

TURKEY WELFARE MONITORING SURVEY

HOUSEHOLD IDENTIFICATION

		Name	Code
(1)	Province (il)		___
(2)	District (ilçe)		___
(3)	Urban/Rural	1. Urban 2. Rural	
(4)	Village/Mahalle		___
(5)	Street Address		
(6)	Name of Household Head		
(7)	Phone Number (Cell phone)		
(8)	Name and contact information of a neighbor (in case of re-visiting the household)		

STAFF INFORMATION

		Name and Last Name	Staff Code	Date
(1)	Enumerator 1		___	__/__/__
(2)	Enumerator 2		___	__/__/__
(3)	Supervisor		___	__/__/__
(4)	Data Entry Staff		___	__/__/__

INFORMATION ON COMPLETED MODULES

		Primary Respondent	Respondent's ID Code	Respondent's ID Code
(1)	Household Roster	Household Head	___	
(2)	Housing Characteristics	Household Head	___	
(3)	Labor	Household Head	___	
(4)	Consumption and Income	Household Head	___	
(5)	Coping Strategies	Household Head and Spouse	___	___
(6)	Education	Spouse of Household Head	___	
(7)	Health	Spouse of Household Head	___	
(8)	Early Childhood Development	Spouse of Household Head	___	

I D C O D E	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
	For how many years has this person been living in the current province?	Is this person currently enrolled in school?	What is the highest diploma this person has attained?	What is/was the mother tongue spoken at the first home of this person?	Does this person's natural mother currently live in the household? If so, please provide ID number	Does this person's natural father currently live in the household? If so, please provide ID number	How many months in the past 12 months has this person lived in this household?	How many months in the past 12 months has this person lived in this province?	If this person has lived in a different provinces in the last 12 months, what was the reason for this?	Does this person intend to move to a different province for work, for school or another reason in the next 12 months ?
	1. Whole Life 2. Years _____	1. Yes 2. No	1. Okur-yazar değil 2. Okur yazar olup bir okul bitirmedi 3. İlkokul 4. İlköğretim 5. Ortaokul /Orta dengi meslek 6. Lise / Lise dengi meslek 7. Yüksek okul ve üstü	1. Turkish 2. Kurdish 3. Arabic 8. Other _____ (RECORD ONLY ONE RESPONSE)	1. Yes, ID Code _____ 2. No	1. Yes, ID Code _____ 2. No	Number of months (0 -12) 12 months >> Skip Q19	Number of months (0 -12) 12 months >> Skip Q19	1. Seasonal work 2. School 3. Marriage 4. Other family reasons 5. Other _____	1. Yes 2. No
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

Part 1. Housing Characteristics

Please check only one box per question

(1)	What is the source of daily use water for hand washing, dishwashing and laundry in this house?	a	Piped Water in House or Garden	
		b	Public Piped Water outside House or Garden	
		c	Well Water in House/Garden	
		d	Public Well	
		e	Surface Water (Piped surface water in house/garden)	
		f	Spring / Water Fountain	
		g	River Stream /Pond/Lake/Dam	
		h	Rainwater	
		i	Tanker Truck	
		j	Bottled Water/Pet Water	
		k	Water Station	
l	Other _____			
(2)	Is the toilet inside the house or outside?	1	No facility / bush/field/public toilet	
		2	Inside	
		3	Outside	
		4	Inside and outside	
		5	Other _____	
(3)	What type of toilet system do you have in your household?	1	Flush toilet	
		2	Open Pit	
		3	Closed Pit	
		4	Other _____	
(4)	Do only the members of your household use the toilet or is it shared with other households?	1	Only household members	
		2	With other household(s)	
(5)	Is the house you currently live in owned by a member of the household or rented?	1	Owned	
		2	Rented	
		3	Lojman (Lodging)	
		4	Other _____	
(6)	How many rooms are there in your house? (include salon, living rooms, study rooms)			
(7)	Is there a separate kitchen?	1	Yes	
		2	No	
(8)	Is there a separate bathroom?	1	Yes	
		2	No	
(9)	From all you listed, how many rooms in your house are generally used for sleeping?		Rooms used for sleeping:	
(10)	What is the main material of the floor?	1	Natural floor / Earth	
		2	Rudimentary Wood Blanks	
		3	Finished Floor/Parquet/Polished Wood	
		4	Karo	
		5	Cement	
		6	Carpet	
		7	Marley	
		8	Mosaic	
		9	Other _____	

