

# HOUSEHOLD BUDGET SURVEY

## QUESTIONNAIRE, 2015

Questionnaire code

Statistical unit no.

### Household Address

Province  District   
 Town  Village   
 Quarter   
 Avenue / Street   
 Outer door no.  Inner door no.   
 Postal Code (ZIP)   
 Address Code

### Regarding to visited address:

Does have avenue/street sign ? Yes ☐ 1 No ☐ 2  
 Does have outer door no. sign ? Yes ☐ 1 No ☐ 2

### Reference Information

Year     Month

Did letter/brochure received by Yes ☐ 1 No ☐ 2  
 the household ?

### Response Status of the Questionnaire

Responded ☐ 1 → Please continue.  
 Not responded ☐ 2 → Please fill the Non-Response Sheet

**Aim of the survey:** With Household Budget Survey it was aimed to select the items to be used in consumer price indexes and obtain base year weights, and updating the weights, to monitor changes which may occur in consumption structure and patterns of households in time, to compile data which will help in making estimates used in private final consumption expenditures for national income calculations, to gather data required for social welfare planning and for other socio-economic analyses.

**Coverage:** This survey covered all household members living in the territory of Turkey. However, such population which is defined as institutionalized population as persons living at elderly houses, rest homes, correction facilities, military barracks, and hospitals with special characteristics, nursery, and also nomadic population were excluded.

**Method:** Household information was compiled by interview, registration and observation methods. Each interviewer recorded the data on consumption expenditures and income of sample households as a result of 8 times of visit including 1 visit prior to the survey month, twice during the first and second weeks, once during the third and fourth weeks and once following the end of the survey month.

**Confidentiality:** This information is collected only to be used in statistical studies. The confidentiality of obtained information is guaranteed by the Articles 13 and 14 of the Decree No. 5429. and its. The information you provide us can not be given any administrative or judicial or military autories or any person and can not be used except for statistical purposes and can not be used for means of proof.

Information are collected in accordance with Articles "7, 8, 9 and 10" of the Turkey Statistics Law No. 5429, dated 10.11.2005. In case of not filling the questionnaire in time or giving wrong answers or underreporting; an administrative penalty, 1055 TL (one thousand fifty five Turkish Liras), is applied in accordance with Articles 53 and 54 of the related Law. This administrative fines and other penalties, does not eliminate the obligation of statistical unit for providing information.

We kindly request you to fill the questionnaire accurately and completely according to instructions. And we thank you for information you provide within the scope of research and your collaboration.

BİROL AYDEMİR  
 President of TurkStat

For all kinds of questions about the questionnaire, you can contact with Regional Directorate of TurkStat where you live.  
 Regional offices and list of provinces in their responsibility areas are given on the last page.  
 Turkish Statistical Institution  
 Devlet Mahallesi Necatibey Cad. No: 114 06650 Çankaya/ANKARA  
 www.tuik.gov.tr

**3 questionnaires have been used for the survey:**

- 1) Household Budget Survey Questionnaire
- 2) Diary for Household Expenditures
- 3) Diary for Individual Expenditures

**Data Collection Method**

The expenditure records filled into diary by households during the survey month will be transferred to data processing system on a weekly basis (diaries are organized as 5 days or 6 days or 7 days).

Interviewers, during the visits done in certain intervals in the survey month, will examine the diary in dwelling and ask directly to household whether they forgot to record any expenditure, remind their spending and will receive the filled diary and leave the new week's diary. Then, interviewer will transfer the expenditure records from the completed diary to the Household Budget Survey (HBS) Data Entry Program in the office. This transfer process will be made considering the sequence number given by the interviewer to all expenditure records in the diary. Because the households are nonconversant to the survey concepts, they may do inappropriate registrations in terms of certain standards and measures of the survey. Therefore, records will be examined during the process of transferring to data entry program and records will be recomposed in accordance with the required standards and measurements and interviewers ask to household again, if it is necessary.

Furthermore, expenditures recorded into Individual Expenditure Diary by household members, aged 15 years and over, such as employed person or students etc., who have personal expenditures other than expenditures at household basis, are also be transmitted to data entry program by the interviewer again at the end of the survey month.

**NOTICE**

Expenditure records must be examined one by one during all the visits and be taken from the household after making the necessary inquiries and reminders. If household forgot to write down any expenditure, these expenditures will be recorded by the interviewer to diary.

While transferring the expenditure records from diary to data entry program, the order numbers of all expenditures in diary are to be used as a base and the description of expenditures are to be written detailly. Brand and the quantity of the expenditure in the diary and in the data set must be exactly the same.

**Reference periods should be considered during interviews**

The reference period is the basal the time period which represents data. In this study, different reference periods are used according to the purpose of the different parts of the questionnaire; in other words questions are asked on the basis of different time periods:

**CURRENT (GENERAL) SITUATION** is asked for **socio-economic status** of household and for **consumption patterns** of households and **general expenditure structure** of the household.

A period of **LAST ELEVEN MONTHS** (survey month is not included) is used as reference period for asking expenditures on **durable goods and services**. For example; the period between May 1, 2013 and March 31, 2014 is used as reference period for households surveyed in 2014.

The reference period is the **month when the household surveyed** for the **consumption expenditures of the household**. For example; the reference period for households surveyed in April is the period between the dates of April 1 to April 30.

The reference period is the **LAST TWELVE MONTHS** (including survey month) for the **non-consumption expenditures** of household.

**Household composition** will be determined according to "household member definition" as of the end of the survey month. The reference for questions such as age, educational status, marital status etc. is **CURRENT STATUS**.

The reference period for questions related to the **employment situation** is **THE LAST WEEK OF THE SURVEY MONTH**, i.e. seven-day period, starting on Sunday and ending on Monday. Primarily, it is asked that members whether work or not in the last week of the survey month. In case of household members who have more than one job at the same time, the principle "the maximum overall time spent on the job" is used for determining the main job.

**Income** details of household members are asked separately by **income types** according to **LAST TWELVE MONTHS**.

**Recommendations for the interviewer:**

- Briefly state who you are and your mission,
- Always be courteous and polite,
- Do not be threatening and not to be compelling,
- Do not enter the household's home without being invited or permitted,
- Be positive and cute,
- Mobilize the household's emotions related to help,
- Make short and brief explanation when household ask you about the survey

## SECTION 1. SAMPLING INFORMATION

### 1.1. Sampling Information

Month : \_\_\_\_\_ |\_\_|\_\_|

Block no. : \_\_\_\_\_ |\_\_|\_\_|\_\_|\_\_|

Sub-sample no. : \_\_\_\_\_ |\_\_|\_\_|

Period : \_\_\_\_\_ |\_\_|

Sample selection no. : \_\_\_\_\_ |\_\_|\_\_|

Address key no. : \_\_\_\_\_ |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Address no. : \_\_\_\_\_ |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

## SECTION 2. HOUSEHOLD COMPOSITION

### 2.1- Household composition

(All household members who existed in the household at the first interview before survey month and who conform the household definition are to be listed. Individuals who participate to household in the survey month is to be added to the list by asking every visit.)

Member no.	1. Name and Surname  (-Household members are to be listed in respect of age, beginning with the reference person.  - Members who are fulfilling their military service or in prison or in student hostel or dormitory and guests are not considered to be a household member.)	2. Gender  1. Male 2. Female	3. Age completed	Relationship to the household reference person?  1. Reference person 2. Spouse 3. Son/Daughter 4. Father/Mother 5. Brother 6. Father-in-law/Mother-in-law 7. Son-in-law/Daughter-in-law 8. Grandson 9. Other Relative 10. Non-relative 11. Housemaid lives together with household
FERTNO	AD_SOYAD_CEVAPVEREN2	CINSIYET	YAS	YAKINLIK
_0_ _1_		__	__ __	__ __
_0_ _2_		__	__ __	__ __
_0_ _3_		__	__ __	__ __
_0_ _4_		__	__ __	__ __
_0_ _5_		__	__ __	__ __
_0_ _6_		__	__ __	__ __
_0_ _7_		__	__ __	__ __
_0_ _8_		__	__ __	__ __
_0_ _9_		__	__ __	__ __
_1_ _0_		__	__ __	__ __

## SECTION 3. SOCIO-ECONOMIC STATUS OF HOUSEHOLD

3.1- a. What is the **type** of your dwelling ?

House	<input type="checkbox"/>	1	}	→ Q. 3.2
Detached house	<input type="checkbox"/>	2	}	
Apartment block (less than 10 flats)	<input type="checkbox"/>	3		
Apartment block (10 or more than 10 flats)	<input type="checkbox"/>	4		
Other (Please specify)	<input type="checkbox"/>	98	→	Q. 3.2

b. What **type of apartment floor** are you sitting on ?

Basement	<input type="checkbox"/>	1	Attic	<input type="checkbox"/>	4
Ground floor	<input type="checkbox"/>	2	Dublex apartment	<input type="checkbox"/>	5
Regular Floor	<input type="checkbox"/>	3	Triplex apartment	<input type="checkbox"/>	6

3.2- What is the **form of possession** of your dwelling ?

Owner	<input type="checkbox"/>	1	→	Q. 3.6
Tenant	<input type="checkbox"/>	2		
Lodging	<input type="checkbox"/>	3		
Not owner but also not paying rent	<input type="checkbox"/>	4	→	Q. 3.6

3.3- How much do you pay as a **rent** per month?

*(Fill "0" if there is no paid rent for lodging and other)*

Tenant		TL	→	Q. 3.4
Lodging		TL	→	Q. 3.5

3.4- **How** did you **rent** this dwelling ?

Furnished	<input type="checkbox"/>	1	}	→ Q. 3.9
Unfurnished	<input type="checkbox"/>	2	}	

3.5- **Order number** of the person benefiting the lodging |\_\_|\_\_|

3.6- If you have rented a similar dwelling, how much would you have paid (**imputed rent**) ?

