H5

Northern Ireland Statistics & Research Agency

Northern Ireland Census
29 April 2001
count me in

Household Form

Census Helpline 0845 3020011 Text Phone for the Deaf 0845 3032001 Website www.nicensus2001.gov.uk

Name

Address

Postcode

CD

ED

Form number

Multi-form: This is only form 1 of

SPECIMEN

To the Householder

The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.

Completing your form

Completion of the Census form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to completion of the questions on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely under the terms of the Public Records Act (Northern Ireland) 1923.

Thank you for your co-operation.

T. N. Caven

Dr T N Caven
REGISTRAR GENERAL
NORTHERN IRELAND

What you have to do

- Your household should complete this form in **black or blue ink**. A household is:
  - one person living alone,
  - a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room or at least one meal a day.
- This form covers six people. If there are more than six people in your household you will need an extra form.
- List household members in Table 1 (page 2). You may use Table 2 on the same page to list visitors.
- Answer the questions about your accommodation (page 3).
- Complete the relationship section (pages 4 and 5).
- Ensure that a person section (3 pages) is completed for every member of your household in the same order as they are listed in Table 1.
- Leave all unused sections or pages blank.
- Sign the Declaration and **post the form back** (with any other forms for the household) in the reply-paid envelope provided.

For help or extra forms, please call the Census Helpline on 0845 3020011. All calls to this number are charged at the local rate.

Declaration

- To be signed after completing this form. Please check that you have not missed any pages or questions.

This form is completed to the best of my knowledge and belief.

Signature/s

Date

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Table 1 Household Members

- Using *black or blue ink,* list all members of your household who usually live at this address, including yourself.
  - Start with the Householder or Joint Householders.
  - Include anyone who is temporarily away from home on the night of 29 April 2001 but who usually lives at this address.
  - Include schoolchildren and students if they live at this address during the school, college or university term.
  - Also include schoolchildren and students who are away from home during the school, college or university term for whom only basic information is required at this address.
  - Include any baby born before 30 April 2001, even if still in hospital.
  - Include people with more than one address if they live at this address for the *majority of time*.
  - Include anyone who is staying with you who has no other usual address.
  - Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces, if they usually live at this address.
- If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and ✓ the relevant box in the column marked 'Individual Form'.

Person No.		Individual Form
Person 1		☐
Person 2		☐
Person 3		☐
Person 4		☐
Person 5		☐
Person 6		☐

If you have more than 6 people in your household, you will need an extra form. Please contact the Census Helpline.

Person 7		☐
Person 8		☐
Person 9		☐
Person 10		☐
Person 11		☐
Person 12		☐

Table 2 Visitors

- To help you complete the form you may use Table 2 to list any visitors staying at this address, on the night of 29 April 2001, who usually live elsewhere.
- If there are only visitors at this address, please complete questions H1 to H6 (page 3). No further questions need to be answered.

First name and surname	Address

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How to complete the remaining questions

Remember to use black or blue ink.

Put a tick in the appropriate box, like this ☑. If you mark the wrong box, fill in the box and put a tick in the right one, like this ■ ☑

Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Where possible, start a new line if a word will not fit.

9 What is your country of birth?

☑ Elsewhere, *please write in the present name of the country*

S O U T H
A F R I C A

Household Accommodation

H1 What type of accommodation does your household occupy?

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 (includes bed-sits)
- ☐ In a commercial building (for example, in an office building, or hotel, or over a shop)

Mobile or temporary structure:

- ☐ A caravan or other mobile or temporary structure

H2 Is your household's accommodation self-contained?

- This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.

- ☐ Yes, all the rooms are behind a door that only our household can use
- ☐ No

H3 How many rooms do you have for use only by your household?

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

Number of rooms ☐☐

H4 Do you have a bath/shower *and* toilet for use only by your household?

☐ Yes ☐ No

H5 What is the lowest floor level of your household's living accommodation?

- ☐ Basement or semi-basement
- ☐ Ground floor (street level)
- ☐ First floor (floor above street level)
- ☐ Second floor
- ☐ Third or fourth floor
- ☐ Fifth floor or higher

H6 Are the rooms used by your household located on more than one floor?

☐ Yes ☐ No

H7 Does your accommodation have central heating?

- If you have central heating available, ✓ 'Yes' whether or not you use it.
- Central heating includes:
  - gas, oil or solid fuel central heating,
  - night storage heaters,
  - warm air heating,
  - underfloor heating.

- ☐ Yes, in some or all rooms
- ☐ No

H8 How many cars or vans are owned, or available for use, by one or more members of your household?

- Include any company car or van if available for private use.

☐ None ☐ One
☐ Two ☐ Three
☐ Four or more, *please write in* ☐☐

H9 Does your household own or rent the accommodation?

- ✓ one box only.

- ☐ Owns outright
  ► Go to **H11**
- ☐ Owns with a mortgage or loan
  ► Go to **H11**
- ☐ Pays part rent and part mortgage (shared ownership)
  ► Go to **H11**
- ☐ Rents
  ► Go to **H10**
- ☐ Lives here rent free
  ► Go to **H10**

H10 Who is your landlord?

- ☐ Northern Ireland Housing Executive
- ☐ Housing Association Housing Co-operative Charitable Trust
- ☐ Private landlord or letting agency
- ☐ Employer of a household member
- ☐ Relative or friend of a household member
- ☐ Other

H11 Please turn the page.

