
STATUTORY RULES OF NORTHERN IRELAND

2020 No. 116

CENSUS

The Census Regulations (Northern Ireland) 2020

Made - - - - *23rd June 2020*
Coming into operation *17th July 2020*

The Department of Finance makes the following Regulations in exercise of powers conferred by section 3(1) of the Census Act (Northern Ireland) 1969⁽¹⁾ and now invested in it⁽²⁾:

Citation and commencement

1. These Regulations may be cited as the Census Regulations (Northern Ireland) 2020 and shall come into operation on 17th July 2020.

Interpretation

2.—(1) In these Regulations—

“the Act” means the Census Act (Northern Ireland) 1969;

“the address register” means the register and any subset of the register, created by the Registrar General, which contains the address of each household and communal establishment in Northern Ireland of which the Registrar General is aware;

“appointee” means any person appointed under regulation 5 or appointed by the Registrar General before the coming into force of these Regulations for the purposes of taking the census;

“the census” means the census directed to be taken by the Census Order⁽³⁾;

“census area” means an area created under regulation 4(3)(b);

“census area manager” means a person appointed under regulation 5(1)(b);

“census enumerator” means a person appointed under regulation 5(1)(d);

“census team co-ordinator” means a person appointed under regulation 5(1)(c);

“census team co-ordinator area” means an area created under regulation 4(3)(a);

“census electronic device” means an electronic device used in the conduct of the census as provided for in regulation 8(2);

(1) 1969 c. 8 (N.I.); the relevant amendments are S.I. 1999/663, article 2(1) and Schedule 1, paragraph 15; 2004 c.33 section 261(3) and Schedule 29, paragraph 9.

(2) S.R. 1993 No.494

(3) S.R. 2020 No.83

“census officer” means an officer appointed under regulation 5(1);

“the Census Order” means the Census Order (Northern Ireland) 2020;

“communal establishment” means any establishment specified in Groups B to F of column 1 of Schedule 1 to the Census Order;

“communal establishment area” means an area created under regulation 4(3)(c);

“communal establishment co-ordinator” means a person appointed under regulation 5(1)(e);

“communal establishment pack” means a pack containing the items specified in either regulation 10(5) or 11(5);

“elector” means a prescribed person who elects to make an individual return under article 5(5) of the Census Order;

“enumeration district” means a district created under regulation 4(2);

“fieldwork management tool” means an electronic system that generates workloads for field staff, identifies the location of addresses that require visitation, specifies the required actions for the field staff and allows a record of a visit or other relevant information to be recorded;

“individual return envelope” means an envelope in which a completed paper individual questionnaire may be sealed;

“online communal establishment pack” means a pack containing the items specified in regulation 10(5);

“online household pack” means a pack containing the items specified in regulation 10(3);

“online individual pack” means a pack containing the items specified in regulation 10(4);

“online questionnaire” means a questionnaire which is to be completed and submitted electronically;

“paper communal establishment pack” means a pack containing the items specified in regulation 11(5);

“paper household pack” means a pack containing the items specified in regulation 11(3);

“paper individual pack” means a pack containing the items specified in regulation 11(4);

“paper questionnaire” means a questionnaire in paper format;

“personal information” has the meaning given to the term “personal census information” by section 7(9) of the Act;

“prescribed person” as provided for in column (1) of the table in Schedule 1 of these Regulations, means a person required by the Census Order to make a return, or any person making a return on behalf of such a person in accordance with the Census Order;

“questionnaire” means any questionnaire in any format;

“questionnaire ID” means a unique identifier associated with each individual paper and online questionnaire;

“questionnaire tracking system” means such electronic system or systems as the Registrar General may provide under regulation 8(1);

“regional manager” means a person appointed under regulation 5(1)(a);

“Registrar General” means the Registrar General for Northern Ireland;

“pre-paid reply envelope” means an envelope which is pre-addressed and which does not require payment by the sender; and

“unique access code” refers to the group of codes which gives unique internet access to each particular online questionnaire;

(2) Terms defined in the Census Order have the same meaning in these Regulations.

(3) In these Regulations any reference to a notice, questionnaire or other information received by the Registrar General refers to it being received electronically, through the post or in person by the Registrar General or any appointee.

(4) In these Regulations a reference to a questionnaire where it is followed immediately by an identifying letter is a reference to the title of that questionnaire as referred to in Column 2 of the table in Schedule 1 and is in the form prescribed in Schedules 2, 3 and 4.

Revocation

3. The Census Regulations (Northern Ireland) 2010(4) are revoked.

Address Register, Enumeration Districts, Census Team Co-ordinator Areas and Census Areas

4.—(1) For the purposes of the census, the Registrar General shall create a list of addresses for Northern Ireland and in doing so may use information from a range of sources.

(2) For the purposes of the census the Registrar General shall divide Northern Ireland into Enumerations Districts.

(3) The Registrar General may designate—

- (a) any number of enumeration districts as a census team co-ordinator area; and
- (b) any number of census team co-ordinator areas as a census area; and
- (c) any number of communal establishments as a communal establishment area.

Appointment of Officers

5.—(1) For the purpose of the census—

- (a) the Registrar General may appoint a regional manager for Northern Ireland;
- (b) the Registrar General or the regional manager may appoint a census area manager for any area designated under regulation 4(3)(b) ;
- (c) the Registrar General, the regional manager or the census area manager may appoint census team co-ordinators for each census team co-ordinator area designated under regulation 4(3)(a);
- (d) the Registrar General, the regional manager or the census area manager may appoint census enumerators for each enumeration district;
- (e) the Registrar General, the regional manager or the census area manager may appoint a communal establishment co-ordinator; and
- (f) the Registrar General may appoint any other such persons as may be necessary for the taking of the census.

(2) The persons appointed under this regulation must perform the duties assigned to them under the Act and these Regulations and must comply with any instructions issued in accordance with these Regulations.

Census Questionnaires

6.—(1) The Registrar General must create and provide sufficient questionnaires to enable all prescribed persons, and every person making a return on behalf of a prescribed person under these regulations, to make a return.

(2) Online questionnaires H4, I4 and CE4 as listed in column (2) of the table in Schedule 1, must be made available online through unique access codes, and must contain the content, the questions and response options, and the functions and features described in Part 3, Part 4 and Part 5 of Schedule 2, and Part 2 of Schedules 3 and 4.

(3) Paper questionnaires H4, HC4, I4 and CE4 as listed in column (2) of the table in Schedule 1 must be created and contain the content, the questions and response options described in Part 1 and Part 2 of Schedule 2 and Part 1 of Schedules 3 and 4 .

(4) The Registrar General shall make available, by whatever means the Registrar General considers suitable, the appropriate questionnaire to any prescribed person who requests it and to any person making a return on behalf of a prescribed person under these regulations.

Duties in relation to the making of returns

7.—(1) A prescribed person in making a return in accordance with the Census Order must submit electronically an online questionnaire or return to the Registrar General a completed paper questionnaire, being the relevant questionnaire identified in paragraph 7(3).

(2) For the purposes of this regulation, a questionnaire shall be treated as submitted or returned to the Registrar General when it has been received by the Registrar General.

(3) The questionnaire to be completed and submitted or returned by a prescribed person is the online questionnaire or the paper questionnaire that has the title specified in the corresponding entry in column (2) of the table in Schedule 1.

(4) Nothing in this regulation shall prevent a prescribed person from making a return by completing a paper questionnaire and also making a return by completing an online questionnaire.

(5) Each prescribed person must comply with the instructions contained in the online questionnaire or paper questionnaire to be submitted or returned by them and provide such information as is requested in that questionnaire and which they are required to provide by the Census Order.

(6) A prescribed person who satisfies the conditions prescribed in article 5(5) of the Census Order and who elects under that article to make an individual return may make that individual return by completing the online questionnaire I4 or the paper questionnaire I4.

(7) Each elector who submits the online questionnaire I4 or returns the paper questionnaire I4 must comply with the instructions contained in, and provide all such information as is requested in, that questionnaire.

Questionnaire tracking system and census electronic devices

8.—(1) The Registrar General must provide a questionnaire tracking system for the management of the census and for keeping records of—

- (a) questionnaire IDs;
- (b) unique access codes issued in accordance with Regulations 9;
- (c) addresses of households and communal establishments;
- (d) the households or communal establishments to which unique access codes have been sent in accordance with these Regulations, or to which visits are to be made;
- (e) the households or communal establishments to which a paper questionnaire has been sent or delivered in accordance with these Regulations;
- (f) the circumstances of the delivery of each individual, household and communal establishment pack delivered by a census officer, census enumerator designated under Regulation 13(2) or a communal establishment co-ordinator;

- (g) the date on which each questionnaire was received by the Registrar General and the means by which it was received;
 - (h) the date on which any record is made in accordance with regulation 15(5) or 17(6) and details of the prescribed person with respect to whom it was made; and
 - (i) any other information which the Registrar General considers may assist with the conduct of the census.
- (2) The Registrar General must provide census electronic devices to enable appointees, as required, to access the fieldwork management tool and to receive instructions electronically.

Providing unique access codes

9. —The Registrar General must provide a unique access code—
- (a) to every household and communal establishment on the address register in advance of census day, or as soon as possible thereafter,
 - (b) to every elector, when requested,
 - (c) with every H4, CE4 and I4 paper questionnaire,
 - (d) to any prescribed person who requests it, and
 - (e) to replace a unique access code already provided.

Preparation of packs for online questionnaires

10.—(1) The Registrar General must prepare such online household, individual and communal establishment packs in accordance with this regulation as the Registrar General considers necessary for the purpose of the census.

(2) The contents of each pack prepared in accordance with this regulation must be contained in a sealed envelope through which any printed address can be seen.

- (3) An online household pack must contain—
 - (a) a unique access code for the online questionnaire H4; and
 - (b) such additional information as the Registrar General considers may assist with the completion and submission of the online questionnaire H4;
- (4) An online individual pack must contain—
 - (a) a unique access code for the online questionnaire I4; and
 - (b) such additional information as the Registrar General considers may assist with the completion and submission of the online questionnaire I4;
- (5) An online communal establishment pack must contain—
 - (a) a unique access code for online questionnaire CE4; and
 - (b) such additional information as the Registrar General considers may assist with the completion and submission of the online questionnaire CE4.

Preparation of packs for paper questionnaires

11.—(1) The Registrar General must prepare such paper household, individual and communal establishment packs in accordance with this regulation as the Registrar General considers necessary for the purpose of the census.

(2) The contents of each pack prepared in accordance with this regulation must be contained in a sealed envelope through which any address printed on a paper questionnaire can be seen.

- (3) A paper household pack must contain—

- (a) a copy of the paper questionnaire H4;
 - (b) such additional information as the Registrar General considers may assist with the completion and return of the paper questionnaire H4;
 - (c) a unique access code for the online questionnaire H4, and
 - (d) a pre-paid reply envelope.
- (4) A paper individual pack must contain—
- (a) a copy of the paper questionnaire I4;
 - (b) such additional information as the Registrar General considers may assist with the completion and return of the paper questionnaire I4;
 - (c) a unique access code for the online questionnaire I4, and
 - (d) a pre-paid reply envelope.
- (5) A paper communal establishment pack must contain—
- (a) a copy of the paper questionnaire CE4; and
 - (b) such additional information as the Registrar General considers may assist with the completion and return of the paper questionnaire CE4;
 - (c) a unique access code for the online questionnaire CE4, and
 - (d) a pre-paid reply envelope.

Sending packs to households and electors by post

12.—(1) Subject to paragraph (2), the Registrar General may send by post a household pack to such households in the address register as the Registrar General considers necessary for the purpose of the census in advance of census day, or as soon as possible thereafter.

(2) The Registrar General may choose not to send a household pack by post, but instead to prepare for the relevant census officer to arrange delivery of that pack in accordance with regulation 13.

(3) The Registrar General may send by post an individual pack to any elector at an address in the address register.

(4) In respect of each pack sent in accordance with paragraph (1) or (3), the Registrar General must ensure that a record is made in the questionnaire tracking system in accordance with Regulation 8(1).

Delivery of packs to households and electors by hand

13.—(1) The Registrar General must issue every census team co-ordinator with—

- (a) a census electronic device for use in each enumeration district within that census team co-ordinator's census team co-ordinator area;
- (b) such household packs and individual packs as the Registrar General considers necessary for the purpose of the census;
- (c) a list, accessible on the census electronic device, of the addresses of each household in the address register situated within that census team co-ordinator's area to which household packs and individual packs (as appropriate) must be delivered under this regulation; and
- (d) such other documents or information the Registrar General considers necessary for the purpose of the census.

(2) The census team co-ordinator must designate a census enumerator to deliver household packs and individual packs to each enumeration district, if requested.

(3) The census team co-ordinator must, if requested, supply each census enumerator designated under paragraph (2) with a census electronic device for use in that census enumerator's enumeration district.

(4) The census enumerator must deliver—

- (a) a household pack to each household occupying a dwelling, or part of a dwelling, the address for which is accessible on the census electronic device;
- (b) an individual pack to each household that contains an elector in the census enumerator's enumeration district who has not already received an individual pack and of whom the census enumerator has been informed by the census team co-ordinator; and
- (c) household packs and individual packs (as appropriate) to any other households or electors that are located by the census enumerator in that census enumerator's enumeration district.

(5) The census enumerator's duty to deliver a pack under paragraph (4) shall be satisfied in respect of each household and elector if the census enumerator hands the pack to the householder, joint householder or elector. Where no such person is available, the census enumerator—

- (a) may leave the pack with a person who can act on behalf of the prescribed person; or
- (b) may post the pack to the address accessible on the census electronic device or to the address of which the census enumerator was informed by the census team co-ordinator.

(6) The census enumerator must make a record in the census electronic device—

- (a) of each household pack and individual pack delivered in accordance with this regulation; and
- (b) of any additional households located by the census enumerator.

(7) Each census enumerator must enable the census team co-ordinator to have access to the information recorded on the census enumerator's census electronic device.

(8) The census enumerator must make a record in the fieldwork management tool, in accordance with such directions as may be issued by the Registrar General, to show that a delivery has been made to each address.

(9) Nothing in this regulation shall prevent a census enumerator from being designated to deliver to more than one enumeration district.

Sending packs to communal establishments by post

14.—(1) Subject to paragraph (2), the Registrar General may send by post a communal establishment pack and individual packs to such communal establishments in the address register as the Registrar General considers necessary for the purpose of the census in advance of census day, or as soon as possible thereafter.

(2) The Registrar General may choose not to send a communal establishment pack and individual packs by post, but instead to prepare for the census communal establishment coordinator to arrange delivery of that pack in accordance with regulation 15.

(3) In respect of each pack sent in accordance with paragraph (1), the Registrar General must ensure that a record is made in the questionnaire tracking system in accordance with Regulation 8(1).

Delivery of packs to communal establishments by hand

15.—(1) The Registrar General must provide the communal establishment co-ordinator with—

- (a) such communal establishment packs and individual packs as the Registrar General considers necessary for the purpose of the census;

- (b) a list, of the addresses of each communal establishment to which communal establishment packs and individual packs need to be delivered under this regulation; and
 - (c) such other documents or information as the Registrar General considers necessary for the purpose of the census.
- (2) The communal establishment co-ordinator must deliver—
- (a) a communal establishment pack to each communal establishment,
 - (b) a sufficient number of individual packs to each of those establishments for the purpose of the census; and
 - (c) communal establishment packs and individual packs to any other communal establishments that are located by any census officer.
- (3) The communal establishment coordinator’s duty to deliver packs shall be satisfied in relation to each communal establishment if the packs are delivered to the person for the time being in charge of the communal establishment. Where no such person is available, the communal establishment officer—
- (a) may leave the pack with a person at the communal establishment who can act on behalf of the prescribed person; or
 - (b) may post the packs to the communal establishment address.
- (4) The person to whom packs are either delivered or received under paragraph (3) of this Regulation must hand an individual pack to—
- (a) every person who is a usual resident (as defined in article 2(2)(a) of the Census Order), at the premises or vessel and who appears to them to be capable of completing the questionnaire; or
 - (b) to a relative or other person who has agreed to complete the questionnaire on behalf of a person who would be covered by sub-paragraph (a) but who is incapable of completing the questionnaire in accordance with the Census Order.
- (5) The communal establishment co-ordinator must make a record on the questionnaire tracking system of
- (a) each communal establishment pack and individual pack delivered in accordance with this regulation;
 - (b) any additional communal establishments located by the communal establishment coordinator or any other census officer;
 - (c) all relevant dates and details of prescribed persons in accordance with Regulation 8(1)(h); and
 - (d) the collection of paper questionnaires.
- (6) The communal establishment co-ordinator must make a record in the questionnaire tracking system in accordance with such directions as may be issued by the Registrar General, to show that a delivery has been made to each address.

Return of questionnaires from households and electors

16.—(1) Every prescribed person to whom an online household pack has been sent or delivered, or on whose behalf delivery was taken under these Regulations, must unless that prescribed person has requested a paper household pack, by census day or as soon as possible thereafter use the unique access code provided to access the online questionnaire H4 and complete and return that questionnaire electronically in accordance with the instructions provided.

(2) Every prescribed person to whom a paper household pack has been sent or delivered, or on whose behalf delivery was taken under these Regulations, must by census day or as soon as possible thereafter

- (a) use the unique access code provided to access the online questionnaire H4 and complete and submit that questionnaire electronically in accordance with the instructions provided; or
- (b) complete the copy of paper questionnaire H4 included in the pack, and the continuation paper questionnaire HC4 if required, place it in the pre-paid reply envelope provided and send the questionnaire H4, and questionnaire HC4 if required, to the Registrar General by post.

(3) Every elector to whom an online individual pack has been sent or delivered, or on whose behalf delivery was taken under these Regulations, must, unless that elector has requested a paper individual pack, by census day or as soon as possible thereafter use the unique access code provided to access the online questionnaire I4 and complete and return that questionnaire electronically in accordance with the instructions provided.

(4) Every elector to whom a paper individual pack has been sent or delivered, or on whose behalf delivery was taken under these Regulations, must by census day or as soon as possible thereafter—

- (a) use the unique access code provided to access the online questionnaire I4 and complete and return that questionnaire electronically in accordance with the instructions provided; or
- (b) complete the paper questionnaire I4 included in the pack, place it in the pre-paid reply envelope provided and send the paper questionnaire I4 to the Registrar General by post.

(5) When a completed online questionnaire H4 or I4 has been received by the Registrar General electronically, the Registrar General must ensure that a confirmation of receipt is offered electronically to the person submitting the online questionnaire.

(6) After each completed online questionnaire H4 or I4 or paper questionnaire H4 or I4, has been received by the Registrar General, the Registrar General must make a record in the questionnaire tracking system to show that the relevant questionnaire has been returned.

(7) Where an appointee is satisfied, having spoken with a prescribed person for the purposes of articles 5(1) or (3) of the Census Order, that the prescribed person in question—

- (a) is incapable of completing and returning a questionnaire; or
- (b) is unable to authorise any person to act on the prescribed person's behalf,

then the appointee may, in accordance with instructions issued by the Registrar General, make enquiries about the particulars which that prescribed person would be required by the Census Order to provide and record the answers to those enquiries which may be used for the purpose of the census.

(8) After an appointee makes a record in accordance with paragraph (7), the Registrar General must make a record in the questionnaire tracking system to show that a record under paragraph (7) has been made in respect of that prescribed person.

Return of questionnaires from communal establishments

17.—(1) Every prescribed person to whom an online communal establishment pack has been sent or delivered at a communal establishment, or on whose behalf delivery was taken under these Regulations, must, unless that prescribed person has requested a paper communal establishment pack, by census day or as soon as possible thereafter use the unique access code provided to access the online questionnaire CE4 and complete and submit that questionnaire electronically in accordance with the instructions provided online.

(2) Every prescribed person to whom a paper communal establishment pack has been sent or delivered at a communal establishment, or on whose behalf delivery was taken under these Regulations, must by census day or as soon as possible thereafter—

- (a) complete the paper questionnaire CE4; or
- (b) use the unique access code provided to access the online questionnaire CE4 and complete and submit that questionnaire electronically in accordance with the instructions provided online.

(3) Every prescribed person who has received an individual pack under regulation 15(4) must by census day or as soon as possible thereafter -

- (a) complete the paper questionnaire I4, place it in the pre-paid reply envelope provided, and hand it to the person completing the online or the paper questionnaire CE4 in respect of the communal establishment; or
- (b) complete the paper questionnaire I4, place it in the pre-paid reply envelope provided, and send that questionnaire to the Registrar General by post; or
- (c) use the unique access code provided to access the online questionnaire I4 and complete and submit that questionnaire electronically in accordance with the instructions provided online.

(4) The person to whom any paper questionnaires I4 are handed under paragraph (3)(a) must collect those completed questionnaires and retain them in a safe place, together with any paper questionnaire CE4, completed in accordance with Regulation 17(2)(a), until all paper questionnaires are collected by the communal establishment co-ordinator in accordance with paragraph (5).

(5) The communal establishment co-ordinator must make arrangements to collect any completed copies of paper questionnaires I4 and CE4 from each communal establishment.

(6) In respect of each paper or online questionnaire I4 and CE4 collected in accordance with this regulation, the communal establishment coordinator must make a record on the questionnaire tracking system in accordance with Regulation 8(1)(h).

(7) The communal establishment co-ordinator must make a record in the fieldwork management tool in accordance with directions issued by the Registrar General, to show that paper questionnaires have been received from the address of a communal establishment.

(8) When a completed online questionnaire CE4 or I4 has been received by the Registrar General electronically under this regulation, the Registrar General must ensure that a confirmation of receipt is offered electronically to the person returning that questionnaire.

Taking of the census for persons in Group G of Census Order (NI) 2020 – Schedule 1

18. A census team co-ordinator must, in accordance with any instructions issued by the Registrar General, make arrangements in that census team co-ordinator’s census co-ordinator area for—

- (a) the paper questionnaire I4 to be completed and returned by or on behalf of the prescribed persons in Group G in Schedule 1 to the Census Order in that census co-ordinator area; and
- (b) the paper questionnaire CE4 to be completed in respect of any group of prescribed persons in Group G in Schedule 1 to the Census Order by or on behalf of whom paper questionnaires I4 are returned under sub-paragraph (a).

Initial procedure if no questionnaire or an incomplete questionnaire is received by the Registrar General

19.—(1) The Registrar General must check the records in the questionnaire tracking system to establish whether each questionnaire that was sent or delivered in accordance with these Regulations, has been received by the Registrar General.

(2) The Registrar General must then issue every census team co-ordinator and the communal establishment co-ordinator with a list that contains the addresses in those appointees' respective area to which a unique access code was provided but an online questionnaire was not completed and submitted, or to which a paper questionnaire was sent or delivered, but was not returned.

(3) Each census team co-ordinator and the communal establishment co-ordinator must supply the census officers appointed to act within those appointees' respective census team co-ordinator areas and communal establishment area with copies of the list created under paragraph (2) and instruct those census officers to make such enquiries as they think are reasonable of any person to obtain the particulars which the Census Order requires a prescribed person to provide.

