mini-tractor or two-wheeled motorized vehicles: scooters, motorcycles, etc.]

1. Yes
2. No

2.90 How many vehicles does your household have the use of? _____

2.90.1 Is the car owned by you?

1. Yes
2. No

2.90.2 Of those, how many cars are owned by you? _____

2.100 In the last twelve months, have you had use of a private or Commercial vehicle?

1. Yes
2. No

2.110 Do you employ in your house a cleaning person or caregiver?

1. Yes
2. No

2.111 How many hours a week does the cleaning person or caregiver work? _____

2.112 Does the cleaning person or caregiver –

1. Do housework, such as cleaning or cooking
2. Care for a household member, such as children or the elderly
3. Do housework and care for a household member

2.120 I will now read to you a list of financing elements; please relate to each of them, whether they pay for the domestic help or caregiver.

2.120.1	<i>You yourselves</i> [the household]	1-Yes	2-No
2.120.2	A public institution, such as the National Insurance Institute, the welfare office	1-Yes	2-No
2.120.3	<i>Some other person</i> [who isn't a member of the household]	1-Yes	2-No

Chapter 3: Positions Regarding Dwelling

3.10. The following questions refer to you and to your views about various topics.

I'll start with some questions about your dwelling and the locality in which you live.

3.110 From what year have you lived in < locality name >? _____

3.110.1 If "Don't know", how many years have you lived in < locality name >? _____

3.120 Are you satisfied, in general, with the area in which you live?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

3.130 Are you satisfied with the public transportation in your area of residence?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

3.140 Are you satisfied with the amount of parks, public gardens or greenery in the area in which you live?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

3.150 Are you satisfied with the cleanliness of the area in which you live?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

3.150.1 Are you satisfied with the garbage collection service in your area of residence?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

3.160 Does air pollution in your area of residence bother you? e.g. emissions from cars or from an industrial zone, sewage smells, and waste?

1. Bothers me very much
2. Bothers me
3. Doesn't bother me so much
4. Doesn't bother me at all

3.170 Do you feel safe walking alone at night in your neighborhood?

1. Very safe
2. Safe
3. Not so safe
4. Not safe at all

3.180 Are there enough parking places in the area where you live?

1. Yes
2. No
3. [There is private parking]

3.200 Are you satisfied with the state of the roads and sidewalks in your area of residence? e.g., the width of the roads and sidewalks, lighting, signage, etc.

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

3.20 In what year did you begin living in this dwelling? _____

3.20.1 How long have you lived in this dwelling? _____

3.30 Are you satisfied, in general, with the dwelling you live in?

1. Very satisfied.
2. Satisfied.
3. Not so satisfied.
4. Not satisfied at all.

3.90 Does noise outside of your dwelling bother you?

1. Bothers me very much
2. Bothers me
3. Doesn't bother me so much
4. Doesn't bother me at all

3.80 Are you satisfied with your relations with your neighbors?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

3.100 Do people in your neighborhood cooperate to improve the neighborhood?

1. Yes, to a great extent
 2. Yes, to some extent
 3. Not so much
 4. Not at all
 5. [No need for improvement]
- Don't know, Refuses to answer

3.330 If you lost your wallet with identifying details and it was found by a resident of the area, do you think it would be returned to you without anything missing?

1. Yes
 2. No.
- Don't know
Refuses to answer

Chapter 4: Health and Fertility

4.10 I will now ask you some questions regarding your health and daily functioning:

4.20 How is your health, overall?

1. Very good
2. Good
3. Not so good
4. Not good at all

4.30 Do you have any health or physical problem, of any kind that has lasted six months or more?

1. Yes.
2. No.

4.40 Does this problem interfere with your day-to-day functioning?

1. Greatly interferes
2. Interferes
3. Doesn't interfere so much
4. Does not interfere at all

4.50 Do you have difficulty walking or climbing stairs?

1. No difficulty
2. Slight difficulty
3. Significant difficulty
4. Completely incapable

4.60 Do you have difficulty in getting dressed or washing?

1. No difficulty
2. Slight difficulty
3. Significant difficulty
4. Completely incapable

4.90 Do you have difficulty in carrying out activities related to the household? for example: cleaning, shopping, errands outside the house, etc.

1. No difficulty
2. Slight difficulty
3. Significant difficulty
4. Completely incapable

4.80 Do you have problems with memory or with concentration?

1. No difficulty
2. Slight difficulty
3. Significant difficulty
4. Completely incapable

4.20.1.1 Do you wear glasses or contact lenses?

1. Yes
2. No

4.20.1 Do you have vision problems – even when you wear glasses?

1. No difficulty.
2. Slight difficulty.
3. Significant difficulty.
4. Cannot see at all

4.70 Do you use a hearing aid?

1. Yes
2. No

4.20.2 Do you have difficulty hearing?

[If the interviewee wears a hearing aid, this refers to having difficulty hearing also when wearing the aid]

1. No difficulty.
2. Slight difficulty.
3. Significant difficulty.
4. Cannot hear at all.

4.120 I will now ask you several questions regarding sleep, which refer to the last month.

4.121 In general, how many hours do you sleep per day in the middle of the week, between Saturday night and Thursday?

Interviewer: This refers to hours of sleep during the day and night in one 24-hour day.
(Range 1 – 24)

4.122 In general, how many hours do you sleep per day during weekends, between Thursday night and Saturday?

Interviewer: This refers to days and nights when the following day there is no work.
(Range 1 – 24)

4.130 During the last 3 months, did you have sleeping difficulties – difficulty falling asleep, difficulty sleeping uninterruptedly at night, or in sleeping up to the time you planned to in the morning?

