



Household Questionnaire

Northern Ireland



Return to:
FREEPOST 2011 Census,
Processing Centre

Why the Census Matters

The census is used to help plan and fund services for your community - services like transport, education and health.

Everyone should be included in the census - all people, households and overnight visitors.

Please complete your census questionnaire on 27 March 2011, or as soon as possible afterwards. You can fill it in online or on paper.

Taking part in the census is very important and it is also compulsory. You could face a fine if you don't participate or if you supply false information.

Your personal information is protected by law and will be kept confidential.

So help tomorrow take shape and be part of the 2011 Census.

TN Caven

Dr T N Caven
Registrar General, Northern Ireland

Where can you get help?

- www.census.gov.uk/ni
- Census helpline 0300 0201 120
- Text Relay 18001 0300 0201 170

Help is available in large print and Braille.

Complete online



www.census.gov.uk/ni

Your personal internet 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 here:

Postcode

Declaration

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

Signature

Date

Telephone number

We may contact you if we need to collect missing information.

If you have lost your envelope, please return to:
FREEPOST 2011 Census, Processing Centre.

H4



122001

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.
Every person who has been, or intends to be, in the UK for 3 months or more should be included in these questions at their usual UK address.
- **Visitor questions on the back page (page 32)** for all other people staying overnight in this household on 27 March 2011.

It is important to include visitors staying overnight in this household to make sure no-one is missed. 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 you need extra questionnaires?

- If there are more than six people in this household, or there are more than three visitors staying overnight, 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 H14) on this questionnaire, but leave blank their Individual questions (1 to 45).
- 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 0300 0201 120.

This questionnaire will be scanned by a computer.

You should:

- use black or blue ink to answer;
- tick your answers within the box like this:
- print your answers within the box like this:

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

 Use capital letters - one letter per box;
- correct any mistakes by filling in the box like this:

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

 or:

S	M	E	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.

- Me, this is my permanent or family home
- Family members including partners, children, and babies born on or before 27 March 2011
- Students and/or schoolchildren who live away from home during term time
- Housemates, tenants or lodgers
- 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 staying, or expecting to stay, in a residential establishment (such as a hospital, care home, or hostel) for less than 6 months
- People who usually live outside the UK who are staying in the UK for 3 months or more
- 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, 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 45) for that person.

	First name	Last name	Individual Questionnaire requested?
Youself (Person 1)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 2	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 3	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 4	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 5	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 6	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" 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 27 March 2011? These people are counted as visitors. Remember to include children and babies.

➔ Tick all that apply.

- People who usually live somewhere else in the UK (for example, boy/girlfriends, friends, 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 here on 27 March 2011 ➔ **Go to H6**

H5 Counting only the people included in question H4, how many visitors are staying overnight here on 27 March 2011?

- ➔ 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 H11 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.

- If there are more than six people, contact us to request a Continuation Questionnaire.
- If you live alone ➔ **Go to H7**
- If no-one usually lives here and there are no visitors staying overnight here on 27 March 2011, answer questions H7 to H11 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 ROBERT	First name MARY	First name GILLIAN
Last name SMITH	Last name SMITH	Last name SMITH
	How is Person 2 related to Person: ➔ 1	How is Person 3 related to Persons: ➔ 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"/>
	Stepchild <input type="checkbox"/>	Stepchild <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>

- 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.

Name of Person 1	Name of Person 2	Name of Person 3
First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>
Last name <input type="text"/>	Last name <input type="text"/>	Last name <input type="text"/>
<p>ENTER NAME OF PERSON 1 HERE AS IN QUESTION H3</p>	How is Person 2 related to Person: ➔ 1	How is Person 3 related to Persons: ➔ 1 2
	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 type="checkbox"/>	Son or daughter <input 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 type="checkbox"/>
	Stepbrother or stepsister <input type="checkbox"/>	Stepbrother or stepsister <input type="checkbox"/> <input type="checkbox"/>
	Mother or father <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/>
	Stepmother or stepfather <input type="checkbox"/>	Stepmother or stepfather <input type="checkbox"/> <input type="checkbox"/>
	Grandchild <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/>
	Grandparent <input type="checkbox"/>	Grandparent <input type="checkbox"/> <input type="checkbox"/>
	Relation - other <input type="checkbox"/>	Relation - other <input type="checkbox"/> <input type="checkbox"/>
Unrelated (including foster child) <input type="checkbox"/>	Unrelated (including foster child) <input type="checkbox"/> <input type="checkbox"/>	





For Person 5 (James), there is a tick next to 'Son or daughter' in the columns for Persons 1 and 2 to show he is the son of Robert and Mary. Columns 3 and 4 show he is the brother of Persons 3 and 4 (Gillian and Peter).

Name of Person 4

First name

Last name

How is Person 4 related to Persons: → **1** **2** **3**

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 checked="" 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 checked="" type="checkbox"/>

Name of Person 5

First name

Last name

How is Person 5 related to Persons: → **1** **2** **3** **4**

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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 6

First name

Last name

How is Person 6 related to Persons: → **1** **2** **3** **4** **5**

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

Name of Person 4

First name

Last name

How is Person 4 related to Persons: → **1** **2** **3**

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 5

First name

Last name

How is Person 5 related to Persons: → **1** **2** **3** **4**

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 6

First name

Last name

How is Person 6 related to Persons: → **1** **2** **3** **4** **5**

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"/>				



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 or tenement
- 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 Is this household's accommodation self-contained?

