

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES
1998 TURKISH DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

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

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE: DAY-MONTH	_ _	_ _	_ _	_ _
NAME AND SURNAME OF INTERVIEWER	_____	_____	_____	_ _
RESULT (*)	_	_	_	_
NEXT VISIT DATE TIME	_ _	_ _		TOTAL NUMBER OF VISITS

<p>(*) RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 HOUSEHOLD PRESENT BUT NO COMPETENT RESPONDENT AT HOME</p> <p>3 HOUSEHOLD ABSENT</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT/ ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	<p>TOTAL IN HOUSEHOLD.....</p> <p>TOTAL ELIGIBLE EVER MARRIED WOMEN.....</p> <p>TOTAL ELIGIBLE SINGLE WOMEN.....</p> <p>SELECTED FOR HUSBANDS</p> <p>YES..... 1 → TOTAL ELIGIBLE HUSBANDS....</p> <p>NO..... 2</p>
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<p>SUPERVISOR</p> <p style="text-align: center;">_____</p> <p>DAY-MONTH</p>	<p>FIELD EDITOR</p> <p style="text-align: center;">_____</p> <p>DAY-MONTH</p>	<p>KEYER</p> <p style="text-align: center;">_____</p> <p>DAY-MONTH</p>
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HOUR MINUTE

SECTION I. Now I would like some information about people in this household, such as age and education.

HH LINE NO	HOUSEHOLD LIST ADD BY ASKING A-B-C-D	RELATIONSHIP TO HEAD OF HH	RESIDENCE		SEX	AGE	DATE OF BIRTH
			Does..... usually live in this house? YES..... 1 NO 2	Did sleep here last night? YES..... 1 NO 2			
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)
01		01	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
10		<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 everyone in this household.

1. Are there any other persons such as small children or infants? YES → ADD TO LIST
NO

2. Are there any others who are not members of your family but live here, such as lodgers, friends, servants? YES → ADD TO 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.

HH LINE NO	PLACE OF BIRTH	MATERNAL SURVIVAL		PATERNAL SURVIVAL		EDUCATION ASK IF AGED 6 AND OVER		
		Is 's natural mother alive?	RECORD LINE NO. IF LISTED IN THE HOUSE. RECORD "96" IF LIVING ELSEWHERE.	Is 's natural father alive?	RECORD LINE NO. IF LISTED IN THE HOUSE. RECORD "96" IF LIVING ELSEWHERE	Has ever been to school?	What is the highest level of school attended? What is the highest grade completed at that level?	Did..... graduate from this school? (Did.....receive diploma?)
		ALIVE 1 DEAD 2 DK 8 } (12)		ALIVE 1 DEAD 2 DK 8 } (14)		YES 1 NO 2 DK 8 } (18)	LEVEL/GRADE	YES 1 NO 2 DK 8
	(09)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
01	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
02	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
03	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
04	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
05	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
06	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
07	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
08	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
09	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8
10	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 8

(*) CODES FOR RELATIONSHIP TO THE HOUSEHOLD HEAD:

01 HEAD	07 PARENT-IN-LAW	13 FIRST DEGREE COUSIN
02 WIFE/HUSBAND	08 SIBLING	14 GRAND PARENT
03 SON/DAUGHTER	09 SIBLING -IN- LAW	15 SIBLING'S CHILD
04 SON/DAUGHTER IN LAW	10 FATHER'S SIBLING	16 OTHER RELATIVE
05 GRANDCHILD	11 MOTHER'S SIBLING	17 NOT RELATED
06 PARENT	12 STEP CHILD	98 DK

LEVEL CODES

1	PRIMARY
2	SECONDARY
3	HIGH SCHOOL
4	UNIVERSITY
8	DK

CODES FOR GRADE

0	LESS THAN ONE YEAR/PREPARATORY
8	DK

HH LINE NO	ASK IF AGED LESS THAN 25	MARITAL STATUS ASK IF AGED 12 AND OVER			ELIGIBLE WOMAN		ELIGIBLE HUSBAND
	Is still attending school? YES..... 1 NO 2 DK..... 8	Has ... ever married? YES..... 1 NO 2 →(21) DK..... 8 ↓ NEXT PERSON	What is 's marital status? MARRIED..... 1 WIDOWED..... 2 DIVORCED..... 3 SEPERATED..... 4 DK..... 8 →(22)	RECORD LINE NO OF SPOUSE AND SKIP TO QST. 22 IF SPOUSE NOT IN THE HOUSEHOLD LIST, WRITE "96".	CIRCLE LINE NUMBER IF SINGLE WOMAN AGE 15-49 AND SKIP TO NEXT PERSON	CIRCLE LINE NUMBER IF EVER MARRIED WOMAN AGE 15-49 AND SKIP TO NEXT PERSON	
	(17)	(18)	(19)	(20)	(21)	(22)	(23)
01	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	01	01	01
02	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	02	02	02
03	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	03	03	03
04	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	04	04	04
05	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	05	05	05
06	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	06	06	06
07	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	07	07	07
08	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	08	08	08
09	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	09	09	09
10	1 2 8	1 2 8	1 2 3 4 8	<input type="checkbox"/>	10	10	10

