



Census Rehearsal Household Questionnaire

Northern Ireland



FREEPOST Census Rehearsal

Dear householder

The census rehearsal is happening now.

Every 10 years, the census gathers vital information to help plan and fund local services such as transport, education and health.

We're preparing for Census 2021 by running a rehearsal. By taking part, you will help to ensure that everything runs smoothly in 2021.

Please fill in and return your questionnaire as soon as possible.

Alternatively, it's quick and easy to do online.

1. Go to www.census.gov.uk/ni
2. Enter the unique access code on the front of this questionnaire.
3. Answer the questions and submit.

The questionnaire takes as little as 20 minutes to complete online.

That's not long to help shape our future.

Dr David Marshall
Director of Census and Population Statistics

Your data are protected by law.

There is more information in the leaflet that comes with this questionnaire.

Complete online

www.census.gov.uk/ni
Your unique access code is:

OR fill in this paper questionnaire and post it back using the pre-paid envelope supplied.

If your address is incorrect or missing, enter your correct address below:

Postcode

Declaration

This questionnaire has been completed to the best of my knowledge and belief.

Signature	Date
-----------	------

If you have lost your envelope, please return to:
FREEPOST Census Rehearsal

Where can you get help?

www.census.gov.uk/ni

Census helpline 0800 328 2021

NGT (18001) 0800 328 2021

SMS 86677

H4

Help is available in large print and Braille - call 0800 328 2021

Before you start

Who should complete this questionnaire?

The householder is responsible for ensuring that this questionnaire is completed and returned.

The **householder** is the person who lives, or is present, at this address who:

- owns/rents (or jointly owns/rents) the accommodation; and/or
- is responsible (or jointly responsible) for paying the household bills and expenses.

A **household** is:

- one person living alone; or
- a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area.

What should you complete on this questionnaire?

- Household questions on pages 3-6 about this household and its accommodation.
- Individual questions on pages 7-30 for every person who usually lives in this household.
- Visitor questions on the back page (page 32) for all other people staying overnight in this household on 13 October 2019.
Visitors who usually live elsewhere in the UK must also be included on a census questionnaire at their usual address.

You will find further information about who to include in this questionnaire on page 31.

Will I need extra questionnaires?

- If there are more than six people in this household you can choose to either complete the entire questionnaire online, or fill in this questionnaire and contact us to request one or more **Continuation Questionnaires**.
- If any member of this household aged 16 or over does not want to disclose their information to others in the household, you can request an **Individual Questionnaire**. Remember to include these people in Household questions (H1 to H13) on this questionnaire, but leave blank their Individual questions (1 to 44).
- If there is more than one household at this address, contact us to request one or more additional **Household Questionnaires**.


You can request extra questionnaires online at www.census.gov.uk/ni or by calling 0800 328 2021.

How should I complete my questionnaire correctly?

You should:

- use black or blue ink to answer;
- tick your answers within the box like this:
- print in capital letters within the boxes, one letter per box, like this:

S	M	I	T	H			
---	---	---	---	---	--	--	--
- correct any mistakes by filling in the box like this:

S	M		I	T	H		
---	---	---	---	---	---	--	--

 or:

S	M	I	T	H			
---	---	---	---	---	--	--	--
- continue onto the next line (if possible) when a word will not fit, like this:

U	N	I	V	E	R	S	I	T
Y		S	T	R	E	E	T	
- follow the **➔ GO TO** instructions and leave any questions or pages you do not need to answer completely blank; any marks or lines can be mistaken for answers.

Household questions

H1 Who usually lives here? Tick all that apply.

USUAL RESIDENTS

- Me, this is my permanent or family home
- Family members including partners, children, and babies born on or before 13 October 2019
- Students and/or schoolchildren who live away from home during term time
- Housemates, tenants or lodgers
- People who usually live outside the UK who are staying in the UK for 3 months or more
- People who work away from home within the UK, or are members of the Armed Forces, if this is their permanent or family home
- People who are temporarily outside the UK for less than 12 months
- People staying temporarily who usually live in the UK but do not have another UK address (for example relatives or friends)
- Other people who usually live here, including anyone temporarily away from home (see page 31 for further information)
- OR** no-one usually lives here (for example this is a second address or holiday home) **GO TO H4**

H2 Counting everyone you included in question H1, how many people usually live here?

H3 Starting with yourself, list the names of all the people counted in question H2 including children, babies and lodgers.

If a member of this household has requested an Individual Questionnaire, tick the box beside their name and leave blank the Individual questions 1 to 44 for that person.

Individual
Questionnaire
requested?

	First name	Last name	
Yourself (Person 1)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

If there are more than six people, complete the entire questionnaire online or contact us to get a Continuation Questionnaire.

H4 Apart from everyone counted in question H2, who else is staying overnight here on 13 October 2019? These people are counted as visitors. Remember to include children and babies.

VISITORS

Tick all that apply.

- People who usually live somewhere else in the UK (for example boy/girlfriends, friends or relatives)
- People staying here because it is their second address (for example for work). Their permanent or family home is elsewhere
- People who usually live outside the UK who are staying in the UK for less than 3 months
- People here on holiday
- OR** there are no visitors staying overnight here on 13 October 2019 **GO TO H6**

H5 Counting only the people included in question H4, how many visitors are staying overnight on 13 October 2019?

Remember to answer the Visitor questions on the back page (page 32) for these people.

If no-one usually lives here (there are only visitors staying here) answer questions H7 to H10 on page 6 and then **GO TO** the back page (page 32) to answer the Visitor questions.

Household questions - continued

H6 How are members of this household related to each other? If members are not related, tick the 'Unrelated' box.

➤ Using the same order you used in question H3 (page 3), write the name of everyone who usually lives here at the top of each column. Remember to include children, 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 this household.