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Household Members and their Relationships within the Household

- The example below shows how to provide the relationship information for John Smith, his wife (Mary) and their four children (Alison, Steven, James and Margaret).
- In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
First name JOHN	First name MARY	First name ALISON	First name STEVEN
Surname SMITH	Surname SMITH	Surname SMITH	Surname SMITH

ENTER NAME OF PERSON 1 ABOVE

Relationship of Person 2 to Person →	1
Husband or wife	☑
Partner	☐
Son or daughter	☐
Step-child	☐
Brother or sister	☐

Relationship of Person 3 to Person →	1	2
Husband or wife	☐	☐
Partner	☐	☐
Son or daughter	☑	☑
Step-child	☐	☐
Brother or sister	☐	☐

Relationship of Person 4 to Person →	1	2	3
Husband or wife	☐	☐	☐
Partner	☐	☐	☐
Son or daughter	☑	☑	☐
Step-child	☐	☐	☐
Brother or sister	☐	☐	☑

- Use the same order as Persons are listed in Table 1 (page 2), starting with Person 1.
- Print the name of each household member in the space at the top of each column.
- ✓ a box to show the relationship of each person to each of the other members of your household.
- Provide information here for household members who require an Individual Form for privacy reasons. Questions on the following pages should be left blank for these people.

Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
First name	First name	First name	First name
Surname	Surname	Surname	Surname

ENTER NAME OF PERSON 1 ABOVE

Relationship of Person 2 to Person →	1
Husband or wife	☐
Partner	☐
Son or daughter	☐
Step-child	☐
Brother or sister	☐
Mother or father	☐
Step-mother or step-father	☐
Grandchild	☐
Grandparent	☐
Other related	☐
Unrelated	☐

Relationship of Person 3 to Person →	1	2
Husband or wife	☐	☐
Partner	☐	☐
Son or daughter	☐	☐
Step-child	☐	☐
Brother or sister	☐	☐
Mother or father	☐	☐
Step-mother or step-father	☐	☐
Grandchild	☐	☐
Grandparent	☐	☐
Other related	☐	☐
Unrelated	☐	☐

Relationship of Person 4 to Person →	1	2	3
Husband or wife	☐	☐	☐
Partner	☐	☐	☐
Son or daughter	☐	☐	☐
Step-child	☐	☐	☐
Brother or sister	☐	☐	☐
Mother or father	☐	☐	☐
Step-mother or step-father	☐	☐	☐
Grandchild	☐	☐	☐
Grandparent	☐	☐	☐
Other related	☐	☐	☐
Unrelated	☐	☐	☐

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Name of Person 5

First name JAMES

Surname SMITH

Relationship of Person 5 to Person → 1 2 3 4

	1	2	3	4
Husband or wife	☐	☐	☐	☐
Partner	☐	☐	☐	☐
Son or daughter	☑	☑	☐	☐
Step-child	☐	☐	☐	☐
Brother or sister	☐	☐	☑	☑

Name of Person 6

First name MARGARET

Surname SMITH

Relationship of Person 6 to Person → 1 2 3 4 5

	1	2	3	4	5
Husband or wife	☐	☐	☐	☐	☐
Partner	☐	☐	☐	☐	☐
Son or daughter	☑	☑	☐	☐	☐
Step-child	☐	☐	☐	☐	☐
Brother or sister	☐	☐	☑	☑	☑

Name of Person 5

First name

Surname

Relationship of Person 5 to Person → 1 2 3 4

	1	2	3	4
Husband or wife	☐	☐	☐	☐
Partner	☐	☐	☐	☐
Son or daughter	☐	☐	☐	☐
Step-child	☐	☐	☐	☐
Brother or sister	☐	☐	☐	☐
Mother or father	☐	☐	☐	☐
Step-mother or step-father	☐	☐	☐	☐
Grandchild	☐	☐	☐	☐
Grandparent	☐	☐	☐	☐
Other related	☐	☐	☐	☐
Unrelated	☐	☐	☐	☐

Name of Person 6

First name

Surname

Relationship of Person 6 to Person → 1 2 3 4 5

	1	2	3	4	5
Husband or wife	☐	☐	☐	☐	☐
Partner	☐	☐	☐	☐	☐
Son or daughter	☐	☐	☐	☐	☐
Step-child	☐	☐	☐	☐	☐
Brother or sister	☐	☐	☐	☐	☐
Mother or father	☐	☐	☐	☐	☐
Step-mother or step-father	☐	☐	☐	☐	☐
Grandchild	☐	☐	☐	☐	☐
Grandparent	☐	☐	☐	☐	☐
Other related	☐	☐	☐	☐	☐
Unrelated	☐	☐	☐	☐	☐

Remaining questions should be answered for each member of your household in the same order as they are listed in Table 1 (page 2 of your Household Form). Where a household member is completing an Individual Form for privacy reasons, the remaining questions for this person should be left *blank*.

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Person 1

1 What is your name? (Person 1 in Table 1)

First name and surname

2 What is your sex?

- ☐ Male
- ☐ Female

3 What is your date of birth?

Day | Month | Year

4 What is your marital status (on 29 April 2001)?

- ☐ Single (never married)
- ☐ Married (first marriage)
- ☐ Re-married
- ☐ Separated (but still legally married)
- ☐ Divorced
- ☐ Widowed

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

- ☐ Yes ► Go to 6
- ☐ No ► Go to 7

6 Do you live at the address shown on the front of this form during the school, college or university term?

♦ Only answer this question if you have answered 'Yes' to Question 5.

- ☐ Yes, I live at this address during the school/college/university term ► Go to 7
- ☐ No, I live elsewhere during the school/college/university term ► Go to 35

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

♦ ✓ all the boxes that apply.

