

The Effects of Migration in Moldova and Georgia on Children and Elderly Left Behind

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SURVEY IDENTIFICATION

INSTRUCTIONS: PLEASE FILL THIS OUT BEFORE THE INTERVIEW.

BID.01	DIST_ID	BID.02	VILL_ID	HH_ID
Region in which the interview was conducted	Region ID	Locality in which the interview was conducted	Locality ID	Household ID
<i>(write in name of the rayon/region)</i>	<i>(write ID)</i>	<i>(write in name of the village)</i>	<i>(write ID)</i>	<i>(write ID from root sheet)</i>
	<input type="text"/>		<input type="text"/>	<input type="text"/>

BID.INT	BID.03	INTER_ID	BID.SUC	BID.TEL
Name of person that has been interviewed	Name of Interviewer	Interviewer ID	If household wasn't interviewed, why?	Contact number <i>[Interviewer: Fill this item out once the interview is done]</i>
<i>(write name)</i>	<i>(write in name, signature)</i>	<i>(write ID)</i>	Interview was completed 01 Household head absent from household (several times) 02 Refused 03 Could not be found (multiple times) 04 Other (specify) 05	<i>(write in telephone number including rayon code)</i>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERVIEWER SHEET

IS.01A	IS.01B	IS.02	IS.04	IS.05
Day of the interview	Month of the interview	Starting time of the interview	Language in which the interview was conducted	What is the residence type of the household?
<i>[write DD]</i>	<i>(write MM)</i>	<i>(convert to military time)</i> <i>[Example: 12:51 pm is 1251.]</i>	Georgian 06 Russian 02 Abkhaz 07 Armenian 08 Azeri 09 Other(specify) 05	01 Detached house 02 Apartment/flat 03 Part of house 04 Other (specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

KEY DEFINITIONS

Household: All individuals who are living together and have communal arrangements concerning subsistence and other necessities of life, including all individuals presently residing elsewhere (in the country or abroad) whose principle commitments and obligations are to this household.

Community: A social group of any size whose members reside in a specific locality, share government, and often have a common cultural and historical heritage. In the case of this research we will focus on the smallest administrative unit in each country. In Moldova this is the village (commune), in Georgia the city, town or village (kalaki, daba, temi, sopeli).

Main Respondent: A person who is a member of the household, at least 18 years old, and the most knowledgeable person on financial and social matters of the household. Preferably the main respondent is the head of the household. If the head of the household is not at home at the time of the interview, the spouse of the head of the household would be a good alternative.

Household Members: Includes all members of the household regardless of age, country of birth, or maternal/paternal ties.

Primary Caregiver: The person responsible for nutrition, health, and schooling of a child at the time of the survey

Children: All household members under the age of 18.

Elderly: All household members aged 60 and over.

To 'live' in a country: To reside in a country for a *continuous period* of three months or more.

Migrant: A person absent at the time of the interview because he/she resided abroad, having stayed or planning to stay for at least 3 months. Also includes persons who are presently in the household at the time of the interview and who stated that during the last 12 months they have lived abroad for at least three months.

International migration: A move across international borders for a stay of at least three months.

Remittances: Monetary remittances are financial resources transferred to/by a migrant; in-kind remittances are goods transferred to/by a migrant.

ANSWER CODES

The following answer codes are used throughout the survey:

If there are more than three digits for an answer, please extend this code. Example: If household refuses to answer income question, write 88888 instead of 888.

777	Not applicable: the question is not relevant for this individual. Only use this code in case a pre-defined 'not applicable' category is not present.
888	Don't know: the respondent does not know the answer to the question.
999	No answer: the respondent does not want, or prefers not, to answer the question.

Locality in GEORGIA

39 Akhalkalaki	49 Gurjaani	59 Mtskheta	69 Telavi
40 Akhaltsikhe	50 Kareli	60 Ozurgeti	70 Tqibuli
41 Akhmeta	51 Kaspi	61 Poti	71 Tsalenjikha
42 Batumi	52 Khashuri	62 Qvareli	72 Tsqaltubo
43 Bolnisi	53 Khoni	63 Rustavi	73 Zestafoni
44 Borjomi	54 Kobuleti	64 Sagarejo	74 Zugdidi
45 Chiatura	55 Kutaisi	65 Samtredia	75 Other Georgia, specify
46 Dedoplistsqaro	56 Lagodekhi	66 Senaki	76 Locality outside of Georgia, specify
47 Gardabani	57 Lanchkhuti	67 Sukhumi	
48 Gori	58 Marneuli	68 Tbilisi	

COUNTRY

01 Russian Federation	08 France	15 Germany	22 Austria
02 Italy	09 Spain	16 Cyprus	23 Netherlands
03 Portugal	10 Romania	17 Poland	24 Canada
04 Israel	11 Czech Republic	18 Belgium	25 Armenia
05 Ukraine	12 United States	19 Kazakhstan	
06 Turkey	13 United Kingdom	20 Azerbaijan	
07 Greece	14 Ireland	21 Other (specify)	

POSITION

01 managers	04 clerical support worker	07craft and related trades workers	10 Armed forces occupations
02 professionals	05 service and sales workers	08 plant and machine operators, and assemblers	
03 technicians and associate professionals	06 skilled agricultural, forestry, and fishery workers	09 elementary occupations	

INDUSTRY

01 Agriculture	06 Construction	11 Real estate	16 Activities of individual household employers
02Fishing	07 Wholesale and retail trade	12 Public administration	17 International organisations
03 Mining and quarrying	08 Hotels and restaurants	13 Education	18 Art/Entertainment
04 Manufacturing	09 Transport and communications	14 Health and welfare	19 Other, specify
05 Electric energy, water supply, gas	10 Finance	15 Collective, social, personal services	

sewerage, waste management			
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CURRENCIES

09 Georgian Lari	04 US Dollars	08 Other, specify
02 Euros	05 Turkish Lira	10 Armenian Dram
03 Russian Rubles	06 Ukranian Hrywnja	

TABLE OF CONTENTS

A(1) Basic Characteristics

.....	1
B(1) Personal Income of Household Members.....	7
B(2) Income of the Household as a Whole	8
B(3) Financial Situation	9
B(4) Expenditures	10
B(5) Assets	11
B(6) Housing	12
B(7) Personal Views and Opinions.....	14
C(0) Migration Screening.....	15
C(1) Migration History	16
C(2) Individual Migration	17
D(0) Caregiver Screening	24
D(1) Child Health	25
D(2) Child Schooling.....	27
D(3) Child's Migration.....	30
D(4) Child's Time Allocation	31
D(5) Parenting Practices	33
D(6) Child Behavior (Strengths and Difficulties Questionnaire [SDQ])	34
E(1) Responsibility	39
E(2) Schooling	41
E(3) Migration.....	44
E(4) Health	46
E(5) Time Allocation & Activities	46
E(6) Emotions and Attitudes (Strengths and Difficulties Questionnaire [SDQ])	48
E(7) Parenting Practices.....	51

E(8) Health Behavior.....	52
E(9) Anthropometry.....	53
F(1) Family	55
F(2) Work history.....	56
F(3) Memory I	57
F(4) Health	58
F(5) Nutrition	59
F(6) Wellbeing (Mental Health Inventory [MHI-38])	60
F(7) Mobility	63
F(8) Social Services	65
F(9) Time Allocation.....	66
F(10) Helping Children	67
F(11) Help from Children	68
F(12) Grandparenting	69
F(13) Personal Views and Opinions	70
F(14) Memory II	70
F(15) Anthropometry.....	71

A. Household Roster

[Interviewer: Parts A-C are answered by the household head.]

IN THIS SECTION, WE WILL ASK SOME BASIC INFORMATION ABOUT YOUR HOUSEHOLD AND THE PEOPLE WHO YOU SHARE IT WITH. THE INFORMATION WE COLLECT IN THIS SECTION WILL BE USED TO HELP US UNDERSTAND YOUR HOUSEHOLD'S SITUATION. NONE OF THE INFORMATION YOU PROVIDE HERE WILL BE USED TO IDENTIFY YOU LATER, AND YOU CAN REST ASSURED THAT IT WILL BE TREATED WITH UTMOST CONFIDENTIALITY.

A(1) Basic Characteristics

A.001	A.002	A.003
How many people – including yourself, your children and all people currently not present - do you consider part of the household?	How many people who you consider as part of the household do NOT currently live in the household?	So in total your household has [A.001] members?
(write number)	(write number)	yes 01 no 02
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ask all of the following as **open questions** if not indicated otherwise.

	A.004	A.005	A.006	A.007	A.008	A.009	A.009A	A.010
ID	Please give me the first names (or initials) of all household members. Please start with the household head .	How many months has [NAME] been living in this household during the last twelve months?	How is [NAME] related to [NAME] HOUSEHOLD HEAD ?	What is [NAME]'s sex ?	What is [NAME]'s date of birth ?		So, how old is [NAME]?	Does [NAME] have a birth certificate ?
	[CHECK WITH A.001] (write text)	(write number of months) (always round up: 2 weeks are counted as 1 month)	Household head 01 Spouse 02 Biological Child 03 Adopted Child 04 Stepchild 05 Brother or sister 06 Father or mother 07 Grandchild 08 Parent-in-law 09 Son or daughter in-law 10 Other relative 11 Unmarried partner 12 Foster child 13 Other nonrelatives 14	male 01 female 02	[YEAR]	[MONTH]	[verify age]	yes 01 no 02
1		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	A.011	A.012	A.013	A.014	A.015	A.016	A.017	A.018A	A.018B
ID	In which locality in Georgia was [NAME] born?	In which country was [NAME] born?	What is [NAME]'s marital status?	Which is [NAME]'s native language?	Which ethnic group do you consider yourself to be part of?	What citizenship(s) does [NAME] hold (multiple possible)?		Has [NAME] applied for but not yet received an additional citizenship ?	Which additional citizenship did [NAME] apply for?
	[CITY,] <i>[write code from list]</i> Write 101 if born in other country	[COUNTRY] <i>[insert code from list]</i>	Now married 01 Living as married 02 Widowed 03 Divorced 04 Separated 05 Live separately but 06 Are still married 07 Never married 08 Other (specify) 08	Georgian 09 Abkhazian 10 Armenian 11 Azerbaijani 12 Greek 13 Russian 05 Other (specify) 08	Georgian 10 Abkhazian 11 Armenian 12 Azeri 13 Greek 14 Russian 05 Jewish 08 Other (specify) 09	Georgian 09 Russian 03 Armenian 10 Azerbaijani 11 Greek 12 Ukranian 04 Italian 06 Israeli 07 Other (specify) 08	Not applicable (only one citizenship) 01 Georgian 10 Russian 04 Armenian 11 Azerbaijani 12 Greek 13 Ukranian 05 Italian 07 Israeli 08 Other (specify) 09	yes 01 no 02	Georgian 09 Russian 03 Armenian 10 Azerbaijani 11 Greek 12 Ukranian 04 Italian 06 Israeli 07 Other (specify) 08
	Continue with A.013 if born in Georgia							Continue with A.019 if no	
1	<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"/>
2	<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"/>

3	<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"/>
4	<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"/>
5	<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"/>
6	<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"/>
7	<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"/>
8	<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"/>
9	<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"/>
10	<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"/>

	A.019A	A.019B	A.019C	A.020	A.021	A.022	A.023	A.024
I D	Is [NAME] currently enrolled in an educational institution?	Why is [NAME] not currently enrolled in school?	What kind of educational institution is this?	What is the name and location of [NAME]'s school? <small>[INSTRUCTION: if child is not enrolled, ask these for the last school, [NAME] was enrolled in]</small>		In which grade is [NAME] currently enrolled?	What is the highest number of years of schooling [NAME] completed ?	What is the highest degree of schooling [NAME] received?
	<div>yes 01</div> <div>no 02</div>	Only ask for age 6-16. <div>Sick 01</div> <div>Disabled 02</div> <div>Cannot afford 03</div> <div>School is too far 04</div> <div>Child refuses to attend 05</div> <div>It's not necessary 06</div> <div>Migrant 07</div> <div>Other, specify 08</div>	<div>Pre-School 01</div> <div>Primary 02</div> <div>Lower secondary 03</div> <div>(Upper) Secondary 04</div> <div>Post-secondary 05</div> <div>First-stage tertiary (bachelor's degree) 06</div> <div>Second-stage tertiary (master's degree) 07</div> <div>Third-stage tertiary (PhD/Dr) 08</div>	Name <i>(write text)</i>	Location <i>(write text)</i>	<i>(write number)</i>	<i>(write number)</i>	<div>No formal education 01</div> <div>Primary 02</div> <div>Lower secondary 03</div> <div>(Upper) Secondary 04</div> <div>Post-secondary 05</div> <div>Incomplete tertiary 06</div> <div>First-stage tertiary (bachelor's degree) 07</div> <div>First-stage tertiary (master's degree) 08</div> <div>Second-stage tertiary (PhD/Dr) 09</div>
	If no, go to A.023		If 5,6,7 go to A.023					
1	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>

5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Questions A.025 to A.037 are for those household members aged 4 and over **only**.