Interviewer: Difficulty is defined as a problem that lasts at least half an hour.

1. Never, or less than once a month
2. More than once a month, but less than once a week
3. 1-2 times a week
4. 3 times a week or more

4.125 Do you usually sleep enough hours at night to function at your best?

1. Yes
2. No

6.220 Do you have a driving license?

[including license for cars, motorcycles, motor-scooters, etc.]

1. Yes
2. No

6.230 How many days a week do you drive a car?

[Including a car, motorcycle, motor-scooter, etc.]

1. 5 – 7 days
2. 3 – 4 days
3. 1 - 2 days
4. less than once a week
5. do not drive at all

4.160 In the last month, to what extent did fatigue put you in danger while driving?

Interviewer: such as your eyes closing, swerving from lane to lane

1. To a great extent
2. To a certain extent
3. Not so much
4. Not at all
5. [You did not drive]

4.170 I will now ask you regarding various tests that are conducted for early detection.

For women aged 40 and under 77:

4.170.7 In the last two years, Have you had a mammography?

1. Yes
2. No
3. [I have never had one]

For women aged 25 and under 58:

4.170.9 In the last three years, Have you had a pap smear?

1. Yes
2. No
3. [I have never had one]

For aged 50 and over:

4.170.13 In the last 12 months, Have you had a stool occult blood test?

1. Yes
2. No
3. [I have never had one]

For aged 40 and over:

4.170.15 Have you ever had a colonoscopy?

1. Yes
2. No

4.170.161 When did you last have the test?

1. During the last 12 months
2. Over one year and up to two years ago
3. Over two years and up to five years ago
4. Over five years ago

4.170.162 What was the reason you did the test? You may choose more than one answer.

Interviewer: This question refers to the last test you did

1. Health problem
2. Family background Interviewer: Relatives with colon cancer
3. Because of a positive result for a stool occult blood test
4. This screening test is recommended for your age group
5. Another reason

4.180 I will now ask you questions regarding your height and weight.

4.190 What is your height, without shoes on? _____ (Range 50-250 CM)

4.200 What is your weight today, in light clothing and with no shoes on?
_____ (Range 20-300 KG)

4.350 I will now ask you questions regarding nutrition and eating habits.

4.220 Are you on a diet in order to lose weight, maintain your weight, or for another health reason?

1. Yes
2. No

4.225 Have you ever received nutritional counselling from a dietician?

1. Yes
2. No

4.225.1 When did you last consult a dietitian (nutritionist)?

1. During the last 12 months
2. Over one year and up to two years ago
3. Over two years and up to five years ago
4. Over five years ago

4.351 In general, how many cups of beverages sweetened with sugar, cold or hot, do you drink a day, including natural juices, not including diet and “zero” drinks? Interviewer: fizzy sweetened drinks, energy drinks, flavored water, coffee or tea with sugar. _____ cups

4.351.1 In general, how many cups of beverages sweetened with artificial or natural sugar substitutes, cold or hot, do you drink a day, for example, diet and “zero” drinks? . _____ cups

Interviewer: Including diet drinks

4.352 Do you use olive oil as the main oil in cooking or frying?

1. Yes
2. No

4.352.1 Do you use mainly olive oil as an addition to food like salad?

1. Yes
2. No

4.353 In general, how many servings of vegetables do you eat a day?
Serving= for example, one cucumber, one tomato, and the like.
_____ servings

4.354 In general, how many servings of fruits do you eat a day? Serving=
for example, one apple, one pear, a small bunch of grapes or a slice of
melon. _____ serving

4.355.4 How many times a day do you eat foods that contain whole
grains like whole wheat bread or whole wheat pasta, brown rice, bulgur,
buckwheat, groats?
_____ (range 0-7)

4.355 How many times a week do you eat the following foods (i.e. the number of times you eat the food during the course of the week):

Number of question		How many times	Do not know
4.355.1	Red meat or processed meat, such as steak, hamburgers, hot dogs, pastrami		
4.355.2	Legumes such as lentils, beans, chickpeas or hummus		
4.355.3	Fish		
4.355.4	Salty snack foods, such as potato snack foods, peanut snack foods		
4.355.5	Pastries and sweet snack foods, such as energy bars, cookies, wafers, chocolate bars		

4.356

Do you check the ingredients or the nutritional value label on the packaging of food products, listing cholesterol, food coloring, calories, salt, etc.?

1. Always or frequently
2. Sometimes, occasionally
3. Rarely
4. Never

4.356.2

A red symbol on a product indicates a large amount of sodium, sugar, or saturated fat.

4.356.2.1 To what extent does a red symbol on a product persuade you not to buy the product?

1. To a great extent
2. To a certain extent
3. Not so much
4. Not at all

4.356.3

A green symbol on a product indicates that the product is recommended for consumption from a nutritional point of view.

