



Homeless

## DWELLING CONDITIONS

## 1. TYPE OF HOUSING

 Individual house Separate apartment Other housing unit  
(Tent, ship, boat, etc.) Non-residential building used as dwelling  
(School, capital garage, enterprise, etc.) Hotel, holiday house Dormitory Institution

Move to question 8

## 2. YEAR OF DWELLING CONSTRUCTION

## 3. TOTAL NUMBER OF ROOMS

## 4. USEFUL FLOOR SPACE (SQ.M.)

## 5. LIVING FLOOR SPACE (SQ.M.)

## 6. TYPES OF DWELLING FACILITIES

 Electricity Piped gas Heating system Individual means of heating (electric or gas heater, wood stove, etc.) Water supply Toilet (flushable) Sewage Bath or shower (if there is sewage) Hot water supply system  
(Boiler, electric and gas heater, etc.) None

## 7. TYPE OF OWNERSHIP

## 7.1 If a single household is living in the dwelling, indicate the type of ownership

 Property of one or more members of household State property Rented in exchange of interest-free loan  
(with dwelling used as collateral) Property of housing-construction condominium Rented Other types of ownership

## 7.2 If several households are living in the dwelling, indicate



Ord. № of persons in dwelling	№ of household in dwelling	Type of ownership		Number of rooms	Living floor space (sq.m.)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Property of one or more members of household	<input type="checkbox"/> Rented	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> Property of housing-construction condominium	<input type="checkbox"/> Rented in exchange of interest-free loan (with dwelling used as collateral)	Part of room <input type="checkbox"/>	
		<input type="checkbox"/> State property	<input type="checkbox"/> Other types of ownership		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Property of one or more members of household	<input type="checkbox"/> Rented	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> Property of housing-construction condominium	<input type="checkbox"/> Rented in exchange of interest-free loan (with dwelling used as collateral)	Part of room <input type="checkbox"/>	
		<input type="checkbox"/> State property	<input type="checkbox"/> Other types of ownership		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Property of one or more members of household	<input type="checkbox"/> Rented	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> Property of housing-construction condominium	<input type="checkbox"/> Rented in exchange of interest-free loan (with dwelling used as collateral)	Part of room <input type="checkbox"/>	
		<input type="checkbox"/> State property	<input type="checkbox"/> Other types of ownership		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Property of one or more members of household	<input type="checkbox"/> Rented	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> Property of housing-construction condominium	<input type="checkbox"/> Rented in exchange of interest-free loan (with dwelling used as collateral)	Part of room <input type="checkbox"/>	
		<input type="checkbox"/> State property	<input type="checkbox"/> Other types of ownership		

## 8. DID ANY MEMBER OF HOUSEHOLD HAVE IN THE POSSESSION OR TEMPORARY USE:

8.1 Agricultural land, livestock, poultry, colonies of bees (beehives)		If the answer to the question 8.1 is „no“ →	8.2 Fruit trees, citrus, vines, vegetable garden	
Yes	No		Yes	No
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

8.3 Reservoirs for watercrops	
Yes	No
<input type="text"/>	<input type="text"/>

Indicate holder, If the answer to question 8.1 or 8.2 is „yes“

In other case - any member of the household

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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

If in question 8.1 or 8.2 there is indicated "yes". fill in the Form №4 on the corresponding household