	A.025	A.026	A.027	A.028	A.029	A.030	A.031
ID	During the past 12 months , has [NAME] worked for a wage/salary, other monetary income, for payment in kind, or contributed to a family business without pay in [COUNTRY]?	Why has [NAME] not worked?	What is [NAME]'s occupation in his/her main activity?	What is the economic sector of [NAME]'s main activity?	How many months during the last twelve months has [NAME] worked ?	How many weeks per month does [NAME] usually work ?	How many hours , if any, does [NAME] normally work per week at a paid job?
	<p><i>[INSTRUCTION: only for hh members that currently live in the household i.e. NOT migrants]</i></p> <p>yes 01 no 02</p> <p><i>[INSTRUCTION: start with household members age > 4]</i></p>	<p>Is a child 01 Student 02 Pensioner 03 Unemployed 04 Vacation 05 Sick 06 Migrant 07 Forced leave 08 Other (<i>specify</i>) 09 Housewife/Works 10 in house</p>	(write text)	(use codelist)	(write number)	(write number)	(write number)
	→ If yes, go to A.027	If age >14 continue with section B					
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	A.032	A.033	A.034	A.035	A.036	A.037
ID	Did [NAME] work in a secondary activity during the past 12 month for a wage/salary, other monetary income, for payment in kind, or contributed to a family business without pay?	What is [NAME]'s occupation in his/her secondary activity?	What is the economic sector of [NAME]'s secondary activity?	How many months during the last twelve months has [NAME] worked in his/her secondary activity ?	How many weeks per month does [NAME] usually work in this activity ?	How many hours does [NAME] normally work per week in this activity?
	<i>[INSTRUCTION: only for hh members that currently live in the household i.e. NOT migrants]</i> yes 01 no 02	(write text)	(use codelist)	(write number)	(write number)	(write number)
	→ If no, continue with section B					
1	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A.038	A.039
Has your household been forcibly displaced from its place of habitual residence on one or more occasions since June 1991?	Is your household currently considered internally displaced?
<i>[INSTRUCTION: Write the year(s) of displacement; if displaced more than once, indicate the year of the first displacement and of the last. If never displaced write 7777]</i>	<div>yes 01</div> <div>no 02</div>
→ if A.038 is 7777, continue with section B	
<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div>

INTERVIEWER: PLEASE COMPLETE THE LAST PAGE OF THE QUESTIONNAIRE NOW AND TEAR IT OUT TO PROVIDE YOU WITH A SUMMARY OF THE STATUS OF EACH HOUSEHOLD MEMBER IN THE REST OF THE INTERVIEW.

IN THIS SECTION, WE WILL TALK ABOUT THE CHARACTERISTICS OF YOUR HOUSEHOLD. WE ASK SOME QUESTIONS ABOUT YOUR HOUSEHOLD'S FINANCIAL SITUATION (INCLUDING INCOME, SOCIAL BENEFITS, EXPENDITURES, AND ASSETS), CHARACTERISTICS OF YOUR HOUSE, AND A FEW QUESTIONS ON PERSONAL VIEWS AND OPINIONS. SOME OF THESE QUESTIONS CAN SEEM VERY PERSONAL AND INVASIVE, AND I WOULD LIKE TO REITERATE AGAIN THAT ANY INFORMATION YOU PROVIDE WILL BE KEPT SECURE. YOUR NAME OR ADDRESS WILL BE SEPARATED FROM THE DATA YOU GIVE US, AND THE DATA WILL ONLY BE USED IN AN AGGREGATED FORMAT FOR ACADEMIC RESEARCH AT UNIVERSITIES. THIS MEANS THAT NO GOVERNMENT OFFICIAL WILL HAVE ACCESS TO THE DATA.

B. Household Characteristics

B(1) Personal Income of Household Members

Please tell us how much income in cash each household member received during the last month (INTERVIEWER: NAME PREVIOUS MONTH). I will list several categories of income, and I need you to tell me how much income the person has received from this source in LCU.

ID	(please copy precisely the ID of each person from roster)									
Compensation for labor										
B.001 A	Wage and salary from primary activity/job									
B.001 B	Other income from primary activity/job that was not wage and salary									
B.002	Wage and salary from secondary activity/job									
B.003	Stipends/scholarship									
Pensions										
B.004	Old-age pension									
B.005	Disability allowance									
B.006	Survivor's pension									
B.008	Other pension									
State social insurance benefits										
B.009	Unemployment benefit									
B.010	Social allowance (for adults and children)									

B.011	Transport compensation. <i>Please code:</i>									
	No compensation	00								
	Elderly discount/travel pass	01								
	Young pupil/child travel pass	02								
	Older student travel pass	03								
	Other (specify)	04								
B.012	Nominal compensation (e.g. for utility bills)									
B.013	Monthly allowances for child care/child upbringing									
B.014	Maternity allowance									
B.015	Other social benefits									
B.015 B	State provision of services for healthcare, disease prevention, and treatment									
B.015 C	Reintegration benefit for children returned from institutional care									
B.015 D	IDP benefit									
Other incomes										
B.016	Any other income (excluding remittances)									
B.017	Support from [CHILD]'s divorced/separated parent (Only for children and if biological parent divorced/separated)									
B.018	Transfers from family members within the country									

B(2) Income of the Household as a Whole

Type	Please tell us how much income in cash the whole household received during the last year. I will list sources—please tell me how much income was received for each. <i>(write in LCU)</i>

B.019	Non-farm self-employment (only what was not covered before)			_____
B.020	Income from the sale of agricultural production			_____
B.021	Income from livestock sales			_____
B.022	Income from own property (rent, dividends, interest, etc)			_____
B.023	Income from selling of own property			_____
State social security and assistance benefits at household level:				
B.024	Cash benefit			_____
B.025	Funeral grant			_____
B.025B	TSA (means-tested social assistance) (Georgia only!)			_____
B.026	Other state social assistance/compensation benefits			_____
Local municipality assistance benefits				
B.027	Local municipality assistance benefit			_____
B.028	Other local social benefits			_____
B.029	Other benefits from charity and humanitarian institutions			_____
B.031	Is any household member potentially eligible for pension or social benefits but does not receive it because of any reasons? If yes what was the main reason? [INSTRUCTION: open question, code based on response]	No The pension granting process is ongoing Was unable to collect the required documents Is unable to get to the Social Subsidies Agency because of the distance Is unable to get to the Social Subsidies Agency because of the health condition Social Subsidies Agency employees could not clarify what documents were needed Does not know if he/she is eligible for pensions Other (<i>specify</i>)	01 02 03 04 05 06 07 08	_____

B(3) Financial Situation

B.032	Does any household member have a bank account in Georgia? (incl. migrant)	yes 01 no 02		_____
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B.033	Do your household's savings exceed \$500 (in the bank and in cash at home)?	yes 01 no 02			<div> <div></div> <div></div> <div></div> </div>
B.034	Does your household have an outstanding debt ?	yes 01 no 02	→ If no, continue with B.037		<div> <div></div> <div></div> <div></div> </div>
B.035 A-C	If yes , where was this money borrowed from? (List 3 main sources)	Bank 01 Credit and savings association 02 Other microfinance agencies 03 Cooperative 04 Money lender 05 Relatives 06 Friends/Neighbors 07 Employer 08 Other (specify) 09			<div> <div></div> <div></div> <div></div> </div>
B.036	For which purpose did you borrow the money? [ASK OPEN ENDED AND CODE ACCORDINGLY]	Daily needs (food, clothes, rent, etc.) 01 Consumer durables (TV, fridge, computer etc.) 02 To buy a car 03 To buy/renovate an apartment/flat/house 04 To finance education 05 Health care 06 To invest in a private business 07 To pay for farm equipment/land/livestock 08 To repay a loan 09 To finance emigration of a family member 10 Other (specify) 11			<div> <div></div> <div></div> <div></div> </div>

B(4) Expenditures

B.037	What is the absolute minimum amount of money your household needs per month to make ends meet (excl. migrant's expenses)? OR: What is the minimum your household need to exist per month?	(write in LCU)		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
B.038	In a typical month, what is the sum of the household's total expenditures (excl. migrant's expenses)?	(write in LCU)		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
				last 12 months	in 1999	
B.039	How often do/did you worry that your total household income will not be enough to meet your household's expenses and bills?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		B.039a <div> <div></div> <div></div> </div>	B.039b <div> <div></div> <div></div> </div>	
B.040 – B.042	Please think of the food you consume during the year, including both the food you purchase and produce yourself . What percentage of it do you buy , what percentage do you produce and what percentage do you receive for free from others ?	(in percent)		B.040 <i>buy</i> <div> <div></div> <div></div> </div>	B.041 <i>own produce</i> <div> <div></div> <div></div> </div>	B.042 <i>for free</i> <div> <div></div> <div></div> </div>

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Type		In a typical month , how much do you spend on the following items?
		<i>(write in LCU)</i>
Food	B.043	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Water & Electricity & Gas	B.044	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone bills & Internet (paid to internet cafes) and postal service expenses	B.045	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Adult clothing and footwear	B.046	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child clothing and footwear	B.047	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)	B.048	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cigarettes, tobacco	B.049	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alcohol, beer, wine, etc.	B.050	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Newspapers and magazines	B.051	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B(5) Assets

Type	Code	1 How many of the following assets does your household own and use ? <i>(write number)</i>	2 How many are less than five years old? <i>(write number)</i>	3 How many of the following assets did your household own and use in 1999 ? (this does not have to be the same item) <i>(write number)</i>
		→ If 0 go to next item in same column. Then begin with second column.		
Farm Land <i>(in hectares)</i>	B.052	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tractor	B.053	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Plough, other large farm machinery	B.054	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Car	B.055	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Motorcycles	B.056	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Bicycles	B.057	<input type="text"/>	<input type="text"/>	<input type="text"/>
Washing machines	B.058	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator, deep freezer	B.059	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radios	B.060	<input type="text"/>	<input type="text"/>	<input type="text"/>
Television (color)	B.061	<input type="text"/>	<input type="text"/>	<input type="text"/>
Computer and electronic entertainment devices (DVD-player, cameras etc.)	B.062	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell phone	B.063	<input type="text"/>	<input type="text"/>	<input type="text"/>

B.064	Do you have a working landline at home (excl. mobile phone)?	yes no	01 02		<input type="text"/>
B.065	Do you have internet access at home?	yes no	01 02		<input type="text"/>
B.066	Who in the household mostly makes the decisions about the purchase of durable goods?	household head spouse of household head both decide grandmother grandfather Other, specify	01 02 03 04 05 06		<input type="text"/>

B(6) Housing

B.067	How would you evaluate the present living conditions of your household?	Very good Good Neither good nor bad Bad Very bad	01 02 03 04 05		<input type="text"/>	
B.068	What is the ownership status of the house/residence?	Privately owned State owned Cooperative Privately Rented Other (specify)	01 02 03 04 05	→ If 02, 03, 04, or 05, continue with B.070	<input type="text"/>	
B.069	On whose name is the property title ?	One person who lives in household (write ID) [1 to 20] Several people living in the household (specify) 22 Person outside of household (specify) 23			<input type="text"/>	

B.070	In what year was the house/building built ?	(write year)		<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
B.071	What is the living area of the house/flat in m ² ?	(write number)		<div> <div></div> <div></div> <div></div> <div></div> </div>	
B.072	How many rooms does the house/flat have (excluding kitchen)?	(write number)		<div> <div></div> <div></div> </div>	
B.073	Does your household have electricity ?	yes 01 no 02	→ If no continue with B.075	<div> <div></div> <div></div> </div>	
B.074	From which source do you get your electricity ?	Network 01 Own generator 02 Both 03		<div> <div></div> <div></div> </div>	
				present	in 1999
B.075	What is the main material of the dwelling floor ?	Clay 01 Polished wood 02 Linoleum, vinyl or asphalt strips 03 Ceramic tiles 04 Cement 05 Laminate 06 Carpet 07 Other (specify) 08		<div> <div></div> <div></div> </div>	
B.076	What type of heating system do you use in your house? (the most important)	Central public heating 01 Autonomous private heating 02 Private heating on wood/coal 03 Electricity 04 Other(specify) 06		<div> <div></div> <div></div> </div>	
B.077	What type of fuel does your household mainly use for cooking ?	Electricity 01 Gas 02 Gas bottle 03 Coal 04 Wood/twigs 05 Other(specify) 06		<div> <div></div> <div></div> </div>	
B.078	What is the main source of drinking water for members of your household?	Piped water 01 Dug well 02 Water from spring 03 Rainwater collection 04 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 05 Bottled water 06 Other(specify) 07		<div> <div></div> <div></div> </div>	
B.079	Do you have a toilet facility inside your house/flat?	yes 01 no 02		<div> <div></div> <div></div> </div>	
B.080	Did you live in the same house/residence in 1999 ?	yes 01 no 02		<div> <div></div> <div></div> </div>	
B.081	How would you evaluate your living conditions back in 1999 ?	Much better 01 Better 02 Neither better nor worse 03 Worse 04 Much worse 05		<div> <div></div> <div></div> </div>	

B(7) Personal Views and Opinions

Now I'd like you to tell me your views on various issues. How would you place your views on this scale? 1 means you agree completely with the statement on the left; 10 means you agree completely with the statement on the right; and if your views fall somewhere in between, you can choose any number in between.