(4) Where a census officer has made enquiries under paragraph (3) of a prescribed person in respect of whom no questionnaire has been received by the Registrar General the officer may—

- (a) assist with the completion of a completed questionnaire from either the prescribed person or any person able to act on their behalf;
- (b) collect a completed questionnaire from either the prescribed person or any person able to act on their behalf;
- (c) encourage the prescribed person or any person able to act on their behalf to complete a questionnaire and return it to the Registrar General;
- (d) agree with the prescribed person or any person able to act on their behalf that a completed paper questionnaire will be returned by posting it in the pre-paid reply envelope provided as soon as possible thereafter; and/or
- (e) provide a replacement unique access code or paper questionnaire.

(5) The Registrar General or regional manager may at any time issue reminder correspondence to any address to which a unique access code was provided but an online questionnaire was not completed and submitted, or to which a paper questionnaire was sent or delivered, but was not returned.

(6) Where a questionnaire is then received by the Registrar General following enquiries under this Regulation, the Registrar General must make a record in the questionnaire tracking system to show that a questionnaire has been received.

(7) Where a questionnaire is received by the Registrar General but the questionnaire does not include some or all of the particulars which the prescribed person was required by the Census Order to provide then an appointee –

- (a) may, in accordance with any directions which may be issued by the Registrar General, make such enquiries as the appointee think are reasonable of any person to obtain the missing particulars; and
- (b) must record the answers to those enquiries which may be used for the purpose of the census.

(8) After an appointee makes a record in accordance with paragraph (7)(b), the Registrar General must make an entry in the questionnaire tracking system to show that such a record has been made in respect of that prescribed person.

Giving of information

20.—(1) Every person with respect to whom a return is to be made under the Census Order must, so far as that person is able to do so, give the prescribed person who is liable to make the return such information, including personal information, as that prescribed person may reasonably require for the purpose of fulfilling that prescribed person's obligations under these Regulations.

(2) Every prescribed person must give any census officer such information, including personal information, as the census officer may reasonably require for the performance of the appointee's duties under these Regulations.

(3) A person to whom personal information is given in accordance with these Regulations must not without lawful authority—

- (a) make use of that information; or
- (b) publish it or communicate it to any other person.

Safe custody of questionnaires and documents

21.—(1) Any person having custody, whether on that person's own behalf or on behalf of any other person, of questionnaires or other documents (including any documents stored on or accessible via a census electronic device) containing personal information relating to the census must keep those documents in such a manner so as to prevent any unauthorised person having access to them.

(2) When directed to do so by the Registrar General, any appointee must send the Registrar General all records in that appointee's possession (including any records stored on or accessible via a census electronic device) which contain personal information relating to the census.

(3) The Registrar General must arrange for the secure storage of census electronic devices, questionnaires, and any other paper or electronic documents containing personal information relating to the census.

Safe custody of census electronic devices

22.—(1) Any person who receives a census electronic device must ensure it is securely stored at all times when not in use, and used and stored in such a manner that would reasonably prevent any unauthorised person having access to the device.

(2) Any person who receives a census electronic device must act in accordance with directions issued by the Registrar General regarding when or to whom to return the device.

Statutory declarations and undertakings

23.—(1) The Registrar General, all census officers, any person who works under the control of the Registrar General for the conduct of the Census and all people working in bodies supplying services directly to the Registrar General for the conduct of the Census must complete the form of undertaking set out in Schedule 5 before the performance of any duties assigned under the Act or by these Regulations.

(2) All persons, who with the authority of the Registrar General, may access personal Census information must complete the form of undertaking set out in Schedule 5 before the performance of any functions or duties assigned under the Act.

Sealed with the Official Seal of the Department of Finance on 23rd June 2020



Dr D Marshall
A senior officer of the
Department of Finance

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SCHEDULES

SCHEDULE 1

Regulations 6(2), 6(3), 7(3) and 18

Table

<i>(1) Prescribed Persons</i>	<i>(2) Title of Questionnaire</i>
The householder or joint householders, or in the absence of any such person capable of making a return, any person acting on their behalf, of every household in Northern Ireland.	The paper questionnaire entitled “Household Questionnaire (Paper) – H4” in Schedule 2 (Part 1).
Where article 5(10) of the Census Order applies, the person responsible under that article for making a return in Northern Ireland.	The paper questionnaire entitled “Household Continuation Questionnaire (Paper) – HC4” in Schedule 2 (Part 2).
	The online questionnaire entitled “Household Questionnaire (Online) – H4” in Schedule 2 (Part 3 H4 - English, Part 4 H4 - English-Irish and Part 5 H4 - English-Ulster-Scots).
The person for the time being in charge of any premises or vessel mentioned in Group B to F in Schedule 1 to the Census Order.	The paper questionnaire entitled “Communal Establishment Questionnaire (Paper) – CE4” in Schedule 3 (Part 1 - CE4).
	The online questionnaire entitled “Communal Establishment Questionnaire (Online) – CE4” in Schedule 3 (Part 2 – CE4).
Every usual resident specified in column (2) in Group B to F in Schedule 1 to the Census Order or any person acting on behalf of that person, in Northern Ireland.	The paper questionnaire entitled “Individual Questionnaire (Paper) – I4” in Schedule 4 (Part 1 – I4).
Every person specified in column (2) of Group G in Schedule 1 to the Census Order or any person acting on their behalf, in Northern Ireland	The online questionnaire entitled “Individual Questionnaire (Online) – I4” in Schedule 4 (Part 2 I4 - English, Part 3 I4 - English-Irish and Part 4 I4 - English-Ulster-Scots).
Any elector in Northern Ireland making an individual return in accordance with the Census Order.	

SCHEDULE 2

Regulation 6(2) and 6(3)

Household Questionnaires

Part 1: Household Questionnaire (Paper) – H4



census
2021

Household Questionnaire
Northern Ireland

FREEPOST
Census 2021

We need your help with the census, it gathers vital information for planning services such as education and health.

Please complete your questionnaire by 21 March 2021 or as soon as possible afterwards.

If you prefer, you can complete the questionnaire online:

1. Go to www.census.gov.uk/ni
2. Click **Start Census** and enter the household access code on the front of this questionnaire.
3. Answer the questions and submit.

By law, you must take part in the census.

You could face a fine if you don't participate or if you supply false information. There is no penalty for not completing the questions on religion or sexual orientation.

Thank you for taking part.

Siobhán Carey
Registrar General, Northern Ireland

Your data are protected by law.

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

Complete online

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

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

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

Postcode

Declaration

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

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

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

Where you can get help

www.census.gov.uk/ni

Helpline 0800 328 2021

NGT (18001) 0800 328 2021

Language helpline 0800 587 2021



H4

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Before you start

Who should complete this questionnaire?

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

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

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

A **household** is:

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

What should you complete on this questionnaire?

If completing prior to Census night, include those who will be living or staying here on 21 March 2021.

- Household questions on pages 3-6 about this household and its accommodation.
- Individual questions on pages 7-30 for every person who usually lives in this household.
- Visitor questions on the back page (page 32) for all other people staying overnight in this household on 21 March 2021.
Visitors who usually live elsewhere in the UK must also be included on a census questionnaire at their usual address.

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

Will I need extra questionnaires?

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

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

How should I complete my questionnaire correctly?

You should:

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

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

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

 or:

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

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

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Household questions

H1 Who usually lives here? Tick all that apply. **USUAL RESIDENTS**

- Me, this is my permanent or family home
- Family members including partners, children, and babies born on or before 21 March 2021
- Students and/or schoolchildren who live away from home during term time
- Housemates, tenants or lodgers
- People who usually live outside the UK who are staying in the UK for 3 months or more
- People who work away from home within the UK, or are members of the Armed Forces, if this is their permanent or family home
- People who are temporarily outside the UK for less than 12 months
- People staying temporarily who usually live in the UK but do not have another UK address (for example relatives or friends)
- Other people who usually live here, including anyone temporarily away from home (see page 31 for further information)
- OR** no-one usually lives here (for example this is a second address or holiday home) **GO TO H4**

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

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

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

Individual
Questionnaire
requested?

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

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

H4 Apart from everyone counted in question H2, who else is staying overnight here on 21 March 2021? These people are counted as visitors. Remember to include children and babies. **VISITORS**

- Tick all that apply.

- People who usually live somewhere else in the UK (for example boy/girlfriends, friends or relatives)
- People staying here because it is their second address (for example for work). Their permanent or family home is elsewhere
- People who usually live outside the UK who are staying in the UK for less than 3 months
- People here on holiday
- OR** there are no visitors staying overnight here on 21 March 2021 **GO TO H6**

H5 Counting only the people included in question H4, how many visitors are staying overnight on 21 March 2021?

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

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Household questions - continued

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

Using the same order you used in question H3 (page 3), write the name of everyone who usually lives here at the top of each column. Remember to include children, babies and people who have requested an Individual Questionnaire. Do not include visitors.

Tick a box to show the relationship of each person to each of the other members of this household.

If no-one usually lives here and there are no visitors staying overnight here on 21 March 2021, answer questions H7 to H10 on page 6 and then go to the Declaration on the front page.

Example:

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

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

Name of Person 1	Name of Person 2	Name of Person 3
First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>
Last name <input type="text"/>	Last name <input type="text"/>	Last name <input type="text"/>
<p>ENTER NAME OF PERSON 1 HERE AS IN QUESTION H3</p> <p>IF YOU LIVE ALONE GO TO H7</p>	How is Person 2 related to Person: 1	How is Person 3 related to Person: 1 2
	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 type="checkbox"/>	Son or daughter <input 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 type="checkbox"/>
	Step-brother or step-sister <input type="checkbox"/>	Step-brother or step-sister <input type="checkbox"/> <input type="checkbox"/>
	Mother or father <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/>
	Step-mother or step-father <input type="checkbox"/>	Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/>
Grandchild <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/>	
Grandparent <input type="checkbox"/>	Grandparent <input type="checkbox"/> <input type="checkbox"/>	
Relation - other <input type="checkbox"/>	Relation - other <input type="checkbox"/> <input type="checkbox"/>	
Unrelated (including foster child) <input type="checkbox"/>	Unrelated (including foster child) <input type="checkbox"/> <input type="checkbox"/>	

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

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

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

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

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Household questions – continued

H7 What type of accommodation is this?

A whole house or bungalow that is:

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

A flat, maisonette or apartment that is:

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

A mobile or temporary structure:

- a caravan or other mobile or temporary structure

H8 Has this accommodation been designed or adapted for:

Tick all that apply.

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

- no adaptations

H9 What type of central heating does this accommodation have?

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

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

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

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

Tick all that apply.

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

- No renewable energy systems

H11 Does your household own or rent this accommodation?

Tick one box only.

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

H12 Who do you rent from?

Tick one box only.

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

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

Include any company cars or vans available for private use.

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

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Individual questions – Person 1 start here

<p>1 What is your name? (Person 1 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 1 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☞ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☞ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 1 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee → GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance → GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off → GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave → GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work → GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked → GO TO 42</p>

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Individual questions – Person 1 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>35 Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>Answer for the place where you spend the most time.</p> <p>If student (or schoolchild), provide your study address.</p> <p>If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p> <p>Country _____</p> <p>_____</p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>If you are (were) self-employed in your own business, write in your business name.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>Do not state your grade or pay band.</p> <p>_____</p> <p>_____</p>	<p>44 There are no more questions for Person 1.</p> <p>→ GO TO questions for Person 2 on page 11.</p> <p>OR If there are no more people in this household,</p> <p>→ GO TO the Visitor questions on the back page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.</p> <p>If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Individual questions – Person 2 start here

<p>1 What is your name? (Person 2 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire</p> <p><input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>3 If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>3 Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>3 Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>3 Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 2 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☞ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☞ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 2 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>☞ Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>☞ Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>☞ Answer for the place where you spend the most time.</p> <p>☞ If student (or schoolchild), provide your study address.</p> <p>☞ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Country <input type="text"/></p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>☞ If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>☞ Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>☞ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>☞ Do not state your grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>44 There are no more questions for Person 2.</p> <p>→ GO TO questions for Person 3 on page 15.</p> <p>OR If there are no more people in this household,</p> <p>→ GO TO the Visitor questions on the back page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>☞ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.</p> <p>☞ If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>☞ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Individual questions – Person 3 start here

<p>1 What is your name? (Person 3 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 3 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☞ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☞ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 3 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee → GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance → GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off → GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave → GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work → GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked → GO TO 42</p>	

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Individual questions – Person 3 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>☞ Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>☞ Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>☞ Answer for the place where you spend the most time.</p> <p>☞ If student (or schoolchild), provide your study address.</p> <p>☞ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Country <input type="text"/></p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>☞ If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>☞ Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>☞ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>☞ Do not state your grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>44 There are no more questions for Person 3.</p> <p>→ GO TO questions for Person 4 on page 19.</p> <p>OR If there are no more people in this household,</p> <p>→ GO TO the Visitor questions on the back page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>☞ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.</p> <p>☞ If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>☞ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Individual questions – Person 4 start here

<p>1 What is your name? (Person 4 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below <input type="text"/></p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 4 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☞ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☞ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 4 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee → GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance → GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off → GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave → GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work → GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked → GO TO 42</p>

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Individual questions – Person 4 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p> <p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p><input type="checkbox"/> If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p> <p>37 What is (was) your full job title?</p> <p><input type="checkbox"/> For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p><input type="checkbox"/> Do not state your grade or pay band.</p> <p>38 Briefly describe what you do (did) in your main job.</p> <p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p><input type="checkbox"/> For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.</p> <p><input type="checkbox"/> If you are (were) a civil servant, write CIVIL SERVICE.</p> <p><input type="checkbox"/> If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p><input type="checkbox"/> 0 to 15 <input type="checkbox"/> 16 to 30 <input type="checkbox"/> 31 to 48 <input type="checkbox"/> 49 or more</p> <p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p><input type="checkbox"/> Answer for the place where you spend the most time.</p> <p><input type="checkbox"/> If student (or schoolchild), provide your study address.</p> <p><input type="checkbox"/> If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p>Postcode</p> <p>Country</p> <p>43 How do you usually travel to your main place of work or study (including school)?</p> <p><input type="checkbox"/> Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p> <p>44 There are no more questions for Person 4.</p> <p>→ GO TO questions for Person 5 on page 23.</p> <p>OR If there are no more people in this household,</p> <p>→ GO TO the Visitor questions on the back page.</p>
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Individual questions – Person 5 start here

<p>1 What is your name? (Person 5 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire</p> <p><input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below <input type="text"/></p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 5 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☞ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☞ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 5 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee → GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance → GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off → GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave → GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work → GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 (Continued from previous page)</p>	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked → GO TO 42</p>

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Individual questions – Person 5 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>☞ Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>☞ Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>☞ Answer for the place where you spend the most time.</p> <p>☞ If student (or schoolchild), provide your study address.</p> <p>☞ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Country <input type="text"/></p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>☞ If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>☞ Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>☞ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>☞ Do not state your grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>44 There are no more questions for Person 5.</p> <p>→ GO TO questions for Person 6 on page 27.</p> <p>OR If there are no more people in this household,</p> <p>→ GO TO the Visitor questions on the back page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>☞ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.</p> <p>☞ If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>☞ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Individual questions – Person 6 start here

<p>1 What is your name? (Person 6 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire</p> <p><input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 6 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☞ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☞ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☞ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 6 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>☞ Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>☞ Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>☞ Answer for the place where you spend the most time.</p> <p>☞ If student (or schoolchild), provide your study address.</p> <p>☞ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/></p> <p>Country</p> <p><input type="text"/></p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>☞ If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>☞ Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>☞ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>☞ Do not state your grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>44 There are no more questions for Person 6.</p> <p>If there are more people in your household, contact us to request a Continuation Questionnaire.</p> <p>OR If there are no more people in this household,</p> <p>→ GO TO the Visitor questions on the back page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>☞ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE.</p> <p>☞ If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>☞ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Further information

Students / schoolchildren who live away from home during term time

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

Children with parents who live apart

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

If they are staying overnight at their other address on 21 March 2021, they must also be included on the questionnaire for that other address in Household questions (H4 and H5) and Visitor questions (V1 to V4).

If they live equally between two addresses, they should be included at the address where they are staying overnight on 21 March 2021, in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

People from outside the UK

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

If their total length of stay is less than 3 months, they should only be included as a visitor on the questionnaire at the address where they are staying overnight on 21 March 2021, in Household questions (H4 and H5) and Visitor questions (V1 to V4).

People with no usual address

People who usually live in the UK, but have no usual address, should be included on the questionnaire at the address where they are staying overnight on 21 March 2021, in Household questions (H1 to H3 and H6) and Individual questions (1 to 44).

Households away on 21 March 2021

If this address is unoccupied overnight on 21 March 2021 because the whole household is away, the questionnaire should be completed as soon as possible upon their return.

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

People temporarily away from home

Anyone who is temporarily away from their permanent or family home on 21 March 2021 should be included at their home address, in Household questions (H1 to H3 and H6) and Individual questions (1 to 44). This includes people who are:

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

People who live at more than one UK address

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

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

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

If they are staying overnight at their second UK address on 21 March 2021, they must also be included as a visitor on the questionnaire for that address in Household questions (H4 and H5) and Visitor questions (V1 to V4).

Lodgers

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

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

Unrelated / shared households

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

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Household questions

- C1** How are members of this household related to each other? If members are not related, tick the 'Unrelated' box.
- 1 Write the name of Person 1 from your first Household Questionnaire in the first column.
 - 2 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.
 - 3 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: 1	How is Person 8 related to Person: 1 7
	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	Name of Person 7	Name of Person 8
First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>
Last name <input type="text"/>	Last name <input type="text"/>	Last name <input type="text"/>
<p style="text-align: center;">ENTER NAME OF PERSON 1 FROM YOUR FIRST HOUSEHOLD QUESTIONNAIRE HERE.</p>	How is Person 7 related to Person: 1	How is Person 8 related to Person: 1 7
	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 type="checkbox"/>	Son or daughter <input 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 type="checkbox"/>
	Step-brother or step-sister <input type="checkbox"/>	Step-brother or step-sister <input type="checkbox"/> <input type="checkbox"/>
	Mother or father <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/>
	Step-mother or step-father <input type="checkbox"/>	Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/>
Grandchild <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/>	
Grandparent <input type="checkbox"/>	Grandparent <input type="checkbox"/> <input type="checkbox"/>	
Relation - other <input type="checkbox"/>	Relation - other <input type="checkbox"/> <input type="checkbox"/>	
Unrelated (including foster child) <input type="checkbox"/>	Unrelated (including foster child) <input type="checkbox"/> <input type="checkbox"/>	

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Name of Person 9	Name of Person 10	Name of Person 11
First name <input type="text" value="DANIEL"/>	First name <input type="text"/>	First name <input type="text"/>
Last name <input type="text" value="SMITH"/>	Last name <input type="text"/>	Last name <input type="text"/>
How is Person 9 related to Person: 1 7 8	How is Person 10 related to Person: 1 7 8 9	How is Person 11 related to Person: 1 7 8 9 10
Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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"/>	Civil partner <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"/>	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"/> <input type="checkbox"/>
Son or daughter <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Son or daughter <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"/>	Step-child <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 checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Brother or sister <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	Name of Person 10	Name of Person 11
First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>
Last name <input type="text"/>	Last name <input type="text"/>	Last name <input type="text"/>
How is Person 9 related to Person: 1 7 8	How is Person 10 related to Person: 1 7 8 9	How is Person 11 related to Person: 1 7 8 9 10
Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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"/>	Civil partner <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"/>	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"/> <input type="checkbox"/>
Son or daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Son or daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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"/>	Step-child <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"/>	Brother or sister <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"/>	Step-brother or step-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"/> <input type="checkbox"/>
Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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"/>	Step-mother or step-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"/> <input type="checkbox"/>
Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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"/>	Grandparent <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"/>	Relation - other <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"/>	Unrelated (including foster child) <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"/>

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Individual questions – Person 7 start here

<p>1 What is your name? (Person 7 on page 2)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 7 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☑ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p> <p><input type="text" value=""/></p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☑ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☑ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☑ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☑ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 7 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 (Continued from previous page)</p>	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>

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Individual questions – Person 7 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>➤ Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>➤ Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>➤ Answer for the place where you spend the most time.</p> <p>➤ If student (or schoolchild), provide your study address.</p> <p>➤ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Country <input type="text"/></p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>➤ If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>➤ Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>➤ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>➤ Do not state your grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>44 There are no more questions for Person 7.</p> <p>➔ GO TO questions for Person 8 on page 8.</p> <p>OR If there are no more people in this household,</p> <p>➔ GO TO the Visitor questions on the back page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>➤ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESAL.</p> <p>➤ If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Individual questions – Person 8 start here

<p>1 What is your name? (Person 8 on page 2)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 8 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p><input type="checkbox"/> Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p> <p><input type="text"/></p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p><input type="checkbox"/> Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 8 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 (Continued from previous page)</p>	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>

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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

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 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.

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Individual questions – Person 9 start here

<p>1 What is your name? (Person 9 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 9 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p><input type="checkbox"/> Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p> <p><input type="text"/></p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p><input type="checkbox"/> Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 9 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 (Continued from previous page)</p>	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>

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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

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 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.

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Individual questions – Person 10 start here

<p>1 What is your name? (Person 10 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day Month Year <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 10 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☑ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p> <p><input type="text"/></p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☑ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☑ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☑ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☑ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 10 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>

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Individual questions – Person 10 continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>➤ Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>➤ Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>➤ Answer for the place where you spend the most time.</p> <p>➤ If student (or schoolchild), provide your study address.</p> <p>➤ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Country <input type="text"/></p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>➤ If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>➤ Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>➤ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>➤ Do not state your grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>44 There are no more questions for Person 10.</p> <p>➔ GO TO questions for Person 11 on page 20.</p> <p>OR If there are no more people in this household,</p> <p>➔ GO TO the Visitor questions on the back page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>➤ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESAL.</p> <p>➤ If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Individual questions – Person 11 start here

<p>1 What is your name? (Person 11 on page 3)</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day Month Year <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>3 If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>3 Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>3 Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>3 Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – Person 11 continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p><input type="checkbox"/> Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p> <p><input type="text"/></p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p><input type="checkbox"/> Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p><input type="checkbox"/> Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – Person 11 continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>

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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 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)

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.

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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

V4 What is this person's usual UK address?

Postcode

V2 What is this person's date of birth?

Day	Month	Year

V3 What is this person's sex?

Female Male

OR Outside the UK, write in country

--

Visitor E

V1 What is this person's name?

First name
Last name

V4 What is this person's usual UK address?

Same address as Visitor D

Postcode

V2 What is this person's date of birth?

Day	Month	Year

V3 What is this person's sex?

Female Male

OR Outside the UK, write in country

--

Visitor F

V1 What is this person's name?

First name
Last name

V4 What is this person's usual UK address?

Same address as Visitor D

Postcode

V2 What is this person's date of birth?

Day	Month	Year

V3 What is this person's sex?

