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| Resultado de imagen para unicef | **C:\Users\gkiknadze\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\8AA0Q51T\eng-logo.png** |  |

**IMPACT EVALUATION OF TARGETED SOCIAL ASSISTANCE (TSA) IN GEORGIA**

**HOUSEHOLD QUESTIONARY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OC. OPERATIONAL CONTROL** | | | | |
|  | **Cluster number: |\_\_|\_\_|\_\_|** | |  | **Household number: |\_\_|\_\_|** |
|  | **Interviewer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | **Interviewer’s code: |\_\_|\_\_|\_\_|\_\_|\_\_|** |
|  | **Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | **Supervisor’s code: |\_\_|\_\_|\_\_|** |
|  | **Is the sampled household found?** | | | *Yes* 1🢂 Continue |
| *No/Not Asked*  2 🢂 OC14 |
|  | **Did the adress changed?** | 1 YES 🢂 Continue |  | **Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 2 NO 🢂 OC13 |
|  | **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | **Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | *Adress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
| **🖐*Enumerator***  HELLO, MY NAME IS (YOUR NAME). I AM FROM NATIONAL STATISTICS OFFICE OF GEORGIA. GEOSTAT AND UNICEF ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. | | | | |
|  | MAY I START NOW? | | | YES 1 🢂 OC15 |
| NO/NOT ASKED 2 🢂 OC14 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Result of the household interview:** | Completed | 1 |
| No household member or no competent respondent at home at the time of visit | 2 |
| Entire household absent for an extended period | 3 |
| Refused | 4 |
| Dwelling vacant / Address not a dwelling | 5 |
| Dwelling destroyed | 6 |
| Dwelling not found | 7 |
| Household not found | 8 |
| Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 96 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date of interview:** | **a. Year |\_2\_|\_0\_|\_\_|\_\_| b. Month |\_\_|\_\_| c. Day |\_\_|\_\_|** | |
|  | **Start Time of interview:** **|\_\_|\_\_| : |\_\_|\_\_|** |  | **End Time of interview: |\_\_|\_\_| : |\_\_|\_\_|** |
|  | **Respondent’s telephone number:** | a. Land Line: |  |
| b.Mobile: |  |

1. **HOUSEHOLD COMPOSITION AND MEMBERS DESCRIPTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Including yourself, how many people are part of your household? |\_\_\_|\_\_\_| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  | | | | | | |  | | |
| **Household member #** | **First, please tell me the name of each person who usually lives here, starting with the head of the household.**  Probe for additional household members. | | **What is the relationship of (name) to (name of the head of household)?\*** | | **Sex**  1. Female 2. Male | | **What is (name**  **‘s) date of birth?**  **Day/month/year** | **How old is (*name*)?**  (if under 1, write 0) | **🖐 *Interviewer: If the household member is under 6 years old, answer.***  **Who takes care of (name)?**  1. Mother  2. Grandmother  3. Sister  4. Cousin  5. Aunt  6. Another relative  7. Another nonrelative  8. In a nursery | **🖐 *Interviewer: should be answered for persons aged 16 years and older***    ***What is (name)’s marital status?***  1. Married  2. Cohabitant  3. Single  4. Divorced  5. Separated  6. Widow/widower | | **🖐** ***Interviewer: should be answered by persons aged 15 years and older***  **What activity did (name) do last week mainly?**  1. Work for a payment  2. Self-employ or own business  3. Student;  4. Housewife;  5. Pensioner;  6. Takes care of a household member;  7. Do not want to work, study or help at home  8. Cannot work  9. Look for a job  96. Other | **🖐 *Interviewer: If A10=1, answer***  **What is the type of contract that (name) has?**  1. A written contract for a temporary job  2. A written contract for a permanent job  3. Not written contract | **🖐 *Interviewer: If A10=1 or 2, answer.***  **How many hours per week (name) works?** | **🖐 *Interviewer: If A7>=15, answer.***  **Achieved education level**  1 Illiterate  2 Does not have primary education but can read and write  3 Pre-primary education  4 Primary education  5 Lower secondary education  6 Upper secondary education  7 Vocational education without secondary general education  8 Vocational education on the base of lower secondary education with a secondary general education certificate  9 Vocational education on the base of secondary general education (except higher professional education)  10 Higher professional program  11 Bachelor or equivalent  12 Master or equivalent  13 Doctor or equivalent. | | **What type of educational institution goes the household member during the current 2019-2020 school year?**  1. Preschool institution (kindergarten, nursery school)  2. School/ gymnasium/lyceum  3. Vocational college/community college  4. University (higher professional program ,bachelor, master or doctor)  5. Does not study  96. Difficult to answer | **What kind of disability does (name) have?**   1. Yes 2. No | | | | | | | **🖐 *Interviewer: If in A15 is at least one “yes”, ask:***  **Who takes care of (name)?**  0. Does not need care  1. Mother  2.wife  3.Grandmother  4. Sister  5. Cousin  6. Aunt  7. Another relative  8. Another person nonrelative  9. In a private centre  10. In a public centre  11. No one  96. Another (specify) | | |