Owner		TL	} →	Q. 3.9
Lodging		TL		
Not owner but also not paying rent		TL		

3.7- Is there any **debt or mortgage** on your dwelling ?

Yes ☐ 1      No ☐ 2

3.8- What is the **market price** of your dwelling ? \_\_\_\_\_ TL

3.9- a. **How many years** have you been living in this dwelling ? |\_\_|\_\_| Year

*(For those who live less than a year in this residence; Q.3.9.b will be asked.)*

b. **How many months** have you been living in this dwelling ? |\_\_|\_\_| Month

3.10- What is the **building date** of your building ?

Before 1945	<input type="checkbox"/> 1	1981-1990	<input type="checkbox"/> 5
1946-1960	<input type="checkbox"/> 2	1991-2000	<input type="checkbox"/> 6
1961-1970	<input type="checkbox"/> 3	2001-2005	<input type="checkbox"/> 7
1971-1980	<input type="checkbox"/> 4	After 2006	<input type="checkbox"/> 8

3.11- a. **How many rooms** are there in your dwelling (living room included)? |\_\_|\_\_|

b. **How many square meters** is the utilized area in your dwelling ? |\_\_|\_\_|\_\_| m<sup>2</sup>

3.12- Which of the following **facilities** do you have **in your dwelling** ?

Housing facilities	1. Existent 2. Nonexistent
Bathroom	__
Sauna	__
Jacuzzi	__
Toilet (Inside)	__
Kitchen	__
Waste disposal	__
Central heating	__
Underfloor heating	__
Piped water system	__
Natural gas	__
Hot water (solar energy, combi boiler, solid hot water etc.)	__
Cable TV	__
Elevator	__
Covered parking area	__
Swimming pool (Collective or private)	__
Generator (independent or collective)	__
Security guard/system	__
Balcony	__
Garden	__
Kinder garden	__

3.13- Please specify the **construction type of the ground** of your dwelling ?

Code	Construction type of the ground	Lounge	Room	Kitchen	Bathroom
		1	2	3	4
1	Parquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Floor tile (ceramic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Vinyl floor covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Carpet floor covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Coarse concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Mosaic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Marble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.14- What kind of **main heating system** do you have in your dwelling?

(Only one box can be marked)

- |                                |                          |          |
|--------------------------------|--------------------------|----------|
| Remote heated central heating  | <input type="checkbox"/> | 1        |
| Domestic central heating       | <input type="checkbox"/> | 2        |
| Individual floor heating/Combi | <input type="checkbox"/> | 3        |
| Stove for natural gas          | <input type="checkbox"/> | 4        |
| Stove                          | <input type="checkbox"/> | 5        |
| Air conditioner                | <input type="checkbox"/> | 6        |
| Electric heater                | <input type="checkbox"/> | 7        |
| No heating system              | <input type="checkbox"/> | 90       |
| Other (Please specify)         | <input type="checkbox"/> | 98 _____ |

3.15- What type of **fuel** do you use for **heating of your dwelling**?

(Max 3 boxes can be marked)

- |             |                          |    |                        |                          |          |
|-------------|--------------------------|----|------------------------|--------------------------|----------|
| Fire wood   | <input type="checkbox"/> | 11 | Electricity            | <input type="checkbox"/> | 5        |
| Coal        | <input type="checkbox"/> | 12 | Solar                  | <input type="checkbox"/> | 6        |
| Dried dung  | <input type="checkbox"/> | 13 | Thermal                | <input type="checkbox"/> | 7        |
| Fuel oil    | <input type="checkbox"/> | 2  | Wind                   | <input type="checkbox"/> | 8        |
| Natural gas | <input type="checkbox"/> | 3  | Other (Please specify) | <input type="checkbox"/> | 98 _____ |
| LPG         | <input type="checkbox"/> | 4  |                        |                          |          |

3.16- What are the type of **fuel** you use **mostly** in your dwelling for **cooking and for hot water** ?

(Only one box can be marked)

Code	Type of fuel	Cooking	Hot water
		1	2
11	Fire wood	<input type="checkbox"/>	<input type="checkbox"/>
12	Coal	<input type="checkbox"/>	<input type="checkbox"/>
13	Dried dung	<input type="checkbox"/>	<input type="checkbox"/>
2	Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>
3	Natural gas	<input type="checkbox"/>	<input type="checkbox"/>
4	LPG	<input type="checkbox"/>	<input type="checkbox"/>
5	Electricity	<input type="checkbox"/>	<input type="checkbox"/>
6	Solar	<input type="checkbox"/>	<input type="checkbox"/>
7	Thermal	<input type="checkbox"/>	<input type="checkbox"/>
8	Wind	<input type="checkbox"/>	<input type="checkbox"/>
98	Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

3.17- Do you **access** to the following **services easily** considering the location of your dwelling ?

Code	Type of service	Very easy	Easy	Neutral	Difficult	Very difficult
		1	2	3	4	5
1	Daily shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Banking services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Postal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Compulsory education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.18- Do you have **secondary residence** (summer resort, winter abode, etc) where you live in?

Yes ☐ 1      No ☐ 2

**3.19- How many following consumer durables do you use in your residence ?**

( If not fill '0' )

Consumer durables	Number
Telephone line	_
Cellular phone	_
Computer	_
Internet subscription	_
LCD or Plasma Television	_
Video camera	_
Satellite antenna	_
Refrigerator	_
Deep-freezer	_
Dishwasher	_
Microwave oven	_
Automatic washing machine	_
Dry machine	_
Carpet washing machine	_
Air-conditioner	_
Game Console	_

**3.20- Which of the following vehicles do you have ?**

(Vehicles used for business purposes are not included)

Code	Vehicles	Number (If non-existent fill '0')	IF "EXISTENT"	
			Market value of the vehicle (TL)	Quantity of the fuel used for household (Benzine, gasoline, deisel fuel, LPG, Elektricitey) Liter, KW
1	Automobile (car, 4*4, van vb.)	_		_     _     _
2	Automobile provided by employer	_		_     _     _
3	Motorbike	_		_     _     _
4	Bicycle	_		
5	Electric bicycle	_		_     _     _
6	Motorized- unmotorized sea vehicle	_		_     _     _



3.21- Which of the following **real estates** do you have ?

Code	Type of real estate	1. Existent 2. Non-existent	IF "EXISTENT"			
			Number	Number of real estates for rent	Total value of rent (TL)	Market value of real estate (TL)
1	House	__	__ __  Number	__ __  Number		
2	Apartment flat	__	__ __  Number	__ __  Number		
3	Summer house	__	__ __  Number	__ __  Number		
4	Field	__	__ __ __ __  Decare	__ __ __ __  Decare		
5	Vineyard, garden	__	__ __ __ __  Decare	__ __ __ __  Decare		
6	Greenhouse	__	__ __ __ __  m <sup>2</sup>	__ __ __ __  m <sup>2</sup>		
7	Building land	__	__ __ __ __  m <sup>2</sup>	__ __ __ __  m <sup>2</sup>		
8	Dükkan, depo	__	__ __  Number	__ __  Number		
9	Otel, motel, pansiyon	__	__ __  Number	__ __  Number		
10	Devre mülk	__	__ __  Number	__ __  Number		

## SECTION 4. CONSUMPTION HABITS AND GENERAL CONSUMPTION PATTERN OF HOUSEHOLD

*(To be asked at the beginning of the survey month. In case household has any habit; if there isn't any expenditure made during the survey month or the amount of consumption is different from the amount declared at the beginning, the causes has to be recorded.)*

4.1- How many **bread** do you consume **daily** in average ? (Different types of bread such as bazlama, yufka etc. are included)

a. Number :                    |\_\_|\_\_|

b. Type : \_\_\_\_\_ (If more than one, write the names of all types)

4.2- a. How frequency do you consume the following **food items** ?

Meat and meat products	__ __	<div style="font-size: 3em; vertical-align: middle;">{</div> <div style="display: inline-block; vertical-align: middle;"> 6. Approximately every day  7. 2 or 3 times a week  8. Once a week  10. 2 or 3 times a month  11. Once a month  90. Never </div>
Milk and milk products	__ __	
Vegetables	__ __	
Fruits	__ __	
Tea, coffee	__ __	
Biscuit, appetizers, chips etc.	__ __	

b. How you provide **drinking water** ?

Piped water system (directly)	<input type="checkbox"/> 11
Piped water system (refining)	<input type="checkbox"/> 12
Natural spring water	<input type="checkbox"/> 2
Water in flagon	<input type="checkbox"/> 3
Other (Please specify)	<input type="checkbox"/> 98 _____

4.3- a. Is there anyone who is in the habit of **smoking** in your household ?

Yes    ☐ 1                    No    ☐ 2    → Q. 4.4

↓

b. How many **individuals** smoke in your household ?                    |\_\_|\_\_|    F: Individual

c. How many **packs** of cigarettes are consumed a week in your household?                    |\_\_|\_\_|    P: Package

*(For consuming tobacco only, please write "0")*

4.4- a. Is there anyone who is in the habit of **drinking alcoholic beverages** in your household ?

Yes    ☐ 1                    No    ☐ 2    → Q. 4.5

↓

b. How many **individuals** drink alcoholic beverages in your household |\_\_|\_\_|    F: Individual

4.5- a. Is there anyone who is a **student** in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.9

↓

b. How many **students** in your household ?

|\_\_|\_\_| F€ Individual

4.6- Do these students pay any money for **public transportation or private services** to commute to school ?

Yes ☐ 1 No ☐ 2

4.7- Is anyone enrolled in **private education (elementary or secondary school or high school or university)** in your household ?

Yes ☐ 1 No ☐ 2

4.8- Is anyone attending **etude class** or taking **private lesson** in your household ?