SECTION 2. WELFARE OF ELDERLY

30	CHECK QUESTION 07: IN HOUSEHOLD LIST THERE IS AT LEAST ONE PERSON AGE 65 AND OVER <input type="checkbox"/>	ALL PERSONS ARE LESS THAN 65 <input type="checkbox"/>	→ 40
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ENTER THE NAME AND LINE NUMBER OF EACH ELDERLY LISTED IN THE HOUSEHOLD SCHEDULE. ASK QUESTIONS ABOUT EACH OF THE ELDERLY SEPARATELY. BEGIN WITH THE ELDERLY HIGHEST ON THE HOUSEHOLD LIST. (IF THERE ARE MORE THAN 2 ELDERLY, USE ADDITIONAL QUESTIONNAIRES).

31	FROM QUESTION 02 FROM QUESTION 01	NAME _____ LINE NUMBER..... <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/>	
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32	Does have any living children? IF YES: How many? IF NO WRITE "00".	NO OF CHILDREN..... <input type="text"/>	NO OF CHILDREN..... <input type="text"/>	
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33	Does have any living step children? IF YES: How many? IF NO WRITE "00".	NO OF STEP CHILDREN..... <input type="text"/>	NO OF STEP CHILDREN..... <input type="text"/>	
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34		SKIP TO QST. 36. IF HAS NO LIVING CHILDREN OR STEP CHILDREN.	SKIP TO QST. 36. IF HAS NO LIVING CHILDREN OR STEP CHILDREN.	
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35	Of 's own or step children, where does the nearest living child live? In the same house, very close, or another place?	SAME HOUSE..... 1 NEXT DOOR/VERY CLOSE..... 2 SAME COMMUNITY..... 3 CLOSE COMMUNITY..... 4 DISTANT COMMUNITY..... 5 OTHER COUNTRY..... 6 DK..... 8	SAME HOUSE..... 1 NEXT DOOR/VERY CLOSE..... 2 SAME COMMUNITY..... 3 CLOSE COMMUNITY..... 4 DISTANT COMMUNITY..... 5 OTHER COUNTRY..... 6 DK..... 8	
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36	Who takes the prime responsibility for 's needs, health and welfare?	HIMSELF/HERSELF..... 1 SPOUSE..... 2 CHILDREN/STEP CHILDREN..... 3 CHILDREN IN LAW..... 4 CLOSE RELATIVE..... 5 DISTANT RELATIVE..... 6 NEIGHBOURS..... 7 OTHER..... 8 (SPECIFY)	HIMSELF/HERSELF..... 1 SPOUSE..... 2 CHILDREN/STEP CHILDREN..... 3 CHILDREN IN LAW..... 4 CLOSE RELATIVE..... 5 DISTANT RELATIVE..... 6 NEIGHBOURS..... 7 OTHER..... 8 (SPECIFY)	
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37	Does have any income?	YES..... 1 NO..... 2 → 39	YES..... 1 NO..... 2 → 39	
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38	What are the source(s) of this income? RECORD ALL MENTIONED.	PENSION (SELF)..... A PENSION (DIRECT)..... B OLD AGE PENSION..... C RENT/INTEREST..... D FROM RELATIVE HERE..... E FROM RELATIVE ABROAD..... F CURRENTLY WORKING..... G OTHER..... I (SPECIFY)	PENSION (SELF)..... A PENSION (DIRECT)..... B OLD AGE PENSION..... C RENT/INTEREST..... D FROM RELATIVE HERE..... E FROM RELATIVE ABROAD..... F CURRENTLY WORKING..... G OTHER..... I (SPECIFY)	
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39		RETURN TO QST. 32 IF THERE IS ANOTHER ELDERLY IN THE HOUSE; SKIP TO QST. 40 OTHERWISE.	RETURN TO QST. 32 IF THERE IS ANOTHER ELDERLY IN THE HOUSE; SKIP TO QST. 40 OTHERWISE.	
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SECTION 3. HOUSING CHARACTERISTICS