[INTERVIEWER: Please show card.]

B.082	Incomes should be made more equal	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	We need larger income differences as incentives	□ □
B.083	Private ownership of business should be increased	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Government ownership of business should be increased	□ □
B.084	State should take more responsibility to ensure the well-being of everyone	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Each one should take more responsibility to ensure his/her own well-being	□ □
B.085	Competition is good. It stimulates people to work hard and develop new ideas	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Competition is harmful. It brings out the worst in people	□ □
B.086	In the long run, hard work usually brings a better life	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Hard work doesn't generally bring success - it's more a matter of luck and connections	□ □
B.087	People can only get rich at the expense of others	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Wealth can grow so there's enough for everyone	□ □
B.088	Generally speaking, most people can be trusted	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	You need to be very careful in dealing with people	□ □

B.089	Using this card on which 1 means you are very unhappy and 10 means you are very happy where would you put your happiness as a whole?	(write number between 1 and 10)		□ □
B.090	Using the same card as before, on which 1 means you are very unsatisfied and 10 means you are very satisfied, where would you put your satisfaction with your life as a whole?	(write number between 1 and 10)		□ □
B.091	How proud are you to be Georgian? (Read out and code one answer):	Very proud 01 Quite proud 02 Not very proud 03 Not at all proud 04 I am not Georgian 05 (do not read out! Code only if volunteered!)		□ □

C. Migrants

IN THIS SECTION, WE ARE GOING TO TALK ABOUT THE PEOPLE WE IDENTIFIED BEFORE WHO ARE NOW INTERNATIONAL MIGRANTS. WE WILL ASK SOME INFORMATION ON HOW EACH PERSON'S MIGRATION HISTORY HAS DEVELOPED, AND THEN WE'RE GOING TO DISCUSS HOW THIS PERSON STILL MAINTAINS CONTACT WITH THIS HOUSEHOLD.

C(0) Migration Screening

C.00A	C.00A0	C.00B	C.00C	C.00D		C.00E	C.00F
Has [NAME] ever lived abroad for three or more months at one time since 1999?	How long has the migrant been abroad during the last 12 months?	Does [NAME] plan to migrate abroad in the next 12 months?	Before 1990 , did anyone from your family – this includes relatives not currently part of the household and deceased relatives – leave Georgia to work or live in a different part of the USSR or a different country ?	To which country did this family member go?		What was the primary reason for this? <i>[Interviewer: read out list]</i>	Can you please tell us the year when this happened?
yes 01 no 02	(write number of months)	<i>[only for non-migrants]</i> yes 01 no 02 migrant 03	yes 01 no 02	Armenia 01 Azerbaijan 02 Belarus 03 Estonia 04 Moldova 05 Kazakhstan 06 Kyrgyzstan 07	Latvia 08 Lithuania 09 Russia 10 Tajikistan 11 Turkmenistan 12 Ukraine 13 Uzbekistan 14 Other(specify) 15	Graduate assignment 01 Military Service 02 Government program 03 Temporary labor (harvest) 04 Studies 05 Own initiative 06 Other(specify) 07	(write YEAR)
			If 02 then continue with section C(1)				
_ _	_ _	_ _					_ _ _ _ J
_ _	_ _	_ _					
_ _	_ _	_ _					
_ _	_ _	_ _					
_ _	_ _	_ _					
_ _	_ _	_ _					
_ _	_ _	_ _					
_ _	_ _	_ _					

C(1) Migration History

[Instruction: In uneven fields write the **number of months** for which the person was absent from the household; in even fields write the **country ID**.]

[TIP: fill out from right to left starting in 2011. Give hints on events in each year such as elections, sports events, extreme weather, etc]

(please copy precisely the ID of each person who has ANY migration experience since 1999 from roster)

	C.001	C.002	C.003	C.004	C.005	C.006	C.007	C.008	C.009	C.010	C.011	C.012	C.013	C.014	C.015	C.016	C.017	C.018	C.019	C.020	C.021	C.022	C.023	C.024	C.025	C.026
ID	1999	LOC	2000	LOC	2001	LOC	2002	LOC	2003	LOC	2004	LOC	2005	LOC	2006	LOC	2007	LOC	2008	LOC	2009	LOC	2010	LOC	2011	LOC

C(2) Individual Migration

[Interviewer: please ask open question and code accordingly unless indicated otherwise.]

ID	(please copy precisely ID of each person who is a migrant from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.027	In which year did [MIGRANT] leave the home country for the first time (EVER)?	(write year)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.028	Why did [MIGRANT] migrate the first time?	Higher wages in other countries 01 Absence of a job in Georgia 02 To be able to pay for education 03 To be able to pay for health 04 To be able to invest in business 05 To be able to pay for debts 06 Better way of life abroad 07 To join close family members 08 To study abroad 09 Government program for temporary work 10 Conflict/Insecurity 11 Other (specify) 12		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.029	What was [MIGRANT]'s status before he/she migrated the first time?	Occupied 01 Unemployed 02 Housewife 03 Pensioner 04 Student/pupil 05 Other (specify) 06	Skip to C.032 if C.029=3, 4, , or 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.030	What was [MIGRANT]'s profession before he/she migrated the first time?	[write text]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.031	What was the economic sector where [MIGRANT] worked before he/she migrated the first time?	[insert code from codelist]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.032	What was the destination country of the first departure (EVER) of [MIGRANT]?	(write number) [LOC]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.033	What was the main reason for [MIGRANT] to migrate to that specific country?	Language 01 Join family 02 Social contacts other than family 03 Recommended by others 04 Low cost of migration 05 Job guarantee 06 Good working conditions 07 Other (specify) 08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C.046	How did [MIGRANT] pay for the first migration? Indicate the two most important sources of money.	Personal savings	01		Most important	Most important	Most important	Most important	Most important
C.047		Gift/loan from family members	02						
		Gift/loan from friends	03						
		Money with usury from business/individual	04						
		Loan from bank	05						
		Property sales (sales of land, house, flat)			2nd most important	2nd most important	2nd most important	2nd most important	2nd most important
		Sale of personal goods	06						
		Other (specify)	07						
			08						
C.034	In which year did [MIGRANT] leave the home country for the last time (EVER)?	(write number) [YEAR]							
C.035	Why did [MIGRANT] migrate the last time (can mean the current migration spell)?	Higher wages in other countries	01						
		Absence of a job in home country	02						
		To be able to pay for education	03						
		To be able to pay for health	04						
		To be able to invest in business	05						
		To be able to pay for debts	06						
		Better way of life abroad	07						
		To join close family members	08						
		To study abroad	09						
		Government program for temporary work	10						
		Conflict/insecurity	11						
		Other (specify)	12						
C.036	What was the destination country of last departure of [MIGRANT]?	(write location from list)							
C.037	Why did [MIGRANT] choose to migrate to that country?	Language	01						
		Join family	02						
		Social contacts other than family	03						
		Recommended by others	04						
		Low costs of migration	05						
		Job guarantee	06						
		Good working conditions	07						
		Other (specify)	08						
C.038	Where did [MIGRANT] acquire the necessary documents (e.g. visa, permits, etc.)?	Embassy/consulate	01						
		Intermediary	02						
		Does not need any documents	03						
		Other, specify	04						
C.045	How much money did [MIGRANT] spend in total for migrating the LAST time he/she left (preparation of documents, visa, travel costs, intermediary)?	(write in LCU)							

C045CU RR	In which currency is this?	(use codelist)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.039	Does [MIGRANT] have a residence permit in the country he/she is living in now? <i>[read options]</i>	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.040	Did [MIGRANT] find it difficult to find a job in [LOCATION], the last time he/she went? <i>[read options]</i>	No, already had a job 01 No, many jobs are available 02 No, he/she knows the right people 03 No, he/she was lucky 04 Yes, it was somewhat difficult 05 Yes, it was very difficult 06 Yes, he/she did not find a job 07	→ If has migrated in 2011 skip to C.042	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.041	How would you describe [MIGRANT]'s migration pattern? <i>[read options]</i>	Has not yet returned 05 Comes back less than once a year 01 Comes back at least once a year 02 Goes back and forth on a regular basis 03 Only goes abroad at certain times of the year (e.g. harvest work) 04	Skip if not current migrant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.042	How many times per month does [MIGRANT] communicate with members of this household when abroad on average? <i>[show card]</i>	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.043	Which means of communication is mainly used for the communication between [MIGRANT] and the household members in the home country?	Phone 01 Regular mail 02 Parcels 03 Email 04 Internet phone (Skype, Yahoo, etc) 05 Other (<i>specify</i>) 06	→ If has migrated in 2011 skip to C.048	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.044	What is/has been [MIGRANT]'s main reason for returning to the home country?	Family reasons 01 Has a better job in home country now 02 Has opened an enterprise in home country 03 Has earned enough money abroad 04 Working conditions abroad too bad 05 Was expelled from the host country 06 Health problems 07 Must take care of children 08 Must take care of elderly person 09 Old age/retirement 10 Seasonal worker 11 No job in host country 12 Does not have a motive 13 Other (<i>specify</i>) 14	Skip if current migrant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C.048	Does [MIGRANT] have a work permit for his/her current employment abroad?	yes 01 no 02						
C.049	In what economic sector is [MIGRANT]'s current job?	(use codelist)						

Careful: Rightmost two columns are for non-household members from here on until the end of the migration section! If there are more than 3 household members who are migrants, please use a new sheet of the questionnaire if you are filling out the paper-based version.

For the non-household members sending remittances, please use IDs 51 and 52.

[Interviewer: please ask open question and code accordingly unless indicated otherwise.]



