



STATE  
DEPARTMENT  
FOR STATISTICS  
OF GEORGIA

FORM EM

Approved by the SDS of Georgia  
Order N19  
dated 02.02.2001

Please, use the mark -  for answers

GENERAL CENSUS OF GEORGIAN POPULATION

2002

CENSUS QUESTIONNAIRE FOR EMIGRANTS N

Census Section N	Instruction Station N	Census Station N	Serial N of person in the dwelling	Dwelling list N	Blank N
<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"/>
AR, Region .....			Village Community (Sakrebulo) .....		
Rayon .....			Village .....		
City, Town .....			Establishment .....		
Address .....			.....		
.....			.....		

Last Name, Initials ..... N

1. RELATIONSHIP TO THE FIRST PERSON IN THE HOUSEHOLD	First person	1	<input type="checkbox"/>	Mother-in-law, Father-in-law	7	<input type="checkbox"/>		
	Spouse	2	<input type="checkbox"/>	Grandmother, Grandfather	8	<input type="checkbox"/>		
	Son/Daughter	3	<input type="checkbox"/>	Grandson, Granddaughter	9	<input type="checkbox"/>		
	Mother, Father	4	<input type="checkbox"/>	Other relatives	10	<input type="checkbox"/>		
	Sister, Brother	5	<input type="checkbox"/>	No relationship	11	<input type="checkbox"/>		
	Daughter-in-law, Son-in-law	6	<input type="checkbox"/>					
2. SEX	Male	1	<input type="checkbox"/>	Female	2	<input type="checkbox"/>		
3. DATE OF BIRTH	Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Day	<input type="text"/> <input type="text"/>	Age	<input type="text"/> <input type="text"/> <input type="text"/>
4. PLACE OF BIRTH (Country, Autonomous Republic, Mkhare, Region)							<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. NATIONALITY							<input type="text"/> <input type="text"/> <input type="text"/>	
6. MOTHER TONGUE	Language of his/her nationality	1	<input type="checkbox"/>				<input type="text"/> <input type="text"/>	
Indicate other language too, that you know	Language of his/her nationality	1	<input type="checkbox"/>	<input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/>	
7. CITIZENSHIP	Georgian	1	<input type="checkbox"/>				<input type="text"/> <input type="text"/> <input type="text"/>	
	Stateless	2	<input type="checkbox"/>	Citizenship of other country	.....	Indicate	<input type="text"/> <input type="text"/> <input type="text"/>	

8. RELIGION		Orthodox Christian	1	<input type="checkbox"/>	Judaic	4	<input type="checkbox"/>	None	7	<input type="checkbox"/>			
		Roman Catholics	2	<input type="checkbox"/>	Islamic	5	<input type="checkbox"/>						
		Gregorian	3	<input type="checkbox"/>	Other	6	<input type="checkbox"/>						
9. EDUCATION LEVEL For persons 6 year and over		Higher	1	<input type="checkbox"/>	Primary vocational	4	<input type="checkbox"/>	Primary general	7	<input type="checkbox"/>			
		Unfinished higher	2	<input type="checkbox"/>	Secondary complete	5	<input type="checkbox"/>	Has no primary education, but can read and write	8	<input type="checkbox"/>			
		Secondary vocational	3	<input type="checkbox"/>	Basic general	6	<input type="checkbox"/>	Illiterate	9	<input type="checkbox"/>			
For persons with scientific degree		Candidate of science	1	<input type="checkbox"/>	Doctor of sciences	2	<input type="checkbox"/>						
		Engaged in scientific activity	3	<input type="checkbox"/>									
10. MARITAL STATUS For persons 15 years and over		Married	1	<input type="checkbox"/>	Widowed	3	<input type="checkbox"/>						
		Never married	2	<input type="checkbox"/>	Divirced, separated	4	<input type="checkbox"/>						
11. DATE OF EMIGRATION		Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>				
12. COUNTRY	Where did you emigrate?	USA	1	<input type="checkbox"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>
		Germany	2	<input type="checkbox"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>
		Turkey	3	<input type="checkbox"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>
		Russia	4	<input type="checkbox"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>
		Greece	5	<input type="checkbox"/>									
		Israel	6	<input type="checkbox"/>									
	Where are you living?	USA	1	<input type="checkbox"/>									
		Germany	2	<input type="checkbox"/>									
		Turkey	3	<input type="checkbox"/>									
		Russia	4	<input type="checkbox"/>									
		Greece	5	<input type="checkbox"/>									
		Israel	6	<input type="checkbox"/>									
13. CAUSE OF EMIGRATION		Improvement of living conditions	1	<input type="checkbox"/>	Refugee	2	<input type="checkbox"/>						
		Of which: Were yoy employed before emigration?	Yes	1	<input type="checkbox"/>	For education	3	<input type="checkbox"/>					
			No	2	<input type="checkbox"/>	Other causes	4	<input type="checkbox"/>					
14. MATERIAL AID		Emigrant aids family	1	<input type="checkbox"/>	Family aids emigrant	2	<input type="checkbox"/>	No	3	<input type="checkbox"/>			
15. ARE YOU GOING TO GO BACK?		Yes	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>						
		When	→				Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		