

Time Use Survey

HOUSEHOLD QUESTIONNAIRE

A. Information about interview			
A1.	Cluster number: _ _ _	A2.	Household number: _ _
A3.	Interviewer's name: _____	A4.	Interviewer's code: _ _ _ _ _
A5.	Supervisor's name: _____	A6.	Supervisor's code: _ _ _ _
<p>Interviewer Hello, my name is (first name and last name) and I represent NATIONAL STATISTICS OFFICE OF GEORGIA. Geostat and UN Women are conducting a survey on time use in Georgia and would like to ask you and your household members a number of questions to help better understand people's activities and time spent on these activities in Georgia. On behalf of NATIONAL STATISTICS OFFICE OF GEORGIA, I ask you to help us understand how much time people spend on different activities such as paid and unpaid work, household chores, child care, transportation, etc. Your household has been selected randomly, along with a couple of thousand other households in Georgia, and it is very important for the reliability of the results that you agree to participate in this survey. Participation in our survey is voluntary and will be confidential and completely anonymous. Your household member's name will not be linked to the responses recorded on this survey, nor will researchers be able to link your identity or address to the responses recorded. Interview will take approximately 10 minutes and I will ask you to fill in the activity diary for two days in the coming week.</p>			
A7.	MAY I START NOW?	YES	1 → A9
		NO/NOT ASKED	2 → A8
A8.	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
		Other (specify) _____	96
A9.	Date of interview:	a. Day _ _	b. Month _ _ c. Year 2 0 _ _
A10.	Start Time of interview: _ _ : _ _		
<p>According to the "Law of Georgia on Official Statistics" 25th Article, point first, with the view of fulfilling its functions the Geostat shall be authorized to request and receive from administrative bodies, physical and legal persons all kinds of statistical data and other information, including confidential information and/or information containing personal data, in line with the "Law on Personal Data Protection". The information provided by you is confidential and protected by the "Law of Georgia on Official Statistics" 28th Article, It is only used for calculating the general statistical indexes.</p>			

HOUSEHOLD COMPOSITION

H1 Including yourself, how many people are part of your household? |__|__|

H2 Who are the members of your household? Please give in each case their:

- (A) FIRST NAME
- (B) LAST NAME
- (C) DATE OF BIRTH
- (D) SEX
- (E) FUNCTIONAL DIFFICULTY
- (F) RELATIONSHIP TO THE OTHER HOUSEHOLD MEMBERS

Person or group of persons who are living at the same address sharing meals and have a common budget. Persons who are not relatives, but meet these conditions: living at the same address, sharing meals and have a common budget are considered as a members of the same household. It is possible that several relative persons are living in the same address, but they have separate budget. For example two brothers live with their families at the same address (dwelling). If they have separate budget they are considered as a different households.

HHM NO.	FIRST NAME	LAST NAME	DATE OF BIRTH							SEX 1. Female 2. Male	Does (name) has functional difficulties?*	RELATIONSHIP MATRIX**								
			D	D	M	M	Y	Y	Y			Y	F	01	02	03	04	05	06	07
			C									D	E							
01												01								
02												02								
03												03								
04												04								
05												05								
06												06								
07												07								

* Hearing, talking, seeing, long term mobility/walking, selfcare, communication, comprehension, learning, remembering, etc.

** Codes for F. Relationship Matrix -
 Relationship to HH members:

11 Husband/wife	22 Step-son/step-daughter	41 Natural/adoptive parent	70 Grandparent	90 Other relative
12 Partner/cohabitate	30 Son-in-law/daughter-in-law	52 Step-parent	81 Brother/sister	95 Other non-relatives
21 Natural/adopted son/daughter	40 Grandchild	60 Parent-in-law	82 Step-brother/sister	

CHILDCARE

**IF THE HOUSEHOLD INCLUDES CHILDREN LESS THAN 10 YEARS OLD → H3
OTHERWISE → H5**

H3 Do any of your children less than 10 years old attend a kindergarten or a creche, or are they being looked after on a long-term basis by other persons (not belonging to your household) or by other institutions?

Do not take into account any short-term or irregular arrangements which help you out for a few days (e.g., parents, neighbours, other childcare from time to time, but only irregularly or in emergencies). Compulsory school attendance is not regarded as childcare.

- Yes (1) → H4
No (2) → H5

**H4 How is the day care of the children less than 10 years old in this household organised?
Please report for each child separately.**

HHM NO. (From H2)	Name of child	Caring for a child		
		Public institution	Private institution	Private Person
		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

HOUSEHOLD INCOME

The following questions concern the income of all household members and any other income received by the household as a whole.

H5 Which of the following sources of income did your household have during the last 12 month?