ID	(please copy precisely the ID of each person who is a migrant from roster)					51	52
C.050	Did the household receive any monetary or in-kind remittances from [MIGRANT]?	yes 01 no 02				Not applicable	Not applicable
C.070A	What is the name of this person?	(write text)		Not applicable	Not applicable	Not applicable	
C.070B	Who was this? If more than one the two most important.	A biological child of an elderly person belonging to the household 01 An adopted/step-/half-child of an elderly person belonging to the household 02 Another relative not belonging to the household 03 The divorced/separated biological parent of a child 04 A fiancée 05 A friend 06 Other, specify 07		Not applicable	Not applicable	Not applicable	
C.051	Has the household received in-kind remittances which [MIGRANT] SENT or BROUGHT back in the past 12 months?	yes 01 no 02	→ If no, continue with C.059				
C.052	Did [MIGRANT] bring back or send any of the following goods in the past 12 months?	Food yes 01 no 02					
C.053		Adult Clothing yes 01 no 02					
C.054		Child Clothing yes 01 no 02					
C.055		Toys yes 01 no 02					

C.056		Medicine and Medical Equipment	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.057		Electronic Devices and Household Appliances	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.058	What is the total value of the in-kind remittances received from [MIGRANT] over the last 12 months?	Less than 500 500-1000 1000-1500 1500-2000 2000-2500 2500-3000 3000-3500 3500-4000 4000-4500 4500-5000 5000-7500 7500-10000 10000-20000 20000-50000 More than 50000		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15						
C058CURR	In which currency is this?	(use codelist)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.059	Have household members received monetary remittances from [MIGRANT] in the past 12 months?	yes no	01 02		→ If no, continue with C.065	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.060	In the past 12 months, how many times have you received remittances from [MIGRANT]?	(write number)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.061	What is the average sum received from [MIGRANT] at each transfer in the last 12 months?	(write in currency units)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C-061C	In which currency is this?	(use codelist)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.062	How much money has the household received in total from [MIGRANT] in the past 12 months?	(write in currency units)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C-062C	In which currency is this?	(use codelist)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.063	Who in the household mostly receives the monetary remittances from [MIGRANT]?	(write ID from Roster)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C.065A	Has[MIGRANT] brought back cash to the home country in the last 12 months?	yes 01 no 02	→ If no, continue with C.067	<input type="text"/>	<input type="text"/>	<input type="text"/>	not applicable	not applicable
C.065B	What the total amount of money migrant brought back in cash to the country in the last 12 month?	(write in currency units)		<input type="text"/>	<input type="text"/>	<input type="text"/>	not applicable	not applicable
C.065CURR	In which currency is this?	(use codelist)		<input type="text"/>	<input type="text"/>	<input type="text"/>	not applicable	not applicable
C.066	What did [MIGRANT] mostly use the cash brought back in the last 12 months for? (choose most important uses)	Food 01 Payment of utility bills 02 Durable goods 03 Housing (buying, building, renovating, etc.) 04 Medical expenses for child/elderly 05 Medical expenses for other household members 06 Education 07 Investment in business 08 Agricultural activities 09 Savings 10 Transfers to others 11 Donations to church or other charitable purpose 12 Other (specify) 13		<input type="text"/>	<input type="text"/>	<input type="text"/>	not applicable	not applicable
C.067	Has the household sent money or goods to [MIGRANT] in the past 12 months?	yes 01 no 02	→ If no, continue with C.069	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.068	What was the value of these transfers in total ?	(write in LCU)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C-068C	In which currency is this?	(use code list)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.069	In the last 12 months, did your household receive remittances from anyone we have not talked about yet ?	yes 01 no 02 ASK THIS QUESTION FOR ALL HOUSEHOLDS. ALSO FOR HOUSEHOLDS WHICH HAVE NO MIGRANT!		ASK THIS QUESTION AFTER ALL MIGRANTS HAVE BEEN COVERED <input type="text"/> IF THE ANSWER IS 01 the go back to C.070A				

C.064 A-C	How has the household mostly used money received from migrants in the last 12 months? (rank the three most important uses)	Food	01		
		Payment of utility bills	02		
		Durable goods	03		
		Housing (buying, building, renovating, etc.)	04		
		Medical costs for non-child or non-elderly	05		
		Medical costs for child/elderly	06		
		Education	07		
		Investment in business	08		
		Household agricultural activities	09		
		Savings	10		
		Transfers to others	11		
		Donations to church or other charitable purpose	12		
		Other (specify)	13		
C.071	Which household member typically decides about how to spend remittances?	One person who lives in household (write ID)	[1 to 20]		
		Several people living in the household (specify)	22		
		Person outside of household (specify relation to household head)	23		
C.072	Taking into account all kinds of income we have talked about, that is salaries, remittances, pensions and income from agricultural sales, who would you say is the main contributor to the household budget ?	One person who lives in household (write ID)	[1 to 20]		
		Migrant abroad	21		
		Other (specify)	22		

D. Caregiver

IN THIS SECTION WE WILL TALK ABOUT YOUR EXPERIENCES AS THE PRIMARY CAREGIVER FOR A CHILD/CHILDREN IN THIS HOUSEHOLD. WE WILL START BY DISCUSSING THE CHILD/CHILDREN IN YOUR CARE IN TERMS OF HEALTH, SCHOOLING, AND TIME USE. WE WILL THEN ASK A LITTLE ABOUT HOW YOU INTERACT WITH EACH CHILD AS WELL AS HOW EACH CHILD BEHAVES.

D(0) Caregiver Screening

[Interviewer: please ask open question and code accordingly unless indicated otherwise.

D.00A has to be answered by the household head.]

ID	(please copy precisely the ID of each child from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.00A0	Where is the current primary caregiver of [CHILD]?	In household 01 Abroad 02 Other, specify 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.00A	Who in this household is the current primary caregiver of [CHILD]?	(please copy precisely the ID from roster) 1-15 Caregiver outside of household 101 There is no caregiver 102		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.00B	How is [CAREGIVER] related to [CHILD]?	Mother 01 Father 02 Brother or sister 03 Grandparent 04 Unmarried partner of household head 05 Stepmother 06 Stepfather 07 Other (specify) 08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.00C	Where is the biological mother of [CHILD]?	If currently living in <u>household</u> 01 If not currently living in hh: Divorced/separated 51 Living abroad 52 Divorced and living abroad 53 Deceased 54 Other (specify) 55	→ If in hh, go to D.00G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.00D	When did the divorce/migration/death/other cause happen?	[YEAR]	→ If 54 in D.00C, go to D.00G					
D.00E	Where does biological mother of [CHILD] live ?	[CITY](write code from list)	Artikel I.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.00F		[COUNTRY](write code from list)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.00G	Where is the biological father of [CHILD]?	If currently living in <u>household</u> 01 If not currently living in hh: Divorced/separated 51 Living abroad 52 Divorced and living abroad 53 Dead 54 Other (specify) 55	→ If in hh, go to D(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.00H	When did the divorce/migration/death/other cause happen?	[YEAR]	→ If 54 in D.00G, go to D(1)					
D.00J	Where does biological father of [CHILD] live?	[CITY](write code from list)		___	___	___	___	___
D.00K		[COUNTRY](write code from list)		___	___	___	___	___
D.000	Please reenter the age of the child. If you are unsure, please ask again.	(write number)		___	___	___	___	___
D.002	If the primary caregiver was not interviewed, why?	CONDUCTED INTERVIEW 01 Absent from household 02 Refused to participate 03 Sick/ill 04 Other (specify) 05		___	___	___	___	___

D(1) Child Health

[Interviewer: please read out answer options unless indicated otherwise.]

[D.00B has to answered by each caregiver]

ID	(please copy precisely the ID of each child from roster)			___	___	___	___	___
D.005	What was [CHILD]'s weight when she/he was born?	(write number) [in grams]		___	___	___	___	___
D.006	Is or was [CHILD] breast fed?	yes 01 no 02	→ If no, skip to D.008	___	___	___	___	___
D.007	For how long was [CHILD] breast fed?	(write number) [in months]		___	___	___	___	___
D.008	Compared to other children of this age would you say [CHILD]'s health is ...?	Much better 01 Better 02 Neither better nor worse 03 Worse 04 Much worse 05		___	___	___	___	___
D.009	If [CHILD] had one or more serious illnesses or accidents, what kind of problem was the most serious ever?	No illness 01 Pulmonary 02 Digestive 03 Broken bones 04 Eye 05 Teeth 06 Skin 07 Fever 08 Mental illness 09 Unidentifiable 10 Other (specify) 11	→ If no illness, continue with D.012	___	___	___	___	___

D.010	Did you seek treatment or advice for this illness at any point?	yes 01 no 02	→ If yes, go to D.012	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.011	If you did NOT take [CHILD] to see a doctor, why?	Illness was not serious 01 Have medicine to treat the illness02 Too expensive to see a doctor03 Doctor is too far away 04 No time to see a doctor 05 Do not know where to go 06 Do not trust local doctors 07 Other reasons (please explain)08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.012	Has [CHILD] seen a doctor during the last 12 months?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.013	What kind of facility do you contact in case of serious sickness ?	I don't contact any 01 Medical Family Center 02 Central Regional Hospital 03 National Hospital (state) 04 Specialized Hospital 05 Other, specify 06 Private hospital/clinic 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.014	What is the travel time to this facility?	(write in minutes)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.015	Does [CHILD] have a registered disability ?	yes 01 no 02	→ If no, go to D.017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.016	What is the degree of this disability?	Severe [I] 01 Moderate [II] 02 Mild [III] 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.017	Does [CHILD] have any long term health problems that affect his/her daily life?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.018	Does [CHILD] have a vaccination card ?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.019	[INSTRUCTIONS: show vaccination overview] Has [CHILD] received any of the following vaccinations ?	Tuberculosis (BCG)	yes 01 no 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.020		Diphtheria - Pertussis - Tetanus (DPT)	yes 01 no 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.021		Poliomyelitis	yes 01 no 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.022		Measles	yes 01 no 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.023		Hepatitis B	yes 01 no 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D(2) Child Schooling

[Instruction: For children not in school any more, please answer all questions retrospectively for the last year the child attended school.][Interviewer: please ask open ended unless indicated otherwise.]

ID	(please copy precisely the ID of each person from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.024	Approximately how much time does it take to make a one-way trip to [CHILD]'s current school?	(write number) [in minutes]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.025	In which language is the instruction in this school?	Romanian 01 Russian 02 Other (specify) 03 Georgian 04		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.026	How good would you say the school is in terms of overall quality (including teaching and infrastructure)? [read options]	Very good 01 Good 02 Neither good nor poor 03 Poor 04 Very poor 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.027	Has [CHILD] ever been out of school for at least three consecutive months at any time, excluding holiday times?	yes 01 no 02	→If no, continue with D.030	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.028	What grade was [CHILD] in when this happened (the last time)?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.029	Why did [CHILD] miss school for three consecutive months or more the last time (excl. holiday times)?	Child was ill 01 Child was doing household chores 02 Child was working outside home 03 School was too far away 04 School was too expensive 05 Child refused to attend 06 Other (specify) 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.030	Has [CHILD] ever repeated a grade?	yes 01 no 02	→If no, continue with D.032	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.031 a	Which grade(s) did [CHILD] repeat?	(write grade as number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.031 b				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.031 c				[list up to three most recent cases]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.032	Has [CHILD] been suspended, excluded, or expelled from school in the past school year?	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.033	Had [CHILD] been given any disciplinary measures last school year, such as being placed on probation at school?	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.034	Have you been contacted by a teacher of [CHILD]'s school in the last school year?	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.035	How would you say [CHILD] is performing in school? <i>[read options]</i>	Very well Well Neither well nor poorly Poorly Very poorly	01 02 03 04 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.036	What was [CHILD] 's annual score for the following subjects last year:	Native language			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.037		Romanian/Georgian/ Russian (if not native language)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.038		Foreign Language (e.g. English, French, Italian, German)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.039		Mathematics			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.040		Total average for the whole year			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.041	What was the total of expenditure on schooling (including tuition fees, textbook fees, pens, exercise books, food, uniforms, etc.) for the past school year?	(write in LCU)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.042	How much else did you pay for schooling to teachers (incl. gifts)?	(write in LCU)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.043	For the past school year, how much did transportation cost?	(write in LCU)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.044	For the past school year, how much did you spend on supplemental tutoring for [CHILD]?	(write in LCU)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.045	Imagine finances were not a problem and everything else went right, what is the highest level of formal education you WISH [CHILD] could complete ?	Primary 01 Lower secondary 02 (Upper) Secondary 03 Post-secondary 04 First-stage tertiary (bachelor) 05 First-stage tertiary (master) 06 Second-stage tertiary 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.046	Consider your current financial situation and the child's prospects. Using this card on which 0 means impossible and 10 is certain, how likely is it that [CHILD] will complete this level of education?	[INSTRUCTION: Please show ladder.] (write number between 0 and 10)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.047	So, what is the highest level of schooling you THINK [CHILD] will CERTAINLY complete?	Primary 01 Lower secondary 02 (Upper) Secondary 03 Post-secondary 04 First-stage tertiary (bachelor) 05 First-stage tertiary (master) 06 Second-stage tertiary 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.048	Is there anything standing in the way of [CHILD] going as far in school as you would like him/her to go?	yes 01 no 02	→ If no, continue with D.050	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.049	What is the main reason that [CHILD] cannot go as far in school as you would like him/her to go?	Cannot pay for education 01 No access to required level (distance) 02 Child's ability 03 Child has to care for siblings and elderly 04 Child is needed for other things in the household 05 Child wants to migrate 06 Other (specify) 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.050	Who in the household is mostly making the decisions related to [CHILD] 's schooling?	Mother decides 01 Father decides 02 Both decide 03 Caregiver if other than mother/father 04 Other (specify) 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D(3) Child's Migration