Skip to >> 5

Part 2. Household Assets

(11)	Do you have the following in your household?	CHECK IN EACH BOX FOR "YES"	
	a	Refrigerator	
	b	Gas or Electric Oven	
	c	Microwave Oven	
	d	Dishwasher	
	e	Blender/Mixer	
	f	DVD/VCD player	
	g	Washing Machine	
	h	Video camera	
	i	Iron	
	j	Digiturk, CINE 5 Satellite Antennas etc	
	k	Vacuum Cleaner	
	l	Air Conditioner	
	m	Television (If yes, how many?)	□ □ □ Provide number
	n	Video	
	o	Cable TV	
	p	Camera	
	q	CD Player	
	r	Telephone	
	s	Cellular Phone (If yes, how many?)	□ □ □ Provide number
	t	Computer	
	u	Internet	
	v	Private Car (If yes, how many?)	□ □ □ Provide number
	w	Taxi/Minibus/Bus/Commercial vehicles	
	x	Tractor	
	y	Motorcycle	
	z	Bicycle	

Part 3. Utilities

		Water	Electricity	Natural Gas	Home Phone	Internet
		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
(12)	As of October 2008, were you connected to these services?					
(13)	Since October 2008, have you delayed the payment of any of these services?					
(14)	Since Oct 2008, have you been disconnected for non-payment from any of these services?					
(15)	Since Oct 2008, have you voluntarily canceled your subscription to any of these services?					

MODULE 3: LABOR

ASK HOUSEHOLD HEAD

ASK ALL INDIVIDUALS IN HOUSEHOLD AGE 6 AND OVER.

ONLY ASK THOSE WHO WORKED IN LAST 7 DAYS or HAVE A PERMANENT JOB										
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
I D C O D E	Has (NAME OF PERSON) worked in the last 7 days? (Includes working paid or unpaid for a) someone who is not a member of your household, b) working on a farm operated by a household member, c) enterprise operated by a household member) 1. Yes >> (3) 2. No >> (2)	Does (____) have a permanent job even though he/she did not work in the last 7 days? 1. Yes >> (3) 2. No >>(19)	What is the sector of activity in the main job (____) held in the last 7 days or in your permanent job? (Çalışılan yer, kuruluş veya işyerinin ana faaliyeti) 1- Tarım, ormancılık, avcılık ve balıkçılık 2- Madencilik ve taşocakçılığı 3- İmalat sanayi 4- Elektrik, gaz ve su 5- İnşaat ve bayındırlık işleri 6- Toplan ve perakende ticaret, lokanta ve oteller 7- Ulaştırma, haberleşme ve depolama 8- Mali kurumlar, sigorta, taşınmaz mallara ait işler ve kurumlar 9- Toplum hizmetleri, sosyal ve kişisel hizmetler	What is the status of (____) at this job? 1. Düzenli ücretli 2. Yevmiyeli 3. İşveren 4. Kendi hesabına 5. Ücretsiz aile işçisi	How would you describe this workplace? (Çalışılan işyerinin durumu) 1-Tarla,bahçe 2-Düzenli işyeri 3-Pazar yeri 4-Seyyar veya sabit olmayan işyeri 5-Evde	Is (____) covered by social security in this job? 1. Yes, SGK (SSK, Bağkur, Emekli Sandığı) 2. No	Is (____) currently looking for a different or additional job? 1. Yes 2. No	Is (____) registered with İŞ-KUR? 1. Yes 2. No	Did (____) have a job back in October 2008? 1. Yes 2. No	Did (____) hold the same job in October 2008? 1. Yes 2. No

