

1993 TURKISH DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

HOUSEHOLD IDENTIFICATION	
<p>CLUSTER NO..... </p> <p>HOUSEHOLD NO..... </p> <p>REGION..... </p> <p>URBAN(1)/RURAL(2)..... </p>	<p>PROVINCE _____ </p> <p>DISTRICT _____ </p> <p>SUB-DISTRICT _____ </p> <p>VILLAGE _____ </p> <p>QUARTER _____</p> <p>STREET _____ DOOR NO _____</p>

INTERVIEWER VISITS						
		1	2	3	FINAL VISIT	
DATE : DAY AND MONTH		_ _	_ _	_ _		
INTERVIEWER'S NAME AND SURNAME		_ _ _ _	_ _ _ _	_ _ _ _		
RESULT (*)		_	_	_		
NEXT VISIT	DAY MONTH HOUR	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	TOTAL NUMBER OF VISITS 	

(*) RESULT CODES :

- 1 COMPLETED
- 2 HOUSEHOLD PRESENT BUT
NO COMPETENT RESPONDENT
AT HOME
- 3 HOUSEHOLD ABSENT
- 4 POSTPONED
- 5 REFUSED
- 6 DWELLING VACANT OR
ADDRESS NOT A DWELLING
- 7 DWELLING DESTROYED
- 8 DWELLING NOT FOUND
- 9 OTHER _____
(SPECIFY)

TOTAL IN HOUSEHOLD.....	
TOTAL ELIGIBLE WOMEN.....	

FIELD EDITED BY _____	DAY 	MONTH
OFFICE EDITED BY _____	DAY 	MONTH
KEYED BY _____	DAY 	MONTH

HOUR	<input type="text"/>	<input type="text"/>	MINUTE	<input type="text"/>	<input type="text"/>
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Now I would like some information about people in this household, such as age and sex.

LINE NO.	HOUSEHOLD LIST	RELATIONSHIP TO HOUSEHOLD HEAD	RESIDENCE		SEX	AGE
	ADD BY ASKING QUESTIONS A-B-C-D		Does usually live here ?	Did sleep here last night ?	Is male or female ?	How old is ?
	A. Could you please tell me the name of the household head ? B. Could you please tell the names of other people living in this household ? C. Is there anyone who usually lives in this household but is absent at present ? D. Additionally, are there persons who do not usually live here but who have stayed here last night ?	What is the relationship of to the household head ? What is to the head ? USE CODE LIST (*) PROVIDED	YES....1 NO.....2	YES....1 NO.....2	MALE...1 FEMALE.2	IN COMPLETED YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
02		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
03		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
04		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
05		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
06		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
07		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
08		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
09		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>
10		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>

I want to be sure that I have completed the full list of those in this household :

1. Are there any other persons such as small children and infants ? YES ☐ → ADD TO THE LIST ☐ NO
2. Are there any other persons who are not members of your family but live here, such as lodgers, friends, servants ? YES ☐ → ADD TO THE LIST ☐ NO

IF THE HOUSEHOLD LIST COMPRISES MORE THAN 10 PERSONS, TICK HERE AND CONTINUE LISTING THE HOUSEHOLD ON A SEPARATE FORM. PROCEED WITH THE REST OF THE INTERVIEW ON THE ADDITIONAL FORM. ☐

LINE NO.	PARENTAL SURVIVORSHIP				LITERACY AND EDUCATION			
					ASK IF AGED 6 AND OVER.			
	Iss natural mother alive ? ALIVE.....1 DEAD.....2 DK.....8 (Q.10)←	RECORD LINE NO. IF LISTED IN THE HOUSE. RECORD "96" IF LIVING ELSEWHERE.	Iss natural father alive ? ALIVE.....1 DEAD.....2 DK.....8 (Q.12)←	RECORD LINE NO. IF LISTED IN THE HOUSE. RECORD "96" IF LIVING ELSEWHERE.	Is literate ? YES.....1 NO.....2 DK.....8	Has ever been to school ? YES.....1 NO.....2 DK.....8 (Q.18)←	What is the highest level attended ? PRIMARY.....1 SECONDARY...2 HIGHSCHOOL..3 UNIVERSITY..4 DK.....8	What is the highest grade completed at that level ?
	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/>

(*) CODES FOR RELATIONSHIP TO HOUSEHOLD HEAD :

01.HEAD	05.GRANDCHILD	09.BROTHER-SISTER	13.OTHER RELATIVE
02.WIFE-HUSBAND	06.MOTHER-FATHER	IN LAW	14.NOT RELATED
03.SON-DAUGHTER	07.MOTHER-FATHER	10.FATHERS SIBLING	
04.SON-DAUGHTER	IN LAW	11.MOTHERS SIBLING	98.DK
IN LAW	08.BROTHER-SISTER	12.STEP CHILD	