| a). Hearing and/or talkig | **b.** Seeing | **c.** Long term mobility/walking | **d.** Selfcare | **e.**Communication/  Comprehension/Learning | **f.** Remembering | **x.** Other (specify) |
| **1** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |
| **2** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |
| **3** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |
| **4** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |
| **5** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **6** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **7** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **8** |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| \* *Codes for A****4****: Relationship to head of household:* | | | |  | | 1. Household Head  2. Spouse/Partner of the Household’s Head  3. Child and stepchild, or daughter/son-in-law of the Household Head/spouse | | | | | 4. Parent or grandparent of the Household Head/his (her) spouse  5. Brother or sister of the Household Head/his (her) spouse  6. The grandchild of the Household Head/his (her) spouse | | | | | 7. Uncle or aunt, or nieces and nephews of the Household Head/his (her) spouse  8. Another relative of the Household Head/his (her) spouse  9. Non-relative | | | | | | | | | | | | |

1. **HOUSING CONDITIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | To what ethnic group does the head of the household belong? | Georgian | | 1 |
| Azerbaijani | | 2 |
| Armenian | | 3 |
| Russian | | 4 |
| Ossetian | | 5 |
| Yezidi | | 6 |
| Ukrainian | | 7 |
| Kist | | 8 |
| Greek | | 9 |
| Assyrian | | 10 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 96 |
| Refusal | | 99 |
|  | Name the form of ownership of your dwelling | Belongs to the household (any member of HH) | | 1 |
| Rented | | 2 |
| Mortgaged | | 3 |
| Used without payment | | 4 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 96 |
| Don’t know | | 98 |
|  | How many rooms does the household occupy (exclude bathrooms, toilets, kitchen, pantry, hall and storage)? | | |\_\_\_|\_\_\_| | |
|  | How many of those rooms are used for sleeping? | | |\_\_\_|\_\_\_| | |
|  | What is the main flooring material? | Stone, brick, concrete | | 1 |
| Wood | | 2 |
| Parquet | | 3 |
| Laminate | | 4 |
| Ground | | 5 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 96 |
| Don’t know | | 98 |
|  | What is the main material of the roof? | Tin | | 1 |
| Schist /tile | | 2 |
| Concrete | | 3 |
| Wood; | | 4 |
| Metal tile | | 5 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 96 |
| Don’t know | | 98 |
|  | What is the main construction material of the outside walls? | Stone, brick, block | | 1 |
| Wood | | 2 |
| Concrete slabs | | 3 |
| Ground, mud, adobe | | 4 |
| Mixed | | 5 |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 96 |
| Don’t know | | 98 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |
| **Are the below facilities and services available to your household?**  1. Yes  2. No  98. Don’t Know  99. Refusal | **Is it inside or outside the house (flat)?**  1. Inside  2. Outside  98. Don’t know  99. Refusal | **Central (common) or individual**  1. Central  2. Individual  3. Semi-central  98. Don’t know  99. Refusal | **Shared or individual**  1. Shared  2. Individual  98. Don’t know  99. Refusal | **How many hours per day is the facility available?**  1. 24  2. 12-24  3. 6-12  4. Less than 6  98. Don’t know  99. Refusal | **How would you evaluate the quality of performance?**  1. Good  2. Average  3. Bad  98. Don’t know  99. Refusal |
|  | Water supply | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 | Inside 1.  Outside 2.  Don’t Know 98.  Refusal 99. | Central 1.  Individual 2.  Semi-central 3.  Don’t Know 98.  Refusal 99. | Shared 1.  Individual 2.  Don’t know 98.  Refusal 99. | 24 1.  12-24 2.  6-12 3.  Don’t Know 98.  Refusal 99. | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Hot water | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 | Inside 1.  Outside 2.  Don’t Know 98.  Refusal 99. | Central 1.  Individual 2.  Don’t Know 98.  Refusal 99. | Shared 1.  Individual 2.  Don’t know 98.  Refusal 99. | 24 1.  12-24 2.  6-12 3.  Don’t Know 98.  Refusal 99. | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Electricity | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 |  | Central 1.  Individual 2.  Don’t Know 98.  Refusal 99. |  | 24 1.  12-24 2.  