4.356.3.1 To what extent does a green symbol on a product persuade you to buy the product?

1. To a great extent
2. To a certain extent
3. Not so much
4. Not at all

4.430.1 To what extent does your purchase of food influenced by advertisements and product marketing in the various media?

1. To a great extent
2. To a certain extent
3. Not so much
4. Not at all

4.240 I will now ask you questions regarding physical exercise.

4.250 Do you, on a regular basis, engage in physical activity such as walking for the sake of sport, running, swimming, exercise, yoga, or any other sport?

1. Yes
 2. No
- Refuses to answer, does not know

4.260 What physical activity did you engage in in the last week? More than one answer is possible.

Interviewer: Show the interviewee page 6 of the booklet

A "set of answers" question – multiple answers are allowed

Interviewer: Moderate physical activity is activity that causes a slight increase in heart rate. For example: walking, cycling, and swimming moderately.

Strenuous physical activity is activity that causes heavy sweating and a great increase in heart rate. For example, jogging, brisk walking, and aerobic activity.

If the sampled person was unable to engage in physical activity in the last week, refer to the previous week.

1. Strenuous, accelerated heart rate
2. Moderate
3. Other, such as flexibility exercises, yoga, Pilates

4.270 In what framework did you engage in this activity?

1. Organized - such as a class, jogging group, or exercise with a trainer.
2. Independently - such as walking with a friend or a gym without a trainer.
3. Both

4.250.1 In general, how many times a week do you engage in physical activity?

1. Once a week or less
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7 or more

4.250.2 In general, how many hours a week do you spend engaging in physical activity? _____

Interviewer: If less than an hour, enter 0

4.250.3 Number of minutes: _____

4.440 I will now ask you questions regarding smoking.

4.451 Do you currently smoke cigarettes (including hand-rolled cigarettes)?

Interviewer: Not including electronic cigarettes and nargilahs (hookahs)

1. Yes, every day
2. Yes, occasionally
3. No

Refuses to answer, not known

4.480 How many cigarettes, including hand-rolled, do you usually smoke per day?

Interviewer: Number of cigarettes, not packs

Pack=20 cigarettes

_____ (range 0-60)

4.481 How many cigarettes, including hand-rolled, do you smoke per week?

Interviewer: Number of cigarettes, not packs

Pack=20 cigarettes

_____ (range 0-999)

4.490 I will now ask you about smoking other products. Do you currently smoke or vape one or more of the following products?

4.490.1 Electronic cigarette

1. Yes, every day
2. Yes, occasionally
3. No

4.490.2 Nargilah (Hookah)

1. Yes, every day
2. Yes, occasionally
3. No

4.490.3 Pipe

1. Yes, every day
2. Yes, occasionally
3. No

4.490.4 Cigar

1. Yes, every day
2. Yes, occasionally
3. No

4.490.5 Snuff

1. Yes, every day
2. Yes, occasionally
3. No

4.490.6 IQOS

1. Yes, every day
2. Yes, occasionally
3. No

4.471 Did you smoke cigarettes in the past, including hand-rolled?

1. Yes, every day
2. Yes, occasionally
3. No

4.540 In the last month, to what extent were you exposed to smoking by others? (That is, other people smoked near you.)

1. Every day, often
2. Sometimes
3. Seldom
4. Not at all

4.610 I will now ask you questions regarding health insurance.

4.620 Which health fund are you a member of?

1. Clalit
2. Maccabi
3. Meuhedet
4. Leumit
5. Another [including serving in the army]

4.630 Do you have complementary health fund insurance, such as: 'Clalit Mushlam' or 'Clalit Platinum'/Maccabi Magen Kesef' or 'Maccabi Magen Zahav'/'Meuhedet Adeef' or 'Meuhedet See'/'Leumit Kesef', 'Leumit Zahav' or 'Leumit Maximum'?

1. Yes
2. No

4.640 Do you have private health insurance, not from a health fund, such as dental care insurance, a subscription to a medical emergency service?

1. Yes
2. No

7.740 Do you use online services on the Kupat Holim's Internet network, such as making an appointment, asking for letters from the doctor, etc.?

1. Yes
2. No

Not known, refuses to answer

4.100 Have you given birth to children?

[including children born alive, but not living today]

1. Yes.
2. No

4.110 How many children have you given birth to? _____

4.690 Did you have your child/children vaccinated with all the routine vaccinations at the well-baby clinic or in school?

1. Yes
2. Yes, with some of the vaccinations
3. No

4.680 How would you describe your general state of health?

Note to interviewer: In the following questions, the response options are adjusted for international comparison.

