

TPH – PRODUCERS’ SURVEY

Code:.....

No:.....

Please note this survey is intended to collect info on Turkish beekeeping **‘business as usual’** system. So, please refer to your standard practices for the last 4-5 years, and provide ‘average’ data.

PRODUCERS’ DATA

Date	
Name and Surname	
Phone number	
Beekeeper number	
Province – District - Village	
Years of experience in beekeeping	
TPH Hive Location (GPS)	
Total Number of Hives	

HIVE MANAGEMENT INFORMATION

1. Origin of the Queen Domestic Other

2. Species of the bees

3. Is the queen your own production? Yes No

4. Are you feeding the bees? Yes No

5. If yes, what kind of feed are you using?

Syrup Cake Pollen Other

6. Why are you feeding the bees?

Resolve starving provide to colonize reduce the stress of bees

7. When do you feed the bees? Please put (the capital letter of the food)

Jan	Feb	Mar	Apr	May	June	July	August	Sept	Oct	Nov	Dec

8. Are you migratory beekeeper? Yes No

9. If yes, is it in province? Yes No

10. If yes, last hive location (GPS) and date when they were moved to current location

Location:..... Date:.....

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11. Do you keep records of your hive inspections?

Yes / paper Yes / computer No

12. Type of Hive

Langstroth Dadant

Other (describe):

13. Hive set during production

SingleBOX Double box

SingleBOX+super DoubleBOX+super

Other (describe)

14. If you use supers, are the supers comb same/different from the brood box combs?

Same Different

15. Do you use foundations? Yes No

16. If Yes,

own wax purchased wax I give own wax and change with new

17. How many ‘old combs’ do you replace every year?

Less than %20 %20 – 40 More than %40

18. Do you use queen excluder? Yes No

19. Put an ‘X’ any time you harvest honey during the season (if two harvests occur in the same month, use ‘XX’)

Jan	Feb	Mar	Apr	May	June	July	August	Sept	Oct	Nov	Dec

20. Do you check for moisture content in your honey? Yes No

21. If YES, when do you check?

Pre-Harvest Post-Harvest Pre&Post Harvest

22. If YES, do you use a refractometer Yes No

23. Please indicate your treatment for bee health during the season (if two treatments occur in the same month, use ‘XX’)

Name of the Disease/pests	Treatment Method	Jan	Feb	Mar	Apr	May	June	July	August	Sept	Oct	Nov	Dec
Varroa													
Nosema													
American Foul Broad (AFB)													
European Foul Broad (EFB)													
Chalkboard													
Other (specify)													

24. Which problems do you encounter most in production?

.....

HONEY EXTRACTION

1. How do you remove bees from the comb?

blow brush smoke bee escape chemical repellent

Other (describe)

2. Do you have dedicated combs exclusively for honey production? Yes No

3. Where do you extract?

Apiary Home my Honey lab other lab

do not extract (sell honey comb)

Other (describe)

4. How do you extract honey?

Manual centrifuge Motorized centrifuge Pressing

Other (describe)

5. How do you uncap honey?

Fork knife heated fork heated knife automatic

Other (describe)

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6. Do you filter honey? Yes Yes (pollen) No
7. Do you perform any lab analyses on your product? Yes No
8. If yes, please describe what kind of analyses

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HONEY STORAGE & MARKETING

1. What containers do you use DIRECTLY after extraction?
 Glass Jars Plastic bins Iron cans Stainless steel bins
 Any bin folded with new plastic bag inside
 Other (describe)
1. Where do you store your honey up to selling?
 Home Basement Storage facility
2. Is this place equipped with air conditioning / temperature control system? Yes No
3. How long do you store honey before selling (if you sell in different times, please consider how long does it take to sell 75% of the total production volume)?
 Less than 1 month 1 to 3 months up to 6 months up to 1 year
 more than 1 year
4. Please indicate the information about the packaging below.

Package	Indicate % of VOLUME of your sales for	Indicate % of INCOME of your sales for
Drums (>300kg)		
Bulk (26 kg)		
Jars		
Comb		

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5. Please indicate the information about the sale channels below.

Sale Channels	Please indicate % of VOLUME of your sales for	Please indicate % of INCOME of your sales for
Companies		
Middle Man		
Retail Stores		
Direct (Door To Door)		
Direct (Web)		

6. Do you sell the product with your own label? Yes No

7. What is the fair price for you?