Yes ☐ 1 No ☐ 2

4.9- Is anyone attending **courses for private purposes** (such as computer, foreing languages, university entrance exam, driving, sports, etc.) in your household ?

Yes ☐ 1 No ☐ 2

4.10- Is anyone taking **day nursery or kindergarten** in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.12

4.11- Do these kids use **private services to commute to kingergarten** ?

Yes ☐ 1 No ☐ 2

4.12- Is there anyone who is **working** in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.16

4.13- Which means of **transportation** do these people use to commute to their work places ?

(More than one box can be marked)

Own car	<input type="checkbox"/> 1	Paid services	<input type="checkbox"/> 6
Automobile provided by employer	<input type="checkbox"/> 2	Free services	<input type="checkbox"/> 7
Bus, metrobus, metro, train, suburban train, ferry boat, etc.	<input type="checkbox"/> 3	Motorbike	<input type="checkbox"/> 8
Mini-bus, midi-bus	<input type="checkbox"/> 4	Bicycle	<input type="checkbox"/> 9
Taxi	<input type="checkbox"/> 5	Other (Please specify)	<input type="checkbox"/> 98
		Doesn't use any vehicle	<input type="checkbox"/> 90

4.14- a. If there is any household member working as **self employed or employer in non-agricultural sector**, do you use products **produced or sold at workplace** of that person in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.15.a

b. What are these **products**? \_\_\_\_\_

4.15- a. If there is any household member working as **salary or wage earner**, do this member himself/herself or any members in the household use the **goods** (food, clothes, fuel, etc.) or services (haircut, day nursery, transportation etc.) **given by the employer** ?

Yes ☐ 1 No ☐ 2 → Q. 4.16.a

b. What are these **goods/services** ? \_\_\_\_\_

4.16- a. Is there anyone who is in the habit of **dining/lunch out (in restaurant, buffet, fast food etc.)** in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.17

b. How many times in a month do you eat outside the home ? |\_\_|\_\_|

4.17- Is there the habit of buying **daily newspaper** in your household ?

Yes ☐ 1 No ☐ 2

4.18- Is there the habit of buying **monthly/weekly magazines** in your household ?

Yes ☐ 1 No ☐ 2

4.19- a. Is there anyone who is in the habit of **going to cinema, theatre, soccer games etc.** in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.20

b. How many times in a month do you go to cinema, theatre, soccer games etc. ? |\_\_|\_\_|

4.20- Do you have subscription for **cable TV with cost (Digiturk, D-smart etc.)** ?

Yes ☐ 1 No ☐ 2

4.21- Is there anyone who has **paid activities on sport, entertainment and culture** etc. (playing soccer at synthetic pitch, swimming, fitness etc.) ?

Yes ☐ 1 No ☐ 2

4.22- a. Is there anyone who is in the habit of **playing games of chance** such as lottary, numbers pool, tickets for horse race etc.)

in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.23

b. How many times in a month do you play games of chance ? |\_\_|\_\_|

4.23- Is there anyone who is in the habit of going to **cafe, clubhouse etc.** in your household ?

Yes ☐ 1 No ☐ 2

4.24- Is there anyone who takes **medicines regularly** (for heart trouble, rheumatism, hypertension etc.) in your household ?

Yes ☐ 1 No ☐ 2

4.25- By which **sources** are your **medicine or treatment expenses financed** generally, if any household member is ill ?

(More than one box can be marked)

Social Security Institution's Coupon for civil servants	<input type="checkbox"/> 11	GSS (General Health Insurance)	<input type="checkbox"/> 4
Social Security Institution's Coupon for retired civil servants	<input type="checkbox"/> 12	Green card (Special health card for poors)	<input type="checkbox"/> 5
Social Security Institution's Coupon for SSK	<input type="checkbox"/> 13	Himself/Herself	<input type="checkbox"/> 6
Social Security Institution's Coupon for Bağ-Kur	<input type="checkbox"/> 14	No health insurance	<input type="checkbox"/> 90
Private health insurance	<input type="checkbox"/> 2	Other (Please specify) _____	<input type="checkbox"/> 98
Private association	<input type="checkbox"/> 3		

4.26- a. Is there anyone who pays **premiums for health insurance, individual retirement fund or discretionary retirement fund etc.**

in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.27

b. Please indicate **the number of members** who pay premiums for health insurance, individual retirement fund etc. |\_\_|\_\_|

4.27- Do you consume agricultural products (tomatoes, flour, milk, cheese, egg etc.) from your **own production** (if you do) ?

Yes ☐ 1 No ☐ 2

4.28- a. Is there anyone who use **credit card** in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.29

b. How many persons use credit card ? |\_\_|\_\_|

4.29- a. Is there habit of **shopping from the bazaar** in your household ?

Yes ☐ 1 No ☐ 2 → Q. 4.30

b. Please specify the day when you go to bazaar? \_\_\_\_\_

4.30- Is there habit of **shopping via internet** in your household ?

Almost everyday ☐ 6  
 2 or 3 times a week ☐ 7  
 Once a week ☐ 8  
 2 or 3 times a month ☐ 10  
 Once a month ☐ 11  
 No ☐ 90

4.31- Do you **receive any transfers** important for making end meets from **other people** (neighbour, relatives etc.) or from **foundations** (social aid foundations etc.) ?

(Max. 4 boxes can be marked)

Domestically

Food	<input type="checkbox"/> 11	Educational expenses / scholarship	<input type="checkbox"/> 17
Clothes	<input type="checkbox"/> 12	Rent (including living in someone	
Furniture	<input type="checkbox"/> 13	else's home without any payment)	<input type="checkbox"/> 18
Fuel for heating	<input type="checkbox"/> 14	Other (Please specify)	<input type="checkbox"/> 19 _____
Medicine/Medical devices	<input type="checkbox"/> 15	<b>From abroad</b>	<input type="checkbox"/> 2
Money	<input type="checkbox"/> 16	<b>DO NOT AID</b>	<input type="checkbox"/> 90

4.32- Do you **give any transfers** to other persons (neighbours, relatives etc.) or to foundations (social aid foundations etc.) by purchasing or by own production or by other ways?

(Max. 4 boxes can be marked)

Domestically

Food	<input type="checkbox"/> 11	Educational expenses / scholarship	<input type="checkbox"/> 17
Clothes	<input type="checkbox"/> 12	Rent (including living in someone	
Furniture	<input type="checkbox"/> 13	else's home without any payment)	<input type="checkbox"/> 18
Fuel for heating	<input type="checkbox"/> 14	Other (Please specify)	<input type="checkbox"/> 19 _____
Medicine/Medical devices	<input type="checkbox"/> 15	<b>From abroad</b>	<input type="checkbox"/> 2
Money	<input type="checkbox"/> 16	<b>DO NOT AID</b>	<input type="checkbox"/> 90

4.33- Do you employ any **paid employee** for maintenance and service works related to **home and household** ?

Yes ☐ 1 No ☐ 2 → Q. 4.35.a

4.34- Which of the following **employees** do you employ ?

(Max. 4 boxes can be marked)

Servant	<input type="checkbox"/> 1	Baby sitter	<input type="checkbox"/> 5
Gardener	<input type="checkbox"/> 2	Daily servant *	<input type="checkbox"/> 6
Cook	<input type="checkbox"/> 3	Nurse's aide	<input type="checkbox"/> 7
Driver	<input type="checkbox"/> 4	Other (Please specify)	<input type="checkbox"/> 98

\*weekly, twice a month or once a month

4.35- a. Do you keep **pets** (such as cat, dog, bird, fish etc.)?

Yes ☐ 1 No ☐ 2 → Q. 4.36

b. Please indicate the monthly average expenditure on pets:

TL

4.36- How do you do for saving in your household ?

(Max. 4 boxes can be marked)

Real estate (House,store, land etc.)	<input type="checkbox"/> 1	Bill of exchange, bond	<input type="checkbox"/> 7
Membership to housing co-operatives	<input type="checkbox"/> 2	Fund participation certificate	<input type="checkbox"/> 8
Gold	<input type="checkbox"/> 3	Investments for work	<input type="checkbox"/> 9
Foreign currency	<input type="checkbox"/> 4	Lend money with an interest	<input type="checkbox"/> 10
Bank account	<input type="checkbox"/> 5	Other (Please specify)	<input type="checkbox"/> 98
Stock certificate	<input type="checkbox"/> 6	DO NOT SAVE	<input type="checkbox"/> 90

4.37- Which level of **monthly income** do you have to meet your life according to the following levels?

a. For the minimum level of life

TL

b. For a normal life

TL

c. For a high quality life

TL

4.38- Do you think you could say you are **poor** according to current status of your household?

Yes ☐ 1 No ☐ 2

4.39- Looking back over your family life, how often have there been times in your family life when you think you lived in poverty by standards of that time?

