

2006 POPULATION AND HOUSING UNIT QUESTIONNAIRE

FOR THE CENSUS OFFICER'S ATTENTION

For places not forming a household only fill sections I and II and go to section V Individual Questionnaire. In such places, start getting personal type information from first individual and use separate questionnaire for every individual.

SECTION I : ADDRESS

Name of Road, Avenue or Boulevard

Name or No of Street

No of Building Gate

No of House or Flat

SECTION II : TYPE OF PLACE

- | | | | |
|--------------------------|---|--------------------------|---|
| House | 1 | <input type="checkbox"/> | Prison |
| Hotel, Motel and Pension | 2 | <input type="checkbox"/> | Military Quarters, Officers Club etc. |
| Hospital, Health Care | 3 | <input type="checkbox"/> | Ports, Border Gates, Terminal Stations etc. |
| Hostel | 4 | <input type="checkbox"/> | Worksite, Construction etc. |
| Orphanage, Nursing Home | 5 | <input type="checkbox"/> | Other |
- Indicate

SECTION III : FEATURES OF THE HOUSING UNIT

1. What is the type of building in which your housing unit is located ?

- | | | |
|---------------------|---|--------------------------|
| Detached House | 1 | <input type="checkbox"/> |
| Semi-detached House | 2 | <input type="checkbox"/> |
| Row House | 3 | <input type="checkbox"/> |
| Subsidiary House | 4 | <input type="checkbox"/> |
| Apartment | 5 | <input type="checkbox"/> |
| Other | 6 | <input type="checkbox"/> |

No of story

2. When was your housing unit built ?

(Year completed.)

- | | | |
|-------------|---|--------------------------|
| Before 1975 | 1 | <input type="checkbox"/> |
| After 1975 | 2 | <input type="checkbox"/> |
| Not known | 3 | <input type="checkbox"/> |

Indicate year

3. What is the structural material of your housing unit ?

- | | | |
|-------------------------------------|---|--------------------------|
| R. Concrete (Stone, Brick, Briquet) | 1 | <input type="checkbox"/> |
| Masonry (Stone, Brick, Briquet) | 2 | <input type="checkbox"/> |
| Mud Brick | 3 | <input type="checkbox"/> |
| Prefabricated | 4 | <input type="checkbox"/> |
| Other | 5 | <input type="checkbox"/> |

4. What is your possession type of the housing unit ?

- | | | |
|---------------------------------------|---|--------------------------|
| Renter - from private (Real or Legal) | 1 | <input type="checkbox"/> |
| Renter - from foundation | 2 | <input type="checkbox"/> |
| Renter - from state | 3 | <input type="checkbox"/> |
| Owner | 4 | <input type="checkbox"/> |
| Provided by Employer | 5 | <input type="checkbox"/> |
| Not owner but does not pay any rent | 6 | <input type="checkbox"/> |
| Other | 7 | <input type="checkbox"/> |

Go to Question 6.

5. How much monthly rent do you pay for the housing unit ?

, **YTL**

6. How many rooms are there in your housing unit (including kitchen over 4sqm) ?

7. Which of the followings are available in your housing unit ?

- | | Inside the unit | Outside the unit | None |
|------------------------|-----------------------------|-----------------------------|-----------------------------|
| Toilet with flush tank | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| Bath tub or shower | 21 <input type="checkbox"/> | 22 <input type="checkbox"/> | 23 <input type="checkbox"/> |
| Kitchen | 31 <input type="checkbox"/> | 32 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| Water main supply | 41 <input type="checkbox"/> | 42 <input type="checkbox"/> | 43 <input type="checkbox"/> |
- Go to Question 9.