➤ If no-one usually lives here and there are no visitors staying overnight here on 13 October 2019, answer questions H7 to H10 on page 6 and then go to the Declaration on the front page.

Example:

This shows how a household with two parents and four children are related to each other.

Name of Person 1	Name of Person 2	Name of Person 3
First name <input type="text" value="MARY"/>	First name <input type="text" value="JAMES"/>	First name <input type="text" value="SOPHIE"/>
Last name <input type="text" value="SMITH"/>	Last name <input type="text" value="SMITH"/>	Last name <input type="text" value="SMITH"/>
	How is Person 2 related to Person: 1	How is Person 3 related to Person: 1 2
	Husband or wife <input checked="" 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 type="checkbox"/>	Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	Step-child <input type="checkbox"/>	Step-child <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>

Name of Person 1

First name

Last name

ENTER NAME OF PERSON 1 HERE AS IN QUESTION **H3**

IF YOU LIVE ALONE GO TO **H7**

Name of Person 2

First name

Last name

How is Person 2 related to Person: **1**

Husband or wife

Same-sex civil partner

Partner

Son or daughter

Step-child

Brother or sister

Step-brother or step-sister

Mother or father

Step-mother or step-father

Grandchild

Grandparent

Relation - other

Unrelated (including foster child)

Name of Person 3

First name

Last name

How is Person 3 related to Person: **1 2**

Husband or wife

Same-sex civil partner

Partner

Son or daughter

Step-child

Brother or sister

Step-brother or step-sister

Mother or father

Step-mother or step-father

Grandchild

Grandparent

Relation - other

Unrelated (including foster child)

For Person 5 (Chloe), there is a tick next to 'Son or daughter' in the columns for Persons 1 and 2 to show she is the daughter of Mary and James. Columns 3 and 4 show she is the sister of Persons 3 and 4 (Sophie and Matthew).

If there are more than 6 people, contact us to request a Continuation Questionnaire.

Name of Person 4				Name of Person 5				Name of Person 6				
First name MATTHEW				First name CHLOE				First name JACK				
Last name SMITH				Last name SMITH				Last name SMITH				
How is Person 4 related to Person:				How is Person 5 related to Person:				How is Person 6 related to Person:				
1 2 3				1 2 3 4				1 2 3 4 5				
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Same-sex civil partner	<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"/>	Partner	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 4				Name of Person 5				Name of Person 6				
First name				First name				First name				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
Last name				Last name				Last name				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
How is Person 4 related to Person:				How is Person 5 related to Person:				How is Person 6 related to Person:				
1 2 3				1 2 3 4				1 2 3 4 5				
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Same-sex civil partner	<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"/>	Partner	<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"/>	Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grandchild	<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"/>	Grandparent	<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"/>	Relation - other	<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"/>	Unrelated (including foster child)	<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"/>

Household questions – continued

H7 What type of accommodation is this?

A whole house or bungalow that is:

- detached
- semi-detached
- terraced (including end-terrace)

A flat, maisonette or apartment that is:

- in a purpose-built block of flats
- part of a converted or shared house (including bedsits)
- in a commercial building (for example in an office building, hotel, or over a shop)

A mobile or temporary structure:

- a caravan or other mobile or temporary structure

H8 Has this accommodation been designed or adapted for:

➔ Tick all that apply.

- internal wheelchair usage (for example a downstairs bathroom)?
- external wheelchair access (for example a ramp)?
- other physical or mobility difficulties?
- visual difficulties?
- hearing difficulties?
- other, write in

- none of the above

H9 What type of central heating does this accommodation have?

➔ Tick all that apply, whether or not you use it.

➔ Central heating is a central system that generates heat for multiple rooms.

- Oil
- Mains gas
- Tank or bottled gas
- Electric (for example storage heaters)
- Wood (for example logs or waste wood)
- Solid fuel (for example coal)
- Renewable heating system
- Other central heating
- No central heating

H10 What type of renewable energy systems does this accommodation have?

➔ Tick all that apply.

- Solar panels for electricity
- Solar panels for heating water
- Wind turbine
- Other, write in

- No renewable energy systems

H11 Does your household own or rent this accommodation?

➔ Tick one box only.

- Owns outright ➔ GO TO H13
- Owns with a mortgage or loan ➔ GO TO H13
- Part-owns and part-rents (shared ownership)
- Rents (with or without housing benefit)
- Lives here rent-free

H12 Who do you rent from?

➔ Tick one box only.

- Northern Ireland Housing Executive
- Housing association or charitable trust
- Private landlord
- Private renting with a letting agent
- Employer of a household member
- Relative or friend of a household member
- Other

H13 In total, how many cars or vans are owned, or available for use, by members of this household?

➔ Include any company cars or vans available for private use.

- None
- 1
- 2
- 3
- 4 or more, write in number

Individual questions – Person 1 start here

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

First name(s)

Last name

2 What is your date of birth?

Day

Month

Year

3 What is your sex?

- Female Male

4 What is your marital or same-sex civil partnership status?

- | | |
|---|--|
| <input type="checkbox"/> Single (never married and never in a same-sex civil partnership) | <input type="checkbox"/> In a 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, where do you usually live?

- At the address on the front of this questionnaire
 At another address → **GO TO 44**

7 What is your country of birth?

- Northern Ireland → **GO TO 9**
 England
 Scotland
 Wales
 Republic of Ireland
 Elsewhere, write in the current name of the country

8 What year did you come to live in Northern Ireland?

Year

9 One year ago, what was your usual address?

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

- 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

- Outside the UK, write in country

10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom Ireland
 Other, write in

- None

11 How would you describe your national identity?

➔ Tick all that apply.

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

12 What is your ethnic group?

➔ Tick one box only.

