



STATE  
DEPARTMENT  
FOR STATISTICS  
OF GEORGIA

FORM N2  
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

Census Section N	Instruction Station N	Census Station N	Dwelling list N	Serial N of person in the dwelling	Blank N
□ □	□ □	□	□ □ □	□ □	□ □ □

Last Name, Initials .....		N	□ □
1. RELATIONSHIP TO THE FIRST PERSON IN THE HOUSEHOLD	First person 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Son/Daughter 3 <input type="checkbox"/> Line number of mother (father) within household <input type="text"/> <input type="text"/> Mother, Father 4 <input type="checkbox"/> Sister, Brother 5 <input type="checkbox"/>	Daughter-in-law, Son-in-law 6 <input type="checkbox"/> Mother-in-law, Father-in-law 7 <input type="checkbox"/> Grandmother, Grandfather 8 <input type="checkbox"/> Grandson, Granddaughter 9 <input type="checkbox"/> Other relatives 10 <input type="checkbox"/> No relationship 11 <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. HAS BEEN LIVING IN THE GIVEN PLACE:	Since birth: Yes 1 <input type="checkbox"/> (a). Year moved here <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (c). Type of previous residence (b). Previous place of residence _____ (indicate country, region, town) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No 2 <input type="checkbox"/> If no, indicate: Urban 1 <input type="checkbox"/> Rural 2 <input type="checkbox"/> (d). Are you a refugee? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
6. NATIONALITY	Georgian 1 <input type="checkbox"/> Abkhaz 2 <input type="checkbox"/> Ossetian 3 <input type="checkbox"/> Azerbaijanian 4 <input type="checkbox"/> Russian 5 <input type="checkbox"/> Armenian 6 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
7. 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"/>	
8. CITIZENSHIP	Georgian 1 <input type="checkbox"/> Stateless 2 <input type="checkbox"/>	Citizenship of other country _____ Indicate <input type="text"/> <input type="text"/> <input type="text"/>	

9. 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"/>		
<u>FOR PRESCHOOL CHILDREN</u>			<u>FOR POPULATION 6 YEARS AND OVER</u>			
10. DO YOU ATTEND A PRESCHOOL ESTABLISHMENT?	Yes	1 <input type="checkbox"/>	11. ARE YOU STUDYING?	Yes	1 <input type="checkbox"/>	
	No	2 <input type="checkbox"/>		No	2 <input type="checkbox"/>	
12. EDUCATION LEVEL	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"/>
Profession proper with educational level						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
For persons with scientific degree	Candidate of science	1 <input type="checkbox"/>	Doctor of sciences	2 <input type="checkbox"/>		
<u>FOR POPULATION 15 YEARS AND OVER</u>						
13. MARITAL STATUS	Married	1 <input type="checkbox"/>	Never married	2 <input type="checkbox"/>	Divorced, separated	4 <input type="checkbox"/>
	Line number of spouse within household	<input type="text"/> <input type="text"/>	Widowed	3 <input type="checkbox"/>		
14. FERTILITY	FOR WOMEN OVER 15 YEARS OLD:					
	(a). Children ever born alive	<input type="text"/> <input type="text"/>	(b). Children still alive	<input type="text"/> <input type="text"/>	(c). Children living away	<input type="text"/> <input type="text"/>
	FOR WOMEN MARRIED IN AGES 15-49: How many children are you going to have?					<input type="text"/> <input type="text"/>
<u>ECONOMIC CHARACTERIZATION</u>						
15. SOURCES OF LIVELIHOOD	Wage/salary of employee or other regular remuneration	1 <input type="checkbox"/>	Pension	10 <input type="checkbox"/>		
	Work at own enterprise	2 <input type="checkbox"/>	Stipend	11 <input type="checkbox"/>		
	Of which:		Unemployed benefits	12 <input type="checkbox"/>		
	with hired workers	3 <input type="checkbox"/>	Other aid	13 <input type="checkbox"/>		
	without hired workers	4 <input type="checkbox"/>	Other type of state aid	14 <input type="checkbox"/>		
	Individual activity	5 <input type="checkbox"/>	Dependant	15 <input type="checkbox"/>		
	Work in own peasant (farm) estate	6 <input type="checkbox"/>	Auxiliary family member with irregular remuneration	16 <input type="checkbox"/>		
	Work on personal land plot	7 <input type="checkbox"/>	Irregular, casual remuneration and income	17 <input type="checkbox"/>		
	Income from property, savings	8 <input type="checkbox"/>	Other source	18 <input type="checkbox"/>		
	Of which:		Of which: main source	<input type="text"/> <input type="text"/>		
	From own enterprise whose owner does not work	9 <input type="checkbox"/>				
16. MAIN ACTIVITY OR OCCUPATION						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. FOR UNEMPLOYED PERSONS 15 YEARS AND OVER	Are you looking for a job?	Yes 1 <input type="checkbox"/>	Are you ready for work during the next 2 weeks?	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>	
	Did you work at past?	Yes 1 <input type="checkbox"/>	Date of release from last work			
	No 2 <input type="checkbox"/>	Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	