



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"/> (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"/> (Month) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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							