

**Questionnaire for Damage Assessment of Partially Damaged Housing Units due to the 2023 war**

**Section (1): Address Information**

Governorate	Neighborhood	Street	Building Municipal ID	Date of Damage	Date of visit	Block Number	Parcel Number	Part Number
Are there any bodies in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Building status at the time of visit <input type="checkbox"/> Need to remove part of it <input type="checkbox"/> Technical committee needed <input type="checkbox"/> No hazard signs in the building		General Notes				
Are there any UXO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know								

**Section (2): Building and Owner Information**

Building Name		Land ownership <input type="checkbox"/> Private Ownership <input type="checkbox"/> Governmental <input type="checkbox"/> Camp Land <input type="checkbox"/> Awqaf <input type="checkbox"/> Illegal <input type="checkbox"/> Residential <input type="checkbox"/> Work <input type="checkbox"/> Combined <input type="checkbox"/> unoccupied <input type="checkbox"/> Other					Land Area (m2)	
							Year Build	
							Number of Floors	
Full Name of the owner of building		Building Type <input type="checkbox"/> House <input type="checkbox"/> Villa <input type="checkbox"/> Building <input type="checkbox"/> Canopy <input type="checkbox"/> Tower	Ground Floor Area (m2)		Repeated Floor Area (m2)		Number of housing units Number of damaged housing units Number of occupied housing units Number of unoccupied housing units Number of occupyable housing units (Maximum empty)	
ID Number			Is there a Mezzanine? <input type="checkbox"/> Yes Number: _____ <input type="checkbox"/> No		Is there a Basement? <input type="checkbox"/> Yes Number: _____ <input type="checkbox"/> No			
Phone Number (05...)			Is there an elevator? <input type="checkbox"/> Yes Number: _____ <input type="checkbox"/> No		Damage in Motor <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage in Cabin <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage in Doors <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					Marble/Granolite +Painted Plastering Stone length: _____		Unfinished	
Is there a Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any shop? <input type="checkbox"/> Yes <input type="checkbox"/> No							
External finishing <input type="checkbox"/> West bank str <input type="checkbox"/> Marble/Granolite <input type="checkbox"/> Painted Plastering <input type="checkbox"/> West bank stone +Painted Plastering Stone length: _____								
Is the External Finishing Uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-uniform No: _____		Is there a Solar Energy System? <input type="checkbox"/> Yes Power (KW): _____ <input type="checkbox"/> No		Notes				

**Section (3): Housing Unit Information**

Type of housing unit	Floor Number	Orientation of the unit in relation to the building	Housing Unit Use	Unit roof type			Type of damage
<input type="checkbox"/> Basement <input type="checkbox"/> Shop <input type="checkbox"/> Canopy <input type="checkbox"/> Mezzanine <input type="checkbox"/> Apartment <input type="checkbox"/> Roof <input type="checkbox"/> Building Services <input type="checkbox"/> External Maintenance/Outbuildings		<input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> S <input type="checkbox"/> NW <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> All Direction	<input type="checkbox"/> Residential <input type="checkbox"/> Work <input type="checkbox"/> Combined <input type="checkbox"/> Unoccupied <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron sheet (Scorite) <input type="checkbox"/> Roof Tiles <input type="checkbox"/> Mix   Area: _____ <input type="checkbox"/> Other	<input type="checkbox"/> Asbestos <input type="checkbox"/> Other	<input type="checkbox"/> Totally <input type="checkbox"/> Partially	
Housing Unit Number on the Floor				Internal finishing of the unit <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partial finishing   Interior partitioning – Plaster – Tiles			
Housing Unit Area (m2)				External finishing <input type="checkbox"/> Stone <input type="checkbox"/> Marble /Granolite <input type="checkbox"/> Painted Plastering <input type="checkbox"/> Stone length: _____ <input type="checkbox"/> Stone +Painted Plastering <input type="checkbox"/> Stone length: _____			
Fire in the unit <input type="checkbox"/> Totally <input type="checkbox"/> Partially   Area: _____   Number of burnt bathrooms: _____   Number of burnt kitchens: _____ <input type="checkbox"/> Nothing				Danger in the unit <input type="checkbox"/> Technical Committee Needed <input type="checkbox"/> Safe, No danger present <input type="checkbox"/> Needs reinforcement <input type="checkbox"/> Needs removal of dangerous elements		Notes	
Stripped unit <input type="checkbox"/> Totally <input type="checkbox"/> Partially   Area: _____   Number of stripped bathrooms: _____   Number of stripped kitchens: _____ <input type="checkbox"/> Nothing							
Habitability <input type="checkbox"/> Habitable <input type="checkbox"/> Uninhabitable   Kitchen: (Usable-Not Usable)   bathroom: (Usable-Not Usable)   Access to unit   Infrastructure							
Occupant at time of damage <input type="checkbox"/> Owner <input type="checkbox"/> Rentee <input type="checkbox"/> Hosted Resident <input type="checkbox"/> Unoccupied		Usability <input type="checkbox"/> Usable <input type="checkbox"/> Not Usable					
Furniture ownership <input type="checkbox"/> Owner <input type="checkbox"/> Rentee/Hosted Resident <input type="checkbox"/> Unfurnished							

