



STATE
DEPARTMENT
FOR STATISTICS
OF GEORGIA

FORM N1
Approved by the SDS of Georgia
Order N19
dated 02.02.2001

Please, use the mark - for answers

GENERAL CENSUS OF GEORGIAN POPULATION 2002

LIST OF PERSONS LIVING IN THE DWELLING AND THEIR LIVING CONDITIONS

Census Section N Instruction Station N Census Station N Dwelling list N Blank N

AR, Region _____ Village Community (Sakrebulo) _____
 Rayon _____ Village _____
 City, Town _____ Establishment _____
 Address _____

I. THE LIST OF PERSONS LIVING IN THE DWELLING

Serial N		Last Name, First Name, Patronymic	Temporary absent	Temporary resident	Temporary absence and temporary residence	
Within dwelling	Within household				Cause	Duration (months)
1	2	3	4	5	6	7
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>	<input type="text"/> <input type="text"/>

II. LIVING CONDITIONS OF THE POPULATION (questions for households)

SERIAL N OF THE FIRST PERSON IN THE HOUSEHOLD WITHIN DWELLING	<div style="display: flex; justify-content: space-around;"> □□ </div> NO 1 <input type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> □□ </div> NO 1 <input type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> □□ </div> NO 1 <input type="checkbox"/>			
1S. DATE OF BUILDING (THE DWELLING WAS BUILT)	Before 1921	1 <input type="checkbox"/>	Before 1921	1 <input type="checkbox"/>	Before 1921	1 <input type="checkbox"/>
	1921-1940	2 <input type="checkbox"/>	1921-1940	2 <input type="checkbox"/>	1921-1940	2 <input type="checkbox"/>
	1941-1970	3 <input type="checkbox"/>	1941-1970	3 <input type="checkbox"/>	1941-1970	3 <input type="checkbox"/>
	1971-1990	4 <input type="checkbox"/>	1971-1990	4 <input type="checkbox"/>	1971-1990	4 <input type="checkbox"/>
	In 1991 and after	5 <input type="checkbox"/>	In 1991 and after	5 <input type="checkbox"/>	In 1991 and after	5 <input type="checkbox"/>
2S. TYPE OF DWELLING	Individual housing	1 <input type="checkbox"/>	Individual housing	1 <input type="checkbox"/>	Individual housing	1 <input type="checkbox"/>
	Part of individual housing	2 <input type="checkbox"/>	Part of individual housing	2 <input type="checkbox"/>	Part of individual housing	2 <input type="checkbox"/>
	Separate apartment	3 <input type="checkbox"/>	Separate apartment	3 <input type="checkbox"/>	Separate apartment	3 <input type="checkbox"/>
	Shared apartment	4 <input type="checkbox"/>	Shared apartment	4 <input type="checkbox"/>	Shared apartment	4 <input type="checkbox"/>
	Hostel (for workers, students)	5 <input type="checkbox"/>	Hostel (for workers, students)	5 <input type="checkbox"/>	Hostel (for workers, students)	5 <input type="checkbox"/>
	Hotel, rest-home, etc.	6 <input type="checkbox"/>	Hotel, rest-home, etc.	6 <input type="checkbox"/>	Hotel, rest-home, etc.	6 <input type="checkbox"/>
	Other institutional establishment	7 <input type="checkbox"/>	Other institutional establishment	7 <input type="checkbox"/>	Other institutional establishment	7 <input type="checkbox"/>
	Other dwelling	8 <input type="checkbox"/>	Other dwelling	8 <input type="checkbox"/>	Other dwelling	8 <input type="checkbox"/>
	No habitable house used to live	9 <input type="checkbox"/>	No habitable house used to live	9 <input type="checkbox"/>	No habitable house used to live	9 <input type="checkbox"/>
3S. DWELLING OWNER TYPE OF OWNERSHIP OF DWELLING	Personal of household (or any of household members)	1 <input type="checkbox"/>	Personal of household (or any of household members)	1 <input type="checkbox"/>	Personal of household (or any of household members)	1 <input type="checkbox"/>
	Municipal	2 <input type="checkbox"/>	Municipal	2 <input type="checkbox"/>	Municipal	2 <input type="checkbox"/>
	State, Departmental (ministry, agency)	3 <input type="checkbox"/>	State, Departmental (ministry, agency)	3 <input type="checkbox"/>	State, Departmental (ministry, agency)	3 <input type="checkbox"/>
	House-building cooperative	4 <input type="checkbox"/>	House-building cooperative	4 <input type="checkbox"/>	House-building cooperative	4 <input type="checkbox"/>
	Rent dwelling from individual citizen	5 <input type="checkbox"/>	Rent dwelling from individual citizen	5 <input type="checkbox"/>	Rent dwelling from individual citizen	5 <input type="checkbox"/>
	Homeless	6 <input type="checkbox"/>	Homeless	6 <input type="checkbox"/>	Homeless	6 <input type="checkbox"/>
4S. NUMBER OF HABITABLE ROOMS OCCUPIED BY HOUSEHOLD	<div style="display: flex; justify-content: space-around;"> □□ </div> PART OF ROOM 1 <input type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> □□ </div> PART OF ROOM 1 <input type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> □□ </div> PART OF ROOM 1 <input type="checkbox"/>			
5S. FLOOR AREA (SQUARE METER)	TOTAL	□□□	TOTAL	□□□	TOTAL	□□□
	HABITABLE	□□□	HABITABLE	□□□	HABITABLE	□□□
6S. FACILITIES OF DWELLING	Electricity	1 <input type="checkbox"/>	Electricity	1 <input type="checkbox"/>	Electricity	1 <input type="checkbox"/>
	Natural gas	2 <input type="checkbox"/>	Natural gas	2 <input type="checkbox"/>	Natural gas	2 <input type="checkbox"/>
	Bottled gas	3 <input type="checkbox"/>	Bottled gas	3 <input type="checkbox"/>	Bottled gas	3 <input type="checkbox"/>
	Heating:		Heating:		Heating:	
	(a). Central heating	4 <input type="checkbox"/>	(a). Central heating	4 <input type="checkbox"/>	(a). Central heating	4 <input type="checkbox"/>
	(b). Own boiler	5 <input type="checkbox"/>	(b). Own boiler	5 <input type="checkbox"/>	(b). Own boiler	5 <input type="checkbox"/>
	(c). Stove heating	6 <input type="checkbox"/>	(c). Stove heating	6 <input type="checkbox"/>	(c). Stove heating	6 <input type="checkbox"/>
	Piped water	7 <input type="checkbox"/>	Piped water	7 <input type="checkbox"/>	Piped water	7 <input type="checkbox"/>
	Sewerage	8 <input type="checkbox"/>	Sewerage	8 <input type="checkbox"/>	Sewerage	8 <input type="checkbox"/>
	Bathroom or shower	9 <input type="checkbox"/>	Bathroom or shower	9 <input type="checkbox"/>	Bathroom or shower	9 <input type="checkbox"/>
	Individual water-heater	10 <input type="checkbox"/>	Individual water-heater	10 <input type="checkbox"/>	Individual water-heater	10 <input type="checkbox"/>
No conveniences	11 <input type="checkbox"/>	No conveniences	11 <input type="checkbox"/>	No conveniences	11 <input type="checkbox"/>	