ID	(please copy precisely ID of each child from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.051	Do you think it would be good for [CHILD] to live or work in a different country when [CHILD] finishes his/her formal education?	yes 01 no 02	→ If no, continue with D.057	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.052	Why do you think it would be good for [CHILD]?	Absence of a job in home country 01 Good working conditions abroad 02 Better way of life abroad 03 To help family 04 Join family abroad 05 To study abroad 06 Other (specify) 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.053	Which country would be the best for [CHILD] to live or work?	(write code for COUNTRY)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.054	Using this card on which 0 means impossible and 10 is certain , how likely is it that [CHILD] will actually live or work in that country in the future?	[INSTRUCTION: Please show ladder.] (write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.055	How much do you think [CHILD] could earn in that country per month?	(write in currency units)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.055 CURR	Which currency is this?	(use codelist)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.056	Do you think formal education is important to live or work in that country?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.057	Do you think [CHILD] will give you financial support in the future ?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D(4) Child's Time Allocation

ID	(please copy precisely ID of each child from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.058	Does [CHILD] have access to age-appropriate books at home besides textbooks?	yes no	01 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.059	Does [CHILD] have a place at home where he/she can read or study in quiet?	yes no	01 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.060	Did [CHILD] do any chores last month?	yes no	01 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.061	How many hours did [CHILD] do chores last week?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.062	How many days did [CHILD] do chores last months?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.063	Did [CHILD] work for the family farm last month?	yes no	01 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.064	How many hours did [CHILD] work for the family farm last week?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.065	How many days did [CHILD] work for the family farm last month?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.066	Did [CHILD] work for the family non-farm business last month?	yes no	01 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.067	How many hours did [CHILD] work for the non-farm business last week?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.068	How many days did [CHILD] work for the non-farm business last month?	(write number)		If no then skip to D.073	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.069	Did [CHILD] work for money last month?	yes no	01 02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.070	How many hours did [CHILD] work for money last week?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.071	How many days did [CHILD] work for a wage last month?	(write number)		If no to D.063 and D.069 then skip to D.073	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.072	What were [CHILD]'s earnings last month?	(write in LCU)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.073	How many classmates or friends does [CHILD] often play or spend time with?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.074	How frequently does [CHILD] have friends come to your home for fun or to work on something together? <i>[show card]</i>	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.075	Do you know the names of [CHILD]'s good friends?	yes 01 no 02 Child does not have any friends 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.076	Compared to others of his/her age, how well does [CHILD] get along with other children ? <i>[read options]</i>	Very well 01 Well 02 Neither well nor poorly 03 Poorly 04 Very poorly 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.077	How would you describe your relationship with [CHILD]? <i>[read options]</i>	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05	If caregiver is mother, go to D.079	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.078	How would you describe the relationship between [CHILD] and his/her mother ? <i>[read options]</i>	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05	If caregiver is father, go to D.080	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.079	How would you describe the relationship between [CHILD] and his/her father ? <i>[read options]</i>	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.080	How often have you done the following activities with [CHILD] in the last month?	Playing	Only 5+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.081	Please indicate how often you have done them:	Worked with [CHILD] around the house	Only 5+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.082		Helped [CHILD] do homework or a school project?	Only 6+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.083		Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04	Discussed [CHILD]'s experiences at school (e. g., asking [CHILD] what he/she did at school)?	Only 6+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.084		Discussed news or current events with [CHILD]?	Only 4+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.085	Less often Never	05 06	Done a special activity with [CHILD] outside the house (like going to the cinema or a zoo)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.086	Over the last week, how many times have you had a dinner together with [CHILD]?		(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D(5) Parenting Practices

All adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used, and I want you to tell me if you are or anyone else in your household uses this method with [CHILD]:

ID	(please copy precisely the ID of each child from roster)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.087	Explain why something was wrong	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.088	Offer extra privileges or money	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.089	Threaten to take away privileges	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.090	Encourage [CHILD] to think independently .	yes no	01 02	If age<6 skip to D.092	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.091	Encourage [CHILD] to work harder , when [CHILD] is not doing well at school,	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.092	When [CHILD] is in bad mood or in trouble, you can easily notice it immediately.	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.093	[CHILD] is willing to talk to you when she/he has difficulties.	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.094	You know what [CHILD] does after school .	yes no	01 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.095	If [CHILD] does something that annoys you (or another caretaker), you ...	Shake [CHILD]			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.096		Shout, yell or scream at [CHILD]			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.097		Make [CHILD] work around the house			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.098	no 02	Call [CHILD] dumb, lazy or another name like that		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.099		Spank or slap [CHILD]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.100		Beat or hit [CHILD] repeatedly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.100 N1	For each of the following, please tell me which of the two propositions you most agree with: 1. "Each person is primarily responsible for his/her success or failure in life" 2. "One's success or failure in life is a matter of his/her destiny"	[Interviewer: write 1 or 2]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.100 N2	For each of the following, please tell me which of the two propositions you most agree with: 1: "To be successful, above all one needs to work very hard" 2: "To be successful, above all one needs to be lucky"	[Interviewer: write 1 or 2]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D(6) Child Behavior (Strengths and Difficulties Questionnaire [SDQ])

PC1 – Parent Report Measure for Children aged 04-10, Baseline version;

PY1 – Parent Report Measure for Youth aged 11-19, Baseline version;

PC1 – Only for children 4-10 years old

For each item, please state if the following statements are Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months.

Not True	01	
Somewhat True	02	[Interviewer: please show card]
Certainly True	03	

ID	(please, copy precisely the ID of each child from roster)							
D.101	Considerate of other people's feelings							
D.102	Restless, overactive, cannot stay still for long							
D.103	Often complains of headaches, stomachaches or sickness							
D.104	Shares readily with other children, for example toys, treats, pencils							
D.105	Often loses temper							
D.106	Rather solitary, prefers to play alone							
D.107	Generally well behaved, usually does what adults request							
D.108	Many worries or often seems worried							
D.109	Helpful if someone is hurt, upset or feeling ill							
D.110	Constantly fidgeting or squirming							
D.111	Has at least one good friend							
D.112	Often fights with other children or bullies them							
D.113	Often unhappy, depressed or tearful							
D.114	Generally liked by other children							
D.115	Easily distracted, concentration wanders							
D.116	Nervous or clingy in new situations, easily loses confidence							
D.117	Kind to younger children							
D.118	Often lies or cheats							
D.119	Picked on or bullied by other children							
D.120	Often offers to help others (parents, teachers, other children)							

D.121	Thinks things out before acting			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.122	Steals from home, school or elsewhere			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.123	Gets along better with adults than with other children			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.124	Many fears, easily scared			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.125	Good attention span, sees work through to the end			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.126	Did [CHILD] experience a change in character after the migration of the household member? <i>[Ask only if migration experience in household.]</i>	yes no	01 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PY1 – Only for children 11-19 years old

For each item, please state if the following statements are Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Not True 01
Somewhat True 02 [Interviewer: please show card]
Certainly True 03

ID	(please, copy precisely the ID of each child from roster)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.127	Considerate of other people's feelings			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.128	Restless, overactive, cannot stay still for long			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.129	Often complains of headaches, stomachaches or sickness			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.130	Shares readily with other youth, for example books, games, food			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.131	Often loses temper			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.132	Would rather be alone than with other youth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.133	Generally well behaved, usually does what adults request			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.134	Many worries or often seems worried			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D.135	Helpful if someone is hurt, upset or feeling ill			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.136	Constantly fidgeting or squirming			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.137	Has at least one good friend			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.138	Often fights with other youth or bullies them			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.139	Often unhappy, depressed or tearful			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.140	Generally liked by other youth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.141	Easily distracted, concentration wanders			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.142	Nervous in new situations, easily loses confidence			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.143	Kind to younger children			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.144	Often lies or cheats			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.145	Picked on or bullied by other youth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.146	Often offers to help others (parents, teachers, children)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.147	Thinks things out before acting			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.148	Steals from home, school or elsewhere			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.149	Gets along better with adults than with other youth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.150	Many fears, easily scared			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.151	Good attention span, sees work through to the end			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.152	Did [CHILD] experience a change in character after the migration of the household member? [Ask only if migration experience in household.]	yes no	01 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[INTERVIEWER: Please ask for the telephone number and fill it in on the second page of the questionnaire.]

THANK YOU FOR YOUR PARTICIPATION

Please find details of our research at ...

E. Children (11 – 19 years of age)

[Interviewer: Each child has to be interviewed separately]

IN THIS SECTION , WE WOULD LIKE TO TALK A LITTLE BIT ABOUT YOUR LIFE. JUST TO BE SURE, YOU ARE BETWEEN 11 AND 19, CORRECT? FIRST, WE'RE GOING TO ASK A FEW QUESTIONS ABOUT YOUR FAMILY, THEN WE'LL TALK ABOUT SCHOOL HEALTH, AND TOPICS LIKE THAT. IF YOU EVER DON'T WANT TO ANSWER A QUESTION, YOU DON'T HAVE TO, AND WHEN YOU HAVE QUESTIONS I WANT YOU TO ASK THEM,. PLEASE FEEL FREE TO INTERRUPT ME IF YOU NEED TO ASK SOMETHING OR WANT TO TELL ME SOMETHING ELSE. IT WOULD HELP US IF YOU ANSWERED ALL ITEMS AS BEST AS YOU CAN EVEN IF YOU ARE NOT ABSOLUTELY CERTAIN. PLEASE GIVE YOUR ANSWERS ON THE BASIS OF HOW YOU HAVE FELT OVER THE LAST SIX MONTH.

E(1) Responsibility

ID	(please copy precisely the ID of each child from roster)							
E.001	If child was not interviewed, why?	Not applicable, interview was conducted 01 Absent from household 02 Child refused 03 Sick 04 Disabled and not able to answer 05 Caregiver refused 07 Other (specify) 06						

[Interviewer: in the following please always ask open ended unless indicated otherwise. For questions with repeating options, show card.]

In the computer-assisted version, E.002B (What is the name of your caregiver?) double checks the name of the caregiver in order to decrease the risk of not being able to match the data.

ID	(please copy precisely the ID of each child from roster)							
E.002	Who living in your household is primarily responsible for raising you? [For interviewer: If parent is regularly abroad, please ask who is responsible if that person is away.]	If in household, write ID If not in household: Sister not in hh 51 Brother not in hh 52 Grandmother 53 Grandfather 54 Step-mother 55 Step-father 56 Aunt 57 Uncle 58 Other family member 59 Friend of family 60 Neighbor 61 Godmother, godparents 62 Other (specify) 71	→ Continue with E.006 if mother lives in hh					
E.003	Have you had any contact with your biological mother in the past 12 months?	Yes, mother is in household 01 Yes, mother is not in household 02 No 03	→ If no, go to E.008					
E.004	During the past 12 months, how often have you seen her? [read scale out once, show card for this and following questions]	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06						

E.005	During the past 12 months, how often did you talk on the telephone/skype or receive a letter/parcel/email from her?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.006	During the last 12 months, how often did you talk about school with your mother?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06	→ Continue with E.007 if not in school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.007	During the last 12 months, how often did you talk about your health with your mother?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06	→ Continue with E.011 if father lives in hh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.008	Have you had any contact with your biological father in the past 12 months?	Yes, father is in household 01 Yes, father is not in household 02 No 03	→ If no, continue with E.013	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.009	During the past 12 months, how often have you seen him?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.010	During the past 12 months, how often did you talk on the telephone or receive a letter from him?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.011	How often did you talk about school with your father?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06	→ Continue with E.012 if not in school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E.012	How often do you talk about your health with your father?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.013	If you need help with the following situations, who would you turn to? If in household, write ID 1:15 If not in household: Sister not in household 51 Brother not in household 52 Grandmother 53 Grandfather 54 Step-mother 55 Step-father 56 Aunt 57 Uncle 58 Other family member 59 Family's Friend 60 Neighbor 61 Godmother or Godfather 62 Other (Specify) 71	If you were having a problem with your studies at school?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.014		If you were having a health problem?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.015		If you were worried about something at home?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.016		If you were being teased or bullied by another child?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.017		If you needed money?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E(2) Schooling

→Start with E.029 if not in school [Interviewer: ask open ended question unless indicated otherwise]