**Section (4): Housing Unit Owner Information**

Unit owner	First Name	2nd Name	3rd Name	Last Name	ID Number/Passport/Other	Is the Family registered as a refugee? <input type="checkbox"/> yes <input type="checkbox"/> No	UNRWA Registration Number
	Mobile Number		Work type <input type="checkbox"/> Employee <input type="checkbox"/> Businessman <input type="checkbox"/> Technical <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Dead <input type="checkbox"/> Freelancer /private sector <input type="checkbox"/> unknown <input type="checkbox"/> Other				
	Current Residence <input type="checkbox"/> Other building <input type="checkbox"/> Same unit <input type="checkbox"/> Rented apartment <input type="checkbox"/> Relative <input type="checkbox"/> Tent <input type="checkbox"/> Caravan <input type="checkbox"/> Travelled <input type="checkbox"/> unknown <input type="checkbox"/> Other: _____						Nuclear Families
Hosted Resident/ Rentee	First Name	2nd Name	3rd Name	Last Name	ID Number/Passport/Other	Is the Family registered as a refugee? <input type="checkbox"/> yes <input type="checkbox"/> No	UNRWA Registration Number
	Mobile Number		Work type <input type="checkbox"/> Employee <input type="checkbox"/> Businessman <input type="checkbox"/> Technician <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Dead <input type="checkbox"/> Freelancer /private sector <input type="checkbox"/> unknown <input type="checkbox"/> Other				
	Current Residence <input type="checkbox"/> Other building <input type="checkbox"/> Same unit <input type="checkbox"/> Rented apartment <input type="checkbox"/> Relative <input type="checkbox"/> Tent <input type="checkbox"/> Caravan <input type="checkbox"/> Travelled <input type="checkbox"/> unknown <input type="checkbox"/> Other: _____						Nuclear Families

Section (5): Outbuildings												
Outbuilding (Garage/Room/ Storage)												
Outbuilding type	<input type="checkbox"/> Garage/Room/ Storage		First Name	2nd Name	3rd Name	Last Name	ID Number	Mobile Number	Notes			
	<input type="checkbox"/> Fence <input type="checkbox"/> Pergola						Asbestos					
Damage type	Owner type		Area(m2)		Unit roof type							
<input type="checkbox"/> Totally <input type="checkbox"/> Partially	<input type="checkbox"/> All owners <input type="checkbox"/> One of them				<input type="checkbox"/> Concrete <input type="checkbox"/> Iron sheet (Scorite) <input type="checkbox"/> Asbestos <input type="checkbox"/> Plastic <input type="checkbox"/> Other							
Is there a bathroom?			Is there a kitchen?			Internal finishing	<input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially finished					
<input type="checkbox"/> Yes   Area: _____ <input type="checkbox"/> No			<input type="checkbox"/> Yes   Area: _____ <input type="checkbox"/> No									
External finishing	<input type="checkbox"/> Stone <input type="checkbox"/> Marble/Granolite <input type="checkbox"/> Painted Plastering		<input type="checkbox"/> Stone +Painted Plastering		<input type="checkbox"/> Marble/Granolite +Painted Plastering		<input type="checkbox"/> Unfinished					
		Stone length: _____		Stone length: _____								
Outbuilding (Fence)												
Outbuilding type	<input type="checkbox"/> Garage/Room/ Storage		First Name	2nd Name	3rd Name	Last Name	ID Number	Mobile Number	Notes			
	<input type="checkbox"/> Fence <input type="checkbox"/> Pergola											
Length of the fence (m)		Owner type	Is there a retaining wall?					Damage type				
Height of the fence (m)		<input type="checkbox"/> All owners <input type="checkbox"/> One of them	<input type="checkbox"/> Yes		Length of the retaining wall (m): _____		Height of the retaining wall (m): _____		<input type="checkbox"/> Totally <input type="checkbox"/> Partially			
Number of doors		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No									
Outbuilding (Pergola)												
Outbuilding type	<input type="checkbox"/> Garage/Room/ Storage		First Name	2nd Name	3rd Name	Last Name	ID Number	Mobile Number	Damage type	<input type="checkbox"/> Totally <input type="checkbox"/> Partially		
	<input type="checkbox"/> Fence <input type="checkbox"/> Pergola								Notes			
External finishing	<input type="checkbox"/> Stone <input type="checkbox"/> Marble/Granolite <input type="checkbox"/> Painted Plastering		<input type="checkbox"/> Stone +Painted Plastering		<input type="checkbox"/> Marble/Granolite +Painted Plastering		<input type="checkbox"/> Unfinished					
		Stone length: _____		Stone length: _____								
Rooftop Outbuilding(Room)												
Outbuilding type	<input type="checkbox"/> Room <input type="checkbox"/> Columns		First Name	2nd Name	3rd Name	Last Name	ID Number	Mobile Number	Damage type	<input type="checkbox"/> Totally <input type="checkbox"/> Partially		
	<input type="checkbox"/> Fence <input type="checkbox"/> Pergola								Notes			
External finishing	<input type="checkbox"/> Stone <input type="checkbox"/> Marble/Granolite <input type="checkbox"/> Painted Plastering		<input type="checkbox"/> Stone +Painted Plastering		<input type="checkbox"/> Marble/Granolite +Painted Plastering		<input type="checkbox"/> Unfinished					
		Stone length: _____		Stone length: _____								
Internal finishing	<input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially finished		Room ceiling	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron sheet (Scorite) <input type="checkbox"/> Asbestos <input type="checkbox"/> Plastic <input type="checkbox"/> Other			Area					
Rooftop Outbuilding(Fence)												
Outbuilding type	<input type="checkbox"/> Room <input type="checkbox"/> Columns		First Name	2nd Name	3rd Name	Last Name	ID Number	Mobile Number	Damage type	<input type="checkbox"/> Totally <input type="checkbox"/> Partially		
	<input type="checkbox"/> Fence <input type="checkbox"/> Pergola								Notes			
External finishing	<input type="checkbox"/> Stone <input type="checkbox"/> Marble/Granolite <input type="checkbox"/> Painted Plastering		<input type="checkbox"/> Stone +Painted Plastering		<input type="checkbox"/> Marble/Granolite +Painted Plastering		<input type="checkbox"/> Unfinished		Length of the fence (m)		Notes	
		Stone length: _____		Stone length: _____				Height of the fence (m)				
Rooftop Outbuilding(Pergola)												
Outbuilding type	<input type="checkbox"/> Room <input type="checkbox"/> Columns		First Name	2nd Name	3rd Name	Last Name	ID Number	Mobile Number	Damage type	<input type="checkbox"/> Totally <input type="checkbox"/> Partially		
	<input type="checkbox"/> Fence <input type="checkbox"/> Pergola								Notes			
Pergola roof type	<input type="checkbox"/> Concrete <input type="checkbox"/> Asbestos <input type="checkbox"/> Iron sheet (Scorite) <input type="checkbox"/> Clay tile roof <input type="checkbox"/> Plastic <input type="checkbox"/> Leather <input type="checkbox"/> Other		Area (m <sup>2</sup> )									

