



**Questionnaire: №07.1.gr-6.6-12**  
**(single time)** Approved by the  
 Board of National Statistics Office of  
 Georgia Order №11, 04 September,  
 2020



National Statistics Office of Georgia

# Time Use Survey

## INDIVIDUAL QUESTIONNAIRE

(For the Household Members Aged 15 Years and Above)

<b>AI. Information about interview</b>			
<b>AI1.</b>	Cluster number:  _ _ _	<b>AI2.</b>	Household number:  _ _
<b>AI3.</b>	Household member: _____	<b>AI4.</b>	HH member No:  _ _
<p><b>🗨 Interviewer</b>          Hello, my name is /first name and last name/ and I represent NATIONAL STATISTICS OFFICE OF GEORGIA. National Statistics Office of Georgia with UN Women are conducting a survey on time use in Georgia and would like to ask you 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>			
<b>AI5.</b>	MAY I START NOW?	YES NO/NOT ASKED	1 → AI7 2 → AI6
<b>AI6.</b>	<b>Result of the interview:</b>	Completed	1
		Respondent was not at home at the time of visit	2
		Respondent Refused	3
		Other (specify) _____	96
<b>AI7.</b>	<b>Date of interview:</b>	a. Day  _ _  b. Month  _ _  c. Year  _2_ _0_ _ _	
<b>AI8.</b>	<b>Respondent's mobile number:</b>	_____	
<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".</p> <p>The information provided by you is confidential and protected by the "Law of Georgia on Official Statistics" 28th Article, point first. It is only used for calculating the general statistical indexes.</p>			

## Demographic Characteristics

- I1** *To Interviewer:* Record the time when you start filling in this questionnaire.

Hour		Minute	

- 
- I2** **What is your sex?**

Female  (1)

Male  (2)

- 
- I3** **What is your date of birth?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

- 
- I4** **What is your ethnicity?**

- Georgian  (1)
- Abkhazian  (2)
- Ossetian  (3)
- Azerbaijani  (4)
- Russian  (5)
- Armenian  (6)
- Other, specify \_\_\_\_\_  (96)
- Declined to answer  (98)

## EMPLOYMENT

### OWN-ACCOUNT AGRICULTURE and FISHING (also Forestry and Mining, if applicable)

**I5 During the last 7 days did you perform some work for at least one hour in your family holding in order to produce agricultural or fishery products?**

**Notes to interviewer:**

- *Helping a HH member working in the family holding is considered as work.*
- *Examples: Growing cereals, vegetables, melons, fruits, grapes, citrus, nuts, plant propagation, cultivating/preparing the land, sowing, harvesting, etc., Breeding/Raising livestock, poultry, bee, etc. Producing meat, eggs, dairy products, etc. Aquaculture. It also includes hunting, fishing, gathering forest fruits, mushrooms, medical plants, etc.*

Yes  (1) → I5e

No  (2) → I5a

**I5a Do you have a family holding where you did not perform agricultural activities temporarily?**

**Note to interviewer:**

- *For example: Due to off season, bad weather, sickness, etc*

Yes  (1) → I5b

No  (2) → I6

**I5b What was the main reason for not performing agricultural activities temporarily?**

Low or off season  (1) → I5c

Other reason  (96) → I5d

**I5c Do you perform any preparatory work for the next working season?**

Yes  (1) → I5e

No  (2) → I6

**EMPLOYMENT (continued)**

**I5d What is the expected time of suspension of performing agricultural activities?**

**Note to interviewer:**

- *Period from the last working day to the expected day returning at work*

- 3 months or less                       (1)                      → I5e  
More than 3 months                       (2)                      → I5f

**I5e Please specify, products (crops/livestock/fishery) for which you worked on are intended to:**

**To interviewer:** *Read each possible response and mark one.*

- Only for sale                               (1)                      → I7  
Mainly for sale                               (2)                      → I7  
Mainly for family/own use                       (3)                      → I5f  
Only for family/own use                       (4)                      → I5f

*Emphasize that **not only products produced during the last 7 days is considered.***

**I5f What are the main products that you were working on?**

Describe main product(s):				
	NACE CODE (Geostat)			

**I5g During the last seven days, how many days did you perform this work?**

- \_\_\_ \_\_\_ days                              (1) → I5h  
Did not work                               (2) → I6

