

Household questions

Q1 How are members of this household related to each other? If members are not related, tick the 'Unrelated' box.

Write the name of Person 1 from your first Household Questionnaire in the first column.

Example:

This shows the relationship information for Robert Smith, who is Person 1, and his remaining 3 children (Michael, Amanda and Richard), who were not included on the the first Household Questionnaire.

Name of Person 1	Name of Person 7	Name of Person 8
First name ROBERT	First name MICHAEL	First name AMANDA
Last name SMITH	Last name SMITH	Last name SMITH
	How is Person 7 related to Person: → 1	How is Person 8 related to Persons: → 1 7
	Husband or wife <input type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Same-sex civil partner <input type="checkbox"/>	Same-sex civil partner <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input checked="" type="checkbox"/>	Son or daughter <input checked="" type="checkbox"/> <input type="checkbox"/>
	Stepchild <input type="checkbox"/>	Stepchild <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input checked="" type="checkbox"/>

- Use the remaining columns to write the names of each person who was not included on your first Household Questionnaire. Remember to include children and babies and people who have requested an Individual Questionnaire. Do not include visitors.
- Tick a box to show the relationship of each person to each of the other members of your household you have listed.

Name of Person 1

First name

Last name

Name of Person 7

First name

Last name

Name of Person 8

First name

Last name

ENTER NAME OF PERSON 1 FROM YOUR FIRST HOUSEHOLD QUESTIONNAIRE HERE.

How is Person 7 related to Person: → **1**

Husband or wife	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>
Stepbrother or stepsister	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>
Stepmother or stepfather	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>

How is Person 8 related to Persons: → **1 7**

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Stepbrother or stepsister	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother or stepfather	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>





Name of Person 9

First name

Last name

How is Person 9 related to Persons: → 1 7 8

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 10

First name

Last name

How is Person 10 related to Persons: → 1 7 8 9

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 11

First name

Last name

How is Person 11 related to Persons: → 1 7 8 9 10

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 9

First name

Last name

How is Person 9 related to Persons: → 1 7 8

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepbrother or stepsister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother or stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 10

First name

Last name

How is Person 10 related to Persons: → 1 7 8 9

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepbrother or stepsister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother or stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 11

First name

Last name

How is Person 11 related to Persons: → 1 7 8 9 10

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepbrother or stepsister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother or stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specimen



Individual questions - Person 7 start here

1 What is your name? (Person 7 on page 2)

First name

Last name

2 What is your sex?

- Male Female

3 What is your date of birth?

Day Month Year

4 On 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

5 Are you a schoolchild or student in full-time education?

- Yes
 No → **Goto 7**

6 During term time, do you live:

- at the address on the front of this questionnaire?
 at another address? → **Goto 45**

7 What is your country of birth?

- Northern Ireland → **Goto 10**
 England → **Goto 10**
 Scotland → **Goto 10**
 Wales → **Goto 10**
 Republic of Ireland
 Elsewhere, write in the current name of country

8 If you arrived to live in the United Kingdom:

- on or after 27 March 2010 → **Goto 9**
- before 27 March 2010 → **Goto 10**

9 Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK?

- Less than 6 months
 6 months or more but less than 12 months
 12 months or more

10 Have you lived outside Northern Ireland for a continuous period of one year or more?

- Yes
 No → **Goto 13**

11 During this time outside Northern Ireland, what was the last country you lived in?

12 When did you most recently arrive to live in Northern Ireland?

Month Year

13 One year ago, what was your usual address?

→ If you had no usual address one year ago, state the address where you were staying.

- Same as Person 1
 The address on the front of this questionnaire
 Student term-time/boarding school address in the UK, write in term-time address below
 Another address in the UK, write in below

Postcode

OR Outside the UK, write in country

14 What passports do you hold?

→ Tick all that apply.

- United Kingdom
 Ireland
 Other, write in

- None





15 How would you describe your national identity?

➔ Tick all that apply.

- British Irish Northern Irish
- English Scottish Welsh
- Other, write in

16 What is your ethnic group?

➔ Tick one box only.

- White
- Chinese
- Irish Traveller
- Indian
- Pakistani
- Bangladeshi
- Black Caribbean
- Black African
- Black Other
- Mixed ethnic group, write in

Any other ethnic group, write in

17 What religion, religious denomination or body do you belong to?

- Roman Catholic ➔ **Goto 19**
- Presbyterian Church in Ireland ➔ **Goto 19**
- Church of Ireland ➔ **Goto 19**
- Methodist Church in Ireland ➔ **Goto 19**
- Other, write in ➔ **Goto 19**

None

18 What religion, religious denomination or body were you brought up in?

- Roman Catholic
- Presbyterian Church in Ireland
- Church of Ireland
- Methodist Church in Ireland
- Other, write in

None

19 What is your main language?

- English ➔ **Goto 21**
- Other, write in (including British/Irish Sign Languages)

20 How well can you speak English?

Very well Well Not well Not at all

-

21 Can you understand, speak, read or write Irish or Ulster-Scots?

➔ Tick all that apply.

	No ability	Understand	Speak	Read	Write
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster-Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

➔ Include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

23 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

➔ Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Communication difficulty (a difficulty with speaking or making yourself understood)
- A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
- An emotional, psychological or mental health condition (such as depression or schizophrenia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (such as asthma)
- Frequent periods of confusion or memory loss
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
- Other condition
- No condition



Person 7 - continued

24 How is your health in general?
Very good Good Fair Bad Very bad

25 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill-health/disability?
- problems related to old age?

➤ Do not count anything you do as part of your paid employment.

No

Yes, 1 - 19 hours a week

Yes, 20 - 49 hours a week

Yes, 50 or more hours a week

26 If you are aged 16 or over ➔ **Go to 27**
If you are aged 15 or under ➔ **Go to 43**

27 Which of these qualifications do you have?

➤ Tick **every** box that applies if you have **any** of the qualifications listed.

