



**SECTION III - LIST OF**

*(List all Turkish Citizens or foreigners who are the members of the household whether they are recorded in population registers or not starting from the reference as "1" in question 6 of Form B). Do not include the persons who are staying in university dormitories, nursing homes, prisons, military barracks, and*

**DO NOT FORGET TO LIST THE PERSONS WHO COMPLY WITH THE FOLLOWING CONDITIONS**

- A. Is there anybody else who lives at this address?
- B. Is there anybody who usually lives at this address but is temporarily in another place (holiday, business trip, etc.)?
- C. Is there anybody who attends primary or secondary boarding school?
- D. Is there any child or baby who is missing in the household list?
- E. Is there anybody who is not a member of your family (housekeeper, babysitter, etc.) but usually lives here with you?

Serial Number	Name and surname?	Sex? 1. Male 2. Female	Date of birth? (Day/Month/Year)	Place of birth? <i>(Write in the current name of the province of your place of birth written on your ID card. For the persons who were born abroad, write only the name of the country.)</i>	Skip these questions (6-11)	
					Were you residing at this address in 2 October 2011? 1. Yes 2. No, in another locality within this province 3. No, in another province 4. No, abroad 5. No, new born	Nationality? 1. Turkish Republic 2. Other (Specify)
1	2	3	4	5	6	7
1	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
2	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
3	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
4	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
5	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
6	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
7	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
8	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
9	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
10	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....
11	.....	<input type="checkbox"/>	□□□/□□□/□□□□□	Province .....	<input type="checkbox"/>	<input type="checkbox"/>
				Country .....		.....

**HOUSEHOLD MEMBERS**

*person. Do not forget to list the persons listed in Form B who are still members of the household (persons who were coded the persons who are away from home for 12 months and more.*

*for the persons who are transferred from Form B*

**Relationship to the reference person?**

*Fill in only for Turkish Republic Citizens*

- 01. Reference person
- 02. Wife/husband
- 03. Son/daughter
- 04. Father/mother
- 05. Brother/sister
- 06. Father-in-law/mother-in-law
- 07. Son-in-law/daughter-in-law
- 08. Grandchild
- 09. Other relatives
- 10. Non relatives

Turkish Republic ID number? <small>(For foreigners, if exists, write in the Foreigner ID number, otherwise write in the passport number)</small>	Father's name?	Mother's name?	Province and district name where you are registered in the population registers?	
8	9	10	11	12
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Not registered in the population registers			Province ..... District ..... <input type="checkbox"/> Not registered in the population registers	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div>

**SECTION IV- INDIVIDUAL INFORMATION**

**1.** Serial number **01**

**2.** Name and surname: .....

**3.** Is your date of birth on your identity card consistent with your real date of birth?

1  Yes                      2  No

*If "Yes", calculate the age according to the table at the last page of the questionnaire, otherwise ask the completed age to the person.*

Completed age

*(While asking the following questions, take into consideration the "completed age" of the person.)*

**MIGRATION**

*(In this part, "locality" refers to province center, district center and sub-district or village.)*

**4.** Up to now (considering your lifetime), have you ever resided out of this locality?

*(For the persons who (i) changed place of residence for less than 1 year, (ii) changed place of residence for military service or conviction regardless of the duration of staying, and who are aged below 1, mark "No".)*

1  Yes                      2  No → **Go to Question 15**

**5.** One year ago (on October 2, 2010) were you residing in the current place of residence?

1  Yes → **Go to Question 9**  
2  No

**6.** What is the current name of province and district where you were residing one year ago?

*(For those who were residing abroad write in only the name of the country.)*

Name of the province ..... Name of the district .....

Name of the country ..... → **Go to Question 8**

**7.** Was this locality, a province center or a district center or a sub-district/village?

1  Province center                      3  Sub-district or village  
2  District center

**8.** What was the main reason for leaving the locality that you were residing one year ago?

1  To seek/find a job                      5  Health  
2  Assignment/change of job                      6  Migration related to any member  
3  Education                      of the household  
4  Marriage/divorce                      7  Other (Specify) .....