1. Very good
 2. Good
 3. Fair
 4. Not so good
 5. Not good at all
- Not known, refuses to answer

4.680.1 Overall, how would you describe your physical health?

6. Very good
 7. Good
 8. Fair
 9. Not so good
 10. Not good at all
- Not known, refuses to answer

4.680.2 Overall, how would you describe your mental health?

1. Very good
 2. Good
 3. Fair
 4. Not so good
 5. Not good at all
- Not known, refuses to answer

4.25 Overall, compared to your health a year ago, how would you describe your current state of health?

1. Much better
 2. Slightly better
 3. About the same as last year
 4. Slightly worse
 5. Much worse
- Do not know

Chapter 5: Religion

5.10 Now I will ask you some questions about religion:

5.20 Are you:

1. Jewish
2. Moslem
3. Christian
4. Druze
5. Another religion
6. Without any religion; an atheist

5.20.2 Which religion? _____

5.30 Do you consider yourself as being:

1. Very religious
2. Religious
3. Not so religious
4. Not religious at all

5.30.1 When you were 15, was the house in which you grew up -

1. Very religious
2. Religious
3. Not so religious
4. Not religious

5.40 Do you consider yourself as being:

1. Ultra-Orthodox ("*Haredi*")
2. Religious
3. Traditional but religious
4. Traditional but not so religious
5. Non-religious, secular

5.50 When you were 15, was the house in which you grew up -

1. Ultra-Orthodox
2. Religious
3. Traditional, religious
4. Traditional, not so religious
5. Not religious, secular

5.130 To what extent do you feel part of the Jewish people living outside of Israel?

1. To a great extent
2. To a certain extent
3. Not so much
4. Not at all

5.131 To what extent do you feel committed to the safety and well-being of Jews living outside of Israel?

1. To a great extent
2. To a certain extent
3. Not so much
4. Not at all

5.140 Do you have any first-degree family members who live abroad?

This means parents, children, brothers, or sisters.

1. Yes
2. No

Chapter 6: Skills, Studies, Languages, Courses, Army Service

6.10 I will now ask you regarding your studies:

Interviewer: Press "Enter"

Text for male Jews:

6.20 Did/do you study in any kind of educational institution? Including a 'Yeshiva' or professional training courses.

Text for male non-Jews and women:

6.20 Did/do you study in any kind of educational institution? Including professional training courses.

1. Only studied in the past **Continue with Question 6.30 Years of Study**
2. Is currently studying, including on vacation **Continue with Question 6.30 Years of Study**
3. Did not study at all

Skip to Question 6.71

Not known, refuses to answer

Text for someone who answered that he or she studied only in the past (6.20 = 1) or on Question 6.20 answered "Not known / refuses to answer"

6.30 How many years did you study in all educational institutions?

Years of study _____

Not known, refuses to answer

Text for someone who answered that he or she studies now

6.30 How many years did you study in all educational institutions including the present year?

__ (Range 1-98)

Not known, refuses to answer

Text for someone who answered that he or she studied only in the past (6.20 = 1) or on Question 6.20 answered "Not known / refuses to answer"

6.50 What is the highest diploma / degree that you received?

1. Primary school / intermediate school diploma (including someone who studied in secondary school but did not graduate)
 2. Secondary school diploma – no matriculation
 3. Matriculation certificate
 4. Post-secondary school diploma (non-academic track)
 5. First academic degree, B.A., or similar degree
 6. Second academic degree, M.A., or similar degree (including M.D., medical doctor)
 7. Third academic degree, Ph.D, or similar degree
 8. Other diploma / degree Continue with Question 6.50.1
 9. No diploma / degree Skip to Question 6.71
- Not known, refuses to answer Skip to Question 6.71

**If 6.50 = 1-4, 9 or “Not known, refuses to answer”, skip to Question 6.71,
If 6.50 = 5-7, skip to Question 6.61, if 6.50 = 8, continue to Question
6.50.1**

6.50.1 Specify which diploma

Other diploma / degree _____ **Continue with Question 6.31.11**
Not known, refuses to answer

Version 1: For someone who answered on Question 6.20 that they currently study (option 2) and also answered Question 6.40 = 8 that they studied in an academic degree granting program

6.61 What is the main subject (major) you studied or that you currently study at the academic institution?

Interviewer: Type the three letters of the main subject. If the name of the subject does not appear, type “other”, press “Enter” and record the name of the subject.

List of subject names

Version 2: For someone who answered on Question 6.20 that they studied only in the past (option 1) and also answered Question 6.40 = 8 that they studied in an academic degree granting program

6.61 What is the main subject (major) you studied at the academic institution?

Interviewer: Type the three letters of the main subject. If the name of the subject does not appear, type "other", press "Enter" and record the name of the subject.

List of subject names

If "other", go to Question 6.61.1, otherwise, skip to Question 6.71
Language of Interview

6.61.1 What was the main subject of study? _____

List of subject names

6.71 Interviewer: Indicate in which language you are interviewing

1. Hebrew
2. Russian
3. Arabic

6.72 Do you have a profession certificate?

Interviewer: such as a tax consultant or sports coach certificate

1. Yes- continue at 6.73
2. No- go to 6.99

6.73 In what field is the certificate?

1. Computers, technologies, information or data. Interviewer: such as software development and cyber
2. Financial, law, or business. Interviewer: such as business administration, commerce, taxes, insurance, marketing and negotiation
3. Art, design, graphics, cinema, photography, media, or cooking
4. Health. Interviewer: such as alternative medicine, physical training, paramedicine, and emotional therapy
5. Grooming and cosmetics. Interviewer: such as hair styling and beautician
6. Other

6.74 Indicate what field the certificate is in.

_____ (50 positions)

6.99 What is your level of knowledge of the Hebrew language?

Interviewer: Press "Enter"

Number of Question	1. Very good	2. Good	3. Average	4. Weak	5. Don't know at all
6.100 Speech	1	2	3	4	5
6.110 Reading	1	2	3	4	5
6.120 Writing	1	2	3	4	5

6.200 Did you serve in the army?

1. Yes
2. No

6.210 Did you do National Service ("Sherut Le'umi")?

1. Yes
2. No

Chapter 7: Use of Computers and Internet.