6-12 3.  Don’t Know 98.  Refusal 99. | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Gas supply | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 |  | Central 1.  Individual 2.  Don’t Know 98.  Refusal 99. |  | 24 1.  12-24 2.  6-12 3.  Don’t Know 98.  Refusal 99. | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Sewerage | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 |  | Central 1.  Individual 2.  Don’t Know 98.  Refusal 99. |  |  | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Garbage collection | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 |  |  |  |  | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Toilet | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 | Inside 1.  Outside 2.  Don’t Know 98.  Refusal 99. |  | Shared 1.  Individual 2.  Don’t know 98.  Refusal 99. |  | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Bathroom | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 | Inside 1.  Outside 2.  Don’t Know 98.  Refusal 99. |  | Shared 1.  Individual 2.  Don’t know 98.  Refusal 99. |  | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Internet | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 |  |  | Shared 1.  Individual 2.  Don’t know 98.  Refusal 99. | 24 1.  12-24 2.  6-12 3.  Don’t Know 98.  Refusal 99. | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Landline | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 |  |  | Shared 1.  Individual 2.  Don’t know 98.  Refusal 99. |  | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |
|  | Heating | Yes 1. 🢂  No 2. 🢃  Don’t Know 98. 🢃  Refusal 99. 🢃 |  |  |  | 24 1.  12-24 2.  6-12 3.  Don’t Know 98.  Refusal 99. | Good 1.  Average 2.  Bad 3.  Don’t Know 98.  Refusal 99. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | What is the main source of drinking water for members of your household? | Piped water **individual** (piped into a dwelling) | | | | | | |  | |
| Piped water **semi-central** (piped into a dwelling) | | | | | | |  | |
| Piped water **central** (piped into a dwelling) | | | | | | |  | |
| Piped water **individual** (piped into the compound, yard or plot) | | | | | | |  | |
| Piped water **semi-central** (piped into the compound, yard or plot) | | | | | | |  | |
| Piped water **central** (piped into the compound, yard or plot) | | | | | | |  | |
| Piped water **individual** (piped to a neighbour) | | | | | | |  | |
| Piped water **semi-central** (piped to a neighbour) | | | | | | |  | |
| Piped water **central** (piped to a neighbour) | | | | | | |  | |
| Piped water **individual** (public tap/standpipe) | | | | | | |  | |
| Piped water **semi-central** (public tap/standpipe) | | | | | | |  | |
| Piped water **central** (public tap/standpipe) | | | | | | |  | |
| Tube well, borehole | | | | | | |  | |
| Protected well | | | | | | |  | |
| Unprotected well | | | | | | |  | |
| Protected spring | | | | | | |  | |
| Unprotected spring | | | | | | |  | |
| Rainwater collection | | | | | | |  | |
| Tanker trucker | | | | | | |  | |
| Carts with small tank/drum | | | | | | |  | |
| Surface water (river, stream, dam, lake, pond, canal, irrigation channel) | | | | | | |  | |
| Bottled water (purchased) | | | | | | |  | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |
|  | Do you do anything to the water to make it safer to drink? | | | | | | Yes 1 🡻 No 2 🢂**B12** | | | |
|  | What do you usually do to make the water safer to drink?  ***🖐 Interviewer***  ***Record all items mentioned.*** | | Boil | | | | | | A | |
| Add bleach / chlorine | | | | | | B | |
| Strain it through a cloth | | | | | | C | |
| Use water filter | | | | | | D | |
| Solar disinfection | | | | | | E | |
| Let it stand and settle | | | | | | F | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | X | |
| Don´t know | | | | | | Z | |
|  | What kind of toilet facility does this household use? | | Flush toilet piped to a sewer system | | | | | | 1 | |
| Flush toilet piped to a septic tank | | | | | | 2 | |
| Flush toilet piped to pit (latrine) | | | | | | 3 | |
| Flush toilet piped to somewhere else | | | | | | 4 | |
| Flush toilet piped unknown place/not sure/DK where | | | | | | 5 | |
| Pit latrine with slab | | | | | | 6 | |
| Pit latrine without a slab | | | | | | 7 | |
| Bucket | | | | | | 8 | |
| Hanging toilet, hanging latrine | | | | | | 9 | |
| No facility/bush/field | | | | | | 10 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 96 | |
|  | What type of fuel does your household mainly use for cooking? | | Piped natural gas | | | | | | 1 | |
| Liquid gas | | | | | | 2 | |
| Electricity | | | | | | 3 | |
| Solar | | | | | | 4 | |
| Firewood | | | | | | 5 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 96 | |
|  | What does your household mainly use for space heating when needed? | | Central heating | | | | | | 1 | |