**9.** Five years ago (on October 2, 2006) were you residing in the current place of residence?

1  Less than 5 years old } **Go to Question 13**  
2  Yes }  
3  No }

**10.** What is the current name of province and district where you were residing five years ago?

*(For those who were residing abroad write in only the name of the country.)*

Name of the province ..... Name of the district .....

Name of the country ..... → **Go to Question 12**

**11.** Was this locality, a province center or a district center or a sub-district/village?

1  Province center                      3  Sub-district or village  
2  District center

**12.** What was the main reason for leaving the locality that you were residing five years ago?

1  To seek/find a job                      5  Health  
2  Assignment/change of job                      6  Migration related to any member of  
3  Education                      the household  
4  Marriage/divorce                      7  Other (Specify) .....

**13.** Have you ever resided abroad for at least 12 months?

*(If resided in more than one country, specify the last one.)*

1  Yes → Country: .....  
2  No → **Go to Question 15**

**14.** When did you start to reside in Turkey?  
*(Consider the most recent arrival)*

Year

Month   *(For 2009 and later)*

**DISABILITY**

**15.** Do you have any chronic illnesses such as hypertension, diabetes, heart disease, cancer, kidney failure, stroke, hepatitis, asthma, etc.?

1  Yes                      2  No

**16.** Do you have difficulty in seeing?  
*(even if you use glasses or contact lenses)*

1  Not at all                      3  A lot  
2  Some                      4  Can not see at all

**17.** Do you have difficulty in hearing?  
*(even if you use hearing aid)*

1  Not at all                      3  A lot  
2  Some                      4  Can not hear at all

**ASK PERSONS AGED 3 AND OVER.  
SKIP TO QUESTION 41 FOR PERSONS AGED BELOW 3.**

**18.** Do you have difficulty in speaking such as speech impairment, lalopathy, stammering, etc.?

1  Not at all                      3  A lot  
2  Some                      4  Can not speak at all

**19.** Do you have difficulty in walking or climbing stairs?

1  Not at all                      3  A lot  
2  Some                      4  Can not do at all

**20.** Do you have difficulty in holding or lifting something?

1  Not at all                      3  A lot  
2  Some                      4  Can not do at all

**21.** Do you have difficulty in learning, doing simple calculations, remembering and concentrating when compared to your peers?

1  Not at all                      3  A lot  
2  Some                      4  Can not do at all

**ASK PERSONS AGED 6 AND OVER.  
SKIP TO QUESTION 41 FOR PERSONS AGED BELOW 6.**

**EDUCATION**

**22.** Did you attend to any pre-primary education (kindergarten, pre-school, day-care center) when you were aged between 3 and 6?  
*(Mark "No" for attendances less than 1 semester and attendances only for nursing and feeding purposes.)*

1  Yes                      2  No

**23.** What is your highest completed level of education?

1  No school completed  
2  Primary school (5 years)  
3  Primary school (8 years)  
4  Regular or vocational secondary school  
5  High school  
6  Vocational high school  
7  Post secondary of 2 or 3 years  
8  Faculty of 4 years  
9  Faculty of 5 or 6 years  
    *(exclude the year for prep school)*  
10  Master  
11  Doctorate

} **Go to Question 25**

**24.** Are you literate?

1  Yes                      2  No

**ASK PERSONS AGED 15 AND OVER.  
SKIP TO QUESTION 41 FOR PERSONS AGED BELOW 15.**

**MARITAL STATUS**

**25.** What is your marital status?

1  Never married                      3  Divorced  
2  Married                      4  Widowed

**SECTION IV- INDIVIDUAL INFORMATION**

**ASK PERSONS AGED 15 AND OVER. SKIP TO QUESTION 41 FOR PERSONS AGED BELOW 15.**

**LABOR FORCE**

**26. Did you work in the last week of September or did you have a job from which you were temporarily away or a job you will return back?** (Specify as "worked" if the person worked to earn cash or income in kind or as unpaid family worker, even if only for one hour.)