➤ If your UK qualification is not listed, tick the box that contains its nearest equivalent.

➤ If you have qualifications you gained outside the UK, tick the box that indicates this and the nearest UK equivalents (if known).

1 - 4 O Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma

NVQ Level 1, Foundation GNVQ, Basic/Essential Skills

5+ O Levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A Level/2-3 AS Levels/VCEs, Higher Diploma

NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma

Apprenticeship

2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma

NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma

Degree (for example, BA, BSc), Higher degree (for example, MA, PhD, PGCE)

NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level, Foundation degree

Professional qualifications (for example, teaching, nursing, accountancy)

Other vocational/work-related qualifications

Qualifications gained outside the UK

No qualifications

28 In the past year, have you helped with or carried out any voluntary work without pay?
 Yes No

29 Last week, were you:

➤ Tick all that apply.

➤ Include any paid work, including casual or temporary work, even if only for one hour.

working as an employee? ➔ **Go to 35**

on a government sponsored ➔ **Go to 35**
training scheme?

self-employed or freelance? ➔ **Go to 35**

working, paid or unpaid, for your own or your family's business? ➔ **Go to 35**

away from work ill, on maternity leave, on holiday or temporarily laid off? ➔ **Go to 35**

doing any other kind of paid work? ➔ **Go to 35**

none of the above

30 Were you actively looking for any kind of paid work during the last four weeks?
 Yes No

31 If a job had been available last week, could you have started it within two weeks?
 Yes No

32 Last week, were you waiting to start a job already obtained?
 Yes No

33 Last week, were you:

➤ Tick all that apply.

retired (whether receiving a pension or not)?

a student?

looking after home or family?

long-term sick or disabled?

other

34 Have you ever worked?

Yes, write in the year that you last worked

➔ **Go to 35**

No, have never worked ➔ **Go to 43**





35 Answer questions 36 to 42 for your main job or, if not working, your last main job.

➤ Your main job is the job in which you usually work (worked) the most hours.

36 In your main job, are (were) you:

an employee?

self-employed or freelance without employees?

self-employed with employees?

37 What is (was) your full and specific job title?

➤ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

➤ Do not state your grade or pay band.

38 Briefly describe what you do (did) in your main job.

39 Do (did) you supervise any employees?

➤ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

40 At your workplace, what is (was) the main activity of your employer or business?

➤ For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING.

➤ If you are (were) a civil servant, write GOVERNMENT.

➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.

41 In your main job, what is (was) the name of the organisation you work (worked) for?

➤ If you are (were) self-employed in your own organisation, write in the business name.

No organisation (for example, self-employed, freelance, or work (worked) for a private individual)

42 In your main job, how many hours a week do (did) you usually work?

➤ Include paid and unpaid overtime.

15 or less 16 - 30

31 - 48 49 or more

43 What address do you travel to for your main job or course of study (including school)?

➤ Answer for the place where you spend the most time.

➤ If you report to a depot, write in the depot address.

Not currently working or studying ➔ **Go to 45**

Work or study mainly at or ➔ **Go to 45** from home

No fixed place

Offshore installation

The address below, write in

Country

Postcode

44 How do you usually travel to your main place of work or study (including school)?

- Tick one box only.
- Tick the box for the longest part, by distance, of your usual journey to place of work or study.
- Train
- Bus, minibus or coach (public or private)
- Motorcycle, scooter or moped
- Driving a car or van
- Car or van pool, sharing driving
- Passenger in a car or van
- Taxi
- Bicycle
- On foot
- Other

45 There are no more questions for Person 7.

➔ **Go to** questions for Person 8.

OR If there are no more people in this household,

➔ **Go to** the Visitor questions on the back page.

OR If there are no visitors staying here overnight,

➔ **Go to** the Declaration on the front page.



Individual questions - Person 8 start here

1 What is your name? (Person 8 on page 2)

First name

Last name

2 What is your sex?

- Male Female

3 What is your date of birth?

Day Month Year

4 On 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

5 Are you a schoolchild or student in full-time education?

- Yes
 No → **Go to 7**

6 During term time, do you live:

- at the address on the front of this questionnaire?
 at another address? → **Go to 45**

7 What is your country of birth?

- Northern Ireland → **Go to 10**
 England → **Go to 10**
 Scotland → **Go to 10**
 Wales → **Go to 10**
 Republic of Ireland
 Elsewhere, write in the current name of country

8 If you arrived to live in the United Kingdom:

- on or after 27 March 2010 → **Go to 9**
- before 27 March 2010 → **Go to 10**

9 Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK?

- Less than 6 months
 6 months or more but less than 12 months
 12 months or more

10 Have you lived outside Northern Ireland for a continuous period of one year or more?

- Yes
 No → **Go to 13**

11 During this time outside Northern Ireland, what was the last country you lived in?

12 When did you most recently arrive to live in Northern Ireland?

Month Year

13 One year ago, what was your usual address?

→ If you had no usual address one year ago, state the address where you were staying.

- Same as Person 1
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Postcode

OR Outside the UK, write in country

14 What passports do you hold?

→ Tick all that apply.

- United Kingdom
 Ireland
 Other, write in

- None





15 How would you describe your national identity?

➤ Tick all that apply.

- British Irish Northern Irish
- English Scottish Welsh
- Other, write in

16 What is your ethnic group?

➤ Tick one box only.

- White
- Chinese
- Irish Traveller
- Indian
- Pakistani
- Bangladeshi
- Black Caribbean
- Black African
- Black Other
- Mixed ethnic group, write in

Any other ethnic group, write in

17 What religion, religious denomination or body do you belong to?

- Roman Catholic ➔ **Goto 19**
- Presbyterian Church in Ireland ➔ **Goto 19**
- Church of Ireland ➔ **Goto 19**
- Methodist Church in Ireland ➔ **Goto 19**
- Other, write in ➔ **Goto 19**

None

18 What religion, religious denomination or body were you brought up in?

- Roman Catholic
- Presbyterian Church in Ireland
- Church of Ireland
- Methodist Church in Ireland
- Other, write in

None

19 What is your main language?

- English ➔ **Goto 21**
- Other, write in (including British/Irish Sign Languages)

20 How well can you speak English?

Very well Well Not well Not at all

-

21 Can you understand, speak, read or write Irish or Ulster-Scots?

➤ Tick all that apply.