ONLY ASK THOSE WHO WORKED IN LAST 7 DAYS or HAVE A PERMANENT JOB								
	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
I D C O D E	Back in October 2008, did (____) have social security coverage at this job?	Is the total earnings of (____) at this job now more or less than its nominal value back in October 2008?	Is the total hour hours worked by (____) at this primary job more or less than the evel back in October 2008?	In addition to the work you have already described, did (____) do any other work during the past 3 months?	Did (____) hold this secondary job in October 2008?	Does (____) want to work more days or more hours in order to make more earnings?	What was (____)'s income in cash and in-kind from all your jobs over the last week (7days)? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect? What period of time did this payment cover?	How many hours did (____) work for the pay you just reported? Please include any hours of paid vacation or sick leave. >> NEXT PERSON
	1. Yes, SGK (SSK, Bağkur, Emekli Sandığı) 2. No	1. More 2. Less 3. The same	1. More 2. Less 3. The same	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	YTL	HOURS

Part 1. Household Consumption

During the past 30 days, approximately how much did your household spend on:

(1)	Food, beverages and tobacco		YTL
(2)	Clothing and Footwear		YTL
(3)	Transport and communication (fixed line phone, mobile phone, internet) expenses		YTL
(4)	Recreation, entertainment, meals outside the home, etc		YTL

During the past 12 months approximately how much did your household spend on:

(5)	Education (including tuition, books, kindergarten expenses)		YTL
(6)	Health (including health insurance)		YTL
(7)	Furnishings (sheets, towels, blankets, linen, etc.)		YTL
(8)	Household durable goods (e.g. Furniture, household appliances, TV, car, etc.)		YTL
(9)	Other expenses (DO NOT PROMPT - RECORD HERE ONLY ANY ADDITIONAL EXPENSES THAT THE RESPONDENT WOULD LIKE TO REPORT)		YTL

(10)	How much did you save in the past 12 months (if at all)?		YTL
(11)	How much did you dissave in the past 12 months (if at all)?		YTL
(12)	Living in this dwelling and doing what you do, what would be the minimum amount of money that this household would need?		YTL

Part 2: Sources of Income

		(1) Which of these sources of livelihood apply to your household?	(2) Please provide the aggregate level of income the household has received through this source in the last 30 days?	(3) Have the income from this source increased or decreased (in nominal YTL value) since October 2008?
		Check if "yes"	YTL	1. Increased 2. Decreased 3. Stayed the same
a	Income form wages (work for an employer) in cash			
b	Wages in kind (e.g. Products or services from the employer)			
c	Income from self-employment, own or family business			
d	Remittances sent by family members from another province, including alimonies			
e	Remittances sent by family members from another country, including alimonies			
f	Help from relatives or friends living in the same province			
g	Sales of farm products			
h	Pensions			
i	Unemployment benefits			
j	Investments, savings, renting of property (apartment or plot of land)			
k	State provided social benefits			
l	Community/private provided social benefits			
n	Help from charities, and non governmental organizations			
o	Other sources			

Part 3: Estimated Level of Income

(1) What is the estimated total NET income earned by the

		1. Yes 2. No
a	More than 450 YTL?	
b	More than 600 YTL	
c	More than 750 YTL?	
d	More than 1000 YTL?	
e	More than 3000 YTL?	
f	Less than 300 YTL?	
g	Less than 150 YTL ?	

(2) Do you think you will experience an increase or a decrease in the total income of this household in

1. Expect an increase 2. Expect a decrease 3. Expect that income will stay the same

(3) By what percent do you think the total income of household will increase or decrease?

