



### **FREEPOST Census 2021**

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

### **Where you can get help**

[www.census.gov.uk/ni](http://www.census.gov.uk/ni)

Helpline 0800 328 2021

NGT (18001) 0800 328 2021

Language helpline 0800 587 2021

### **What do you need to do?**

The householder is responsible for ensuring that this questionnaire is completed **by 21 March 2021, or as soon as possible afterwards**. The completed questionnaire should be posted back separately using the pre-paid envelope supplied.

**If there are more than six people in your household:**

- complete the relationship question (pages 2 and 3 of this questionnaire);
- answer the remaining questions for every member of your household not included on your first Household Questionnaire;
- if there are more than 11 people in your household, you will need an additional Continuation Questionnaire.

**If there are more than three visitors in your household:**

- complete the Visitor questions on the back page of this questionnaire (page 24). Include every visitor staying overnight on 21 March 2021 not included on your first Household Questionnaire;
- if there are more than six visitors, you will need an additional Continuation Questionnaire.

Please post your Continuation Questionnaire back separately in the pre-paid envelope supplied.

If you have lost your envelope, please return to:  
**FREEPOST** Census 2021

**Your data are protected by law.**

# Household questions

**C1** How are members of this household related to each other? If members are not related, tick the 'Unrelated' box.

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

➤ Use the remaining columns to write the names of each person who was not included on your first Household Questionnaire. Remember to include children and babies and people who have requested an Individual Questionnaire. Do not include visitors.

➤ Tick a box to show the relationship of each person to each of the other members of your household you have listed.

## Example:

This shows the relationship information for Mary Smith, who is Person 1, and her remaining 3 children (Thomas, Grace and Daniel), who were not included on the first Household Questionnaire.

Name of Person 1	Name of Person 7	Name of Person 8
First name <input type="text" value="MARY"/>	First name <input type="text" value="THOMAS"/>	First name <input type="text" value="GRACE"/>
Last name <input type="text" value="SMITH"/>	Last name <input type="text" value="SMITH"/>	Last name <input type="text" value="SMITH"/>
	How is Person 7 related to Person: <b>1</b>	How is Person 8 related to Person: <b>1 7</b>
	Husband or wife <input type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Civil partner <input type="checkbox"/>	Civil partner <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input checked="" type="checkbox"/>	Son or daughter <input checked="" type="checkbox"/> <input type="checkbox"/>
	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 checked="" type="checkbox"/>

## Name of Person 1

First name

Last name

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

## Name of Person 7

First name

Last name

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

Husband or wife

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 8

First name

Last name

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

Husband or wife

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 9

First name

Last name

How is Person 9 related to Person: **1 7 8**

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Name of Person 10

First name

Last name

How is Person 10 related to Person: **1 7 8 9**

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>	<input type="checkbox"/>

### Name of Person 11

First name

Last name

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

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Name of Person 9

First name

Last name

How is Person 9 related to Person: **1 7 8**

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Name of Person 10

First name

Last name

How is Person 10 related to Person: **1 7 8 9**

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>	<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"/>	<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"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Name of Person 11

First name

Last name

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

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Individual questions – Person 7 start here

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

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 civil partnership status?

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

## 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 7 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**

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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

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None

**15** What is your main language?

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

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**16** How well can you speak English?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very well                | Well                     | Not well                 | Not at all               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Irish?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Ulster-Scots?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**19** How is your health in general?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good                | Good                     | Fair                     | Bad                      | Very bad                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 that requires the use of a wheelchair
- 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, 1 to 19 hours 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 7 continued

**23** Are you aged 16 or over?

- Yes
- No → **GO TO 42**

**24** Which of the following best describes your sexual orientation?

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

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- Prefer not to say

**25** 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

**26** Have you achieved any other qualifications?

→ Tick all that apply.

### GCSEs or 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)

### AS, A level or equivalent

- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level

### NVQ or equivalent

- 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

### Other or no qualifications

- Any other qualifications, equivalent unknown
- No qualifications

**27** Have you completed an apprenticeship?

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

- Yes
- No

**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 7 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



**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 7**.

➔ **GO TO** questions for **Person 8** on page 8.

**OR** If there are no more people in this household,

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

# Individual questions – Person 8 start here

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

First name(s)

Last name

## 2 What is your date of birth?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3 What is your sex?

- Female  Male

## 4 What is your marital or civil partnership status?

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

## 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 8 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**

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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

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None

**15** What is your main language?

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

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**16** How well can you speak English?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very well                | Well                     | Not well                 | Not at all               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Irish?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Ulster-Scots?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**19** How is your health in general?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good                | Good                     | Fair                     | Bad                      | Very bad                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 that requires the use of a wheelchair
- 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, 1 to 19 hours 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 8 continued

**23** Are you aged 16 or over?

- Yes  
 No → **GO TO 42**

**24** Which of the following best describes your sexual orientation?

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

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- Prefer not to say

**25** 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

**26** Have you achieved any other qualifications?

↪ Tick all that apply.