  

Section (6): Social Survey Data – to be provided by the resident through the system													
Personal Data													
First Name	2nd Name	3rd Name	Last Name	ID Number/Passport/Other				Gender	Birth of Date	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Abandoned <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Polygamous		
Relationship	<input type="checkbox"/> Friend <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Husband <input type="checkbox"/> Head of Household												
Health Data													
Health Status			Chronic Diseases					Disability Type					
## Healthy <input type="checkbox"/> Chronically ill <input type="checkbox"/> Living with a disability <input type="checkbox"/>			<input type="checkbox"/> Heart and blood vessels <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic respiratory diseases <input type="checkbox"/> Diabetic					<input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Mental <input type="checkbox"/> Physical					
Sensory Disability			Mental Disability			Physical Disability			Psychological Disability			Notes	
<input type="checkbox"/> Personation and Speech			<input type="checkbox"/> Down Syndrome			<input type="checkbox"/> Spine injuries			<input type="checkbox"/> Bipolar disorder				
<input type="checkbox"/> Optical/Total blindness			<input type="checkbox"/> Slight disorder autism			<input type="checkbox"/> Congenital malformations			<input type="checkbox"/> Behavioral disorders				
<input type="checkbox"/> Optical/Partial blindness			<input type="checkbox"/> Severe mental retardation			<input type="checkbox"/> Walking difficulties and movem			<input type="checkbox"/> Post-traumatic disorder				
<input type="checkbox"/> Optical/Optical weakness			<input type="checkbox"/> Moderate mental retardation			<input type="checkbox"/> Muscle weakness			<input type="checkbox"/> Severe depression				
<input type="checkbox"/> Hearing / Deafness			<input type="checkbox"/> Little mental retardation			<input type="checkbox"/> Brain paralysis			<input type="checkbox"/> Anxiety disorder				
<input type="checkbox"/> Hearing /Totally Deaf			<input type="checkbox"/> Learning difficulties			<input type="checkbox"/> Tip							
<input type="checkbox"/> Hearing/Weakness						<input type="checkbox"/> Halvaps							
Functional Data													
Does he/She work?			Work type										
<input type="checkbox"/> Yes _____ <input type="checkbox"/> No			<input type="checkbox"/> Employee <input type="checkbox"/> Businessman <input type="checkbox"/> Technician <input type="checkbox"/> Doesn't work <input type="checkbox"/> Retired <input type="checkbox"/> Dead <input type="checkbox"/> Freelancer /private sector <input type="checkbox"/> unknown <input type="checkbox"/> Other										

  

Visit status	<input type="checkbox"/> Not visited
	<input type="checkbox"/> Partially assessed
	<input type="checkbox"/> Fully assessed