| Manufactured space heater | | | | | | 2 | |
| Traditional space heater | | | | | | 3 | |
| Manufactured cookstove | | | | | | 4 | |
| Traditional cookstove | | | | | | 5 | |
| Open fire | | | | | | 6 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 96 | |
| The house has no heating | | | | | | 98 | |
|  | What type of fuel and energy source is used in this heater? | | Electricity | | | | | | 1 | |
| Piped natural gas | | | | | | 2 | |
| Liquefied Petroleum Gas(LPG)/ cooking gas | | | | | | 3 | |
| Kerosene / Paraffin | | | | | | 4 | |
| Solar | | | | | | 5 | |
| Coal | | | | | | 6 | |
| Charcoal | | | | | | 7 | |
| Wood | | | | | | 8 | |
| Crop residue / Grass /Straw / Shrubs | | | | | | 9 | |
| Woodchips | | | | | | 10 | |
| Sawdust | | | | | | 11 | |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 96 | |
|  | Is this household a beneficiary of the TSA? | | Yes 1 🢂 **B19**  No 2 🢂 continue | | | | | | | |
|  | When did you leave the TSA program? | | month/year \_\_/\_\_\_\_  97. I have never been a beneficiary 🢂 B20 | | | | | | | |
|  | Why did you leave the TSA program (main reason)? | | 1. According to my score I was not allow for benefits 2. Someone in the household got a job and we lost the benefits 3. We were assessed by SA again and we lost our benefits 4. We prefer not to take it because that allow us other benefits 5. We do not want to be part of the program 6. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | 🢂 **B20** |
|  | Imagine that the government is launching a series of new social programs, however to access to any of these programs you would have to resign to your TSA benefits.  From the following options select when would you prefer the new program or to keep your TSA benefits: | | | | 1 | TSA Benefit ……1 | | Access to housing credit (mortgages) ………………..2 | | |
| 2 | TSA Benefit…….1 | | Access to small business  credit ……………………….2 | | |
| 3 | TSA Benefit…….1 | | Access to consumption  credit ………………………...2 | | |
| 4 | TSA Benefit…….1 | | Access to free college education for your children ………….…2 | | |
| 5 | TSA Benefit…….1 | | Access to housing subsidies.2 | | |
| 6 | TSA Benefit….…1 | | Access to professional training or vocational education …….2 | | |
|  | How do you usually go to that **market?** | | | | | 1. Walking 2. By public transport (bus, mini-bus, metro, etc) 3. By bicycle 4. By motorcycle/private car 5. taxi 6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | How long does it usually take you to the **market** (market, bazaar, etc.) **in which you usualy go?** | | | | | Hours \_\_\_\_\_, Minutes \_\_\_\_\_\_\_\_ | | | | |
|  | Did you go to any of voucher shops (Nikora, Magniti, Zgapari, Fresco etc.) in the last 3 months?  (Shops, where food voucher can be used) | | | | | Yes 1. 🢂 continue No 2. 🢂 B25 Don’t know 98. 🢂 B25 | | | | |
|  | How do you usually go to the **that shop** from your house? | | | | | 1. Walking 2. By public transport (bus, mini-bus, metro, etc) 3. By bicycle 4. By motorcycle/private car 5. taxi 6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | How long does it usually take you to the **that shop** from your house? | | | | | Hours \_\_\_\_\_, Minutes \_\_\_\_\_\_\_\_ | | | | |
| **B25**. Do you or anyone in your household receive the following benefits? | | | | | | **B25.A. *Interviewer: If this household is beneficiary of the TSA (B16=1) ask***  Did you need to present your PMT score to access to this benefit?  Yes 1  No 2 | | | | |
| 1. Utility subsidy | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Municipal benefits for families with children for each child under 18 | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Vacation subsidy for children and youth with disability | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Subsidies for inclusion of children and youth in cultural, educational and sports activities | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Day care center | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Assistance for covering medication expenses | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Assistance for covering surgeries | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Assistance for medical tests and rehabilitation | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Transport subsidy | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Assistance for single parents | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Assistance for single pensioners | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Birth grant | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Rent subsidy | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Assistance to families affected by natural disasters | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. General or high education assistance for students | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Subsidy for agriculture programs | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. In home care | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Municipal canteenыs | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |
| 1. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes 1. 🢂  No 2. 🡻 | |  | | | | |

1. **ASSETS, GOODS AND LAND OWNERSHIP**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Does your household own any of the following items? | | | A. HOUSEHOLD APPLIANCES | | | | | |
| 1. Solid fuel cooker | | | | Yes 1 No 2 | |
| 1. Electric or gas cooker | | | | Yes 1 No 2 | |
| 1. Solid fuel or oil stove | | | | Yes 1 No 2 | |
| 1. Electric stoves (all kinds) | | | | Yes 1 No 2 | |
| 1. Gas stove | | | | Yes 1 No 2 | |
| 1. Boiler | | | | Yes 1 No 2 | |
| 1. Refrigerator and Freezer | | | | Yes 1 No 2 | |
| 1. Washing machine | | | | Yes 1 No 2 | |
| 1. Dryer machine | | | | Yes 1 No 2 | |
| 1. Dish-washer | | | | Yes 1 No 2 | |
| 1. Iron | | | | Yes 1 No 2 | |
| 1. Sewing machine | | | | Yes 1 No 2 | |
| 1. Vacuum cleaner | | | | Yes 1 No 2 | |
| 1. Air conditioner | | | | Yes 1 No 2 | |
| 1. Electric heating appliances | | | | Yes 1 No 2 | |
| B. ENTERTAINMENT AND COMMUNICATION APPLIANCES | | | | | |
| 1. Radio and Hi-Fi equipment | | | | Yes 1 No 2 | |
| 1. TV | | | | Yes 1 No 2 | |
| 1. Video recorder and Camera | | | | Yes 1 No 2 | |
| 1. Personal computer / Laptops | | | | Yes 1 No 2 | |
| 1. Video game consoles | | | | Yes 1 No 2 | |
| 1. Telephone | | | | Yes 1 No 2 | |
| 1. Mobile phone | | | | Yes 1 No 2 | |
| 1. Musical instruments (only include “big” instruments such as piano, guitars, classical music instruments (violin …), drums (sets). | | | | Yes 1 No 2 | |
| C. VEHICLES | | | | | |
| 1. Bicycle | | | | Yes 1 No 2 | |
| 1. Motorcycle | | | | Yes 1 No 2 | |
| 1. Car | | | | Yes 1 No 2 | |
| 1. Auto trailer | | | | Yes 1 No 2 | |
| 1. Bus / Mini bus | | | | Yes 1 No 2 | |
| 1. Other vehicles | | | | Yes 1 No 2 | |
|  | Do you possess any livestock, poultry or beehive? | | | | | | Yes 1. 🡻 No 2. 🢂**C4** | |
|  | | | |  | | **Quantity** | | |
|  | **How many livestock do you possess?** |  | | Cattle | |  | | |
|  | | Buffalo | |  | | |
|  | | Pig | |  | | |
|  | | Sheep | |  | | |
|  | | Goat | |  | | |
|  | | Horse | |  | | |
|  | | Donkey and Mule | |  | | |
|  | | Rabbit | |  | | |
|  | | Poultry | |  | | |
|  | | Beehive | |  | | |
|  | | | | | **C4** | | | **C4.A** |
| **Area (Ha)** |
|  | **Do you own and/or use agricultural land?**  **(Include any area of arable land, permanent/ temporary crops and/or meadows/ pastures)** | 1. I use my own agricultural and | | | Yes 1. 🢂  No 2. 🡻 | | | |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_| |
| 1. I use a rented agricultural land | | | Yes 1. 🢂  No 2. 🡻 | | | |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_| |
| 1. I use a agricultural land owned by others (free use) | | | Yes 1. 🢂  No 2. 🡻 | | | |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_| |
| 1. I own agricultural land used by others | | | Yes 1. 🢂  No 2. 🡻 | | | |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_| |
| 1. I own agricultural land which is not used | | | Yes 1. 🢂  No 2. 🡻 | | | |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_| |

1. **EXPENDITURE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Did you obtain \_\_\_\_\_\_ during the last 7 days at your HH: | | | **D1.A**  **How did you obtain it?**  **(Several answers are possible)**   1. I bought it with cash or credit card 2. Bought using TSA card 3. Payment in kind 4. Own production 5. Consumption from storage 6. As a gift or donation   X. Other (specify) \_\_\_\_\_\_\_\_\_\_ | **D1.B**  **How much did you spend?**  **Values (GEL)**  ***🖐 Interviewer: Indicate amount (write 0 if is not paid)*** |
|  | Bakery products (flour, cereal foods, sugary cereal, rice, bread, pasta, cookies …) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Meats, poultry and marine products (Steak, turkey, chicken, veal, lamb, pork, sausages, fresh or frozen fish …) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Fats and oils (Butter, cooking oils, salad dressings, …) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Milk and dairy products (milk, canned milk, cheese, eggs …) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Fruits and vegetables | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Non-alcoholic beverages (soda, soft drinks, tea, coffee …) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Alcoholic beverages (Spirits, rum, whiskey, vodka, wine, beer and other.) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Tobacco | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Other food products (Snacks, ketchup, mustard, candy, jams, sugars, nuts, …) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ ⓒ ⓓ ⓔ ⓕ ⓧ | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Did you obtain \_\_\_\_\_\_ during the last month at your HH: | | | **D2.A**  **How did you obtain/paid for it?**   1. **(Several answers are possible)**I bought it with cash or credit card 2. Payment in kind | **D2.B**  **How much did you spend?**  **Values (GEL)**  ***🖐 Interviewer: Indicate amount (write 0 if is not paid)*** |
