

COVID-19 Georgia High Frequency Survey (GHFS) Wave 1, 2022

Poverty and Equity Global Practice, The World Bank
Caucasus Research Resource Center (CRRC)

Good morning/afternoon. My name is <INTERVIEWER NAME>. I am calling on behalf of CRRC-Georgia. We are conducting a study as part of a World Bank Project that tries to understand how coronavirus is affecting families in Georgia. The information you provide is very important because it will be used to inform the government to design policies and programs in response to the pandemic. Do you consent to be interviewed?

1. COVER: HOUSEHOLD IDENTIFICATION

Name

Code

1. What is your name?

| _____ |

2. What region do you live in?

Adjara	1	→3
Guria	2	
Samegrelo/Zemo Svaneti	3	
Racha-Lechkhumi	4	
Imereti	5	
Mtskheta-Mtianeti	6	
Shida Kartli	7	
Kvemo Kartli	8	
Samtskhe Javakheti	9	
Kakheti	10	
Tbilisi	11	→4

3. Do you live in a rural or urban area?

Urban	1
Town	2

Rural	3
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4. Interviewer: record respondent's sex by voice. If it is not possible to determine, ask: Are you a man or a woman?

Male1

Female....2

5. What is your [respondent's] age? [If a person is less than 18, say goodbye and finish the interview.]

|__|__|

2. Household Demographics

6. How many adults aged 65 or older including you live in the household?

|__|__|

DK

RA

7. How many adults aged 19 -64 including you live in the household in total?

|__|__|

DK

RA

8. How many people in the age group 6-18 including you live in the household in total?

|__|__|

DK

RA

9. How many children 5 years old or younger live in the household in total?

|__|__|

DK

RA

10. What is your educational attainment?

1. Do not have primary education
2. Primary education
3. Lower secondary education
4. Upper secondary education
5. Secondary technical/Vocational education
6. Currently studying for BA, Bachelor or equivalent
7. Master, 5-year diploma, Doctor or equivalent
- 2. RA

3. Assets and Access to Internet

11. Does your household have access to internet at your home?

Yes	1
No	0
DK	-1
RA	-2

12. Now I'm going to list several household items. Please consider only those items which are owned by your household and are in working condition. Please tell me whether your household owns...

		Yes	No	(Don't know)	(Refuse to answer)
1	Fridge	1	0	-1	-2
2	Color TV	1	0	-1	-2
3	A smartphone	1	0	-1	-2
4	Computer (Including laptop and Tablet computer)	1	0	-1	-2
5	Automobile	1	0	-1	-2
6	AC	1	0	-1	-2
7	Automatic washing machine	1	0	-1	-2
8	Hot water	1	0	-1	-2
9	Central heating	1	0	-1	-2

4. Prevalence of COVID-19

13. Have you or a family member been diagnosed with Coronavirus?

Yes	1
No	0
Was not tested but suspect me or my family member(s) had it due to many symptoms common to COVID-19.	2
<i>(Don't know)</i>	-1
<i>(Refuse to answer)</i>	-2

5. Learning

14. [Q8>=1] Can you please tell me the age and gender of the [CHILD Number]?				
	Child 1	Child 2	Child 3	Child 4
Age				
Male	1	1	1	1
Female	2	2	2	2
<i>(Don't know)</i>	-1	-1	-1	-1
<i>(Refuse to answer)</i>	-2	-2	-2	-2
15. During the current school year were there times when school-aged child were not able to continue schooling, either remotely or through face-to-face classes?				
	Child 1	Child 2	Child 3	Child 4
<i>Yes</i>	1	1	1	1
<i>No</i>	0	0	0	0
<i>Not relevant (not school-age)</i>	-3	-3	-3	-3
<i>(Don't know)</i>	-1	-1	-1	-1
<i>(Refuse to answer)</i>	-2	-2	-2	-2
16. If [Q16=1] Has each child been attending school over the past week either remotely or through face-to-face classes?				
	Child 1	Child 2	Child 3	Child 4

Yes	1	1	1	1
No	0	0	0	0
Not relevant (not school-age)	-3	-3	-3	-3
(Don't know)	-1	-1	-1	-1
(Refuse to answer)	-2	-2	-2	-2

6. Pre-school and Childcare

17. [Q9>=1] How many days per week have the children ages 2-5 in this household attended a formal childcare center or pre-school institution, over the past month?