Never	<input type="checkbox"/> 1
Rarely	<input type="checkbox"/> 2
Occasionally	<input type="checkbox"/> 3
Often	<input type="checkbox"/> 4
Most of the time	<input type="checkbox"/> 5

# SECTION 5. EXPENDITURES ON DURABLE GOODS AND SERVICES AND CONSUMPTION FROM STOCKS OF HOUSEHOLDS

## 5.1. EXPENDITURES ON DURABLE GOODS AND SERVICES DURING LAST 11 MONTHS

(To be asked asked at the first interview)

Expenditure group	Name of the expenditure (To be called off all the items from the list at the first interview before the survey month. The items not in the list to be recorded on the empty rows.)		Any expenditure made during the last 11 months ?  1. Yes 2. No	Detailed characteristics of expenditure		Type of acquisition of expenditure  1. Purchased 2. Own production 3. Income in kind (entrepreneurs) 4. Income in kind (employee) 5. Gifts/aids given 6. Gifts/aids received 7. Property income in kind	Measure-ment unit  Kg Meter m2 Number Set etc.	Market unit price (TL)	Total value (TL)	Type of outlet	Was this expenditure made for educational purposes?  1. Yes 2. No	The order no. of the member for whom this expenditure was made  (To be coded according to Section 2)	If the good is second hand, please put "1".	If the expenditure made by credit card please put "1".	Month and year, when the expenditure was made	
	Brand	Code of expenditure														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
MOTOR VEHICLES	AutomobileOtomobil	07 111 07 112	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Motorcycle	07 120	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Bicycle	07 130	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
ELECTRICAL AND NON-ELECTRICAL MAJOR HOUSEHOLD APPLIANCES	Refrigerator	05 311	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Deep freezer		_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Washing machine	05 312 01	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Dish washer	05 312 02	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Dry machine	05 312 03	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Oven (Electrical, microwave, imbedded etc.)	05 313 01	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Cooker (Countertop)	05 313 02	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Oven with cooker	05 313 03	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Air conditioner	05 314 01	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Radiator (Electrical)	05 314 02	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Stove	05 314 03	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Hot-water-heater	05 314 04	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Flash heater	05 314 05	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Combi boiler	05 314 06	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Individual floor heating	05 314 07	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Aspirator	05 314 08	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Cooktop	05 314 09	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Air moisturizer	05 314 10	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Infrared heater	05 314 11	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	
	Vacuum cleaner	05 315 01	_ _			_ _	_ _ _ _ _				_ _	_ _ _	_ _	_ _	_ _ _  /  _ _ _	



## 5.1. EXPENDITURES ON DURABLE GOODS AND SERVICES DURING LAST 11 MONTHS (CONTINUED)

Expenditure group	Name of the expenditure (To be called off all the items from the list at the first interview before the survey month. The items not in the list to be recorded on the empty rows.)	Any expenditure made during the last 11 months ?	Detailed characteristics of expenditure			Type of acquisition of expenditure	Measure-ment unit	Market unit price	Total value	Was this expenditure made for educational purposes?	The order no. of the member for whom this expenditure was made	If the good is second hand, please put "1".	If the expenditure made by credit card please put "1".	Month and year, when the expenditure was made		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
KITCHEN FURNITURE	Cupboard (for kitchen)	05 111 01	___			___	___	___				___	___	___	___	___ / ___
	Table (single)	05 111 02	___			___	___	___				___	___	___	___	___ / ___
	Table-chair set	05 111 03	___			___	___	___				___	___	___	___	___ / ___
	Table corner set (for kitchen)	05 111 04	___			___	___	___				___	___	___	___	___ / ___
	Chair (single)	05 111 05	___			___	___	___				___	___	___	___	___ / ___
	Worktop (kitchen)	05 111 06	___			___	___	___				___	___	___	___	___ / ___
	Other kitchen furniture (Single cabinet, cabinet for vegetables, meat-safe, shelves etc.)	05 111 07	___			___	___	___				___	___	___	___	___ / ___
BEDROOM FURNITURE	Bedroom furniture set	05 111 08	___			___	___	___				___	___	___	___	___ / ___
	Wardrobe	05 111 09	___			___	___	___				___	___	___	___	___ / ___
	Bedstead	05 111 10	___			___	___	___				___	___	___	___	___ / ___
	Bed	05 111 11	___			___	___	___				___	___	___	___	___ / ___
		05 111 12	___			___	___	___				___	___	___	___	___ / ___
	Headboard	05 111 13	___			___	___	___				___	___	___	___	___ / ___
	Base for bed	05 111 14	___			___	___	___				___	___	___	___	___ / ___
	Other bedroom furnitures (Dowerchest, whatnot, chiffonier, dress table etc.)	05 111 15	___			___	___	___				___	___	___	___	___ / ___
ODASI VE OTURMA ODASI MOBİLYALARI	Living room furniture set	05 111 16	___			___	___	___				___	___	___	___	___ / ___
	Dining room furniture set	05 111 17	___			___	___	___				___	___	___	___	___ / ___
	Couch or sofa bed	05 111 18	___			___	___	___				___	___	___	___	___ / ___
	Armchair	05 111 19	___			___	___	___				___	___	___	___	___ / ___
	Bookcase	05 111 20	___			___	___	___				___	___	___	___	___ / ___
		05 111 21	___			___	___	___				___	___	___	___	___ / ___
	Coffee table	05 111 22	___			___	___	___				___	___	___	___	___ / ___
	Stillage for TV	05 111 23	___			___	___	___				___	___	___	___	___ / ___
	Writing table	05 111 24	___			___	___	___				___	___	___	___	___ / ___
	Computer table	05 111 25	___			___	___	___				___	___	___	___	___ / ___
	Sideboard, glass case, etc.	05 111 26	___			___	___	___				___	___	___	___	___ / ___
	Other living room or dining room furnitures(newspaper rack, stool, coffee table etc.	05 111 27	___			___	___	___				___	___	___	___	___ / ___
OTHER FURNITURES	Garden furnitures	05 112 01	___			___	___	___				___	___	___	___	___ / ___
	Bathroom furnitures (Bathroom mirror, bathroom cabinet etc.	05 111 28	___			___	___	___				___	___	___	___	___ / ___
	Shoe cupboard	05 111 29	___			___	___	___				___	___	___	___	___ / ___
	Furniture for baby's or kid's room	05 119 01	___			___	___	___				___	___	___	___	___ / ___

## 5.1. EXPENDITURES ON DURABLE GOODS AND SERVICES DURING LAST 11 MONTHS (CONTINUED)

Expenditure group	Name of the expenditure (To be called off all the items from the list at the first interview before the survey month. The items not in the list to be recorded on the empty rows.)	Any expenditure made during the last 11 months ?  1. Yes 2. No	Detailed characteristics of expenditure			Type of acquisition of expenditure  1. Purchased 2. Own production 3. Income in kind (entrepreneurs) 4. Income in kind (employee) 5. Gifts/aids given 6. Gifts/aids received 7. Property income in kind	Measurement unit  Kg Meter m2 Number Set etc.	Market unit price (TL)	Total value (TL)	Type of outlet	Was this expenditure made for educational purposes?  1. Yes 2. No	The order no. of the member for whom this expenditure was made  (To be coded according to Section 2)	If the good is second hand, please put "1". If the expenditure made by credit card please put "1".	Month and year, when the expenditure was made		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CARPETS & OTHER FLOOR	Carpet, rug etc.	05 121	___			___	___	___				___	___	___	___	___ / ___
TV SETS AND VIDEO RECORDERS	TV	09 112 01	___			___	___	___				___	___	___	___	___ / ___
	DVD VCD, Video etc.	09 112 03	___			___	___	___				___	___	___	___	___ / ___
	Home cinema systems	09 112 04	___			___	___	___				___	___	___	___	___ / ___
PHOTOGRAPHIC AND CINEMATOGRAPHIC EQUIPMENT	Video cameras	09 121 01	___			___	___	___				___	___	___	___	___ / ___
	Photographic apparatus	09 121 02	___			___	___	___				___	___	___	___	___ / ___
	Film and slide projectors	09 122 01	___			___	___	___				___	___	___	___	___ / ___
DATA PROCESSING EQUIPMENT	Computer	09 131 01	___			___	___	___				___	___	___	___	___ / ___
	Printer	09 132 01	___			___	___	___				___	___	___	___	___ / ___
	Databank etc.	09 134 01	___			___	___	___				___	___	___	___	___ / ___
DWELLING CARE EQUIPMENTS	White or color wash, painting materials	04 310 01	___			___	___	___				___	___	___	___	___ / ___
	Floor and wall covering materials	04 310 02	___			___	___	___				___	___	___	___	___ / ___
	Door (Wooden, steel etc.)	04 310 05	___			___	___	___				___	___	___	___	___ / ___
	Window	04 310 06	___			___	___	___				___	___	___	___	___ / ___
	Bathroom and toilet equipment (Sink, washbasin, shower bath, toilet, bath tub, jacuzzi, sauna vb.)	04 310 07	___			___	___	___				___	___	___	___	___ / ___
DWELLING CARE SERVICES	Worker's pay for white or color wash, painting	04 324 01 04 324 02	___			___	___	___				___	___	___	___	___ / ___
	Worker's pay for floor and wall covering materials	04 329 03 04 329 04	___			___	___	___				___	___	___	___	___ / ___
	Installation fee (worker's pay and montage)	04 321 05 04 321 06	___			___	___	___				___	___	___	___	___ / ___
		04 322 05 04 322 06	___			___	___	___				___	___	___	___	___ / ___
		04 323 05 04 323 06	___			___	___	___				___	___	___	___	___ / ___
		04 329 05 04 329 06	___			___	___	___				___	___	___	___	___ / ___
		04 321 07 04 321 08	___			___	___	___				___	___	___	___	___ / ___
	Cost of repairs for dwelling (worker's pay and montage)	04 322 07 04 322 08	___			___	___	___				___	___	___	___	___ / ___
		04 323 07 04 323 08	___			___	___	___				___	___	___	___	___ / ___
		04 329 02 04 329 05	___			___	___	___				___	___	___	___	___ / ___
	SOLID FUELS	Coal	04 541 01 04 549 01	___			___	___	___				___	___	___	___
Firewood		04 549 02	___			___	___	___				___	___	___	___	___ / ___