1. Less than 20%
2. Less than 50%
3. More than 50%
4. More than 100%

Part 4: Support in difficult times

	(1) In times of difficulty do you have access to the following sources of income?	(2) Please provide the aggregate level of transfers the household has received through this source in the last 30 days?	(3) Have the transfers from this source increased or decreased (in nominal YTL value) since October 2008?
	1. Yes 2. No >>Next line 3. Don't Know >>Next line	YTL	1. Increased 2. Decreased 3 Stayed the same
a	Help from relatives and friends		
b	Help from other people who do not live at home and who are not relatives/friends		
c	Borrowing (debt) from relatives and friends		
d	Borrowing (debt) from other people who are not relatives or friends		
e	Borrowing from banks and financial institutions		
f	Withdrawing from savings		
g	Selling household assets (animals, household goods, land etc.)		
h	Support from religious institutions, mosques.		
i	Support from other NGO (Denizfeneri etc.)		
j	Support from government through the Social Solidarity Fund		
k	Support from government through Conditional Cash Transfers to children (cocuk maasi)		
l	Support from Municipality		
m	From compensation or unemployment insurance		
n	Other government support , SPECIFY _____		

Part 1 : Coping with the Current Situation

Since October 2008, have you had to change or adapt any of your habits?		
In particular, have you:		1. Yes 2. No
a	Decreased your amount of food consumption	
b	Replaced the consumption of expensive food items with cheaper ones.	
c	Sent a member of household to work elsewhere as seasonal worker	
d	Increased the production of food products for your own consumption	
e	Stopped buying some non-food products	
f	Replaced the purchase of expensive non-food products with cheaper ones	
g	Started to buy second hand items	
h	Started the use less of entertainment services	
i	Made less use of information services (not receiving the paper, internet)	
j	Started meeting with friends less	
k	Transferred children from private to public school	
l	Transferred children to cheaper public or private school	
m	Withdrew or postponed the admission to school, college or kindergarten.	
n	Left courses of language, computer, others.	
o	Reduced the use of health services	
p	Cancelled health insurance	
q	Cancelled the house or car insurance	
r	Changed means of transportation (increased use of public transportation or walking)	
s	Reduced visits to the doctor for preventive medical control	
t	Has reduced sports activities	

MODULE 5a: COPING STRATEGIES

Part 2 Psychological and Health Status

In the past 4 weeks, have you:		1. Often 2. Sometimes 3. Never
a	Experienced sadness?	
b	Experienced anxiety or fear?	
c	Had a hard time sleeping?	
d	Felt fatigue or exhaustion?	
e	Been short-tempered or hyper-sensitive?	
f	Felt bodily pains?	
g	In general how do you feel that your health compares to other people your age?	1. Better 2. About the same 3. Worse

Part 3. Nutrition Safety

I would like to ask some questions about food availability and management in the household:

(1)	Since October 2008, were you at some point short of money and tried to "stretch" the food or the money available for them?	1. Yes 2. No
(2)	Which statement best describes the amount and type of food eaten at home the past 12 months?	1. There is enough money for food. 2. Enough food but not always all classes we want to eat 3. Sometimes there is not enough food (or it cannot be reached) 4. Very often there is not enough food
(3)	Since October 2008, have you had to reduce the amount of food given to any child from the household because there was not enough money for food?	1. Yes 2. No » (5)
(4)	How frequently did this happen? (Circle only one option)	1. Almost every week 2. During some weeks 3. Only 1 or 2 times in the past 4 months
(5)	Since October 2008, has any member of the household benefited from a program of cash or food support?	1. Yes 2. No » NEXT MODULE
(6)	How frequently did this happen? (Circle only one option)	1. Almost every week 2. During some weeks 3. Only 1 or 2 times in the past 4 months
(7)	Which entity offered this service? (Circle all that apply)	1. Belediye 2. Sosyal Yardımlaşma Dayanışma Vakfı 3. Diğer Vakıf 4. Diğer _____

Part 1 : Coping with the Current Situation

Since October 2008, have you had to change or adapt any of your habits?		
In particular, have you:		1. Yes 2. No
a	Decreased your amount of food consumption	
b	Replaced the consumption of expensive food items with cheaper ones.	
c	Sent a member of household to work elsewhere as seasonal worker	
d	Increased the production of food products for your own consumption	
e	Stopped buying some non-food products	
f	Replaced the purchase of cheaper non-food products	
g	Started to buy second hand items	
h	Started the use less of entertainment services	
i	Made less use of information services (not receiving the paper, internet)	
j	Started meeting with friends less	
k	Transferred children from private to public school	
l	Transferred children to cheaper public or private school	
m	Withdrew or postponed the admission to school, college or kindergarten.	
n	Left courses of language, computer, others.	
o	Reduced the use of health services	
p	Cancelled health insurance	
q	Cancelled the house or car insurance	
r	Changed means of transportation (increased use of public transportation or walking)	
s	Reduced visits to the doctor for preventive medical control	
t	Has reduced sports activities	

Part 2 Psychological and Health Status

In the past 4 weeks, have you:		1. Often 2. Sometimes 3. Never
a	Experienced sadness?	
b	Experienced anxiety or fear?	
c	Had a hard time sleeping?	
d	Felt fatigue or exhaustion?	
e	Been short-tempered or hyper-sensitive?	
f	Felt bodily pains?	
g	In general how do you feel that your health compares to other people your age?	1. Better 2. About the same 3. Worse

Part 3. Nutrition Safety

I would like to ask some questions about food availability and management in the household:

(1)	Since October 2008, were you at some point short of money and tried to "stretch" the food or the money available for them?	1. Yes 2. No
(2)	Which statement best describes the amount and type of food eaten at home the past 12 months?	1. There is enough money for food. 2. Enough food but not always all classes we want to eat 3. Sometimes there is not enough food (or it cannot be reached) 4. Very often there is not enough food
(3)	Since October 2008, have you had to reduce the amount of food given to any child from the household because there was not enough money for food?	1. Yes 2. No » (5)
(4)	How frequently did this happen? (Circle only one option)	1. Almost every week 2. During some weeks 3. Only 1 or 2 times in the past 4 months
(5)	Since October 2008, has any member of the household benefited from a program of cash or food support?	1. Yes 2. No » NEXT MODULE
(6)	How frequently did this happen? (Circle only one option)	1. Almost every week 2. During some weeks 3. Only 1 or 2 times in the past 4 months
(7)	Which entity offered this service? (Circle all that apply)	1. Belediye 2. Sosyal Yardımlaşma Dayanışma Vakfı 3. Diğer Vakıf 4. Diğer _____

MODULE 7: HEALTH

ASK SPOUSE OF HOUSEHOLD HEAD

(1)	Did anyone in the household recently get ill, have an accident or have symptoms of a chronic disease?	1. Yes 2. No >> (6)
(2)	(WRITE DOWN THE ID CODE OF THE PERSON WHO MOST RECENTLY HAD A HEALTH PROBLEM.)	____
(3)	Does this person have any kind of health insurance?	1. Yes 2. No
(4)	What kind of illness did this person have?	1. Fever/Flu 2. Diarrhea 3. Respiratory problems 4. Injury 5. Other (SPECIFY)
(5)	How many days did keep ill or injured?	____ days
(6)	Did this person consult a doctor or health facility in the last 4 months?	1. Yes 2. No >> (13)
(7)	What kind of health facility did this person use?	1. Public health center(sağlık ocağı) 2. Public Hospital 3. Private clinic 4. Private hospital 5. Other _____
(8)	Did this person have to pay in any manner for the health services used?	1. Yes 2. No
(9)	How long did this person have to wait in order to get attention from health staff at this facility?	____ minutes
(10)	Who served this person at the health facility?	1. Doctor 2. Nurse 3. Other paramedic/midwife 4. Other _____
(11)	How long did the health staff spend with this person?	____ minutes
(12)	Was this time duration shorter, longer or in accordance with the time needed?	1. Shorter than needed 2. In accordance with time needed 3. Longer than needed
(13)	If this person did not use a health facility, what was the reason?	0. Not ill 1. Illness not serious or could be treated at home 2. Too expensive 3. Too low quality 4. Would be a long wait 5. Too far away 6. Noone to accompany to health center 7. Other _____

Part 1: Nutrition and Early Learning (ASK FOR CHILDREN AGES 0-6)

		ASK CHILDREN AGES 0-3						
(1)	(2)	(3)			(4)	(5)	(6)	(7)
I D C O D E	Does she/he have a birth certificate? (May I see it?) 1. Yes, Seen 2. Yes, Not Seen 3. No 4. Don't know	WRITE DOWN THE EXACT BIRTH DATE OF THE CHILD			Has (name) ever been breastfed?	Is he/she still being breastfed?	Since this time yesterday, did he/she receive any of the following:	Since this time yesterday, how many times did (name) have infant formula, or soft foods other than liquids? (NUMBER OF TIMES)
					1. Yes 2.No >> Q6	1. Yes 2. No	1. Infant Formula 2. Other Liquids 3. Solid or semi-solid food	
		DAY	MONTH	YEAR				

ASK CHILDREN AGES 3-6											
	(8)	(8a)	(9)	(10)	(11)	(12)			(13)		
I D C O D E	Does (name) attend any organized learning or early childhood education program, such as a private or government facility, including kindergarten or community child care? 1. Yes 2. No	What kind of early childhood education program does this child attend? 1. Özel anaokulu veya yuva (Private kindergarten) 2. Özel Hazırlık sınıfı (sadece 6 yaş için) 3. Devlet okulunda hazırlık sınıfı (sadece 6 yaş için) 4. Diğer kurs ve aktiviteler: _____	Within the last seven days, about how many hours did (name) attend this facility?	What is the cost of these services to your household on a weekly basis (excluding transportation costs)? SKIP TO >> (END OF MODULE)	If this child did not attend a learning program, what was the reason? 1. No preschool or nursery available in the neighborhood 2. The mother takes care of the children at home 3. Preschool too expensive 4. Child too young to go to school 5. Other _____	When do you plan on sending this child to preschool or kindergarten for the first time? (Check "Never" if you do not plan on sending this child to preschool)			When do you plan on sending this child to primary school for the first time? (Check "Never" if you do not plan on sending this child to school)		
			HOURS / week	YTL / week	MONTH	YEAR	NEVER	MONTH	YEAR	NEVER	

Part 2: Stimulation at Home (ASK FOR CHILDREN AGES 3-6)

In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME)?

If Yes, Ask: Who Engaged In This Activity With The Child - The Mother, The Child's Father Or Another Adult Member Of The Household (Including The Caretaker/Respondent)?

(Circle All That Apply.)

			Name:				Name:				Name:			
			ID CODE				ID CODE				ID CODE			
			Mother	Father	Other	Noone	Mother	Father	Other	Noone	Mother	Father	Other	Noone
(1)	Books	Read Books Or Look At Picture Books With (Name)?	A	B	X	Y	A	B	X	Y	A	B	X	Y
(2)	Stories	Tell Stories To (Name)?	A	B	X	Y	A	B	X	Y	A	B	X	Y
(3)	Songs	Sing Songs With (Name)?	A	B	X	Y	A	B	X	Y	A	B	X	Y
(4)	Take Outside	Take (Name) Outside The Home?	A	B	X	Y	A	B	X	Y	A	B	X	Y
(5)	Play With	Play With (Name)?	A	B	X	Y	A	B	X	Y	A	B	X	Y
(6)	Spend Time With	Spend Time With (Name) Naming, Counting, And/Or Drawing Things?	A	B	X	Y	A	B	X	Y	A	B	X	Y