



### **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](http://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](http://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:

<input type="text"/>	Postcode	<input type="text"/>
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### 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](http://www.census.gov.uk/ni)

Helpline 0800 328 2021

NGT (18001) 0800 328 2021

Language helpline 0800 587 2021



**NISRA**  
Northern Ireland Statistics  
and Research Agency

# H4

# 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](http://www.census.gov.uk/ni) or by calling 0800 328 2021.

## How should I complete my questionnaire correctly?

You should:

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

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

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

 or: 


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

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

# Household questions

## H1 Who usually lives here? Tick all that apply.


**USUAL RESIDENTS**

- Me, this is my permanent or family home
- Family members including partners, children, and babies born on or before 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 style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 2	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 3	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 4	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 5	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Person 6	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>

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

## H4 Apart from everyone counted in question H2, who else is staying overnight here on 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.

# 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 <input type="text" value="MARY"/>	First name <input type="text" value="JAMES"/>	First name <input type="text" value="SOPHIE"/>
Last name <input type="text" value="SMITH"/>	Last name <input type="text" value="SMITH"/>	Last name <input type="text" value="SMITH"/>
	How is Person 2 related to Person: <b>1</b>	How is Person 3 related to Person: <b>1 2</b>
	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

First name

Last name

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

IF YOU LIVE ALONE GO TO **H7**

## Name of Person 2

First name

Last name

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

Husband or wife

Civil partner

Partner

Son or daughter

Step-child

Brother or sister

Step-brother or step-sister

Mother or father

Step-mother or step-father

Grandchild

Grandparent

Relation - other

Unrelated (including foster child)

## Name of Person 3

First name

Last name

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

Husband or wife

Civil partner

Partner

Son or daughter

Step-child

Brother or sister

Step-brother or step-sister

Mother or father

Step-mother or step-father

Grandchild

Grandparent

Relation - other

Unrelated (including foster child)

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

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

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

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

# Household questions – continued

## H7 What type of accommodation is this?

A whole house or bungalow that is:

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

A flat, maisonette or apartment that is:

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

A mobile or temporary structure:

- a caravan or other mobile or temporary structure

## H8 Has this accommodation been designed or adapted for:

Tick all that apply.

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

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- 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

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- 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

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

First name(s)

Last name

## 2 What is your date of birth?

Day

Month

Year

## 3 What is your sex?

Female

Male

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

Single (never married and never in a civil partnership)

Married

Separated, but still legally married

Divorced

Widowed

In a civil partnership

Separated, but still legally in a civil partnership

Formerly in a civil partnership which is now legally dissolved

Surviving partner from a civil partnership

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

Yes

No → **GO TO 7**

## 6 During term time, where do you usually live?

At the address on the front of this questionnaire

At another address

## 7 What is your country of birth?

Northern Ireland → **GO TO 9**

England

Scotland

Wales

Republic of Ireland

Elsewhere, write in the current name of the country

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

Year

## 9 One year ago, what was your usual address?

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

The address on the front of this questionnaire

Student term-time/boarding school address in the UK, write in term-time address below

Another address in the UK, write in below

Postcode

Outside the UK, write in country

## 10 What passports do you hold?

➔ Tick all that apply.

United Kingdom

Ireland

Other, write in

None

## 11 How would you describe your national identity?

➔ Tick all that apply.

British

Irish

Northern Irish

English

Scottish

Welsh

Other, write in

## 12 What is your ethnic group?

➔ Tick one box only.

White

Chinese

Irish Traveller

Roma

Indian

Filipino

Black African

Black Other

Mixed ethnic group, write in

Any other ethnic group, write in

# Individual questions – Person 1 continued

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

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

None

**14** What religion, religious denomination or body were you brought up in?

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

None

**15** What is your main language?

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

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

- Very well      Well      Not well      Not at all
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Irish?

- Daily      Weekly      Less often      Never
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Ulster-Scots?

- Daily      Weekly      Less often      Never
- 

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

- Very good      Good      Fair      Bad      Very bad
- 

**20** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☞ Include problems related to old age.

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

**21** Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

☞ Tick all that apply.