Female Male

OR Outside the UK, write in country

--

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

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
Household Frame Section –Usual Residents	
Who lives at [census address]?	
Collecting the names of the residents and visitors on 21 March 2021.	
H1_A Do you usually live at [census address]?	<i>Selecting one of the following:</i> — Yes, I usually live here — No, I don't usually live here
<i>If response to H1_A is</i> “Yes, I usually live here” then:	<i>Entering response in the format:</i> — First name — Middle names — Last name
H3_A What is your name?	
H1_B Do any of the following people also live at [census address] on Sunday 21 March 2021?	<i>Selecting all that apply:</i> — Family members and partners <i>Include babies born on or before 21 March 2021, children, students and schoolchildren who live away from home during term time</i> — Housemates, tenants or lodgers — People who usually live outside the UK who are staying in the UK for 3 months or more — People temporarily away <i>For example, working away, on holiday, in the armed forces, living in an establishment such as a care home for up to 6 months, abroad for up to a year</i> — People staying temporarily who usually live in the UK but do not have another UK address <i>For example, UK residents between addresses or currently without a home</i> Or — None of these apply, I am the only person who usually lives here.
If response is not “None of these apply, I am the only person who usually lives here.”	<i>Entering response in the format:</i> — First name — Middle names — Last name
H3_B Who else lives at [census address]?	
H2_A Does anyone else live at [census address]?	<i>Selecting one of the following:</i> — Yes, I need to add a [second, third etc] person — No, I do not need to add anyone
H2_B You said [count of names] people live at [census address]. Do you need to add anyone?	<i>Selecting one of the following:</i> — Yes, I need to add someone

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(1) QUESTION	(2) RESPONSE OPTIONS
	<ul style="list-style-type: none"> — No, there are [count of names] people living here
<p><i>If response to H1_A was</i></p> <p><i>“No, I don’t usually live here” then:</i></p> <p>H1_B Do any of the following people live at [census address] on Sunday 21 March 2021?</p>	<p><i>Selecting all that apply:</i></p> <ul style="list-style-type: none"> — Family members and partners <i>(Include babies born on or before 21 March 2021, children, students and schoolchildren who live away from home during term time)</i> — Housemates, tenants or lodgers — People who usually live outside the UK who are staying in the UK for 3 months or more — People temporarily away <i>(For example, working away, on holiday, in the armed forces, living in an establishment such as a care home for up to 6 months, abroad for up to a year)</i> — People staying temporarily who usually live in the UK but do not have another UK address <i>(For example, UK residents between addresses or currently without a home)</i> <p>Or</p> <ul style="list-style-type: none"> — None of these apply, no one usually lives here <i>(For example, this is a second address or holiday home)</i>
<p>If response to is not <i>“None of these apply, no one usually lives here”</i></p>	<p><i>Entering response in the format:</i></p> <ul style="list-style-type: none"> — First name — Middle names — Last name
<p>H3_C Who else lives at [census address]? Who lives at [census address]?</p>	
<p>H2_B Does anyone else live at [census address]?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes, I need to add a [second, third etc] person — No, I do not need to add anyone
<p>H2_C You said [count of names] people live at [census address]. Do you need to add anyone?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes, I need to add someone — No, there are [count of names] people living here
<p>Household Frame Section –Visitors</p>	
<p>H4 Apart from everyone already included, who else is staying overnight on Sunday 21 March 2021 at [census address]?</p>	<p><i>Selecting all that apply:</i></p> <ul style="list-style-type: none"> — People who usually live somewhere else in the UK, for example, boyfriends, girlfriends, friends or relatives

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
	<ul style="list-style-type: none"> — People staying here because it is their second address, for example, for work. Their permanent or family home is elsewhere — People who usually live outside the UK who are staying in the UK for less than three months — People here on holiday <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> — There are no visitors staying here overnight on 21 March 2021
<p>If the answer is not “<i>There are no visitors staying here overnight on 21 March 2021</i>”:</p> <p>V1_A What is the name of the visitor staying overnight on 21 March 2021 at [census address]?</p>	<p><i>Entering response in the format:</i></p> <ul style="list-style-type: none"> — First name — Last name
<p>H5_A Are there any other visitors staying overnight on 21 March 2021 at [census address]?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes, I need to add 2nd visitor — No, I do not need to add anyone
<p>V1_B What is the name of the [second, thirdetc] visitor staying overnight on Sunday 21 March 2021 at [census address]?</p>	<p><i>Entering response in the format:</i></p> <ul style="list-style-type: none"> — First name — Last name
Household Frame Section – Household relationships	
<p><i>If there is more than one person in the household: this question is repeated for each relationship</i></p> <p>H6 [person name] is your. . . . [selection automatically displayed]</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Husband or wife — Civil partner — Partner — Son or daughter — Step-child — Brother or sister (including half brother or half sister) — Step-brother or step-sister — Mother or father — Step-mother or step-father — Grandchild — Grandparent — Other relation — Unrelated (including foster child)
Household accommodation Section	
<p>H7_A What type of accommodation is [census address]?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Whole house or bungalow — Flat, maisonette or apartment <i>(Including purpose-built flats and flats within converted and shared houses)</i> — Caravan or other mobile or temporary structure

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
<p><i>If response is “Whole house or bungalow” then:</i></p> <p>H7_B Which of the following is your house or bungalow?</p>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Detached — Semi-detached — Terraced <i>(including end-terrace)</i>
<p><i>If response is “Flat, maisonette or apartment” then:</i></p> <p>H7_C Where is your flat, maisonette or apartment?</p>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — In a purpose-built block of flats — Part of a converted or shared house <i>(including bedsits)</i> — In a commercial building <i>(for example in an office building, hotel, or over a shop)</i>
<p>H8 Has [census address] been designed or adapted for any of the following?</p>	<p>Selecting all that apply:</p> <ul style="list-style-type: none"> — Internal wheelchair use <i>(For example downstairs bathroom)</i> — External wheelchair access <i>(For example a ramp)</i> — Other physical or mobility difficulties — Visual difficulties — Hearing difficulties — Other <i>(in which case entering adaptation)</i> <p>Or</p> <ul style="list-style-type: none"> — No adaptations
<p>H9 What type of central heating does [census address] have?</p>	<p>Selecting all that apply:</p> <ul style="list-style-type: none"> — Oil — Mains gas — Tank or bottled gas — Electric <i>(For example storage heaters)</i> — Wood <i>(For example logs or waste wood)</i> — Solid fuel <i>(For example coal)</i> — Renewable heating system — Other central heating <p>Or</p> <ul style="list-style-type: none"> — No central heating
<p>H10 What type of renewable energy systems does [census address] have?</p>	<p>Selecting all that apply:</p> <ul style="list-style-type: none"> — Solar panels for electricity — Solar panels for heating water — Wind turbine — Other <p>Or</p> <ul style="list-style-type: none"> — No renewable energy systems
<p>H11 Does your household own or rent [census address]?</p>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Owns outright — Owns with a mortgage or loan

<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
	<ul style="list-style-type: none"> — Part owns and part rents (<i>shared ownership</i>) — Rents (<i>with or without housing benefit</i>) — Lives here rent-free
<p><i>If response is either “Part-owns and part-rents (shared ownership)”, or “Rents (with or without benefits)” or “Lives here rent-free” then:</i></p> <p>H12 Who do you rent from?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Northern Ireland Housing Executive — Housing association or charitable trust — Private landlord — Private renting with letting agent — Employer of a household member — Relative or friend of a household member — Other
H13 In total, how many cars or vans are owned, or available for use, by members of this household?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — None — 1 — 2 — 3 — 4 or more (<i>in which case entering actual number of cars or vans</i>)
Individual Section	
(repeated for all usual residents)	
1_A Are you [<i>resident name</i>]?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes, I am — No, I am answering on their behalf
2 What is your date of birth?	<p><i>Entering response in the format:</i></p> <p>Day-Month-Year</p>
3 What is your sex?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Female — Male
4 What is your marital or civil partnership status?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — 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

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
5 Are you a schoolchild (or student) in full-time education?	<i>Selecting one of the following:</i> — Yes — No
<i>If response is “Yes” then:</i> 6_A During term time, where do you usually live?	<i>Selecting one of the following:</i> — [Census address] — Another address in the UK — Another address outside the UK
<i>If response is “Another address in the UK” then:</i> 6_B What is your term-time address?	— State address and postcode
<i>If response is “Another address outside the UK” then:</i> 6_C During term time, in which country outside the UK do you usually live?	— Current name of country
7 What is your country of birth?	<i>Selecting one of the following:</i> — Northern Ireland — England — Scotland — Wales — Republic of Ireland — Elsewhere (<i>in which case stating the current name of the country</i>)
<i>If response is “England”, “Scotland” “Wales”, “Republic of Ireland” or “Elsewhere” then:</i> 8 What year did you come to live in Northern Ireland?	<i>Entering response in the format:</i> — Year
9_A One year ago, what was your usual address?	<i>Selecting one from:</i> — [Census address] — Student term-time address in the UK — Another address in the UK — An address outside the UK
<i>If ‘Student term-time address in the UK’, or ‘Another address in the UK’ selected</i> 9_B One year ago, what was your usual address?	— State address and postcode
<i>If ‘An address outside the UK’ was selected:</i> 9_C In which country outside the UK was your usual address one year ago?	— Current name of country
10 What passports do you hold?	<i>Selecting all that apply:</i> — United Kingdom — Ireland — Other (<i>in which case entering the passports you hold</i>)

<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
11 How would you describe your national identity?	Or — None <i>Selecting all that apply:</i> — British — Irish — Northern Irish — English — Scottish — Welsh — Other (<i>in which case describing your national identity</i>)
12 What is your ethnic group?	<i>Selecting one of the following:</i> — White — Chinese — Irish Traveller — Roma — Indian — Filipino — Black African — Black other — Mixed ethnic group (<i>in which case describing your ethnic group</i>) — Any other ethnic group (<i>in which case describing your ethnic group</i>)
13 What religion, religious denomination or body do you belong to?	— Roman Catholic — Presbyterian Church in Ireland — Church of Ireland — Methodist Church in Ireland — Other (<i>in which case entering the religion</i>) Or — None
<i>If response is "None" then:</i>	— Roman Catholic — Presbyterian Church in Ireland — Church of Ireland — Methodist Church in Ireland — Other (<i>in which case entering the religion</i>)
14 What religion, religious denomination or body were you brought up in?	Or — None
15 What is your main language?	<i>Selecting one of the following:</i> — English — Other, including British or Irish Sign Language (<i>in which case entering the other language</i>)

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(1) QUESTION	(2) RESPONSE OPTIONS
<i>If response is “ Other, including British or Irish Sign Language” then:</i>	<i>Selecting one of the following:</i>
16 How well can you speak English?	<ul style="list-style-type: none"> <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
17_A Can you understand, speak, read or write Irish?	<i>Selecting all that apply:</i>
	<ul style="list-style-type: none"> <input type="checkbox"/> No ability <input type="checkbox"/> Understand Irish <input type="checkbox"/> Speak Irish <input type="checkbox"/> Read Irish <input type="checkbox"/> Write Irish
<i>If response includes “Speak Irish” then:</i>	<i>Selecting one of the following:</i>
17_B How often do you speak Irish?	<ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less often <input type="checkbox"/> Never
18_A Can you understand, speak, read or write Ulster-Scots?	<i>Selecting all that apply:</i>
	<ul style="list-style-type: none"> <input type="checkbox"/> No ability <input type="checkbox"/> Understand Ulster-Scots <input type="checkbox"/> Speak Ulster-Scots <input type="checkbox"/> Read Ulster-Scots <input type="checkbox"/> Write Ulster-Scots
<i>If response includes “Speak Ulster-Scots” then:</i>	<i>Selecting one of the following:</i>
18_B How often do you speak Ulster-Scots?	<ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less often <input type="checkbox"/> Never
19 How is your health in general?	<i>Selecting one of the following:</i>
	<ul style="list-style-type: none"> <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very bad
20 Are your day-to-day activities limited because of a health problem, or disability which has lasted, or is expected to last, at least 12 months?	<i>Selecting one of the following:</i>
	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, limited a little <input type="checkbox"/> Yes, limited a lot
21_A Do you have any of the following physical health conditions which have lasted, or are expected to last, at least 12 months?	<i>Selecting all that apply:</i>
	<ul style="list-style-type: none"> <input type="checkbox"/> Deafness or partial hearing loss <input type="checkbox"/> Blindness or partial sight <input type="checkbox"/> A mobility or dexterity difficulty, that requires the use of a wheelchair <input type="checkbox"/> A mobility or dexterity difficulty, that limits basic physical activities (<i>For example walking or dressing</i>) <input type="checkbox"/> Shortness of breath or difficult breathing (<i>For example Asthma</i>)

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
	<p>Or</p> <ul style="list-style-type: none"> — None of these conditions
<p>21_B Do you have any of the following other health conditions which have lasted, or are expected to last, at least 12 months?</p>	<p><i>Selecting all that apply:</i></p> <ul style="list-style-type: none"> — An intellectual or learning disability (<i>For example Down syndrome</i>) — A learning difficulty (<i>For example dyslexia</i>) — Autism or Asperger syndrome — An emotional, psychological or mental health condition (<i>For example depression or schizophrenia</i>) — Frequent periods of confusion or memory loss (<i>For example dementia</i>) — Long-term pain or discomfort — Other condition (<i>For example cancer, diabetes or heart disease</i>) <p>Or</p> <ul style="list-style-type: none"> — None of these conditions
<p>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?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — No — Yes, 1-19 hours a week — Yes, 20 to 34 hours a week — Yes, 35 to 49 hours a week — Yes, 50 or more hours a week
<p><i>If respondent is aged under 16: _S - Student route is followed</i></p> <p>42_S_A Where do you mainly study?</p> <p><i>Answer for the place where you spend the most time. If student or schoolchild, answer for your study address</i></p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — At a campus or school — At or from home — No fixed place
<p><i>If response is "At a campus or school":</i></p> <p>42_S_B Is your place of study in Northern Ireland?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes — No
<p><i>If response is "Yes":</i></p> <p>42_S_C What is the name and address of your main place of study?</p>	<ul style="list-style-type: none"> — State name, address and postcode
<p><i>If response is "No":</i></p> <p>42_S_D In which country is your course of study, including school?</p>	<ul style="list-style-type: none"> — Current name of country
<p>43_S How do you usually travel to your main place of study (including school)?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Driving a car or van

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
<i>Answer for the longest part, by distance, of your usual journey to your place of study</i>	<ul style="list-style-type: none"> — 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
<p><i>There are no more individual questions for respondents aged 15 years and under. The remaining individual questions only apply to respondents aged 16 years and over.</i></p>	
24 Which of the following best describes your sexual orientation?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Straight or heterosexual — Gay or lesbian — Bisexual — Other sexual orientation <i>(entering your sexual orientation)</i> <p>Or</p> <ul style="list-style-type: none"> — Prefer not to say
<p><i>Information about qualifications</i></p>	
25 Have you achieved a qualification at degree level or above?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes <i>(For example degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing)</i> — No
26_A Have you achieved a GCSE or equivalent qualification?	<p><i>Selecting all that apply:</i></p> <ul style="list-style-type: none"> — 5 or more GCSEs grades A* to C or 9 to 4 <i>(Include 5 or more O level passes or CSEs grades 1)</i> — Any other GCSEs <i>(Include any other O levels or CSEs at any grades)</i> <p>Or</p> <ul style="list-style-type: none"> — None of these apply
26_B Have you achieved an AS, A level or equivalent qualification?	<p><i>Selecting all that apply:</i></p> <ul style="list-style-type: none"> — 2 or more A levels <i>(Include 4 or more AS levels)</i> — 1 A level <i>(Include 2 or 3 AS levels)</i> — 1 AS level <p>Or</p> <ul style="list-style-type: none"> — None of these apply
26_C Have you achieved an NVQ or equivalent qualification?	<p><i>Selecting all that apply:</i></p>

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(1) QUESTION	(2) RESPONSE OPTIONS
	<ul style="list-style-type: none"> — NVQ level 3 or equivalent (<i>For example BTEC National, OND or ONC, City and Guilds Advanced Craft</i>) — NVQ level 2 or equivalent (<i>For example BTEC General, City and Guilds Craft</i>) — NVQ level 1 or equivalent <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> — None of these apply
<p><i>If response is 'No' or 'None of these apply' to the qualification questions above, then:</i></p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes — No qualifications
<p>26_D Have you achieved any other qualifications either within or outside of Northern Ireland?</p>	
<p>27 Have you completed an apprenticeship?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes — No
<p>28 In the last seven days, were you doing any of the following?</p> <p><i>Include casual or temporary work, even if only for one hour</i></p>	<p><i>Selecting all that apply:</i></p> <ul style="list-style-type: none"> — Working as an employee — Self-employed or freelance — Temporarily away from work ill, on holiday or temporarily laid off — On maternity or paternity leave — Doing any other kind of paid work <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> — None of these apply
<p><i>If response is other than 'None of these apply' then: route C – current job followed</i></p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Employee — Self-employed or freelance without employees — Self-employed with employees
<p>35_C In your main job, what is your employment status?</p>	
<p>36_C What is the name of the organisation or business you work for?</p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Organisation or business name is:
<p><i>If you are self-employed in your own business, give the business name.</i></p>	<p>-----</p>
<p></p>	<p>Or if no organisation or business name, selecting:</p> <ul style="list-style-type: none"> — No organisation or work for a private individual
<p>37_C What is your full job title?</p>	<p><i>Entering full job title:</i></p>
<p><i>For example, retail assistant, office cleaner, district nurse, primary school teacher. Do not state your grade or pay band.</i></p>	<p>-----</p>

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(1) QUESTION	(2) RESPONSE OPTIONS
38_C Briefly describe what you do in your main job	<i>Entering job description:</i> -----
39_C What is the main activity of your organisation, business or freelance work?	<i>Entering main activity:</i> -----
<i>For example, clothing retail, general hospital, primary education, food wholesale, civil service or local government.</i>	
40_C Do you supervise or oversee the work of other employees on a day-to-day basis?	<i>Selecting one of the following:</i> — Yes — No
41_C In your main job, how many hours a week do you usually work?	<i>Selecting one of the following:</i> — 0 to 15 hours — 16 to 30 hours — 31 to 48 hours — 49 hours or more
42_C_A Where do you mainly work?	<i>Selecting one of the following:</i>
<i>Answer for the place where you spend the most time. Even if ill, on maternity leave, holiday or temporarily laid off provide details of your main place of work</i>	— At a workplace — At or from home — No fixed place
<i>If response is “At a workplace”:</i>	<i>Selecting one of the following:</i>
42_C_B Is your main place of work in the UK?	— Yes — No
<i>If response is “Yes”:</i>	— State address and postcode
42_C_C What is the address of your main place of work?	
<i>If response is “No”:</i>	— Current name of country
42_C_D In which country is your main place of work?	
43_C How do you usually travel to your main place of work?	<i>Selecting one of the following:</i>
<i>Answer for the longest part, by distance, of your usual journey to your place of study</i>	— 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

<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
<i>If response was “None of these apply” to the question “In the last seven days, were you doing any of the following?” then:</i>	
29 Which of the following describes what you were doing in the last seven days?	<i>Selecting all that apply:</i> <input type="checkbox"/> Retired (<i>Whether receiving a pension or not</i>) <input type="checkbox"/> Studying <input type="checkbox"/> Looking after home or family <input type="checkbox"/> Long-term sick or disabled <input type="checkbox"/> Other
30 In the last four weeks, were you actively looking for any kind of paid work?	<i>Selecting one of the following:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
31 <i>If response is “Yes” then:</i> Are you available to start work in the next two weeks?	<i>Selecting one of the following :</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If response is “No”, not actively looking for any kind of paid work, or “No”, not available to start work in the next two weeks, then:</i>	<i>Selecting one of the following:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
32 In the last seven days, were you waiting to start a job already accepted?	
33 Have you ever done any paid work?	<i>Selecting one of the following:</i> <input type="checkbox"/> Yes, in the last 12 months <input type="checkbox"/> Yes, but not in the last 12 months <input type="checkbox"/> No, have never worked
<i>If response is “No, have never worked” to the question “Have you ever done any paid work?” and ‘Studying’ to the question “Which of the following describes what you were doing in the last seven days?” then: route_N never worked followed</i>	<i>Selecting one of the following:</i> <input type="checkbox"/> At a campus or school <input type="checkbox"/> At or from home <input type="checkbox"/> No fixed place
42_N_A Where do you mainly study?	
<i>If response is “At a campus or school”:</i>	<i>Selecting one of the following:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
42_N_B Is your place of study in Northern Ireland?	
<i>If response is “Yes”:</i>	<input type="checkbox"/> State name, address and postcode
42_N_C What is the name and address of your main place of study?	
<i>If response is “No”:</i>	<input type="checkbox"/> Current name of country

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(1) QUESTION	(2) RESPONSE OPTIONS
42_N_D In which country is your course of study, including school?	
43_N How do you usually travel to your main place of study?	<i>Selecting one of the following:</i> — 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
<i>Answer for the longest part, by distance, of your usual journey to your place of study</i> <i>If response is “Yes, in the last 12 months” or “Yes, but not in the last 12 months” then:route _L - last worked route is followed</i>	
35_L In your main job, what was your employment status?	<i>Selecting one of the following:</i> — Employee — Self-employed or freelance without employees — Self-employed with employees
36_L What was the name of the organisation or business you worked for?	<i>Entering organisation or business name:</i> ----- Or <i>if no organisation or business name, selecting:</i> — No organisation or worked for a private individual
37_L What was your full job title?	<i>Entering job title:</i> -----
38_L Briefly describe what you did in your main job	<i>Entering job description:</i> -----
39_L What was the main activity of your organisation, business or freelance work?	<i>Entering main activity:</i> -----
40_L Did you supervise or oversee the work of other employees on a day-to-day basis?	<i>Selecting one of the following:</i> — Yes — No
41_L In your main job, how many hours a week did you usually work?	<i>Selecting one of the following:</i> — 0 to 15 hours

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
	<ul style="list-style-type: none"> — 16 to 30 hours — 31 to 48 hours — 49 hours or more
<p>42_L_A Where did you mainly work?</p> <p><i>Answer for the place where you spent the most time</i></p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — At a workplace — At or from home — No fixed place
<p><i>If response is “At a workplace”:</i></p> <p>42_L_B Was your main place of work in the UK?</p> <p><i>If response is “Yes”:</i></p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Yes — No <p>— State address and postcode</p>
<p>42_L_C What was the address of your main place of work?</p> <p><i>If response is “No”:</i></p>	<p>— Current name of country</p>
<p>42_L_D In which country was your main place of work?</p>	
<p>43_L How did you usually travel to your main place of work?</p> <p><i>Answer for the longest part, by distance, of your usual journey to work</i></p>	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — 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
Visitor section	
V2 What is [visitor name]’s date of birth?	<p><i>Entering response in the format:</i></p> <p>Day- Month –Year</p>
V3 What is [visitor name]’s sex?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Female — Male
V4 What is [visitor name]’s usual address?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — An address in the UK (<i>in which case stating address and postcode</i>) — An address outside the UK (<i>stating current name of country</i>)

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<i>English</i>	<i>Irish</i>
Household Frame Section –Usual Residents	
H1_A Do you usually live at [census address]?	H1_A An gcónaíonn tú ag [census address] de ghnáth?
Yes, I usually live here	Cónaím anseo de ghnáth.
No, I don't usually live here	Ní chónaím anseo de ghnáth.
<i>If response is "Yes, I usually live here" then:</i>	<i>Más é "Cónaím anseo de ghnáth." an freagra ansin:</i>
H3_A What is your name?	H3_A Cad é an t-ainm atá ort?
First name	Céadainm
Middle name(s)	Lárainm(neacha)
Last name	Sloinne
H1_B Do any of the following people also live at [census address] on Sunday 21 March 2021?	H1_B An gcónóidh duine ar bith de na daoine seo a leanas ag [census address] ar an Domhnach 21 Márta 2021 chomh maith?
Family members and partners	Baill teaghlaigh agus páirtnéirí
Housemates, tenants or lodgers	Páirtithe tí, tionóntaí nó lóistéirí
People who usually live outside the UK who are staying in the UK for 3 months or more	Daoine a chónaíonn lasmuigh den UK de ghnáth atá ag fanacht sa UK ar feadh 3 mhí nó níos mó
People temporarily away	Daoine atá ar shiúl go sealadach
People staying temporarily who usually live in the UK but do not have another UK address	Daoine atá ag fanacht go sealadach agus a chónaíonn sa UK de ghnáth ach nach bhfuil seoladh ar bith acu sa UK
Or	
None of these apply, I am the only person who usually lives here.	Nó Ní bhaineann ceann ar bith de na roghanna seo liom, is mise an t-aon duine amháin a chónaíonn anseo.
<i>If response is not "None of these apply, I am the only person who usually lives here."</i>	<i>Murab é "Ní bhaineann ceann ar bith de na roghanna seo liom, is mise an t-aon duine amháin a chónaíonn anseo de ghnáth." an freagra.</i>
H3_B Who else lives at [census address]?	H3_B Cé eile a chónaíonn ag [census address]?
<i>Entering response in the format:</i>	<i>Cuir isteach an freagra san fhormáid:</i>
First name	Céadainm