8. Do you use water main supply as drinking water ?

- Yes 1 No 2

9. Which of the followings are available in your housing unit and amount of these ?
(Put '0' for those not available.)

- | | Amount |
|----------------------------|----------------------|
| 1. Fixed telephone line | <input type="text"/> |
| 2. Cellular phone | <input type="text"/> |
| 3. TV | <input type="text"/> |
| 4. Satellite antenna | <input type="text"/> |
| 5. Computer | <input type="text"/> |
| 6. Internet connection | <input type="text"/> |
| 7. Car (for household use) | <input type="text"/> |
| 8. Closed garage | <input type="text"/> |
| 9. Generator | <input type="text"/> |
| 10. Air conditioner | <input type="text"/> |
| 11. Fireplace | <input type="text"/> |

10. Is there solar energy water heating system in your housing unit ?

- Yes 1 No 2

11. Is there any central heating system in your housing unit?

- Yes 1 No 2

12. What type / types of the followings are used in your housing unit for heating purpose ?

- | | | |
|-----------------|---|--------------------------|
| Electricity | 1 | <input type="checkbox"/> |
| Fuel / kerosene | 2 | <input type="checkbox"/> |
| LPG | 3 | <input type="checkbox"/> |
| Firewood | 4 | <input type="checkbox"/> |

13. Do you have a swimming pool?

- | | | |
|--------------|---|--------------------------|
| Yes, private | 1 | <input type="checkbox"/> |
| Yes, common | 2 | <input type="checkbox"/> |
| No | 3 | <input type="checkbox"/> |

14. Is there anyone in this household who cultivates an agricultural land as the owner or renter, who is engaged in livestock production as self-employed or employer ?

- Yes 1 No 2

In this section record every member of the household whether they are present or not present at the time and visitors who have their usual place of residence elsewhere, beginning from the reference individual. But do not include household members, who are not present and are / will stay in hostel, nursing home, prison, hospital and military quarter for compulsory military service in TRNC for more than one year.

Number of household members and visitors present :

SECTION IV: LIST OF HOUSEHOLD MEMBERS AND VISITORS

H o u s e h o l d O r d e r N o	Name and surname ? A. Write the household members present, starting from the reference individual. B. Write the household members not present (including individuals abroad for education or work) C. Write individuals who are not household members as "visitor" whether they are relatives or not.'s sex ?'s relationship to the reference individual (write relatives who are not household member as "visitor"). 1. Reference Individual 2. Spouse 3. Daughter / Son 4. Mother / Father 5. Sister / Brother 6. Mother in Law / Father in Law 7. Daughter in Law / Son in Law 8. Grandchild 9. Other 10. Visitor (Fill Section V Individual Questionnaire)	Is present at home ?	Where is..... at the time? (If within the country write district, subdistrict, village name, if abroad write country name.)	Reason of 's being abroad? 1. Higher Education 2. Work 3. Short - term education 4. Travel, tourism 5. Duty (conference, meeting, etc.) 6. Work - visit 7. Other	Total duration of 's being abroad ?	Date of birth ?	For those who will fill Section V- Individual Questionnaire put "X" sign in this column.
	15	16	17	18	19	20	21	22	23
1	Name <input type="text"/> Surname <input type="text"/>	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>	<input type="text"/>	1. Yes <input type="checkbox"/> Section V Individual Questionnaire 2. No <input type="checkbox"/>	1. Within the country <input type="checkbox"/> District : <input type="text"/> Subdistrict : <input type="text"/> Village : <input type="text"/> Completed. 2. Abroad <input type="checkbox"/> Country: <input type="text"/>	<input type="checkbox"/>	1. Less than 3 months <input type="checkbox"/> 2. 3 months - 1 year <input type="checkbox"/> Section V Individual Questionnaire. 3. More than 1 year <input type="checkbox"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> Completed.	<input type="checkbox"/>
2	Name <input type="text"/> Surname <input type="text"/>	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>	<input type="text"/>	1. Yes <input type="checkbox"/> Section V Individual Questionnaire. 2. No <input type="checkbox"/>	1. Within the country <input type="checkbox"/> District : <input type="text"/> Subdistrict : <input type="text"/> Village : <input type="text"/> Completed. 2. Abroad <input type="checkbox"/> Country: <input type="text"/>	<input type="checkbox"/>	1. Less than 3 months <input type="checkbox"/> 2. 3 months - 1 year <input type="checkbox"/> Section V Individual Questionnaire. 3. More than 1 year <input type="checkbox"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> Completed.	<input type="checkbox"/>
3	Name <input type="text"/> Surname <input type="text"/>	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>	<input type="text"/>	1. Yes <input type="checkbox"/> Section V Individual Questionnaire. 2. No <input type="checkbox"/>	1. Within the country <input type="checkbox"/> District : <input type="text"/> Subdistrict : <input type="text"/> Village : <input type="text"/> Completed. 2. Abroad <input type="checkbox"/> Country: <input type="text"/>	<input type="checkbox"/>	1. Less than 3 months <input type="checkbox"/> 2. 3 months - 1 year <input type="checkbox"/> Section V Individual Questionnaire. 3. More than 1 year <input type="checkbox"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> Completed.	<input type="checkbox"/>
4	Name <input type="text"/> Surname <input type="text"/>	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>	<input type="text"/>	1. Yes <input checked="" type="checkbox"/> Section V Individual Questionnaire. 2. No <input type="checkbox"/>	1. Within the country <input type="checkbox"/> District : <input type="text"/> Subdistrict : <input type="text"/> Village : <input type="text"/> Completed. 2. Abroad <input type="checkbox"/> Country: <input type="text"/>	<input type="checkbox"/>	1. Less than 3 months <input type="checkbox"/> 2. 3 months - 1 year <input type="checkbox"/> Section V Individual Questionnaire. 3. More than 1 year <input type="checkbox"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> Completed.	<input type="checkbox"/>
5	Name <input type="text"/> Surname <input type="text"/>	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>	<input type="text"/>	1. Yes <input type="checkbox"/> Section V Individual Questionnaire. 2. No <input type="checkbox"/>	1. Within the country <input type="checkbox"/> District : <input type="text"/> Subdistrict : <input type="text"/> Village : <input type="text"/> Completed. 2. Abroad <input type="checkbox"/> Country: <input type="text"/>	<input type="checkbox"/>	1. Less than 3 months <input type="checkbox"/> 2. 3 months - 1 year <input type="checkbox"/> Section V Individual Questionnaire. 3. More than 1 year <input type="checkbox"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> Completed.	<input type="checkbox"/>
6	Name <input type="text"/> Surname <input type="text"/>	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>	<input type="text"/>	1. Yes <input type="checkbox"/> Section V Individual Questionnaire. 2. No <input type="checkbox"/>	1. Within the country <input type="checkbox"/> District : <input type="text"/> Subdistrict : <input type="text"/> Village : <input type="text"/> Completed. 2. Abroad <input type="checkbox"/> Country: <input type="text"/>	<input type="checkbox"/>	1. Less than 3 months <input type="checkbox"/> 2. 3 months - 1 year <input type="checkbox"/> Section V Individual Questionnaire. 3. More than 1 year <input type="checkbox"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> Completed.	<input type="checkbox"/>