|  | Food consumption outside the HH (restaurants) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Payment for electricity supply | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Payment for natural gas supply | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Payment for water supply | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Payment for refuse collection and disposal | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Charges for maintenance of lifts | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Communication (phone, cellular phone, internet) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Dwelling rental payment | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Multi - occupied building/condominium fees | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Payment for providing security of dwelling | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Veterinary Services and Pet & Related Products | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Childcare outside the home | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | HH cleaning supplies & services (toiletries & garbage) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Fuel (gas/ electricity/ charcoal/ candle/ matches) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Paper products & supplies (hand towels, bin liners, napkins) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Transportation | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Cosmetics/hairdressing/barbershop | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Medical & pharmaceutical | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Did you obtain \_\_\_\_\_ during the last SIX month at your HH? | | | **D3. A**  **How did you obtain/paid for it?**  **(Several answers are possible)**   1. I bought it with cash or credit card 2. Payment in kind | **D3.B**  **How much did you spend?**  **Values (GEL)**  ***🖐 Interviewer: Indicate amount (write 0 if is not paid)*** |
|  | HH textiles (Sheets, curtain, etc.) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | HH appliances (mobile, TV, iron, bulb) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | HH cookware (plates, pot) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | HH furniture (Table, bed) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | HH construction, repair & painting | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Adult clothing and footwear | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Children’s clothing and footwear | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Educational expenses (fees, transportation, materials) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Recreation and cultural activities (music/video, toys, sports, lotteries) | Yes 1. 🢂  No 2. 🡻 | ⓐ ⓑ | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |

1. **FOOD PRICES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
| **Products.** | **In the last two weeks have you purchased \_\_?** | **Last time you purchased, How much did you buy?** | | **Last time you purchased \_\_\_\_, How much did you pay for it?** |
| E2.1. Amount | E2.2. Unit of measurment   1. Kg 2. Gr 3. Litre 4. Unit   96. Other \_\_\_\_ |
| 1. Wheat bread | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Wheat flour | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Macaroni products | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Beef | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Pork | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Chicken meat | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Sausage (frankfurter) | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. cheese Imeruli | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Sulguni (cheese) | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Butter and spread | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Matsoni (fermented milk) | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Egg | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Potatoes | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Apple | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Sunflower oil | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Sugar | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Chocolate bar | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Mineral water (sparkling) | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Drinks of Coca-cola type | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. Lemonade | Yes 1. 🢂  No 2. 🡻 | |\_\_|\_\_|\_\_|.|\_\_|\_\_| |  | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| |