ID	(please copy precisely the ID of each child from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.018	Did you go to school last week?	yes 01 no 02	→ If yes, continue with E.020	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E.019	If not, what was the main reason you did not?	Busy working at home 01 Busy working (at a payed job) 02 Sick 03 No motivation / Did not want to 04 Was away from home 05 Could not arrange transportation 06 Special family reasons 07 School holiday 08 Other (Specify) 09		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.020	During the last year, have you skipped school or cut classes without permission, or refused to go to school?	yes 01 no 02	→ If no, continue with E.022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.021	If yes, what was the main reason ?	Busy working at home 01 Busy working (at a payed job) 02 Sick 03 No motivation / Did not want to 04 Was away from home 05 Could not arrange transportation 06 Special family reasons 07 School holiday 08 Other (Specify) 09		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.022	In the last month, did you get into a physical fight at school ?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.023	How often in the last 7 days did you come to class without completing your homework or preparation for lessons? <i>[read options]</i>	Never 01 Rarely 02 Sometimes 03 Often 04 Always 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.024	What is your favorite subject ?	Native Language 01 Romanian/Georgian / Russian (if not native) 02 Foreign Language 03 History 04 Geography 05 Mathematics 06 Science 07 Other(specify) 08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.025	[INSTRUCTION: <i>show card</i>] Would you say in your class you are:	one of the best students 01 above average 02 average 03 below average 04 one of the worst students 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E.026	Did your school performance change over the last year? If so, has it become ...? <i>[read options]</i>	Much better 01 Better 02 Neither better nor worse 03 Worse 04 Much worse 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.027	How long does it take you to get to school, one way?	(write number) [in MINUTES]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.028	How do you usually travel to school?	By foot 01 By bus 02 By private car 03 By motorbike 04 By bicycle 05 Other (specify) 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.029	Imagine you had no constraints and could study for as long as you liked , or go back to school if you have already left. What is the highest level of formal education you WISH to complete?	Primary 01 Lower secondary 02 (Upper) Secondary 03 Post-secondary 04 First-stage tertiary (bachelor) 05 First-stage tertiary (master) 06 Second-stage tertiary(PhD/Dr) 07	→ If no answer, continue with E.031	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.030	Consider your family's current situation. Using this card on which 0 means impossible and 10 is certain, how likely is it that you will complete this level of education?	[INSTRUCTION: Please show ladder.] (write number between 0 and 10)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.031	So, what is the highest level of schooling you THINK you will CERTAINLY complete?	Primary 01 Lower secondary 02 (Upper) Secondary 03 Post-secondary 04 First-stage tertiary (bachelor) 05 First-stage tertiary (master) 06 Second-stage tertiary(PhD/Dr) 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.032	What's the highest education your [CAREGIVER] wants/wanted you to get?	Primary 01 Lower secondary 02 (Upper) Secondary 03 Post-secondary 04 First-stage tertiary (bachelor) 05 First-stage tertiary (master) 06 Second-stage tertiary(PhD/Dr) 07	→ If no answer, skip E.033	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E.033	How important is/was it to (him/her/them) that you get at least that much education?	Not at all important Slightly important Indifferent Moderately important Very important	01 02 03 04 05					

E(3) Migration

IN THIS SECTION I WOULD LIKE TO ASK YOU A FEW THINGS ABOUT [MIGRANT]. IN PARTICULAR, I WILL ASK HOW THINGS HAVE CHANGED SINCE HE/SHE LEFT AND IF YOU WOULD LIKE TO MIGRATE YOURSELF SOMEDAY.

Note: Skip and continue with E(4) if no migrants in household. *[Interviewer: ask open ended question unless indicated otherwise]*

ID	(please copy precisely the ID of each child from roster)							
E.034 O	In the last 12 months, did anyone from your family go abroad (father, mother or brother/sister)?	Yes 01 No 02 <i>[Interviewer: Ensure that you ask for the last 12 months. Also make sure the child understands that you only ask for close relatives living in the household.]</i>						
E.034	Before [MIGRANT] left, did you know he/she was going to leave?	yes 01 no 02	→ If no, continue with E.036					
E.035	Before [MIGRANT] left, did he/she consult you about it and ask for your help in making the decision?	yes 01 no 02						
E.036	Do you think that [MIGRANT] made a good decision to leave?	yes 01 no 02						
E.037	When someone in your family migrates, things at home often change. I am going to read a few statements to you, and I would like you to tell me if they are:	I have more responsibilities than before						
E.038		I have less time for myself than before						
E.039		I spend more time by myself than before						
E.040		I don't feel as safe at home as I did before						
E.041		I have to take care of my own affairs more than I did before						

E.042	Not True 01 Somewhat True 02 Certainly True 03	I have more pocket money than before		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.043	[show card]	I don't tell [MIGRANT] about problems I might have because I don't want him/her to worry		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.044		I have less interest in things like school than I did before		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.045		People in my community treat me differently than before		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.046	In general, would you say that since [MIGRANT] left, your life has become... [read options]	Much better 01 Better 02 Neither better nor worse 03 Worse 04 Much worse 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.047	Would you like to live or work in a different country?	yes 01 no 02	→ If no, continue with E.052	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.048	Why would you like to go to a different country?	Absence of a job in Georgia 01 Good working conditions 02 Better way of life in [COUNTRY] 03 To help my family 04 To join close family members 05 Social contacts other than family 06 Recommended by others 07 To escape pressure in family 08 To study abroad 09 Other (specify) 10		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.049	In which country would you like to live or work most?	(write number) [COUNTRY LIST]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.050	Why would you like to go to that country?	Job guarantee 01 Good working conditions 02 Better way of life 03 Higher wages 04 Can join family members 05 Social contacts other than family 06 Recommended by others 07 Low cost of migration 08 To study abroad 09 Language 10 Other (specify) 11		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.051	Using this card on which 0 means impossible and 10 is certain, how likely is it that you will actually live or work in that country in the future?	[INSTRUCTION: Please show ladder.] (write number between 0 and 10)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E(4) Health

IN THIS PART I WILL ASK YOU A FEW THINGS ABOUT YOUR HEALTH.

ID	(please, copy precisely the ID of each child from roster)							
E.052	Do you have your own bed ?	yes 01 no 02						
E.053	Did you brush your teeth at least once yesterday?	yes 01 no 02						
E.054	Usually, you eat meals ...	more than 3 times a day 01 3 times a day 02 2 times a day 03 once a day 04 less than once a day 05						
E.055	During the previous 24-hour period did you consume :	Bread						
E.056		Potatoes, Pasta, Polenta, etc.						
E.057		Eggs						
E.058		Fish or Meat						
E.059		Milk or dairy products						
E.060		yes 01 no 02	Vegetables					
E.061		Fruits						
E.062		Sugar, Sweets						

E(5) Time Allocation & Activities

NOW I WOULD LIKE TO ASK A FEW QUESTIONS ON HOW YOU SPEND YOUR TIME.

[Interviewer: ask open question if not indicated otherwise.]

ID	(please copy precisely the ID of each child from roster)							
E.063	I would like to know how you spent your time on a typical weekday in the last	At school, on the way to school						
E.064		Studying at home/ Extra tuition outside the home						

E.077	How many evenings last week did you eat dinner with [CAREGIVER] ?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.078	Do you ever spend time at home without any adults late at night?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.079	How many, if any, days per week are you at home after school without an adult for more than two hours?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.080 A	How often do you go to a day-care or other center in the community? <i>[show card]</i>	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06 There is no centre I can go to 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.080 A0	How often do you visit the school psychologist?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06 There is no psychologist 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.080 B	How often does a social assistant visit your home? <i>[show card]</i>	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E(6) Emotions and Attitudes (Strengths and Difficulties Questionnaire [SDQ])

YR1 – Youth self report measure (11-17), Baseline version; YR11

For each item, please state if the following statements are Not True, Somewhat True or Certainly True. It would help us if you answered all items as good as you can even if you are not absolutely certain. Please give your answers on the based on how you have felt over the last six months or this school year.

Not True 01
Somewhat True 02 *[Interviewer: please show card]*
Certainly True 03

ID	(please, copy precisely the ID of each child from roster)							
E.081	I try to be nice to other people. I care about their feelings							
E.082	I am restless, I cannot stay still for long							
E.083	I get a lot of headaches, stomachaches or sickness							
E.084	I usually share with others, for example CD's, games, food							
E.085	I get very angry and often lose my temper							
E.086	I would rather be alone than with people of my age							
E.087	I usually do as I am told							
E.088	I worry a lot							
E.089	I am helpful if someone is hurt, upset or feeling ill							
E.090	I am constantly fidgeting or squirming							
E.091	I have one good friend or more							
E.092	I fight a lot. I can make other people do what I want							
E.093	I am often unhappy, depressed or tearful							
E.094	Other people my age generally like me							
E.095	I am easily distracted, I find it difficult to concentrate							
E.096	I am nervous in new situations. I easily lose confidence							
E.097	I am kind to younger children							
E.098	I am often accused of lying or cheating							
E.099	Other children or young people pick on me or bully me							
E.100	I often offer to help others (parents, teachers, children)							
E.101	I think before I do things							

E.102	I take things that are not mine from home, school or elsewhere			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.103	I get along better with adults than with people my own age			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.104	I have many fears, I am easily scared			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.105	I finish the work I'm doing. My attention is good			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID	(please copy precisely the ID of each child from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.105 N1	For each of the following, please tell me which of the two propositions you most agree with: 1. "Each person is primarily responsible for his/her success or failure in life" 2. "One's success or failure in life is a matter of his/her destiny"	[Interviewer: write 1 or 2]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.105 N2	For each of the following, please tell me which of the two propositions you most agree with: 1. "To be successful, above all one needs to work very hard" 2. "To be successful, above all one needs to be lucky"	[Interviewer: write 1 or 2]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.106	I feel safe when I go out of the house on my own	Not True 01 Somewhat True 02 Certainly True 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.107	If I try hard, I can improve my situation in life	Not True 01 Somewhat True 02 Certainly True 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.108	Other people in my family make all the decisions about how I spend my time	Not True 01 Somewhat True 02 Certainly True 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.109	Adults in my community treat me as well as they treat other children at my age	Not True 01 Somewhat True 02 Certainly True 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.109 B	How proud are you to be Georgian? (Read out and code one answer):	Very proud 01 Quite proud 02 Not very proud 03 Not at all proud 04 I am not Georgian (do not read out! Code only if volunteered!) 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E(7) Parenting Practices

There are many different ways that caregiver try to influence their children's behavior. When your [CAREGIVER] wants you to do something or not to do something, do/does or doesn't/don't he/she/they do the following?

ID	(please copy precisely the ID of each child from roster)							
E.110	Explains why something was wrong	yes no	01 02					
E.111	Offers extra privileges or money	yes no	01 02					
E.112	Threatens to take away privileges	yes no	01 02					
E.113	Encourages you to think independently .	yes no	01 02					
E.114	When you are not doing well at school, he\she encourages you to work harder .	yes no	01 02					
E.115	When you are in a bad mood or in trouble, he\she can easily notice it immediately.	yes no	01 02					
E.116	You are willing to talk to him/her when you have difficulties.	yes no	01 02					
E.117	He\she knows what you do after school .	yes no	01 02					
E.118	He/she tends to keep in touch with your teachers .	yes no	01 02					
E.119	He/she knows who your friends are.	yes no	01 02					
E.120	If you had done something that annoyed him/her (or another caretaker), he/she...	Shook you						
E.121		Shouted, yelled or screamed at you						
E.122		Made you work around the house						
E.123		Called you dumb, lazy or another name like that						
E.124		yes no	01 02	Spanked or slapped you				
E.125		Beat or hit you repeatedly						

[Interviewer: please show card]

ID	(please copy precisely the ID of each child from roster)					
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E.126	How would you describe your relationship with [CAREGIVER]?	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05	→ If mother = caregiver continue with E.128	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.127	How would you describe your relationship with mother ? <i>Don't ask this if mother dead!</i>	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05	→ If father = caregiver continue with E.129	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.128	How would you describe your relationship with father ? <i>Don't ask this if father dead!</i>	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E(8) Health Behavior

NOW I WOULD LIKE TO ASK A FEW PERSONAL QUESTIONS. IT'S VERY IMPORTANT FOR OUR RESEARCH TO FIND OUT HOW CHILDREN OF YOUR AGE REALLY ARE IN [COUNTRY], SO YOUR HONESTY IS REALLY IMPORTANT. YOU CAN BE ASSURED THAT YOUR ANSWERS WILL BE TREATED CONFIDENTIALLY, AND NEITHER YOUR FAMILY NOR ANYONE ELSE APART FROM THE RESEARCHERS WORKING WITH THE DATA WILL KNOW THEM.