Attended 3 days per week or more → next section

Attended 1 to 2 days per week

Never

No children aged 2-5 → next section

DK → next section

RA → next section

18. Why did the children ages 2-5 not attend or only partially attend a formal childcare center or pre-school institution? [CORRESPOND, ACCEPT ALL]

1	Usual childcare or pre-school center closed or restricted service due to COVID-19
2	Too Costly
3	Too far away
4	Working hours of childcare center not suitable
5	Do not trust childcare centers
6	Child requires special attention or has mental development, disability problems
7	Mother does not work and provides childcare
8	Mother works from home and provides childcare
9	Father does not work and provides childcare
10	Father works from home and provides childcare
11	Other household members provide childcare
12	Other relatives or acquaintances not living in the household provide childcare
13	Other, please specify _____

Household tasks

19. Who is primarily responsible for looking after the children and other family members (for example, sick family members or elderly) that need help in the household?

1	Woman aged 18-50
2	Man aged 18-50
3	Woman aged 50+
4	Man aged 50+
5	Boy(s) living in the household
6	Girl(s) living in the household
8	Other family or friends not living in the household
9	Nanny
10	Other specify
-5	Does not apply
-1	Don't know
-2	Refuse answer

20. Are you the primary responsible for performing the following household tasks?

	Yes	No	Does not apply	DK	RA
Cooking and cleaning					
Shopping for groceries and household necessities					
Helping children with homework/education (SKIP NEEDED)					
Taking children or elderly to medical appointments (SKIP NEEDED)					

7. Employment Dynamics

21. Before March 2020 when the COVID-19 pandemic started, were you doing any work for pay, doing any kind of business, farming or other activity to generate income, even if only for one hour in a normal week?

Yes	1	Go to 22
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No	0	Go to 24
DK	-1	Go to 24
RA	-2	Go to 24

22. What was the type of employment in the job you worked before [March 2020]? Were you a....? [READ OUT]

Government employee with formal contract	1
Private sector employee with formal contract	2
Self-employed or working without a formal contract	3
Employer	4
or something else? (specify)	96
DK	-1
RA	-2

23. What is the main activity of the business or organization in which you were working in your main job before [March 2020]? [Correspond]

AGRICULTURE, HUNTING, FISHING	1
MINING	2
INDUSTRY/ MANUFACTURING	3
CONSTRUCTION	4
WHOLESALE AND RETAIL (COMMERCE)	5
TRANSPORT SERVICES (taxi, bus, truck, etc.)	6
COMMUNICATIONS	7
RESTAURANTS, HOTELS, BARS, CAFES, TOURISM-RELATED	8
PERSONAL SERVICES (BEAUTY SALONS, HAIRDRESSERS, BARBERS, ETC.)	9
PUBLIC UTILITY SERVICES	10

PUBLIC ADMINISTRATION (GOVERNMENT)	11
PROFESSIONAL SERVICES, EDUCATION, HEALTH, CULTURE, SPORTS, DOMESTIC WORK	12
Financial intermediation including banking; and real estate, renting, and other business activities	13
OTHER SERVICES (specify)	14
Don't know	-1
Refuse to answer	-2

24. Was there a period when you lost a job between March 2020 and last week?

Yes	1
No	0
Don't Know	-1
Refuse to Answer	-2

25. Last week, did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour?

Yes	1	→26
No	0	→27
DK	-1	→30
RA	-2	→30

[question 26 should be asked to the respondents who answered that they were working before March 2020 and last week. Q21=1 & q25=1]

26. Was this the same job as you had before March 2020 or did you switch jobs?

Same	1	→30
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Switched	2	→28
DK	-1	→30
RA	-2	→30

[question 27 should be asked to the respondents who answered that they were working before march but did not do any work for pay last week. Q21=1 & Q25=0]

27. Why did you stop working? [Correspond]

CASUAL WORKER	1	Go to 30
CONTRACT ENDED/FIRED for reason unrelated to COVID-19	2	
LOST JOB/NO BUSINESS BECAUSE OF COVID-19	3	
TEMPORARILY ABSENT	4	
RETIRED	5	
ILL	6	
NEED TO CARE FOR ILL FAMILY	7	
NEED TO CARE FOR CHILDREN OR ELDERLY (INCLUDING HOME-SCHOOLING CHILDREN)	8	
LACK OF TRANSPORTATION	8	
DON'T WANT TO BE EXPOSED TO THE VIRUS	9	
OTHER (PLEASE SPECIFY)	10	
Don't know	-1	
Refuse to answer	-2	

→ Go to 30, Household income

[questions 28 and 29 should be asked to the respondents only if (q21=1 & q25=1 & q26=2) or (q21=0 & q25=1)]