- This means that all the rooms, including the kitchen, bathroom and toilet, are behind a door that only this household can use.
- Yes, all the rooms are behind a door that only this household can use
- No

H9 How many rooms are available for use only by this household?

- Do not count bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.
- Count all other rooms (for example, kitchens, living rooms, utility rooms, bedrooms, studies and conservatories).
- If two rooms have been converted into one, count them as one room.

Number of rooms

H10 Has this accommodation been designed or adapted for:

- Tick all that apply.
- wheelchair usage?
- other physical or mobility difficulties?
- visual difficulties?
- hearing difficulties?
- other, write in

- none of the above

H11 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.
- No central heating
- Gas
- Electric (including storage heaters)
- Oil
- Solid fuel (for example, wood, coal)
- Other central heating

H12 Does your household own or rent this accommodation?

- Tick one box only.
- Owns outright ➔ Go to **H14**
- Owns with a mortgage or loan ➔ Go to **H14**
- Part owns and part rents (shared ownership)
- Rents (with or without housing benefit)
- Lives here rent-free

H13 Who is your landlord?

- Tick one box only.
- Northern Ireland Housing Executive
- Housing association or charitable trust
- Private landlord or letting agency
- Employer of a household member
- Relative or friend of a household member
- Other

H14 In total, how many cars or vans are owned, or available for use, by members of this household?

- Include any company car(s) or van(s) 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

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.

- 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



Person 1 - continued

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 ➔ Go to **19**
 Presbyterian Church in Ireland ➔ Go to **19**
 Church of Ireland ➔ Go to **19**
 Methodist Church in Ireland ➔ Go to **19**
 Other, write in ➔ Go to **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 ➔ Go to **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"/>				
Ulster-Scots	<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



**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**

Individual questions - Person 2 start here

1 What is your name? (Person 2 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



Person 2 - continued

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 ➔ Go to **19**
 Presbyterian Church in Ireland ➔ Go to **19**
 Church of Ireland ➔ Go to **19**
 Methodist Church in Ireland ➔ Go to **19**
 Other, write in ➔ Go to **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 ➔ Go to **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"/>				
Ulster-Scots	<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



**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**

Individual questions - Person 3 start here

1 What is your name? (Person 3 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



Person 3 - continued

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 ➔ Go to **19**
 Presbyterian Church in Ireland ➔ Go to **19**
 Church of Ireland ➔ Go to **19**
 Methodist Church in Ireland ➔ Go to **19**
 Other, write in ➔ Go to **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 ➔ Go to **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"/>				
Ulster-Scots	<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



**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**

Individual questions - Person 4 start here

1 What is your name? (Person 4 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



Person 4 - continued

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 ➔ Go to **19**
 Presbyterian Church in Ireland ➔ Go to **19**
 Church of Ireland ➔ Go to **19**
 Methodist Church in Ireland ➔ Go to **19**
 Other, write in ➔ Go to **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 ➔ Go to **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"/>				
Ulster-Scots	<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



**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**

Individual questions - Person 5 start here

1 What is your name? (Person 5 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



Person 5 - continued

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 ➔ Go to **19**
 Presbyterian Church in Ireland ➔ Go to **19**
 Church of Ireland ➔ Go to **19**
 Methodist Church in Ireland ➔ Go to **19**
 Other, write in ➔ Go to **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 ➔ Go to **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"/>				
Ulster-Scots	<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



**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.
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- 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**

Individual questions - Person 6 start here

1 What is your name? (Person 6 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



Person 6 - continued

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 ➔ Go to **19**
 Presbyterian Church in Ireland ➔ Go to **19**
 Church of Ireland ➔ Go to **19**
 Methodist Church in Ireland ➔ Go to **19**
 Other, write in ➔ Go to **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 ➔ Go to **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"/>				
Ulster-Scots	<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



**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**

Further information

Students / schoolchildren who live away from home during term time

All students or schoolchildren who live away from home during term time need to be included on a 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 45).

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 45).

If they are staying overnight at their other address on 27 March 2011, 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 27 March 2011, in Household questions (H1 to H3 and H6) and Individual questions (1 to 45).

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 45).

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 27 March 2011, 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 27 March 2011, in Household questions (H1 to H3 and H6) and Individual questions (1 to 45).

Households away on 27 March 2011

If this address is unoccupied overnight on 27 March 2011 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 H11 only.

People temporarily away from home

Anyone who is temporarily away from their permanent or family home on 27 March 2011 should be included at their home address, in Household questions (H1 to H3 and H6) and Individual questions (1 to 45). 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 6 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 45).

If they are staying overnight at their second UK address on 27 March 2011, 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 45).

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 H14) and ensure Individual questions (1 to 45) are completed for each household member. The Individual questions may be completed separately by requesting an Individual Questionnaire.



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 0300 0201 120 to request a Continuation Questionnaire

Visitor A

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 B

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 A

OR

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 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 A

OR

Postcode

OR Outside the UK, write in country

Now → Go to the Declaration on the front page.

