



PERSONAL QUESTIONNAIRE

Form №2

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

Sector area №	Supervision area №	Enumeration area №	Parcel №	Building №	Dwelling №	Ord. № of person in dwelling	№ of household in dwelling
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Surname, name, father's name							
1. PIN <input type="text"/>				2. Sex <input type="text"/> Male <input type="text"/> Female			
3. DATE OF BIRTH				4. PLACE OF BIRTH (PLACE OF USUAL RESIDENCE OF THE MOTHER AT THE TIME OF BIRTH)			
<div style="display: flex; justify-content: space-around;"><div><input type="text"/> <input type="text"/> (DD)</div><div><input type="text"/> <input type="text"/> (MM)</div><div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (YYYY)</div></div>				<div style="display: flex; justify-content: space-between;"><div><input type="text"/> (Municipality, self-governing city)</div><div><input type="text"/> (Country, if place of birth was another country)</div></div>			
5. CITIZENSHIP							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Georgia</div><div><input type="text"/> Other country → <input type="text"/> (Country)</div><div><input type="text"/> Stateless</div></div>							
6. ETHNICITY							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Georgian</div><div><input type="text"/> Ossetian</div><div><input type="text"/> Russian</div><div><input type="text"/> Other → <input type="text"/></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text"/> Abkhazian</div><div><input type="text"/> Azerbaijanian</div><div><input type="text"/> Armenian</div><div><input type="text"/> Refused to answer</div></div> <div style="text-align: right;">(Indicate ethnicity)</div>							
7. CATEGORY OF RESIDING IN GIVEN SETTLEMENT							
<div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><input type="text"/> Usual resident <input type="text"/> Temporarily absent <input type="text"/> Temporarily present</div><div>Indicate the address of usual residence →</div></div>				Country <input type="text"/>			
				Municipality, self-governing city <input type="text"/>			
Indicate the duration and cause of temporary residence or absence				City, borough <input type="text"/>			
				Tbilisi district <input type="text"/>			
<div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><input type="text"/> (Month)</div><div><input type="text"/> (Cause)</div></div>				Plateau, district, etc. <input type="text"/>			
				Community <input type="text"/>			
<div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><input type="text"/> (Code)</div><div>(Not to be completed by the enumerator)</div></div>				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"/>			
8. INTERNAL MIGRATION							
8.1 Have you ever lived in another settlement within the country for more than 12 months?							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Yes</div><div><input type="text"/> No</div></div>							
8.2 Previous place of residence within the country							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> (Municipality, self-governing city)</div><div><input type="text"/> Urban settlement (City, borough) <input type="text"/> Rural settlement</div></div>							
8.3 From which year have you been usually residing in the current settlement?							
<div style="display: flex; justify-content: space-around;"><div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div><div>(Year)</div></div>							
9. IMMIGRATION							
9.1 Have you ever lived outside the country for more than 12 months?							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Yes</div><div><input type="text"/> No</div></div>							
9.2 Previous country of residence							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> (Country)</div><div></div></div>							
9.3 In which year did you move for permanent residence in Georgia from the country indicated in question 9.2?							
<div style="display: flex; justify-content: space-around;"><div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div><div>(Year)</div></div>							
10. IDP OR REFUGEE STATUS							
10.1 Are you IDP or refugee?							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Yes</div><div><input type="text"/> No</div></div>							
10.2 Where are you IDP or refugee from?							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> (Municipality, self-governing city)</div><div><input type="text"/> (Country)</div></div>							
11. RELIGION							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Orthodox</div><div><input type="text"/> Armenian apostolic</div><div><input type="text"/> Muslim</div><div><input type="text"/> None</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text"/> Catholic</div><div><input type="text"/> Judaism</div><div><input type="text"/> Other → <input type="text"/></div><div><input type="text"/> Refused to answer</div></div> <div style="text-align: right;">(Indicate religion)</div>							
12. LANGUAGES							
12.1 Native language							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Georgian</div><div><input type="text"/> Azerbaijanian</div><div><input type="text"/> Other → <input type="text"/></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text"/> Abkhazian</div><div><input type="text"/> Russian</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text"/> Ossetian</div><div><input type="text"/> Armenian</div><div></div></div> <div style="text-align: center;">(Indicate native language)</div>							
12.2 Do you fluently speak Georgian language?							
<div style="display: flex; justify-content: space-between;"><div><input type="text"/> Yes</div><div><input type="text"/> No</div></div>							

13. Education

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

13.2 Are you currently studying in an educational institution?
☐ Yes ☐ No

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

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)		15. CHILDREN (FOR WOMEN AGED 15 YEARS AND OVER, OTHER THAN EXCEPTIONAL CASES)	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No	15.1 Total number of live birth children <input type="text"/> <input type="text"/>	15.2 At present how many are alive from the live birth children? <input type="text"/> <input type="text"/>

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?	18.2 Basically what types of goods or services are mainly produced by the enterprise/organization, private business or farm, you are employed in?
<div></div> (Indicate title of organization)	<div></div> (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?	
<div></div> (Indicate position and/or activity in details)	

19. SOURCES OF LIVELIHOOD

5 Income from property

10 Other types of state protection

1 Wages for employment working or other regular remuneration

6 Income from savings

11 Dependant on other persons

2 Income from individual labor activity

7 Pension

12 Foreign remittances

3 Income from own enterprise

8 Scholarship

13 Other source

4 Income from own peasant farm

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?				
	No difficulty	Some difficulty	A lot of difficulty	Refused to answer
1) Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Walking or climbing steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Remembering or concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. DISABILITY STATUS

☐ No ☐ Clearly expressed (I group) ☐ Significantly expressed (II group) ☐ Moderately expressed (III group) ☐ Child with disabilities ☐ Refused to answer