- ☐ Understand spoken Irish
- ☐ Speak Irish
- ☐ Read Irish
- ☐ Write Irish
- ☐ None of the above

8 Do you regard yourself as belonging to any particular religion?

- ☐ Yes ► Go to 8a
- ☐ No ► Go to 8b

8a What religion, religious denomination or body do you belong to?

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

► Go to 9

8b 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, *please write in*
- ☐ None

9 What is your country of birth?

- ☐ Northern Ireland
- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Republic of Ireland
- ☐ Elsewhere, *please write in the present name of the country*

10 To which of these ethnic groups do you consider you belong?

♦ ✓ 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*

11 Over the last twelve months would you say your health has on the whole been:

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

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

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

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

♦ ✓ time spent in a typical week.

- ☐ No
- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week

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Person 1

1 What is your name? (Person 1 in Table 1)

First name and surname

2 What is your sex?

- ☐ Male
- ☐ Female

3 What is your date of birth?

Day | Month | Year

4 What is your marital status (on 29 April 2001)?

- ☐ Single (never married)
- ☐ Married (first marriage)
- ☐ Re-married
- ☐ Separated (but still legally married)
- ☐ Divorced
- ☐ Widowed

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

- ☐ Yes ► Go to 6
- ☐ No ► Go to 7

6 Do you live at the address shown on the front of this form during the school, college or university term?

♦ Only answer this question if you have answered 'Yes' to Question 5.

- ☐ Yes, I live at this address during the school/college/university term
  ► Go to 8
- ☐ No, I live elsewhere during the school/college/university term
  ► Go to 35

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

♦ ✓ all the boxes that apply.

- ☐ Understand spoken Irish
- ☐ Speak Irish
- ☐ Read Irish
- ☐ Write Irish
- ☐ None of the above

8 Do you regard yourself as belonging to any particular religion?

- ☐ Yes ► Go to 8a
- ☐ No ► Go to 8b

8a What religion, religious denomination or body do you belong to?

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

► Go to 9

8b 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, *please write in*
- ☐ None

9 What is your country of birth?

- ☐ Northern Ireland
- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Republic of Ireland
- ☐ Elsewhere, *please write in the present name of the country*

10 To which of these ethnic groups do you consider you belong?

♦ ✓ one box only.

- ☐ White
- ☐ Chinese
- ☐ Irish Traveller
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Black Caribbean
- ☐ Black African
- ☐ Black
- ☐ Mixed ethnic group, *write in*
- ☐ Any other ethnic group, *write in*

11 Over the last twelve months would you say your health has on the whole been:

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

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

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

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

♦ ✓ time spent in a typical week.

- ☐ No
- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week

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Person 1 - *continued*

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

♦ Include problems which are due to old age.

☐ Yes ☐ No

14 What was your usual address one year ago?

♦ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

☐ The address shown on the front of the form

☐ No usual address one year ago

☐ Elsewhere, *please write in below*

Postcode

15 If you are aged 16 to 74 ► Go to 16

If you are aged 15 and under, or 75 and over ► Go to 35

16 Which of these qualifications do you have?

♦ ✓ all the qualifications, or their equivalents, that apply

☐ GCSE (grades D-G), CSE (grades 2-5)

☐ 1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes

☐ 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ 'O' Level Passes, Senior Certificate

☐ 1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate

☐ 2+ 'A' Levels, 4+ AS Levels

☐ First Degree

☐ Higher Degree

☐ NVQ Level 1, GNVQ Foundation

☐ NVQ Level 2, GNVQ Intermediate

☐ NVQ Level 3, GNVQ Advanced

☐ NVQ Level 4, HNC, HND

☐ NVQ Level 5

☐ No qualifications

17 Last week, were you doing any work:

- **as an employee, or on a Government sponsored training scheme,**
- **as self-employed/freelance, or**
- **in your own/family business (including shop or farm)?**

♦ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

☐ Yes ► Go to 23

☐ No ► Go to 18

18 Were you actively looking for any kind of paid work during the last 4 weeks?

☐ Yes ☐ No

19 If a job had been available last week, could you have started it within 2 weeks?

☐ Yes ☐ No

20 Last week, were you waiting to start a job already obtained?

☐ Yes ☐ No

21 Last week, were you any of the following?

♦ ✓ all the boxes that apply.

☐ Retired

☐ Student

☐ Looking after home/family

☐ Permanently sick/disabled

☐ None of the above

22 Have you ever worked?

☐ Yes, *please write in the year you last worked*

► Go to 23

☐ No, have never worked

► Go to 35

23 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

♦ Your *main* job is the job in which you usually work the most hours.

24 Do (did) you work as an employee or are (were) you self-employed?

☐ Employee

☐ Self-employed with employees

☐ Self-employed/freelance without employees

25 How many people work (worked) for your employer at the place where you work (worked)?

♦ If you are (were) *self-employed*, ✓ to show how many people you employ (employed).

☐ 1-9 ☐ 10-24

☐ 25-499 ☐ 500 or more

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Person 1 - *continued*

26 What is (was) the full title of your *main* job?

- For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
- Civil Servants, Local Government Officers - give job title not grade or pay band.

27 Describe what you do (did) in your *main* job.

28 Do (did) you supervise any other employees?

- A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

☐ Yes ☐ No

29 What is (was) the business of your employer at the place where you work (worked)?

- For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.
- If you are (were) self-employed/freelance (have (had) your own business, what is (was) the nature of your business?
- Civil Servants, Local Government Officers - please specify your Department.