## 5.1. EXPENDITURES ON DURABLE GOODS AND SERVICES DURING LAST 11 MONTHS (CONTINUED)

Expenditure group	Name of the expenditure (To be called off all the items from the list at the first interview before the survey month. The items not in the list to be recorded on the empty rows.)	Any expenditure made during the last 11 months ?	Detailed characteristics of expenditure		Type of acquisition of expenditure	Quantity	Measurement unit	Market unit price (TL)	Total value (TL)	Type of outlet	Was this expenditure made for educational purposes?	The order no. of the member for whom this expenditure was made  (To be coded according to Section 2)	If the good is second hand, please put "1".	If the expenditure made by credit card please put "1".	Month and year, when the expenditure was made	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
PACKED TOURS	Domestic tours	09 601	___			___	___	___				___	___	___	___	___ / ___
	Foreign travel	09 602 01	___			___	___	___				___	___	___	___	___ / ___
		09 602 02	___			___	___	___				___	___	___	___	___ / ___
		09 602 03	___			___	___	___				___	___	___	___	___ / ___
	Payments for going on the pilgrimage to Mecca	09 602 04 010	___			___	___	___				___	___	___	___	___ / ___
Payments for going to sanctuary	09 602 04 020	___			___	___	___				___	___	___	___	___ / ___	
ACCOMMODATION SERVICES	Accommodation services in hotel, motel, boardinghouse etc.	11 201	___			___	___	___				___	___	___	___	___ / ___
	Camp and camping fee (Holiday and travel expenses)	11 202 01	___			___	___	___				___	___	___	___	___ / ___
	Holiday villages	11 202 02	___			___	___	___				___	___	___	___	___ / ___
	Renting summer resorts	11 202 03	___			___	___	___				___	___	___	___	___ / ___
	Accommodation services in youth hostel, guesthouse, camping etc.	11 202 04 11 203 01	___			___	___	___				___	___	___	___	___ / ___
EDUCATION SERVICES	Payments for private establishment preparing students for various exams (Dershane)	10 102 10	___			___	___	___				___	___	___	___	___ / ___
		10 200 05	___			___	___	___				___	___	___	___	___ / ___
	Payments for private tuition and courses	10 300 02	___			___	___	___				___	___	___	___	___ / ___
		10 102 06	___			___	___	___				___	___	___	___	___ / ___
		10 200 09	___			___	___	___				___	___	___	___	___ / ___
		10 200 10	___			___	___	___				___	___	___	___	___ / ___
		10 200 11	___			___	___	___				___	___	___	___	___ / ___
		10 300 03	___			___	___	___				___	___	___	___	___ / ___
	University fee	10 300 04	___			___	___	___				___	___	___	___	___ / ___
		10 400 06	___			___	___	___				___	___	___	___	___ / ___
		10 400 01	___			___	___	___				___	___	___	___	___ / ___
		10 400 02	___			___	___	___				___	___	___	___	___ / ___
	Private school fee (primary, secondary school, lycee)	10 400 03	___			___	___	___				___	___	___	___	___ / ___
		10 400 04	___			___	___	___				___	___	___	___	___ / ___
		10 400 07	___			___	___	___				___	___	___	___	___ / ___
	Kindergarten fee	10 400 08	___			___	___	___				___	___	___	___	___ / ___
		10 102 01	___			___	___	___				___	___	___	___	___ / ___
	School enrolment fee	10 200 01	___			___	___	___				___	___	___	___	___ / ___
10 200 02		___			___	___	___				___	___	___	___	___ / ___	
10 101 01		___			___	___	___				___	___	___	___	___ / ___	
Study (etude) fee (for kindergarten or primary school)	10 101 02	___			___	___	___				___	___	___	___	___ / ___	
	10 102 02	___			___	___	___				___	___	___	___	___ / ___	
Summer school fee (at university education or as a cultural & sports activity)	10 200 07	___			___	___	___				___	___	___	___	___ / ___	
	10 400 10	___			___	___	___				___	___	___	___	___ / ___	
HEALTH	Services on treatment (surgical operation, childbirth, physiotherapy, money given to the surgeon for operation, ambulance services etc.)	10 101 03	___			___	___	___				___	___	___	___	___ / ___
		10 102 05	___			___	___	___				___	___	___	___	___ / ___
	Dental prosthesis services	10 400 09 010	___			___	___	___				___	___	___	___	___ / ___
	09 412 03 130	___			___	___	___				___	___	___	___	___ / ___	
TOTAL																

## 5.2. CONSUMPTION FROM STOCKS OF HOUSEHOLDS

[illegible]

## SECTION 6. MONTHLY CONSUMPTION EXPENDITURES OF HOUSEHOLDS

### 6.1. HOUSEHOLDS' CONSUMPTION EXPENDITURES AS PURCHASE

Order no.		Expenditure diary no.	Order no. of the expenditure diary	Name and detailed characteristics of the expenditure	Brand	Code of expenditure	Quantity	Measure-ment unit	Market unit price	Total value	Type of outlet	Was this expenditure made for educational purposes?	The order no. of the member for whom this expenditure was made	If the good is second hand, please put "1".	If the expenditure made by credit card please put "1".
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
							Kg Number Package etc.	(TL)	(TL)		1. Yes  2. No	(To be coded according to Section 2)			
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
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							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
							_ _ _ _				_	_ _	_	_	
TOTAL															

6.2. "CONSUMPTION FROM OWN PRODUCTION OF HOUSEHOLD" OR "INCOME IN KIND OF EMPLOYED HOUSEHOLD MEMBERS" OR "GOODS AND SERVICES PURCHASED BY THE HOUSEHOLD TO GIVE OTHERS AS A GIFT/AID" OR "GOODS AND SERVICES GIVEN TO THE HOUSEHOLD FROM OTHERS AS A GIFT/AID" OR "INCOME IN KIND FROM REAL ESTATES OF HOUSEHOLD" IN THE SURVEY MONTH

[illegible]

6.2. "CONSUMPTION FROM OWN PRODUCTION OF HOUSEHOLD" OR "INCOME IN KIND OF EMPLOYED HOUSEHOLD MEMBERS" OR "GOODS AND SERVICES PURCHASED BY THE HOUSEHOLD TO GIVE OTHERS AS A GIFT/AID" OR "GOODS AND SERVICES GIVEN TO THE HOUSEHOLD FROM OTHERS AS A GIFT/AID" OR "INCOME IN KIND FROM REAL ESTATES OF HOUSEHOLD" IN THE SURVEY MONTH  
(CONTINUED)

[illegible]

## SECTION 7. NON-CONSUMPTION EXPENDITURES AND INPUTS IN CASH

### 7.1. NON-CONSUMPTION EXPENDITURES DURING THE LAST 12 MONTHS

(Donations and cash assistance given regularly to other individuals or households or institutions and tax paid and other compulsory fees (not for work) and alimony and alms and zakat etc. are to be recorded to the table below.)

(TO BE ASKED AT THE LAST INTERVIEW)

Order no.	Name of the expenditure	Did you pay at last 12 month? 1. Yes → 2. No	Total value paid	
			In cash (TL)	In kind (TL)
1	2	3	4	5
1	Property tax	_		
2	Income tax of real estate (of rent income)	_		
3	Tax sticker for automobile	_		
4	Compulsory fees	_		
5	Donations given to other institutions <b>regularly</b>	_		
6	Money given to other households <b>regularly</b> (pocket money)	_		
7	Alimony	_		
8	Monetary aid related with religion (zakat, alms etc.)	_		
9	Premiums for retirement upon the demand of the contributor (voluntary pension plan premiums)	_		
<b>TOTAL</b>				



## 7.2. OTHER NON-CONSUMPTION EXPENDITURES DURING THE LAST 12 MONTHS

(TO BE ASKED AT THE LAST INTERVIEW)

Order no.	Description of the payment	Did you pay at last 12 month? 1. Yes 2. No	Total value paid  (TL)
1	2	3	4
10	Inconsistent donations and aids given to others in cash	_	
11	Inconsistent gifts given to others in cash	_	
12	Money given to persons in compulsory military service, in dormitory or in prison etc.	_	
15	Premiums for Individual Retirement Fund	_	
TOTAL			

## 7.3. SELLING OF ASSETS AND OTHER INPUTS IN CASH DURING THE LAST 12 MONTHS

(TO BE ASKED AT THE LAST INTERVIEW)

Order No.	Type of Inputs in Cash	Did you sell this asset or receive any money in the last 12 months? 1. Yes 2. No	Total value  (TL)	Month and year when the money received  Month / Year
1	2	3	4	5
1	Selling automobile	_		_   _   /   _   _
2	Selling automobile	_		_   _   /   _   _
3	Selling automobile	_		_   _   /   _   _
4	Selling the durable good (.....)	_		_   _   /   _   _
5	Selling the durable good (.....)	_		_   _   /   _   _
6	Selling the durable good (.....)	_		_   _   /   _   _
7	Total income of household members aged less than 15 years old	_		
8	Total value of agricultural production of household which is not in the form of agricultural holding's outputs	_		
TOTAL				

## SECTION 8. HOUSEHOLD COMPOSITION, EMPLOYMENT AND INCOME STATUS

### FINAL HOUSEHOLD COMPOSITION

8.1- Member Order No : |\_\_|\_\_|

8.2- Name and surname :

*Household members are to be listed in respect of age, beginning with the reference person. Members who are fulfilling their military service or in prison or in student hostel or dormitory and guests are not considered to be a household member.)*

8.3- a. Did you stay with the household **continuously** during the survey months?

Yes ☐ 1 → Q. 8.6 No ☐ 2

b. How long did you stay with household during the survey months?(Days) |\_\_|\_\_| Days

8.4- What is your situation in terms of **joining to or leaving** from the household?

Joined definitely ☐ 1 → Q. 8.5.a

Left definitely ☐ 2 → Q. 8.5.b

Left temporarily ☐ 3 → Q. 8.6

8.5- a. What is the **reason of joining to** household?

Marriage	<input type="checkbox"/> 1	Work	<input type="checkbox"/> 7
Divorce	<input type="checkbox"/> 2	Return after job	<input type="checkbox"/> 8
Birth	<input type="checkbox"/> 3	Completion of military service	<input type="checkbox"/> 9
Education/training	<input type="checkbox"/> 4	Join to household depending on	
Completion of the education	<input type="checkbox"/> 5	another household member	<input type="checkbox"/> 10
Disease, old age	<input type="checkbox"/> 6	Other (please specify)	<input type="checkbox"/> 98

*(Go to Q. 8.6)*

b. What is the **reason of leaving** the household?