### GCSEs or 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)

### AS, A level or equivalent

- 2 or more A levels, 4 or more AS levels  
 1 A level, 2-3 AS levels  
 1 AS level

### NVQ or equivalent

- 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

### Other or no qualifications

- Any other qualifications, equivalent unknown  
 No qualifications

**27** Have you completed an apprenticeship?

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

- Yes       No

**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 8 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



**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 8**.

➤ **GO TO** questions for **Person 9** on page 12.

**OR** If there are no more people in this household,

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

# Individual questions – Person 9 start here

## 1 What is your name? (Person 9 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 civil partnership status?

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

## 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 9 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**

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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

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None

**15** What is your main language?

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

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**16** How well can you speak English?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very well                | Well                     | Not well                 | Not at all               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Irish?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Ulster-Scots?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**19** How is your health in general?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good                | Good                     | Fair                     | Bad                      | Very bad                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 that requires the use of a wheelchair
- 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, 1 to 19 hours 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 9 continued

**23** Are you aged 16 or over?

- Yes
- No → GO TO 42

**24** Which of the following best describes your sexual orientation?

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

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- Prefer not to say

**25** 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

**26** Have you achieved any other qualifications?

↪ Tick all that apply.

### GCSEs or 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)

### AS, A level or equivalent

- 2 or more A levels, 4 or more AS levels
- 1 A level, 2-3 AS levels
- 1 AS level

### NVQ or equivalent

- 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

### Other or no qualifications

- Any other qualifications, equivalent unknown
- No qualifications

**27** Have you completed an apprenticeship?

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

- Yes
- No

**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 9 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



**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 9**.

➔ **GO TO** questions for **Person 10** on page 16.

**OR** If there are no more people in this household,

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

# Individual questions – Person 10 start here

## 1 What is your name? (Person 10 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 civil partnership status?

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

## 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 10 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**

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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

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None

**15** What is your main language?

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

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**16** How well can you speak English?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very well                | Well                     | Not well                 | Not at all               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Irish?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Ulster-Scots?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**19** How is your health in general?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good                | Good                     | Fair                     | Bad                      | Very bad                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 that requires the use of a wheelchair
- 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, 1 to 19 hours 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 10 continued

**23** Are you aged 16 or over?

- Yes  
 No → **GO TO 42**

**24** Which of the following best describes your sexual orientation?

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

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- Prefer not to say

**25** 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

**26** Have you achieved any other qualifications?

→ Tick all that apply.

### GCSEs or 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)

### AS, A level or equivalent

- 2 or more A levels, 4 or more AS levels  
 1 A level, 2-3 AS levels  
 1 AS level

### NVQ or equivalent

- 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

### Other or no qualifications

- Any other qualifications, equivalent unknown  
 No qualifications

**27** Have you completed an apprenticeship?

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

- Yes       No

**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 10 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



**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 10**.

➔ **GO TO** questions for **Person 11** on page 20.

**OR** If there are no more people in this household,

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

# Individual questions – Person 11 start here

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

First name(s)

Last name

## 2 What is your date of birth?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3 What is your sex?

- Female     Male

## 4 What is your marital or civil partnership status?

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

## 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 11 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               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Irish?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☞ Tick all that apply.

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No ability               | Understand               | Speak                    | Read                     | Write                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you speak Ulster-Scots?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily                    | Weekly                   | Less often               | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**19** How is your health in general?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good                | Good                     | Fair                     | Bad                      | Very bad                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 that requires the use of a wheelchair
- 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, 1 to 19 hours 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 11 continued

**23** Are you aged 16 or over?

- Yes  
 No → **GO TO 42**

**24** Which of the following best describes your sexual orientation?

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

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

- Prefer not to say

**25** 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

**26** Have you achieved any other qualifications?

↻ Tick all that apply.

### GCSEs or 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)

### AS, A level or equivalent

- 2 or more A levels, 4 or more AS levels  
 1 A level, 2-3 AS levels  
 1 AS level

### NVQ or equivalent

- 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

### Other or no qualifications

- Any other qualifications, equivalent unknown  
 No qualifications

**27** Have you completed an apprenticeship?

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

- Yes  No

**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 11 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 11**.

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

**OR** If there are no more people in this household,

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

# Visitor questions

**V** How many additional visitors not listed on your first Household Questionnaire are staying overnight here on 21 March 2021?

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

## Visitor D

**V1** What is this person's name?

First name

Last name

**V2** What is this person's date of birth?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**V3** What is this person's sex?

- Female  Male

**V4** What is this person's usual UK address?

	Postcode
<input type="text"/>	<input type="text"/>

- OR** Outside the UK, write in country

## Visitor E

**V1** What is this person's name?

First name

Last name

**V2** What is this person's date of birth?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**V3** What is this person's sex?

- Female  Male

**V4** What is this person's usual UK address?

- Same address as Visitor D

	Postcode
<input type="text"/>	<input type="text"/>

- OR** Outside the UK, write in country

## Visitor F

**V1** What is this person's name?

First name

Last name

**V2** What is this person's date of birth?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**V3** What is this person's sex?

- Female  Male

**V4** What is this person's usual UK address?

- Same address as Visitor D

	Postcode
<input type="text"/>	<input type="text"/>

- OR** Outside the UK, write in country

**Now** → **GO TO** the Declaration on the front page