28. What is the main activity of the business or organization in which you were working last week? [Correspond]

AGRICULTURE, HUNTING, FISHING	1
MINING	2
INDUSTRY/ MANUFACTURING	3
CONSTRUCTION	4
WHOLESALE AND RETAIL (COMMERCE)	5
TRANSPORT SERVICES (taxi, bus, truck, etc.)	6
COMMUNICATIONS	7
RESTAURANTS, HOTELS, BARS, CAFES, TOURISM-RELATED	8
PERSONAL SERVICES (BEAUTY SALONS, HAIRDRESSERS, BARBERS, ETC.)	9
PUBLIC UTILITY SERVICES	10
PUBLIC ADMINISTRATION (GOVERNMENT)	11
PERSONAL SERVICES, EDUCATION, HEALTH, CULTURE, SPORTS, DOMESTIC WORK	12
Financial intermediation including banking; and real estate, renting, and other business activities	13
OTHER SERVICES (specify)	14
Don't know	-1
Refuse to answer	-2

29. In your main work last week, what was the type of employment? Were you a....? [READ OUT]

Government employee with formal contract	1
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Private sector employee with formal contract	2
Self-employed or working without a formal contract	3
Employer	4
or something else? (specify)	96
DK	-1
RA	-2

8. Income

30. Did your household income decrease/increase/did not change since February 2020, that is, before the COVID-19 pandemic?

- 1. Decreased
- 2. Increased
- 3. Same
- 1. Don't know
- 2. Refuse to answer

31. Did any member of the household receive incomes over the past month from any of the following sources?

	Y e s	N o	D K	R A
Old age pensions	1	0	- 1	- 2
Social Assistance for People with Disabilities, socially vulnerable people, or any other social assistance	1	0	- 1	- 2

9. Vaccine

32. Have you ever gotten tested for COVID-19?

Yes	1
No	0
<i>(Don't know)</i>	-1
<i>(Refuse to answer)</i>	-2

33. Have you gotten COVID-19 vaccine already?

Yes	1	Go to 36
No	0	Go to 34
<i>(Don't know)</i>	-1	Go to 36
<i>(Refuse to answer)</i>	-2	

34. If no, are you planning to get COVID-19 vaccine?

Yes	1	Go to 36
No	0	Go to 35
<i>(Don't know)</i>	-1	Go to 36
<i>(Refuse to answer)</i>	-2	

35. Why not? [INTERVIEWER! DO NOT READ OUT THE OPTIONS. CORRESPOND. ACCEPT ALL.]

Vaccines create larger health problems for the individual who receives them (worried about the side effects)	1
Vaccines are not effective at treating diseases (will not work)	2
The vaccine will not be thoroughly tested (not safe)	3
the virus does not exist / or do not believe in its existence	4

In general, I don't trust vaccines	5
It's against my religion	6
I am worried to get infected with COVID-19 at the health facility	7
Health facility too far or too hard to get to.	8
It will take too long to get vaccinated/Don't have time to get vaccinated.	9
Due to my health conditions (including allergies and other health-related issues)	10
I already had COVID-19	11
Other (specify _____)	12
(Don't know)	-1
(Refuse to answer)	-2

10. Impact of Inflation

36. Over the last six months, have **the prices** you paid for the following items increased, decreased, or remained the same?

	Food and Non-alcoholic beverages	Transport and Fuel (Both public transport and fuel for private transport)	Utilities and housing (including rent and mortgage, repairs and maintenance)	Health care (INTERVIEWER! THIS INCLUDES MEDICINE)
Increased	1	1	1	1
Decreased	2	2	2	2
Remained the same	3	3	3	3
Don't know	-1	-1	-1	-1
Refuse to answer	-2	-2	-2	-2
Not applicable	-5	-5	-5	-5

37. [q36=1] [Based on responses to the above] As a result of the increased prices for [product category], have you started consuming less, stopped consuming the product, or not adjusted your spending patterns? [ACCEPT ONE]

Started consuming less				
Stopped consuming the product				
Has not adjusted spending patterns				
Don't know				
Refuse to answer				

38. Over the last month (February 2022) have you done anything of the following in response to increased prices?

	Yes	No	Don't know	Refuse to answer
Purchased less desirable food?	1	0	-1	-2
Put off repairs or purchases of household items?	1	0	-1	-2
Made fewer trips by car or used public transport more often?	1	0	-1	-2
Stopped purchasing a product which you used to regularly purchase to save money?	1	0	-1	-2
Taken loans or credit?	1	0	-1	-2
Stopped seeing doctors/health care services?	1	0	-1	-2

11. Socioeconomic status

39. How would you evaluate the current financial state of your household? Would you say it is...

Very good (no limitations on spending money),	1
Good, (we satisfy our daily material needs easily;)	2
Bad (our income is only enough for food;) or	3
Very bad (our income is not enough even for food.)	4
<i>(Don't know)</i>	-1
<i>(Refuse to answer)</i>	-2