Marriage	<input type="checkbox"/> 1	Work	<input type="checkbox"/> 6
Divorce	<input type="checkbox"/> 2	Death	<input type="checkbox"/> 7
Military service	<input type="checkbox"/> 3	Leave to household depending on	
Education/training	<input type="checkbox"/> 4	another household member	<input type="checkbox"/> 8
Disease, old age	<input type="checkbox"/> 5	Other (please specify)	<input type="checkbox"/> 98

*(The END of the Questionnaire for members who left the household definitely.)*

**8.6- Do you have health insurance?**

(Max. 2 boxes can be marked)

**Yes**

SGK (Social Security Institution) - SSK (4A) ☐ 11

SGK (Social Security Institution) - Bağ-Kur (4B) ☐ 12

SGK (Social Security Institution)- Emekli Sandığı (4C) ☐ 13

Private associations (Bank, etc.) ☐ 14

Private health insurance. ☐ 15

GSS (General Health Insurance) incl. Green Health Card ☐ 16

**No**

☐ 2

**8.7- a. Have you been limited in daily activities usually do because of a health or mental problem?**

Yes ☐ 1 No ☐ 2

**b. Have you been limited in activities related to work or training because of a health or mental problem?**

Yes ☐ 1 No ☐ 2

**ASK FOR MEMBERS WHO ARE 5 YEARS OF AGE AND OVER**

**8.8- a. What is your educational status? (the school completed)**

Not completed any school	<input type="checkbox"/> 0	} Q. 8.9.a
Primary school	<input type="checkbox"/> 1	
Secondary school	<input type="checkbox"/> 21	
Vocational school at secondary school level	<input type="checkbox"/> 22	
Primary education	<input type="checkbox"/> 23	
High school	<input type="checkbox"/> 31	
Vocational school at high school level	<input type="checkbox"/> 32	
Higher educational institutions for 2-3 years	<input type="checkbox"/> 4	
Higher educational ins. and faculties for 4 years	<input type="checkbox"/> 5	
Faculties for 5 or 6 years	<input type="checkbox"/> 61	
Masters	<input type="checkbox"/> 62	
Doctorate	<input type="checkbox"/> 7	

**b. Do you know how to read and write?**

Yes ☐ 1 No ☐ 2

8.9- a. Have you attended any educational institutions?

Yes ☐ 1 No ☐ 2 → Q. 8.10

b. Which educational institutions have you attended?

Primary school	<input type="checkbox"/> 1	Higher educational institutions for 2-3 years	<input type="checkbox"/> 4
Secondary school	<input type="checkbox"/> 21	Higher educational ins. and faculties for 4 years	<input type="checkbox"/> 5
Vocational school at secondary school level	<input type="checkbox"/> 22	Faculties for 5 or 6 years	<input type="checkbox"/> 61
High school	<input type="checkbox"/> 31	Masters	<input type="checkbox"/> 62
Vocational school at high school level	<input type="checkbox"/> 32	Doctorate	<input type="checkbox"/> 7

c. What grade do you continue? |\_\_|\_\_|

ASK FOR MEMBERS WHO ARE 15 YEARS OF AGE AND OVER

8.10- What is your marital status?

Never married ☐ 1  
 Married ☐ 2  
 Divorced ☐ 3  
 Widowed ☐ 4

#### EMPLOYMENT STATUS

8.11- Did you work **at least one hour to earn income** in cash or in kind or did you you may a  
**in the last week of survey month**, which is seven-day period, starting on Sunday and ending on Monday? (You may a  
 housewife or a student or a retired person; whether you can work paid or unpaid)  
*(As regular employee, casual employee, employer, self employed or unpaid family worker)*

Worked ☐ 1  
 Not worked but work connection is going on ☐ 2  
 Not worked ☐ 3

→ Q. 8.15.a

8.12- Have you **seek a job** during last 4 weeks?

*(To be regular employee or casual employee or to establish a workplace as an employer or self employed by applying for public employment agency or by looking at the newspaper advertisements, by applying for the worker interagents etc.)*

Yes ☐ 1 → Q. 8.14 No ☐ 2

**8.13- Why are you not seeking a job?**

Found a job- established a business; but waiting to start

☐ 1

Doing a seasonal work / waiting to be called back to old job

☐ 2

Previously he/she searched but could not find

☐ 3

Does not believe that he can find a suitable job in their own skills

☐ 4

Education/training continues

☐ 5

Engage with household chores (taking care of children, elderly, sick, etc., are included)

☐ 6

Retired

☐ 7

Disabled or ill

☐ 8

Elderly (not retired but thinks old to work, 65+)

☐ 9

Income recipient

☐ 10

Other (Please specify)

☐ 98

\_\_\_\_\_

**8.14- Are you available for work within 15 days, if there is an opportunity to work?**

Yes

☐ 1 → Q. 8.23

No

☐ 2 → Q. 8.23

**8.15- a. Give a few examples of the products or services that your workplace provides.**

\_\_\_\_\_

**b. What is the main activity of this workplace ?**

\_\_\_\_\_

Code : |\_\_|\_\_|\_\_|\_\_|

**8.16- a. What is your duty at your workplace (firm/organisation) ?**

\_\_\_\_\_

**b. What is full title of your job (duties and responsibilities) ?**

\_\_\_\_\_

Code : |\_\_|\_\_|\_\_|\_\_|

**8.17- What is your way of working in your business?**

Full time ☐ 1

Part time ☐ 2

**8.18- How many hours do you usually work a week ?**

|\_\_|\_\_| Hour

**8.19- How long have you been working in this workplace ?**

|\_\_|\_\_| Year

**8.20-** What is your **employment status** in this workplace/firm/organisation?

*(Partner of incorporated company/cooperative are to be classified as "regular employee")*

- |  |                             |           |
|--|-----------------------------|-----------|
| Regular employee (Wage earner)                   | <input type="checkbox"/> 11 | } Q. 8.21 |
| Casual employee (seasonal workers or daily work) | <input type="checkbox"/> 12 |           |
| Employer   | <input type="checkbox"/> 2  | } Q. 8.23 |
| Self employed                                    | <input type="checkbox"/> 3  |           |
| Unpaid family worker                             | <input type="checkbox"/> 4  |           |

**8.21-** What is your **employment situation** in this work ?

- |  |                             |
|--|-----------------------------|
| Permanent job  | <input type="checkbox"/> 1  |
| Fixed-term employment contract (temporary)             | <input type="checkbox"/> 21 |
| Casual type of work (Working without contract)         | <input type="checkbox"/> 22 |
| Temporary job (it is done in holiday by student etc. ) | <input type="checkbox"/> 23 |
| Trainee (paid)   | <input type="checkbox"/> 24 |
| Apprentice (paid)                                      | <input type="checkbox"/> 25 |

**8.22-** What is the **status of the company** you worked?

- |  |                            |
|--|----------------------------|
| Private  | <input type="checkbox"/> 1 |
| Public   | <input type="checkbox"/> 2 |
| Other (Foundation, associations, cooperatives, political parties<br>non-governmental organizations, international organizations, embassies etc.) | <input type="checkbox"/> 3 |
- 

**8.23-** How would you describe **your situation within the past 12 months**?

- |   |                              |
|---|------------------------------|
| Wage or salary earner (full-time)                               | <input type="checkbox"/> 111 |
| Wage or salary earner (part-time)                               | <input type="checkbox"/> 112 |
| Employer / self-employed (full-time)                            | <input type="checkbox"/> 121 |
| Employer / self-employed (part-time)                            | <input type="checkbox"/> 122 |
| Seeking job   | <input type="checkbox"/> 2   |
| Continue to the education/training                              | <input type="checkbox"/> 3   |
| Retired or leave the work                                       | <input type="checkbox"/> 4   |
| Disabled or ill   | <input type="checkbox"/> 5   |
| Elderly (not retired but thinks old to work, 65+)               | <input type="checkbox"/> 6   |
| Engage with child care, elderly or ill care and household works | <input type="checkbox"/> 7   |
| Obligatory military service                                     | <input type="checkbox"/> 8   |
| Other (please specify)  | <input type="checkbox"/> 98  |
-

8.24- How many months **have you worked in the last 12 months?** |\_\_| |\_\_| Months

*(If number of months is "ZERO", Go to Q. 8.32)*

#### WAGE, SALARY AND CASUAL INCOME

8.25- If you've worked as regular or casual employee in the last 12 months; how much **total net income in cash** did you earn in the form of wages, salaries or daily wages from all your jobs ?

\_\_\_\_\_ TL

8.26- If you've worked as regular or casual employee in the last 12 months; how much **total net income** did you earn in the form of premium, overtime money, tips, holiday pay or allowances for bairam, expert's fee etc. ?

\_\_\_\_\_ TL

8.27- According to all jobs you've worked during the last 12 months; how much **total net income in kind** was given from the employer in the form of goods and services according to the categories given below in the last 12 months?

a. House (Lodging)	_____ TL
b. Transportation (service, public transportation etc.)	_____ TL
c. Discount on service charges on electricity, gas, water, telephone and travelling	_____ TL
d. Meal	_____ TL
e. Day nursery payment	_____ TL
f. Contribution as clothes, footwear etc.	_____ TL
g. Contribution as food and beverages etc.	_____ TL
h. Other (Please specify)	_____ TL
<b>TOTAL</b>	_____ TL

#### ENTREPRENEURIAL INCOME

8.28- Did you work in any job as an employer or a self employed in the last 12 months? If yes; what is the main activity of your workplace?

Yes

Only agriculture

☐ 11 → Q. 31

Only non-agriculture

☐ 12 } → Q. 29

Both agriculture and non-agriculture

☐ 13 }

No

☐ 2 → Q. 8.32

8.29- According to all jobs you've worked as an employer or self employed (excluding agriculture sector) during the last 12 months; how much **total net income in cash** did you earn?