- 1  Worked
- 2  Temporarily away
- 3  Did not work

} **Go to Question 33**

**27. Did you actively look for a job in September?** (including attempts for establishing a business)

- 1  Yes
- 2  No

→ **Go to Question 29**

**28. Where did you most recently apply to find a job in September?**

- 1  Friends, relatives
- 2  Directly to the employer
- 3  Turkish Employment Office or private employment agencies
- 4  Other (looking in newspapers, taking exams, attempt to establish own business, etc.)
- 5  Did not do anything

} **Go to Question 30**

**29. What was the reason for not looking for a job?**

- 1  Homemaker
- 2  Education/ training
- 3  Retired
- 4  Unable to work (illness/disability/senility)
- 5  Income recipient (rent, interest, etc.)
- 6  Other (Specify) .....

**30. If you had found a job, would you have been able to start working within the first two weeks of October?**

- 1  Yes
- 2  No

**31. Have you ever worked before?**

- 1  Yes
- 2  No

→ **For female, go to Question 37**  
**For male, go to Question 41**

**32. When did you leave your most recent job?**

- 1  2001 and after
- 2  2000 and before

→ **Go to Question 34.a**

→ **For female, go to Question 37**  
**For male, go to Question 41**

**33. Where is your workplace or organization?**

- 1  In this province
- 2  In another province
- 3  Abroad

→ **Province:** .....

→ **Country:** .....

**34. a. What is/was the main activity of your workplace, firm or organization?** (Main activity should be written clearly. For example; primary education services, wholesale trade in foodstuffs, highway passenger transportation, road construction, wheat production, etc.)

.....

**b. Give one or two examples for the goods or services produced at your workplace.**

(For example; building construction, hair cut or beard trim, stove manufacture, stockfarming, shoe repair, etc.)

.....

**35. What is/was your main tasks or duties at your workplace?**

(Instead of main occupation, person's responsibility (occupation) at the workplace will be written, e.g., cattle farmer, mechanical engineer, bank manager, dactylographer, history teacher, grocer)

.....

**36. What is/was your employment status in your workplace?**

- 1  Regular or casual employee
- 2  Employer
- 3  Self employed
- 4  Unpaid family worker

**For female, go to Question 37**  
**For male, go to Question 41**

**ASK FEMALES AGED 15 AND OVER. SKIP TO QUESTION 41 FOR FEMALES AGED BELOW 15.**

**FERTILITY, INFANT AND CHILD MORTALITY**

**37. Have you ever given a live birth?** (except miscarriages, abortions and stillbirths)

- 1  Yes
- 2  No

→ **Go to Question 41**

**38. How many of these children are male and female?**    1  Male    2  Female

**39. Has any of these children died?**    1  Yes    2  No    →    1  Male    2  Female

**ASK FEMALES AGED BETWEEN 15 AND 55. SKIP TO QUESTION 41 FOR FEMALES AGED 56 AND ABOVE.**

**40. Have you given a live birth since January 1, 2005, whether he/she is alive or dead now?** (except miscarriages, abortions and stillbirths)

- 1  Yes
- 2  No

→ **Go to Question 41**

↓ **Starting from the last born child, write down information of these children. After listing all the children, go to Question 41.**

Name	Sex	Date of birth (Day/Month/Year)	Is he/she still alive?	Date of death (Day/Month/Year)	What was his/her age when he/she died?
1	2	3	4	5	6
1. .... (Last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years
2. .... (Second from last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years
3. .... (Third from last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years
4. .... (Fourth from last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years

**41. If there is another household member, go to next person, else go to Section V-Mortality which is at the back page.**





**SECTION IV- INDIVIDUAL INFORMATION**

ASK PERSONS AGED 15 AND OVER. SKIP TO QUESTION 41 FOR PERSONS AGED BELOW 15.

**LABOR FORCE**

**26. Did you work in the last week of September or did you have a job from which you were temporarily away or a job you will return back?** (Specify as "worked" if the person worked to earn cash or income in kind or as unpaid family worker, even if only for one hour.)

- 1  Worked
- 2  Temporarily away
- 3  Did not work

} **Go to Question 33**

**27. Did you actively look for a job in September?** (including attempts for establishing a business)

- 1  Yes
- 2  No

→ **Go to Question 29**

**28. Where did you most recently apply to find a job in September?**

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} **Go to Question 30**

**29. What was the reason for not looking for a job?**

- 1  Homemaker
- 2  Education/ training
- 3  Retired
- 4  Unable to work (illness/disability/senility)
- 5  Income recipient (rent, interest, etc.)
- 6  Other (Specify) .....

**30. If you had found a job, would you have been able to start working within the first two weeks of October?**

- 1  Yes
- 2  No

**31. Have you ever worked before?**

- 1  Yes
- 2  No

→ **For female, go to Question 37**  
**For male, go to Question 41**

**32. When did you leave your most recent job?**

- 1  2001 and after
- 2  2000 and before

→ **Go to Question 34.a**

→ **For female, go to Question 37**  
**For male, go to Question 41**

**33. Where is your workplace or organization?**

- 1  In this province
- 2  In another province
- 3  Abroad

→ **Province:** .....

→ **Country:** .....

**34. a. What is/was the main activity of your workplace, firm or organization?** (Main activity should be written clearly. For example; primary education services, wholesale trade in foodstuffs, highway passenger transportation, road construction, wheat production, etc.)

.....

**b. Give one or two examples for the goods or services produced at your workplace.** (For example; building construction, hair cut or beard trim, stove manufacture, stockfarming, shoe repair, etc.)

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**36. What is/was your employment status in your workplace?**

- 1  Regular or casual employee
- 2  Employer
- 3  Self employed
- 4  Unpaid family worker

**For female, go to Question 37**  
**For male, go to Question 41**

ASK FEMALES AGED 15 AND OVER. SKIP TO QUESTION 41 FOR FEMALES AGED BELOW 15.

**FERTILITY, INFANT AND CHILD MORTALITY**

**37. Have you ever given a live birth?** (except miscarriages, abortions and stillbirths)

- 1  Yes
- 2  No

→ **Go to Question 41**

**38. How many of these children are male and female?** 1  Male 2  Female

**39. Has any of these children died?** 1  Yes → 1  Male 2  No 2  No

ASK FEMALES AGED BETWEEN 15 AND 55. SKIP TO QUESTION 41 FOR FEMALES AGED 56 AND ABOVE.

**40. Have you given a live birth since January 1, 2005, whether he/she is alive or dead now?** (except miscarriages, abortions and stillbirths)

- 1  Yes
- 2  No

→ **Go to Question 41**

↓ **Starting from the last born child, write down information of these children. After listing all the children, go to Question 41.**

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1	2	3	4	5	6
1. .... (Last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years
2. .... (Second from last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years
3. .... (Third from last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years
4. .... (Fourth from last)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Yes → <b>Next child</b> 2 <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input type="checkbox"/> Less than 1 month <input type="text"/> Days 2 <input type="checkbox"/> 1-11 months <input type="text"/> Months 3 <input type="checkbox"/> 1 year and over <input type="text"/> Years

**41. If there is another household member, go to next person, else go to Section V-Mortality which is at the back page.**

### SECTION V - MORTALITY

(This part will be filled in by interviewing with the reference person or any adult household member (aged 18 or over) who can give information about the household)

(Do not forget to list the household members who were declared dead after January 1, 2008 in Form B)

**1.** Is there any baby, child or adult who died after January 1, 2008 while he/she was living as a member of this household?