40	Does this house belong to a household member, is it rented from someone else, is it a lodging, or do you just live here without having to pay anything?	OWNED BY A HOUSEHOLD MEMBER 1 RENTED 2 LODGING 3 NO RENT PAID 4 OTHER 7 (SPECIFY)				
41	What is the source of drinking water for members of your household?	PIPED WATER PIPED WATER IN HOUSE/GARDEN 11 → 43 PUBLIC PIPED WATER OUTSIDE HOUSE/GARDEN 12 WELL WATER WELL IN HOUSE/GARDEN 21 → 43 PUBLIC WELL 22 SURFACE WATER PIPED SURFACE WATER IN HOUSE/GARDEN 31 → 43 SPRING/PUBLIC FOUNTAIN 32 RIVER/STREAM/POND/LAKE/DAM 33 RAINWATER 41 → 43 TANKER TRUCK 51 BOTTLED WATER/DEMI JOHN/PET WATER 61 → 43 WATER STATION 71 OTHER 96 (SPECIFY)				
42	How long does it take you to go there, get water, and come back?	MINUTE <table border="1" data-bbox="1274 1052 1390 1115" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> ON PREMISES 996				
43	Is the toilet inside the house or outside?	NO FACILITY/BUSH/FIELD 0 → 45 INSIDE 1 OUTSIDE 2 INSIDE AND OUTSIDE 3 OTHER 7 (SPECIFY)				
44	What type of toilet system do you have in your household? PROBE IF THE TOILET SYSTEM IS CONNECTED TO DRAINAGE SYSTEM. IF CONNECTED: Is the toilet used by only the members of your household or is it shared with other households? IF NOT CONNECTED: What is the facility for excreta disposal?	FLUSH TOILET OWN FLUSH TOILET 11 SHARED FLUSH TOILET 12 PIT TOILET OPEN PIT 21 CLOSED PIT 22 NO FACILITY/ BUSH/ FIELD 31 OTHER 96 (SPECIFY)				
45	What is the main source of heating in winter for your house?	RADIATOR (CENTRAL HEATING) 1 RADIATOR (PRIVATE) 2 NATURAL GAS STOVE 3 STOVE (COAL, WOOD) 4 OTHER 7 (SPECIFY)				

50	LINE NO. OF RESPONDENT TO THE HOUSEHOLD SCHEDULE	LINE NO..... <input type="text"/>	
51	LANGUAGE USED FOR CONDUCTING THE HOUSEHOLD QUESTIONNAIRE	TURKISH 1 → 53 KURDISH 2 ARABIC 3 OTHER 7 (SPECIFY)	
52	WAS AN INTERPRETER USED?	YES 1 NO 2	
53	RECORD THE TIME	HOUR <input type="text"/> MINUTE..... <input type="text"/>	

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

PROVINCE CODES

01 ADANA	21 DIYARBAKIR	41 KOCAELI	61 TRABZON
02 ADIYAMAN	22 EDİRNE	42 KONYA	62 TUNCELI
03 AFYON	23 ELAZIĞ	43 KÜTAHYA	63 ŞANLIURFA
04 AĞRI	24 ERZINCAN	44 MALATYA	64 UŞAK
05 AMASYA	25 ERZURUM	45 MANISA	65 VAN
06 ANKARA	26 ESKİŞEHİR	46 K.MARAŞ	66 YOZGAT
07 ANTALYA	27 GAZİANTEP	47 MARDİN	67 ZONGULDAK
08 ARTVIN	28 GİRESUN	48 MUĞLA	68 AKSARAY
09 AYDIN	29 GÜMÜŞHANE	49 MUŞ	69 BAYBURT
10 BALIKESİR	30 HAKKARI	50 NEVŞEHİR	70 KARAMAN
11 BİLECİK	31 HATAY	51 NİĞDE	71 KIRIKKALE
12 BİNGÖL	32 İSPARTA	52 ORDU	72 BATMAN
13 BİTLİS	33 İÇEL	53 RİZE	73 ŞİRNAK
14 BOLU	34 İSTANBUL	54 SAKARYA	74 BARTIN
15 BURDUR	35 İZMİR	55 SAMSUN	75 ARDAHAN
16 BURSA	36 KARS	56 SİİRT	76 İĞDIR
17 ÇANAKKALE	37 KASTAMONU	57 SİNOP	77 YALOVA
18 ÇANKIRI	38 KAYSERİ	58 SİVAS	78 KARABÜK
19 ÇORUM	39 KIRKLARELİ	59 TEKİRDAĞ	79 KILIS
20 DENİZLİ	40 KIRŞEHİR	60 TOKAT	80 OSMANIYE

90 OTHER COUNTRY

CONVERSION OF YEARS OF BIRTH FROM
RUMI CALENDAR TO MILADI CALENDAR
YEARS :

RUMI YEAR + 584 = MILADI YEAR