7.10 I will now ask you questions regarding the use of computers and the internet.

Interviewer: Press "Enter"

7.20 Do you have a computer at home? Including a laptop computer or tablet. Not including a cell phone.

1. Yes
 2. No
- Not known, refuses to answer

7.50 Do you have an internet connection at home? Including infrastructure and internet service provider (ISP).

1. Yes
 2. No
- Not known, refuses to answer

7.142 During the last three months, did you use the internet, including email?

1. Yes
 2. No
- Not known, refuses to answer

7.245 Generally, how many times a week do you use the internet, including the use of internet for work?

1. Every day
 2. Almost every day
 3. once or twice a week
 4. Less than once a week
- Not known, refuses to answer

7.160 During the last three months, for what purpose did you use the internet?

Interviewer: Press “Enter” and for each response press 1 – Yes 2 – No

7.160.1	Did you use the internet for work?	1. Yes	2. No
7.160.2	Did you use the internet for studying?	1. Yes	2. No
7.160.3	Did you use the internet for obtaining information, such as bank statements, news, information and service centers or meeting people?	1. Yes	2. No
7.160.4	Did you use the internet for email?	1. Yes	2. No
7.160.4.1	Did you use the internet for WhatsApp?	1. Yes	2. No
7.160.5	Did you use the internet for discussion groups and social networks? Such as: chats, forums, Facebook, Instagram, Twitter, Tik-Tok?	1. Yes	2. No
7.160.6	Did you use the internet for playing games online or downloading games?	1. Yes	2. No
7.160.7	Did you use the internet for bank transactions and paying bills, such as gas, electricity and telephone bills?	1. Yes	2. No
7.160.7.1	Did you use the internet for digital banking services?	1. Yes	2. No
7.160.8	Did you use the internet for watching or downloading music files, movies, Netflix, series, software, apps?	1. Yes	2. No
7.160.9	Did you use the internet for purchasing goods or services, such as clothing, electrical appliances, vacations, airline tickets, tickets for cultural or sports events?	1. Yes	2. No
7.160.10	Did you use the internet for obtaining services online from government offices, such as downloading or filling out forms, receipt of permits and certificates?	1. Yes	2. No
7.160.10.1	Did you use the internet for selling products or services?	1. Yes	2. No
7.160.11	Did you use the internet for telephone or video calls, such as: Skype, Zoom, WhatsApp video calls, or video conferencing calls?	1. Yes	2. No
7.160.12	Did you use the internet for searching for information about health issues?	1. Yes	2. No

Chapter 8: Occupation /Employment

8.10 *I will now ask you questions regarding your activities and employment.*

8.30 **Last week, did you work at least one hour for pay, not including volunteer work?**

Interviewer: National Service ("Sherut Le'umi") and Service Year are considered work. Not including the work of a housewife in her home.

Interviewer: The week that ended last week.

1. Yes, you worked last week.
2. You were doing permanent army service
3. You were doing compulsory army service
4. You did not work last week

8.40 **Do you have a job from which you were temporarily absent last week, including a business?**

Interviewer: Including an absence of up to a year, at the end of which the return to the workplace is guaranteed.

Interviewer: Teachers on a sabbatical year are considered absent from the workplace – if their return is to work is not guaranteed or not known, enter "no"

1. Yes
2. No

8.50 **Did you actively seek work in the last 4 weeks (including the attempt to start a business)?**

1. Yes
2. No
3. Was promised work within 30 days

8.630 **If you had been offered an appropriate job, could you have started working last week?**

1. Yes
2. No

8. 640 What is the main reason you couldn't begin to work last week?

1. You were studying
2. You were ill
3. You were on Army Reserves duty
4. There was no alternate arrangement for caring for the children
5. Other reason. What? _____

Working: PRESENT SITUATION (WP)

8.wp.60 In how many places do you work? _____

8.wp.70 I'd like to ask questions regarding your main place of work:

8.wp.80 What is the name of the workplace:

**8.wp.90 What is the main activity of the workplace? Such as:
Manufacture, repair, wholesale sales, retail sales**

8.wp.100 Section or department in which you work: _____

8.wp.110 Main activity of the section or department in which you work:

**8.wp.120 What work do you do there? Such as: Licensing clerk,
telephone technician? _____**

8.wp.130 What are your main activities on your job? _____

8.wp.140 What is your job title or position? _____

8.wp.145 Do you manage or are you in charge of other workers?

1. Yes
2. No

8.wp.145.1 At <name of workplace>, do you manage:

1. Workers
2. Managers
3. Workers and managers

8.wp.150 At this workplace, are you:

Interviewer: Show page 8 of the booklet to the interviewee.