1  Yes                      2  No                      → **Finished**  
 ↓ (List the persons in the following part)

Name and surname	Sex	Date of death <i>(Day/Month/Year)</i>	How old was he/she when he/she died?	Was this person registered in population registers?	If son/daughter, wife/husband, father/mother or brother/sister of the deceased is a member of this household, write in the "Serial Number" of this person from Section III. If not, write "99"	What is the relationship of deceased with the person defined in Question 6? 1. Son/daughter 2. Wife/husband 3. Father/mother 4. Brother/sister
1	2	3	4	5	6	7
1. ....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	___/___/_____	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1-11 months 3 ___ Years old	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	___ <i>If "99" go to the next person</i>	___ <i>Go to the next person</i>
2. ....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	___/___/_____	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1-11 months 3 ___ Years old	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	___ <i>If "99" go to the next person</i>	___ <i>Go to the next person</i>
3. ....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	___/___/_____	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1-11 months 3 ___ Years old	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	___ <i>If "99" go to the next person</i>	___ <i>Go to the next person</i>
4. ....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	___/___/_____	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1-11 months 3 ___ Years old	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	___ <i>If "99" go to the next person</i>	___ <i>Go to the next person</i>
5. ....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	___/___/_____	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1-11 months 3 ___ Years old	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	___ <i>If "99" go to the next person</i>	___ <i>Go to the next person</i>

#### AGE TABLE BY DATE OF BIRTH

Year of birth		Completed age		Year of birth	Completed age		Year of birth	Completed age		Year of birth	Completed age	
		Date of birth			Date of birth			Date of birth			Date of birth	
Rumi calendar	Gregorian calendar	2 <sup>nd</sup> of October and before	After 2 <sup>nd</sup> of October	Gregorian calendar	2 <sup>nd</sup> of October and before	After 2 <sup>nd</sup> of October	Gregorian calendar	2 <sup>nd</sup> of October and before	After 2 <sup>nd</sup> of October	Gregorian calendar	2 <sup>nd</sup> of October and before	After 2 <sup>nd</sup> of October
1328	1912	99	98	1932	79	78	1952	59	58	1972	39	38
1329	1913	98	97	1933	78	77	1953	58	57	1973	38	37
1330	1914	97	96	1934	77	76	1954	57	56	1974	37	36
1331	1915	96	95	1935	76	75	1955	56	55	1975	36	35
1332	1916	95	94	1936	75	74	1956	55	54	1976	35	34
1333	1917	94	93	1937	74	73	1957	54	53	1977	34	33
1334	1918	93	92	1938	73	72	1958	53	52	1978	33	32
1335	1919	92	91	1939	72	71	1959	52	51	1979	32	31
1336	1920	91	90	1940	71	70	1960	51	50	1980	31	30
1337	1921	90	89	1941	70	69	1961	50	49	1981	30	29
1338	1922	89	88	1942	69	68	1962	49	48	1982	29	28
1339	1923	88	87	1943	68	67	1963	48	47	1983	28	27
1340	1924	87	86	1944	67	66	1964	47	46	1984	27	26
1341	1925	86	85	1945	66	65	1965	46	45	1985	26	25
	1926	85	84	1946	65	64	1966	45	44	1986	25	24
	1927	84	83	1947	64	63	1967	44	43	1987	24	23
	1928	83	82	1948	63	62	1968	43	42	1988	23	22
	1929	82	81	1949	62	61	1969	42	41	1989	22	21
	1930	81	80	1950	61	60	1970	41	40	1990	21	20
	1931	80	79	1951	60	59	1971	40	39	1991	20	19
										1992	19	18
										1993	18	17
										1994	17	16
										1995	16	15
										1996	15	14
										1997	14	13
										1998	13	12
										1999	12	11
										2000	11	10
										2001	10	9
										2002	9	8
										2003	8	7
										2004	7	6
										2005	6	5
										2006	5	4
										2007	4	3
										2008	3	2
										2009	2	1
										2010	1	0
										2011	0	-