LINE NO.	MARITAL STATUS AND ELIGIBILITY						
	ASK IF AGED 12 AND OVER.						
	Did graduate from this school ? YES.....1 NO.....2 DK.....8	ASK IF AGED LESS THAN 25 : Is still attending school ? YES.....1 NO.....2 DK.....8	Has ever married ? YES.....1 NO.....2 DK.....8 NEXT ← PERSON	What is 's marital status ? Currently married, widowed, divorced or separated? MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 DK.....8 Q. 21	IF CURRENTLY MARRIED, RECORD LINE NO. OF SPOUSE. IF SPOUSE NOT IN THE HOUSEHOLD LIST, RECORD "96".	How many times did marry ?	CIRCLE LINE NUMBER IF ELIGIBLE WOMAN. ELIGIBILITY : EVER-MARRIED WOMEN LESS THAN AGE 50
	(16)	(17)	(18)	(19)	(20)	(21)	(22)
01	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	01
02	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	02
03	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	03
04	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	04
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06	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	06
07	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	07
08	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	08
09	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	09
10	1 2 8	1 2 8	1 2 8	1 2 3 4 8	<input type="text"/> <input type="text"/>	<input type="text"/>	10

HOUSING CHARACTERISTICS

33	What is the source of water your household uses for handwashing and dishwashing ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN...11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER.....51 BOTTLED WATER/DEMIJOHN..... 61 OTHER _____ 71 (SPECIFY)
35	Do you obtain drinking water from the same source as water for handwashing and dishwashing ?	YES.....1→37 NO.....2
36	What is the source of your drinking water ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN...11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER.....51 BOTTLED WATER/DEMIJOHN..... 61 OTHER _____ 71 (SPECIFY)
37	Now I would like to ask you questions about the toilet facility of your house. Is the toilet in the house or outside ?	INSIDE.....1 OUTSIDE.....2 NO TOILET FACILITY.....3→46 OTHER _____ 4 (SPECIFY)
38	What type of toilet is it ? Is it a flush toilet, a closed pit or an open pit ?	FLUSH TOILET.....1 CLOSED PIT.....2 OPEN PIT.....3

39	Is the toilet used by only those in this household, or is it shared by members of another household ?	THIS HOUSEHOLD ONLY.....1 SHARED.....2																																										
41	Is there a place for washing hands in the toilet ?	YES.....1 NO.....2																																										
46	What is the source of heating in winter ?	RADIATOR (CENTRAL HEATING).....1 RADIATOR (PRIVATE).....2 STOVE.....3 CHARCOAL BRAZIER.....4 OVEN.....5 OTHER.....6 (SPECIFY)																																										
47	How many rooms in your household are normally used sleeping ?	ROOMS USED FOR SLEEPING.... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																										
49	What is the main material of the floor ?	NATURAL FLOOR EARTH.....11 RUDIMENTARY WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CEMENT.....34 CARPET.....35 MARLEY.....36 MOZAIC.....37 OTHER.....41 (SPECIFY)																																										
50	Do you have the following in the household ?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Refrigerator</td><td>REFRIGERATOR.....1</td><td>2</td></tr> <tr><td>Oven for Cooking</td><td>OVEN.....1</td><td>2</td></tr> <tr><td>Washing Machine</td><td>WASHING MACHINE.....1</td><td>2</td></tr> <tr><td>Dishwasher</td><td>DISHWASHER.....1</td><td>2</td></tr> <tr><td>Vacuum Cleaner</td><td>VACUUM CLEANER.....1</td><td>2</td></tr> <tr><td>Television</td><td>TELEVISION.....1</td><td>2</td></tr> <tr><td>Video Recorder</td><td>VIDEO RECORDER.....1</td><td>2</td></tr> <tr><td>Radio-Cassette Player</td><td>RADIO-CASSETTE PLAYER....1</td><td>2</td></tr> <tr><td>Music Set</td><td>MUSIC SET.....1</td><td>2</td></tr> <tr><td>Telephone</td><td>TELEPHONE.....1</td><td>2</td></tr> <tr><td>A Car (Exclduing tractors and taxis etc)</td><td>A CAR.....1</td><td>2</td></tr> <tr><td>Computer</td><td>COMPUTER.....1</td><td>2</td></tr> <tr><td>More than 30 Books (Excluding school books)</td><td>MORE THAN 30 BOOKS.....1</td><td>2</td></tr> </tbody> </table>		YES	NO	Refrigerator	REFRIGERATOR.....1	2	Oven for Cooking	OVEN.....1	2	Washing Machine	WASHING MACHINE.....1	2	Dishwasher	DISHWASHER.....1	2	Vacuum Cleaner	VACUUM CLEANER.....1	2	Television	TELEVISION.....1	2	Video Recorder	VIDEO RECORDER.....1	2	Radio-Cassette Player	RADIO-CASSETTE PLAYER....1	2	Music Set	MUSIC SET.....1	2	Telephone	TELEPHONE.....1	2	A Car (Exclduing tractors and taxis etc)	A CAR.....1	2	Computer	COMPUTER.....1	2	More than 30 Books (Excluding school books)	MORE THAN 30 BOOKS.....1	2
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51	LINE NO. OF RESPONDENT TO THE HOUSEHOLD SCHEDULE	LINE NO.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
52	LANGUAGE USED FOR CONDUCTING THE HOUSEHOLD QUESTIONNAIRE	TURKISH.....1 ARABIC.....2 KURDISH.....3 OTHER.....4 (SPECIFY)	>54
53	WAS AN INTERPRETER USED ?	YES.....1 NO.....2	
54	RECORD THE TIME.	HOUR..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MINUTE..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	

GO BACK TO THE FRONT COVER AND
COMPLETE THE NECESSARY INFORMATION.