30 If you were working last week ► Go to **31**

If you were not working last week ► Go to **35**

31 What is the full name of the organisation you work for in your *main* job?

- Write in the name or ✓ one box below as appropriate.
- If you have your own business, write in the name.

☐ Self-employed/freelance ☐ Work for a private individual

32 What is the address of the place where you work in your *main* job?

- Write in the address or ✓ one box below as appropriate.
- If you report to a depot, write in the depot address.

Postcode

☐ Mainly work at or from home ☐ Offshore installation ☐ No fixed place

33 How do you usually travel to work?

- ✓ one box only.
- ✓ the box for the longest part, *by distance*, of your usual journey to work.

☐ Work mainly at or from home
☐ Train
☐ Bus, minibus or coach (public or private)
☐ Motor cycle, scooter or moped
☐ Driving a car or van
☐ Car or van pool, sharing driving
☐ Passenger in a car or van
☐ Taxi
☐ Bicycle
☐ On Foot
☐ Other

34 How many hours a week do you usually work in your *main* job?

- Answer to nearest whole hour.
- Give average for last four weeks.

Number of hours worked a week

35 THERE ARE NO MORE QUESTIONS FOR PERSON 1.

- **Go to questions for Person 2.**
- **If there are no more people in your household please leave the following pages blank.**
- **Remember to sign the Declaration on the front page.**

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Person 2

1 What is your name? (Person 2 in Table 1)

First name and surname

2 What is your sex?

- ☐ Male
- ☐ Female

3 What is your date of birth?

Day | Month | Year

4 What is your marital status (on 29 April 2001)?

- ☐ Single (never married)
- ☐ Married (first marriage)
- ☐ Re-married
- ☐ Separated (but still legally married)
- ☐ Divorced
- ☐ Widowed

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

- ☐ Yes ► Go to 6
- ☐ No ► Go to 7

6 Do you live at the address shown on the front of this form during the school, college or university term?

♦ Only answer this question if you have answered 'Yes' to Question 5

- ☐ Yes, I live at this address during the school/college/university term ► Go to 7
- ☐ No, I live elsewhere during the school/college/university term ► Go to 7a

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

♦ ✓ all the boxes that apply.

- ☐ Understand spoken Irish
- ☐ Speak Irish
- ☐ Read Irish
- ☐ Write Irish
- ☐ None of the above

8 Do you regard yourself as belonging to any particular religion?

- ☐ Yes ► Go to 8a
- ☐ No ► Go to 8b

8a What religion, religious denomination or body do you belong to?

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

► Go to 9

8b 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, *please write in*
- ☐ None

9 What is your country of birth?

- ☐ Northern Ireland
- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Republic of Ireland
- ☐ Elsewhere, *please write in the present name of the country*

10 To which of these ethnic groups do you consider you belong?

♦ ✓ one box only.

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- ☐ Chinese
- ☐ Irish Traveller
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Black Caribbean
- ☐ Black African
- ☐ Black Other
- ☐ Mixed ethnic group, *write in*
- ☐ Any other ethnic group, *write in*

11 Over the last twelve months would you say your health has on the whole been:

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

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

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

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

♦ ✓ time spent in a typical week.

- ☐ No
- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week

SPECIMEN

Person 2 - *continued*

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

♦ Include problems which are due to old age.

☐ Yes ☐ No

14 What was your usual address one year ago?

♦ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

☐ The address shown on the front of the form

☐ No usual address one year ago ☐ Same as Person 1

☐ Elsewhere, *please write in below*

Postcode

15 If you are aged 16 to 74 ► Go to **16**

If you are aged 15 and under, or 75 and over ► Go to **35**

16 Which of these qualifications do you have?

♦ ✓ all the qualifications, or their equivalents, that apply.

☐ GCSE (grades D-G), CSE (grades 2-5)

☐ 1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level passes

☐ 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ 'O' Level passes, Senior Certificate

☐ 1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate

☐ 2+ 'A' Levels, 4+ AS Levels

☐ First Degree

☐ Higher Degree

☐ NVQ Level 1, GNVQ Foundation

☐ NVQ Level 2, GNVQ Intermediate

☐ NVQ Level 3, GNVQ Advanced

☐ NVQ Level 4, HNC, HND

☐ NVQ Level 5

☐ No qualifications

17 Last week, were you doing any work:

- **as an employee, or on a Government sponsored training scheme,**
- **as self-employed/freelance, or**
- **in your own/family business (including shop or farm)?**

♦ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

☐ Yes ► Go to **23**

☐ No ► Go to **18**

18 Were you actively looking for any kind of paid work during the last 4 weeks?

☐ Yes ☐ No

19 If a job had been available last week, could you have started it within 2 weeks?

☐ Yes ☐ No

20 Last week, were you waiting to start a job already obtained?

☐ Yes ☐ No

21 Last week, were you any of the following?

♦ ✓ all the boxes that apply.

☐ Retired

☐ Student

☐ Looking after home/family

☐ Permanently sick/disabled

☐ None of the above

22 Have you ever worked?

☐ Yes, *please write in the year you last worked*

► Go to **23**

☐ No, have never worked

► Go to **35**

23 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

♦ Your *main* job is the job in which you usually work the most hours.

24 Do (did) you work as an employee or are (were) you self-employed?

☐ Employee

☐ Self-employed with employees

☐ Self-employed/freelance without employees

25 How many people work (worked) for your employer at the place where you work (worked)?

♦ If you are (were) *self-employed*, ✓ to show how many people you employ (employed).