SECTION V: INDIVIDUAL QUESTIONNAIRE

24. Your Name and Surname ?

Name Surname

Individual Order No :

25. Your Sex ?

Male 1 Female 2

26. Your Date of Birth ?

Day Month Year

27. Your Place of Birth ?

- | | | | | | | |
|---------|--------------|-----------------|--------------|-----------|--------------------------|--------------------------|
| 1. TRNC | Nicosia 11 | 2. South Cyprus | Nicosia 16 | 3. Turkey | <input type="checkbox"/> | |
| | Famagusta 12 | | Famagusta 17 | | 4. Other Country | <input type="checkbox"/> |
| | Kyrenia 13 | | Larnaca 18 | | | <input type="checkbox"/> |
| | Güzelyurt 14 | | Lemesos 19 | | | <input type="checkbox"/> |
| | İskele 15 | | Pafos 20 | | | <input type="checkbox"/> |

28. Your Mother's Place of Birth ?

1. TRNC 2. Turkey 3. Other Country

29. Your Father's Place of Birth ?

1. TRNC 2. Turkey 3. Other Country

30. Your Citizenship ?

1. TRNC 2. TRNC and Other Country Indicate
3. TR 4. Other Country Indicate → *Go to Question 33.*

31. Your Nationality ?

1. Turkish 2. Greek 3. British 4. Maronit 5. Other

32. Your TRNC Identity Card Number ? *(Ask those aged over 11 years.)*

33. Is this your usual place of residence ?

1. Yes → *Go to Question 36.* 2. No

34. Where do you reside ?

Within the Country Abroad

District Subdistrict Village

→ *Go to Question 36.*

35. What is your reason for being in TRNC ?

1. Travel, tourism 2. Duty (conference, meeting etc.) 3. Work - visit 4. Short - term work 5. Other
- GO TO QUESTION 40.**