- White Chinese
 Irish Traveller Roma
 Indian Filipino
 Black African Black Other
 Mixed ethnic group, write in

- Any other ethnic group, write in

Individual questions – Person 1 continued

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

- Roman Catholic → **GO TO 15**
- Presbyterian Church in Ireland → **GO TO 15**
- Church of Ireland → **GO TO 15**
- Methodist Church in Ireland → **GO TO 15**
- Other, write in → **GO TO 15**

None

14 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

15 What is your main language?

- English → **GO TO 17**
- Other, write in (including British/Irish Sign Languages)

16 How well can you speak English?

- Very well Well Not well Not at all
-

17 Can you understand, speak, read or write Irish?

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Irish?

- Daily Weekly Less often Never
-

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

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Ulster-Scots?

- Daily Weekly Less often Never
-

19 How is your health in general?

- Very good Good Fair Bad Very bad
-

20 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.

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

21 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
- A mobility or dexterity difficulty which requires the use of a wheelchair in the home
- A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)
- An intellectual or learning disability (for example Down syndrome)
- A learning difficulty (for example dyslexia)
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition (for example depression or schizophrenia)
- Frequent periods of confusion or memory loss (for example dementia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (for example asthma)
- Other condition (for example cancer, diabetes or heart disease)
- No condition

22 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

☞ Exclude anything you do in paid employment.

- No
- Yes, 19 hours or less a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

Individual questions – Person 1 continued

- ➔ If you are aged 16 or over ➔ **GO TO 23**
If you are aged 15 or under ➔ **GO TO 42**

23 Which of the following best describes your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, write in

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Prefer not to say

24 Have you achieved a qualification at degree level or above?

➔ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.

- Yes No

25 Have you achieved any other qualifications?

➔ Tick all that apply.

➔ If your qualifications are not listed below tick the box that contains the nearest equivalent.

- 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)
- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level
- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1
- Any other qualifications
- No qualifications

26 Have you completed an apprenticeship?

➔ For example, trade, advanced, foundation, modern.

- Yes No

27 Have you **previously** served in the UK Armed Forces?

➔ Current serving members should only tick 'No'.

- No
- Yes, **previously** served in Regular Armed Forces
- Yes, **previously** served in Reserve Armed Forces

28 In the last seven days, were you doing any of the following?

➔ Tick all that apply.

➔ Include casual or temporary work, even if only for one hour.

- Working as an employee ➔ **GO TO 34**
- Self-employed or freelance ➔ **GO TO 34**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ **GO TO 34**
- On maternity or paternity leave ➔ **GO TO 34**
- Doing any other kind of paid work ➔ **GO TO 34**
- None of the above

29 Which of the following describes what you were doing in the last seven days?

➔ Tick all that apply.

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

30 In the last four weeks, were you actively looking for any kind of paid work?

- Yes
 No

31 If a job became available now, could you start it within two weeks?

- Yes
 No

32 In the last seven days, were you waiting to start a job already accepted?

- Yes
 No

33 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ **GO TO 42**

Individual questions – Person 1 continued

34 Answer questions 35 to 41 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.

35 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

36 What is (was) the name of the organisation or business you work (worked) for?

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

No organisation or work (worked) for a private individual

37 What is (was) your full job title?

➔ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.

➔ Do not state your grade or pay band.

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

39 What is (was) the main activity of your organisation, business or freelance work?

➔ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.

➔ If you are (were) a civil servant, write CIVIL SERVICE.

➔ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.

40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

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

➔ Include paid and unpaid overtime.

0 to 15 16 to 30 31 to 48 49 or more

42 What is the name and address of your main place of work or course of study (including school)?

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

➔ If student (or schoolchild), provide your study address.

➔ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.

- Not currently working or studying ➔ **GO TO 44**
- Work or study mainly at or from home ➔ **GO TO 44**
- No fixed place
- The address below, write in

(Name, Organisation, Branch, Campus, School)

Postcode

Country

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

➔ Tick one box only - for the longest part by distance.

- Driving a car or van
- Passenger in a car or van
- Car or van pool, sharing driving
- Bus, minibus or coach (public or private)
- Taxi
- Train
- Motorcycle, scooter or moped
- Bicycle
- On foot
- Other

44 There are no more questions for **Person 1**.

➔ **GO TO** questions for **Person 2**.

OR If there are no more people in this household,

➔ **GO TO** the **Visitor questions** on the back page.

Individual questions – Person 2 start here

1 What is your name? (Person 2 on page 3)

First name(s)

Last name

2 What is your date of birth?

Day

Month

Year

3 What is your sex?

- Female Male

4 What is your marital or same-sex civil partnership status?

- | | |
|---|--|
| <input type="checkbox"/> Single (never married and never in a same-sex civil partnership) | <input type="checkbox"/> In a 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, where do you usually live?

- At the address on the front of this questionnaire
 At another address → **GO TO 44**

7 What is your country of birth?

- Northern Ireland → **GO TO 9**
 England
 Scotland
 Wales
 Republic of Ireland
 Elsewhere, write in the current name of the country

8 What year did you come to live in Northern Ireland?

Year

9 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

- Outside the UK, write in country

10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom Ireland

- Other, write in

- None

11 How would you describe your national identity?

➔ Tick all that apply.

- British Irish Northern Irish

- English Scottish Welsh

- Other, write in

12 What is your ethnic group?

➔ Tick one box only.

- White Chinese

- Irish Traveller Roma

- Indian Filipino

- Black African Black Other

- Mixed ethnic group, write in

- Any other ethnic group, write in

Individual questions – Person 2 continued

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

- Roman Catholic → GO TO 15
- Presbyterian Church in Ireland → GO TO 15
- Church of Ireland → GO TO 15
- Methodist Church in Ireland → GO TO 15
- Other, write in → GO TO 15

None

14 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

15 What is your main language?

- English → GO TO 17
- Other, write in (including British/Irish Sign Languages)

16 How well can you speak English?

- Very well Well Not well Not at all
-

17 Can you understand, speak, read or write Irish?

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Irish?