**I5h On average, how many hours per day did you work during the last work?**

- \_\_\_ \_\_\_ hrs                              → I6

**EMPLOYMENT (continued)**

**I6 During the last seven days, did you perform any work for at least one hour in order to get salary or any other kind of labour compensation?**

**Note to interviewer:**

Examples: *Have a job with wage; job with daily basis labour compensation; working in agricultural holding owned by another household.*

Yes  (1) → I7  
No  (2) → I6a

**I6a During the last 7 days did you run or do any kind of own business for at least one hour in order to get income?  
(Do not include agricultural activities performed in your family holding)**

**Note to interviewer:**

Examples: *Trading, craftsmanship, private tutor, transportation/taxi services, making items for sale, baking cakes for sale, sewing/knitting, charge for services, etc.*

Yes  (1) → I7  
No  (2) → I6b

**I6b Did you have any job or own business (except family holding) that you could not perform during the last 7 days temporarily?**

Yes  (1) → I6c  
No  (2) → I19

**I6c What was the main reason for not performing these activities?**

Low or off season  (1) → I6d  
Other reason  (96) → I6e

**I6d Do you perform any preparatory work for the next working season?**

Yes  (1) → I7  
No  (2) → I19

**EMPLOYMENT (continued)**

**I6e** What is the expected absence time from the job or business?

**Note to interviewer:**

- *Period from the last working day to the expected day returning at work.*
- *specify shorter time, if respondent has more than than one job/bussiness and he/she is absent from all jobs.*

3 months or less                       (1)                      → I7

More than 3 months                       (2)                      → I6f

**I6f** Are you still receiving labor compensation during the absent period (continuously or total amount for the whole period) which is half or more than half of your labour compensation?

Yes                                       (1)                                      → I7

No                                         (2)                                      → I19

**FOR EMPLOYED PERSONS**

**I7** During the last 7 days did you have more than one paid job or business to generate income?

No, only one                                       (1)

Yes, more than one                                       (2)

**EMPLOYMENT (continued)**

**FOR MAIN JOB**

**Note to interviewer:**

*The job is main (paid job or business), if respondent spends the most of his/her time or given the highest wage/salary or job is permanent or it corresponds to respondent's educational level.*

**I8 Which enterprise, organization, private business or economy did you work (have business) during the last seven days?**

Name: \_\_\_\_\_

**I9 What kinds of goods or services are mainly provided at your working place (in your business)?**

Description of economic activity: \_\_\_\_\_

NACE CODE (Geostat) 

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**I10 Please specify your occupation at your working place (Please describe as completely as possible.)**

Description of occupation: \_\_\_\_\_

Occupation CODE (Geostat) 

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**I11 Please define the form of ownership of the enterprise, organization, economy or business where you were working during the last 7 days.**

- State ownership  (1)
- Private ownership  (2)
- An NGO, non-profit institution, Church  (3)
- A household (domestic worker)  (4)
- An international organization or a foreign embassy  (5)
- Other type (specify): \_\_\_\_\_  (96)
- Do not know  (99)

**EMPLOYMENT (continued)**

**FOR MAIN JOB (Continued)**

**I12 How many hours do you usually work during a week in your main job?**

*Hours usually worked means the hours which are most commonly worked per week by persons during a long period and it includes all usual overtime.*

- Number of hours weekly  (1) \_\_\_ hrs → I13  
Difficult to answer because hours worked vary considerably  (99) → I12a

**I12a How many days per week do you usually work in your main job?**

\_\_\_ days

**I12b How many hours per day do you usually work in your main job?**

\_\_\_ hours

**I13 Please define your employment status in your main job.**

- Employee  (1) → I13a  
In own business activity, no hired employees  (2) → I13a  
Employer (in own business activity with hired employees)  (3) → I13a  
Helping without pay in a family or household business/farm  (4) → I13a  
An apprentice, intern  (5) → I18  
Helping a family member who works for someone else  (6) → I18  
Other Household domestic worker  (7) → I14  
Other type (specify): \_\_\_\_\_  (96) → I14

**I13a Is your business/the place where you work ... ?**

- An incorporated company  (1) → I14  
An independent, personal or family business/farm  (2) → I13b  
Do not know  (99) → I13b