1. Employee
 2. Self-employed: Business owner, or receives payment from customers
 3. Manager of a limited company under your ownership or control (at least 51% control)
 4. Member of a cooperative
 5. Member of a kibbutz
 6. Working without pay in a family business
- Not known, refuses to answer

For those who are employees or members of cooperatives only:

8.wp.160 Who pays you?

1. The workplace (indicated in Q. 8.wp.80)
2. A manpower agency
3. A contractor: software house, security company, cleaning, etc.
4. Other

8.wp.160.1 From whom do you receive your salary? _____

8.wp.165 How many days a week do you usually work at all your places of work? _____

8.615 How many days a week do you usually work from home? _____

8.wp.170 How many hours a week do you usually work, including overtime, at your (main) workplace? [For teachers and artists – also includes preparation time] _____

For those who work in more than one workplace:

8.wp.180 How many hours a week do you usually work, including overtime, at all your workplaces? _____

For those who work an unknown or irregular number of hours:

8.wp.190 Do you usually work 35 hours a week or more?

1. Yes
2. No

8.wp.200 Is this job considered a full-time job?

1. Yes
2. No

8.wp.201 Are you interested in working more hours?

1. Yes
2. No

8.wp.230 In general, how satisfied are you with your job?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

Ask only sampled persons who studied in a post-secondary school or academic institution – Question 6.50=4, 5,6,7,8

The text is for someone who gave the name of their place of work in Question 8.wp.80

8.wp.231 Is your work at your present (main) workplace related to the field of your academic or post-secondary studies?

1. Yes, to a great extent
2. Yes, to a certain extent
3. Not so much
4. Not at all
5. [There is no field of studies]

8.wp.415 Where is your place of work?

Interviewer: Most of the work hours or most of the days

1. At your employer or in your business, such as an office, factory, store, school, and the like
2. At the clients or people's houses
3. In a car or other vehicle
4. Outdoors, in a place like a construction site, archaeological excavation, street, or city
5. In your house
6. Both at the employer and at home
7. Other

If 8.wp.415≠7 go to the flow after 8.wp.415.1, if 8.wp.415=7 continue with question 8.wp.415.1

8.wp.415.1 Other, specify: _____

8.wp.240 In which locality do you work? *To those working in a number of places: Please relate to your main workplace*

1. In <locality of residence>
2. In another locality (Name of locality: _____)
3. In different localities
4. Abroad

8.wp.240.1 What is the name of the locality in which you work? _____

8.wp.240.2 How do you reach your workplace most of the week?

Interviewer: Show page 17 of the booklet to the interviewee.

1. Private or commercial vehicle, including a motorcycle, etc.
2. Public bus or taxi
3. Train
4. Transportation organized by the workplace
5. Bicycle
6. Walking
7. Other
8. [Works at home]

8.wp.250 How long does it usually take you to get to your workplace?

1. Less than 15 minutes
2. 15-29 minutes
3. 30-44 minutes
4. 45-59 minutes
5. 60-89 minutes
6. 90 minutes or more
7. [Irregular]

8.wp.260 Are you bothered by the length of time it takes you to get to work?

1. Greatly bothered
2. Bothered
3. Not very bothered
4. Not bothered at all

8.wp.270 In your opinion, is there a suspicion that you will lose your job in the coming year?

[If self-employed]

8.wp.270 In your opinion, is there a suspicion that you will not have work in the coming year?

1. Not concerned at all
2. Slightly concerned
3. Greatly concerned
4. Very greatly concerned

8.wp.280 If you did lose your job, what are the chances you could find another one paying about what you earn today?

1. A very good chance
2. A good chance
3. A small chance
4. No chance at all
5. [Would not look for a job]

8.wp.281 If you could afford financially not to work at all, would you work?

1. Yes
2. No

8.wp.290 How many years have you been working at your present main workplace ? _____

8.wp.320 Are you satisfied with the income from your work?

[If working in more than one workplace]

8.wp.320 Are you satisfied with the income from all your workplaces?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

8.wp.800 Some employers give their employees various benefits, in addition to their wages. Please reply regarding each one of following benefits, whether your work conditions include them:

8.wp.800.1 Participation in life insurance payments	Yes	No
8.wp.800.2 Full payment for sick leave from the first day	Yes	No
8.wp.800.4 Participation in study fund	Yes	No
8.wp.800.5 Participation in profits or share options	Yes	No
8.wp.800.6 Vehicle the employer provides for your use	Yes	No
8.wp.800.7 Participation in car expenses	Yes	No
8.wp.800.8 Other benefits: meals, participation in children's education expenses, daily newspaper, cellphone, etc.	Yes	No
8.wp.800.11 Payment for courses or studies	Yes	No
8.wp.800.9 Full payment for vacation leave	Yes	No

8.wp.800.10 How many vacation days at full pay are you entitled to in a year? _____

8.wp.800.20 Do your work conditions include the participation of your employer in a pension plan, including managers insurance provident fund?

1. Yes
2. No

8.wp.402 In the last 4 weeks, have you actively looked for another job?

1. Yes
 2. No
- Refuses to answer, not known

8.wp.424 To what extent are you satisfied with the balance between the time you devote to work for pay and the time you devote to other areas of your life?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not at all satisfied

8.wp.432.14 Do you experience tension, mental stress at your job?