<i>English</i>	<i>Irish</i>
Middle name(s)	Lárainm(neacha)
Last name	Sloinne
H2_A Does anyone else live at [census address]?	H2_A An gcónaíonn duine ar bith eile ag [census address]?
<i>Selecting one of the following:</i>	<i>Roghnaigh ceann de na ráitis seo a leanas:</i>
Yes, I need to add a [second, third etc] person	Cónaíonn, caithfidh mé duine eile [an dara, an tríú duine srl] a chur isteach
No, I do not need to add anyone	Ní chónaíonn, ní chaithfidh mé duine ar bith eile a chur isteach
H2_B You said [count of names] people live at [census address]. Do you need to add anyone?	H2_B Chuir tú isteach [count of names] duine a chónaíonn ag [census address]. An gcaithfidh tú duine ar bith eile a chur isteach?
<i>Selecting one of the following:</i>	<i>Roghnaigh ceann de na ráitis seo a leanas:</i>
Yes, I need to add someone	Caithfidh mé duine éigin eile a chur isteach
No, there are [count of names] people living here	Ní chaithfidh, cónaíonn [count of names] duine anseo
<i>If response was “No, I don’t usually live here” then:</i>	<i>Má ba é “Ní chónaím anseo de ghnáth” an freagra, ansin:</i>
H1_B Do any of the following people live at [census address] on Sunday 21 March 2021?	H1_B An gcónóidh duine ar bith de na daoine seo a leanas ag [census address] seo ar an Domhnach 21 Márta 2021?
<i>Selecting all that apply:</i>	<i>Roghnaigh na daoine go léir lena mbaineann sé</i>
Family members and partners	Baill teaghlaigh agus páirtnéirí
Housemates, tenants or lodgers	Páirtithe tí, tionóntaí nó lóistéirí
People who usually live outside the UK who are staying in the UK for 3 months or more	Daoine a chónaíonn lasmuigh den UK de ghnáth atá ag fanacht sa UK ar feadh 3 mhí nó níos mó
People temporarily away	Daoine atá ar shiúl go sealadach
People staying temporarily who usually live in the UK but do not have another UK address	Daoine atá ag fanacht go sealadach agus a chónaíonn sa UK de ghnáth ach nach bhfuil seoladh ar bith acu sa UK
Or	
None of these apply, no one usually lives here	Nó

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English	Irish
	Ní bhaineann ceann ar bith de na roghanna seo liom, ní chónaíonn duine ar bith anseo.
<i>If response is not “None of these apply, no one usually lives here”</i>	<i>Murab é “Ní bhaineann ceann ar bith de na roghanna seo liom, ní chónaíonn duine ar bith anseo de ghnáth.” an freagra</i>
H3_C Who else lives at [census address]? Who lives at [census address]?	H3_C Cé eile a chónaíonn ag [census address]? Cé a chónaíonn ag [census address]?
<i>Entering response in the format:</i>	<i>Cuir isteach an freagra san fhormaid:</i>
First name	Céadainm
Middle name(s)	Lárainmneacha
Last name	Sloinne
H2_B Does anyone else live at [census address]?	H2_B An gcónaíonn duine ar bith eile ag [census address]?
<i>Selecting one of the following:</i>	<i>Roghnaigh ceann ar bith de na ráitis seo a leanas:</i>
Yes, I need to add a [second, third etc] person	Cónaíonn, caithfidh mé duine eile [an dara, an tríú duine srl] a chur isteach
No, I do not need to add anyone	Ní chónaíonn, ní chaithfidh mé duine ar bith eile a chur isteach
H2_C You said [count of names] people live at [census address]. Do you need to add anyone?	H2_C Chuir tú isteach [count of names] a chónaíonn ag [census address]. An gcaithfidh tú duine ar bith eile a chur isteach?
<i>Selecting one of the following:</i>	<i>Roghnaigh ceann de na ráitis seo a leanas:</i>
Yes, I need to add someone	Caithfidh mé duine éigin eile a chur isteach
No, there are [count of names] people living here	Ní chaithfidh mé, cónaíonn [count of names] duine anseo
Household Frame Section –Visitors	
H4 Apart from everyone already included, who else is staying overnight on Sunday 21 March 2021 at [census address]?	H4 Seachas na daoine sin curtha isteach cheana féin, an mbeidh duine ar bith eile ag fanacht ag [census address] ar an Domhnach 21 Márta 2021?
<i>Selecting all that apply:</i>	<i>Roghnaigh na daoine go léir lena mbaineann sé:</i>
People who usually live somewhere else in the UK, for example, boyfriends, girlfriends, friends or relatives	Daoine a chónaíonn áit éigin eile sa UK de ghnáth, mar shampla, buachaillí, cailíní, cairde nó gaolta

<i>English</i>	<i>Irish</i>
People staying here because it is their second address, for example, for work. Their permanent or family home is elsewhere	Daoine atá ag fanacht anseo mar is é seo an dara seoladh atá acu, mar shampla, d'obair. Tá a seoladh buan nó teaghlaigh áit éigin eile
People who usually live outside the UK who are staying in the UK for less than three months	Daoine a chónaíonn lasmuigh den UK de ghnáth atá ag fanacht sa UK ar feadh níos lú ná trí mhí
People here on holiday	Daoine anseo ar saoire
Or	Nó
There are no visitors staying here overnight on 21 March 2021	Ní bheidh cuairteoir ar bith ag fanacht anseo thar oíche ar 21 Márta 2021
<i>If the answer is not "There are no visitors staying here overnight on 21 March 2021":</i>	<i>Murab é "Ní bheidh cuairteoir ar bith ag fanacht anseo thar oíche ar 21 Márta 2021." an freagra:</i>
V1_A What is the name of the visitor staying overnight on 21 March 2021 at [census address]?	V1_A Cad é ainm an chuirteora a bheidh ag fanacht thar oíche ar 21 Márta 2021 ag [census address]?
First name	Céadainm
Last name	Sloinne
H5_A Are there any other visitors staying overnight on 21 March 2021 at [census address]?	H5_A An mbeidh cuairteoir ar bith eile ag fanacht thar oíche ar 21 Márta 2021 ag [census address]?
Yes, I need to add 2nd visitor	Beidh, caithfidh mé an 2 ^ú cuairteoir a chur isteach
No, I do not need to add anyone	Ní bheidh, ní chaithfidh mé an 2 ^ú cuairteoir a chur isteach
V1_B What is the name of the [second, third etc] visitor staying overnight on Sunday 21 March 2021 at [census address]?	V1_B Cad é ainm [an dara, an tríú cuairteoir srl] a bheidh ag fanacht thar oíche ar an Domhnach 21 Márta 2021 ag [census address]?
First name	Céadainm
Last name	Sloinne
Household accommodation Section	
H7_A What type of accommodation is [census address]	H7_A Cén sórt cóiríochta é [census address]
Whole house or bungalow	Teach nó bungaló iomlán
Flat, maisonette or apartment	Árasán nó maisonette

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<i>English</i>	<i>Irish</i>
Including purpose-built flats and flats within converted and shared houses	Árasáin shaintógtha agus árasáin taobh istigh de thithe athchóirithe agus comhroinnte san áireamh
Caravan or other mobile or temporary structure	Carbhán nó struchtúr gluaiستهach nó sealadach eile
H7_B Which of the following is your house or bungalow?	H7_B Cé acu de na rudaí seo a leanas arb é do theach nó do bhungaló é?
Detached	Teach no bungaló scoite
Semi-detached	Teach no bungaló leathscoite
Terraced (<i>Including end-terrace</i>)	Teach nó bungaló sraithe (<i>Teach ceann sraithe san áireamh</i>)
H7_C Where is your flat, maisonette or apartment?	H7_C Cá bhfuil d'árasán nó maisonette?
In a purpose-built block of flats	I mbloc árasán saintógtha
Part of a converted or shared house (<i>Including bedsits</i>)	Mar chuid de theach athchóirithe nó comhroinnte (<i>Mionárasáin san áireamh</i>)
In a commercial building (<i>For example, in an office building, hotel, or over a shop</i>)	I bhfoirgneamh tráchtála (<i>Mar shampla, i bhfoirgneamh oifige, in óstán, nó os cionn siopa</i>)
H8 Has [<i>census address</i>] been designed or adapted for any of the following?	H8 Ar dearadh nó ar oiriúnaíodh [<i>census address</i>] do cheann ar bith de na rudaí seo a leanas?
Select all that apply	Roghnaigh na cinn uilig lena mbaineann siad
Internal wheelchair usage (<i>For example downstairs bathroom</i>)	Úsáid inmheánach do chathaoireacha rothaí (<i>Mar shampla, seomra folctha thíos staighre</i>)
External wheelchair access (<i>For example a ramp</i>)	Rochtain sheachtrach do chathaoireacha rothaí (<i>Mar shampla, rampa</i>)
Other physical or mobility difficulties	Deacrachtaí fisiceacha nó gluaiseachta eile
Visual difficulties	Deacrachtaí amhairc
Hearing difficulties	Deacrachtaí éisteachta
Other	Eile

<i>English</i>	<i>Irish</i>
Enter adaptation	Cuir isteach an t-oiriúnú
Or	Nó
No adaptations	Gan oiriúnú ar bith
H9 What type of central heating does [census address] have? Select all that apply	H9 Cén sórt teasa lárnaigh atá ag [census address]?
	Roghnaigh na cinn uilig lena mbaineann siad
Oil	Ola
Mains gas	Gás príomhlíne
Tank or bottled gas	Gás taisceadáin nó buidéalaithe
Electric	Leictreach
<i>(For example storage heaters)</i>	<i>(Mar shampla, taiscthéitheoirí)</i>
Wood	Adhmad
<i>(For example logs or waste wood)</i>	<i>(Mar shampla, lomáin nó dramhadhmad)</i>
Solid fuel	Breosla soladach
<i>(For example coal)</i>	<i>(Mar shampla, gual)</i>
Renewable heating system	Córas teasa in-athnuaite
Other central heating	Teas lárnach eile
OR	NÓ
No central heating	Gan teas lárnach
H10 What type of renewable energy systems does [census address] have?	H10 Cén sórt córas fuinnimh in-athnuaite atá ag [census address]?
Select all that apply	Roghnaigh na cinn uilig lena mbaineann siad
Solar panels for electricity	Painéil ghréine do leictreachas
Solar panels for heating water	Painéil ghréine le huisce a théamh
Wind turbine	Tuirbín gaoithe
Other	Eile
Enter renewable energy system	Cuir isteach an córas fuinnimh in-athnuaite
No renewable energy systems	Gan córas fuinnimh in-athnuaite

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<i>English</i>	<i>Irish</i>
H11 Does your household own or rent [census address]?	H11 An le do líon tí nó an dtógann siad ar cíós é [census address]?
Owns outright	Is leo amach is amach é
Owns with a mortgage or loan	Is leo é le morgáiste nó iasacht
Part owns and part rents <i>(Shared ownership)</i>	Is páirtúinéirí iad nó páirt-thógann siad ar cíós é <i>(Comhuinéireacht)</i>
Rents <i>(With or without housing benefit)</i>	Tógann siad ar cíós é <i>(Le nó gan liúntas tithíochta)</i>
Lives here rent-free	Cónaíonn siad anseo gan cíós ar bith a íoc
H12 Who do you rent from?	H12 Cé uaidh a bhfaigheann tú an réadmhaoin ar cíós?
Northern Ireland Housing Executive	Feidhmeannas Tithíochta Thuaisceart Éireann
Housing association or charitable trust	Cumann Tithíochta nó iontaobhas carthanachta
Private landlord	Tiarna talún príobháideach
Private renting with a letting agent	Tógáil ar cíós príobháideach le gníomhaire ligin
Employer of a household member	Fostóir ball den líon tí
Relative or friend of a household member	Gaol nó cara ball den líon tí
Other	Eile
H13 In total, how many cars or vans are owned, or available for use, by members of this household?	H13 San iomlán, cá mhéad gluaisteán nó veain ar le baill den líon tí seo iad nó atá ar fáil le húsáid acu?
None	Náid
1	1
2	2
3	3
4 or more	4 nó níos mó
Enter the number of cars or vans	Cuir isteach an líon gluaisteán nó veaineanna

Individual Section

(repeated for all usual residents)

<i>English</i>	<i>Irish</i>
1_A Are you [resident name]?	1_A An tusa [resident name]?
Yes, I am	Is ea, Is mise
No, I am answering on their behalf	Ní hea, tá mé ag freagairt ar a son
2 What is your date of birth?	2 Cad é do dháta breithe?
Day Month Year	Lá Mí Bliain
3 What is your sex?	3 Cad é do ghnéas?
Female	Baineann
Male	Fireann
4 What is your marital or civil partnership status?	4 Cad é do stádas pósta nó páirtnéireachta sibhialta?
Single, never married and never in a civil partnership	Singil, neamhphósta nó i bpáirtnéireacht shibhialta ar bith riamh
Married	Pósta
In a civil partnership	I bpáirtnéireacht shibhialta
Separated, but still legally married	Scartha, ach pósta go dlíthiúil go fóill
Separated, but still legally in a civil partnership	Scartha, ach i bpáirtnéireacht shibhialta go dlíthiúil go fóill
Divorced	Colscartha
Formerly in a civil partnership which is now legally dissolved	I bpáirtnéireacht shibhialta tráth atá curtha ar ceal go dlíthiúil anois
Widowed	Baintreach
Surviving partner from a civil partnership	Páirtnéir atá beo go fóill ó pháirtnéireacht shibhialta
5 Are you a schoolchild (or student) in full-time education?	5 An páiste scoile nó mac léinn thú atá in oideachas lánaimseartha?
Yes	Is ea
No	Ní hea
6_A During term time, where do you usually live?	6_A I rith am an téarma, cá bhfuil tú i do chónaí de ghnáth?
<i>Census address</i>	<i>Seoladh an daonáirimh</i>
<i>At another address in the UK</i>	<i>Seoladh eile sa UK</i>
<i>Another address outside the UK</i>	<i>Seoladh eile lasmuigh den UK</i>

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<i>English</i>	<i>Irish</i>
6_B What is your term time address	6_B Cad é do sheoladh i rith an téarma?
Enter address	Cuir isteach an seoladh
6_C During term time, in which country outside the UK do you usually live?	6_C I rith an téarma, cén tír lasmuigh den UK ina gcónaíonn tú de ghnáth?
Current name of country	Ainm reatha na tíre
7 What is your country of birth?	7 Cad é an tír inar rugadh thú?
Northern Ireland	Tuaisceart Éireann
England	Sasana
Scotland	Albain
Wales	An Bhreatain Bheag
Republic of Ireland	Poblacht na hÉireann
Elsewhere	Áit eile
Please specify current name of country	Luaigh ainm reatha na tíre go sonrath le do thoil
8 What year did you come to live in Northern Ireland?	8 Cén bhliain a tháinig tú a chónaí i dTuaisceart Éireann?
Year	Bliain
9_A One year ago, what was your usual address?	9_A Bliain amháin ó shin, cad é do ghnáthsheoladh?
<i>Census address</i>	<i>Seoladh an daonáirimh</i>
Student term-time address in the UK	Seoladh mic léinn i rith an téarma sa UK
Another address in the UK	Seoladh eile sa UK
An address outside the UK	Seoladh taobh amuigh den UK
Please enter the country	Cuir isteach an tír le do thoil
9_B Enter details of your address one year ago.	9_B Cuir isteach sonraí do sheolta bliain amháin ó shin.
Enter address	Cuir isteach an seoladh
9_C In which country outside the UK was your usual address one year ago?	9_C Cén tír lasmuigh den UK a bhí mar ghnáthsheoladh agat bliain ó shin?
Current name of country	Ainm reatha na tíre
10 What passports do you hold?	10 Cé na pasanna atá agat?
<i>Select all that apply</i>	<i>Roghnaigh na cinn uilig lena mbaineann</i>
United Kingdom	An Ríocht Aontaithe

<i>English</i>	<i>Irish</i>
Ireland	Éire
Other	Eile
Please specify the passports you hold	Luaigh go sonrach na pasanna atá agat le do thoil
Or	Nó
None	Ceann ar bith
11 How would you describe your national identity?	11 Cad é mar a dhéanfá cur síos ar d'fhéiniúlacht náisiúnta?
<i>Select all that apply</i>	<i>Roghnaigh na cinn uilig lena mbaineann</i>
British	Briotanach
Irish	Éireannach
Northern Irish	Éireannach Tuaisceartach
English	Sasanach
Scottish	Albanach
Welsh	Breatnach
Other	Eile
Please describe your national identity	Déan cur síos ar d'fhéiniúlacht náisiúnta le do thoil
12 What is your ethnic group?	12 Cad é do ghrúpa eitneach?
White	Geal
Chinese	Síneach
Irish Traveller	Taistealaí Éireannach
Roma	Romach
Indian	Indiach
Filipino	Filipíneach
Black African	Duine dubh Afracach
Black other	Duine dubh eile
Mixed ethnic group	Grúpa eitneach measctha
Please specify mixed ethnic group	

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<i>English</i>	<i>Irish</i>
Any other ethnic group Please specify other ethnic group	Luaigh do ghrúpa eitneach measctha go sonrath le do thoil Grúpa eitneach ar bith eile Luaigh do ghrúpa eitneach eile go sonrath le do thoil
13 What religion, religious denomination or body do you belong to?	13 Cad é do reiligiún, do chreideamh reiligiúnach nó cén eagraíocht reiligiúnach dá bhfuil tú i do bhall?
Roman Catholic	Caitliceach Rómhánach
Presbyterian Church in Ireland	An Eaglais Phreispitéireach in Éirinn
Church of Ireland	Eaglais na hÉireann
Methodist Church in Ireland	An Eaglais Mhodhach in Éirinn
Other	Eile
Please specify religion, religious denomination or body	Luaigh reiligiún, creideamh nó eagrais reiligiúnach eile le do thoil
Or	Nó,
None	Ceann ar bith
14 What religion, religious denomination or body were you brought up in?	14 Cad é do reiligiún, do chreideamh reiligiúnach nó cén eagraíocht reiligiúnach inar tógadh thú?
Roman Catholic	Caitliceach Rómhánach
Presbyterian Church in Ireland	An Eaglais Phreispitéireach in Éirinn
Church of Ireland	Eaglais na hÉireann
Methodist Church in Ireland	An Eaglais Mhodhach in Éirinn
Other	Eile
Please specify religion, religious denomination or body	Luaigh reiligiún, creideamh nó eagrais reiligiúnach eile le do thoil
Or	Nó,
None	Ceann ar bith
15 What is your main language?	15 Cad é do phríomhtheanga?
English	Béarla

<i>English</i>	<i>Irish</i>
Other	Eile
Including British Sign Language or Irish Sign Language	Teanga Chomharthaíochta na Breataine nó na hÉireann san áireamh
Please specify main language	Luaigh an phríomhtheanga go sonrach le do thoil
16 How well can you speak English?	16 Cé chomh maith agus a labhraíonn tú Béarla?
Very well	Go hiontach maith
Well	Go maith
Not well	Ní go maith
Not at all	Ní ar chor ar bith
17_A Can you understand, speak, read or write Irish?	17_A An féidir leat Gaeilge a thuiscint, a labhairt, a léamh nó a scríobh?
No ability	Gan ábaltacht ar bith
Understand Irish	Tuigim Gaeilge
Speak Irish	Labhraím Gaeilge
Read Irish	Léim i nGaeilge
Write Irish	Scríobhaim i nGaeilge
17_B How often do you speak Irish?	17_B Cé chomh minic agus a labhraíonn tú Gaeilge?
Daily	Go laethúil
Weekly	Go seachtainiúil
Less often	Ní chomh minic
Never	Ní riamh
18_A Can you understand, speak, read or write Ulster-Scots?	18_A An féidir leat Albanais Uladh a thuiscint, a labhairt, a léamh nó a scríobh?
No ability	Gan ábaltacht ar bith
Understand Ulster-Scots	Tuigim Albanais Uladh
Speak Ulster-Scots	Labhraím Albanais Uladh
Read Ulster-Scots	Léim in Albanais Uladh
Write Ulster-Scots	Scríobhaim in Albanais Uladh

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<i>English</i>	<i>Irish</i>
18_B How often do you speak Ulster-Scots?	18_B Cé chomh minic agus a labhraíonn tú Albanais Uladh?
Daily	Go laethúil
Weekly	Go seachtainiúil
Less often	Ní chomh minic
Never	Ní riamh
19 How is your health in general?	19 Conas atá do shláinte ghinearálta?
Very good	An-mhaith
Good	Go maith
Fair	Réasúnta
Bad	Go dona
Very bad	An-dona
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?	20 An bhfuil do ghníomhaíochtaí laethúla teoranta de dheasca fadhb sláinte, nó míchumais atá ann go fóill, nó an bhfuiltear ag súil leis go mbeidh sí agat ar feadh 12 mhí ar a laghad?
<i>Include problems relating to old age</i>	<i>Luaigh fadhbanna a bhaineann le seanaois</i>
No	Níl
Yes, limited a little	Tá, tá siad beagán teoranta
Yes, limited a lot	Tá, tá siad teoranta go mór
21_A Do you have any of the following physical health conditions which have lasted, or are expected to last, at least 12 months?	21_A An bhfuil ceann ar bith de na fadhbanna sláinte fisicí seo a leanas agat go fóill nó a bhfuiltear ag súil leis go mbeidh sé agat ar feadh 12 mhí ar a laghad?
Deafness or partial hearing loss	Bodhaire nó páirtchailteanas éisteachta
Blindness or partial sight loss	Daille nó páirtchailteanas radhairc
A mobility or dexterity difficulty, that requires the use of a wheelchair	Deacracht soghluaiseachta nó deaslámhachta ar a bhfuil úsáid cathaoir rothaí de dhíth
A mobility or dexterity difficulty that limits basic physical activities	Deacracht soghluaiseachta nó deaslámhachta a chuireann srian ar bhunghníomhaíochtaí fisiceacha
<i>For example walking or dressing</i>	<i>Mar shampla ag siúl nó ag gléasadh</i>
Shortness of breath or difficulty breathing	