	No ability	Understand	Speak	Read	Write
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster-Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

➤ Include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

23 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

➤ Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Communication difficulty (a difficulty with speaking or making yourself understood)
- A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
- An emotional, psychological or mental health condition (such as depression or schizophrenia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (such as asthma)
- Frequent periods of confusion or memory loss
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
- Other condition
- No condition



Person 8 - continued

- 24** How is your health in general?
- Very good Good Fair Bad Very bad
-

- 25** Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
- long-term physical or mental ill-health/disability?
 - problems related to old age?
- Do not count anything you do as part of your paid employment.
- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50 or more hours a week

- 26** If you are aged 16 or over ➔ **Goto 27**
- If you are aged 15 or under ➔ **Goto 43**

- 27** Which of these qualifications do you have?
- Tick **every** box that applies if you have **any** of the qualifications listed.
- If your UK qualification is not listed, tick the box that contains its nearest equivalent.
- If you have qualifications you gained outside the UK, tick the box that indicates this and the nearest UK equivalents (if known).
- 1 - 4 O Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma
- NVQ Level 1, Foundation GNVQ, Basic/Essential Skills
- 5+ O Levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A Level/2-3 AS Levels/VCEs, Higher Diploma
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- Apprenticeship
- 2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- Degree (for example, BA, BSc), Higher degree (for example, MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level, Foundation degree
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Qualifications gained outside the UK
- No qualifications

- 28** In the past year, have you helped with or carried out any voluntary work without pay?
- Yes No

- 29** Last week, were you:
- Tick all that apply.
- Include any paid work, including casual or temporary work, even if only for one hour.
- working as an employee? ➔ **Goto 35**
- on a government sponsored ➔ **Goto 35** training scheme?
- self-employed or freelance? ➔ **Goto 35**
- working, paid or unpaid, for your own or your family's business? ➔ **Goto 35**
- away from work ill, on maternity leave, on holiday or temporarily laid off? ➔ **Goto 35**
- doing any other kind of paid work? ➔ **Goto 35**
- none of the above

- 30** Were you actively looking for any kind of paid work during the last four weeks?
- Yes No

- 31** If a job had been available last week, could you have started it within two weeks?
- Yes No

- 32** Last week, were you waiting to start a job already obtained?
- Yes No

- 33** Last week, were you:
- Tick all that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other

- 34** Have you ever worked?
- Yes, write in the year that you last worked
- ➔ **Goto 35**
- No, have never worked ➔ **Goto 43**





35 Answer questions 36 to 42 for your main job or, if not working, your last main job.

➤ Your main job is the job in which you usually work (worked) the most hours.

36 In your main job, are (were) you:

an employee?

self-employed or freelance without employees?

self-employed with employees?

37 What is (was) your full and specific job title?

➤ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

➤ Do not state your grade or pay band.

38 Briefly describe what you do (did) in your main job.

39 Do (did) you supervise any employees?

➤ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

40 At your workplace, what is (was) the main activity of your employer or business?

➤ For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING.

➤ If you are (were) a civil servant, write GOVERNMENT.

➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.

41 In your main job, what is (was) the name of the organisation you work (worked) for?

➤ If you are (were) self-employed in your own organisation, write in the business name.

No organisation (for example, self-employed, freelance, or work (worked) for a private individual)

42 In your main job, how many hours a week do (did) you usually work?

➤ Include paid and unpaid overtime.

15 or less 16 - 30

31 - 48 49 or more

43 What address do you travel to for your main job or course of study (including school)?

➤ Answer for the place where you spend the most time.

➤ If you report to a depot, write in the depot address.

Not currently working or studying ➔ **Go to 45**

Work or study mainly at or ➔ **Go to 45** from home

No fixed place

Offshore installation

The address below, write in

Country

Postcode

44 How do you usually travel to your main place of work or study (including school)?

- Tick one box only.
- Tick the box for the longest part, by distance, of your usual journey to place of work or study.
- Train
- Bus, minibus or coach (public or private)
- Motorcycle, scooter or moped
- Driving a car or van
- Car or van pool, sharing driving
- Passenger in a car or van
- Taxi
- Bicycle
- On foot
- Other

45 There are no more questions for Person 8.

➔ **Go to** questions for Person 9.

- OR** If there are no more people in this household, ➔ **Go to** the Visitor questions on the back page.
- OR** If there are no visitors staying here overnight, ➔ **Go to** the Declaration on the front page.



Individual questions - Person 9 start here

1 What is your name? (Person 9 on page 3)

First name

Last name

2 What is your sex?

- Male Female

3 What is your date of birth?

Day Month Year

4 On 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

5 Are you a schoolchild or student in full-time education?

- Yes
 No → **Go to 7**

6 During term time, do you live:

- at the address on the front of this questionnaire?
 at another address? → **Go to 45**

7 What is your country of birth?

- Northern Ireland → **Go to 10**
 England → **Go to 10**
 Scotland → **Go to 10**
 Wales → **Go to 10**
 Republic of Ireland
 Elsewhere, write in the current name of country

8 If you arrived to live in the United Kingdom:

- on or after 27 March 2010 → **Go to 9**
- before 27 March 2010 → **Go to 10**

9 Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK?

- Less than 6 months
 6 months or more but less than 12 months
 12 months or more

10 Have you lived outside Northern Ireland for a continuous period of one year or more?

- Yes
 No → **Go to 13**

11 During this time outside Northern Ireland, what was the last country you lived in?

12 When did you most recently arrive to live in Northern Ireland?

Month Year

13 One year ago, what was your usual address?

→ If you had no usual address one year ago, state the address where you were staying.

