

ETLIK INTEGRATED HEALTH CAMPUS PROJECT
SOCIAL IMPACT ASSESSMENT
BUSINESS INTERVIEW FORM

Introduction

Firstly, thank you for participating to this study. We are here to determine social impacts of the Etlik Integrated Health Campus Project which was designed by MoH. Your company is located in the one of the closest mahalles to the Project site which is possibly be affected positively or negatively. With this survey we aim to determine general characteristics of your company, discuss possible impacts of the Project, and take your opinions about minimizing negative impacts and strengthening positive impacts.

General Information About Business	
1. Province	
2. District	
3. Mahalle	
4. Street	
5. Name of the Company	
6. Phone	
7. Do you have a web site?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No ↓ Web site. http://www.....
8. Do you have an e mail address?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No ↓.
Personal Information of interviewee	
9. Name and Surname	
10. Status	
11. How old are you?	
12. Level of education	<input type="checkbox"/> 1. High School Graduate <input type="checkbox"/> 2. Associate Degree <input type="checkbox"/> 3. University Graduate <input type="checkbox"/> 4. Masters/PhD <input type="checkbox"/> 5. Other
13. Number of employee	<input type="checkbox"/> 1. 1-9 <input type="checkbox"/> 2. 10-49 <input type="checkbox"/> 3. 50-249 <input type="checkbox"/> 4. 250+
14. How long have your company existing in this address?	
15. What is your company's legal status?	<input type="checkbox"/> 1. Unlimited company <input type="checkbox"/> 2. Ordinary partnership <input type="checkbox"/> 3. Limited company <input type="checkbox"/> 4. corporation

	<input type="checkbox"/> 5. Other.....	
16. What is your status?	<input type="checkbox"/> 1. Salaried <input type="checkbox"/> 2. Casual employee <input type="checkbox"/> 3. Employer <input type="checkbox"/> 4. Other.....	
17-a When was your company founded?		
17-b When did you to service?		
17. Service area	<input type="checkbox"/> 1. Cafe/Restaurant <input type="checkbox"/> 2. Pharmacy <input type="checkbox"/> 3. Grocer <input type="checkbox"/> 4. Hair Dresser	<input type="checkbox"/> 5. Greengrocer <input type="checkbox"/> 6. Butcher <input type="checkbox"/> 7. Bake shop <input type="checkbox"/> 8. Other
18. Ownership Status of the company	<input type="checkbox"/> 1. Owner <input type="checkbox"/> 2. Tenant <input type="checkbox"/> 3. Other.....	

19. What do you think about commercial activities in this parish in 5 years?

1. Will be worse 2. Will be the same 3. Will be good 4. Will be really good

Why?:

20. How would you rate existing situation of Infrastructure and services and how these services would be affected by the Project? Please rate each statement according to the numbers.

Excellent	Good	Average	Bad	Very Bad
5	4	3	2	1

Infrastructure and services	Current situation	After Project
a. Education facilities		
b. Health facilities		
c. Transport facilities		
d. Heating		
e. Energy sources		
f. Communication		
g. Sewerage system		
h. Cleanliness of parish		
i. Security		
j. Social facilities		
k. Green areas		

21. What was the most important three reasons for choosing this ?
(in or to importance from 1 to 3)

- 1.....
2.....
3.....

22. What will be the positive impacts of the project?

Positive
1.....

2.....
3.....
4.....

23. What will be the negative impacts of the project?

Negative
1.....
2.....
3.....
4.....

İşyeri Adres Bilgileri	
1. İl	
2. İlçe	
3. Belediye	
4. Mahalle	
5. Cadde/Sokak	
6. İşyerinin Adı	
7. İşyerinin Telefonu	
8. İşyerinin web adresi var mı?	<input type="checkbox"/> 1. Evet <input type="checkbox"/> 2. Hayır ↓ Web adresini lütfen belirtiniz. http://www.....
9. İşyerinin e-posta adresi var mı?	<input type="checkbox"/> 1. Evet <input type="checkbox"/> 2. Hayır ↓ e-posta adresini lütfen belirtiniz.@.....