- Daily Weekly Less often Never
-

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

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Ulster-Scots?

- Daily Weekly Less often Never
-

19 How is your health in general?

- Very good Good Fair Bad Very bad
-

20 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.

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

21 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
- A mobility or dexterity difficulty which requires the use of a wheelchair in the home
- A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)
- An intellectual or learning disability (for example Down syndrome)
- A learning difficulty (for example dyslexia)
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition (for example depression or schizophrenia)
- Frequent periods of confusion or memory loss (for example dementia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (for example asthma)
- Other condition (for example cancer, diabetes or heart disease)
- No condition

22 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

☞ Exclude anything you do in paid employment.

- No
- Yes, 19 hours or less a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

Individual questions – Person 2 continued

➔ If you are aged 16 or over ➔ **GO TO 23**
If you are aged 15 or under ➔ **GO TO 42**

23 Which of the following best describes your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, write in

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prefer not to say

24 Have you achieved a qualification at degree level or above?

➔ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.

Yes No

25 Have you achieved any other qualifications?

➔ Tick all that apply.

➔ If your qualifications are not listed below tick the box that contains the nearest equivalent.

- 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)
- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level
- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1
- Any other qualifications
- No qualifications

26 Have you completed an apprenticeship?

➔ For example, trade, advanced, foundation, modern.

Yes No

27 Have you **previously** served in the UK Armed Forces?

➔ Current serving members should only tick 'No'.

- No
- Yes, **previously** served in Regular Armed Forces
- Yes, **previously** served in Reserve Armed Forces

28 In the last seven days, were you doing any of the following?

➔ Tick all that apply.

➔ Include casual or temporary work, even if only for one hour.

- Working as an employee ➔ **GO TO 34**
- Self-employed or freelance ➔ **GO TO 34**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ **GO TO 34**
- On maternity or paternity leave ➔ **GO TO 34**
- Doing any other kind of paid work ➔ **GO TO 34**
- None of the above

29 Which of the following describes what you were doing in the last seven days?

➔ Tick all that apply.

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

30 In the last four weeks, were you actively looking for any kind of paid work?

Yes
 No

31 If a job became available now, could you start it within two weeks?

Yes
 No

32 In the last seven days, were you waiting to start a job already accepted?

Yes
 No

33 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ **GO TO 42**

Individual questions – Person 2 continued

34 Answer questions 35 to 41 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.

35 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

36 What is (was) the name of the organisation or business you work (worked) for?

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

No organisation or work (worked) for a private individual

37 What is (was) your full job title?

➔ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.

➔ Do not state your grade or pay band.

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

39 What is (was) the main activity of your organisation, business or freelance work?

➔ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.

➔ If you are (were) a civil servant, write CIVIL SERVICE.

➔ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.

40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

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

➔ Include paid and unpaid overtime.

0 to 15 16 to 30 31 to 48 49 or more

42 What is the name and address of your main place of work or course of study (including school)?

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

➔ If student (or schoolchild), provide your study address.

➔ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.

- Not currently working or studying ➔ **GO TO 44**
- Work or study mainly at or from home ➔ **GO TO 44**
- No fixed place
- The address below, write in

(Name, Organisation, Branch, Campus, School)

Postcode

Country

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

➔ Tick one box only - for the longest part by distance.

- Driving a car or van
- Passenger in a car or van
- Car or van pool, sharing driving
- Bus, minibus or coach (public or private)
- Taxi
- Train
- Motorcycle, scooter or moped
- Bicycle
- On foot
- Other

44 There are no more questions for **Person 2**.

➔ **GO TO** questions for **Person 3**.

OR If there are no more people in this household,

➔ **GO TO** the **Visitor questions** on the back page.

Individual questions – Person 3 start here

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

First name(s)

Last name

2 What is your date of birth?

Day

Month

Year

3 What is your sex?

- Female Male

4 What is your marital or same-sex civil partnership status?

- Single (never married and never in a same-sex civil partnership)
- Married
- Separated, but still legally married
- Divorced
- Widowed
- In a same-sex civil partnership
- Separated, but still legally in a same-sex civil partnership
- Formerly in a same-sex civil partnership which is now legally dissolved
- Surviving partner from a same-sex civil partnership

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

- Yes
- No → **GO TO 7**

6 During term time, where do you usually live?

- At the address on the front of this questionnaire
- At another address → **GO TO 44**

7 What is your country of birth?

- Northern Ireland → **GO TO 9**
- England
- Scotland
- Wales
- Republic of Ireland
- Elsewhere, write in the current name of the country

8 What year did you come to live in Northern Ireland?

Year

9 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

- Outside the UK, write in country

10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom Ireland
- Other, write in

- None

11 How would you describe your national identity?

➔ Tick all that apply.

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

12 What is your ethnic group?

➔ Tick one box only.

- White Chinese
- Irish Traveller Roma
- Indian Filipino
- Black African Black Other
- Mixed ethnic group, write in

- Any other ethnic group, write in

Individual questions – Person 3 continued

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

- Roman Catholic → GO TO 15
- Presbyterian Church in Ireland → GO TO 15
- Church of Ireland → GO TO 15
- Methodist Church in Ireland → GO TO 15
- Other, write in → GO TO 15

None

14 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

15 What is your main language?

- English → GO TO 17
- Other, write in (including British/Irish Sign Languages)

16 How well can you speak English?

- Very well Well Not well Not at all
-

17 Can you understand, speak, read or write Irish?

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Irish?

- Daily Weekly Less often Never
-

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

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Ulster-Scots?

- Daily Weekly Less often Never
-

19 How is your health in general?

- Very good Good Fair Bad Very bad
-

20 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.