1. Always, often
 2. Sometimes, from time to time
 3. Infrequently
 4. Never
- Refuses to answer, not known

Chapter 9: Vacations And Travel Abroad

9.10 Now I'll ask you about vacations in Israel or abroad:

9.20 In the last 12 months, did you take a vacation in Israel during which you slept away from home?

1. Yes.
2. No

9.30 In the last twelve months, have you gone on a vacation or trip abroad?

1. Yes
 2. No
- Not known, refuses to answer

Chapter 10: Relations with Family and Friends

10.10 I will now ask you regarding your connection with relatives and friends

10.20 Are you satisfied with your relationships with family members?

1. Very satisfied
2. Satisfied
3. Not very satisfied
4. Not satisfied at all
5. [Has no family]

10.120 Do you have friends you meet or talk to on the phone?

1. Yes
2. No

Interviewer: Includes conversations on Skype. Not including SMS or messaging.

10.130 How often do you meet friends, or talk to them on the phone?

1. Daily, or almost daily
2. Once or twice a week
3. Once or twice a month
4. Less than once a month

10.150 Do you ever feel lonely?

1. Frequently
2. Sometimes
3. Seldom
4. Never

10.160 If you were in trouble, are there people whose help you could count on?

1. Yes.
2. No

10.155 To what extent do you feel that the members of your family appreciate you?

1. A great extent
 2. Some extent
 3. Not so much
 4. Not at all
- Not known, refuses to answer

10.170 In general, can you trust most people or do you have to be wary of them?

1. Most people you can trust.
2. You have to be wary of people.

Chapter 12: Volunteering

12.10 *I will now ask you regarding voluntary activity.*

12.20.1 **During the last twelve months**, did you engage in volunteer activities?

[Including: unpaid help (to new immigrants, to the elderly, to children, etc.; privately or within an organization or movement, e.g., WIZO, Neighborhood Watch, P.T.A. Not including: donations, helping a family member or friends.]

1. Yes
2. No

12.30 Was your volunteering done -

1. In the framework of an organization or organizations , such as: *Yad Sarah Red Shield of David, Neighborhood Watch, police.*
2. Privately, on your own
3. Both as part of an organization, and privately on your own

12.50 What is the name of the organization where you volunteer?

12.51 In what field of volunteer activities did you engage?

1. Health, such as: the Red Shield of David (Red Cross), Hospitals.
2. Helping the needy, such as: elderly, persons with disabilities etc.
3. Education
4. Culture
5. The protection and preservation of nature and wildlife.
6. Public order - e.g., police, army and civil guard.
7. Religious activity
8. Other field

12.51.1 What field? _____

12.70 How many hours **per month in total**, did you engage in volunteer activities? _____

12.80 During the last twelve months, did you contribute money to social organizations or private individuals, not including family members or friends?

1. Yes
2. No

12.90 To whom did you donate money?

1. To organizations and institutions
2. To private people
3. To organizations and institutions and to private people

12.100 During the last twelve months, how much did you donate?

1. Up to NIS 100
2. Between NIS 101 – 500
3. Between NIS 501 – 1,000
4. Over NIS 1,000

Chapter 13: Satisfaction In General

13.10 I will now ask you regarding your satisfaction in various fields.

13.20 Overall, how satisfied are you with your life?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

13.30 In the near future, do you think that compared to today, your life will be:

1. Better
2. Unchanged
3. Worse

13.40 How satisfied are you with your financial situation?

1. Very satisfied
2. Satisfied
3. Not so satisfied
4. Not satisfied at all

13.50 In the near future, do you think that compared to today, your financial situation will be:

1. Better
2. Unchanged
3. Worse

Chapter 14: Financial Situation

14.01 *In the following questions I will ask about gross and net income from work*

14.10 **What was your gross salary last month, before deductions, from all places of work?** *(including wages and income from a business)*

1. NIS 2,000 or less
2. NIS 2,001-3,000
3. NIS 3,001-4,000
4. NIS 4,001-5,000
5. NIS 5,001-6,000
6. NIS 6,001-7,500
7. NIS 7,501-10,000
8. NIS 10,001-14,000
9. NIS 14,001-21,000
10. More than NIS 21,000

14.11 **What was your net income, after deductions such as: income tax, managers' insurance, provident funds?** *(including wages and income from a business)*

1. NIS 2,000 or less
2. NIS 2,001-3,000
3. NIS 3,001-4,000
4. NIS 4,001-5,000
5. NIS 5,001-6,000
6. NIS 6,001-7,500
7. NIS 7,501-10,000
8. NIS 10,001-14,000
9. NIS 14,001-21,000
10. More than NIS 21,000

14.80 The following questions relate to all members of the household.

Do you manage to cover all your monthly household expenses for food, electricity, telephone, etc.?

1. Yes, without any difficulty.
2. Yes, [but with some difficulty].
3. No, not so well
4. No, not at all

14.105 I will now ask about gross and net income of the household.

14.110 Last month, what was the total gross income of all members of the household, from all sources: work, pensions, support payments, rents.