1. **HOUSEHOLD INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
|  | How many persons in this household received any income in the last month? |\_\_|\_\_| | | |
| 1. For each category, indicate how much income did the household receive the last month?   (Add up all the individuals that received income) | | | **Values (GEL)** |
|  | Salary (including all kinds of remuneration) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Profits from family/personal business | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | In kind production from the family/personal business for household consumption | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Income from private (temporary, ad hoc) activities | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Old-age Pension (considering all kinds of supplements) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Compensation/state academic scholarship | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Food given for free | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | IDP allowance | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Social assistance for the TSA program (excluding child benefits) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Social assistance for the TSA child benefit | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Social assistance for other programs (assistance to orphans, assistance to 1st category disabled, blind, assistance to single unemployed pensioners or households consisting of only two or more unemployed pensioners, assistance to families with many children for a disabled child, Prevention and reintegration allowance, Demographic benefit) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Regular assistance of NGOs, church, private Maecenas, etc. | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Other social assistance *(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_* | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
| 1. What is the total income of the household during the last 12 months from each of the sources listed below? | | | **Values (GEL)** |
|  | From selling domestic animals or their products (milk, eggs, meat, cheese, butter, wool, etc.) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | From selling other agricultural products or goods processed from the latter (wine, vodka, vegetable oil, flour, dried fruit, etc.) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | From renting/leasing out property (flat, summerhouse, car, etc.) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | From selling property (flat, summerhouse, car, etc.) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Cash assistance from relatives living in Georgia | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Cash assistance from non-relatives living in Georgia (friend, neighbor, etc.) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Cash assistance from relatives living abroad | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Cash assistance from non-relatives living abroad (friend, neighbor etc.) | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |
|  | Total of other non-regular cash income (seasonal, one-time, etc.) of household members | Yes 1. 🢂  No 2. 🡻 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| |

1. **BANKING, SAVINGS AND ACCESS TO CREDIT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Did any member of your household borrow any amount of money/bank loan during the past 12 months? | | | | Yes 1 🡻 No 2 🢂**G4** | |
|  | Who did he/she borrow from?  (*Several answers are possible)* | Friends/relatives | | | |  |
| Private money lender | | | |  |
| Employer | | | |  |
| Commercial/ development bank | | | |  |
| Deposit-taking microfinance institutions | | | |  |
| Cooperative credit societies credit institutions | | | |  |
| Trader/shop keeper | | | |  |
| NGO | | | |  |
| Government | | | |  |
| Pawnshop | | | |  |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| Don't know | | | |  |
|  | **Did you pay back what you borrowed?** *(If the household members have borrowed several bank loans/debts during the last 12 months, the answer to this question will be the total of all debts/loans)* | | | Completely 1 Partially 2 No 3 | | |
|  | Did any member of your household try without success to borrow some amount of money from a bank or other formal lending institution during the past 12 months? | | | | Yes 1. 🡻 No 2. 🢂**G8** | |
|  | Whom did he/she address for borrowing?  ***🖐 Interviewer:***  ***If during the last 12 months the household members have had several attempts to borrow, the answer to this and the following two questions shall imply the attempt to borrow the greatest amount of money*** | | Employer | | |  |