☐ 1-9 ☐ 10-24

☐ 25-499 ☐ 500 or more

SPECIMEN

1540

Person 2 - *continued*

26 What is (was) the full title of your *main* job?

- For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
- Civil Servants, Local Government Officers - give job title not grade or pay band.

27 Describe what you do (did) in your *main* job.

28 Do (did) you supervise any other employees?

- A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

☐ Yes ☐ No

29 What is (was) the business of your employer at the place where you work (worked)?

- For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.
- If you are (were) self-employed/freelance or have (had) your own business what is (was) the nature of your business?
- Civil Servants, Local Government Officers - please specify your department.

30 If you were working last week ► Go to 31

If you were not working last week ► 35

31 What is the full name of the organisation you work for in your *main* job?

- Write in the name or ✓ one box below as appropriate.
- If you have your own business, write in the name.

☐ Self-employed/freelance ☐ Work for a private individual

32 What is the address of the place where you work in your *main* job?

- Write in the address or ✓ one box below as appropriate.
- If you report to a depot, write in the depot address.

Postcode

☐ Mainly work at or from home ☐ Offshore installation ☐ No fixed place

33 How do you usually travel to work?

- ✓ one box only.
- ✓ the box for the longest part, *by distance*, of your usual journey to work.

☐ Work mainly at or from home
☐ Train
☐ Bus, minibus or coach (public or private)
☐ Motor cycle, scooter or moped
☐ Driving a car or van
☐ Car or van pool, sharing driving
☐ Passenger in a car or van
☐ Taxi
☐ Bicycle
☐ On foot
☐ Other

34 How many hours a week do you usually work in your *main* job?

- Answer to nearest whole hour.
- Give average for last four weeks.

Number of hours worked a week

35 THERE ARE NO MORE QUESTIONS FOR PERSON 2.

- **Go to questions for Person 3.**
- **If there are no more people in your household please leave the following pages blank.**
- **Remember to sign the Declaration on the front page.**

SPECIMEN

Person 3

1 What is your name? (Person 3 in Table 1)

First name and surname

2 What is your sex?

- ☐ Male
- ☐ Female

3 What is your date of birth?

Day | Month | Year

4 What is your marital status (on 29 April 2001)?

- ☐ Single (never married)
- ☐ Married (first marriage)
- ☐ Re-married
- ☐ Separated (but still legally married)
- ☐ Divorced
- ☐ Widowed

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

- ☐ Yes ► Go to 6
- ☐ No ► Go to 7

6 Do you live at the address shown on the front of this form during the school, college or university term?

♦ Only answer this question if you have answered 'Yes' to Question 5.

- ☐ Yes, I live at this address during the school/college/university term ► Go to 7
- ☐ No, I live elsewhere during the school/college/university term ► Go to 35

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

♦ ✓ all the boxes that apply.

- ☐ Understand spoken Irish
- ☐ Speak Irish
- ☐ Read Irish
- ☐ Write Irish
- ☐ None of the above

8 Do you regard yourself as belonging to any particular religion?

- ☐ Yes ► Go to 8a
- ☐ No ► Go to 8b

8a What religion, religious denomination or body do you belong to?

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

► Go to 9

8b 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, *please write in*
- ☐ None

9 What is your country of birth?

- ☐ Northern Ireland
- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Republic of Ireland
- ☐ Elsewhere, *please write in the present name of the country*

10 To which of these ethnic groups do you consider you belong?

♦ ✓ 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*

11 Over the last twelve months would you say your health has on the whole been:

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

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

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

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

♦ ✓ time spent in a typical week.

- ☐ No
- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week

SPECIMEN

1542

Person 3 - *continued*

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

♦ Include problems which are due to old age.

☐ Yes ☐ No

14 What was your usual address one year ago?

♦ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

☐ The address shown on the front of the form

☐ No usual address one year ago ☐ Same as Person 1

☐ Elsewhere, *please write in below*

Postcode

15 If you are aged 16 to 74 ► Go to 16

If you are aged 15 and under, or 75 and over ► Go to 35

16 Which of these qualifications do you have?

♦ ✓ all the qualifications, or their equivalents, that apply

☐ GCSE (grades D-G), CSE (grades 2-5)

☐ 1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes

☐ 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ 'O' Level Passes, Senior Certificate

☐ 1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate

☐ 2+ 'A' Levels, 4+ AS Levels

☐ First Degree

☐ Higher Degree

☐ NVQ Level 1, GNVQ Foundation

☐ NVQ Level 2, GNVQ Intermediate

☐ NVQ Level 3, GNVQ Advanced

☐ NVQ Level 4, HNC, HND

☐ NVQ Level 5

☐ No qualifications

17 Last week, were you doing any work:

- **as an employee, or on a Government sponsored training scheme,**
- **as self-employed/freelance, or**
- **in your own/family business (including shop or farm)?**

♦ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

☐ Yes ► Go to 23

☐ No ► Go to 18

18 Were you actively looking for any kind of paid work during the last 4 weeks?

☐ Yes ☐ No

19 If a job had been available last week, could you have started it within 2 weeks?

☐ Yes ☐ No

20 Last week, were you waiting to start a job already obtained?

☐ Yes ☐ No

21 Last week, were you any of the following?

♦ ✓ all the boxes that apply.

☐ Retired

☐ Student

☐ Looking after home/family

☐ Permanently sick/disabled

☐ None of the above

22 Have you ever worked?

☐ Yes, *please write in the year you last worked*

► Go to 23

☐ No, have never worked

► Go to 35

23 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

♦ Your *main* job is the job in which you usually work the most hours.