<i>English</i>	<i>Irish</i>
<i>For example Asthma</i>	Gearranáil nó deacracht ag anáilú
Or	<i>Mar shampla Asma</i>
None of these conditions	Nó Ceann ar bith de na fadhbanna sláinte seo
21_B Do you have any of the following other health conditions which have lasted, or are expected to last, at least 12 months?	21_B An bhfuil ceann ar bith de na fadhbanna sláinte eile seo a leanas agat go fóill nó an bhfuiltear ag súil leis go mbeidh sí agat ar feadh 12 mhí ar a laghad?
An intellectual or learning disability	Míchumas intleachtúil nó foghlama
<i>For example Down syndrome</i>	<i>Mar shampla, siondróm Down</i>
A learning difficulty	Deacracht foghlama
<i>For example dyslexia</i>	<i>Mar shampla disléicse</i>
Autism or Asperger syndrome	Siondróm uathachais nó Asperger
An emotional, psychological or mental health condition	Fadhb mhothúcháinach, shíceolaíoch nó mheabhairshláinte
<i>For example depression or schizophrenia</i>	<i>Mar shampla, dúlagar nó scitsifréine</i>
Frequent periods of confusion or memory loss	Tréimhsí minice de mhearbhall nó de dhíchuimhne
<i>For example dementia</i>	<i>Mar shampla néaltrú</i>
Long-term pain or discomfort	Pian nó míchompord fadtéarmach
Other condition	Fadhb eile
<i>For example cancer, diabetes or heart disease</i>	<i>Mar shampla, ailse, diaibéiteas nó galar croí</i>
Or	Nó
None of these conditions	Ceann ar bith de na fadhbanna sláinte seo
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?	22 An dtugann tú aire do, nó an dtugann tú tacaíocht do dhuine ar bith mar go bhfuil fadhb sláinte fisicí nó meabhrach fadtéarmaí acu nó tinnis orthu, nó fadhbanna acu mar gheall ar sheanaois?
<i>Exclude anything you do in paid employment</i>	<i>Fág rud ar bith ar lár a dhéanann tú mar chuid de d'fhostaíocht íoctha</i>
No	Ní thugann

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<i>English</i>	<i>Irish</i>
Yes, 1 to 19 hours a week	Tugaim, 1 go 19 n-uair sa tseachtain
Yes, 20 to 34 hours a week	Tugaim, 20 go 34 uair sa tseachtain
Yes, 35 to 49 hours a week	Tugaim, 35 go 49 uair sa tseachtain
Yes, 50 hours or more a week	Tugaim, 50 uair nó níos mó sa tseachtain
<i>If respondent is under 16 and of school age:</i>	<i>Má tú an freagróir faoi 16 agus ag aois scoile:</i>
42_S_A Where do you mainly study?	42_S_A Cá ndéanann tú staidéar go príomha?
<i>Answer for the place where you spend the most time. If student or schoolchild, answer for your study address.</i>	<i>Freagair don áit ina gcaitheann tú an méid is mó ama. Más mac léinn nó páiste scoile thú, tabhair do sheoladh staidéir.</i>
At a campus or school	Ag campas nó ar scoil
At or from home	Sa nó ón teach
No fixed place	Gan in áit sheasta
<i>If response is “At a campus or school”:</i>	<i>Más é “Ag campas nó ar scoil” an freagra</i>
42_S_B Is your place of study in Northern Ireland?	42_S_B An bhfuil do phríomháit staidéir i dTuaisceart Éireann?
Yes	Tá
No	Níl
<i>If response is “Yes”:</i>	<i>Más é “Tá” an freagra</i>
42_S_C What is the name and address of your main place of study?	42_S_C Cad é ainm agus seoladh do phríomháit staidéir?
State name, address and postcode	Cuir isteach an seoladh agus an cód poist
<i>If response is “No”:</i>	<i>Más é “Níl” an freagra</i>
42_S_D In which country is your course of study, including school?	42_S_D Cén tír ina bhfuil do chúrsa staidéir, an scoil san áireamh?
Current name of country	Ainm reatha na tíre
43_S How do you usually travel to your main place of study, including school?	43_S Cad é mar a thaistealaíonn tú go dtí do phríomháit staidéir, an scoil san áireamh?
<i>Answer for the longest part, by distance, of your usual journey to your place of study</i>	<i>Cuir isteach freagra don chuid is faide, de réir faid, de do ghnáth-thuras chuig d’áit staidéir.</i>
Driving a car or van	Ag tiomáint gluaisteáin nó veain
Passenger in a car or van	Paisinéir i ngluaisteán nó i veain
Car or van pool, sharing driving	

<i>English</i>	<i>Irish</i>
Bus, minibus or coach (public or private)	Ag roinnt gluaisteáin nó veain, nó ag roinnt tiomána
Taxi	
Train	Bus, mionbus nó cóiste (poiblí nó príobháideach)
Motorcycle, scooter or moped	Tacsáí
Bicycle	Traein
On foot	Gluaisrothar, scútar nó móipéid
Other	Rothar Siúl Eile
24 Which of the following best describes your sexual orientation?	24 Cé acu de na rudaí seo a leanas a dhéanann an cur síos is fearr ar do chlaonadh gnéis?
Straight or heterosexual	Heitrihnéasach
Gay or lesbian	Aerach nó Leispiach
Bisexual	Déghnéasach
Other sexual orientation (entering your sexual orientation)	Claonadh gnéis eile (Luaigh do chlaonadh gnéis go sonrath le do thoil)
Or	Nó
Prefer not to say	B'fhearr liom gan a rá
25 Have you achieved a qualification at degree level or above?	25 Ar bhain tú cáilíocht ar leibhéal céime nó níos airde ná sin amach?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Luaigh comhcháilíochtaí bainte amach áit ar bhith taobh amuigh de Thuaisceart Éireann</i>
Yes	Bhain
<i>For example degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing</i>	<i>Mar shampla céim, bonnchéim, HND, nó HNC, NVQ leibhéal 4 nó níos airde, céim mhúinteoireachta nó bhanaltrachta</i>
No	Níor bhain
26_A Have you achieved a GCSE or equivalent qualification?	26_A Ar bhain tú cáilíocht GCSE nó a chomhionann amach?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Luaigh comhcháilíochtaí bainte amach áit ar bhith taobh amuigh de Thuaisceart Éireann</i>

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<i>English</i>	<i>Irish</i>
5 or more GCSEs grades (A* to C or 9 to 4)	5 GCSE nó níos mó, gráid (A* go C nó 9 go 4)
Include 5 or more O level (passes) or CSEs (grade 1)	Cuir isteach 5 nó níos mó (pasanna) O leibhéil nó CSEanna (gráid 1)
Any other GCSEs	GCSE ar bith eile
<i>Include any other O levels or CSEs at any grades</i>	<i>Cuir isteach O leibhéil ar bith eile no CSEanna ag grád ar bith</i>
Or	Nó,
None of these apply	Ní bhaineann ceann ar bith díobh seo
26_B Have you achieved an A level, AS level or equivalent qualifications?	26_B Ar bhain tú cáilíocht Ardleibhéil, leibhéal AS nó a gcomhionann amach?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Luaigh comhcháilíochtaí bainte amach áit ar bith taobh amuigh de Thuaisceart Éireann</i>
2 or more A levels	2 Ardleibhéal nó níos mó
<i>Include 4 or more AS levels</i>	<i>Cuir isteach 4 nó níos mó leibhéil AS</i>
1 A level	1 Ardleibhéal
<i>Include 2 or 3 AS levels</i>	<i>Cuir isteach 2 go 3 leibhéil AS</i>
1 AS level	1 leibhéal AS
26_C Have you achieved an NVQ or equivalent qualification?	26_C Ar bhain tú cáilíocht NVQ nó a chomhionann amach?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Luaigh comhcháilíochtaí bainte amach áit ar bith taobh amuigh de Thuaisceart Éireann</i>
NVQ level 3 or equivalent	NVQ leibhéal 3 nó a chomhionann
<i>For example BTEC National, OND or ONC, City and Guilds Advanced Craft</i>	<i>Mar shampla BTEC Náisiúnta, OND nó ONC, Ardcheardaíocht City and Guilds</i>
NVQ level 2 or equivalent	NVQ leibhéal 2 nó a chomhionann
<i>For example BTEC General, City and Guilds Craft</i>	<i>Mar shampla BTEC Ginearálta agus Ceardaíocht City and Guilds</i>
NVQ level 1 or equivalent	NVQ leibhéal 1 nó a chomhionann
Or	Nó
None of these apply	Ní bhaineann ceann ar bith díobh seo

<i>English</i>	<i>Irish</i>
26_D Have you achieved any other qualifications, either within or outside of Northern Ireland?	26_D Ar bhain tú cáilíocht ar bith eile amach taobh istigh nó taobh amuigh de Thuaisceart Éireann?
Yes	Bhain
No qualifications	Gan cáilíocht ar bith
27 Have you completed an apprenticeship? <i>Include equivalent apprenticeships completed anywhere outside Northern Ireland</i>	27 Ar chríochnaigh tú do phrintíseacht? <i>Luaigh printíseachtaí comhionanna críochnaithe áit ar bith taobh amuigh de Thuaisceart Éireann</i>
Yes	Chríochnaigh
For example, trade, advanced, foundation or modern apprenticeships	Mar shampla, ceird, ardphrintíseachtaí, bunphrintíseachtaí, nó printíseachtaí nua-aimseartha
No	Níor chríochnaigh
28 In the last seven days, were you doing any of the following? <i>Include casual or temporary work, even if only for one hour</i>	28 Sna seacht lá seo a chuaigh thart, an raibh tú ag déanamh ceann ar bith de na rudaí seo a leanas? <i>Luaigh obair ócáideach nó shealadach, fiú má oibríonn tú ar feadh aon uair amháin</i>
Working as an employee	Ag obair mar fhostaí
Self-employed or freelance	Féinfhostaithe nó ag obair ar bhonn neamhspleách
Temporarily away from work ill, on holiday or temporarily laid off	Ar shiúl ón obair go sealadach de dheasca tinnis, ar saoire nó scaoilte chun bealaigh go sealadach
On maternity or paternity leave	Ar saoire mháithreachais nó atharthachta
Doing any other kind of paid work	Ag déanamh obair íoctha ar bith eile
Or	Nó
None of these apply	Ní bhaineann ceann ar bith díobh seo
Working route 35_C In your main job, what is your employment status?	35_C I do phríomhphost, cad é atá do stádas fostaíochta?
Employee	Fostaí
Self-employed or freelance without employees	Féinfhostaithe nó ag obair go neamhspleách gan fostaí ar bith

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<i>English</i>	<i>Irish</i>
Self-employed with employees	Féinfhostaithe le fostaithe
36_C What is the name of the organisation or business you work for?	36_C Cad é an t-ainm atá ar an eagraíocht nó ar an ghnó dá n-oibríonn tú?
<i>If you are self-employed in your own business, give the business name.</i>	<i>Má tá tú féinfhostaithe i do ghnó féin, tabhair ainm an ghnó dúinn.</i>
Organisation or business name	Ainm na heagraíochta nó an ghnó
Or	Nó
No organisation or work for a private individual	Eagraíocht nó obair ar bith do dhuine aonair príobháideach
37_C What is your full job title?	37_C Cad é an teideal iomlán atá ar do phost?
<i>For example, retail assistant, office cleaner, district nurse, primary school teacher. Do not state your grade or pay band</i>	<i>Mar shampla, cúntóir miondíola, glantóir oifige, banaltra ceantair, múinteoir bunscoile. Ná luaigh do ghrád ná do bhanda pá</i>
Job title	Teideal poist
38_C Briefly describe what you do in your main job.	38_C Déan cur síos go hachomair ar na rudaí a dhéanann tú i do phríomhphost.
Job description	Cur síos poist
39_C What is the main activity of your organisation, business or freelance work?	39_C Cad é príomhghníomhaíocht d'eagraíochta, do ghnó nó d'fhéinfhostaíochta?
<i>For example clothing retail, general hospital, primary education, food wholesale, civil service, local government.</i>	<i>Mar shampla, miondíol éadaí, otharlann ghinearálta, bunscolaíocht, mórthíol bia, státseirbhís, rialtas áitiúil.</i>
Main activity	Príomhghníomhaíocht
40_C Do you supervise or oversee the work of other employees on a day-to-day basis?	40_C An ndéanann tú maoirseacht ar obair fostaithe eile ó lá go lá?
Yes	Déanaim
No	Ní dhéanaim
41_C In your main job, how many hours a week do you usually work?	41_C I do phríomhphost, cá mhéad uair sa tseachtain a oibríonn tú de ghnáth?

<i>English</i>	<i>Irish</i>
Include paid and unpaid overtime	Luaigh ragobair íoctha agus neamhíoctha
0 to 15 hours	0 go 15 uair
16 to 30 hours	16 go 30 uair
31 to 48 hours	31 go 48 uair
49 hours or more	49 uair nó níos mó
42_C_A Where do you mainly work?	42_C_A Cá n-oibríonn tú go príomha?
<i>Answer for the place where you spend the most time. Even if ill, on maternity leave, holiday or temporarily laid off provide details of your main place of work.</i>	<i>Freagair don áit ina gcaitheann tú an méid is mó ama. Fiú má tá tú tinn, ar saoire mháithreachais nó scaoilte chun bealaigh go sealadach, tabhair sonraí ar do phríomháit oibre.</i>
At a workplace	San áit oibre
At or from home	Sa bhaile nó ón bhaile
No fixed place	Gan in áit sheasta
42_C_B Is your place of work in the UK?	42_C_B An bhfuil do phríomháit oibre sa UK?
Yes	Tá
No	Níl
42_C_C What is the address of your main place of work?	42_C_C Cad é an seoladh atá ag do phríomháit oibre?
Enter address	Cuir isteach an seoladh
42_C_D In which country is your main place of work?	42_C_D Cén tír ina bhfuil do phríomháit oibre?
Current name of country	Ainm reatha na tíre
43_C How do you usually travel to your main place of work?	43_C Cad é mar a thaistealaíonn tú go dtí do phríomháit oibre de ghnáth?
<i>Select one option only, for the longest part, by distance, of your usual journey to place of work.</i>	<i>Roghnaigh ceann amháin, don chuid is mó, de réir faid, de do ghnáth-thuras go dtí d'áit staidéir.</i>
Driving a car or van	Ag tiomáint gluaisteáin nó veain
Passenger in a car or van	Paisinéir i ngluaisteán nó i veain
Car or van pool, sharing driving	Ag roinnt gluaisteáin nó veain, nó ag roinnt tiomána
Bus, minibus or coach (public or private)	

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<i>English</i>	<i>Irish</i>
Taxi	Bus, mionbus nó cóiste (poiblí nó príobháideach)
Train	Tacsaí
Motorcycle, scooter or moped	Traein
Bicycle	Gluaisrothar, scútar nó móipéid
On foot	Rothar
Other	Siúl Eile
Non-working route -	29 Cé acu de na téarmaí seo a leanas a dhéanann cur síos ar na rudaí a bhí tú a dhéanamh sna seacht lá seo a chuaigh thart?
29 Which of the following describes what you were doing in the last seven days?	
Retired <i>(Whether receiving a pension or not)</i>	Ar scor <i>(Cé acu atá tú nó nach bhfuil tú ag fáil pinsin)</i>
Studying	Ag staidéar
Looking after home or family	Ag tabhairt aire don teach nó don teaghlach
Long-term sick or disabled	Tinn nó míchumasach san fhadtéarma
Other	Eile
30 In the last four weeks, were you actively looking for any kind of paid work?	30 Sna ceithre seachtaine seo a chuaigh thart, an raibh tú ag iarraidh obair íoctha de chineál ar bith go gníomhach?
Yes	Bhí
No	Ní raibh
31 If a job became available now, could you start it within two weeks?	31 Dá mbeadh post ar fáil anois, an bhféadfá toiseacht ann taobh istigh de dhá sheachtain?
Yes	D'fhéadfainn
No	Ní fhéadfainn
32 In the last seven days, were you waiting to start a job already accepted?	32 Sna seacht lá seo a chuaigh thart, an raibh tú ag fanacht le hobair a thosú i bpost ar ghlac tú leis cheana féin?
Yes	Bhí
No	Ní raibh

<i>English</i>	<i>Irish</i>
33 Have you ever done any paid work?	33 An ndearna tú obair íoctha ar bith riamh roimhe?
Yes, in the last 12 months	Rinne, sa 12 mhí is déanaí
Yes, but not in the last 12 months	Rinne, ach gan sa 12 mhí is déanaí
No, have never worked	Ní dhearna mé obair ar bith riamh
<i>If response is “No, have never worked” to the question “Have you ever done any paid work?” and ‘Studying’ to the question “Which of the following describes what you were doing in the last seven days?” then: route_N never worked</i>	Más é an freagra “Ní dhearna mé obair ar bith riamh” ar an cheist “An ndearna tú obair ar bith íoctha riamh?” agus ‘Ag staidéar’ ar an cheist ‘Cé acu de na téarmaí seo a leanas a dhéanann an cur síos is fearr ar na rudaí a bhí tú a dhéanamh le seacht lá anuas?’, ansin _N
42_N_A Where do you mainly study?	42_N_A Cá ndéanann tú staidéar go príomha?
<i>Answer for the place where you spend the most time. If student or schoolchild, answer for your study address.</i>	<i>Freagair don áit ina gcaitheann tú an méid is mó ama. Más mac léinn nó páiste scoile thú, freagair do do sheoladh staidéir.</i>
At a campus or school	Ag campas nó ar scoil
At or from home	Sa bhaile nó ón bhaile
No fixed place	Gan aon áit sheasta
<i>If response is “At a campus or school”:</i>	Más é “Ag campas nó ar scoil” an freagra
42_N_B Is your place of study in Northern Ireland?	42_N_B An bhfuil d’áit staidéir i dTuaisceart Éireann?
Yes	Tá
No	Níl
<i>If response is “Yes”:</i>	<i>Más é “Tá” an freagra</i>
42_N_C What is the name and address of your main place of study?	42_N_C Cad é an seoladh atá ag do phríomháit staidéir?
State name, address and postcode	Cuir isteach an seoladh agus an cód poist
<i>If response is “No”:</i>	Más é “Níl” an freagra
42_N_D In which country is your course of study, including school?	42_N_D Cad é an seoladh atá ag do phríomháit staidéir, do scoil san áireamh?
Current name of country	Ainm reatha na tire
43_N How do you usually travel to your main place of study, including school?	43_N Cad é mar a thaistealaíonn tú go dtí do phríomháit staidéir, an scoil san áireamh?
Driving a car or van	Ag tiomáint gluaisteáin nó veain

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<i>English</i>	<i>Irish</i>
Passenger in a car or van	Paisinéir i ngluaisteán nó i veain
Car or van pool, sharing driving	Ag roinnt gluaisteáin nó veain, nó ag roinnt tiomána
Bus, minibus or coach (public or private)	Bus, mionbus nó cóiste (poiblí nó príobháideach)
Taxi	Tacsáí
Train	Traein
Motorcycle, scooter or moped	Gluaisrothar, scútar nó móipéid
Bicycle	Rothar
On foot	Siúl
Other	Eile
<i>If response is “Yes, in the last 12 months” or “Yes, but not in the last 12 months” to the question “Have you ever done any paid work ?” route _L – last worked followed</i>	<i>Más é an freagra “Rinne mé, le 12 mhí anuas” nó “Rinne mé, ach chan le 12 mhí anuas” ar an cheist “An ndearna tú obair ar bith íoctha riamh?”, ansin</i>
35_L In your main job, what was your employment status?	35_L I do phríomhphost, cad é do stádas fostaíochta?
Employee	Fostaí
Self-employed or freelance without employees	Féinhostaithe nó ag obair go neamhspleách gan fostaí ar bith
Self-employed with employees	Féinhostaithe le fostaíthe
36_L What was the name of the organisation or business you worked for?	36_L Cad é an t-ainm a bhí ar an eagraíocht nó ar an ghnó dár oibrigh tú?
<i>If you were self-employed in your own business, give the business name.</i>	<i>Má bhí tú féinhostaithe i do ghnó féin, tabhair ainm an ghnó dúinn.</i>
Organisation or business name	Ainm na heagraíochta nó an ghnó
Or	Nó
No organisation or worked for a private individual	Eagraíocht nó obair ar bith do dhuine aonair príobháideach
37_L What was your full job title?	37_L Cad é an teideal iomlán a bhí ar do phost?