| Commercial/ development bank | | |  |
| Deposit-taking microfinance institutions | | |  |
| Cooperative credit societies credit institutions | | |  |
| NGO | | |  |
| Government | | |  |
| Pawnshop | | |  |
| Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 96. |
|  | What was the reason for the refusal of lending? | | Insufficient income | | |  |
| The non-existence of collateral (property, valuables) | | |  |
| Problems connected with the previous borrowing | | |  |
| Other, (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 96. |
| Don’t’ know | | | 98. |
|  | What amount did you want to borrow? | | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| | | | |
|  | Apart from the bank account in the Liberty Bank, do you or anyone in your household has another bank account? | | Yes 1 No 2 | | | |
|  | Do you make any savings periodically? | | Yes 1 🡻 No 2 🢂**End this module** | | | |
|  | How often do you do this? | | Every month | | |  |
| Once per two months | | |  |
| Once per three months | | |  |
| More seldom | | |  |
|  | What part of your income do you save generally? Indicate per cent | | |\_\_|\_\_| % | | | |

1. **HEALTH**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | How would you evaluate the state of health of the household members? | Very good | | |  |
| Good | | |  |
| Neither good nor bad | | |  |
| Bad | | |  |
| Very bad | | |  |
| Don’t know/difficult to answer | | | 98. |
|  | During the past 30 days, did you or anyone in the household apply to any health care facility for outpatient care? | | Yes 1. 🡻 No 2. 🢂H**6** | | |
|  | In total, how many outpatient visits did you and your household members make to a health facilityduring the past 30 days? | | |\_\_\_|\_\_\_| | | |
|  | To whom did you or anyone in the household apply for medical assistance during your most recent visit for outpatient care? | Family doctor | | |  |
| District doctor | | |  |
| Specialist doctor | | |  |
| Nurse | | |  |
| Pharmacist | | |  |
| Dentist/dental technician | | |  |
| Lab/diagnostic technician | | |  |
| Alternative provider (e.g. acupuncturist) | | |  |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_ | | | 96. |
| Don’t know/Refuses to answer | | | 98. |
|  | How much did you or anyone in the household pay in total for your medical assistance during your most recent outpatient visit?  (Except for the amount paid by insurance)  If no payment, write 0 | | | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| | |
|  | During the past 30 days, have you or anyone in the household purchased any medicines at a pharmacy to treat a health problem? | | | Yes 1. 🡻 No 2. 🢂**H8** | |
|  | How much did you or anyone in the household pay in total for medicines purchased during the past 30 days?  (Except for the amount paid by insurance)  If no payment, write 0 | | | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| | |
|  | During the past 12 months, were you or anyone in the household admitted to a health facility overnight to obtain inpatient care? | | | Yes 1. 🡻 No 2. 🢂**H11** | |
|  | During your most recent inpatient admission, at what type of health care facility did you or anyone in the household stay? | General hospital | | |  |
| Maternity hospital | | |  |
| Children’s hospital | | |  |
| TB/infection dis. hospital | | |  |
| Other Specialized hospitals | | |  |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 96. |
| Don’t know/Refuses to answer | | | 98. |
| 1. **I** | How much did you or anyone in the household pay to the most recent inpatient admission?  (Except for the amount paid by insurance)  If no payment, write 0 | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_|.|\_\_|\_\_| | | | |
|  | Was there any time during the last 12 months when you or anyone in the household think should have received medical care, but did not? | Yes 1. 🡻 No 2. 🢂 **End of this module** | | | |
|  | What was the reason why you or anyone in the household did not receive medical care? | Though not serious | | |  |
| Got better soon after being sick | | |  |
| Could not access care as inconvenient (for example, inconvenient operating hours) | | |  |
| I did self-treatment at home | | |  |
| I could not afford to pay for treatment | | |  |
| The health facility is too far/too difficult to reach | | |  |
| Could not identify a good provider | | |  |
| The quality of health care is not good | | |  |
| Don’t trust the health-care system | | |  |
| The patient (or household member) is a doctor him/herself | | |  |
| Other (specify) | | | 96. |
| Don’t know/Refuses to answer | | | 98. |

**Interviewer’s comments**

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| --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |