

**TURKEY WELFARE MONITORING SURVEY  
Round II**

**B2009P017CA**

**Questionnaire  
No :**

**Audit**

**Data  
Control**

Name & Last Name of the Interviewee: \_\_\_\_\_

Address: \_\_\_\_\_

District: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

**NAME**

**IDENTITY CARD NO.**

Interviewer: \_\_\_\_\_

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Supervisor: \_\_\_\_\_

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GK: \_\_\_\_\_

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TK: \_\_\_\_\_

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Coding Staff: \_\_\_\_\_

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Starting Time of the Interview: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Length of the Interview: \_\_\_\_\_

I guarantee that I filled this questionnaire with someone I did not know according to the instructions given me and appropriate to the local rules.

**Signature of the INTERVIEWER**

**Supervisor Control**

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QUESTIONNAIRE	SUPERVISION	TK
Headquarter..... 1	Listened ..... 1	Valid ..... 1
	Visited ..... 2	Invalid ..... 2
	Revisited ..... 3	No TK ..... 3
	Called ..... 4	Reason for Cancellation (TK=2)
	Not executed ..... 5	→ Accepted .... 3
		CODE

Other Office ..... 2 Subcontracting..... 3	Listened ..... 1	Valid ..... 1
	Visited ..... 2	Invalid ..... 2
	Revisited ..... 3	No TK ..... 3
	Called ..... 4	Reason for Cancellation (TK=2)
	Not executed ..... 5	→ Kabul ..... 3
		CODE

<b>(2) 2. Interviewer</b>	<b>IDENTITY CARD NO.</b>																			
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## MODULE 0 : META DATA

		DEFINITION OF THE HOUSEHOLD	
		Name	Code
(3)	Urban/Rural	1. Urban 2. Rural	
(4)	Village	.....	□□
(5)	Primary Sampling Unit Number	.....	□□
(7)	Name of Household Head	.....	
(8)	Phone Number (Cell phone)	.....	
(9)	Name and contact information of a neighbor (in case of re-visiting the household)	..... ..... ..... .....	

## MODULE 1 : HOUSEHOLD ROSTER

T1 READ THE COMPLETE LIST OF ALL CONCERNED HOUSEHOLD MEMBERS STARTING BY THE OLDEST ONE. IF THERE IS A NEWCOMERS , PLEASE MAKE A LIST FOR THEM WITHOUT CONSIDERING THE AGE ORDER AND RECEIVE THE FOLLOWING INFORMATION FOR THEM  
Name and Last Name

**INTERVIEWER: ASK FOR THE MEMBERS ON THE LIST ONLY TO CHECK THE CONSISTENCY OF THE INFORMATION, FOR NEW HOUSEHOLD MEMBERS RECEIVE THE INFORMATION.**

T2 Gender

T3 Relationship to the Household Head

**INTERVIEWER: IF THE AGE OF THE RESPONDENT IS LESS THAN 12 GO TO T8**

T4 Age

**INTERVIEWER: IF T5 IS 1, 4 OR 5 GO TO T8**

T5 What is the marital status of [NAME]?

**INTERVIEWER: IF T6 IS 2 GO TO T8**

T6 Does the husband/ wife of [NAME] live in this household now?

T7 COPY THE ID CODE OF THE WIFE/ HUSBAND

T8 Does this person have health insurance? **MULTIPLE ANSWER**

**INTERVIEWER: IF T8 IS 4, DO NOT ASK T9 FOR THIS PERSON**

T9 If the person has health insurance through someone in the household, write ID number of the household member who provides health insurance. **IF THIS PERSON DOES NOT LIVE IN THE HOUSEHOLD WRITE 99. IF THE RESPONDENT REPLIES AS "MY OWN INSURANCE" WRITE THE ID NUMBER OF THE RESPONDENT.**

**INTERVIEWER: ASK ONLY FOR THE NEW HOUSEHOLD MEMBER**

T10 Since how many years ..... lives in this city? **IF THIS PERSON LIVES LESS THAN ONE YEAR WRITE THE MONTHS WITH DECIMALS. IF THIS PERSON TELLS THAT S/HE LIVES THERE SINCE S/HE WAS BORN WRITE THE AGE OF THE RESPONDENT.**

**INTERVIEWER: IF MEMBER OF THE HOUSEHOLD IS BETWEEN 0-3 YEARS GO TO T16**

T11 Is this person currently enrolled in (public/private) school? **ONLY ONE ANSWER**

T12 What is the highest diploma this person has attained? **ONLY ONE ANSWER**

**INTERVIEWER: IF T16 IS 6 MONTHS GO TO T19**

T16 During the past 6 months, has ..... (NAME) lived outside this household?