- Same as Person 1
 The address on the front of this questionnaire
 Student term-time/boarding school address in the UK, write in term-time address below
 Another address in the UK, write in below

Postcode

OR Outside the UK, write in country

14 What passports do you hold?

→ Tick all that apply.

- United Kingdom
 Ireland
 Other, write in

- None





15 How would you describe your national identity?

➤ Tick all that apply.

- British Irish Northern Irish
- English Scottish Welsh
- Other, write in

16 What is your ethnic group?

➤ Tick one box only.

- White
- Chinese
- Irish Traveller
- Indian
- Pakistani
- Bangladeshi
- Black Caribbean
- Black African
- Black Other
- Mixed ethnic group, write in

Any other ethnic group, write in

17 What religion, religious denomination or body do you belong to?

- Roman Catholic ➔ **Goto 19**
- Presbyterian Church in Ireland ➔ **Goto 19**
- Church of Ireland ➔ **Goto 19**
- Methodist Church in Ireland ➔ **Goto 19**
- Other, write in ➔ **Goto 19**

None

18 What religion, religious denomination or body were you brought up in?

- Roman Catholic
- Presbyterian Church in Ireland
- Church of Ireland
- Methodist Church in Ireland
- Other, write in

None

19 What is your main language?

- English ➔ **Goto 21**
- Other, write in (including British/Irish Sign Languages)

20 How well can you speak English?

Very well Well Not well Not at all

-

21 Can you understand, speak, read or write Irish or Ulster-Scots?

➤ Tick all that apply.

	No ability	Understand	Speak	Read	Write
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster-Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

➤ Include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

23 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

➤ Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Communication difficulty (a difficulty with speaking or making yourself understood)
- A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
- An emotional, psychological or mental health condition (such as depression or schizophrenia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (such as asthma)
- Frequent periods of confusion or memory loss
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
- Other condition
- No condition



Person 9 - continued

24 How is your health in general?
Very good Good Fair Bad Very bad

25 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill-health/disability?
- problems related to old age?

➤ Do not count anything you do as part of your paid employment.

No

Yes, 1 - 19 hours a week

Yes, 20 - 49 hours a week

Yes, 50 or more hours a week

26 If you are aged 16 or over ➔ **Goto 27**
If you are aged 15 or under ➔ **Goto 43**

27 Which of these qualifications do you have?

➤ Tick **every** box that applies if you have **any** of the qualifications listed.

➤ If your UK qualification is not listed, tick the box that contains its nearest equivalent.

➤ If you have qualifications you gained outside the UK, tick the box that indicates this and the nearest UK equivalents (if known).

1 - 4 O Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma

NVQ Level 1, Foundation GNVQ, Basic/Essential Skills

5+ O Levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A Level/2-3 AS Levels/VCEs, Higher Diploma

NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma

Apprenticeship

2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma

NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma

Degree (for example, BA, BSc), Higher degree (for example, MA, PhD, PGCE)

NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level, Foundation degree

Professional qualifications (for example, teaching, nursing, accountancy)

Other vocational/work-related qualifications

Qualifications gained outside the UK

No qualifications

28 In the past year, have you helped with or carried out any voluntary work without pay?
 Yes No

29 Last week, were you:

➤ Tick all that apply.

➤ Include any paid work, including casual or temporary work, even if only for one hour.

working as an employee? ➔ **Goto 35**

on a government sponsored ➔ **Goto 35**
training scheme?

self-employed or freelance? ➔ **Goto 35**

working, paid or unpaid, for your own or your family's business? ➔ **Goto 35**

away from work ill, on maternity leave, on holiday or temporarily laid off? ➔ **Goto 35**

doing any other kind of paid work? ➔ **Goto 35**

none of the above

30 Were you actively looking for any kind of paid work during the last four weeks?
 Yes No

31 If a job had been available last week, could you have started it within two weeks?
 Yes No

32 Last week, were you waiting to start a job already obtained?
 Yes No

33 Last week, were you:

➤ Tick all that apply.

retired (whether receiving a pension or not)?

a student?

looking after home or family?

long-term sick or disabled?

other

34 Have you ever worked?
 Yes, write in the year that you last worked
 ➔ **Goto 35**

No, have never worked ➔ **Goto 43**





35 Answer questions 36 to 42 for your main job or, if not working, your last main job.

➤ Your main job is the job in which you usually work (worked) the most hours.

36 In your main job, are (were) you:

an employee?

self-employed or freelance without employees?

self-employed with employees?

37 What is (was) your full and specific job title?

➤ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

➤ Do not state your grade or pay band.

38 Briefly describe what you do (did) in your main job.

39 Do (did) you supervise any employees?

➤ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

40 At your workplace, what is (was) the main activity of your employer or business?

➤ For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING.

➤ If you are (were) a civil servant, write GOVERNMENT.

➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.

41 In your main job, what is (was) the name of the organisation you work (worked) for?

➤ If you are (were) self-employed in your own organisation, write in the business name.

No organisation (for example, self-employed, freelance, or work (worked) for a private individual)

42 In your main job, how many hours a week do (did) you usually work?

➤ Include paid and unpaid overtime.

15 or less 16 - 30

31 - 48 49 or more

43 What address do you travel to for your main job or course of study (including school)?

➤ Answer for the place where you spend the most time.

➤ If you report to a depot, write in the depot address.

Not currently working or studying ➔ **Go to 45**

Work or study mainly at or ➔ **Go to 45** from home

No fixed place

Offshore installation

The address below, write in

Country

Postcode

44 How do you usually travel to your main place of work or study (including school)?

➤ Tick one box only.

➤ Tick the box for the longest part, by distance, of your usual journey to place of work or study.

Train

Bus, minibus or coach (public or private)

Motorcycle, scooter or moped

Driving a car or van

Car or van pool, sharing driving

Passenger in a car or van

Taxi

Bicycle

On foot

Other

45 There are no more questions for Person 9.

➔ **Go to** questions for Person 10.