24 Do (did) you work as an employee or are (were) you self-employed?

☐ Employee

☐ Self-employed with employees

☐ Self-employed/freelance without employees

25 How many people work (worked) for your employer at the place where you work (worked)?

♦ If you are (were) *self-employed*, ✓ to show how many people you employ (employed).

☐ 1-9 ☐ 10-24

☐ 25-499 ☐ 500 or more

SPECIMEN

Person 3 - *continued*

26 What is (was) the full title of your *main* job?

- For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
- Civil Servants, Local Government Officers - give job title not grade or pay band.

27 Describe what you do (did) in your *main* job.

28 Do (did) you supervise any other employees?

- A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

☐ Yes ☐ No

29 What is (was) the business of your employer at the place where you work (worked)?

- For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.
- If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?
- Civil Servants, Local Government Officers - please specify your Department.

30 If you were working last week ► Go to **31**

If you were not working last week ► Go to **35**

31 What is the full name of the organisation you work for in your *main* job?

- Write in the name or ✓ one box below as appropriate.
- If you have your own business, write in the name.

☐ Self-employed/freelance ☐ Work for a private individual

32 What is the address of the place where you work in your *main* job?

- Write in the address or ✓ one box below as appropriate.
- If you report to a depot, write in the depot address.

Postcode

☐ Mainly work at or from home ☐ Offshore installation ☐ No fixed place

33 How do you usually travel to work?

- ✓ one box only.
- ✓ the box for the longest part, *by distance*, of your usual journey to work.

☐ Work mainly at or from home
☐ Train
☐ Bus, minibus or coach (public or private)
☐ Motor cycle, scooter or moped
☐ Driving a car or van
☐ Car or van pool, sharing driving
☐ Passenger in a car or van
☐ Taxi
☐ Bicycle
☐ On Foot
☐ Other

34 How many hours a week do you usually work in your *main* job?

- Answer to nearest whole hour.
- Give average for last four weeks.

Number of hours worked a week

35 THERE ARE NO MORE QUESTIONS FOR PERSON 3.

- **Go to questions for Person 4.**
- **If there are no more people in your household please leave the following pages blank.**
- **Remember to sign the Declaration on the front page.**

SPECIMEN

1544

Person 4

1 What is your name? (Person 4 in Table 1)

First name and surname

2 What is your sex?

- ☐ Male
- ☐ Female

3 What is your date of birth?

Day | Month | Year

4 What is your marital status (on 29 April 2001)?

- ☐ Single (never married)
- ☐ Married (first marriage)
- ☐ Re-married
- ☐ Separated (but still legally married)
- ☐ Divorced
- ☐ Widowed

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

- ☐ Yes ► Go to 6
- ☐ No ► Go to 7

6 Do you live at the address shown on the front of this form during the school, college or university term?

♦ Only answer this question if you have answered 'Yes' to Question 5

- ☐ Yes, I live at this address during the school/college/university term ► Go to 7
- ☐ No, I live elsewhere during the school/college/university term ► Go to 7a

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

♦ ✓ all the boxes that apply.

- ☐ Understand spoken Irish
- ☐ Speak Irish
- ☐ Read Irish
- ☐ Write Irish
- ☐ None of the above

8 Do you regard yourself as belonging to any particular religion?

- ☐ Yes ► Go to 8a
- ☐ No ► Go to 8b

8a What religion, religious denomination or body do you belong to?

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

► Go to 9

8b 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, *please write in*
- ☐ None

9 What is your country of birth?

- ☐ Northern Ireland
- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Republic of Ireland
- ☐ Elsewhere, *please write in the present name of the country*

10 To which of these ethnic groups do you consider you belong?

♦ ✓ 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*

11 Over the last twelve months would you say your health has on the whole been:

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

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

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

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

♦ ✓ time spent in a typical week.

- ☐ No
- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week

SPECIMEN

Person 4 - *continued*

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

♦ Include problems which are due to old age.

☐ Yes ☐ No

14 What was your usual address one year ago?

♦ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

☐ The address shown on the front of the form

☐ No usual address one year ago ☐ Same as Person 1

☐ Elsewhere, *please write in below*

Postcode

15 If you are aged 16 to 74 ► Go to **16**

If you are aged 15 and under, or 75 and over ► Go to **35**

16 Which of these qualifications do you have?

♦ ✓ all the qualifications, or their equivalents, that apply.

☐ GCSE (grades D-G), CSE (grades 2-5)

☐ 1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes

☐ 5+ CSEs (grades 2-5), 5+ GCSEs (grades A-C), 5+ 'O' Level Passes, Senior Certificate

☐ 1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate

☐ 2+ 'A' Levels, 4+ AS Levels

☐ First Degree

☐ Higher Degree

☐ NVQ Level 1, GNVQ Foundation

☐ NVQ Level 2, GNVQ Intermediate

☐ NVQ Level 3, GNVQ Advanced

☐ NVQ Level 4, HNC, HND

☐ NVQ Level 5

☐ No qualifications

17 Last week, were you doing any work:

- **as an employee, or on a Government sponsored training scheme,**
- **as self-employed/freelance, or**
- **in your own/family business (including shop or farm)?**

♦ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

☐ Yes ► Go to **23**

☐ No ► Go to **18**

18 Were you actively looking for any kind of paid work during the last 4 weeks?

☐ Yes ☐ No

19 If a job had been available last week, could you have started it within 2 weeks?

☐ Yes ☐ No

20 Last week, were you waiting to start a job already obtained?

☐ Yes ☐ No

21 Last week, were you any of the following?

♦ ✓ all the boxes that apply.