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

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

☞ Exclude anything you do in paid employment.

- No
- Yes, 1 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week



# Individual questions – Person 1 continued

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

- Yes
- No → **GO TO 42**

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

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

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- Prefer not to say

**25** Have you achieved a qualification at degree level or above?

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

- Yes
- No

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

➤ Tick all that apply.

### GCSEs or equivalent

- 5 or more GCSEs (A\*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)

### AS, A level or equivalent

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

### NVQ or equivalent

- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1

### Other or no qualifications

- Any other qualifications, equivalent unknown
- No qualifications

**27** Have you completed an apprenticeship?

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

- Yes
- No

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

➤ Tick all that apply.

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

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

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

➤ Tick all that apply.

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

**33** Have you ever done any paid work?

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

# Individual questions – Person 1 continued

**34** Answer questions 35 to 41 for your main job or, if not working, your last main job.

➔ Your main job is the job in which you usually work (worked) the most hours.

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

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

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

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



No organisation or work (worked) for a private individual

**37** What is (was) your full job title?

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

➔ Do not state your grade or pay band.



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



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

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

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

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




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

Yes  No

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

➔ Include paid and unpaid overtime.

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

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

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

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

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

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

(Name, Organisation, Branch, Campus, School)




Postcode

Country

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

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

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

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

➔ **GO TO** questions for **Person 2** on page 11.

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

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

# Individual questions – Person 2 start here

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

First name(s)

Last name

## 2 What is your date of birth?

Day

Month

Year

## 3 What is your sex?

- Female  Male

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

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

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

- Yes
- No → **GO TO 7**

## 6 During term time, where do you usually live?

- At the address on the front of this questionnaire
- At another address

## 7 What is your country of birth?

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

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

Year

## 9 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time/boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below





Postcode

- Outside the UK, write in country

## 10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom  Ireland
- Other, write in

- None

## 11 How would you describe your national identity?

➔ Tick all that apply.

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

## 12 What is your ethnic group?

➔ Tick one box only.

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

- Any other ethnic group, write in

# Individual questions – Person 2 continued

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

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

None

**14** What religion, religious denomination or body were you brought up in?

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

None

**15** What is your main language?

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

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

- Very well    Well    Not well    Not at all
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Irish?

- Daily    Weekly    Less often    Never
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Ulster-Scots?

- Daily    Weekly    Less often    Never
- 

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

- Very good    Good    Fair    Bad    Very bad
- 

**20** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☞ Include problems related to old age.

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

**21** Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

☞ Tick all that apply.

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

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

☞ Exclude anything you do in paid employment.

- No
- Yes, 1 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

# Individual questions – Person 2 continued

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

- Yes  
 No → **GO TO 42**

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

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

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- Prefer not to say

**25** Have you achieved a qualification at degree level or above?

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

- Yes  No

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

➤ Tick all that apply.

### GCSEs or equivalent

- 5 or more GCSEs (A\*-C, 9-4), O levels (passes) or CSEs (grade 1)  
 Any other GCSEs, O levels or CSEs (any grades)

### AS, A level or equivalent

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

### NVQ or equivalent

- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft  
 NVQ level 2, BTEC General, City and Guilds Craft  
 NVQ level 1

### Other or no qualifications

- Any other qualifications, equivalent unknown  
 No qualifications

**27** Have you completed an apprenticeship?

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

- Yes  No

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

➤ Tick all that apply.

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

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

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

➤ Tick all that apply.

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

**33** Have you ever done any paid work?

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

# Individual questions – Person 2 continued

**34** Answer questions 35 to 41 for your main job or, if not working, your last main job.

➔ Your main job is the job in which you usually work (worked) the most hours.

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

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

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

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



No organisation or work (worked) for a private individual

**37** What is (was) your full job title?

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

➔ Do not state your grade or pay band.



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



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

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

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

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




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

Yes  No

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

➔ Include paid and unpaid overtime.

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

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

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

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

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

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

(Name, Organisation, Branch, Campus, School)




Postcode



Country

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

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

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

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

➔ **GO TO** questions for **Person 3** on page 15.