OR If there are no more people in this household, ➔ **Go to** the Visitor questions on the back page.

OR If there are no visitors staying here overnight, ➔ **Go to** the Declaration on the front page.



Individual questions - Person 10 start here

1 What is your name? (Person 10 on page 3)

First name

Last name

2 What is your sex?

Male Female

3 What is your date of birth?

Day Month Year

4 On 27 March 2011, what is your legal marital or same-sex civil partnership status?

Never married and never registered a same-sex civil partnership

Married In a registered same-sex civil partnership

Separated, but still legally married Separated, but still legally in a same-sex civil partnership

Divorced Formerly in a same-sex civil partnership which is now legally dissolved

Widowed Surviving partner from a same-sex civil partnership

5 Are you a schoolchild or student in full-time education?

Yes No → **Goto 7**

6 During term time, do you live:

at the address on the front of this questionnaire? at another address? → **Goto 45**

7 What is your country of birth?

Northern Ireland → **Goto 10**

England → **Goto 10**

Scotland → **Goto 10**

Wales → **Goto 10**

Republic of Ireland

Elsewhere, write in the current name of country

8 If you arrived to live in the United Kingdom:

- on or after 27 March 2010 → **Goto 9**
- before 27 March 2010 → **Goto 10**

9 Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK?

Less than 6 months

6 months or more but less than 12 months

12 months or more

10 Have you lived outside Northern Ireland for a continuous period of one year or more?

Yes No → **Goto 13**

11 During this time outside Northern Ireland, what was the last country you lived in?

12 When did you most recently arrive to live in Northern Ireland?

Month Year

13 One year ago, what was your usual address?

➤ If you had no usual address one year ago, state the address where you were staying.

Same as Person 1

The address on the front of this questionnaire

Student term-time/boarding school address in the UK, write in term-time address below

Another address in the UK, write in below

Postcode

OR Outside the UK, write in country

14 What passports do you hold?

➤ Tick all that apply.

United Kingdom

Ireland

Other, write in

None





15 How would you describe your national identity?

➤ Tick all that apply.

- British Irish Northern Irish
- English Scottish Welsh
- Other, write in

16 What is your ethnic group?

➤ Tick one box only.

- White
- Chinese
- Irish Traveller
- Indian
- Pakistani
- Bangladeshi
- Black Caribbean
- Black African
- Black Other
- Mixed ethnic group, write in

Any other ethnic group, write in

17 What religion, religious denomination or body do you belong to?

- Roman Catholic ➔ **Goto 19**
- Presbyterian Church in Ireland ➔ **Goto 19**
- Church of Ireland ➔ **Goto 19**
- Methodist Church in Ireland ➔ **Goto 19**
- Other, write in ➔ **Goto 19**

None

18 What religion, religious denomination or body were you brought up in?

- Roman Catholic
- Presbyterian Church in Ireland
- Church of Ireland
- Methodist Church in Ireland
- Other, write in

None

19 What is your main language?

- English ➔ **Goto 21**
- Other, write in (including British/Irish Sign Languages)

20 How well can you speak English?

Very well Well Not well Not at all

-

21 Can you understand, speak, read or write Irish or Ulster-Scots?

➤ Tick all that apply.

	No ability	Understand	Speak	Read	Write
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster-Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

➤ Include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

23 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

➤ Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Communication difficulty (a difficulty with speaking or making yourself understood)
- A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
- An emotional, psychological or mental health condition (such as depression or schizophrenia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (such as asthma)
- Frequent periods of confusion or memory loss
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
- Other condition
- No condition



Person 10 - continued

24 How is your health in general?
 Very good Good Fair Bad Very bad

25 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill-health/disability?
- problems related to old age?

➤ Do not count anything you do as part of your paid employment.

No

Yes, 1 - 19 hours a week

Yes, 20 - 49 hours a week

Yes, 50 or more hours a week

26 If you are aged 16 or over ➔ **Go to 27**
 If you are aged 15 or under ➔ **Go to 43**

27 Which of these qualifications do you have?

➤ Tick **every** box that applies if you have **any** of the qualifications listed.

➤ If your UK qualification is not listed, tick the box that contains its nearest equivalent.

➤ If you have qualifications you gained outside the UK, tick the box that indicates this and the nearest UK equivalents (if known).

1 - 4 O Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma

NVQ Level 1, Foundation GNVQ, Basic/Essential Skills

5+ O Levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A Level/2-3 AS Levels/VCEs, Higher Diploma

NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma

Apprenticeship

2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma

NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma

Degree (for example, BA, BSc), Higher degree (for example, MA, PhD, PGCE)

NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level, Foundation degree

Professional qualifications (for example, teaching, nursing, accountancy)

Other vocational/work-related qualifications

Qualifications gained outside the UK

No qualifications

28 In the past year, have you helped with or carried out any voluntary work without pay?
 Yes No

29 Last week, were you:

➤ Tick all that apply.

➤ Include any paid work, including casual or temporary work, even if only for one hour.

working as an employee? ➔ **Go to 35**

on a government sponsored ➔ **Go to 35** training scheme?

self-employed or freelance? ➔ **Go to 35**

working, paid or unpaid, for your own or your family's business? ➔ **Go to 35**

away from work ill, on maternity leave, on holiday or temporarily laid off? ➔ **Go to 35**

doing any other kind of paid work? ➔ **Go to 35**

none of the above

30 Were you actively looking for any kind of paid work during the last four weeks?
 Yes No

31 If a job had been available last week, could you have started it within two weeks?
 Yes No

32 Last week, were you waiting to start a job already obtained?
 Yes No

33 Last week, were you:

➤ Tick all that apply.

retired (whether receiving a pension or not)?

a student?

looking after home or family?

long-term sick or disabled?

other

34 Have you ever worked?
 Yes, write in the year that you last worked
 ➔ **Go to 35**

No, have never worked ➔ **Go to 43**





35 Answer questions 36 to 42 for your main job or, if not working, your last main job.

➤ Your main job is the job in which you usually work (worked) the most hours.