**EMPLOYMENT (continued)**

**FOR MAIN JOB (Continued)**

**I13b** Is the enterprise/farm/business where you worked registered?

- Yes  (1)
- Is being registered  (2)
- No  (3)
- Do not know  (99)

**I14** Please specify the type of your workload according to the working hours by your estimation.

- Full-time  (1)
- Part-time  (2)

**I15** Do you have a fixed starting and finishing time of work each day in this job? *Fixed time means you have to be on time each day—there is no flexibility to come or leave a little earlier or later.*

- Yes  (1) → I15a
- No  (2) → I16

**I15a** At what time do you usually start and end work in this job?

**I15a.1** Start Time:

Hour		Minute	

**I15a.2** End Time:

Hour		Minute	

**EMPLOYMENT (continued)**

**FOR MAIN JOB (Continued)**

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**I16 Do you do shift work?**

- Most of the time  (1) → I16a
- Occasionally  (2) → I16a
- No  (3) → I16e
- Not applicable  (97) → I16e

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**I16a Did you work in the evenings (between 7 p.m. and 11 p.m.) during last four weeks?**

- Yes, half or more of the days worked in the evening  (1)
- Yes, less than a half of the days worked in the evening  (2)
- No  (3)

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**I16b Did you work at night (between 11 p.m. and 6 a.m.) during last four weeks?**

- Yes, half or more of the days worked at nights  (1)
- Yes, less than half of the days worked at nights  (2)
- No  (3)

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**I16c Did you work on Saturdays during last four weeks?**

- Yes, two Saturdays or more  (1)
- Yes, one Saturday  (2)
- No  (3)

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**I16d Did you work on Sundays during last four weeks?**

- Yes, two Sundays or more  (1)
- Yes, one Sundays  (2)
- No  (3)

**EMPLOYMENT (continued)**

**FOR MAIN JOB (Continued)**

**I16e Did you work at home during last four weeks?**

- Yes, half or more of the time worked  (1)
- Yes, less than half of the time worked  (2)
- No  (3)

**I17 Do you benefit from paid annual leave or compensation for unused leave?**

- Yes  (1) → I17a
- No  (2) → I18
- No, I have a short term contract  (3) → I18
- Do not know  (99) → I18

**I17a How many days of paid annual leave do you have a year?**

\_\_\_ \_\_\_ days

**FOR SECOND AND ALL OTHER JOBS**

*Ask only if respondent response to I7 is 2- Yes, more than one. If response to I7 is 1- No, only one, SKIP to I21*

**I18 How many hours do you usually work in a week in all your other jobs?**

- \_\_\_ \_\_\_ hours  (1) → I21
- Difficult to answer, because hours worked considerably vary  (97) → I18a

**I18a How many hours did you actually work during the last 7 days in all your other jobs?**

\_\_\_ \_\_\_ hours → I21

## EMPLOYMENT (continued)

### FOR PERSONS WHO DID NOT HAVE A JOB

**I19 Did you try to find any paid job or start your own business during the last 4 weeks?**

- Yes  (1) → I20  
No, because I have already found a job  (2) → I19a  
No  (3) → I20

**I19a How soon do you expect to start a new paid job or business?**

- One month or less  (1) → I21  
More than one month and up to three months  (2) → I21  
More than three months  (3) → I21

**I20 If it depends on you, could you start working within the next two weeks?**

- Yes  (1)  
No  (2)

## SELF-DECLARED LABOUR STATUS

**I21 Nowadays, which of the following groups do you mainly consider yourself?**

**Note to interviewer:**

*Read the following list to the respondent. If more than one activity status is mentioned, record whichever is considered most important. Category (96-other) includes on holiday, own sick leave, and leave to care for a sick child.*

- Employed  (1)  
Unemployed  (2)  
Retired/Pensioner  (3)  
Unable to work due to long-standing health problems  (4)  
Student  (5)  
Fulfilling domestic tasks  (6)  
Conscript on compulsory military service  (7)  
Looking after child or elderly person or sick person  (8)  
Other, please describe: \_\_\_\_\_  (96)

## EDUCATION

**I22** Currently, do you participate in any formal education by attending school, university, formal vocational education?