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

21 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
- A mobility or dexterity difficulty which requires the use of a wheelchair in the home
- A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)
- An intellectual or learning disability (for example Down syndrome)
- A learning difficulty (for example dyslexia)
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition (for example depression or schizophrenia)
- Frequent periods of confusion or memory loss (for example dementia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (for example asthma)
- Other condition (for example cancer, diabetes or heart disease)
- No condition

22 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

☞ Exclude anything you do in paid employment.

- No
- Yes, 19 hours or less a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

Individual questions – Person 3 continued

➔ If you are aged 16 or over ➔ **GO TO 23**
If you are aged 15 or under ➔ **GO TO 42**

23 Which of the following best describes your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, write in

Prefer not to say

24 Have you achieved a qualification at degree level or above?

➔ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.

Yes No

25 Have you achieved any other qualifications?

➔ Tick all that apply.

➔ If your qualifications are not listed below tick the box that contains the nearest equivalent.

- 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)
- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level
- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1
- Any other qualifications
- No qualifications

26 Have you completed an apprenticeship?

➔ For example, trade, advanced, foundation, modern.

Yes No

27 Have you **previously** served in the UK Armed Forces?

➔ Current serving members should only tick 'No'.

- No
- Yes, **previously** served in Regular Armed Forces
- Yes, **previously** served in Reserve Armed Forces

28 In the last seven days, were you doing any of the following?

➔ Tick all that apply.

➔ Include casual or temporary work, even if only for one hour.

- Working as an employee ➔ **GO TO 34**
- Self-employed or freelance ➔ **GO TO 34**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ **GO TO 34**
- On maternity or paternity leave ➔ **GO TO 34**
- Doing any other kind of paid work ➔ **GO TO 34**
- None of the above

29 Which of the following describes what you were doing in the last seven days?

➔ Tick all that apply.

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

30 In the last four weeks, were you actively looking for any kind of paid work?

- Yes
- No

31 If a job became available now, could you start it within two weeks?

- Yes
- No

32 In the last seven days, were you waiting to start a job already accepted?

- Yes
- No

33 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ **GO TO 42**

Individual questions – Person 3 continued

34 Answer questions 35 to 41 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.

35 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

36 What is (was) the name of the organisation or business you work (worked) for?

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

No organisation or work (worked) for a private individual

37 What is (was) your full job title?

➔ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.

➔ Do not state your grade or pay band.

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

39 What is (was) the main activity of your organisation, business or freelance work?

➔ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.

➔ If you are (were) a civil servant, write CIVIL SERVICE.

➔ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.

40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

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

➔ Include paid and unpaid overtime.

0 to 15 16 to 30 31 to 48 49 or more

42 What is the name and address of your main place of work or course of study (including school)?

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

➔ If student (or schoolchild), provide your study address.

➔ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.

- Not currently working or studying ➔ **GO TO 44**
- Work or study mainly at or from home ➔ **GO TO 44**
- No fixed place
- The address below, write in

(Name, Organisation, Branch, Campus, School)

Postcode

Country

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

➔ Tick one box only - for the longest part by distance.

- Driving a car or van
- Passenger in a car or van
- Car or van pool, sharing driving
- Bus, minibus or coach (public or private)
- Taxi
- Train
- Motorcycle, scooter or moped
- Bicycle
- On foot
- Other

44 There are no more questions for **Person 3**.

➔ **GO TO** questions for **Person 4**.

OR If there are no more people in this household,

➔ **GO TO** the **Visitor questions** on the back page.

Individual questions – Person 4 start here

1 What is your name? (Person 4 on page 3)

First name(s)

Last name

2 What is your date of birth?

Day

Month

Year

3 What is your sex?

- Female Male

4 What is your marital or same-sex civil partnership status?

- | | |
|---|--|
| <input type="checkbox"/> Single (never married and never in a same-sex civil partnership) | <input type="checkbox"/> In a 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, where do you usually live?

- At the address on the front of this questionnaire
 At another address → **GO TO 44**

7 What is your country of birth?

- Northern Ireland → **GO TO 9**
 England
 Scotland
 Wales
 Republic of Ireland
 Elsewhere, write in the current name of the country

8 What year did you come to live in Northern Ireland?

Year

9 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

- Outside the UK, write in country

10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom Ireland

- Other, write in

- None

11 How would you describe your national identity?

➔ Tick all that apply.

- British Irish Northern Irish

- English Scottish Welsh

- Other, write in

12 What is your ethnic group?

➔ Tick one box only.

- White Chinese

- Irish Traveller Roma

- Indian Filipino

- Black African Black Other

- Mixed ethnic group, write in

- Any other ethnic group, write in

Individual questions – Person 4 continued

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

- Roman Catholic → **GO TO 15**
- Presbyterian Church in Ireland → **GO TO 15**
- Church of Ireland → **GO TO 15**
- Methodist Church in Ireland → **GO TO 15**
- Other, write in → **GO TO 15**

None

14 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

15 What is your main language?

- English → **GO TO 17**
- Other, write in (including British/Irish Sign Languages)

16 How well can you speak English?

- Very well Well Not well Not at all
-

17 Can you understand, speak, read or write Irish?

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Irish?

- Daily Weekly Less often Never
-

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

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Ulster-Scots?

- Daily Weekly Less often Never
-

19 How is your health in general?

- Very good Good Fair Bad Very bad
-

20 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.

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

21 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
- A mobility or dexterity difficulty which requires the use of a wheelchair in the home
- A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)
- An intellectual or learning disability (for example Down syndrome)
- A learning difficulty (for example dyslexia)
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition (for example depression or schizophrenia)
- Frequent periods of confusion or memory loss (for example dementia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (for example asthma)
- Other condition (for example cancer, diabetes or heart disease)
- No condition

22 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

☞ Exclude anything you do in paid employment.

