



PERSONAL QUESTIONNAIRE

Form №2

The information provided is confidential and protected by the Law of Georgia "On Official Statistics"

Sector area № <input type="text"/>	Supervision area № <input type="text"/>	Enumeration area № <input type="text"/>	Parcel № <input type="text"/>	Building № <input type="text"/>	Dwelling № <input type="text"/>	Ord. № of person in dwelling <input type="text"/>	№ of household in dwelling <input type="text"/>
Surname, name, father's name <input type="text"/>							
1. PIN <input type="text"/>	2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female						
3. DATE OF BIRTH <input type="text"/> (DD) <input type="text"/> (MM) <input type="text"/> (YYYY)	4. PLACE OF BIRTH (PLACE OF USUAL RESIDENCE OF THE MOTHER AT THE TIME OF BIRTH) <input type="text"/> (Municipality, self-governing city) <input type="text"/> (Country, if place of birth was another country)						
5. CITIZENSHIP <input type="checkbox"/> Georgia <input type="checkbox"/> Other country → <input type="text"/> (Country) <input type="checkbox"/> Stateless							
6. ETHNICITY <input type="checkbox"/> Georgian <input type="checkbox"/> Ossetian <input type="checkbox"/> Russian <input type="checkbox"/> Other → <input type="text"/> (Indicate ethnicity) <input type="checkbox"/> Abkhazian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Armenian <input type="checkbox"/> Refused to answer							
7. CATEGORY OF RESIDING IN GIVEN SETTLEMENT <input type="checkbox"/> Usual resident <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Temporarily present → Indicate the address of usual residence → Country: <input type="text"/> Municipality, self-governing city: <input type="text"/> City, borough: <input type="text"/> Tbilisi district: <input type="text"/> Plateau, district, etc.: <input type="text"/> Community: <input type="text"/> Village: <input type="text"/> Street: <input type="text"/> № <input type="text"/> M/R: <input type="text"/> Block: <input type="text"/> Building: <input type="text"/> Apartm.: <input type="text"/> Indicate the duration and cause of temporary residence or absence <input type="text"/> (Month) <input type="text"/> (Cause) <input type="text"/> (Code) (Not to be completed by the enumerator)							
8. INTERNAL MIGRATION 8.1 Have you ever lived in another settlement within the country for more than 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 8.2 Previous place of residence within the country <input type="text"/> (Municipality, self-governing city) <input type="checkbox"/> Urban settlement (City, borough) <input type="checkbox"/> Rural settlement 8.3 From which year have you been usually residing in the current settlement? <input type="text"/> (Year)				9. IMMIGRATION 9.1 Have you ever lived outside the country for more than 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 9.2 Previous country of residence <input type="text"/> (Country) 9.3 In which year did you move for permanent residence in Georgia from the country indicated in question 9.2? <input type="text"/> (Year)			
10. IDP OR REFUGEE STATUS 10.1 Are you IDP or refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No 10.2 Where are you IDP or refugee from? <input type="text"/> (Municipality, self-governing city) <input type="text"/> (Country)							
11. RELIGION <input type="checkbox"/> Orthodox <input type="checkbox"/> Armenian apostolic <input type="checkbox"/> Muslim <input type="checkbox"/> None <input type="checkbox"/> Catholic <input type="checkbox"/> Judaism <input type="checkbox"/> Other → <input type="text"/> (Indicate religion) <input type="checkbox"/> Refused to answer							
12. LANGUAGES 12.1 Native language <input type="checkbox"/> Georgian <input type="checkbox"/> Azerbaijani <input type="checkbox"/> Other → <input type="text"/> (Indicate native language) <input type="checkbox"/> Abkhazian <input type="checkbox"/> Russian <input type="checkbox"/> Ossetian <input type="checkbox"/> Armenian						12.2 Do you fluently speak Georgian language? <input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Education

13.1 Does he/she go to a preschool institution? (For preschool-aged persons) Yes No

13.3 Highest level of completed education (For persons aged 10 years and over)

13.2 Are you currently studying in an educational institution?

Indicate the relevant code of education from the cover

Indicate the relevant code of highest level of completed education from the cover

14. MARITAL STATUS (FOR PERSONS AGED 15 YEARS AND OVER, OTHER THAN EXCEPTIONAL CASES)

Married

Single



Is the marriage registered?

Yes No

Widowed

Divorced

15. CHILDREN (FOR WOMEN AGED 15 YEARS AND OVER, OTHER THAN EXCEPTIONAL CASES)

15.1 Total number of live birth children

15.2 At present how many are alive from the live birth children?

16. STATUS OF ECONOMIC ACTIVITY (FOR PERSONS AGED 15 AND OLDER)

16.1 Have you worked at least one hour within the period from October 29 to November 5 2014 for payment in cash or in kind or other income, or did you have work or job, which you were temporarily unable to complete for some reason?

Yes → Move to question 17

No → Move to question 16.2

16.2 Till 12.00 am of November 4-5, over the past four weeks, did you seek for a job or try to start your own business?

Yes → Move to question 16.3

No → Move to question 19

16.3 In case of suitable job or business offered where you ready to start work within two weeks?

Yes → Move to question 19

No → Move to question 19

17. EMPLOYMENT STATUS

Hired

Self-employed (except those employed in their own peasant farm)

Contributing family worker

Not classified by employment status

Employer (Entrepreneur, farmer with hired workers)

Self-employed in their own peasant farm

Member of a cooperative

18. ECONOMIC ACTIVITY

18.1 Which enterprise/organization are you employed in?

(Indicate title of organization)

18.2 Basically what types of goods or services are mainly produced by the enterprise/organization, private business or farm, you are employed in?

(Indicate the title of produced goods and services or describe the activity)

18.3 What is your position and/or what do you do at your job?

(Indicate position and/or activity in details)

19. SOURCES OF LIVELIHOOD

1 Wages for employment working or other regular remuneration

5 Income from property

10 Other types of state protection

2 Income from individual labor activity

6 Income from savings

11 Dependant on other persons

3 Income from own enterprise

7 Pension

12 Foreign remittances

4 Income from own peasant farm

8 Scholarship

13 Other source

9 Social assistance

From the sources listed above indicate the number of one basic source

20. FROM THE LISTED ITEMS DO YOU HAVE ANY HEALTH-RELATED PROBLEM, WHICH INTERFERES YOU IN YOUR DAILY ACTIVITY?

Refused to answer

1) Seeing

No difficulty

Some difficulty

A lot of difficulty

Cannot do it at all

2) Hearing

3) Walking or climbing steps

4) Remembering or concentrating

5) Communicating

6) Self-care

21. DISABILITY STATUS

Refused to answer

No

Clearly expressed (I group)

Significantly expressed (II group)

Moderately expressed (III group)

Child with disabilities