ID	(please, copy precisely the ID of each child from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.129	Do you smoke ?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.130	Has any of your family members told you about the hazard of smoking?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.131 A	How much beer did you drink last week? (in ml)	(write number)	→ If child younger than 14, go to E(9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.131 B	How much wine did you drink last week? (in ml)	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.131 C	How much liquor or vodka did you drink last week? (in ml)	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.132	Can you name 3 ways to	(check if these 3 measures are correct and enter code – if not, do not correct child but enter 'no')		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	prevent pregnancy?	yes 01 no 02		<i>Interviewer: for your reference, methods include: natural fertility observation, diaphragm, condom/other prophylactic, hormonal pill, hormonal implants (Norplant), hormonal vaginal ring (NuvaRing), hormone injections (Lunelle), intra-uterine device (ParaGuard, Mirena), surgical sterilisation</i>				
E.133	Have you ever had sexual intercourse ?	yes 01 no 02	→ If no, go to E.135	___	___	___	___	___
E.134	Are you currently sexually active ?	yes 01 no 02		___	___	___	___	___
E.135	Do you have access to contraceptives like birth control pills, condoms, diaphragms, etc.?	yes 01 no 02	→ If child is male, go to E.139	___	___	___	___	___
E.136	Have you ever been pregnant ? If so, how many times?	(write number, indicate 0 if never pregnant)	→ If 0, go to E.139	___	___	___	___	___
E.137	How many children have you carried to term?	(write number)		___	___	___	___	___
E.138	How many pregnancies were terminated ?	(write number)		___	___	___	___	___

E(9) Anthropometry

ID	(please, copy precisely the ID of each elderly from roster)			___	___	___	___	___
AN.03	Was the measurement successful?	yes 01 no 02		___	___	___	___	___
AN.04	If measurements were not filled out, why?	Person refused 01 Caregiver/Household head refused 02 Scale malfunctioning 03 Other (specify) 04		___	___	___	___	___
AN.05	Weight Measurement	(write in kg)		___	___	___	___	___
AN.06	Height Measurement	(write in cm)		___	___	___	___	___
AN.07	Arm Length Measurement	(write in cm)		___	___	___	___	___
RT.01	Raven's test taken successfully?	yes 01 no 02		___	___	___	___	___

RT.02	If not, why not?	Person refused	01					
		Caregiver/household head refused	02					
		Did not understand task	03					
		Did not pay attention	04					
		Child cheated	05					
		Other, specify	06					
RT.15	Score on Raven's Test							

Comment: In CAPI version, the answer for each item is to be entered. Then, the resulting score is calculated automatically.

THANK YOU FOR YOUR PARTICIPATION

Please find details of our research at ...

IN THIS SECTION, I WOULD LIKE TO FIND OUT MORE ABOUT YOUR LIFE HERE. JUST TO DOUBLE CHECK, YOU ARE 60 OR OLDER, RIGHT? I WOULD FIRST LIKE TO ASK A FEW QUESTIONS ABOUT YOUR FAMILY—YOUR SPOUSE AND CHILDREN, IF YOU HAVE THEM. THEN I'D LIKE TO ASK ABOUT YOUR WORK HISTORY, YOUR HEALTH, AND WHAT KIND OF ACTIVITIES YOU DO. FINALLY, I WOULD LIKE TO TAKE YOUR HEIGHT AND WEIGHT MEASUREMENTS, WHICH I WILL EXPLAIN WHEN WE GET TO THAT PART. IF EVER YOU HAVE QUESTIONS OR ARE RELUCTANT TO ANSWER ANY QUESTION, PLEASE TELL ME AND I'D BE HAPPY TO DISCUSS IT WITH YOU. IT WOULD HELP US IF YOU ANSWERED ALL ITEMS AS BEST AS YOU CAN EVEN IF YOU ARE NOT ABSOLUTELY CERTAIN. PLEASE GIVE YOUR ANSWERS ON THE BASIS OF HOW YOU HAVE FELT OVER THE LAST SIX MONTHS.

F. Elderly

[Interviewer: Each elderly person must be interviewed separately]

ID	(please copy precisely the ID of each elderly household member from roster)							
F.001	If elderly person was not interviewed, why?	Interview was completed	01					
		Absent from household	02					
		Refused	03					
		Sick/ill	04					
		Too old/incompetent	05					
		Disabled and not able to answer	06					
		Other (specify)	07					

ID	(please copy precisely the ID of each elderly household member from roster)						
F.002	Could you please tell me today's date?	correct 01 not correct 02					

F(1) Family

ID	F.003a	F.003b	F.004A	F.004B	F.004C	F.004D
(please copy precisely the ID of each elderly and his/her spouse from roster.)	Do you have any children ?	If so, how many?	Which of the household member is your child ?			<p>If F.003b>F.004A+F.004B+F.004C</p> <p>So there are children of yours living outside of the household?</p>
	yes 01 no 02	(write number)	(please copy precisely the ID from roster)	(please copy precisely the ID from roster)	(please copy precisely the ID from roster)	<p>[check whether all children living in same hh]</p> <p>yes 01 no 02</p>
	→ If no, continue with F.011			Skip if elderly has less than 2 children	Skip if elderly has less than 3 children	→ If no, continue with F.011

	F.004	F.006	F.007	F.008	F.009	F.010	F.011
NEW ID of child that is NOT a household member	[INSTRUCTION : explicitly only include children who do not live in the household] What is his/her name ?	What is [NAME]'s sex ?	When was [NAME] born?		What is the highest number of years of schooling [NAME] completed ? [Interviewer: Ask for last school graduated from and calculate the years of study.]	Where does he/she currently live ?	
	(write text)	male 01 female 02	[YEARS]	[MONTH]	(write number)	[write CITY from list]	[write COUNTRY from list]
61							
62							
63							
64							
65							
66							
67							
68							

F(2) Work history

ID	(write ELDERLY ID from Roster)				
----	--------------------------------	--	--	--	--

F.015	Which of these descriptions best describes your situation (in the last seven days, irrespective of being a pensioner)? [read options]	<u>In paid work (or away temporarily) as</u> Employee 01 Self-employed 02 Working in family business 03 Working on family farm 04 <u>Other</u> Unemployed 05 Permanently sick or disabled 06 Retired 07 Other, specify 08		<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>
F.016	Have you ever had a paid job ?	yes 01 no 02	→ If no, go to F(3)	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>
F.017	How many years did you work in your life ?	(write number)		<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>
F.018	In what year were you last in a paid job ?	(write number) [YYYY]		<div> </div> <div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div> <div> </div>
F.019	When did you retire ?	(write number) [YYYY]		<div> </div> <div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div> <div> </div>
F.020	Can I just check, did you do any paid work (of an hour or more) in the last seven days?	yes 01 no 02	→ If no, go to F(3)	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>
F.021	<i>INSTRUCTION: if age>62 then do not ask!</i> Why do you still work? [read options]	I like my job 01 Cannot make ends meet without a job 02 To make extra money 03 To stay busy/active 04 Other (specify) 05		<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>
F.022	What is your occupation in this activity? If retired, what was your occupation prior to retirement?	[write text]					
F.023	What is the economic sector you work in? If retired, what was the sector you worked in prior to retirement?	(use codelist)		<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>	<div> </div> <div> </div> <div> </div>

F(3) Memory I

We are going to read a list consisting of 10 words, and we would like you to memorize as many as you can. We deliberately made the list long to make it difficult for anyone to memorize all of the words, and most people will only remember a few of them. Please listen carefully as we read the list, because we cannot repeat it. When we finish reading the list, we will ask you to recall and tell us as many words as you can remember, and they don't have to be in order. Is this explanation clear?

1. Hotel	3. Tree	5. Gold	7. Paper	9. King
2. River	4. Arm	6. Market	8. Child	10. Cup

To be answered by the interviewer.

ID	(please, copy precisely the ID of each elderly from roster)						
F.024	Was the explanation clear?	yes 01 no 02					
F.025	[INSTRUCTION: do not read out – just count] Did you repeat the explanation?	yes 01 no 02					
F.026	[INSTRUCTION: do not read out – just count] Was the memory test interrupted?	yes 01 no 02					
F.027	[INSTRUCTION: do not read out – just count] How many items were recalled correctly?	(write number)					

F(4) Health

ID	(please copy precisely the ID of each elderly from roster)						
F.028	Compared with other people of the same age, how would you say your health is? [read options]	Much better 01 Better 02 Neither better nor worse 03 Worse 04 Much worse 05					
F.029	Do you have a disability ? If so, what is your registered degree of disability? [read options]	Does not have disability 01 Grade I (Severe) 02 Grade II (Moderate) 03 Grade III (Mild) 04					

F.030	<p>Now I would like to ask you about some chronic illnesses that you may have been diagnosed with. Do you have any of the following conditions:</p> <p>yes 01 no 02</p>	Hypertension	→ If no to all, continue with F.043	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.031		Diabetes or high blood sugar		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.032		Tuberculosis (TBC)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.033		Asthma		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.034		Other lung conditions		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.035		Coronary heart disease, or other heart problems		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.036		Liver problems		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.037		Stroke		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.038		Cancer or malignant tumor		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.039		Arthritis/rheumatism		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.040	Uric Acid/Gout	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
F.041	Did you seek treatment or advice for any of these illnesses in the past?	yes 01 no 02	If yes, continue with F.043	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.042	If you did you not see a doctor, please indicate the most important reason why not . <i>[ask open ended]</i>	Not necessary, because the illness is not serious 01 Have medicine to treat the illness 02 Too expensive to see a doctor 03 Doctor is too far away 04 No time to see a doctor 05 Do not know where to go 06 Do not trust doctors from the community 07 Other (specify) 08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.043	Have you seen a doctor in the last 12month?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.044	What is the travel time to the closest health facility?	(write number) [MINUTES]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.045	How many cigarettes a day do you usually smoke?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.046A	How much beer did you drink last week? (in ml)	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.046B	How much wine did you drink last week? (in ml)	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F.046C	How much liquor or vodka did you drink last week? (in ml)	(write number)					
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F(5) Nutrition

ID	(please, copy precisely the ID of each elderly from roster)						
F.047	Usually, do you eat meals... [read options]	more than 3 times a day 01 3 times a day 02 2 times a day 03 once a day 04 less than once a day 05					
F.048	During the previous 24-hour period did you consume:	Bread					
F.049		Potatoes, Pasta, Polenta, etc.					
F.050		Eggs					
F.051		Meat or Fish					
F.052		Milk or dairy products					
F.053		yes 01 no 02					
F.054		Fruits					
F.055		Sweets					

F(6) Wellbeing (Mental Health Inventory [MHI-38])

F.057	All things considered, how happy are you these days? Using this card on which 1 means you are very unhappy and 10 means you are very happy where would you put your happiness as a whole?	(write number between 1 and 10)		
F.058	All things considered, how satisfied are you with your life as a whole these days? Using the same card as before, on which 1 means you are very unsatisfied and 10 means you are very satisfied, where would you put your satisfaction with your life as a whole?	(write number between 1 and 10)		

Now we would like to ask some questions about how you have felt in the past month.[Interviewer: show card]

ID	(please, copy precisely the ID of each elderly from roster)						
F.059	How much of the time, during the past month, has your daily life been full of things that were interesting to you?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.060	How much of the time, during the past month, did you feel relaxed and free of tension ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.061	During the past month, how much of the time have you generally enjoyed things ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.062	Did you feel depressed during the past month? <i>[read options]</i>	Yes, to the point that I did not care about anything for days at a time 01 Yes, very depressed almost every day 02 Yes, moderately depressed on several occasions 03 Yes, quite depressed at least a couple of times 04 Yes, a little depressed now and then 05 No, I never felt depressed at all 06					
F.063	When you got up in the morning, during the past month, about how often did you expect to have an interesting day ?	Always 01 Very often 02 Fairly often 03 Sometimes 04 Almost never 05 Never 06					
F.064	During the past month, how much of the time have you felt tense or 'high-strung' ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.065	How much of the time, during the past month, have you felt calm and peaceful ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					