- No
- Yes, 19 hours or less a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

Individual questions – Person 4 continued

- ➔ If you are aged 16 or over ➔ **GO TO 23**
If you are aged 15 or under ➔ **GO TO 42**

23 Which of the following best describes your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, write in

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Prefer not to say

24 Have you achieved a qualification at degree level or above?

- ➔ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.

- Yes
- No

25 Have you achieved any other qualifications?

- ➔ Tick all that apply.
➔ If your qualifications are not listed below tick the box that contains the nearest equivalent.

- 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)
- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level
- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1
- Any other qualifications
- No qualifications

26 Have you completed an apprenticeship?

- ➔ For example, trade, advanced, foundation, modern.

- Yes
- No

27 Have you **previously** served in the UK Armed Forces?

- ➔ Current serving members should only tick 'No'.

- No
- Yes, **previously** served in Regular Armed Forces
- Yes, **previously** served in Reserve Armed Forces

28 In the last seven days, were you doing any of the following?

- ➔ Tick all that apply.
➔ Include casual or temporary work, even if only for one hour.

- Working as an employee ➔ **GO TO 34**
- Self-employed or freelance ➔ **GO TO 34**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ **GO TO 34**
- On maternity or paternity leave ➔ **GO TO 34**
- Doing any other kind of paid work ➔ **GO TO 34**
- None of the above

29 Which of the following describes what you were doing in the last seven days?

- ➔ Tick all that apply.

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

30 In the last four weeks, were you actively looking for any kind of paid work?

- Yes
- No

31 If a job became available now, could you start it within two weeks?

- Yes
- No

32 In the last seven days, were you waiting to start a job already accepted?

- Yes
- No

33 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ **GO TO 42**

Individual questions – Person 4 continued

34 Answer questions 35 to 41 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.

35 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

36 What is (was) the name of the organisation or business you work (worked) for?

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

No organisation or work (worked) for a private individual

37 What is (was) your full job title?

➔ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.

➔ Do not state your grade or pay band.

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

39 What is (was) the main activity of your organisation, business or freelance work?

➔ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESAL.

➔ If you are (were) a civil servant, write CIVIL SERVICE.

➔ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.

40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

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

➔ Include paid and unpaid overtime.

0 to 15 16 to 30 31 to 48 49 or more

42 What is the name and address of your main place of work or course of study (including school)?

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

➔ If student (or schoolchild), provide your study address.

➔ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.

- Not currently working or studying ➔ **GO TO 44**
- Work or study mainly at or from home ➔ **GO TO 44**
- No fixed place
- The address below, write in

(Name, Organisation, Branch, Campus, School)

Postcode

Country

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

➔ Tick one box only - for the longest part by distance.

- Driving a car or van
- Passenger in a car or van
- Car or van pool, sharing driving
- Bus, minibus or coach (public or private)
- Taxi
- Train
- Motorcycle, scooter or moped
- Bicycle
- On foot
- Other

44 There are no more questions for **Person 4**.

➔ **GO TO** questions for **Person 5**.

OR If there are no more people in this household,

➔ **GO TO** the **Visitor questions** on the back page.

Individual questions – Person 5 start here

1 What is your name? (Person 5 on page 3)

First name(s)

Last name

2 What is your date of birth?

Day

Month

Year

3 What is your sex?

- Female Male

4 What is your marital or same-sex civil partnership status?

- | | |
|---|--|
| <input type="checkbox"/> Single (never married and never in a same-sex civil partnership) | <input type="checkbox"/> In a 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, where do you usually live?

- At the address on the front of this questionnaire
 At another address → **GO TO 44**

7 What is your country of birth?

- Northern Ireland → **GO TO 9**
 England
 Scotland
 Wales
 Republic of Ireland
 Elsewhere, write in the current name of the country

8 What year did you come to live in Northern Ireland?

Year

9 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

- Outside the UK, write in country

10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom Ireland
 Other, write in

- None

11 How would you describe your national identity?

➔ Tick all that apply.

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

12 What is your ethnic group?

➔ Tick one box only.

- White Chinese
 Irish Traveller Roma
 Indian Filipino
 Black African Black Other
 Mixed ethnic group, write in

- Any other ethnic group, write in

Individual questions – Person 5 continued

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

- Roman Catholic → GO TO 15
- Presbyterian Church in Ireland → GO TO 15
- Church of Ireland → GO TO 15
- Methodist Church in Ireland → GO TO 15
- Other, write in → GO TO 15

None

14 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

15 What is your main language?

- English → GO TO 17
- Other, write in (including British/Irish Sign Languages)

16 How well can you speak English?

- Very well Well Not well Not at all
-

17 Can you understand, speak, read or write Irish?

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Irish?

- Daily Weekly Less often Never
-

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

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Ulster-Scots?

- Daily Weekly Less often Never
-

19 How is your health in general?

- Very good Good Fair Bad Very bad
-

20 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.

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

21 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
- A mobility or dexterity difficulty which requires the use of a wheelchair in the home
- A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)
- An intellectual or learning disability (for example Down syndrome)
- A learning difficulty (for example dyslexia)
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition (for example depression or schizophrenia)
- Frequent periods of confusion or memory loss (for example dementia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (for example asthma)
- Other condition (for example cancer, diabetes or heart disease)
- No condition

22 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

☞ Exclude anything you do in paid employment.

- No
- Yes, 19 hours or less a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

Individual questions – Person 5 continued

- ➔ If you are aged 16 or over ➔ **GO TO 23**
If you are aged 15 or under ➔ **GO TO 42**

23 Which of the following best describes your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, write in

- Prefer not to say

24 Have you achieved a qualification at degree level or above?

- ➔ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.

- Yes
- No

25 Have you achieved any other qualifications?

- ➔ Tick all that apply.
➔ If your qualifications are not listed below tick the box that contains the nearest equivalent.