\_\_\_\_\_ TL

- 8.30- According to all jobs you've worked as an employer or self employed (excluding agriculture sector) during the last 12 months; what is the total value of goods (food, cloth, fuel etc.), you brought to household, which are produced or sold at your workplace?

\_\_\_\_\_ TL

**PLEASE DON'T ASK**

- 8.31- The **total net agricultural income earned** in last 12 months \_\_\_\_\_ TL

*(Please transfer the agriculture income from section 9, Question 9.8)*

**REAL ESTATE INCOME**

- 8.32- Did you receive any income in cash from renting out real estates such as house, flat, shop, field or building land etc. or renting out transportation vehicles in the last 12 months ?

\_\_\_\_\_ TL

- 8.33- Did you receive any income in kind (as goods and services) from renting out real estates such as house, flat, shop, field or building land etc. or renting out transportation vehicles in the last 12 months ?

\_\_\_\_\_ TL

**INTEREST INCOME**

- 8.34- Did you receive any interest from all types of bank accounts, from bond or debenture, etc. or profit from capital associations in the last 12 months ?

\_\_\_\_\_ TL

- 8.35- Did you receive any income in cash from private pension systems (bank, foundations etc.) in the last 12 months ?

\_\_\_\_\_ TL

- 8.36- Did you receive any income in cash from the land given to share cropper in the last 12 months ?

\_\_\_\_\_ TL

- 8.37- Did you receive any income in kind from the land given to share cropper in the last 12 months ?

\_\_\_\_\_ TL



## TRANSFERS

8.38- Did you receive any retirement pension from government in the last 12 months ?

*(Retirement from voluntary pension plan is also included)*

\_\_\_\_\_ TL

8.39- Did you receive any old-age benefits from government in the last 12 months ?

\_\_\_\_\_ TL

8.40- Did you receive any income in cash from government as family and child benefits, housing assistance in the last 12 months ?

\_\_\_\_\_ TL

8.41- Did you receive scholarship (not refundable) in cash from government in the last 12 months ?

\_\_\_\_\_ TL

8.42- Did you receive any disability and war veteran pensions or invalidity pensions from government in the last 12 months?

\_\_\_\_\_ TL

8.43- Did you receive any sickness benefit from government in the last 12 months?

\_\_\_\_\_ TL

8.44- Did you receive any widow, widower and orphan assistance and salary from government in the last 12 months?

\_\_\_\_\_ TL

8.45- Did you receive any unemployment insurance benefit from government in the last 12 months?

\_\_\_\_\_ TL

8.46- Did you receive other kinds of transfers for agricultural holdings from government like direct income support and fuel and milk etc.assistance from government in the last 12 months?

\_\_\_\_\_ TL

8.47- Did you receive any transfer in kind from government (food, cloth, fuel, housing etc.) in the last 12 months?

\_\_\_\_\_ TL

8.48- Did you receive retirement pension from abroad in the last 12 months?

\_\_\_\_\_ TL

8.49- Did you receive any allowance, scholarships, alms etc. from abroad in the last 12 months ?

\_\_\_\_\_ TL

8.50- Did you receive any transfer in kind from abroad (food, cloth, fuel, housing etc.) in the last 12 months?

\_\_\_\_\_ TL

8.51- Did you receive any transfer in cash from other persons or private institutions (alimony, allowances, scholarships, alms etc.)  
in the last 12 months?

\_\_\_\_\_ TL

8.52- Did you receive any transfer in kind from other persons or private institutions (food, cloth, fuel, housing etc.) in the  
last 12 months?

\_\_\_\_\_ TL

**DO NOT ASK**

8.53- Total income in cash received in the last 12 months \_\_\_\_\_ TL

(Q. 8.25 + Q. 8.26 + Q. 8.29 + Q. 8.31 + Q. 8.32 + Q. 8.34 + Q. 8.35 + Q. 8.36 + Q. 8.38 + Q. 8.39 +  
Q. 8.40 + Q. 8.41 + Q. 8.42 + Q. 8.43 + Q. 8.44 + Q. 8.45 + Q. 8.46 + Q. 8.48 + Q. 8.49 + Q. 8.51)

8.54- Total income in kind received in the last 12 months \_\_\_\_\_ TL

(Q. 8.27 + Q. 8.30 + Q. 8.33 + Q. 8.37 + Q. 8.47 + Q. 8.50 + Q. 8.52)

8.55- Total income received in the last 12 months \_\_\_\_\_ TL

(Q. 8.53+ Q. 8.54)

## SECTION 9. INFORMATION ON AGRICULTURAL HOLDING

Did any household member work as **an employer of self employed** in agricultural sector **in the last 12 months**?

Yes ☐ 1 No ☐ 2 → SECTION 10

Name of the owner of the agricultural holding : \_\_\_\_\_

Order no of the owner of the agricultural holding : |\_\_|\_\_|

9.1- What is the name of the crop and the size of area sowed **in the last 12 months**?

Order no.	Name of the crops	Code	Size of area sowed		Total quantity of crops harvested (Kg)
			Decar	Number of trees	
TOTAL					

9.2- What is the **number of the animal livestock** of agricultural holding **in the survey month**?

Types of livestock	Number
Bull, ox	
Cow	
Tosun, düve	
Bullock, heifer	
Weaned calf, calf	
Coach	
Lambs, kids	
Poultry	
Bee	
Silkworm	
Other (Please specify)	

9.3- How much **total expenses** (seeds, seedlings, fertilizers, pesticides, irrigation, fuel, labor, rental value etc..) of agricultural holding for the harvested crops **in the last 12 months ?**

\_\_\_\_\_ TL

9.4- How much **total net income** (total of sales and allocated amount for own consumption, stocks, and quantity to be given to workers and rent etc.) obtained from field crops, vegetables and fruits **in last 12 months?**

\_\_\_\_\_ TL

9.5- How much **total expenses** made for animal product (feed, shepherds, workers, veterinary, medicine, transportation, etc.). **in last 12 month?**

\_\_\_\_\_ TL

9.6- How much **total net income** obtained from animal production (livestock, milk, eggs, butter, cheese, wool, manure, leather, honey, cocoons, etc.) **in last 12 month?**

\_\_\_\_\_ TL

9.7- How much **total net income** received from **agricultural devices, equipments and machines by operating them out of agricultural holding** or from **forestry, fishing, hunting in the last 12 months?**

\_\_\_\_\_ TL

9.8- How much **total net agricultural income** of the holding received **in the last 12 months?** \_\_\_\_\_ TL  
[(Q 9.4+ Q 9.6+ Q 9.7) - (Q 9.3+Q 9.5)]

## SECTION 10. SUMMARY HOUSEHOLD INFORMATION

*TO BE FILLED BY THE INTERVIEWER AT THE END OF THE SURVEY.*

**10.1-** What is the household type according to household composition, created at the end of the survey month ?

- |                                    |                            |
|------------------------------------|----------------------------|
| Couple with one child              | <input type="checkbox"/> 1 |
| Couple with two children           | <input type="checkbox"/> 2 |
| Couple with three or more children | <input type="checkbox"/> 3 |
| Couple without children            | <input type="checkbox"/> 4 |
| Patriarchal or extensive household | <input type="checkbox"/> 5 |
| One adult household                | <input type="checkbox"/> 6 |
| Persons live together              | <input type="checkbox"/> 7 |

**10.2- a.** Do you think that the underreporting in the information you receive during the month?

Yes ☐ 1      No ☐ 2 → Q. 10.3

**b.** Which of the following matters made you think that there is an underreporting ?

*(More than one box can be marked)*

- |  |                             |
|--|-----------------------------|
| Because household did not record their expenditures on the diary and all information is taken for asking questions; I think there is an underreporting | <input type="checkbox"/> 1  |
| Because all household members went on holiday; they declare their expenditure less   | <input type="checkbox"/> 2  |
| Because some of the household members went on vacation or another place for business purposes, they declare their expenditure less                     | <input type="checkbox"/> 3  |
| Household declare deliberately their expenditure less  | <input type="checkbox"/> 4  |
| I think household declare their entrepreneurship income less   | <input type="checkbox"/> 5  |
| I think household declare their salary less  | <input type="checkbox"/> 6  |
| I think household declare their income like interest or dividend or rent income less   | <input type="checkbox"/> 7  |
| Any information given by the household is not reliable   | <input type="checkbox"/> 8  |
| Because household agreed to participate in survey after the penalty proceedings; they declare their expenditure less                                   | <input type="checkbox"/> 9  |
| Other (Please specify) _____   | <input type="checkbox"/> 98 |

**10.3-** How many times have you visited the household for a month? | \_\_\_ |

10.4- Please write the explanatory notes relating to household here.

*(These notes will be used by the Quality Control Center preferably)*

[illegible]

## SECTION 11. RESPONDENT BURDEN EVALUATION SHEET

We would like to thank you for the valuable contribution to this research. Your answers to the questions regarding to survey would be very helpful, in order to minimize your response burden and improve our study.