**Note to interviewer:**

*Students who were on school/ academic holiday and will continue or plan to continue their studies after this holiday break are to be counted in the category "Yes".*

- Yes  (1) → I22a  
No  (2) → I23

**I22a** What is the level of this current formal education activity?

- Primary education  (1)  
Lower secondary education  (2)  
Upper secondary education  (3)  
Vocational education without secondary general education  (4)  
Vocational education on the base of lower secondary education with secondary general education certificate  (5)  
Vocation education on the base of secondary general education (except higher professional education)  (6)  
Higher professional program  (7)  
Bachelor or equivalent  (8)  
Master or equivalent  (9)  
Doctor or equivalent  (10)

**EDUCATION (continued)**

**I23 Which is the highest level of education you have successfully completed?**

**Note to interviewer:**

*If still studying, ask for the highest level completed so far.*

- |  |                               |
|--|-------------------------------|
| Illiterate   | <input type="checkbox"/> (0)  |
| Do not have primary education but can read and write   | <input type="checkbox"/> (1)  |
| Pre-primary education  | <input type="checkbox"/> (2)  |
| Primary education  | <input type="checkbox"/> (3)  |
| Lower secondary education  | <input type="checkbox"/> (4)  |
| Upper secondary education  | <input type="checkbox"/> (5)  |
| Vocational education without secondary general education   | <input type="checkbox"/> (6)  |
| Vocational education on the base of lower secondary education with secondary general education certificate | <input type="checkbox"/> (7)  |
| Vocation education on the base of secondary general education (except higher professional education)       | <input type="checkbox"/> (8)  |
| Higher professional program  | <input type="checkbox"/> (9)  |
| Bachelor or equivalent   | <input type="checkbox"/> (10) |
| Master or equivalent   | <input type="checkbox"/> (11) |
| Doctor or equivalent   | <input type="checkbox"/> (12) |

## HEALTH

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**I24 How is your health in general? Is it ...?**

- |                             |                              |
|-----------------------------|------------------------------|
| Very good                   | <input type="checkbox"/> (1) |
| Good                        | <input type="checkbox"/> (2) |
| Fair (neither good nor bad) | <input type="checkbox"/> (3) |
| Bad                         | <input type="checkbox"/> (4) |
| Very bad                    | <input type="checkbox"/> (5) |

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**I25 Do you have any longstanding illness or long-standing health problem?**

*Longstanding* means illnesses or health problems which have lasted, or are expected to last, for 6 months or more.

- |     |                              |
|-----|------------------------------|
| Yes | <input type="checkbox"/> (1) |
| No  | <input type="checkbox"/> (2) |

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**I26 Are you limited in performing activities people can usually do because of a health problem? Would you say you are ...?****Note to interviewer:**

- This variable reports on restrictions people experience, when participating in "activities people normally do", because of long-standing (6 months or more) health problems and the severity of those health problems.
- It measures the respondent's self-assessment of whether he/she is limited (in "activities people usually do") by any on-going physical, mental or emotional health problem, including disease or impairment, and old age. Consequences of injuries/ accidents, congenital conditions, and so on are also included. Only the limitations directly caused by or related to one or more health problems should be considered. Limitations due to financial, cultural or other none health-related causes should not be included.

- |                          |                              |       |
|--------------------------|------------------------------|-------|
| Severely limited         | <input type="checkbox"/> (1) | → I27 |
| Limited but not severely | <input type="checkbox"/> (2) | → I27 |
| Not limited at all       | <input type="checkbox"/> (3) | → I28 |

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**I27 Have you been limited (in activities people normally do) for at least the past 6 months?**

- |     |                              |
|-----|------------------------------|
| Yes | <input type="checkbox"/> (1) |
| No  | <input type="checkbox"/> (2) |

**TIME USE**

**I28** How often do you feel rushed? Would you say that you ...?

- Always feel rushed  (1)
- Only sometimes feel rushed  (2)
- Almost never feel rushed  (3)

**OWN CHILDREN UNDER 18 NOT LIVING IN THE DWELLING**

**I29** Do you have any children under 18 who do not live with you and with whom you have contact?

- Yes  (1)
- No  (2)

**END OF INTERVIEW**

**I30** *To Interviewer:* Record the time when you finished filling in this questionnaire.

Hour		Minute	