**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



# QUESTIONNAIRE ON MIGRANT

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

FORM №3

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"/>
<input type="text"/> Surname, name, father's name							
1. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female							
2. DATE OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD) (MM) (YYYY)			3. 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)				
4. CITIZENSHIP <input type="checkbox"/> Georgia <input type="checkbox"/> Other country → <input type="text"/> (Country) <input type="checkbox"/> Stateless							
5. ETHNICITY <input type="checkbox"/> Georgian <input type="checkbox"/> Ossetian <input type="checkbox"/> Russian <input type="checkbox"/> Other → <input type="text"/> <input type="checkbox"/> Abkhazian <input type="checkbox"/> Azerbaijanian <input type="checkbox"/> Armenian <input type="checkbox"/> Refused to answer <input type="text"/> (Indicate ethnicity)							
6. IDP STATUS 6.1 Before leaving Georgia did the emigrant have an IDP status? <input type="checkbox"/> Yes <input type="checkbox"/> No ▼ 6.2 Where is the IDP from? → <input type="text"/> (Municipality, self-governing city)							
7. HIGHEST LEVEL OF COMPLETED EDUCATION (FOR PERSONS AGED 10 YEARS AND OVER) <input type="text"/> <input type="text"/> Indicate the relevant code of Highest level of completed education from the cover							
8. MARITAL STATUS (FOR PERSONS 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							
9. DATE OF EXIT FROM THE COUNTRY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year)							
10. COUNTRY OF CURRENT RESIDENCE <input type="checkbox"/> USA <input type="checkbox"/> Russia <input type="checkbox"/> Spain <input type="checkbox"/> Germany <input type="checkbox"/> Greece <input type="checkbox"/> Italy <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> Other → <input type="text"/> (Indicate the country)							
11. CAUSE OF LEAVING GEORGIA <input type="checkbox"/> To work <input type="checkbox"/> To study <input type="checkbox"/> To return to own family or to marry <input type="checkbox"/> To receive the status of a refugee <input type="checkbox"/> For medical treatment <input type="checkbox"/> Other							
12. WHAT IS HE/SHE DOING NOW? <input type="checkbox"/> Working <input type="checkbox"/> Being treated <input type="checkbox"/> Benefits from social assistance <input type="checkbox"/> Studying <input type="checkbox"/> Looking for a job <input type="checkbox"/> Other							
13. Remittances <input type="checkbox"/> To household from him/her <input type="checkbox"/> From household to him/her <input type="checkbox"/> None							

4. NUMBER OF VINES OPERATED BY HOUSEHOLD (on October 1, 2014)					
Vine species	№	Number of vines in vineyards		Number of scattered vines	
		Total	of these vines at bearing age	Total	of these vines at bearing age
Rkatsiteli	1				
Saperavi	2				
Chinuri	3				
Lomiauri	4				
Tsitska	5				
Tsolikauri	6				
Aladasturi	7				
Aleksandrouli	8				
Avasirkhva	9				
Katchitchi	10				
Aligote	11				
Krakhuna	12				
Asuretuli Shavi	13				
Budeshuri	14				
Ganjuri	15				
Goruli mtsvane	16				
Izabela (Adesa)	17				
Tita	18				

5. NUMBER OF LIVESTOCK, POULTRY AND BEE COLONIES OPERATED BY HOUSEHOLD (INCLUDE ALL AGE AND SEX GROUPS) (on October 1, 2014)			
Livestock type	№	Number	
Cattle (exclude buffaloes)	1		
of which dairy cows	2		
Buffaloes	3		
of which dairy cows	4		
Pigs	5		
of which sows	6		
Sheep	7		
of which ewes	8		
Goats	9		
Horses	10		
Donkeys and mules	11		
Rabbits	12		
Poultry of all types	13		
of which chicken	14		
of which egg layers	15		
Colonies of bees	16		

6. HOW WERE AGRICULTURAL PRODUCTS PRODUCED IN THE HOUSEHOLD USED IN THE PERIOD 01.10.2013 - 01.10.2014?				
Mark the answer with "X"				
Name of product	№	Mainly for own consumption	Mainly for sale	No production
Plant growing products	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestock products	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total agricultural products	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sector №	Instruction district №	Census district №	Parcel №	Building №	Dwelling №	Holder's ordinal № in the dwelling	№ of household in dwelling
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



Form №4

### QUESTIONNAIRE ON AGRICULTURE

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

7. AGRICULTURAL MACHINERY AND EQUIPMENT				
Type	№	Privately owned by household, total number	of which working	Used in own holding (privately owned or other) Mark the answer with "X"
		(on October 1, 2014)		From October 1, 2013 to October 1, 2014
Wheel, caterpillar or mini tractors (exclude hand tractors)	1			<input type="checkbox"/>
Hand tractors (motoblocks)	2			<input type="checkbox"/>
Land cultivation equipment (tractor ploughs, disk harrows, cultivators and others)	3			<input type="checkbox"/>
Trucks - all types	4			<input type="checkbox"/>

THANK YOU FOR YOUR COOPERATION!