- 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)
- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level
- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1
- Any other qualifications
- No qualifications

26 Have you completed an apprenticeship?

- ➔ For example, trade, advanced, foundation, modern.

- Yes
- No

27 Have you **previously** served in the UK Armed Forces?

- ➔ Current serving members should only tick 'No'.

- No
- Yes, **previously** served in Regular Armed Forces
- Yes, **previously** served in Reserve Armed Forces

28 In the last seven days, were you doing any of the following?

- ➔ Tick all that apply.

- ➔ Include casual or temporary work, even if only for one hour.

- Working as an employee ➔ **GO TO 34**
- Self-employed or freelance ➔ **GO TO 34**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ **GO TO 34**
- On maternity or paternity leave ➔ **GO TO 34**
- Doing any other kind of paid work ➔ **GO TO 34**
- None of the above

29 Which of the following describes what you were doing in the last seven days?

- ➔ Tick all that apply.

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

30 In the last four weeks, were you actively looking for any kind of paid work?

- Yes
- No

31 If a job became available now, could you start it within two weeks?

- Yes
- No

32 In the last seven days, were you waiting to start a job already accepted?

- Yes
- No

33 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ **GO TO 42**

Individual questions – Person 5 continued

34 Answer questions 35 to 41 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.

35 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

36 What is (was) the name of the organisation or business you work (worked) for?

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

No organisation or work (worked) for a private individual

37 What is (was) your full job title?

➔ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.

➔ Do not state your grade or pay band.

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

39 What is (was) the main activity of your organisation, business or freelance work?

➔ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.

➔ If you are (were) a civil servant, write CIVIL SERVICE.

➔ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.

40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

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

➔ Include paid and unpaid overtime.

0 to 15 16 to 30 31 to 48 49 or more

42 What is the name and address of your main place of work or course of study (including school)?

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

➔ If student (or schoolchild), provide your study address.

➔ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.

- Not currently working or studying ➔ **GO TO 44**
- Work or study mainly at or from home ➔ **GO TO 44**
- No fixed place
- The address below, write in

(Name, Organisation, Branch, Campus, School)

Postcode

Country

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

➔ Tick one box only - for the longest part by distance.

- Driving a car or van
- Passenger in a car or van
- Car or van pool, sharing driving
- Bus, minibus or coach (public or private)
- Taxi
- Train
- Motorcycle, scooter or moped
- Bicycle
- On foot
- Other

44 There are no more questions for **Person 5**.

➔ **GO TO** questions for **Person 6**.

OR If there are no more people in this household,

➔ **GO TO** the **Visitor questions** on the back page.

Individual questions – Person 6 start here

1 What is your name? (Person 6 on page 3)

First name(s)

Last name

2 What is your date of birth?

Day

Month

Year

3 What is your sex?

- Female Male

4 What is your marital or same-sex civil partnership status?

- | | |
|---|--|
| <input type="checkbox"/> Single (never married and never in a same-sex civil partnership) | <input type="checkbox"/> In a 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, where do you usually live?

- At the address on the front of this questionnaire
 At another address → **GO TO 44**

7 What is your country of birth?

- Northern Ireland → **GO TO 9**
 England
 Scotland
 Wales
 Republic of Ireland
 Elsewhere, write in the current name of the country

8 What year did you come to live in Northern Ireland?

Year

9 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

- Outside the UK, write in country

10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom Ireland
 Other, write in

- None

11 How would you describe your national identity?

➔ Tick all that apply.

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

12 What is your ethnic group?

➔ Tick one box only.

- White Chinese
 Irish Traveller Roma
 Indian Filipino
 Black African Black Other
 Mixed ethnic group, write in

- Any other ethnic group, write in

Individual questions – Person 6 continued

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

- Roman Catholic → GO TO 15
- Presbyterian Church in Ireland → GO TO 15
- Church of Ireland → GO TO 15
- Methodist Church in Ireland → GO TO 15
- Other, write in → GO TO 15

None

14 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

15 What is your main language?

- English → GO TO 17
- Other, write in (including British/Irish Sign Languages)

16 How well can you speak English?

- Very well Well Not well Not at all
-

17 Can you understand, speak, read or write Irish?

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Irish?

- Daily Weekly Less often Never
-

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

☞ Tick all that apply.

- No ability Understand Speak Read Write
-

How often do you speak Ulster-Scots?

- Daily Weekly Less often Never
-

19 How is your health in general?

- Very good Good Fair Bad Very bad
-

20 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.

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

21 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
- A mobility or dexterity difficulty which requires the use of a wheelchair in the home
- A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)
- An intellectual or learning disability (for example Down syndrome)
- A learning difficulty (for example dyslexia)
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition (for example depression or schizophrenia)
- Frequent periods of confusion or memory loss (for example dementia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (for example asthma)
- Other condition (for example cancer, diabetes or heart disease)
- No condition

22 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

☞ Exclude anything you do in paid employment.

- No
- Yes, 19 hours or less a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

Individual questions – Person 6 continued

➔ If you are aged 16 or over ➔ **GO TO 23**

If you are aged 15 or under ➔ **GO TO 42**

23 Which of the following best describes your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, write in

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Prefer not to say

24 Have you achieved a qualification at degree level or above?

➔ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.

- Yes
- No

25 Have you achieved any other qualifications?

➔ Tick all that apply.

➔ If your qualifications are not listed below tick the box that contains the nearest equivalent.

- 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)
- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level
- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1
- Any other qualifications
- No qualifications

26 Have you completed an apprenticeship?

➔ For example, trade, advanced, foundation, modern.

- Yes
- No

27 Have you **previously** served in the UK Armed Forces?

➔ Current serving members should only tick 'No'.

- No
- Yes, **previously** served in Regular Armed Forces
- Yes, **previously** served in Reserve Armed Forces

28 In the last seven days, were you doing any of the following?

➔ Tick all that apply.