36. Have you been living in TRNC since you were born ?

1. Yes → *Go to Question 39.* 2. No → *(Indicate year.)*

37. What is your reason for coming to TRNC ?

1. Migration from South 2. Working 3. Appointment / Duty 4. Education 5. Marriage 6. Migration due to dependence on one of the household members 7. Return to the country 8. Other

38. From which country did you come ? *(Do not ask those migrated from South.)*

Country name

39. Where did you reside one year ago ? *(Do not ask those aged less than one year.)*

1. TRNC → Nicosia 11 Güzelyurt 14
2. Abroad Famagusta 12 İskele 15
Kyrenia 13

40. Are you physically or mentally disabled ?

1. Yes 2. No → *Go to Question 42.*

41. Type of your disability ?

1. Seeing disability 2. Hearing - speaking disability 3. Physical / orthopedical disability 4. Mental disability 5. Other

Questionnaire of those aged 5 years and less is completed.

Ask those aged 6 years and over.

42. What is the highest level of education that you have attained ?

1. Never attended school → *Go to Question 44.* 2. Primary school 3. Secondary school 4. General high school 5. Vocational and technical high school 6. Vocational higher education (2-3 years) 7. University 8. Master or doctorate
- *Go to Question 45.*

43. From which department have you been graduated ?

→ *Go to Question 45.*

44. Can you read and write ?

1. Yes 2. No → *Go to Question 47.*

45. Are you attending to an educational institution ?

1. Yes 2. No → *Go to Question 47.*

46. At which level are you continuing your education ?

1. Primary school 2. Secondary school 3. General high school 4. Vocational and technical High school 5. Vocational higher education (2 - 3 years) 6. University 7. Master or doctorate

Questionnaire of those aged 14 years and less is completed.

Ask those aged 15 years and over.

47. What is your marital status ?

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

Ask women aged 15 years and over.

48. Have you given birth to any live child ? *(whether dead or alive now)*

1. Yes 2. No → *Go to Question 52.*

49. How many live child have you given birth to ?

1. Female 2. Male

50. How many of the children you have given birth are alive now ?

1. Female 2. Male

Ask women aged 15 - 50 years.

51. Within the last preceding year have you given birth to any live child?

1. yes → Indicate number of child 2. No

Ask those aged 15 years and over.

52. Did you work in any kind of job for money or for payment in any kind ?

(Indicate those who did not work last week for any reason like leave, illness, travelling, etc. and for seasonal reasons as "did not work but has a job")

1. Worked 2. Did not work but has a job 3. Did not work → *Go to Question 59.*

53. What kind of work did you do last week or the job that you continue to hold?

(For example; farmer, mechanical engineer, bank manager, secretary, grocer. Do not list names like public servant, worker, self - employed.)

54. In what kind of place, institution or work - place are you working or continuing to hold a job ?

(For example; field, municipality, security directorate, directorate of highways, grocery, house, primary school, secondary school.)

55. What is the main activity of the place, institution or work place that you work or continue to hold a job ?

(For example; public service, retail trade, banking, manufacture of refrigerator, construction, stock breeding, poultry.)

56. What was your status in the place where you worked or continued to hold a job last week ?

1. Employee 2. Employer 3. Self - employed 4. Unpaid family worker

57. Where is the place that you work or continue to hold a job?

1. TRNC → Nicosia 11 Güzelyurt 14
2. South Cyprus Famagusta 12 İskele 15
3. Other Kyrenia 13

58. Are you retired from a retirement institution ?

1. Yes *Completed.* 2. No

59. Are you looking for a job ?

1. Yes 2. No → *Go to Question 61.*

60. Did you apply for a job within the last 6 months ?

1. Yes → *Completed.* 2. No

61. What is your reason for not working or not looking for a job ?

1. Found one, waiting to start 2. Student 3. Retired 4. House - wife 5. Income recipient 6. Seasonal worker 7. Other

Completed.