F.066	How much of the time, during the past month, have you felt downhearted and blue ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.067	How much of the time, during the past month, were you able to relax without difficulty?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.068	How often, during the past month, did you feel that nothing turned out for you the way you wanted it to ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.069	During the past month, how much of the time has living been a wonderful adventure for you?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.070	How often, during the past month, have you felt so down in the dumps that nothing could cheer you ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.071	During the past month, how much of the time have you been moody or brooded about things?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.072	How much of the time, during the past month, have you felt cheerful , light-hearted?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06					
F.073	During the past month, how often did you get upset, or flustered ?	Always 01 Very often 02 Fairly often 03 Sometimes 04 Almost never 05 Never 06					

F.074	During the past month, have you been anxious or worried? <i>[read options]</i>	Yes, extremely so, to the point of being sick or almost sick 01 Yes, very much so 02 Yes, quite a bit 03 Yes, some, enough to bother me 04 Yes, a little bit 05 No, not at all 06				
F.075	During the past month, how much of the time were you a happy person ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06				
F.076	How often during the past month did you find yourself having difficulty to calm down ?	Always difficult 01 Very often 02 Fairly often 03 Sometimes 04 Almost never 05 Never any difficulty 06				
F.077	During the past month, how much of the time have you been in low or very low spirits ?	All of the time 01 Most of the time 02 A good bit of the time 03 Some of the time 04 A little of the time 05 None of the time. 06				
E.077 B	Did you lose a close family member recently?	yes 01 no 02				

F(7) Mobility

Now we would like to know your **physical ability** in daily activity. If you had [...], could you do it:*[Interviewer: show card]*

Easily 01
With difficulty 02
Unable 03

ID	(please copy precisely the ID of each elderly from roster)						
F.078	To carry a heavy load (like a pail of water) for 20 meters						
F.079	To draw a pail of water from a well						

F.080	To walk for 1 kilometer		If no, continue with F.082	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.081	To walk for 5 kilometers			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.082	To sweep the house floor or yard			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.083	To bow, squat, kneel			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.084	To dress without help			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.085	To go to the bathroom (BM) without help			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.086	To bathe			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.087	To get out of bed			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.088	To walk across the room			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.089	To stand up from sitting on the floor without help			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.090	To stand up from sitting position in a chair without help			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.091	To shop for personal needs			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.092	To prepare a meal for yourself			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.093	To take medicine			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.094	To visit a friend/acquaintances in the same village			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.095	To take a trip out of town			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

ID	(please copy precisely the ID of each elderly from roster)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.096	For the daily activities listed above that are necessary for you to do, do you need someone to assist you?	yes no	01 02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

F.097	Do you currently have someone to assist you?	yes 01 no 02	→ If no, continue with F.102	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.098	Who most often assists you in these activities? (write number)	[ROSTER ID] 1 to 15 or child living outside of hh 50 Neighbor 21 Friend 22 Social worker 23 Other (specify) 24		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.099	During the last 7 days, about how many days did this person help you?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.100	On the days when this person helps you, about how many hours per day is that?	(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.101	In the last 7 days, how much money did you spend to have someone assist you in the daily activities mentioned above?	(write number)	→ If no migrant in family, go to F.103	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.102	Did the migrant(s) from your household help you with any of the daily activities mentioned above before they left ?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.103	If in the future you need someone to assist you in one of the daily activities above, who do you think will assist you [besides your spouse if you are not a widow/er]?	(write number) [ROSTER ID] or child living outside of household 50 Neighbor 21 Friend 22 Social worker 23 Volunteer 24 No one 25 Will have to move to residential institution 26 Other (specify) 27		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.104	If you have problems walking, do you have a medical device that helps you walk (walker)?	yes 01 no 02 does not need one 03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F(8) Social Services

ID	(please copy precisely the ID of each elderly from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.105	Do you have access to free or subsidized goods , such as food or heating material that reduces your expenditures (provided by government or private organizations)?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.106	Do you ever visit a communal day care center (provided by government or private organization) where you receive assistance or have access to services?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.107	Have you ever lived at an old age residential institution (provided by government or private)?	yes 01 no 02	→ If no continue with F.109	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.108	If yes, why did you stay at a residential institution? (If lived there more than once, ask for most recent time)	Had severe financial problems 01 Had severe health problems 02 Wanted the social contact 03 Home was temporarily uninhabitable (under repair) 04 Evicted/ homeless 05 Other (specify) 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.109	Do you receive help from a social worker ?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.110	Do you receive help from a social assistant (information and help with bureaucracy)?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F(9) Time Allocation

ID	(please copy precisely the ID of each elderly from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.111	I want to know how	Care for children and other household members		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F.112	you spent your time on a typical weekday in the last week. <i>[INSTRUCTIONS: Round to next integer i.e. 30min → 1 h ; In hours – should add up to 24]</i>	Domestic tasks (cleaning, cooking, washing, shopping)		___	___	___	___
F.113		Tasks on family farm, other family business		___	___	___	___
F.114		Activities for pay outside of the household		___	___	___	___
F.115		Watching TV or listening to the radio		___	___	___	___
F.116		Seeing friends		___	___	___	___
F.117		Other hobbies (like reading, etc.)		___	___	___	___
F.118		Sleeping		___	___	___	___
F.119	How many days do you go to church in an average MONTH?	(write number)		___	___	___	___
F.120	On how many days do you have contact with friends in an average week?	(write number)		___	___	___	___
F.121	On how many days do you have help from people who are not part of your household in an average week?	(write number)	Skip to F(10) if elderly lives with younger family members.	___	___	___	___
F.122	On how many days do you have contact with family in an average week?	(write number)		___	___	___	___

F(10) Helping Children

ID	(please copy precisely the ID of each elderly from roster)				___	___	___	___
F.123	During the last 4 weeks, have YOU HELPED your adult children	shopping or errands (e.g. provided transportation)	yes no	01 02		___	___	___

F.124	(or your husband's/wife's/partner's child/ren) household members with ...?	housework, yard work, or other work around the house	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.126	During the last 4 weeks, have you helped your adult children (or your husband's/wife's/partner's child/ren) with child care WHILE they were WORKING?		yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.127	During the last 4 weeks, have you helped your adult children , (or your husband's/wife's/partner's child/ren) with child care AT TIMES OTHER THAN WHEN they were WORKING?		yes 01 no 02	→ If no migrant continue with F.129	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.128	During the last 4 weeks, have you helped your adult children with child care while they were abroad?		yes 01 no 02	→ If no to all, go to F.130	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.129	Taking all kinds of help together, in an average week about how many hours would you say you spend helping your adult children (or your husband's/wife's/partner's child/ren)?		(write number) [HOURS]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.125	Which of your adult children (or your husband's/wife's/partner's child/ren) have you most often given advice, encouragement, moral or emotional support in the last month?		(write number) [ROSTER ID or NEW ID from F.004]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.130	In the past 12 months, have you given financial support to any of your children?		yes 01 no 02	→ If no, go to F.132	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.131	How much money have you given in total to your children in the past 12 months?		(write number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.132	[INSTRUCTION: please finish this sentence] When I help my children , I mostly feel : <i>[read options]</i>		Overwhelmed01 Annoyed 02 part of the family 03 proud 04 this is my duty 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F(11) Help from Children

ID	(please copy precisely the ID of each elderly from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.133	During the last 4 weeks, have you RECEIVED help from your adult children ...?	shopping, running errands, or transportation	yes 01 no 02	→ If no to all, go to F.136	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.134		housework, yard work, or other work around the house	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>

F.136	Taking all kinds of help together, in an average week about how many hours do your adult children (or your husband's/wife's/partner's child/ren) spend helping you?	(write number) [HOURS]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.135	During the last 4 weeks, have you received advice, encouragement, moral, or emotional support from your adult children (or your husband's/wife's/partner's child/ren)?	yes 01 no 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.137	When my children help me, I mostly feel: <i>[read options]</i>	Like a burden 01 Embarrassed 02 part of the family 03 proud 04 this is their duty 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID	(please, copy precisely the ID of each elderly from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.138	How often during the last YEAR did you talk with your children via telephone? <i>[show card]</i> <i>[INSTRUCTION: Do not ask for child living in the household]</i>	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.139	How often do you visit your children? <i>[INSTRUCTION: Do not ask for child living in the household]</i>	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.140	How often do your children visit you? <i>[INSTRUCTION: Do not ask for child living in the household]</i>	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.141	How often do you speak with your children about your health?	Every day 01 More than 3 times a week 02 At least once a week 03 At least once a month 04 Less often 05 Never 06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.142	How would you describe your relationship with your child/children? <i>[show card]</i>	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F(12) Grandparenting

ID	(please copy precisely the ID and name of each elderly from roster)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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F.143	Do you have grandchildren? If so, how many grandchildren do you have?	(write number)	→ If 0, go to F(13)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.144	During the last 12 months, about how often did you talk on the telephone or receive a letter or e-mail from (your grandchild/any of your grandchildren)? <i>[show card]</i> <i>[INSTRUCTION: Do not ask for child living in the household]</i>	Every day 01 More than once a week 02 About once a week 03 At least once a month 04 Several times a year 05 About once a year 06 Never 07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.145	How would you describe your relationship with your grandchild/your grandchildren ? <i>[show card]</i>	Very close 01 Close 02 Neither close nor distant 03 Distant 04 Very distant 05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.146	For various reasons, grandparents sometimes take on the primary responsibility for raising a grandchild. Have you ever had the primary responsibility for (your grandchild/any of your grandchildren) for six months or more?	Yes 01 No 02	→ If no, contin ue with F(13)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.147	About how many years altogether have you had the primary responsibility for (your grandchild/any of your grandchildren)?	(write number) [YEARS]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F(13) Personal Views and Opinions

Now I'd like you to tell me your views on various issues. How would you place your views on this scale? 1 means you agree completely with the statement on the left; 10 means you agree completely with the statement on the right; and if your views fall somewhere in between, you can choose any number in between.

F.148	Incomes should be made more equal	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	We need larger income differences as incentives	<input type="text"/>
F.149	Private ownership of business should be increased	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Government ownership of business should be increased	<input type="text"/>
F.150	State should take more responsibility to ensure the well-being of everyone	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Each one should take more responsibility to ensure his/her own well-being	<input type="text"/>
F.151	Competition is good. It stimulates people to work hard and develop new ideas	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Competition is harmful. It brings out the worst in people	<input type="text"/>
F.152	In the long run, hard work usually brings a better life	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Hard work doesn't generally bring success - it's more a matter of luck and connections	<input type="text"/>

F.153	People can only get rich at the expense of others	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	Wealth can grow so there's enough for everyone	LL
F.154	Generally speaking, most people can be trusted	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	You need to be very careful in dealing with people	LL
F.156	How proud are you to be Georgian? (Read out and code one answer):	Very proud 01 Quite proud 02 Not very proud 03 Not at all proud 04 I am not Georgian (do not read out! Code only if volunteered!) 05		LL

F(14) Memory II

Some minutes ago we read a list consisting of 10 words. Can you please tell us as many words as you can remember, and they don't have to be in order.

1. Hotel	3. Tree	5. Gold	7. Paper	9. King
2. River	4. Arm	6. Market	8. Child	10. Cup

ID	(please, copy precisely the ID of each elderly from roster)			LL	LL	LL	LL
F.155	[INSTRUCTION: do not read out – just count]	(write number)		LL	LL	LL	LL
	How many items were correct?						

F(15) Anthropometry

ID	(please copy precisely the ID of each elderly person from roster)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AN.03	Measurement successful?	Yes 01 No 02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AN.04	If measurements not filled out, why?	Person refused 01 Caregiver/Household head refused 02 Scale malfunctioning 03 Other (specify) 04		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AN.05	Weight Measurement	(write in kg)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AN.06	Height Measurement	(write in cm)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AN.07	Arm Length Measurement	(write in cm)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THANK YOU FOR YOUR PARTICIPATION

Please find details of our research at ...

Overview sheet for interviewer: DIST_ID: VILL_ID: HH_ID:

THIS SHEET PROVIDES A SUMMARY OF ALL HOUSEHOLD MEMBERS' CHARACTERISTICS THAT WILL BE REQUIRED TO DECIDE WHICH SECTION TO ASK WHOM. PLEASE FILL IN AFTER HOUSEHOLD ROSTER.

Please write the name of each household member and put a cross if the criterion on the right side holds for an individual.

Name		ID	Age	Child	Elderly	Caregiver	Migrant
		ID from A(1)	Based on A.008	If A.008>1991	If A.008<1952	Person given in D.00A	If C.00A0 = 3 or more months

COMMENTS: Interviewer, please write comments here that you were not able to register in CSPro during the survey. If there is information you want the project team to know about the survey and any potential problems it may have, please include this here!