Görüşme Yapılan Ferdin	
10. Adı Soyadı	
11. Çalıştığı işyerindeki unvanı	

GÖRÜŞMECİ BİLGİLERİ

12. Bitirdiğiniz yaşınız	
13. En son hangi okulu bitirdiniz? (En son diploma alınan okulu işaretleyiniz)	<input type="checkbox"/> 1. Okuryazar değil <input type="checkbox"/> 2. Okuryazar, bir okul bitirmedi <input type="checkbox"/> 3. İlkokul/ilköğretim <input type="checkbox"/> 4. Ortaokul ve dengi okul <input type="checkbox"/> 5. Genel lise <input type="checkbox"/> 6. Mesleki veya teknik lise <input type="checkbox"/> 7. İki veya üç yıllık yüksekokul <input type="checkbox"/> 8. Dört yıllık yüksekokul veya fakülte <input type="checkbox"/> 9. 5 veya 6 yıllık fakülte <input type="checkbox"/> 10. Yüksek Lisans <input type="checkbox"/> 11. Doktora
14. İşyerinizde kaç kişi çalışmaktadır?	<input type="checkbox"/> 1. 1-9 kişi <input type="checkbox"/> 2. 10-49 Kişi <input type="checkbox"/> 3. 50-249 Kişi <input type="checkbox"/> 4. 250+ <input type="checkbox"/> 5.
15. Çalıştığınız işyeri kaç yıldır bu adrestedir?	

16. Çalıştığınız işyerinin hukuki durumu nedir?	<input type="checkbox"/> 1. Ferdi işletme <input type="checkbox"/> 2. Adi ortaklık <input type="checkbox"/> 3. Kollektif şirket <input type="checkbox"/> 4. Komantid şirket	<input type="checkbox"/> 5. Limited şirket <input type="checkbox"/> 6. Anonim şirket <input type="checkbox"/> 7. Kooperatif <input type="checkbox"/> 8. Diğer (Belirtiniz).....
17. Esas işinizdeki durumunuz nedir? (Şirket ve kooperatif ortaklarını ücretli veya maaşlı olarak sınıflandırınız)	<input type="checkbox"/> 1. Ücretli, maaşlı hesabına <input type="checkbox"/> 2. Yevmiyeli <input type="checkbox"/> 3. İşveren	<input type="checkbox"/> 4. Kendi <input type="checkbox"/> 5.

İŞYERİ BİLGİLERİ

18. İşyerinizle ilgili olarak aşağıdaki bilgileri lütfen belirtiniz.

Soru	
26.1. Firmanız hangi yıl kuruldu?	
26.2. Firmanız hangi yıl faaliyete başladı?	

32. İşyeriniz ile ilgili aşağıdaki soruları lütfen yanıtlayınız.

1. İşyerinizin faaliyet alanlarını belirtiniz.	<input type="checkbox"/> 1.Kafe/Restoran <input type="checkbox"/> 2.Eczane <input type="checkbox"/> 3.Bakkal/Market <input type="checkbox"/> 4.Kuaför <input type="checkbox"/> 5.Otomotiv <input type="checkbox"/> 6.Manav <input type="checkbox"/> 7.Kasap <input type="checkbox"/> 8.Fırın <input type="checkbox"/> 9.Diğer (Belirtiniz).....
2. İşyerinizin mülkiyet durumunu belirtiniz.	<input type="checkbox"/> 1. Mülk sahibi <input type="checkbox"/> 2. Kiracı <input type="checkbox"/> 3. Diğer (Belirtiniz).....

33. Bu mahalledeki ticari faaliyetlerinizin gelecek beş yıl içinde ne yönde gelişeceğini düşünüyorsunuz, lütfen belirtiniz.

5. Çok iyi olacak 4. İyi olacak 3. Aynı kalacak 2. Kötü olacak 1. Çok kötü olacak

Nedeni:

.....