➔ Include casual or temporary work, even if only for one hour.

- Working as an employee ➔ **GO TO 34**
- Self-employed or freelance ➔ **GO TO 34**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ **GO TO 34**
- On maternity or paternity leave ➔ **GO TO 34**
- Doing any other kind of paid work ➔ **GO TO 34**
- None of the above

29 Which of the following describes what you were doing in the last seven days?

➔ Tick all that apply.

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

30 In the last four weeks, were you actively looking for any kind of paid work?

- Yes
- No

31 If a job became available now, could you start it within two weeks?

- Yes
- No

32 In the last seven days, were you waiting to start a job already accepted?

- Yes
- No

33 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ **GO TO 42**

Individual questions – Person 6 continued

34 Answer questions 35 to 41 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.

35 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

36 What is (was) the name of the organisation or business you work (worked) for?

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

No organisation or work (worked) for a private individual

37 What is (was) your full job title?

➔ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.

➔ Do not state your grade or pay band.

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

39 What is (was) the main activity of your organisation, business or freelance work?

➔ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.

➔ If you are (were) a civil servant, write CIVIL SERVICE.

➔ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.

40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

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

➔ Include paid and unpaid overtime.

0 to 15 16 to 30 31 to 48 49 or more

42 What is the name and address of your main place of work or course of study (including school)?

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

➔ If student (or schoolchild), provide your study address.

➔ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.

- Not currently working or studying ➔ **GO TO 44**
- Work or study mainly at or from home ➔ **GO TO 44**
- No fixed place
- The address below, write in

(Name, Organisation, Branch, Campus, School)

Postcode

Country

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

➔ Tick one box only - for the longest part by distance.

- Driving a car or van
- Passenger in a car or van
- Car or van pool, sharing driving
- Bus, minibus or coach (public or private)
- Taxi
- Train
- Motorcycle, scooter or moped
- Bicycle
- On foot
- Other

44 There are no more questions for **Person 6**.

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

OR If there are no more people in this household,

➔ **GO TO** the **Visitor questions** on the back page.

Further information

Students / schoolchildren who live away from home during term time

Students or schoolchildren who live away from home for four or more nights per week during term time must be included on the questionnaire at both their home and term-time addresses.

- At their home address they must be included in Household questions (H1 to H3 and H6) and Individual questions (1 to 6).
- At their term-time address they must be included in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

Children with parents who live apart

Children with parents who live apart should be included on the questionnaire for the address where they spend the majority of their time. They should be included in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

If they are staying overnight at their other address on 13 October 2019, they must also be included on the questionnaire for that other address in Household questions (H4 and H5) and Visitor questions (V1 to V4).

If they live equally between two addresses, they should be included at the address where they are staying overnight on 13 October 2019, in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

People from outside the UK

People from outside the UK whose total length of stay in the UK will be 3 months or more should be included on the questionnaire where they usually stay. They should be included in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

If their total length of stay is less than 3 months, they should only be included as a visitor on the questionnaire at the address where they are staying overnight on 13 October 2019, in Household questions (H4 and H5) and Visitor questions (V1 to V4).

People with no usual address

People who usually live in the UK, but have no usual address, should be included on the questionnaire at the address where they are staying overnight on 13 October 2019, in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

Households away on 13 October 2019

If this address is unoccupied overnight on 13 October 2019 because the whole household is away, the questionnaire should be completed as soon as possible upon their return.

If no-one usually lives here, please answer questions H7 to H10 only.

People temporarily away from home

Anyone who is temporarily away from their permanent or family home on 13 October 2019 should be included at their home address, in Household questions (H1 to H3 and H6) and Individual questions (1 to 44). This includes people who are:

- staying, or expecting to stay, in an establishment (such as a hospital, care home or hostel) for less than 6 months;
- living away from home while working, on holiday or travelling (unless outside the UK for 12 months or more);
- members of the Armed Forces;
- staying at their second address;
- visiting friends or relatives;
- in prison on remand (for any length of time), or sentenced to less than 12 months' imprisonment.

People who live at more than one UK address

People with more than one UK address (for example, people who live away from home while working) should be included on the questionnaire at:

- their permanent or family home; or
- the address where they spend the majority of their time, if they do not have a permanent or family home.

They should be included in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

If they are staying overnight at their second UK address on 13 October 2019, they must also be included as a visitor on the questionnaire for that address in Household questions (H4 and H5) and Visitor questions (V1 to V4).

Lodgers

Lodgers who live full time at their lodging address should be included on the questionnaire where they lodge, in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

People who only lodge part time should refer to the other section on this page 'People who live at more than one UK address'.

Unrelated / shared households

One of the householders/tenants must complete Household questions (H1 to H13) and ensure Individual questions (1 to 44) are completed for each household member. The Individual questions may be completed separately by requesting an Individual Questionnaire at www.census.gov.uk/ni or by calling 0800 328 2021.

Visitor questions

V How many visitors did you include in question H5?

- None → **GO TO** the Declaration on the front page
- 1 to 3 - answer questions V1 to V4 below for each visitor
- 4 or more - answer questions V1 to V4 below for the first three visitors then go to www.census.gov.uk/ni or call **0800 328 2021** to request a Continuation Questionnaire

Visitor A

V1 What is this person's name?

First name

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

- Female Male

V4 What is this person's usual UK address?

Postcode

- OR** Outside the UK, write in country

Visitor B

V1 What is this person's name?

First name

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

- Female Male

V4 What is this person's usual UK address?

- Same address as Visitor A

Postcode

- OR** Outside the UK, write in country

Visitor C

V1 What is this person's name?

First name

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

- Female Male

V4 What is this person's usual UK address?

- Same address as Visitor A

Postcode

- OR** Outside the UK, write in country

Now → GO TO the Declaration on the front page