Interviewer: Read the income categories aloud to the respondent and tick "Yes" or "No" for each of them.

Does your household receive ...?	YES	NO
1. Wages or salaries (in cash or in kind)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
2. Income from self-employment (in cash or in kind)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
3. Income from farming/fishing/forestry (in cash or in kind)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
4. Pensions	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
5. Social assistance	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
6. Scholarships	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
7. Remittances	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8. Income from investment, savings or property	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
9. Income from other sources (e.g., private transfers)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

H6 Adding up all forms of income you receive as mentioned earlier, what was the average net monthly income of your household during the last 12 month? (that is, the income after tax and Pension Fund contributions)

Interviewer: Please remind the respondent of the different sources of income: wages, salaries, income from self-employment, income from farming/fishing/forestry, pensions, remittances, social assistance, income from investments, savings or property, etc.

Income per month	_____ (GEL)	→ H8.1
Does not know	<input type="checkbox"/> (99999)	→ H7
Declines to answer	<input type="checkbox"/> (99998)	→ H7

H7 Could you please give the approximate range of your household's average net monthly income during the last 12 months? (That is, income after tax and Pension Fund contributions)

Less than 400	<input type="checkbox"/> (1)
From 400 to 670	<input type="checkbox"/> (2)
From 670 to 1000	<input type="checkbox"/> (3)
From 1000 to 1550	<input type="checkbox"/> (4)
1550 or more	<input type="checkbox"/> (5)
Does not know	<input type="checkbox"/> (99)
Declines to answer	<input type="checkbox"/> (98)

RECEIVING HELP

The following questions concern help and services that you or any of your household members received from a **private person outside your household**. You might have paid something for this help or these services, but it should not have been provided by a private or a public institution.

H8.1 Did you or any other member of your household receive help or services on child-care from a private person who is not a member of your household at any time during the last 4 weeks?

Yes (1) → H8.1a

No (2) → H8.2

On child-care help received

H8.1a How many times did you receive child-care help or services during the last four weeks? _____ times

H8.1b Last time you received this help, did you pay for it? Yes (1) No (2)

H8.2 Did you or any other member of your household receive help or services to care for sick and elderly from a private person who is not a member of your household at any time during the last 4 weeks?

Yes (1) → H8.2a

No (2) → H8.3

On help to care for sick and elderly received

H8.2a How many times did you receive help to care for sick and elderly during the last four weeks? _____ times

H8.2b Last time you received this help, did you pay for it? Yes (1) No (2)

H8.3 Did you or any other member of your household receive help in domestic services from a private person who is not a member of your household at any time during the last 4 weeks?

Yes (1) → H8.3a

No (2) → H9

On help in domestic services

H8.3a How many times did you receive help on domestic services during the last four weeks? _____ times

H8.3b Last time you received this help, did you pay for it? Yes (1) No (2)

HOUSING

H9 How many rooms does your household use for private purposes (not counting bathrooms, toilets, kitchens, hallways, etc.)?

1. Total number of rooms which are used _____ rooms
 2. Total number of bedrooms which are used _____ bedrooms

H10 Does your household use the following items? Please include all items irrespective of whether the item is owned, rented or otherwise provided for your use.

Interviewer: Read the items aloud to the respondent, and tick "Yes" or "No" for each of them.

Does your household use ... ?	YES	NO
1. Washing machine	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
2. TV set	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
3. Vacuum cleaner	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
4. Sewing machine	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
5. Personal computer/laptop/tablet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
6. Car/minibus/truck	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
7. Gas stove/electric stove	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8. Mobile phone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
9. Landline phone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10. Heater (gas or electric)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
11. Heater (wood oven)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
12. Dishwasher	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
13. Microwave oven	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
14. Refrigerator	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
15. Water heater	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

H11 Do you or anyone in your household have access to the Internet at home?

(via any device: any type of computer, mobile/smart phone, etc.)

- Yes (1) → H12
 No (2) → H14

HOUSING (continued)

H12 How do your household members access the internet from home?

Interviewer: Read each item aloud to the respondent, and tick “Yes” or “No” for each them.

	YES	NO
1. PC or laptop computer	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
2. Tablet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
3. Mobile phone or smartphone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
4. Digital TV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
5. Other, please specify: _____	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

H13 Does any member of this household use the internet at home to order or buy goods or services?

- Yes (1)
- No (2)

END OF HOUSEHOLD QUESTIONNAIRE

H14 End Time of interview:

Hour		Minute	

H15 To interviewer: Who answered this questionnaire?

1. Household member name: _____
2. Household member number (From H2): _____
3. Land line number: _____
4. Mobile number: _____