T17. Is there someone who was living in another household or province started to live in your household in the last 6 months? **IF YES INDICATE ID NUMBER**

T18 What was the main reason that .....(NAME) has lived outside the household? **ONLY ONE ANSWER**

T19 Does .....(NAME) have intention to move to a different province for work, for school or another reason in the next 6 months?

T13 What is the language mostly spoken in this house? **ONLY ONE ANSWER**



ID CODE	T1. Name	T11. Is this person currently enrolled in (public/private) school?		T12. What is the highest diploma this person has attained?									T16. During the past 6 months, has .... (NAME) lived outside this household?		T17. Is there someone who was living in another household or province started to live in your household in the last 6 months?			T18. What was the main reason that .....(NAME) has lived outside the household?						T19 Does .....(NAME) have intention to move to a different province for work, for school or another reason in the next 6 months?		T13. What is the language mostly spoken in this house?	
		Yes	No	Illiterate	Literate but has not been diplomed from a school	Continues to primary school	Elementary school (5 years)	Primary school (8 years)	Secondary school /Secondary vocational school	High school / Vocational high school	College and upper	Yes	No	Yes	No	ID CODE	Work	School	Marriage	Other family issues	Military service	Other .....	Yes	No	Turkish	Other .....	
1	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
2	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
3	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
4	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
5	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
6	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
7	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
8	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
9	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	
10	.....	1	2	1	2	3	4	5	6	7	8	1	2	1	2		1	2	3	4	5	6	1	2	1	2	

## MODULE 2 : HOUSING CHARACTERISTICS

### PART 2 : Household Assets

S10a You may see below the list of devices and goods in your household before May 2009. Is there any change in these devices and goods? **MULTIPLE ANSWER**

	No Change	Renewed, sold the old one	Renewed, did not sell the old one	Sold	Other (Gave to someone etc.)
Refrigerator	1	2	3	4	5
Natural Gas/LPG Cylinder or Electric Oven	1	2	3	4	5
Microwave Oven	1	2	3	4	5
Dishwasher	1	2	3	4	5
Blender/Mixer	1	2	3	4	5
DVD/VCD player	1	2	3	4	5
Washing Machine	1	2	3	4	5
Video camera	1	2	3	4	5
Iron	1	2	3	4	5
Digiturk, Satellite Antennas etc	1	2	3	4	5
Vacuum Cleaner	1	2	3	4	5
Air Conditioner	1	2	3	4	5
Television	1	2	3	4	5
Video	1	2	3	4	5
Cable TV	1	2	3	4	5
Camera	1	2	3	4	5
CD Player	1	2	3	4	5
Telephone	1	2	3	4	5
Cellular Phone	1	2	3	4	5
Computer	1	2	3	4	5
Internet	1	2	3	4	5
Private Car	1	2	3	4	5
Taxi/Minibus/Bus/Commercial vehicles	1	2	3	4	5
Tractor	1	2	3	4	5
Motorcycle	1	2	3	4	5
Bicycle	1	2	3	4	5

S10b What are the devices and goods owned after May 2009? **MULTIPLE ANSWER**

Refrigerator	1
Natural Gas/LPG Cylinder or Electric Oven	2
Microwave Oven	3
Dishwasher	4
Blender/Mixer	5
DVD/VCD player	6
Washing Machine	7
Video camera	8
Iron	9
Digiturk, Satellite Antennas etc	10
Vacuum Cleaner	11

Air Conditioner	12
Television	13
Video	14
Cable TV	15
Camera	16
CD Player	17
Telephone	18
Mobile Phone	19
Computer	20
Internet	21
Private Car	22
Taxi/Minibus/Bus/Commercial vehicles	23
Tractor	24
Motorcycle	25
Bicycle	26

S10c (Ask people who told that they have TV in S10a or S10b) How many television do you have in your house?

|\_|\_|

S10d (Ask people who told that they have mobile phone in S10a or S10b) How many mobile phones do you have in your house?

|\_|\_|

S10e (Ask people who told that they have private car in S10a or S10b) How many private car do you have in your house?

|\_|\_|

## MODULE 2 : HOUSING CHARACTERISTICS

### PART 3 : Utilities

S11 Which one of the following services did you get at least for a while since May 2009? **MULTIPLE ANSWER.**

Water	1
Electricity	2
Natural Gas	3
Home Phone	4
Internet	5
None	6

		Water		Electricity		Natural Gas		Home Phone		Internet	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
S12	Since May 2009, have you delayed the payment of any of these services? <b>MULTIPLE ANSWER</b>	1	2	1	2	1	2	1	2	1	2
S13	Since May 2009, have you been disconnected for non-payment from any of these services? <b>MULTIPLE ANSWER</b>	1	2	1	2	1	2	1	2	1	2
S14	Since May 2009, have you voluntarily canceled your subscription to any of these services? <b>MULTIPLE ANSWER</b>	1	2	1	2	1	2	1	2	1	2
S14a	Do you currently not have connection to this utility?	1	2	1	2	1	2	1	2	1	2

## MODULE 3 : LABOR

**INTERVIEWER: ASK ALL INDIVIDUALS IN HOUSEHOLD AGE 15 AND OVER**

**INTERVIEWER: IF L1 IS 1 GO TO L3**

L1 Has (\_\_\_\_) worked between 9-14 November?

(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)

**INTERVIEWER: IF L2 IS 2 GO TO L19**

L2 Does (\_\_\_\_) have a permanent job even though he/she did not work between 9-14 November?

**INTERVIEWER: ASK THE QUESTIONS BETWEEN L3-L18, IF L1 OR L2 IS 1.**

L3 What is the sector of activity in the main job (\_\_\_\_) held between 9-14 November or in the permanent job?

L4 What is the status of (\_\_\_\_) at this main job?

L5 How would you describe this main workplace?

L6 Has (\_\_\_\_) registered to social security system in this job?

L7 Is (\_\_\_\_) currently looking for a different job?

L7b Is (\_\_\_\_) currently looking for an additional job?

**INTERVIEWER: IF THE ANSWER TO THE QUESTION L2 IS "NO" IN ROUND 1 GO TO L14.**

L10 Did (\_\_\_\_) hold the same job in May 2009?

L12 Is the total earnings of (\_\_\_\_) at this job now more or less than its nominal value back in May 2009?

L13 Is the total hour hours worked by (\_\_\_\_) at this primary job more or less than the level back in May 2009?

**INTERVIEWER: IF L14 IS 2 GO TO L16**

L14 In addition to the work you have already described, did (\_\_\_\_) do any other work during the past 3 months?

---

L15 Did (\_\_\_\_) hold this additional job in May 2009?

---

L16 Does (\_\_\_\_) want to work more days or more hours in order to make more earnings?

---

L17 What was (\_\_\_\_)'s income in cash from your main job over the last month? **IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect? ENTER 99999 FOR "DO NOT KNOW"**

---

**INTERVIEWER: GO TO L18 AFTER L24.**

L18 How many hours did (\_\_\_\_) work between 9-14 November for the pay you just reported? Please include any hours of paid vacation or sick leave. **AVERAGE WORKING HOUR PER WEEK CAN BE INDICATED**

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**INTERVIEWER: IF L2 IS 2 GO TO L19.**

L19 Did (\_\_\_\_) looked for a job during the last four weeks?

---

**INTERVIEWER: ASK L 21 IF L19 IS 1, THEN GO TO L22**

L20 What is the reason why (\_\_\_\_) did not look for a job in the last four weeks?

---

L21 If (\_\_\_\_) found a job, would he/she be able to start working in 15 days?

---

**INTERVIEWER: IF L24 IS 2, GO TO MODULE 4**

L24 Is (\_\_\_\_) currently registered with İŞ-KUR?

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**INTERVIEWER: ASK L25, IF L24 IS 1.**

L25 When did (\_\_\_\_) register with İŞ-KUR?

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L26 Has (\_\_\_\_) ever received or is he/she currently receiving a training organized by İŞ-KUR?

---

**INTERVIEWER: ASK IF L26 IS 1.**

L27 When did (\_\_\_\_) complete this course / or when is this course scheduled to finish?

---



ID CODE	Name	L10. Did ( ) hold the same job in May 2009?		L12. Is the total earnings of ( ) at this job now more or less than its nominal value back in May 2009?			L13. Is the total hour hours worked by ( ) at this primary job more or less than the level back in May 2009?			L14. In addition to the work you have already described, did ( ) do any other work during the past 3 months?		L15. Did ( ) hold this secondary job in May 2009?		L16. Does ( ) want to work more days or more hours in order to make more earnings?)		L17. What was ( )'s income in cash from your main job over the last month?	L18. How many hours did ( ) work between 9-14 November for the pay you just reported? (Please include any hours of paid vacation or sick leave)	L19. Did ( ) looked for a job during the last four weeks?	
		Yes	No	More	Less	Same	More	Less	Same	Yes	No	Yes	No	Yes	No	TL	HOUR	Yes	No
											L16					MODULE 4	L21	L20	
1	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
2	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
3	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
4	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
5	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
6	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
7	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
8	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
9	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2
10	.....	1	2	1	2	3	1	2	3	1	2	1	2	1	2			1	2

ID CODE	Name	L20. What is the reason why (____) did not look for a job in the last four weeks?											L21. If (____) found a job, would s/he be able to start working within 15 days?		L24. Is (____) currently registered with IS-KUR?		L25. When did (____) register with İŞ-KUR?		L26. Has (____) ever received or is s/he currently receiving a training organized by IS-KUR?		L27. When did (____) complete th,s course / or when is this course scheduled to finish?	
		Child / too young	Found a job – established company, Expect to start	Student	Housewife	Retired	Owner of regular income	Elderly (over 60)	Disabled	Personal or family reasons	Seasonal work	Other.....	Yes	No	Yes	No	Month	Year	Yes	No	Month	Year
1	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
2	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
3	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
4	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
5	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
6	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
7	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
8	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
9	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		
10	.....	1	2	3	4	5	6	7	8	9	10	11	1	2	1	2			1	2		

## MODULE 4 : CONSUMPTION AND INCOME

### PART 1 : CONSUMPTION OF THE HOUSEHOLD

- C1. Think about your expenses during the first 5 months of this year. What kind of change did occur between your expenses from June until now and your expenses of the first 5 months?

	Increased	Decreased	Same	NA
Food, beverages and tobacco	1	2	3	4
Clothing and footwear	1	2	3	4
Transport and communication (fixed line phone, mobile phone, internet) expenses	1	2	3	4
Recreation, entertainment, meals outside the home, etc	1	2	3	4
Electricity, Water, Gas	1	2	3	4

- C2. What kind of changes did occur in household expenses since May 2009?

	Increased	Decreased	Same	NA
Education (including tuition, books, kindergarten, courses expenses etc.)	1	2	3	4
Health (including social insurance)	1	2	3	4
Furnishings (sheets, towels, blankets, linen, etc.)	1	2	3	4
Household durable goods (e.g. Furniture, household appliances, TV, car, etc.)	1	2	3	4
Other expenses DO NOT PROMPT – RECORD HERE ONLY ANY ADDITIONAL EXPENSES THAT THE RESPONDENT WOULD LIKE TO REPORT	1	2	3	4

- C3a-C4a. Which of the followings are describing the income level of your family during the last year?

	Increased	Decreased	Same	NA
Monthly Income	1	2	3	4
Total Savings Stock	1	2	3	4
Total Debt Stock	1	2	3	4

- C5. Under your current conditions (same accommodation and working conditions), how much should be your minimum income in order to cover monthly expenses of your household?

## MODULE 4 : CONSUMPTION AND INCOME

### PART 2 : SOURCES OF INCOME

		G1. Which one of the following sources of income do you have in your household?	G2. Please indicate the total income of the house during the last 30 days	G3. Please indicate increase or decrease from this source of income since May 2009		
			ASK IF IT IS INDICATED IN G1  TL	Increased	Decreased	Same
A	Income from wages (work for an employer) in cash	1		1	2	3
B	Wages in kind (e.g. products or services from the employer)	2		1	2	3
C	Income from self-employment, own or family business	3		1	2	3
D	Remittances sent by family members from another province, including alimonies	4		1	2	3
E	Remittances sent by family members from another country, including alimonies	5		1	2	3
F	Help from relatives or friends living in the same province	6		1	2	3
G	Sales of farm products	7		1	2	3
H	Pensions	8		1	2	3
i	Unemployment benefits	9		1	2	3
J	Investments, savings, renting of property (apartment or plot of land)	10		1	2	3
K	State provided social benefits	11		1	2	3
L	Community/privately provided social benefits	12		1	2	3
N	Help from charities, and non governmental organizations	13		1	2	3
O	Other sources	14		1	2	3

## MODULE 4 : CONSUMPTION AND INCOME

### PART 4 : Benefits from State Provided Transfer Programs

		Yes	No
D3	Now, let's think about the period from May 2009 until nowadays. Is there any <b><u>member of the household benefitted from the following public safety nets since May 2009?</u></b>	1	2
D4	What kind of support did you receive <b><u>since May 2009?</u></b>		
	a. Conditional Cash Transfer (Çocuk maaşı)	1	2
	b. Food	1	2
	c. Fuel Support	1	2
	d. Cash Support	1	2
	e. Other	1	2

**INTERVIEWER: IF D3 IS 1 ASK D3a. PLEASE PUT TH REMARK TO THE LIST OF THE HOUSEHOLD MEMBERS**

D3a. Which member of the household generally applies for the above mentioned sources of public safety nets?

**INTERVIEWER: IF THE ANSWER OF D3 IS NO ASK D3b**

D3b. What is your reason not to apply public safety nets?

1	The amount of transfers are too small
2	The application takes long time
3	We do not know how to apply
4	The public offices are too far
5	We do not have the necessary connections to get these resources
6	We do not like the stigma of getting help from public resources
7	'We don't need it
8	Other -----

## MODULE 4 : CONSUMPTION AND INCOME

### PART 5 : Support in Difficult Times

INTERVIEWER: IF c, d AND e ARE "NO" IN Z1 SKIP PART 6.

		Z1. What kind of income sources do you use in difficult times?			Z2. Please specify total support received during the last 30 days	Z3. The supports that you have indicated increased or decreased since May 2009?		
		Yes	No	DNK	ASK IF Z1 IS 1 TL	Increased	Decreased	Same
a	Help from relatives and friends	1	2	3		1	2	3
b	Help from other people who are not living in the household and who are not relatives or friends	1	2	3		1	2	3
c	Borrowing (debt) from relatives and friends	1	2	3		1	2	3
d	Borrowing (debt) from people who are not relatives and friends	1	2	3		1	2	3
e	Borrowing from banks and other financial institutions	1	2	3		1	2	3
f	Withdrawing from savings	1	2	3		1	2	3
g	Selling household assets (animals, household goods, land etc.)	1	2	3		1	2	3
h	Support from religious institutions, mosques	1	2	3		1	2	3
i	Support from other NGOs (association, foundation, etc.)	1	2	3		1	2	3
j	Support from the government through Social Solidarity Fund	1	2	3		1	2	3
k	Support from the government through Conditional Cash Transfer (child wage)	1	2	3		1	2	3
l	Support from the municipality	1	2	3		1	2	3
m	Unemployment insurance or compensation	1	2	3		1	2	3
n	Other public supports (SPECIFY)	1	2	3		1	2	3

## MODULE 4 : CONSUMPTION AND INCOME

### PART 6 : DEBT

INTERVIEWER: IF IT IS INDICATED 1 IN “c” OR “d” OF PART 5 ASK THE PART 6.

1a. In the last 12 months, how many times did you borrow or obtain funds that you had to repay from a family member, friend or other individual?

.....	Times
-------	-------

1b. What was the total amount borrowed from family members, friends or other individuals in the last 12 months(Oct 2008-Oct2009)?

.....	TL
-------	----

1c. Is this value higher, lower or the same as debt accumulated in the last 12 months (Oct 2007-Oct 2008)?

Increased  Decreased  Same

1d. In total how much do you owe family members, friends or relatives (including all loans outstanding, regardless of when obtained) ?

.....	TL
-------	----

1e. Do you pay any interest on loans you have made from friends, relatives or other individuals?

Yes  No

1f. How much is the interest rate you pay on average? \_\_\_\_ % , indicate time period: month, or year, or day (interviewee to select one)

Daily  Monthly  Yearly

.....	%
-------	---

**INTERVIEWER: ASK THE FOLLOWING PART IF “e” IS 1 IN PART 5.**

2a. In the last 12 months, how many times did you borrow or obtain funds that you had to repay from banks or other financial institutions? (include credit card debt that has not been paid on time.)

.....	Times
-------	-------

2b. What was the total amount borrowed from banks in the last 12 months? (Oct 2008-Oct 2009)?

.....	TL
-------	----

2c. Is this value higher, lower or the same as debt accumulated in the last 12 months (Oct 2007- Oct 2008)?

- Increased  Decreased  Same

2d. In total how much do you owe banks or financial institutions (including all loans outstanding, regardless of when obtained)?

.....	TL
-------	----

2e. Do you pay any interest on loans you have made from banks ?

- Yes  No

2f. How much is the interest rate you pay? \_\_\_\_ % , indicate time period:

- Daily  Monthly  Yearly

.....	%
-------	---

## MODULE 5a : COPING STRATEGIES

### PART 1 : CURRENT SITUATION

M1. Since May 2009, have you had to change or adapt any of your habits

In particular, have you:		Yes	No	NA
a	Decreased your amount of food consumption	1	2	3
b	Replaced the consumption of expensive food items with cheaper ones.	1	2	3
c	Sent a member of household to work elsewhere as seasonal worker	1	2	3
d	Increased the production of food products for your own consumption	1	2	3
e	Stopped buying some non-food products	1	2	3
f	Replaced the purchase of expensive non-food products with cheaper ones	1	2	3
g	Started to buy second hand items	1	2	3
h	Started to use less of entertainment services	1	2	3
i	Made less use of information services (not receiving the paper, internet)	1	2	3
j	Started meeting with friends less	1	2	3
k	Transferred children from private to public school	1	2	3
l	Transferred children to cheaper public or private school	1	2	3
m	Withdrew or postponed the admission to school, college or kindergarten.	1	2	3
n	Left courses of language, computer, others.	1	2	3
o	Reduced the use of health services	1	2	3
p	Cancelled health insurance	1	2	3
q	Cancelled the house or car insurance	1	2	3
r	Changed means of transportation (increased use of public transportation or walking)	1	2	3
s	Reduced visits to the doctor for preventive medical control	1	2	3
t	Has reduced sports activities	1	2	3
u	Had a family member who started to work (who was not working before October 2008)	1	2	

## MODULE 5a : COPING STRATEGIES

### PART 2 : Psychological and Health Status

		Often	Sometimes	Never
M2.	In the past 4 weeks, did you feel the following?			
a	Sadness	1	2	3
b	Anxiety or Fear	1	2	3
c	Hard time sleeping	1	2	3
d	Felt fatigue or exhaustion	1	2	3
e	Being short-tempered or hyper-sensitive	1	2	3
f	Felt bodily pains	1	2	3

		Better	Same	Worse
M3.	In general, how do you feel that your health compares to other people in your age?	1	2	3

		Yes	No
M3a.	In the past 12 months, has there been a traumatic event in the family, such as the death of a close relative, a divorce or fatal illness?	1	2

## MODULE 5a : COPING STRATEGIES

### PART 3 : FOOD SAFETY

I would like to ask you some questions related to food purchase and food economy in your household:

N1a What changes in food consumption, if any, have your family experienced since October 2008)? (Check one for each.)

Products	Changes in Consumption			
	Increased	Decreased	Same	DNK
Cereals	1	2	3	4
Vegetables including potatoes, carrot, beet	1	2	3	4
Pulses/legumes (beans, peas, etc)	1	2	3	4
Oils/fats	1	2	3	4
Meat	1	2	3	4
Fish	1	2	3	4
Eggs	1	2	3	4
Fruits	1	2	3	4
Dairy products	1	2	3	4
Infant formula	1	2	3	4

N2a If there are children under 7 in the households, how often in the past month was the family able to feed them with the following products?

Products					
	Less than one week	Once a week	Twice a week	More than twice a week	None
Chicken/ veal	1	2	3	4	5
Fish	1	2	3	4	5
Cheese	1	2	3	4	5
Milk	1	2	3	4	5
Eggs	1	2	3	4	5
Bread/pasta/cereals	1	2	3	4	5
Vegetables, including potatoes, carrot, beet	1	2	3	4	5

Fruits	1	2	3	4	5
Legumes (beans, peas, etc)	1	2	3	4	5

N3a Prior to October 2008, how often was the family able to feed children under 7 with the following products?

Products					
	Less than once a week	Once a week	Twice a week	More than twice a week	None
Chicken/ veal	1	2	3	4	5
Fish	1	2	3	4	5
Cheese	1	2	3	4	5
Milk	1	2	3	4	5
Eggs	1	2	3	4	5
Bread/pasta/cereals	1	2	3	4	5
Vegetables, including potatoes', carrot,, beet	1	2	3	4	5
Fruits	1	2	3	4	5
Legumes (beans, peas, etc)	1	2	3	4	5

## MODULE 6 : EDUCATION

### ASK FOR ALL MEMBERS OF HOUSEHOLD AGES 6-22

E1 Name and Last Name of the Child.

E2 ..... (CHILD) BIRTH DATE

### INTERVIEWER: IF 1 IS CHECKED IN E3 GO TO E7

E3 Is ..... (CHILD) currently enrolled to any school or preschool?

### INTERVIEWER: ASK THE QUESTIONS BETWEEN E4-E6 IF E3 IS 2, AND THEN GO TO THE NEXT PART

E4 When was..... (CHILD) last enrolled in school? **(CHECK "NEVER" IF WAS NEVER ENROLLED IN SCHOOL)**

E5 Does..... (CHILD) intend to return to school?

E6 Why..... (CHILD) is not enrolled in school?

### INTERVIEWER: ASK THE QUESTIONS BETWEEN E7-E13 IF E3 IS 1

E7 What level of school is..... (CHILD) currently enrolled in?

E8 What grade is..... (CHILD) enrolled in? IF THE PARTICIPANT INDICATE AS PREPARATORY CLASS WRITE "0"

E9a Is this a public or private school?

E9b What kind of school does ..... (CHILD) enrolled?

E10 How much has the household spent on..... (CHILD)'s education in terms of school fees since the beginning of this academic year (September 2009)?

E10a Does the amount spent between September-November 2009 is higher, less or the same as the amount spent between September-November 2008?

E11 How much does the household spent on ..... (CHILD)'s education for costs other than school fees since the beginning of this academic year (Eylül 2009)? (INCLUDING UNIFORMS, BOOKS, TRANSPORT, STATIONARY)

E11a Does the amount spent between September-November 2009 is higher, less or the same as the amount spent between September-November 2008?

E12 Until what level and grade does..... (CHILD) plan/hope to study?

### INTERVIEWER: IF E14a IS 5 GO TO E18.

E14a How many times your family received Conditional Cash Transfer to support ..... (CHILD) 's education since September 2009?

E14b Does ..... (CHILD) currently benefit from Conditional Cash Transfer?

### INTERVIEWER: ASK THE QUESTIONS BETWEEN E15-E17 IF E14a IS 5.

E15 What is the value of the conditional cash tranfer received for (----) since the beginning of this academic year in September 2009?

E16 What expenses wa this CCT amount used to cover? **CIRCLE ALL OPTIONS THAT APPLY**

E17 Would ..... (CHILD) be in school now if you did not receive the CCT?

### INTERVIEWER: ASK THE QUESTIONS BETWEEN E18-E21 IF E3 IS 1. IF E9 IS 8 GO TO MODULE 7 AFTER E18.

E18 Who are the main people/institutions that support ..... 's studies? **MULTIPLE ANSWER**

E18a. Do your children get meal (apart from the one prepared at home) in the school?

Yes  No  DNK

---

**INTERVIEWER: IF E18a IS YES**

E18b. Do you pay an additional fee for this meal?

- Yes     No

---

E19 How many days in the last week (from Monday to Friday) was the school that ..... (CHILD) attends open?

---

E20 How many days in the last 7 days did.....attend school?

---

E21 If .....has missed more than 3 days of school in the past 7 days, what was the reason?

ID CODE	E1. Name	ASK ONLY TO THOSE WHO ARE NOT ENROLLED										ASK ONLY THOSE WHO ARE ENROLLED														
		E2. Birth Date		E3. Is ..... (CHILD) currently enrolled to any school or preschool?		E4. When was..... (CHILD) last enrolled in school?			E5. Does..... (CHILD) intend to return to school?			E6. Why..... (CHILD) is not enrolled in school?				E7. What level of school is (____) currently enrolled in?				E8. What grade is (____) enrolled in?						
		MONTH	YEAR	Yes	No	NEVER	MONTH	YEAR	Yes	No	Maybe	Financial restrictions	Did not want to go school	Family decision	Expelled from school	Could not pass entrance exam	There is no school or very far	Other	Pre-school	Primary school	Open primary school	High school	Open high school	Vocational and Technical High School	Higher education and upper	Open university
	6-22 YEARS OLD			E7-13	E4 – 6																					
1	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
2	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
3	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
4	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
5	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
6	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
7	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
8	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
9	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8
10	.....			1	2	2			1	2	3	1	2	3	4	5	6	9	1	2	3	4	5	6	7	8







		ASK ONLY THOSE WHO ARE CURRENTLY ENROLLED IN																	
ID CODE	E1. Name	E17. Would ..... (CHILD) be in school now if you did not receive the CCT?			E18. Who are the main people/institutions that support .....'s studies? (WRITE DOWN ALL OPTIONS THAT APPLY)									E19. How many days in the last week (from Monday to Friday) was the school that ..... (CHILD) attends open?	E20. How many days in the last 7 days did..... attend school?	E21. If ..... Has missed more than 3 days of school in the past 7 days, what was the reason?			
		Yes	No	DNK	Parents	Grandparents	Other relatives, friends or neighbours	SHÇEK	Other individual supporters or foundations	Government support through CCTs	Municipality	Social Solidarity Fund	Other, SPECIFY	(0-7 days)	(0-7 days)	Part-time work	Illness	School costs too high	Other (Specify)
1	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
2	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
3	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
4	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
5	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
6	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
7	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
8	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
9	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4
10	.....	1	2	3	1	2	3	4	5	6	7	8	9			1	2	3	4

**MODULE 8 : EARLY CHILDHOOD**

**PART 1: NUTRITION AND EARLY LEARNING**

**INTERVIEWER: ASK FOR CHILDREN AGES 0-6**

B1 Name of the child?