**1. AGRICULTURAL AND NON-AGRICULTURAL LAND AREA (INDICATE THE AREA IN HECTARES, WITHIN 0.001 HA)**

(on October 1, 2014)

1.1 Total area owned

1.2 Land rented from others

1.3 Land rented to others

1.4 Operated area

□□□□□□□□□□	+	□□□□□□□□□□	-	□□□□□□□□□□	=	□□□□□□□□□□
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The area rented from/to others is the area taken/given for temporary use, with or without a correspondant contract signed, with (money, barter, service) or without (borrow or any other agreement) any profit

**2. AGRICULTURAL HOLDING LOCATION AND LAND USE**

Report location of the land indicated in box 1.4 according to settlements

2.1

2.2

2.3

I Settlement

II Settlement

III Settlement

Note: 10 sq.m. = 0.001 ha 100 sq.m. = 0.01 ha 1 000 sq.m. = 0.1 ha 10 000 sq.m. = 1 ha	Municipality, Self-governing city			
	City, town, Tbilisi district			
	Community			
	Village			

**NUMBER OF PARCELS OPERATED BY HOUSEHOLD**

(on October 1, 2014)

Total number of parcels	1								
of which rented parcels (from the State or a private person)	2								

Report areas in hectares, within 0.001 ha

**TOTAL LAND AREA OPERATED BY HOUSEHOLD**

(on October 1, 2014)

Total land area (5+20+30+31+32+33+34+35)	3								
of which rented land area (from the State or a private person)	4								

**Arable land area**

Total arable land (6+17) (on October 1, 2014)	5								
Land under temporary crops, total	6								
Wheat	7								
Maize for grain	8								
Barley	9								
Potato	10								
Sunflower	11								
Vegetable	12								
Melon	13								
Forage crops, total	14								
Of which land used to grow forage crops for more than 5 years	15								
Other temporary crops	16								
Uncultivated land, total	17								
of which for more than 5 years	18								
of which temporary hays and pastures	19								

6-16 lines include arable land under temporary crops sowed in autumn 2013 and spring 2014 (including the one sowed by previous land user).

**LAND UNDER PERMANENT CROPS**

(on October 1, 2014)

Total area under permanent crops (21+22+23+25+26+28+29)	20								
Orchards	21								
Land under berries	22								
Vineyards	23								
of which black grapes vineyards	24								
Citrus plantations	25								
Tea plantations	26								
of which crop giving tea plantations	27								
Nurseries	28								
Other permanent crops	29								

**OTHER LAND AREA**

(on October 1, 2014)

Greenhouses	30								
Natural meadows and pastures	31								
Land occupied by buildings and yards	32								
Woodlands	33								
Reservoirs for aquaculture	34								
Other non-agricultural land	35								

**IRRIGATION**

Irrigated land (in the period 01.10.2013 - 01.10.2014)	36								
Irrigatable land area (water-provisioned) (on 1 October 2014)	37								

**3. NUMBER OF PERMANENT CROPS OPERATED BY HOUSEHOLD**

(on October 1, 2014)

Crop name	№	Number of trees in compact plantations		Number of scattered trees		Crop name	№	Number of trees in compact plantations		Number of scattered trees	
		Total	of which trees at fruit-bearing age	Total	of which trees at fruit-bearing age			Total	of which trees at fruit-bearing age		
Apples	1					Kiwi	14				
Pears	2					Acca sellowiana	15				
Quinces	3					Mulberries	16				
Peaches	4					Walnuts	17				
Cherries	5					Hazelnuts	18				
Apricots	6					Almonds	19				
Plums Prunes Damsons	7					Other fruits (excluding citrus)	20				
Nectarines	8					Lemons	21				
Sour plums	9					Tangerines	22				
Cornels	10					Oranges	23				
Persimmons	11					Other citruses	24				
Figs	12					Laurel	25				
Pomegranats	13					Olives	26				