36 In your main job, are (were) you:

an employee?

self-employed or freelance without employees?

self-employed with employees?

37 What is (was) your full and specific job title?

➤ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

➤ Do not state your grade or pay band.

38 Briefly describe what you do (did) in your main job.

39 Do (did) you supervise any employees?

➤ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

40 At your workplace, what is (was) the main activity of your employer or business?

➤ For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING.

➤ If you are (were) a civil servant, write GOVERNMENT.

➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.

41 In your main job, what is (was) the name of the organisation you work (worked) for?

➤ If you are (were) self-employed in your own organisation, write in the business name.

No organisation (for example, self-employed, freelance, or work (worked) for a private individual)

42 In your main job, how many hours a week do (did) you usually work?

➤ Include paid and unpaid overtime.

15 or less 16 - 30

31 - 48 49 or more

43 What address do you travel to for your main job or course of study (including school)?

➤ Answer for the place where you spend the most time.

➤ If you report to a depot, write in the depot address.

Not currently working or studying ➔ **Go to 45**

Work or study mainly at or ➔ **Go to 45** from home

No fixed place

Offshore installation

The address below, write in

Country

Postcode

44 How do you usually travel to your main place of work or study (including school)?

➤ Tick one box only.

➤ Tick the box for the longest part, by distance, of your usual journey to place of work or study.

Train

Bus, minibus or coach (public or private)

Motorcycle, scooter or moped

Driving a car or van

Car or van pool, sharing driving

Passenger in a car or van

Taxi

Bicycle

On foot

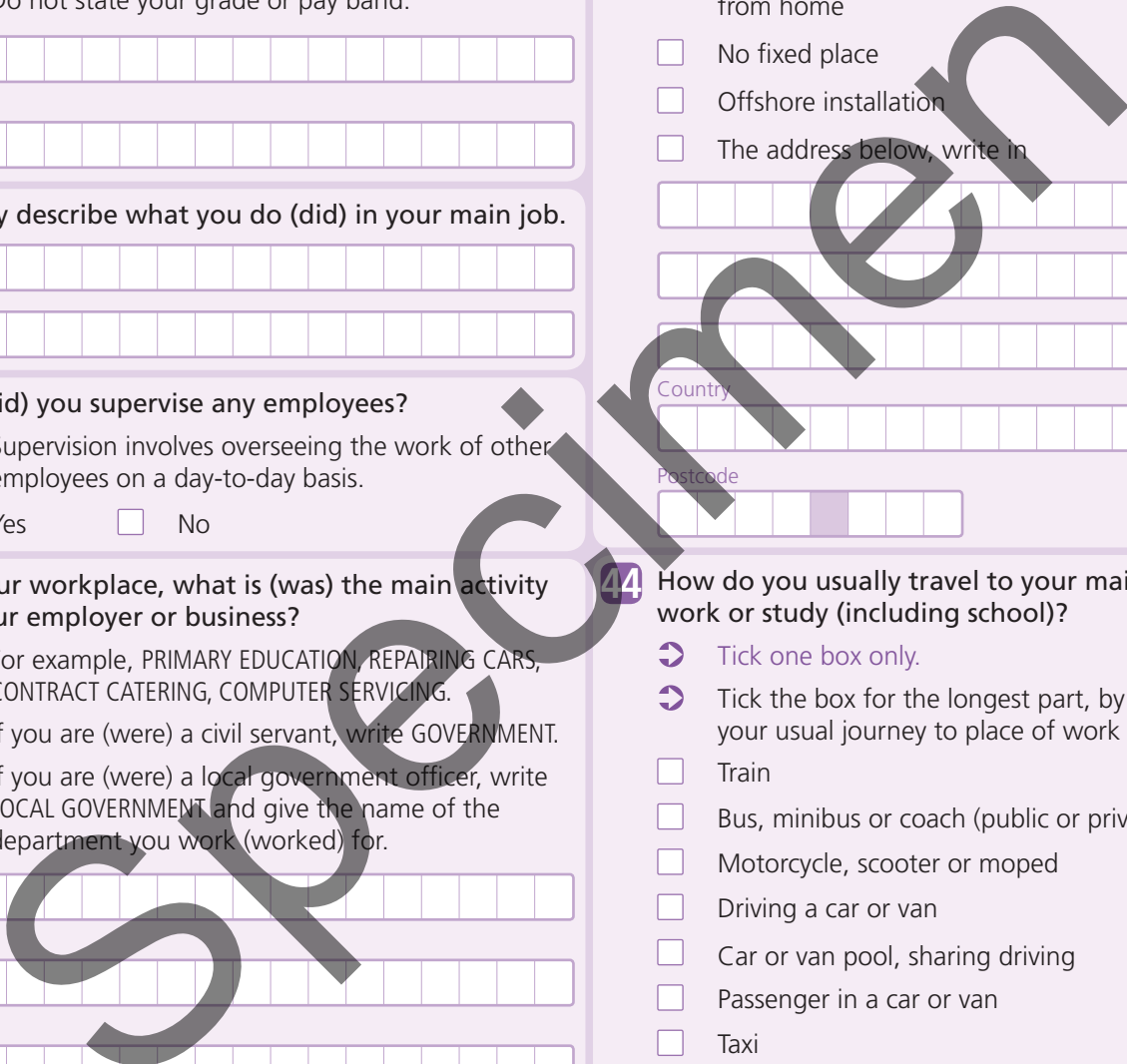
Other

45 There are no more questions for Person 10.

➔ **Go to** questions for Person 11.

OR If there are no more people in this household, ➔ **Go to** the Visitor questions on the back page.

OR If there are no visitors staying here overnight, ➔ **Go to** the Declaration on the front page.