☐ Retired

☐ Student

☐ Looking after home/family

☐ Permanently sick/disabled

☐ None of the above

22 Have you ever worked?

☐ Yes, *please write in the year you last worked*

► Go to **23**

☐ No, have never worked

► Go to **35**

23 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

♦ Your *main* job is the job in which you usually work the most hours.

24 Do (did) you work as an employee or are (were) you self-employed?

☐ Employee

☐ Self-employed with employees

☐ Self-employed/freelance without employees

25 How many people work (worked) for your employer at the place where you work (worked)?

♦ If you are (were) *self-employed*, ✓ to show how many people you employ (employed).

☐ 1-9 ☐ 10-24

☐ 25-499 ☐ 500 or more

SPECIMEN

1546

Person 4 - *continued*

26 What is (was) the full title of your *main* job?

- For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
- Civil Servants, Local Government Officers - give job title not grade or pay band.

27 Describe what you do (did) in your *main* job.

28 Do (did) you supervise any other employees?

- A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

☐ Yes ☐ No

29 What is (was) the business of your employer at the place where you work (worked)?

- For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.
- If you are (were) self-employed/freelance or have (had) your own business what is (was) the nature of your business?
- Civil Servants, Local Government Officers - please specify your department.

30 If you were working last week ► Go to **31**

If you were not working last week ► **35**

31 What is the full name of the organisation you work for in your *main* job?

- Write in the name or ✓ one box below as appropriate.
- If you have your own business, write in the name.

☐ Self-employed/freelance ☐ Work for a private individual

32 What is the address of the place where you work in your *main* job?

- Write in the address or ✓ one box below as appropriate.
- If you report to a depot, write in the depot address.

Postcode

☐ Mainly work at or from home ☐ Offshore installation ☐ No fixed place

33 How do you usually travel to work?

- ✓ one box only.
- ✓ the box for the longest part, *by distance*, of your usual journey to work.

☐ Work mainly at or from home
☐ Train
☐ Bus, minibus or coach (public or private)
☐ Motor cycle, scooter or moped
☐ Driving a car or van
☐ Car or van pool, sharing driving
☐ Passenger in a car or van
☐ Taxi
☐ Bicycle
☐ On foot
☐ Other

34 How many hours a week do you usually work in your *main* job?

- Answer to nearest whole hour.
- Give average for last four weeks.

Number of hours worked a week

35 THERE ARE NO MORE QUESTIONS FOR PERSON 4.

- **Go to questions for Person 5.**
- **If there are no more people in your household please leave the following pages blank.**
- **Remember to sign the Declaration on the front page.**

SPECIMEN

Person 5

1 What is your name? (Person 5 in Table 1)

First name and surname

2 What is your sex?

- ☐ Male
- ☐ Female

3 What is your date of birth?

Day | Month | Year

4 What is your marital status (on 29 April 2001)?

- ☐ Single (never married)
- ☐ Married (first marriage)
- ☐ Re-married
- ☐ Separated (but still legally married)
- ☐ Divorced
- ☐ Widowed

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

- ☐ Yes ► Go to 6
- ☐ No ► Go to 7

6 Do you live at the address shown on the front of this form during the school/college/university term?

♦ Only answer this question if you have answered 'Yes' to Question 5.

- ☐ Yes, I live at this address during the school/college/university term ► Go to 7
- ☐ No, I live elsewhere during the school/college/university term ► Go to 35

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

♦ ✓ all the boxes that apply.

- ☐ Understand spoken Irish
- ☐ Speak Irish
- ☐ Read Irish
- ☐ Write Irish
- ☐ None of the above

8 Do you regard yourself as belonging to any particular religion?

- ☐ Yes ► Go to 8a
- ☐ No ► Go to 8b

8a What religion, religious denomination or body do you belong to?

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

► Go to 9

8b 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, *please write in*
- ☐ None

9 What is your country of birth?

- ☐ Northern Ireland
- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Republic of Ireland
- ☐ Elsewhere, *please write in the present name of the country*

10 To which of these ethnic groups do you consider you belong?

♦ ✓ 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*

11 Over the last twelve months would you say your health has on the whole been:

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

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

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

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

♦ ✓ time spent in a typical week.

- ☐ No
- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week

SPECIMEN

1548

Person 5 - *continued*

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

♦ Include problems which are due to old age.

☐ Yes ☐ No

14 What was your usual address one year ago?

♦ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

☐ The address shown on the front of the form

☐ No usual address one year ago ☐ Same as Person 1

☐ Elsewhere, *please write in below*

Postcode

15 If you are aged 16 to 74 ► Go to 16

If you are aged 15 and under, or 75 and over ► Go to 35

16 Which of these qualifications do you have?

♦ ✓ all the qualifications, or their equivalents, that apply

☐ GCSE (grades D-G), CSE (grades 2-5)

☐ 1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes

☐ 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ 'O' Level Passes, Senior Certificate

☐ 1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate

☐ 2+ 'A' Levels, 4+ AS Levels

☐ First Degree

☐ Higher Degree

☐ NVQ Level 1, GNVQ Foundation

☐ NVQ Level 2, GNVQ Intermediate

☐ NVQ Level 3, GNVQ Advanced

☐ NVQ Level 4, HNC, HND

☐ NVQ Level 5

☐ No qualifications

17 Last week, were you doing any work:

- **as an employee, or on a Government sponsored training scheme,**
- **as self-employed/freelance, or**
- **in your own/family business (including shop or farm)?**

♦ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

☐ Yes ► Go to 23

☐ No ► Go to 18

18 Were you actively looking for any kind of paid work during the last 4 weeks?

☐ Yes ☐ No

19 If a job had been available last week, could you have started it within 2 weeks?

☐ Yes ☐ No

20 Last week, were you waiting to start a job already obtained?

☐ Yes ☐ No

21 Last week, were you any of the following?

♦ ✓ all the boxes that apply.