<i>English</i>	<i>Irish</i>
<i>For example, retail assistant, office cleaner, district nurse, primary school teacher. Do not state your grade or pay band</i>	<i>Mar shampla, cúntóir miondíola, glantóir oifige, banaltra ceantair, múinteoir bunscoile. Ná luaigh do ghrád nó do bhanda pá</i>
Job title	Teideal poist
38_L Briefly describe what you did in your main job.	38_L Déan cur síos go hachomair ar na rudaí a rinne tú i do phríomhphost.
Job description	Cur síos poist
39_L What was the main activity of your organisation, business or freelance work?	39_L Cad é an príomhghníomhaíocht a bhí i d'eagraíocht, do ghnó nó d'fhéinhostaíocht?
<i>For example clothing retail, general hospital, primary education, food wholesale, civil service, local government.</i>	<i>Mar shampla, miondíol éadaí, otharlann ghinearálta, bunscolaíocht, mórdhíol bia, státseirbhís, rialtas áitiúil.</i>
Main activity	Príomhghníomhaíocht
40_L Did you supervise or oversee the work of other employees on a day-to-day basis?	40_L An ndearna tú maoirseacht ar obair fostaithe eile ó lá go lá?
Yes	Rinne
No	Ní dhearna
41_L In your main job, how many hours a week did you usually work?	41_L I do phríomhphost, cá mhéad uair sa tseachtain a d'oibrigh tú de ghnáth?
<i>Include paid and unpaid overtime</i>	<i>Luaigh ragobair íoctha agus neamhíoctha</i>
0 to 15 hours	0 go 15 uair
16 to 30 hours	16 go 30 uair
31 to 48 hours	31 go 48 uair
49 hours or more	49 uair nó níos mó
42_L_A Where did you mainly work?	42_L_A Cár oibrigh tú go príomha?
<i>Answer for the place where you spent the most time.</i>	<i>Freagair don áit inar chaith tú an méid ba mhó ama.</i>
At a workplace	San áit oibre
At or from home	Sa bhaile nó ón bhaile
No fixed place	Gan aon áit sheasta

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<i>English</i>	<i>Irish</i>
<i>If response is "At a workplace"</i>	<i>Más é an freagra "San áit oibre"</i>
42_L_B Was your place of work in the UK?	42_L_B An raibh d'áit oibre sa UK?
Yes	Bhí
No	Ní raibh
<i>If response is "Yes"</i>	<i>Más é "Tá" an freagra</i>
42_L_C What was the address of your main place of work?	42_L_C Cad é an seoladh a bhí ag do phríomháit oibre?
State address and postcode	Cuir isteach an seoladh agus cod poist
<i>If response is "No"</i>	<i>Más é "Ní raibh" an freagra</i>
42_L_D In which country was your main place of work?	42_L_D Cén tír ina raibh do phríomháit oibre?
Current name of country	Ainm reatha na tíre
43_L How did you usually travel to your main place of work?	43_L Cad é mar a thaistil tú go dtí do phríomháit oibre de ghnáth?
<i>Select one option only, for the longest part, by distance, of your usual journey to place of work.</i>	<i>Roghnaigh ceann amháin, don chuid is mó, de réir faid, de do ghnáth-thuras go dtí d'áit staidéir.</i>
Driving a car or van	Ag tiomáint gluaisteáin nó veain
Passenger in a car or van	Paisinéir i ngluaisteán nó i veain
Car or van pool, sharing driving	Ag roinnt gluaisteáin nó veain, nó ag roinnt tiomána
Bus, minibus or coach (public or private)	Bus, mionbus nó cóiste (poiblí nó príobháideach)
Taxi	Tacsáí
Train	Traein
Motorcycle, scooter or moped	Gluaisrothar, scútar nó móipéid
Bicycle	Rothar
On foot	Siúl
Other	Eile
Visitor section	
V2 What is [visitor name] date of birth?	V2 Cad é dáta breithe [visitor name]?
Day Month Year	Lá Mí Bliain

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<i>English</i>	<i>Irish</i>
V3 What is [visitor name] sex?	V3 Cad é [visitor name] ghnéas?
Female	Baineann
Male	Fireann
V4 What is [visitor name] usual address?	V4 Cad é gnáthsheoladh [visitor name]?
An address in the UK	Seoladh sa UK
An address outside the UK	Seoladh taobh amuigh den UK
Please enter the country	Cuir isteach an tír le do thoil
Enter details of [visitor name] usual UK address	Cuir isteach sonraí de ghnáthsheoladh [visitor name] sa UK
Enter address	Cuir isteach an seoladh

Part 5: Household Questionnaire (Online) – H4 – English-Ulster-Scots

<i>English</i>	<i>Ulster-Scots</i>
Household Frame Section –Usual Residents	
H1_A Do you usually live at [census address]?	H1_A Dae ye bide fur ordnar ben [census address]?
Yes, I usually live here	Aye, A bide here fur ordnar
No, I don't usually live here	Naw, A dinnae bide here fur ordnar
<i>If response is "Yes, I usually live here" then:</i>	<i>Gin tha reponse is "Aye, A bide here fur ordnar" syne:</i>
H3_A What is your name?	H3_A Whut dae the' cry ye?
First name	Furst name
Middle name(s)	Middle names
Last name	Faimlie name
H1_B Do any of the following people also live at [census address] on Sunday 21 March 2021?	H1_B Dae onie o tha follaein fowk bide at [census address] forbye yersel oan Sawbith day 21st Mairch 20an21?
Family members and partners	Faimlie memmers an pairtners
Housemates, tenants or lodgers	Hoosemates, tinints or ludgers
People who usually live outside the UK who are staying in the UK for 3 months or more	Fowk 'at fur ordnar bides ootby tha UK 'at's steyin in the UK fur 3 monds or mair
People temporarily away	Fowk awa by-whyles

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<i>English</i>	<i>Ulster-Scots</i>
<p>People staying temporarily who usually live in the UK but do not have another UK address</p> <p>Or</p> <p>None of these apply, I am the only person who usually lives here.</p>	<p>Fowk steyin by-whyles 'at fur ordnar bides in tha UK an 'at daesnae hae anither UK address, but</p> <p>Or</p> <p>Nane o thae things effeirs. A'm tha onlie yin ' at bides here fur ordnar.</p>
<p><i>If response is not "None of these apply, I am the only person who usually lives here."</i></p> <p>H3_B Who else lives at [census address]?</p> <p><i>Entering response in the format:</i></p>	<p><i>Gin tha repone isnae "Nane o thae things effeirs. A'm aa tha yin 'at bides here fur ordnar."</i></p> <p>H3_B Whut ither bodie(s) bides at [census address]?</p> <p><i>Pittin in yer repone in tha layoot:</i></p>
<p>First name</p> <p>Middle name(s)</p> <p>Last name</p>	<p>Furst name</p> <p>Middle name(s)</p> <p>Faimlie name</p>
<p>H2_A Does anyone else live at [census address]?</p> <p><i>Selecting one of the following:</i></p> <p>Yes, I need to add a [second, third etc] person</p> <p>No, I do not need to add anyone</p>	<p>H2_A Daes onie ither bodie bide at [census address]?</p> <p><i>Ootwale yin o tha follaein:</i></p> <p>Aye, A maun eik a [saiconn, thurd anaa] bodie</p> <p>Naw, A dinnae hae tae eik oniebodie</p>
<p>H2_B You said [count of names] people live at [census address]. Do you need to add anyone?</p> <p><i>Selecting one of the following:</i></p> <p>Yes, I need to add someone</p> <p>No, there are [count of names] people living here</p>	<p>H2_B Ye hae sayed [count of names] fowk bides at [census address]. Dae ye haetae eik oniebodie?</p> <p><i>Ootwalin yin o tha follaein:</i></p> <p>Aye, A maun eik a bodie</p> <p>Naw, thar's [count of names] fowk bidin here</p>
<p><i>If response was "No, I don't usually live here" then:</i></p> <p>H1_B Do any of the following people live at [census address] on Sunday 21 March 2021?</p> <p><i>Selecting all that apply:</i></p> <p>Family members and partners</p>	<p><i>Gin tha repone wus "Naw, A dinnae bide here fur ordnar" syne:</i></p> <p>H1_B Daes onie o tha fowk follaein bide at [census address] oan Sawbith day 21st Mairch 20an21?</p> <p><i>Ootwalin aa tha yins 'at effeirs:</i></p> <p>Faimlie memmers an pairtners</p>

<i>English</i>	<i>Ulster-Scots</i>
Housemates, tenants or lodgers	Hoosemates, tinints or ludgers
People who usually live outside the UK who are staying in the UK for 3 months or more	Fowk 'at fur ordnar bides ootby tha UK 'at's steysin in tha UK fur 3 monds or mair
People temporarily away	Fowk awa by-whyles
People staying temporarily who usually live in the UK but do not have another UK address	Fowk steysin by-whyles 'at fur ordnar bides in tha UK an daesnae hae anither UK address, but
Or	Or
None of these apply, no one usually lives here	Nane o thae things effeirs. Naebodie bides here fur ordnar
<i>If response is not "None of these apply, no one usually lives here"</i>	<i>Gin tha reponse isnae "Nane o thae things effeirs. Naebodie bides here fur ordnar"</i>
H3_C Who else lives at [census address]? Who lives at [census address]?	H3_C Whut ither bodie(s) bides at [census address]? Wha bides at [census address]?
<i>Entering response in the format:</i>	<i>Pittin in tha reponse in tha layoot:</i>
First name	Furst name
Middle name(s)	Middle name(s)
Last name	Faimlie name
H2_B Does anyone else live at [census address]?	H2_B Daes onie ither bodie bide at [census address]?
<i>Selecting one of the following:</i>	<i>Ootwalin yin o tha follaein:</i>
Yes, I need to add a [second, third etc] person	Aye, A hae tae eik a [saiconn, thurd anaa] bodie
No, I do not need to add anyone	Naw, A dinnae hae tae eik oniebodie
H2_C You said [count of names] people live at [census address]. Do you need to add anyone?	H2_C Ye sayed [count of names] fowk bides at [census address]. Dae ye haetae eik oniebodie?
<i>Selecting one of the following:</i>	<i>Ootwalin yin o tha follaein:</i>
Yes, I need to add someone	Aye, A hae tae eik a bodie
No, there are [count of names] people living here	Naw, thar's [count of names] fowk bidin here
Household Frame Section –Visitors	
H4 Apart from everyone already included, who else is staying overnight	H4 Forbye aabodie taen in aareadie, whut ither bodie(s) wud be steysin throch tha nicht oan

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<i>English</i>	<i>Ulster-Scots</i>
on Sunday 21 March 2021 at [census address]?	Sawbith day 21st Mairch 20an21 ben [census address]?
<i>Selecting all that apply:</i>	<i>Ootwalin aa tha yins 'at effeirs:</i>
People who usually live somewhere else in the UK, for example, boyfriends, girlfriends, friends or relatives	Fowk 'at fur ordnar bides ither place in tha UK, tha like o lads or lassies coortin oniebodye in tha hoose, billies or freens.
People staying here because it is their second address, for example, for work. Their permanent or family home is elsewhere	Fowk bidin here seein it's thair saiconn address, tha like o fur wark. Thair bidin or faimlie hame bes some ither place.
People who usually live outside the UK who are staying in the UK for less than three months	Fowk 'at fur ordnar bides ootbye tha UK 'at's steyin in tha UK fur nae mair nor thrie monds.
People here on holiday	Fowk here oan thair holidays
Or	Or
There are no visitors staying here overnight on 21 March 2021	Thar's nae landèrs steyin here throch tha nicht oan 21st Mairch 20an21
<i>If the answer is not "There are no visitors staying here overnight on 21 March 2021":</i>	<i>Gin tha repone's no "Thar's nae landèrs steyin here throch tha nicht oan 21st Mairch 20an21":</i>
V1_A What is the name of the visitor staying overnight on 21 March 2021 at [census address]?	V1_A Whut dae the' cry tha landèr steyin throch tha nicht oan 21st Mairch 20an21 ben [census address]?
First name	Furst name
Last name	Faimlie name
H5_A Are there any other visitors staying overnight on 21 March 2021 at [census address]?	H5_A Wud thar be onie ither landèrs steyin throch tha nicht oan 21st Mairch 20an21 ben [census address]?
Yes, I need to add 2nd visitor	Aye, A hae tae eik a saiconn landèr
No, I do not need to add anyone	Naw, A dinnae hae tae eik oniebodye
V1_B What is the name of the [second, third etc] visitor staying overnight on Sunday 21 March 2021 at [census address]?	V1_B Whut dae the' cry tha [saiconn, thurd anaa] landèr steyin throch tha nicht oan Sawbith day 21st Mairch 20an21 ben [census address]?
First name	Furst name
Last name	Faimlie name
Household accommodation Section	
H7_A What type of accommodation is [census address]?	H7_A Whut soart o dwellin-place is [census address]?

<i>English</i>	<i>Ulster-Scots</i>
Whole house or bungalow	Hail hoose or bungalow
Flat, maisonette or apartment <i>(Including purpose-built flats and flats within converted and shared houses)</i>	Flet, maisonette or bauk <i>(Takkin in flets biggit fur parteeklar uise an flats athin replenisht an twinit hooses)</i>
Caravan or other mobile or temporary structure	Carryvan or ither gangin or by-whyles steidin
H7_B Which of the following is your house or bungalow?	H7_B Whut yin o tha follaein bes yer hoose or bungalow?
Detached	Sindèrie
Semi-detached	Hauf-sindèrie
Terraced <i>(Including end-terrace)</i>	Pairt o a raa <i>(Takkin in enn o raa)</i>
H7_C Where is your flat, maisonette or apartment?	H7_C Whar's yer flet, maisonette or bauk?
In a purpose-built block of flats	In a block o flets biggit fur parteeklar uise
Part of a converted or shared house <i>(Including bedsits)</i>	Pairt o a replenisht or twinit hoose <i>(Takkin in sing'l enns)</i>
In a commercial building <i>(For example, in an office building, hotel, or over a shop)</i>	In a biggin fur consarns <i>(Tha like o, in an offys biggin, otel, or owre a shap)</i>
H8 Has [census address] been designed or adapted for any of the following?	H8 Haes [census address] bin ettled at or shapit fur onie o tha follaein?
Internal wheelchair usage <i>(For example downstairs bathroom)</i>	Wheelchyre uise inbye <i>(Tha like o a bathruim oan tha laigh)</i>
External wheelchair access <i>(For example a ramp)</i>	Wheelchyre uise ootbye <i>(Tha like o an ingang oan tha sklent)</i>
Other physical or mobility difficulties	Ither palls wi tha poust o tha bouk or wi gettin about
Visual difficulties	Palls wi tha sicht
Hearing difficulties	Palls wi tha heerin
Other	Ither
Enter adaptation	

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<i>English</i>	<i>Ulster-Scots</i>
Or	Inpit fettlin
No adaptations	Or Nae cheynges
H9 What type of central heating does [census address] have?	H9 Whut soart o yin-soorce haitin daes [census address] hae?
Oil	Oil
Mains gas	Gas aff tha street
Tank or bottled gas	Gas frae a tank or boattle
Electric	Lectric
<i>(For example storage heaters)</i>	<i>(Tha like o hainin haitèrs)</i>
Wood	Wuid
<i>(For example logs or waste wood)</i>	<i>(Tha like o haggit timmer or pruched wuid)</i>
Solid fuel	Kinnlin
<i>(For example coal)</i>	<i>(Tha like o coals)</i>
Renewable heating system	Replenishin firin gate
Other central heating	Ither yin-soorce haitin
Or	Or
No central heating	Nae yin-soorce haitin
H10 What type of renewable energy systems does [census address] have?	H10 Whut soart o replenishin pooerin gates daes [census address] hae?
Solar panels for electricity	Sinn-pooert flatches fur lectric
Solar panels for heating water	Sinn-pooert flatches fur haitin wattèr
Wind turbine	Wun turbine
Other	Ither
Enter renewable energy system	Inpit replenishin pooer gate
No renewable energy systems	Nae replenishin pooer gates
H11 Does your household own or rent [census address]?	H11 Wud [census address] be in tha aucht o yer hooshaud or wud it be set?
Owns outright	In aucht richt oot

<i>English</i>	<i>Ulster-Scots</i>
Owns with a mortgage or loan	In aucht unnèr a bond or a lenn
Part owns and part rents <i>(Shared ownership)</i>	Pairt ains an pairt sets <i>(Twinit aucht)</i>
Rents <i>(With or without housing benefit)</i>	Sets <i>(Wi or athoot hoosin benefit)</i>
Lives here rent-free	Bides here wi nae rent
H12 Who do you rent from?	H12 Wha sets til ye?
Northern Ireland Housing Executive	Norlin Airlann Hoosin Guidèrs
Housing association or charitable trust	Hoosin join or awmous trust
Private landlord	Hiddlie lannlaird
Private renting with a letting agent	Hiddlie settin wi a settin factor
Employer of a household member	Maistèrman o a bodie in tha hoosehaud
Relative or friend of a household member	Freen or billie o a bodie in tha hoosehaud
Other	Ither
H13 In total, how many cars or vans are owned, or available for use, by members of this household? <i>Include any company cars or vans available for private use.</i>	H13 Owreea, hoo monie motors or vans is in tha aucht o, or lowse fur uisin bae, bodies in this hoosehaud? <i>Pit in onie motors or vans belangin tae a consarn lowse fur hiddlie uise.</i>
None	Nane
1	1
2	2
3	3
4 or more	4 or mair
Enter the number of cars or vans	Pit in tha nummer o motors or vans
Individual Section	
(repeated for all usual residents)	
1_A Are you [resident name]?	1_A Wud ye be [resident name]?
Yes, I am	Aye, A am

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<i>English</i>	<i>Ulster-Scots</i>
No, I am answering on their behalf	Naw, A'm makkin repone oan thair pairt
2 What is your date of birth?	2 Whut date wur ye boarn?
Day Month Year	Day Mond Twalmond
3 What is your sex?	3 Whut sex wud ye be?
Female	Wummin-bodie
Male	Man-bodie
4 What is your marital or civil partnership status?	4 Whut wud be yer stannin adae wi merridge or cīvil pairtnerie?
Single, never married and never in a civil partnership	Sing'l, nivver merriet an nivver in a cīvil pairtnerie
Married	Merriet
In a civil partnership	In a cīvil pairtnerie
Separated, but still legally married	Sindèrt; merriet gan bae tha laa, but
Separated, but still legally in a civil partnership	Sindèrt; gan bae tha laa, but, in a cīvil pairtnerie yit
Divorced	Divorce't
Formerly in a civil partnership which is now legally dissolved	In a cīvil pairtnerie afore, 'at's lowsed noo bae tha laa
Widowed	Widda't
Surviving partner from a civil partnership	Ootleevin pairtner frae a cīvil pairtnerie
5 Are you a student in full-time education?	5 Wud ye be a collegianer in hail-time lear?
Yes	Aye
No	Naw
6_A During term time, where do you usually live?	6_A Throch tha tack o yer lear, whar dae ye bide fur ordnar?
<i>Census address</i>	<i>Address fur tha heid-coont</i>
<i>At another address in the UK</i>	<i>Anither address in tha UK</i>
<i>Another address outside the UK</i>	<i>A address ootbye tha UK</i>
6_B What is your term time address?	6_B Whut wud be yer address throch tha tack o yer lear?
Enter address	Pit in address

<i>English</i>	<i>Ulster-Scots</i>
6_C During term time, in which country outside the UK do you usually live?	6_C Throch tha tack o yer lear, whut kintrie ootbye tha UK dae ye bide fur ordnar?
Current name of country	Ableeged gin ye'd gie parteeklars o whut the' cry tha kintrie thenoo
7 What is your country of birth?	7 Whut kintrie wur ye boarn in?
Northern Ireland	Norlin Airlann
England	Inglann
Scotland	Scoatlann
Wales	Wales
Republic of Ireland	Airisch Free State
Elsewhere	Some ither place
Please specify current name of country	Ableeged gin ye'd gie parteeklars o whut the' cry tha kintrie thenoo
8 What year did you come to live in Northern Ireland?	8 Whut twalmond daed ye cum tae bide in Norlin Airlan?
Year	Twalmond
9_A One year ago, what was your usual address?	9_A A twalmond syne, whut wus yer address fur ordnar?
<i>Census address</i>	<i>Address fur tha heid-coont</i>
Student term-time address in the UK	Address in tha UK throch tha tack o tha collegianer's lear
Another address in the UK	Anither address in tha UK
An address outside the UK	A address ootbye tha UK
Please enter the country	Ableeged gin ye'd pit in tha kintrie
9_B Enter details of your address one year ago.	9_B Pit in rinnins anent yer address a twalmond syne.
Enter address	Pit in address
9_C In which country outside the UK was your usual address one year ago?	9_C Whut kintrie ootbye tha UK daed ye bide a twalmond syne?
Current name of country	Ableeged gin ye'd gie parteeklars o whut the' cry tha kintrie thenoo
10 What passports do you hold?	10 Whut passpoorts dae ye hou?l?
<i>Select all that apply</i>	Ootwale aa tha yins 'at effeirs

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<i>English</i>	<i>Ulster-Scots</i>
United Kingdom	Claught Kìngrick
Ireland	Airlann
Other	Ither
Please specify the passports you hold	Ableeged gin ye'd gie parteeklars o tha passpoorts ye houl
Or	Or
None	Nane
11 How would you describe your national identity?	11 Whut-wye wud ye insense a bodie intil tha mairk o yer kintrie?
<i>Select all that apply</i>	<i>Ootwale aa tha yins 'at effeirs</i>
British	Brìtisch
Irish	Airisch
Northern Irish	Norlin Airisch
English	Inglisch
Scottish	Scotch
Welsh	Welsh
Other	Ither
Please describe your national identity	Ableeged gin ye'd gie wittins o tha mairk o yer kintrie
12 What is your ethnic group?	12 Whut soart o kin wud ye be frae?
White	Whyte
Chinese	Chinese
Irish Traveller	Airisch Treveller
Roma	Roma
Indian	Ìndyan
Filipino	Filipino
Black African	Bleck Aafrian
Black other	Bleck ithere

<i>English</i>	<i>Ulster-Scots</i>
Mixed ethnic group	A mixture o kins
Please specify mixed ethnic group	Ableeged gin ye'd gie parteeklars o whut soart o mixt kin
Any other ethnic group	Onie ither soart o kin
Please specify other ethnic group	Ableeged gin ye'd gie parteeklars o ither soart o kin
13 What religion, religious denomination or body do you belong to?	13 Whut releegion, kirk or releegious convenerie dae ye belang tae?
Roman Catholic	Roman Caithlick
Presbyterian Church in Ireland	Prisbetarian Kirk in Airlann
Church of Ireland	Kirk o Airlann
Methodist Church in Ireland	Methody Kirk in Airlann
Other	Ither
Please specify religion, religious denomination or body	Ableeged gin ye'd gie parteeklars o releegion, kirk or releegious convenerie
Or	Or
None	Nane
14 What religion, religious denomination or body were you brought up in?	14 Whut releegion, kirk or releegious convenerie wur ye raired wi?
Roman Catholic	Roman Caithlick
Presbyterian Church in Ireland	Prisbetarian Kirk in Airlann
Church of Ireland	Kirk o Airlann
Methodist Church in Ireland	Methody Kirk in Airlann
Other	Ither
Please specify religion, religious denomination or body	Ableeged gin ye'd gie parteeklars o releegion, kirk or releegious convenerie
Or	Or
None	Nane
15 What is your main language?	15 Whut wud be yer foremaist leid?
English	Inglisch

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<i>English</i>	<i>Ulster-Scots</i>
Other	Ither
Including British Sign Language or Irish Sign Language	Takkin in Britisch or Airisch Fīng'ert Leid
Please specify main language	Ableeged gin ye'd gie parteeklars o foremaist leid
16 How well can you speak English?	16 Hoo weel cud ye taak Inglisch?
Very well	Gye an weel
Well	Weel
Not well	No weel
Not at all	Nocht
17_A Can you understand, speak, read or write Irish?	17_A Cud ye unnèrstaun, taak, raed or scribe Airisch?
No ability	Nae kennin
Understand Irish	Unnèrstaun Airisch
Speak Irish	Taak Airisch
Read Irish	Raed Airisch
Write Irish	Scribe Airisch
17_B How often do you speak Irish?	17_B Hoo affen dae ye taak Airisch?
Daily	Ilka-day
Weekly	Ilka sennicht
Less often	No sae affen
Never	Nivver
18_A Can you understand, speak, read or write Ulster-Scots?	18_A Cud ye unnèrstaun, taak, raed or scribe Ulstèr-Scotch?
No ability	Nae kennin
Understand Ulster-Scots	Unnèrstaun Ulstèr-Scotch
Speak Ulster-Scots	Taak Ulstèr-Scotch
Read Ulster-Scots	Raed Ulstèr-Scotch
Write Ulster-Scots	Scribe Ulstèr-Scotch
18_B How often do you speak Ulster-Scots?	18_B Hoo affen dae ye taak Ulstèr-Scotch?