39. Bulduğunuz yerleşim yerinin altyapı, sosyal hizmetleri ve sosyal yaşamı size göre nasıldır ve projeden sonra nasıl olacağını düşünüyorsunuz? (Aşağıdaki tabloyu derecelendiriniz)

Çok İyi	İyi	Orta	Kötü	Çok Kötü
5	4	3	2	1

Bölgedeki altyapı ve hizmet olanakları	Mevcut Durum	Projeden Sonra
1. Eğitim olanakları ve standartları		
2. Sağlık hizmetleri		
3. ulaşım olanakları		
5. Yakıt (ısınma)		
6. Elektrik ve diğer enerji kaynakları		
7. Haberleşme ve iletişim olanakları		
8. İçme suyu		
9. Kanalizasyon		
10. Çevre ve temizlik		
11. Güvenlik		
21. Sosyal olanaklar		
22. Eğlence		
23. İbadet olanağı		
24. Açık-yeşil alan ve rekreasyon		

40. Halen faaliyetinizi yürüttüğünüz bu yerleşim yerini tercih nedeninizi önem sırasına göre sıralayarak, 1'den 5'e kadar sıra numarası veriniz.

- 1. İklim koşulları
- 2. Yaşam koşullarının rahatlığı
- 3. Ucuz olması
- 4. Halkın tutumu
- 5. Ulaşım olanakları
- 6. Çevresel özellikler
- 7. Bölgenin sakin olması
- 8. Sağlık nedenleri
- 9. Arkadaş çevresi
- 10. İş kurma ve çalışma nedeniyle
- 11. Önemli pazarlara yakınlığı
- 12. Kişisel nedenler (evlilik vb.)
- 13. Ekonomik olanaklar
- 14. Kültürel ve sosyal yapı
- 15. Tarım potansiyeli
- 16. Taşımacılık olanakları
- 17. Önemli inanç kurumları

- 18. Enerji kaynakları
- 19. Taşınmaz değerlerinin uygun olması
- 20. Diğer (Belirtiniz).....

41. Projenin iş yerinize sağlayacağı olumlu etkiler nelerdir?

OLUMLU ETKİLER

- 1.....
- 2.....
- 3.....
- 4.....

42. Projenin iş yerinize sağlayacağı olumsuz etkiler nelerdir?

OLUMSUZ ETKİLER

- 1.....
- 2.....
- 3.....
- 4.....

KATILIMINZDAN DOLAYI TEŞEKKÜR EDERİZ.

ETLİK INTEGRATED HEALTH CAMPUS PROJECT
COMMUNITY LEVEL SOCIO-ECONOMIC QUESTIONNAIRE

Introduction

Firstly, thank you for participating to this study. We are here to determine social impacts of the Etlik Integrated Health Campus Project which was designed by MoH. Your company is located in the one of the closest mahalles to the Project site which is possibly be affected positively or negatively. With this survey we aim to determine general characteristics of your company, discuss possible impacts of the Project, and take your opinions about minimizing negative impacts and strengthening positive impacts.

Number of Questionnaire:	Date:
Name of the Mahalle:	District:
Starting Time:	Ending Time:
Name of the interviewee:	Phone Number:

1. Meeting has been conducted with the Mukhtar.
2. Meeting has been conducted with the key informant.

Is there any attendees?

A: Project Information:

1. Do you have information about the Project? →

- (1) Yes (**go question 1.1**) (2) No (*go question Hata! Başvuru kaynağı bulunamadı.*)

1.1. How did you learn the Project and when?

.....

.....

1.2. What kind of information do you have about the Prtoject?

.....
.....

2. Do you need more information about the Project

(1) Yes (*Go question Hata! Başvuru kaynağı bulunamadı.*)
Paragraph "B:")

(2) No (*Go*

2.1. What kind of information do you need about the Project?

.....
.....
.....
.....

B: Population/Demography and General Profile

3.1 What is the population of the mahalle?.....

3.2 How many households live in the mahalle?.....

3.3 What is the average household size?.....

4 Was there any change in the population in the last 5 years ?

a. Increased b. Decreased c. Same

.5 If there was a change in the population in last 5 years what were the main reasons?

a.....

b.....

c.....