**11.1-** How many persons have contributed in the process of answering the questionnaire ?      |\_\_|\_\_| **Individual**

*(Excluding interviewers, including only respondents.)*

**11.2 -** How long did you spend to fill out the questionnaire?      |\_\_|\_\_| **Hour**      |\_\_|\_\_| **Minutes**

*(Time spent to read and understand the questions and explanations and time spent to bring together the*

*information needed for filling out the questionnaire, will be included in calculating total time.)*

*(Time spend by interviewer is excluded.)*

**11.3 -** Was it difficult for you to understand the questions?

- |                |                            |
|----------------|----------------------------|
| Very easy      | <input type="checkbox"/> 1 |
| Easy           | <input type="checkbox"/> 2 |
| Neutral        | <input type="checkbox"/> 3 |
| Difficult      | <input type="checkbox"/> 4 |
| Very difficult | <input type="checkbox"/> 5 |

**11.4 -** Were the explanations difficult to understand?

- |                |                            |
|----------------|----------------------------|
| Very easy      | <input type="checkbox"/> 1 |
| Easy           | <input type="checkbox"/> 2 |
| Neutral        | <input type="checkbox"/> 3 |
| Difficult      | <input type="checkbox"/> 4 |
| Very difficult | <input type="checkbox"/> 5 |

**11.5 -** Were the explanations difficult to fill in the questionnaire?

- |                |                            |
|----------------|----------------------------|
| Very easy      | <input type="checkbox"/> 1 |
| Easy           | <input type="checkbox"/> 2 |
| Neutral        | <input type="checkbox"/> 3 |
| Difficult      | <input type="checkbox"/> 4 |
| Very difficult | <input type="checkbox"/> 5 |

# HOUSEHOLD BUDGET SURVEY NON-RESPONSE SHEET, 2015

Questionnaire code  
Statistical unit no.

## Reference Information

Year     Month

## IDENTIFICATION AND CONTACT INFORMATION

Regional Office

Household address

Province

Town

District

Village

Quarter

Avenue / Street

Outer door no.

Inner door no.

Postal Code (ZIP)

Address Code

### 1. What is the reason for not answering the questionnaire?

- Household members were away from home during survey ..... ☐ 1
- Household refused the interview ..... ☐ 2 → **Q3**
- There isn't any member could answer the questions in the household (members are ill or old or disabled etc.) ..... ☐ 3 } **Q4**
- Household left the survey incomplete ..... ☐ 4 } **Q4**
- The address is the secondary dwelling, no permanent residence (summer or seasonal house etc.) ..... ☐ 5 } **Q4**
- Empty dwelling ..... ☐ 6 } **Q4**
- Address couldn't be found ..... ☐ 7 } **Q4**
- Address is not a dwelling (building under construction, workplace, government offices, etc.) and nobody permanent residents
- Building under construction..... ☐ 81 } **Q5**
- Workplace / government offices ..... ☐ 82 } **Q5**
- Land, field, etc. .... ☐ 83 } **Q5**
- Stables, hayloft, storage, ramshackle building etc. .... ☐ 84 } **Q5**
- Assigned place..... ☐ 85 } **Q5**
- Other (Please specify)..... ☐ 98 → **Q4**

### 2. What is the reason for the household being away from home during survey ?

- Household members were on travel..... ☐ 1 } **Q4**
- Commuting hours of household members are not regular..... ☐ 2 } **Q4**
- The reason for being away from home couldn't be identified ..... ☐ 3 } **Q4**
- Other (Please specify) ..... ☐ 98 } **Q4**

### 3. What is the reason for refuse the survey ?

- Busy, being short on time ..... ☐ 1
- Don't think the survey is beneficial ..... ☐ 2
- Don't want to give information ..... ☐ 3
- Refused to interview due to a valid excuse (death, serious illness, natural disasters etc.) ..... ☐ 4
- Other (Please specify)..... ☐ 98

### 4. How many times did you visit household ?

- ..... ☐

### 5. Please write down the dates of visits to household.

First visit

/

Second visit

/

Third visit

/

### 6. Did you do any visit with your supervisor?

Yes ☐ 1 No ☐ 2

#### INTERVIEWER

Name and surname

Identification no.

Date   /

Signature

#### SUPERVISOR

Name and surname

Identification no.

Date   /

Signature



REGIONAL OFFICES OF TURKISH STATISTICAL INSTITUTION

REGIONAL OFFICE	PROVINCES IN RESPONSIBILITY AREA	TELEPHONE NO	ADDRESS
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ANKARA	ANKARA	(312) 481 94 00	HARBIYE MAH. NAKİŞ SOKAK NO:41 06460 ÇANKAYA / ANKARA
ANTALYA	ANTALYA, ISPARTA, BURDUR	(242) 243 45 60	KIŞLA MAH. 53. SOKAK NO:8 07040 MURATPAŞA / ANTALYA
BALIKESİR	BALIKESİR, ÇANAKKALE	(266) 244 99 45	ESKİ KUYUMCULAR MAH. ÇANKAYA SOKAK NO:15 10100 MERKEZ / BALIKESİR
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DENİZLİ	DENİZLİ, AYDIN, MUĞLA	(258) 266 65 22	KERVANSARAY MAH. BARBAROS BULV. NO:108 20225 MERKEZ / DENİZLİ
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EDİRNE	EDİRNE, TEKİRDAĞ, KIRKLARELİ	(284) 225 31 47	İSTASYON MAH. SEDİR YAPRAĞI SOK. NO:3 22100 / EDİRNE
ERZURUM	ERZURUM, ERZİNCAN, BAYBURT	(442) 235 20 15	LALA PAŞA MAH. 1. KAZIM KARABEKİR CAD. NO:20 25100 YAKUTİYE / ERZURUM
GAZİANTEP	GAZİANTEP, ADIYAMAN, KİLİS	(342) 336 94 00	ÖĞRETMENEVLERİ MAH. GÜNAYDIN SOKAK NO:43 27060 ŞAHİNBEY / GAZİANTEP
HATAY	HATAY, KAHRAMANMARAŞ, OSMANİYE	(326) 225 44 00	HARAPARASI MAH. 105 SOK. NO:20 MEHMET CİVELEK İŞHANI KAT:1 ANTAKYA/HATAY
İSTANBUL	İSTANBUL	(212) 258 92 96	CİHANNUMA MAH. BARBAROS BULVARI NO:53 34353 BEŞİKTAŞ / İSTANBUL
	İSTANBUL	(216) 469 22 00	EK HİZMET BİNASI: ZUMRÜT EVLER MH. URAL SK. NO:22 NAS PLAZA A BLOK 34852 MALTEPE / İSTANBUL
	İSTANBUL	(212) 580 07 83	EK HİZMET BİNASI: CENNET MAH. YEŞİLOVA YANYOL CAD. NO:108 34290 KUÇUKÇEKMECE / İSTANBUL
İZMİR	İZMİR	(232) 483 14 54	İSMET KAPTAN MAH. 1370. SOKAK NO:38 35230 KONAK / İZMİR
KARS	KARS, AĞRI, IĞDIR, ARDAHAN	(474) 223 26 02	MERKEZ MAH. DAVUT AKSU CAD. NO:95 MERKEZ / KARS
KASTAMONU	KASTAMONU, ÇANKIRI, SİNOP	(366) 215 50 92	KUZEYKENT MAH. MİRALAY HALİTBAY CAD. NO:10/D 37100 MERKEZ/KASTAMONU
KAYSERİ	KAYSERİ, SİVAS, YOZGAT	(352) 233 42 32	ALPARSLAN MAH. FARABI CAD. NO:1 38030 MELİKGAZİ / KAYSERİ
KOCAELİ	KOCAELİ, SAKARYA, DÜZCE, BOLU, YALOVA	(262) 321 52 86	HACIHİZİR MAH. ALEMDAR CAD. NO:54 41200 İZMİT / KOCAELİ
KONYA	KONYA, KARAMAN	(332) 353 25 60	ŞEMS-İ TEBRİZİ MAH. MEVLANA CAD. NO:33 42030 KARATAY/ KONYA
MALATYA	MALATYA, ELAZIĞ, BİNGÖL, TUNCELİ	(422) 323 30 41	CEVATPAŞA MAH. TURGUT ÖZAL BULVARI NO:22/A YEŞİLYURT / MALATYA
MANİSA	MANİSA, AFYONKARAHİSAR, KÜTAHYA, UŞAK	(236) 232 51 64	PEKER MAH. CUMHURİYET CAD. NO: 15/1 45020 MANİSA
NEVŞEHİR	NEVŞEHİR, AKSARAY, NİĞDE, KIRIKKALE, KIRŞEHİR	(384) 212 82 23	KAPUCUBAŞI MAH. AKSARAY CAD. NO:14 KAT:4 50100 MERKEZ / NEVŞEHİR
SAMSUN	SAMSUN, TOKAT, ÇORUM, AMASYA	(362) 431 25 08	BELEDİYE EVLERİ MAH. GİRNE SOKAK NO:38 55080 CANIK / SAMSUN
SİİRT	SİİRT, MARDİN, BATMAN, ŞIRNAK	(484) 223 49 00	YENİ MAHALLE HZ. FAKİRULLAH CAD. NO:2/3 56100 MERKEZ / SİİRT
TRABZON	TRABZON, ORDU, GİRESUN, RİZE, ARTVİN, GÜMÜŞHANE	(462) 321 57 49	İSKENDERPAŞA MAH. ATATÜRK MEYDANI NO:3 61100 MERKEZ / TRABZON
VAN	VAN, MUŞ, BİTLİS, HAKKARİ	(432) 214 25 11	VALİ MİTHAT BEY MAH. HASTANE CAD. HANDİL İŞ MERKEZİ NO:19 KAT:3-4 65100 MERKEZ / VAN
ZONGULDAK	ZONGULDAK, KARABÜK, BARTIN	(372) 253 79 70	MİTHAT PAŞA MAH. NİZAM CAD. GÜVEN SOK. NO:3 KAT:3-4 ZONGULDAK

Number of visit	Date of visit	Name and surname of the interviewed person
1	/ / 20..	
2	/ / 20..	
3	/ / 20..	
4	/ / 20..	
5	/ / 20..	
6	/ / 20..	
7	/ / 20..	
8	/ / 20..	

RESPONDENT

Name and surname

Date   /

Telephone no. (Fixed)

Telephone no. (GSM)

e-mail  @

INTERVIEWER

Name and surname

Identification no.

Date   /

Signature

SUPERVISOR

Name and surname

Identification no.

Date   /

Signature