<i>English</i>	<i>Ulster-Scots</i>
Daily	Ilka-day
Weekly	Ilka sennicht
Less often	Nae sae affen
Never	Nivver
19 How is your health in general?	19 Whut wye's yer halth in genèral?
Very good	Gye an guid
Good	Guid
Fair	Middlin
Bad	Unweel
Very bad	Affa unweel
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?	20 Wud yer day an daily daeins be restrickit owre tha heid o a pall wi yer poust, or an impediment 'at haes held oan, or is lippent oan houlin oan, a twalmond or mair?
<i>Include problems relating to old age</i>	<i>Tak in palls adae wi eild</i>
No	Naw
Yes, limited a little	Aye, a weethin restrickit
Yes, limited a lot	Aye, restrickit a lock
21_A Do you have any of the following physical health conditions which have lasted, or are expected to last, at least 12 months?	21_A Dae ye hae onie o tha follaein troubles wi yer poust 'at haes held oan, or is lippent oan houlin oan, a twalmond or mair?
Deafness or partial hearing loss	Stane-deefness or haurdness o heerin
Blindness or partial sight loss	Blinness or halfflins tint sicht
A mobility or dexterity difficulty, that requires the use of a wheelchair	A hinner wi getting aboot or slicht, 'at gars a bodie uise a wheelchyre
A mobility or dexterity difficulty that limits basic physical activities <i>(For example walking or dressing)</i>	A pall wi getting aboot or yer hannlin giein bother 'at restricks yer daeins <i>(Tha like o waakin or happin yersel)</i>
Shortness of breath or difficulty breathing <i>(For example Asthma)</i>	Peghin or hirsellin <i>(Tha like o Asma)</i>
	Or

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<i>English</i>	<i>Ulster-Scots</i>
Or	Nane o thae troubles
None of these conditions	
21_B Do you have any of the following other health conditions which have lasted, or are expected to last, at least 12 months?	21_B Dae ye hae onie o tha follaein ither troubles wi yer poust 'at haes held oan, or is lippent tae houl oan, a twalmond or mair?
An intellectual or learning disability <i>(For example Down syndrome)</i>	An impediment wi lear <i>(Tha like o Down syndrome)</i>
A learning difficulty <i>(For example dyslexia)</i>	An impediment wi lear <i>(Tha like o dyslexia)</i>
Autism or Asperger syndrome	Autism or Asperger Syndrome
An emotional, psychological or mental health condition <i>(For example depression or schizophrenia)</i>	An emotional, psychological or mental halth condeetion <i>(Tha like o depression or schizophrenia)</i>
Frequent periods of confusion or memory loss <i>(For example dementia)</i>	Affen haein tacks o bein peerie-heedit or tynin tha wye o't <i>(Tha like o dementia)</i>
Long-term pain or discomfort	Lang-tholed stoon or fash in yersel
Other condition <i>(For example cancer, diabetes or heart disease)</i>	Ither trouble <i>(Tha like o cancer, diabetes or hairt sleekness)</i>
Or	Or
None of these conditions	Nane o thae troubles
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?	22 Dae ye tent, or, gie onie kin o a pull-oot tae, oniebodie owre tha heid o lang-tholed physical or mental halth condeetions or seeknesses, or palls adae wi eild?
<i>Exclude anything you do in paid employment</i>	<i>Lee oot oniethin ye dae as pairt o yer pey'd tack</i>
No	Naw
Yes, 1 to 19 hours a week	Aye, 1 tae 19 oors ilka sennicht
Yes, 20 to 34 hours a week	Aye, 20 tae 34 oors ilka sennicht

<i>English</i>	<i>Ulster-Scots</i>
Yes, 35 to 49 hours a week	Aye, 35 tae 49 oors ilka sennicht
Yes, 50 hours or more a week	Aye, 50 oors or mair ilka sennicht
If respondent is aged under 16: _s route	Gin tha bodie makkin repone bes unnèr 16 yeir auld an auld eneuch fur schuil
42_S_A Where do you mainly study?	42_S_A Whar dae ye hae yer lear fur tha maist feck?
<i>Answer for the place where you spend the most time. If student or schoolchild, answer for your study address.</i>	<i>Mak repone fur tha place whar ye ware tha maist time. Gin ye'r a collegianer or scholar, mak repone fur tha address adae wi yer lear.</i>
At a campus or school	At a campus or schuil
At or from home	Ben tha hoose or frae it
No fixed place	Nae siccar place
<i>If response is "At a campus or school":</i>	<i>Gin tha repone's "At a campus or schuil":</i>
42_S_B Is your place of study in Northern Ireland?	42_S_B Wud yer foremaist place o lear be in Norlin Airlann?
Yes	Aye
No	Naw
<i>If response is "Yes":</i>	<i>Gin tha repone's "Aye"</i>
42_S_C What is the name and address of your main place of study?	42_S_C Whut wud be tha address o tha heid place ye hae yer lear?
State name, address and postcode	Gie yer address an póast code
<i>If response is "No":</i>	<i>Gin tha repone's "Naw"</i>
42_S_D In which country is your course of study, including school?	42_S_D Whut kintrie o tha heid place ye hae yer lear, takkin in schuil?
Current name of country	Ableeged gin ye'd gie parteeklars o whut the' cry tha kintrie thenoo
The remaining individual questions only apply to respondents aged 16 years and over. There are no more individual questions for respondents aged 15 years and under.	Tha follaein sing'l spierins onlie mettèr tae tha bodies makkin repone gin thair 16 yeir auld an owre. Thar's nae mair spierins fur bodies makkin repone that bes 15 yeir auld an unnèr.
24 Which of the following best describes your sexual orientation?	24 Whilk yin o tha follaein gies tha maist siccar accoont o yer sex airtin?
Straight or Heterosexual	Straucht or airtit owerby tha tither sex
Gay or Lesbian	Gay or Lesbian
Bisexual	Airtit at baith sexes

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<i>English</i>	<i>Ulster-Scots</i>
Other sexual orientation	Ither sex airtin
Please specify sexual orientation	Ableeged gin ye'd gie parteeklars o yer sex airtin
Or	Or
Prefer not to say	Rether no let oan
25 Have you achieved a qualification at degree level or above?	25 Hae ye wun til collegianer's lines wi lettèrs efter yer name or abune thon?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Tak in siclike lines wun til oniewhar ootbye Norlin Airlann</i>
Yes	Aye
<i>For example degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing</i>	<i>Tha like o a degree, foondin degree, HND or HNC, NVQ heicht fower an abune, or cummin oot a schuilmaister or nurse</i>
No	Naw
26_A Have you achieved a GCSE or equivalent qualification?	26_A Hae ye wun til a GCSE or siclike lines?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Tak in siclike lines wun til oniewhar ootbye Norlin Airlann</i>
5 or more GCSEs grades (A* to C or 9 to 4)	Five or mair GCSEs heicht (A* tae C or nine tae fower)
Include 5 or more O level (passes) or CSEs (grade 1)	Tak in five or mair O-heicht (wunnins) or CSEs (heicht yin soartins)
Any other GCSEs	Onie ither GCSEs
<i>(Include any other O levels or CSEs at any grades)</i>	<i>(Tak in onie ither O-heichts or CSEs at onie soartins)</i>
Or	Or
None of these apply	Nane o thae things effeirs
26_B Have you achieved an A level, AS level or equivalent qualifications?	26_B Hae ye wun til an A heicht, AS heicht or siclike lines?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Tak in siclike lines wun til oniewhar ootbye Norlin Airlann</i>
2 or more A levels	Twa or mair A heichts
<i>(Include 4 or more AS levels)</i>	<i>(Tak in fower or mair AS heichts)</i>
1 A level	Yin A heicht

<i>English</i>	<i>Ulster-Scots</i>
<i>(Include 2 or 3 AS levels)</i>	<i>(Tak in twa or thrie AS heichts)</i>
1 AS level	Yin AS heicht
26_C Have you achieved an NVQ or equivalent qualification?	26_C Hae ye wun til an NVQ or siclike lines?
<i>Include equivalent qualifications achieved anywhere outside Northern Ireland</i>	<i>Tak in siclike lines wun til oniewhar ootbye Norlin Airlann</i>
NVQ level 3 or equivalent	NVQ heicht 3 or siclike
<i>(For example BTEC National, OND or ONC, City and Guilds Advanced Craft)</i>	<i>(Tha like o BTEC Hail-kintrie, OND or ONC, Citie an Guilds Fykie Wrichts-Wark)</i>
NVQ level 2 or equivalent	NVQ heicht 2 or siclike
<i>(For example BTEC General, City and Guilds Craft)</i>	<i>(Tha like o BTEC Oweraa, Citie an Guilds Wrichts-wark)</i>
NVQ level 1 or equivalent	NVQ heicht 1 or siclike
Or	Or
None of these apply	Nane o thae things effeirs
26_D Have you achieved any other qualifications, either within or outside of Northern Ireland?	26_D Hae ye wun til onie ither lines, ayther athin or ootbye Norlin Airlann?
Yes	Aye
No qualifications	Nae collegianer's lines
27 Have you completed an apprenticeship?	27 Hae ye throcht a tack o prenticin?
<i>Include equivalent apprenticeships completed anywhere outside Northern Ireland</i>	<i>Tak in siclike prenticin throcht oniewhar ootbye Norlin Airlann</i>
Yes	Aye
<i>(For example, trade, advanced, foundation or modern apprenticeships)</i>	<i>(Tha like o mercatin, fykie, foondin or modren prenticin)</i>
No	Naw
28 In the last seven days, were you doing any of the following?	28 In tha seven days jist by, wur ye daein onie o tha follaein?
<i>Include casual or temporary work, even if only for one hour</i>	<i>Tak in orra or pit-by wark, the mair it's jist fur yin oor</i>
Working as an employee	Warkin tae a heidyin

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<i>English</i>	<i>Ulster-Scots</i>
<p>Self-employed or freelance</p> <p>Temporarily away from work ill, on holiday or temporarily laid off</p> <p>On maternity or paternity leave</p> <p>Doing any other kind of paid work</p> <p>Or</p> <p>None of these apply</p>	<p>Warkin oan ma ain accoont or en's erran oan ma ain accoont</p> <p>By-whyles awa frae wark unweel, aff-lat or laid aff by-whyles</p> <p>Leave gien tae tha mither or faither fur risin bairn-time</p> <p>Daein onie ither soart o pey'd wark</p> <p>Or</p> <p>Nane o thae things effeirs</p>
<p>Working route -</p> <p>35_C In your main job, what is your employment status?</p>	<p>35_C In yer foremaist tack, whut wud be yer stannin in wark?</p>
<p>Employee</p> <p>Self-employed or freelance without employees</p> <p>Self-employed with employees</p>	<p>Warker</p> <p>Warkin oan ma ain accoont or en's-erran oan ma ain accoont athoot warkers</p> <p>Warkin oan ma ain accoont wi warkers</p>
<p>36_C What is the name of the organisation or business you work for?</p> <p><i>If you are self-employed in your own business, give the business name.</i></p>	<p>36_C Whut dae the' cry tha outfit or consarn ye wark fur?</p> <p><i>Gin ye wark oan yer ain accoont in yer ain consarn, gie whut the' cry tha consarn.</i></p>
<p>Organisation or business name</p> <p>.....</p> <p>Or</p> <p>No organisation or work for a private individual</p>	<p>Whut the' cry tha outfit or consarn</p> <p>.....</p> <p>Or</p> <p>Nae outfit or wark fur a hiddlie bodie thair lane</p>
<p>37_C What is your full job title?</p> <p><i>For example, retail assistant, office cleaner, district nurse, primary school teacher. Do not state your grade or pay band</i></p>	<p>37_C Whut dae the' cry tha darg ye dae, in fu?</p> <p><i>Tha like o bodie ahint a merchant's coontèr, offys dichtèr, destrick nurse, schuil maister o furst-heicht weans. Dinnae gie yer soartin or pey ban</i></p>
<p>Job title</p> <p>.....</p>	<p>Whut the' cry tha darg A dae, in fu</p> <p>.....</p>
<p>38_C Briefly describe what you do in your main job.</p>	<p>38_C Gie shoart wittins anent whut ye dae in yer foremaist tack.</p>

<i>English</i>	<i>Ulster-Scots</i>
Job description	Parteeklars o yer darg
39_C What is the main activity of your organisation, business or freelance work? <i>For example clothing retail, general hospital, primary education, food wholesale, civil service, local government.</i>	39_C Whut wud be tha foremaist throch-pit o yer ooffit, consarn or wark daen en's-erran oan yer ain accoont? <i>Tha like o claes merchant, oweraa ospittle, furst-heit lear, hail-sale o mate, civil sarvice, local owerance.</i>
Main activity	Foremaist throch-pit
40_C Do you supervise or oversee the work of other employees on a day-to-day basis?	40_C Wud ye owergang or hae tha owersicht o tha wark o ither warkin fowk day an daily?
Yes	Aye
No	Naw
41_C In your main job, how many hours a week do you usually work? <i>Include paid and unpaid overtime</i>	41_C In yer foremaist tack, hoo monie oors dae ye wark in tha a sennicht, fur ordnar? <i>Tak in owertim wi pey an athoot pey</i>
0 to 15 hours	0 tae 15 oors
16 to 30 hours	16 tae 30 oors
31 to 48 hours	31 tae 48 oors
49 hours or more	Fowertie-nine oors or mair
42_C_A Where do you mainly work? <i>Answer for the place where you spend the most time. Even if ill, on maternity leave, holiday or temporarily laid off provide details of your main place of work.</i>	42_C_A Whar dae ye wark fur tha maist feck? <i>Mak repone anent tha place whar ye ware tha maist time. The mair ye'r unweel, oan leave gien tha mither fur risin bairn-time, or laid aff by-whyles gie rinnins anent yer foremaist place o wark.</i>
At a workplace	At a place o wark
At or from home	Ben tha hoose or frae it
No fixed place	Nae siccar place
<i>If response is "At a workplace":</i>	<i>Gin tha repone's "At a place o wark"</i>
42_C_B Is your place of work in the UK?	42_C_B Wud yer foremaist place o wark be in the UK
Yes	Aye

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<i>English</i>	<i>Ulster-Scots</i>
No	Naw
<i>If response is "Yes":</i>	<i>Gin tha repone's "Aye"</i>
42_C_C What is the address of your main place of work?	42_C_C Whut wus tha address o tha heid place ye wrocht?
State address and postcode	Gie yer address an póast code
<i>If response is "No":</i>	<i>Gin tha repone's "Naw"</i>
42_C_D In which country is your main place of work?	42_C_D Whut kintrie's yer foremaist place o wark in?
Current name of country	Ableeged gin ye'd gie parteeklars o whut the' cry tha kintrie thenoo
43_C How do you usually travel to your main place of work?	43_C Hoo dae ye gang tae yer foremaist place o wark fur ordnar?
<i>Select one option only, for the longest part, by distance, of your usual journey to place of work.</i>	<i>Ootwale jist tha yin walin, fur tha langest pairt, bae tha gate, o yer gangin tae whar ye wark, fur ordnar.</i>
Driving a car or van	Guidin a motor or van
Passenger in a car or van	Gien a lift in a motor or van
Car or van pool, sharing driving	Nyborin wi motors or vans, twinin oot tha guidin
Bus, minibus or coach (public or private)	Tha bus, minibus or motor-coach (apen or hiddlie)
Taxi	Texi
Train	Railwye
Motorcycle, scooter or moped	Motorbike, scootèr or moped
Bicycle	Bicycle
On foot	Oan fit
Other	Ither
Not working route	29 Oot o tha follaein, whut yin gies a richt insensin o whut ye wur daein in tha seiven days jist by?
29 Which of the following describes what you were doing in the last seven days?	
Retired	Lowsed frae wark fur eild
Whether receiving a pension or not	Gin ye'r draain a pension or no
Studying	Learin

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<i>English</i>	<i>Ulster-Scots</i>
Looking after home or family	Guidin tha hoose or faimlie
Long-term sick or disabled	Laid aff seek or wi an impediment fur a richt while
Other	Ither
30 In the last four weeks, were you actively looking for any kind of paid work?	30 In tha fower sennichts jist by, wur ye haecin a throu-gan leuk fur onie kine o pey'd wark?
Yes	Aye
No	Naw
31 If a job became available now, could you start it within two weeks?	31 Gin a bodie trystit wi ye fur wark thenoo, cud ye yokk til't athin twa sennichts?
Yes	Aye
No	Naw
32 In the last seven days, were you waiting to start a job already accepted?	32 In tha seiven days jist by, wur ye lippenin oan jynin til wark ye haed trystit fur aareadie?
Yes	Aye
No	Naw
33 Have you ever done any paid work?	33 Hae ye ivver daen onie pey'd wark?
Yes, in the last 12 months	Aye, in tha twalmond jist by
Yes, but not in the last 12 months	Aye; no in tha twalmond jist by, but
No, have never worked	Naw, haenae ivver wrocht
<i>If response is "No, have never worked" to the question "Have you ever done any paid work?" and 'Studying' to the question "Which of the following describes what you were doing in the last seven days?" then:</i>	<i>Gin tha repone's "Naw, haenae ivver wrocht" tae tha spierin "Hae ye ivver daen onie peyed wark?" an 'At ma lear' tae tha spierin "Oot o tha follaein, whut yin gies wittins o whut ye wur daein in tha sennicht jist by", syne:</i>
42_N_A Where do you mainly study?	42_N_A Whar dae ye hae yer lear fur tha maist feck?
<i>Answer for the place where you spend the most time. If student or schoolchild, answer for your study address</i>	<i>Mak repone fur tha place whar ye ware tha maist time. Gin ye'r a collegianer or scholard, mak repone fur tha address adae wi yer lear</i>
At a campus or school	At a campus or schuil
At or from home	Ben tha hoose or frae it
No fixed place	Nae siccar place
<i>If response is "At a campus or school":</i>	<i>Gin tha repone's "At a campus or schuil":</i>

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<i>English</i>	<i>Ulster-Scots</i>
42_N_B Is your place of study in Northern Ireland?	42_N_B Wud yer foremaist place o lear be in Norlin Airlann?
Yes	Aye
No	Naw
<i>If response is "Yes":</i>	<i>Gin tha repone's "Aye"</i>
42_N_C What is the name and address of your main place of study?	42_N_C Whut wud be tha address o tha heid place ye hae yer lear?
State name, address and postcode	Gie yer address an póast code
<i>If response is "No":</i>	<i>Gin tha repone's "Naw"</i>
42_N_D In which country is your course of study, including school?	42_N_D Whut kintrie wud be o tha heid place ye hae yer lear, takkin in schuil?
Current name of country	Ableeged gin ye'd gie parteeklars o whut the' cry tha kintrie thenoo
43_N How do you usually travel to your main place of study, including school?	43_N Whut wye dae ye get til yer foremaist place o lear, takkin in schuil?
<i>Answer for the longest part, by distance, of your usual journey to your place of study</i>	<i>Mak repone anent tha langest pairt, gan bae tha lenth o tha gate, o yer road tae place o lear fur ordnar</i>
Driving a car or van	Guidin a motor or van
Passenger in a car or van	Gien a lift in a motor or van
Car or van pool, sharing driving	Nyborin wi motors or vans, twinin oot tha guidin
Bus, minibus or coach (public or private)	Tha bus, minibus or motor-coach (apen or hiddlie)
Taxi	Texi
Train	Railwye
Motorcycle, scooter or moped	Motorbike, scootèr or moped
Bicycle	Bicycle
On foot	Oan fit
Other	Ither
<i>If response is "Yes, in the last 12 months" or "Yes, but not in the last 12 months" to the question "Have you ever done any paid work?" then: <u>L</u></i>	<i>Gin tha repone's "Aye, in tha twalmond jist by" or "Aye; no in tha twalmond jist by, but" tae tha spierin "Hae ye ivver daen onie peyed wark?", syne: - <u>L</u></i>

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<i>English</i>	<i>Ulster-Scots</i>
35_L In your main job, what was your employment status?	35_L In yer foremaist tack, whut wus yer stannin in wark?
Employee	Warker
Self-employed or freelance without employees	Warkin oan ma ain accoont or en's-erran oan ma ain accoont athoot warkers
Self-employed with employees	Warkin oan ma ain accoont wi warkers
36_L What was the name of the organisation or business you worked for?	36_L Whut daed the' cry tha ootfit or consarn ye wrocht fur?
<i>If you were self-employed in your own business, give the business name.</i>	<i>Gin ye wrocht oan yer ain accoont in yer ain consarn, gie whut the' cried tha consarn.</i>
Organisation or business name	Whut the' cried tha ootfit or consarn
Or	Or
No organisation or worked for a private individual	Nae ootfit or wrocht fur a hiddlie bodie thair lane
37_L What was your full job title?	37_L Whut daed the' cry tha darg ye daed, in fu?
<i>For example, retail assistant, office cleaner, district nurse, primary school teacher. Do not state your grade or pay band</i>	<i>Tha like o bodie ahint a merchant's coontèr, offys dichtèr, destrick nurse, schuil maister o furst-heicht weans. Dinnae gie yer soartin or pey ban</i>
Job title	Whut the' cried tha darg A daed, in fu
38_L Briefly describe what you did in your main job.	38_L Gie shoart wittins anent whut ye daed in yer foremaist tack.
Job description	Parteeklars o yer darg
39_L What was the main activity of your organisation, business or freelance work?	39_L Whut wus tha foremaist throch-pit o yer ootfit, consarn or wark daen en's-erran oan yer ain accoont?
<i>For example clothing retail, general hospital, primary education, food wholesale, civil service, local government.</i>	<i>Tha like o claes merchant, oweraa ospittle, furst-heicht lear, hail-sale o mate, civil sarvice, local owerance.</i>
Main activity	Foremaist throch-pit

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<i>English</i>	<i>Ulster-Scots</i>
40_L Did you supervise or oversee the work of other employees on a day-to-day basis?	40_L Daed ye owergang or hae tha owersicht o tha wark o ither warkin fowk day an daily?
Yes	Aye
No	Naw
41_L In your main job, how many hours a week did you usually work?	41_L In yer foremaist tack, hoo monie oors daed ye wark in tha sennicht, fur ordnar?
<i>Include paid and unpaid overtime</i>	<i>Tak in owertim wi pey an athoot pey</i>
0 to 15 hours	0 tae 15 oors
16 to 30 hours	16 tae 30 oors
31 to 48 hours	31 tae 48 oors
49 hours or more	49 oors or mair
42_L_A Where did you mainly work?	42_L_A Whar daed ye wark fur tha maist feck?
<i>Answer for the place where you spent the most time.</i>	<i>Mak repone anent tha place whar ye warit tha maist time.</i>
At a workplace	At a place o wark
At or from home	Ben tha hoose or frae it
No fixed place	Nae siccar place
<i>If response is "At a workplace":</i>	<i>Gin tha repone's "At a place o wark"</i>
42_L_B Was your place of work in the UK?	42_L_B Wus yer place o wark in tha UK?
Yes	Aye
No	Naw
<i>If response is "Yes":</i>	<i>Gin tha repone's "Aye"</i>
42_L_C What was the address of your main place of work?	42_L_C Whut wus tha address o tha heid place ye wrocht?
State address and postcode	Gie yer address an póast code
<i>If response is "No"</i>	<i>Gin tha repone's "Naw"</i>
42_L_D In which country was your main place of work?	42_L_D Whut kintrie's yer foremaist place o wark in?
Current name of country	Ableeged gin ye'd gie parteeklars o whut the' cry tha kintrie thenoo

<i>English</i>	<i>Ulster-Scots</i>
43_L How did you usually travel to your main place of work?	43_L Hoo daed ye gang tae yer foremaist place o wark fur ordnar?
<i>Select one option only, for the longest part, by distance, of your usual journey to place of work.</i>	<i>Ootwale jist tha yin walin, fur tha langest pairt, bae tha gate, o yer gangin tae whar ye wark, fur ordnar.</i>
Driving a car or van	Guidin a motor or van
Passenger in a car or van	Gien a lift in a motor or van
Car or van pool, sharing driving	Nyborin wi motors or vans, twinin oot tha guidin
Bus, minibus or coach (public or private)	Tha bus, minibus or motor-coach (apen or hiddlie)
Taxi	Texi
Train	Railwye
Motorcycle, scooter or moped	Motorbike, scootèr or moped
Bicycle	Bicycle
On foot	Oan fit
Other	Ither
Visitor section	
V2 What is [visitor name] date of birth?	V2 Whut date wus [visitor name] boarn?
Day Month Year	Day Mond Twalmond
V3 What is [visitor name] sex?	V3 Whut sex wud [visitor name] be?
Female	Wummin-bodie
Male	Man-bodie
V4 What is [visitor name] usual address?	V4 Whut wud be [visitor name] address, fur ordnar?
An address in the UK	Anither address in tha UK
An address outside the UK	An address ootbye tha UK
Please enter the country	Ableeged gin ye'd pit in tha kintrie
Enter details of [visitor name] usual UK address	Pit in rinnins anent [visitor name] UK address, fur ordnar
Enter address	Pit in address
.....