Individual questions - Person 11 start here

1 What is your name? (Person 11 on page 3)

First name

Last name

2 What is your sex?

- Male Female

3 What is your date of birth?

Day Month Year

4 On 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

5 Are you a schoolchild or student in full-time education?

- Yes
 No → **Goto 7**

6 During term time, do you live:

- at the address on the front of this questionnaire?
 at another address? → **Goto 45**

7 What is your country of birth?

- Northern Ireland → **Goto 10**
 England → **Goto 10**
 Scotland → **Goto 10**
 Wales → **Goto 10**
 Republic of Ireland
 Elsewhere, write in the current name of country

8 If you arrived to live in the United Kingdom:

- on or after 27 March 2010 → **Goto 9**
- before 27 March 2010 → **Goto 10**

9 Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK?

- Less than 6 months
 6 months or more but less than 12 months
 12 months or more

10 Have you lived outside Northern Ireland for a continuous period of one year or more?

- Yes
 No → **Goto 13**

11 During this time outside Northern Ireland, what was the last country you lived in?

12 When did you most recently arrive to live in Northern Ireland?

Month Year

13 One year ago, what was your usual address?

→ If you had no usual address one year ago, state the address where you were staying.

- Same as Person 1
 The address on the front of this questionnaire
 Student term-time/boarding school address in the UK, write in term-time address below
 Another address in the UK, write in below

Postcode

OR Outside the UK, write in country

14 What passports do you hold?

→ Tick all that apply.

- United Kingdom
 Ireland
 Other, write in

- None





15 How would you describe your national identity?

➤ Tick all that apply.

- British Irish Northern Irish
- English Scottish Welsh
- Other, write in

16 What is your ethnic group?

➤ Tick one box only.

- White
- Chinese
- Irish Traveller
- Indian
- Pakistani
- Bangladeshi
- Black Caribbean
- Black African
- Black Other
- Mixed ethnic group, write in

Any other ethnic group, write in

17 What religion, religious denomination or body do you belong to?

- Roman Catholic ➔ **Goto 19**
- Presbyterian Church in Ireland ➔ **Goto 19**
- Church of Ireland ➔ **Goto 19**
- Methodist Church in Ireland ➔ **Goto 19**
- Other, write in ➔ **Goto 19**

None

18 What religion, religious denomination or body were you brought up in?

- Roman Catholic
- Presbyterian Church in Ireland
- Church of Ireland
- Methodist Church in Ireland
- Other, write in

None

19 What is your main language?

- English ➔ **Goto 21**
- Other, write in (including British/Irish Sign Languages)

20 How well can you speak English?

Very well Well Not well Not at all

-

21 Can you understand, speak, read or write Irish or Ulster-Scots?

➤ Tick all that apply.

	No ability	Understand	Speak	Read	Write
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster-Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

➤ Include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

23 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

➤ Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Communication difficulty (a difficulty with speaking or making yourself understood)
- A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
- An emotional, psychological or mental health condition (such as depression or schizophrenia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (such as asthma)
- Frequent periods of confusion or memory loss
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)
- Other condition
- No condition



Person 11 - continued

- 24** How is your health in general?
- Very good Good Fair Bad Very bad
-

- 25** Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
- long-term physical or mental ill-health/disability?
 - problems related to old age?
- Do not count anything you do as part of your paid employment.
- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50 or more hours a week

- 26** If you are aged 16 or over ➔ **Go to 27**
- If you are aged 15 or under ➔ **Go to 43**

- 27** Which of these qualifications do you have?
- Tick **every** box that applies if you have **any** of the qualifications listed.
- If your UK qualification is not listed, tick the box that contains its nearest equivalent.
- If you have qualifications you gained outside the UK, tick the box that indicates this and the nearest UK equivalents (if known).
- 1 - 4 O Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma
- NVQ Level 1, Foundation GNVQ, Basic/Essential Skills
- 5+ O Levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A Level/2-3 AS Levels/VCEs, Higher Diploma
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- Apprenticeship
- 2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- Degree (for example, BA, BSc), Higher degree (for example, MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level, Foundation degree
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Qualifications gained outside the UK
- No qualifications

- 28** In the past year, have you helped with or carried out any voluntary work without pay?
- Yes No

- 29** Last week, were you:
- Tick all that apply.
- Include any paid work, including casual or temporary work, even if only for one hour.
- working as an employee? ➔ **Go to 35**
- on a government sponsored ➔ **Go to 35** training scheme?
- self-employed or freelance? ➔ **Go to 35**
- working, paid or unpaid, for your own or your family's business? ➔ **Go to 35**
- away from work ill, on maternity leave, on holiday or temporarily laid off? ➔ **Go to 35**
- doing any other kind of paid work? ➔ **Go to 35**
- none of the above

- 30** Were you actively looking for any kind of paid work during the last four weeks?
- Yes No

- 31** If a job had been available last week, could you have started it within two weeks?
- Yes No

- 32** Last week, were you waiting to start a job already obtained?
- Yes No

- 33** Last week, were you:
- Tick all that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other

- 34** Have you ever worked?
- Yes, write in the year that you last worked
- ➔ **Go to 35**
- No, have never worked ➔ **Go to 43**





35 Answer questions 36 to 42 for your main job or, if not working, your last main job.

➤ Your main job is the job in which you usually work (worked) the most hours.

36 In your main job, are (were) you:

an employee?

self-employed or freelance without employees?

self-employed with employees?

37 What is (was) your full and specific job title?

➤ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

➤ Do not state your grade or pay band.

38 Briefly describe what you do (did) in your main job.

39 Do (did) you supervise any employees?

➤ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

40 At your workplace, what is (was) the main activity of your employer or business?

➤ For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING.

➤ If you are (were) a civil servant, write GOVERNMENT.

➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.

41 In your main job, what is (was) the name of the organisation you work (worked) for?

➤ If you are (were) self-employed in your own organisation, write in the business name.