B2 Does ... (NAME) has birth certificate? (If yes, may I see it?)

B3 WRITE DOWN THE EXACT BIRTH DATE OF THE CHILD

**INTERVIEWER: ASK THE QUESTIONS BETWEEN B8-B13 IF THE CHILD IS 3 YEARS OLD AND OVER**

B8 Does (name) attend any organized learning or early childhood education program, such as a private or government facility, including kindergarten or community child care?

**INTERVIEWER: ASK THE QUESTIONS BETWEEN B8a-B10 IF B8 IS 1**

B8a What kind of early childhood education program does this child attend?

B9 Within the last seven days, about how many hours did (name) attend this facility?

B10 What is the cost of these services to your household on a weekly basis (excluding transportation costs)?

**INTERVIEWER: ASK THE QUESTIONS BETWEEN B11-B13 IF B8 IS 2.**

B11 If this child did not attend a learning program, what was the reason?

B12 When (what month and year) 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)**

B13 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**

ID CODE	B1. Name Between 0-6 Years Old	B2. Does ... (NAME) has birth certificate? (If yes, may I see it?)				B3. (WRITE DOWN THE EXACT BIRTH DATE OF THE CHILD)									
		Yes, I saw	Yes, I did not see	No	Do not know	DAY	MONTH	YEAR							
1	.....	1	2	3	4										
2	.....	1	2	3	4										
3	.....	1	2	3	4										
4	.....	1	2	3	4										
5	.....	1	2	3	4										
6	.....	1	2	3	4										
7	.....	1	2	3	4										
8	.....	1	2	3	4										
9	.....	1	2	3	4										
10	.....	1	2	3	4										

		(ASK FOR CHILDREN BETWEEN 3-6 YEARS OLD)																		
ID CODE	(1) Name	ASK THOSE WHO ARE CURRENTLY ENROLLED IN THE PROGRAMME							ASK THOSE WHO ARE NOT ENROLLED IN THE PROGRAMME											
		B8. Does (name) attend any organized learning or early childhood education program, such as a private or government facility, including kindergarten or community child care?		B8a. What kind of early childhood education program does this child attend?				B9. Within the last seven days, about how many hours did (name) attend this facility?	B10. What is the cost of these services to your household on a weekly basis (excluding transportation costs)?	B11. If this child did not attend a learning program, what was the reason?					B12. When (what month and year) 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)			B13. When do you plan on sending this child to primary school for the first time?		
		Yes	No	Private pre-school or kindergarten	Private preparatory school (only for 6 years old)	Preparatory school in public school (only for 6 years old)	Other courses and activities: .....	Hour / Week	TL / Week	No preschool or nursery available in the neighborhood	The mother takes care of the children at home	Preschool too expensive	Child too young to go to school	Other .....	Month	Year	Never	Month	Year	Never
B 8 a	B 11																			
1	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
2	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
3	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
4	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
5	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
6	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
7	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
8	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
9	.....	1	2	1	2	3	4			1	2	3	4	5			2			2
10	.....	1	2	1	2	3	4			1	2	3	4	5			2			2

## MODULE 8 : EARLY CHILDHOOD

### PART 2: STIMULATION AT HOME

#### (ASK FOR CHILDREN AGES 0-6)

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. **MULTIPLE ANSWER**

ID CODE	(1) Name	U1. People who read books or look at picture books with the child				U2. People who told stories to the child				U3. People who sang songs with the child				U4. People who brought the child out of house				U5. People who played with the child				U6. People who studied nouns, counting and/or drawing with the child							
		Mother	Father	Other	Noone	Mother	Father	Other	Noone	Mother	Father	Other	Noone	Mother	Father	Other	Noone	Mother	Father	Other	Noone	Mother	Father	Other	Noone				
1	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
2	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
3	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
4	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
5	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
6	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
7	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
8	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
9	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
10	.....	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