6. Can you say there is an immigration to this region ?

(1) Yes

(2) No

a. What are the main reasons for immigration?

C: Economy / Social Structure

8. From (5) Really Fast to 1-Really Slow

How can you evaluate economic development of your region?

5.Really Fast() 4.Fast() 3.Moderate() 2.Slow() 1Really Slow()

9. Can you explain the reasons?

.....

.....

.....

.....

10. Working Status	Percentage(%)
a. Employed	
b. Self- employed	
c. Official	
d. Unemployed	
e. Retired	
f. Student	

11. In last five years job opportunities of your community;
 1. Increased 2. Decreased 3. Same

12. Average income of households in your community? _____ TL

13. In last five years average income of households in your community ;
 1. Increased 2. Decreased 3. Same

14. Which facilities do you have in your mahalle?

Social7 Economic Facilities	Yes	No
	How many?	Where is the nearest facility?
Primary school		
Cottage hospital		
Hospital		
Gendarmerie / Police station		
Shops (eg grocers, butchers and bakery)		
Post office		
Cafe		
Restaurant		
Tourist facilities (hotel, B & B, camping)		
High school		
Financial centres (eg, bank, ATM and exchange office)		
Other (please specify)		

15. What is the most important environmental problem of the mahalle?.....

16. What is the most important economic problem of the mahalle?.....

17. What is the most important environmental problem of the mahalle?.....

18. **Vulnerable groups;**

	Yes	No	If Yes, How many people?		Number of People
			Yes	No	
People who live with the assistance of others					
Female households					
Physically handicapped people					
Mentally handicapped					

19. How your mahalle will be affected from the Project?

		<i>Possibly Impacts</i>		WHY?
		<i>Positive</i>	<i>Negative</i>	
16.1.				
16.2.				
16.3.				
16.4.				
16.5.				

20. What can we do to minimize negative impacts and strengthen positive impacts?

Minimize negative impacts		Strengthen positive impacts	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

21. Do you think residents of the mahalle will accept the Project?

1. () Yes a1. If Yes, why?:.....

2. () No a2. If No, why?.....

3. () I do not know

D: Infrastructure and services

22. Do you think the Project will affect transportation?

- (1) Yes
- (2) No
- (3) I do not know

a. How will project affect transportation?

.....
.....
.....

b. What can we do to minimize negative impacts of the Project on transportation?

Construction phase	Operation Phase
1.	1.
2.	2.
3.	3.

23. Do you think the Project will affect education services?

- (1) Yes
- (2) No
- (3) I do not know

a. How will the Project affect education services?

.....
.....
.....
.....

b. What can we do to minimize negative impacts of the Project on education services?

Construction Phase	Operation Phase
1.	1.
2.	2.
3.	3.

24. Do you think the Project affect health care services?

- (1) Yes
- (2) No
- (3)I do not know

a. How will the Project affect healthcare services?

.....

.....

.....

b. What can we do to minimize negative impacts of the Project on healthcare services?

<p>Construction Phase</p> <p>1. </p> <p>2. </p> <p>3. </p>	<p>Operation Phase</p> <p>1. </p> <p>2. </p> <p>3. </p>
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E: Cultural Heritage

29. Do you have a cultural / religious, tree / building / structure in your mahalle ?

- (1) Yes
- (2) No

a. What are these?

cultural / religious , tree / building / structure		Location	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

b. Do you think are they going to affected by the Project

(1) Yes

(2) no

c. How they will be affected by the Project?

	cultural / religious , tree / building / structure	How will be affected?
1.		
2.		
3.		
4.		
5.		

d. What can we do to minimize these impacts?

- 1.....
- 2.....
- 3.....
- 4.....

F: Other Impacts

a. What kind of concerns do you have about the Project?

-
-

b. What can we do to minimize these concerns?

- 1.....
- 2.....
- 3.....
- 4.....

c. Are you expecting and benefit or opportunity from the Project?

(1) Yes

(2) No

a. What are the benefits and opportunities of the Project?

1.....

2.....

3.....