No organisation (for example, self-employed, freelance, or work (worked) for a private individual)

42 In your main job, how many hours a week do (did) you usually work?

➤ Include paid and unpaid overtime.

15 or less 16 - 30

31 - 48 49 or more

43 What address do you travel to for your main job or course of study (including school)?

➤ Answer for the place where you spend the most time.

➤ If you report to a depot, write in the depot address.

Not currently working or studying ➔ **Goto 45**

Work or study mainly at or ➔ **Goto 45** from home

No fixed place

Offshore installation

The address below, write in

Country

Postcode

44 How do you usually travel to your main place of work or study (including school)?

➤ Tick one box only.

➤ Tick the box for the longest part, by distance, of your usual journey to place of work or study.

Train

Bus, minibus or coach (public or private)

Motorcycle, scooter or moped

Driving a car or van

Car or van pool, sharing driving

Passenger in a car or van

Taxi

Bicycle

On foot

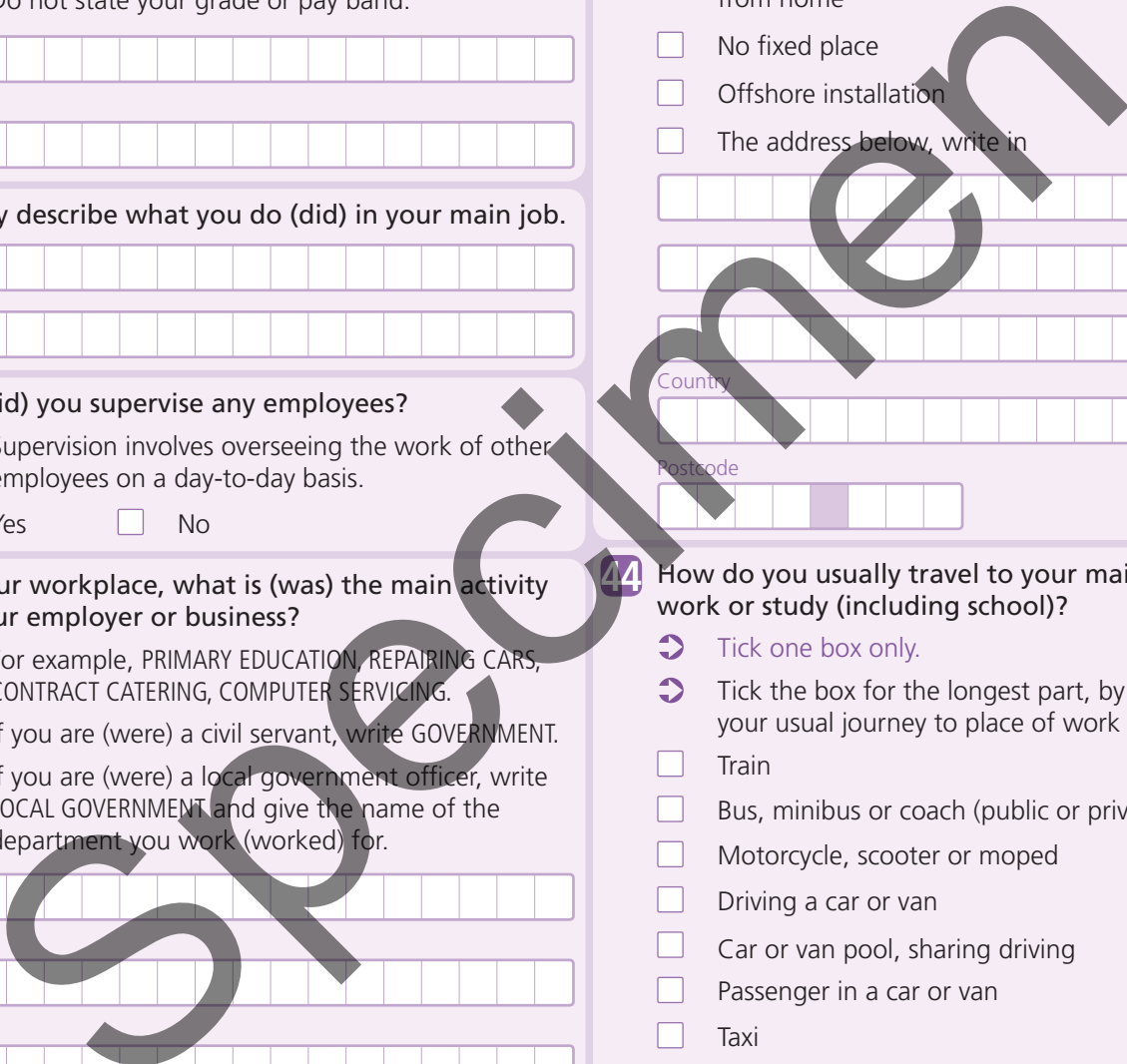
Other

45 There are no more questions for Person 11.

If there are more people in your household, contact us to request an additional Continuation Questionnaire.

OR If there are no more people in this household, ➔ **Goto** the Visitor questions on the back page.

OR If there are no visitors staying here overnight, ➔ **Goto** the Declaration on the front page.



Visitor questions

V How many additional visitors not listed on your first Household Questionnaire are staying overnight here on 27 March 2011?

- None → **Go to** the Declaration on the front page
- 1 or more - answer questions V1 to V4 below for the first three additional visitors. Any further visitors should be included on an additional Continuation Questionnaire

Visitor D

V1 What is this person's name?

First name

Last name

V2 What is this person's sex?

- Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

Postcode

OR Outside the UK, write in country

Visitor E

V1 What is this person's name?

First name

Last name

V2 What is this person's sex?

- Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

- Same address as Visitor D

OR

Postcode

OR Outside the UK, write in country

Visitor F

V1 What is this person's name?

First name

Last name

V2 What is this person's sex?

- Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

- Same address as Visitor D

OR

Postcode

OR Outside the UK, write in country

Now → **Go to the Declaration on the front page.**