☐ Retired

☐ Student

☐ Looking after home/family

☐ Permanently sick/disabled

☐ None of the above

22 Have you ever worked?

☐ Yes, *please write in the year you last worked* ☐☐☐☐

► Go to 23

☐ No, have never worked

► Go to 35

23 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

♦ Your *main* job is the job in which you usually work the most hours.

24 Do (did) you work as an employee or are (were) you self-employed?

☐ Employee

☐ Self-employed with employees

☐ Self-employed/freelance without employees

25 How many people work (worked) for your employer at the place where you work (worked)?

♦ If you are (were) *self-employed*, ✓ to show how many people you employ (employed).

☐ 1-9 ☐ 10-24

☐ 25-499 ☐ 500 or more

SPECIMEN

Person 5 - *continued*

26 What is (was) the full title of your *main* job?

- For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
- Civil Servants, Local Government Officers - give job title not grade or pay band.

27 Describe what you do (did) in your *main* job.

28 Do (did) you supervise any other employees?

- A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

☐ Yes ☐ No

29 What is (was) the business of your employer at the place where you work (worked)?

- For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.
- If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?
- Civil Servants, Local Government Officers - please specify your Department.

30 If you were working last week ► Go to **31**

If you were not working last week ► Go to **35**

31 What is the full name of the organisation you work for in your *main* job?

- Write in the name or ✓ one box below as appropriate.
- If you have your own business, write in the name.

☐ Self-employed/freelance ☐ Work for a private individual

32 What is the address of the place where you work in your *main* job?

- Write in the address or ✓ one box below as appropriate.
- If you report to a depot, write in the depot address.

Postcode

☐ Mainly work at or from home ☐ Offshore installation ☐ No fixed place

33 How do you usually travel to work?

- ✓ one box only.
- ✓ the box for the longest part, *by distance*, of your usual journey to work.

☐ Work mainly at or from home
☐ Train
☐ Bus, minibus or coach (public or private)
☐ Motor cycle, scooter or moped
☐ Driving a car or van
☐ Car or van pool, sharing driving
☐ Passenger in a car or van
☐ Taxi
☐ Bicycle
☐ On Foot
☐ Other

34 How many hours a week do you usually work in your *main* job?

- Answer to nearest whole hour.
- Give average for last four weeks.

Number of hours worked a week

35 THERE ARE NO MORE QUESTIONS FOR PERSON 5.

- **Go to questions for Person 6.**
- **If there are no more people in your household please leave the following pages blank.**
- **Remember to sign the Declaration on the front page.**

SPECIMEN

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Person 6

1 What is your name? (Person 6 in Table 1)

First name and surname

2 What is your sex?

- ☐ Male
- ☐ Female

3 What is your date of birth?

Day | Month | Year

4 What is your marital status (on 29 April 2001)?

- ☐ Single (never married)
- ☐ Married (first marriage)
- ☐ Re-married
- ☐ Separated (but still legally married)
- ☐ Divorced
- ☐ Widowed

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

- ☐ Yes ► Go to 6
- ☐ No ► Go to 7

6 Do you live at the address shown on the front of this form during the school, college or university term?

♦ Only answer this question if you have answered 'Yes' to Question 5

- ☐ Yes, I live at this address during the school/college/university term ► Go to 7
- ☐ No, I live elsewhere during the school/college/university term ► Go to 7a

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

♦ ✓ all the boxes that apply.

- ☐ Understand spoken Irish
- ☐ Speak Irish
- ☐ Read Irish
- ☐ Write Irish
- ☐ None of the above

8 Do you regard yourself as belonging to any particular religion?

- ☐ Yes ► Go to 8a
- ☐ No ► Go to 8b

8a What religion, religious denomination or body do you belong to?

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

► Go to 9

8b 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, *please write in*
- ☐ None

9 What is your country of birth?

- ☐ Northern Ireland
- ☐ England
- ☐ Wales
- ☐ Scotland
- ☐ Republic of Ireland
- ☐ Elsewhere, *please write in the present name of the country*

10 To which of these ethnic groups do you consider you belong?

♦ ✓ 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*

11 Over the last twelve months would you say your health has on the whole been:

- ☐ Good?
- ☐ Fairly good?
- ☐ Not good?

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

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

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

♦ ✓ time spent in a typical week.

- ☐ No
- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week

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Person 6 - *continued*

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

♦ Include problems which are due to old age.

☐ Yes ☐ No

14 What was your usual address one year ago?

♦ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

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☐ Yes ► Go to **23**

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SPECIMEN

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Person 6 - *continued*

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☐ Car or van pool, sharing driving
☐ Passenger in a car or van
☐ Taxi
☐ Bicycle
☐ On foot
☐ Other

34 How many hours a week do you usually work in your *main* job?

- Answer to nearest whole hour.
- Give average for last four weeks.

Number of hours worked a week

35 THERE ARE NO MORE QUESTIONS FOR PERSON 6.

- **If there are no more people in your household you do not need to answer any more questions.**
- **If there are more than 6 people in your household, you will need to contact the Census Helpline (0845 3020011) for an extra form.**
- **Remember to sign the Declaration on the front page.**

SPECIMEN

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