1. NIS 2,500 or less
2. NIS 2,501-4,000
3. NIS 4,001-5,000
4. NIS 5,001-6,500
5. NIS 6,501-8,000
6. NIS 8,001-10,000
7. NIS 10,001-13,000
8. NIS 13,001-17,000
9. NIS 17,001-24,000
10. More than NIS 24,000

14.111 What was the net income of the entire household, after deductions, from all income sources: work, pension, allowances, rent etc.

1. Up to NIS 2,500
2. NIS 2,501 – 4,000
3. NIS 4,001 – 5,000
4. NIS 5,001 – 6,500
5. NIS 6,501 – 8,000
6. NIS 8,001 – 10,000
7. NIS 10,001 – 13,000
8. NIS 13,001 – 17,000
9. NIS 17,001 – 24,000
10. NIS 24,001 and over

Chapter 15: Well-Being of the Population in Israel

15.10 I will now ask you about your financial situation during various periods of your life.

15.20 From age 15 until now, were there periods which you felt poor?

1. Yes
2. No

15.30 When was the last time you felt poor?

1. In the past year
2. Over one year ago and up to five years ago
3. More than five years ago

15.60 The questions I will now ask you refer to the consumption of products and services in the last twelve months.

15.70. During the last 12 months, were you in need of medical treatment?

1. Yes
2. No

15.80. During the last 12 months, did you forgo medical treatment due to financial difficulties?

1. Yes
2. No

15.110 In the last 12 months, were you in need of prescription medicine?

1. Yes
2. No

15.120 In the last 12 months, did you forgo prescription medicine because of financial difficulties?

1. Yes
2. No

15.120.1 In the last 12 months, were you in need of dental care?

1. Yes
2. No

15.120.2 In the last 12 months, did you forgo dental care due to financial difficulties?

1. Yes
2. No

15.170 In the last twelve months, did you ever forgo food because of financial difficulties?

1. Yes
2. No

15.250 In the last 12 months, did you forgo a hot meal, at least once in a two-day period, because of financial difficulties?

1. Yes
2. No

15.230 I will now ask questions about your different emotional states over the last 12 months. The possible answers are: 1 – Always or often, 2 – Sometimes, 3 – Infrequently, 4 – Never.

Question		1- Always or often	2- Sometimes	3- Infrequently	4- Never
15.240.1	In the last 12 months, have you felt pressured?	1	2	3	4
15.240.2	In the last 12 months, have you felt depressed?	1	2	3	4
15.240.3	In the last 12 months, have you felt that <u>you are able</u> to deal with your problems?	1	2	3	4
15.240.4	In the last 12 months, have you felt full of energy?	1	2	3	4
15.240.5	In the last 12 months, have <u>worries</u> prevented you from sleeping?	1	2	3	4

15.265 In the coming years, what do you think is the main risk to you and your immediate family?

Interviewer: Show Page 16 of the booklet

1. Illness or disability
 2. Difficulty in prolonged care of older family members
 3. Loss of job or income
 4. Difficulty covering expenses
 5. Lack of an adequate standard of housing
 6. Difficulty in obtaining appropriate education for children
 7. Crime or violence
 8. Security risk
 9. Another risk
 10. There is no risk
- Don't know; Refuses to answer

Civic Involvement

21.100 What do you think about the functioning of these entities?

Response options: 1-very good, 2-good, 3-not so good, 4-not good at all

Question		1-very good	2-good	3-not so good	4-not good at all
21.190	Health system: HMOs and hospitals				
21.330	Education system				
21.111	Israel Police				
21.200	Local authority/Municipality				
21.210	The Knesset				

21.55 Refer to the list on page 18 and indicate if in the last 12 months you have been involved in public or political life, at the local or national level. For example: signing a petition, participation in a demonstration or protest.

1. Yes
2. No

21.110 In your estimation can you have influence on government policy?

1. Yes, to a great extent
2. Yes, to some extent
3. Not so much
4. Not at all

21.130 I will read to you a list of various bodies, organizations and institutions. For each of them, say how much you place your trust in them.

The answer options are: 1-Yes, to a great extent, 2-Yes, to some extent, 3-Not so much, 4-Not at all

Interviewer: Show Page 23 in the booklet

	1-Yes, to a great extent	2-Yes, to some extent	3-Not so much	4-Not at all
21.130.1 The Knesset				
21.130.2 The Government	1	2	3	4
21.130.3 The Justice system	1	2	3	4
21.130.13 The Health system: hospitals and HMOs	1	2	3	4
21.130.6 Israel Police	1	2	3	4
21.130.10 Local authority of your place of residence				
21.130.9 The Media				

Don't know; Refuses to answer

21.140 I will now ask you about discrimination in all areas of life:

Discrimination is a different, negative way of dealing with people due to their origin, age, religion, etc.

In the last twelve months, have you felt discrimination because of your:

Question		1 – Yes	2 – No
21.140.1	Age?	1 – Yes	2 – No
21.140.2	Nationality?	1 – Yes	2 – No
21.140.3	Origin or ethnicity?	1 – Yes	2 – No
21.140.4	Religion or belief?	1 – Yes	2 – No
21.140.5	Gender?	1 – Yes	2 – No
21.140.6	Sexual orientation?	1 – Yes	2 – No
21.140.7	Disability, physical or mental?	1 – Yes	2 – No
21.140.8	Skin color?	1 – Yes	2 – No