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SCHEDULE 3

Regulation 6(2) and 6(3)

Communal Establishment Questionnaires

Part 1 Communal Establishment Questionnaire (Paper) - CE4

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



**census
2021**

Communal Establishment
Questionnaire
Northern Ireland

	<p>Complete online</p> <p> www.nisra.gov.uk/Census-CE Your access code is:</p> <div data-bbox="833 685 1311 790" style="border: 1px solid black; height: 47px; width: 299px;"></div> <p>OR fill in this paper questionnaire and post it back using the pre-paid envelope supplied.</p> <p>If you have lost your envelope, please return to: FREEPOST Census Support NISRA</p>
<p>The manager or person in charge of this establishment should complete this questionnaire and ensure an individual return is completed for all usual residents.</p> <p>Please complete your questionnaire by 21 March 2021 or as soon as possible afterwards.</p> <p>If you prefer, you can complete the questionnaire online:</p> <ol style="list-style-type: none"> 1. Go to www.nisra.gov.uk/Census-CE 2. Click Start Census and enter the access code on the front of this questionnaire. 3. Answer the questions and submit. <p>By law, you must take part in the census. You could face a fine if you don't participate or if you supply false information.</p> <p>Thank you for taking part.</p> <p></p> <p>Siobhán Carey Registrar General, Northern Ireland</p>	<p>If your establishment's name or address is incorrect or missing, please enter the correct address here:</p> <div data-bbox="833 1066 1311 1099" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="833 1122 1311 1155" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="833 1178 1311 1211" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="833 1234 1311 1267" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="833 1290 1072 1323" style="border: 1px solid black; height: 15px; width: 150px;"></div> <div data-bbox="1098 1279 1161 1301" style="font-size: small;">Postcode</div> <div data-bbox="1098 1301 1311 1335" style="border: 1px solid black; height: 15px; width: 134px;"></div>
<p>Where you can get help www.nisra.gov.uk/Census-CE Email: Census-CE@nisra.gov.uk</p>	<p>What you need to do:</p> <ul style="list-style-type: none"> • Use the definitions provided to distinguish between usual residents and visitors. • You will be provided with either individual paper questionnaires or invitation letters for completion online. • Please distribute these to your usual residents. • Complete the rest of this questionnaire including the declaration on page 8.
<p>Your data are protected by law. There is more information in the leaflet that comes with this questionnaire.</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div data-bbox="833 1715 1086 1796" style="text-align: center;">  <p>NISRA <small>Northern Ireland Statistics and Research Agency</small></p> </div> <div data-bbox="1193 1733 1311 1796" style="font-size: 2em; font-weight: bold;">CE4</div> </div>

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Establishment questions

<p>1 What is the primary nature of this establishment? <input type="checkbox"/> Tick one box only.</p> <p>Medical or care</p> <p><input type="checkbox"/> Care home with nursing</p> <p><input type="checkbox"/> Care home without nursing</p> <p><input type="checkbox"/> Mental health hospital/unit (including secure units)</p> <p><input type="checkbox"/> Children's home (including secure units)</p> <p><input type="checkbox"/> General hospital</p> <p><input type="checkbox"/> Other hospital</p> <p><input type="checkbox"/> Other medical or care establishment</p> <p>Education</p> <p><input type="checkbox"/> University (for example halls of residence)</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Other education establishment</p> <p>Detention</p> <p><input type="checkbox"/> Prison service establishment</p> <p><input type="checkbox"/> Approved premises (probation/bail hostel)</p> <p><input type="checkbox"/> Detention centre</p> <p><input type="checkbox"/> Other detention establishment</p> <p>Travel or temporary accommodation</p> <p><input type="checkbox"/> Hostel/temporary shelter for the homeless</p> <p><input type="checkbox"/> Hotel, guest house, B&B, youth hostel</p> <p><input type="checkbox"/> Holiday accommodation (for example holiday parks)</p> <p><input type="checkbox"/> Other travel or temporary accommodation</p> <p>Armed Forces</p> <p><input type="checkbox"/> Defence establishment (including ships)</p> <p>Other</p> <p><input type="checkbox"/> Religious establishment</p> <p><input type="checkbox"/> Staff/worker accommodation only</p> <p><input type="checkbox"/> Other establishment</p> <p>2 Which age groups does this establishment cater for? <input type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Aged 0 - 17</p> <p><input type="checkbox"/> Aged 18 - 24</p> <p><input type="checkbox"/> Aged 25 - 64</p> <p><input type="checkbox"/> Aged 65 and above</p>	<p>3 Which groups does this establishment cater for? <input type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Older people</p> <p><input type="checkbox"/> Physical disability</p> <p><input type="checkbox"/> Respite care</p> <p><input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Learning disability</p> <p><input type="checkbox"/> End of life care</p> <p><input type="checkbox"/> Chronic illness care</p> <p><input type="checkbox"/> Acute illness care</p> <p><input type="checkbox"/> Intermediate care</p> <p><input type="checkbox"/> Substance misuse</p> <p><input type="checkbox"/> Nurses/doctors</p> <p><input type="checkbox"/> University and/or college students</p> <p><input type="checkbox"/> Schoolchildren</p> <p><input type="checkbox"/> Armed Forces personnel</p> <p><input type="checkbox"/> Prisoners/offenders</p> <p><input type="checkbox"/> Homeless people</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Asylum seekers</p> <p><input type="checkbox"/> Seasonal/temporary workers</p> <p><input type="checkbox"/> Paying guests</p> <p><input type="checkbox"/> Other</p> <p>4 Who is responsible for the management of this establishment?</p> <p><input type="checkbox"/> Health and Social Care body or group</p> <p><input type="checkbox"/> District Council</p> <p><input type="checkbox"/> Government department/agency</p> <p><input type="checkbox"/> Housing Association</p> <p><input type="checkbox"/> Charity/voluntary organisation</p> <p><input type="checkbox"/> Private owner/company</p> <p><input type="checkbox"/> Other</p> <p>5 How many people usually live here?</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p><input type="checkbox"/> If no-one usually lives here → GO TO 7</p>
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Establishment residents

6 List the names, date of birth and sex of all usual residents.

 If preferable, you can attach a printout containing the names, date of birth and sex of all usual residents and **➔ GO TO 7**

Resident 1 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 2 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 3 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 4 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 5 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 6 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 7 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 8 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 9 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 10 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

Resident 11 Name: First name(s) Last name

Date of birth: DD MM YYYY Sex: Female Male

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Establishment residents

Resident 12	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 13	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 14	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 15	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 16	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 17	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 18	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 19	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 20	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 21	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 22	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 23	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 24	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 25	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 26	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 27	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 28	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 29	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 30	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 31	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 32	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 33	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 34	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 35	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 36	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 37	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 38	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 39	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 40	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 41	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 42	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 43	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 44	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 45	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 46	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 47	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 48	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 49	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 50	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 51	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 52	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 53	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 54	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 55	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 56	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 57	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 58	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 59	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 60	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 61	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 62	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 63	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 64	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 65	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 66	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 67	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 68	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
7	How many visitors are staying overnight on 21 March 2021?	
	<input type="text"/>	
8	Declaration	
	This questionnaire has been completed to the best of my knowledge and belief.	
	<input type="text"/>	<input type="text"/>
	Signature Date	
	Establishment Manager	

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(1) QUESTION	(2) RESPONSE OPTIONS
1_A What is the nature of this establishment?	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Medical or Care — Education — Detention — Travel or temporary accommodation — Armed Forces — Religious establishment — Staff/worker accommodation only — Other establishment
<i>If Medical or Care is chosen a follow up question is asked</i>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Care home with nursing — Care home without nursing — Mental health hospital/unit (<i>including secure units</i>) — Children’s home (<i>including secure units</i>) — General hospital — Other hospital — Other medical or care establishment
1_B What type of Medical or Care establishment?	
<i>If Education is chosen a follow up question is asked</i>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — University (<i>for example halls of residence</i>) — School — Other education establishment
1_C What type of Education establishment?	
<i>If Detention is chosen a follow up question is asked</i>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Prison service establishment — Approved premises (<i>probation / bail hostel</i>) — Detention centre — Other detention establishment
1_D What type of Detention establishment?	
<i>If Travel or temporary accommodation is chosen a follow up question is asked</i>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Hostel/temporary shelter for the homeless — Hotel, guest house, B&B, youth hostel — Holiday accommodation (<i>for example holiday parks</i>) — Other travel or temporary accommodation
1_E What type of Travel or temporary accommodation establishment?	
2 Which age groups does this establishment cater for?	<p>Select all that apply:</p> <ul style="list-style-type: none"> — Aged 0 - 17 — Aged 18 – 24 — Aged 25 – 64 — Aged 65 and above
3 Which groups does this establishment cater for?	<p>Select all that apply:</p> <ul style="list-style-type: none"> — Older people — Physical disability — Respite care — Mental illness — Learning disability — End of life care — Chronic illness care

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
	<ul style="list-style-type: none"> — Acute illness care — Intermediate care — Substance misuse — Nurses/doctors — University and/or college students — Schoolchildren — Armed forces personnel — Prisoners/offenders — Homeless people — Staff — Asylum seekers — Seasonal/temporary workers — Paying guests — Other
4 Who is responsible for the management of this establishment?	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Health and Social Care body or group — District Council — Government department/agency — Housing Association — Charity/voluntary organisation — Private owner/company — Other
5 How many people usually live at [census address]?	<p><i>Enter response:</i></p>
<i>[Information about all the individual residents at establishment address]</i>	
6 Please complete the following details for each person who lives here	
6_A Name	<p><i>Entering response in the format:</i></p> <ul style="list-style-type: none"> — First name(s) — Last name
6_B Date of birth	<p><i>Entering response in the format:</i></p> <p>Day-Month-Year</p>
6_C Sex	<p><i>Selecting one of the following:</i></p> <ul style="list-style-type: none"> — Female — Male
<i>[Visitor question at communal establishment]</i>	
7 How many visitors are staying overnight at [census address] on 21 March 2021?	<p><i>Enter response:</i></p>

SCHEDULE 4

Regulation 6(2) and 6(3)

Individual Questionnaires

Part 1: Individual Questionnaire (Paper) – I4



census
2021

Individual Questionnaire
Northern Ireland

FREEPOST
Census 2021

We need your help with the census, it gathers vital information for planning services such as education and health.

Please complete your questionnaire by 21 March 2021 or as soon as possible afterwards.

If you prefer, you can complete the questionnaire online:

1. Go to www.census.gov.uk/ni
2. Click **Start Census** and enter the individual access code on the front of this questionnaire.
3. Answer the questions and submit.

By law, you must take part in the census.

You could face a fine if you don't participate or if you supply false information. There is no penalty for not completing the questions on religion or sexual orientation.

Thank you for taking part.

Siobhán Carey
Registrar General, Northern Ireland

Your data are protected by law.

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

Complete online

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

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

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

Postcode

Declaration

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

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

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

Where you can get help

www.census.gov.uk/ni

Helpline 0800 328 2021

NGT (18001) 0800 328 2021

Language helpline 0800 587 2021



I4

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Important information

Who should complete this questionnaire?

Everyone who has stayed, or intends to stay, in the United Kingdom for 3 months or more needs to be included on a census questionnaire.

This Individual Questionnaire is for four types of people:

- those living in a private household who have requested an Individual Questionnaire;
- those who usually live in the UK and have stayed, or expect to stay, in a communal establishment (excluding prison) for 6 months or more;
- those who usually live in the UK and are currently imprisoned and convicted with a sentence of 12 months or more **OR** are in prison awaiting sentencing;
- those living in a communal establishment who do not have another usual UK address.

What is a communal establishment?

A communal establishment is an establishment providing managed residential accommodation. 'Managed' in this context means full-time or part-time supervision of the accommodation. If you are living in a communal establishment you should receive this questionnaire from your establishment manager.

Examples of communal establishments include student halls of residence, boarding schools, Armed Forces bases, hospitals, care homes and prisons.

How should I complete my questionnaire correctly?

You should:

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

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

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

 or:

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

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

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Start here

A1 What type of accommodation is this?

- A communal establishment (for example student hall of residence, boarding school, Armed Forces base, hospital, care home, prison)
- A private or family household → **GO TO** Individual questions on page 4

A2 Are you answering the questions on behalf of someone else?

- Yes - please ensure their details and not your own are inserted in this questionnaire, including question A3 below
- No, I am answering for myself

A3 What is your position in this establishment?

👉 If you are answering on behalf of someone else, please record their position and not your own.

- Resident (for example student, member of Armed Forces, patient, detainee)
- Staff or owner
- Family member or partner of staff or owner
- Staying temporarily (no usual UK address)

Now → GO TO Individual questions on page 4

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Individual questions

<p>1 What is your name?</p> <p>First name(s) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>2 What is your date of birth?</p> <p>Day Month Year <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 What is your marital or civil partnership status?</p> <p><input type="checkbox"/> Single (never married and never in a civil partnership)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 7</p> <p>6 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire <input type="checkbox"/> At another address</p> <p>7 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland → GO TO 9</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in the current name of the country <input type="text"/></p> <p>8 What year did you come to live in Northern Ireland?</p> <p>Year <input type="text"/></p>	<p>9 One year ago, what was your usual address?</p> <p>☞ If you had no usual address one year ago, state the address where you were staying.</p> <p><input type="checkbox"/> The address on the front of this questionnaire</p> <p><input type="checkbox"/> Student term-time/boarding school address in the UK, write in term-time address below</p> <p><input type="checkbox"/> Another address in the UK, write in below <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, write in country <input type="text"/></p> <p>10 What passports do you hold?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> United Kingdom <input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>11 How would you describe your national identity?</p> <p>☞ Tick all that apply.</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Other, write in <input type="text"/></p> <p>12 What is your ethnic group?</p> <p>☞ Tick one box only.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Black African <input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, write in <input type="text"/></p> <p><input type="checkbox"/> Any other ethnic group, write in <input type="text"/></p>
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Individual questions – continued

<p>13 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic → GO TO 15</p> <p><input type="checkbox"/> Presbyterian Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Church of Ireland → GO TO 15</p> <p><input type="checkbox"/> Methodist Church in Ireland → GO TO 15</p> <p><input type="checkbox"/> Other, write in → GO TO 15</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> None</p>	<p>19 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>14 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> None</p>	<p>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?</p> <p>☑ Include problems related to old age.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> Yes, limited a lot</p>
<p>15 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 17</p> <p><input type="checkbox"/> Other, write in (including British/Irish Sign Languages)</p> <p><input type="text" value=""/></p>	<p>21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?</p> <p>☑ Tick all that apply.</p> <p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that requires the use of a wheelchair</p> <p><input type="checkbox"/> A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)</p> <p><input type="checkbox"/> An intellectual or learning disability (for example Down syndrome)</p> <p><input type="checkbox"/> A learning difficulty (for example dyslexia)</p> <p><input type="checkbox"/> Autism or Asperger syndrome</p> <p><input type="checkbox"/> An emotional, psychological or mental health condition (for example depression or schizophrenia)</p> <p><input type="checkbox"/> Frequent periods of confusion or memory loss (for example dementia)</p> <p><input type="checkbox"/> Long-term pain or discomfort</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing (for example asthma)</p> <p><input type="checkbox"/> Other condition (for example cancer, diabetes or heart disease)</p> <p><input type="checkbox"/> No condition</p>
<p>16 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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?</p> <p>☑ Exclude anything you do in paid employment.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 hours or more a week</p>
<p>17 Can you understand, speak, read or write Irish?</p> <p>☑ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Irish?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>18 Can you understand, speak, read or write Ulster-Scots?</p> <p>☑ Tick all that apply.</p> <p>No ability Understand Speak Read Write</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>How often do you speak Ulster-Scots?</p> <p>Daily Weekly Less often Never</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

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Individual questions – continued

<p>23 Are you aged 16 or over?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 42</p>	<p>28 In the last seven days, were you doing any of the following?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input checked="" type="checkbox"/> Include casual or temporary work, even if only for one hour.</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 34</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 34</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 34</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 34</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 34</p> <p><input type="checkbox"/> None of the above</p>
<p>24 Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text" value=""/></p> <p><input type="checkbox"/> Prefer not to say</p>	<p>29 Which of the following describes what you were doing in the last seven days?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>25 Have you achieved a qualification at degree level or above?</p> <p><input checked="" type="checkbox"/> For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>26 Have you achieved any other qualifications?</p> <p><input checked="" type="checkbox"/> Tick all that apply.</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades)</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>Other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>31 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>27 Have you completed an apprenticeship?</p> <p><input checked="" type="checkbox"/> For example, trade, advanced, foundation, modern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>28 (Continued from previous page)</p>	<p>33 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 42</p>

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Individual questions – continued

<p>34 Answer questions 35 to 41 for your main job or, if not working, your last main job.</p> <p>➤ Your main job is the job in which you usually work (worked) the most hours.</p>	<p>41 In your main job, how many hours a week do (did) you usually work?</p> <p>➤ Include paid and unpaid overtime.</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>35 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>42 What is the name and address of your main place of work or course of study (including school)?</p> <p>➤ Answer for the place where you spend the most time.</p> <p>➤ If student (or schoolchild), provide your study address.</p> <p>➤ If working (even if ill, on maternity leave, holiday or temporarily laid off), provide your main work address.</p> <p><input type="checkbox"/> Not currently working or studying → GO TO 44</p> <p><input type="checkbox"/> Work or study mainly at or from home → GO TO 44</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> The address below, write in</p> <p>(Name, Organisation, Branch, Campus, School)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Country <input type="text"/></p>
<p>36 What is (was) the name of the organisation or business you work (worked) for?</p> <p>➤ If you are (were) self-employed in your own business, write in your business name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p>43 How do you usually travel to your main place of work or study (including school)?</p> <p>➤ Tick one box only - for the longest part by distance.</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>37 What is (was) your full job title?</p> <p>➤ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER.</p> <p>➤ Do not state your grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>44 There are no more questions.</p> <p>➔ GO TO the back page for instructions explaining how to return your questionnaire, then</p> <p>➔ GO TO the Declaration on the front page.</p>
<p>38 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>39 What is (was) the main activity of your organisation, business or freelance work?</p> <p>➤ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESAL.</p> <p>➤ If you are (were) a civil servant, write CIVIL SERVICE.</p> <p>➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the department name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>40 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Important information

How do I return my completed questionnaire?

All the personal information that you give us will be kept strictly confidential and will only be used for statistical purposes. Depending on which type of accommodation you live in, you should return your questionnaire using the instructions below.

If you live in a communal establishment

- Put your completed and signed questionnaire into the pre-paid return envelope supplied and give it to your establishment manager for return or if you prefer and are able you can also post back directly using the pre-paid return envelope.
- If you have lost your pre-paid return envelope you can put it in a plain envelope and return it to the freepost address below.

If you live in a private household

- Post your completed and signed questionnaire back separately in the pre-paid envelope supplied.
- If you have lost your pre-paid return envelope you can put it in a plain envelope and return it to the freepost address below.

FREEPOST
Census 2021

Remember to sign the Declaration on the front page before you return your completed questionnaire.

Individual Questionnaire (Online) – I4:

Individual questions are contained within the individual element of the household online forms

Schedule 2: Part 3 (English),

Schedule 2: Part 4 (English – Irish) and

Schedule 2: Part 5 (English – Ulster-Scots).

The three online forms also include Questions A1, A2 and A3 from Schedule 4 Part 1 (page 3 of the paper questionnaire).

SCHEDULE 5

Form of undertaking

All individuals working on the 2021 Census are subject to confidentiality requirements set out in the Statistics and Registration Service Act 2007, the Census Act (Northern Ireland) 1969 and Data Protection Legislation (including the General Data Protection Regulation and the Data Protection Act 2018). This includes personal information from the 2021 Census and any other previous censuses as well as data from administrative and survey sources.

Breaching the provisions of this legislation is a criminal offence and could result in prosecution which, if found guilty, would mean that you would have a criminal record and be liable to a fine and/or up to two years imprisonment.

I being a person employed by, or appointed as an approved contractor or service provider undertake to fully and honestly perform the duties assigned to me in accordance with all relevant legal provisions, and I understand that failure to comply fully with these obligations may result in a criminal record and a fine or term of imprisonment.

I will not, except in the performance of my census work, disclose or make known, now or at any subsequent time, any matter which comes to my knowledge as a result of this work relating to any person, family, household or business. I acknowledge that this applies to all information that is not already a matter of public knowledge and that it applies to all electronic, written and oral information.

At the termination of my engagement I shall return all information provided to me, or acquired by me, in the course of my work and confirm in writing that no copies of any such information have been retained. I will use any access materials that I am given, such as a security pass, personal identification material, passwords, keys to secure safes or other information repositories, only to perform agreed duties. I will not lend, transfer, or otherwise disclose such material to others and will take appropriate measures to safeguard the confidentiality of such materials. In all cases such materials will be returned at the termination of my engagement or upon request by the Office for National Statistics for England and Wales or the Northern Ireland Statistics and Research Agency for Northern Ireland.

I will report any significant concerns I have about the confidentiality of personal information collected or held for the purposes of the census and related research, whether arising from my own duties or from my actions or those of others, directly to the Office for National Statistics at Census.Confidentiality@ons.gov.uk for England and Wales, or Census.Confidentiality@nisra.gov.uk for Northern Ireland.

Signed:

Date:

Print Full Name:

Position:

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Organisation/Agency name:

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations set out the detailed arrangements necessary for the conduct of the census directed to be taken on the 21st March 2021 by the Census Order (Northern Ireland) 2020 (“the Census Order”). They also revoke the provisions of the Census Regulations (Northern Ireland) 2010 ([S.R. 2010 No.218](#)).

Regulation 4 provides for the division of Northern Ireland into enumeration districts, census team co-ordinator areas and census areas.

Regulation 5 provides for the appointment of persons to carry out the duties assigned to them under these Regulations.

Regulation 7 provides that a person required by the Census Order to make a return at the census will discharge their responsibility when the relevant questionnaire, specified in Schedule 1 and which are set out in full in Schedules 2 to 4 to these Regulations, has been received by the Registrar General.

The paper questionnaire will be as set out in the Schedules. The online questionnaires will be accessed via www.census.gov.uk/ni for households and individuals and www.nisra.gov.uk/Census-CE for communal establishment managers. The websites will also contain information relating to the census with specific reference to the completion and submission of the online questionnaire (e.g. how to start an online questionnaire, the persons to be included, when the census should be completed and how help can be found).

Regulations 8 to 18 provide detailed arrangements for the delivery, completion and return of the questionnaires.

Regulation 19 provides for follow-up action to be taken in the event that a questionnaire sent or delivered in accordance with these regulations is not returned or is returned incomplete.

Regulations 20 to 22 make provision requiring information to be given to prescribed person or a census officer. They also make provision to prevent the unauthorised use, publication and communication of information obtained for the purpose of the census and to ensure the safe custody of forms and documents and electronic devices.

Regulation 23 provides for the giving of an undertaking concerning the confidentiality of information obtained as a result of the census by persons who will have access to that information.

Contravention of the Regulations is an offence under section 7 of the Census Act (Northern Ireland) 1969 – however under section 7.3 there is no penalty for householders or electors who do not complete the questions on religion or sexual orientation.