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

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

# Individual questions – Person 3 start here

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

First name(s)

Last name

## 2 What is your date of birth?

Day

Month

Year

## 3 What is your sex?

- Female  Male

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

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

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

- Yes
- No → **GO TO 7**

## 6 During term time, where do you usually live?

- At the address on the front of this questionnaire
- At another address

## 7 What is your country of birth?

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

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

Year

## 9 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time/boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below





Postcode

- Outside the UK, write in country

## 10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom  Ireland
- Other, write in

- None

## 11 How would you describe your national identity?

➔ Tick all that apply.

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

## 12 What is your ethnic group?

➔ Tick one box only.

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

- Any other ethnic group, write in

# Individual questions – Person 3 continued

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

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

None

**14** What religion, religious denomination or body were you brought up in?

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

None

**15** What is your main language?

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

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

- Very well    Well    Not well    Not at all
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Irish?

- Daily    Weekly    Less often    Never
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Ulster-Scots?

- Daily    Weekly    Less often    Never
- 

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

- Very good    Good    Fair    Bad    Very bad
- 

**20** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☞ Include problems related to old age.

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

**21** Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

☞ Tick all that apply.

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

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

☞ Exclude anything you do in paid employment.

- No
- Yes, 1 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week



# Individual questions – Person 3 continued

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

- Yes
- No → **GO TO 42**

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

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

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- Prefer not to say

**25** Have you achieved a qualification at degree level or above?

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

- Yes
- No

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

➤ Tick all that apply.

### GCSEs or equivalent

- 5 or more GCSEs (A\*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)

### AS, A level or equivalent

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

### NVQ or equivalent

- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1

### Other or no qualifications

- Any other qualifications, equivalent unknown
- No qualifications

**27** Have you completed an apprenticeship?

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

- Yes
- No

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

➤ Tick all that apply.

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

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

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

➤ Tick all that apply.

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

**33** Have you ever done any paid work?

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

# Individual questions – Person 3 continued

**34** Answer questions 35 to 41 for your main job or, if not working, your last main job.

➔ Your main job is the job in which you usually work (worked) the most hours.

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

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

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

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



No organisation or work (worked) for a private individual

**37** What is (was) your full job title?

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

➔ Do not state your grade or pay band.



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



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

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

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

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




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

Yes  No

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

➔ Include paid and unpaid overtime.

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

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

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

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

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

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

(Name, Organisation, Branch, Campus, School)




Postcode

Country

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

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

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

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

➔ **GO TO** questions for **Person 4** on page 19.

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

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

# Individual questions – Person 4 start here

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

First name(s)

Last name

## 2 What is your date of birth?

Day

Month

Year

## 3 What is your sex?

- Female  Male

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

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

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

- Yes
- No → **GO TO 7**

## 6 During term time, where do you usually live?

- At the address on the front of this questionnaire
- At another address

## 7 What is your country of birth?

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

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

Year

## 9 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time/boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below

Postcode

- Outside the UK, write in country

## 10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom  Ireland
- Other, write in

- None

## 11 How would you describe your national identity?

➔ Tick all that apply.

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

## 12 What is your ethnic group?

➔ Tick one box only.

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

- Any other ethnic group, write in

# Individual questions – Person 4 continued

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

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

None

**14** What religion, religious denomination or body were you brought up in?

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

None

**15** What is your main language?

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

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

- Very well    Well    Not well    Not at all
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Irish?

- Daily    Weekly    Less often    Never
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Ulster-Scots?

- Daily    Weekly    Less often    Never
- 

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

- Very good    Good    Fair    Bad    Very bad
- 

**20** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☞ Include problems related to old age.

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

**21** Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

☞ Tick all that apply.

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

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

☞ Exclude anything you do in paid employment.

- No
- Yes, 1 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

# Individual questions – Person 4 continued

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

- Yes
- No → **GO TO 42**

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

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

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- Prefer not to say

**25** Have you achieved a qualification at degree level or above?

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

- Yes
- No

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

➤ Tick all that apply.

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- 5 or more GCSEs (A\*-C, 9-4), O levels (passes) or CSEs (grade 1)
- Any other GCSEs, O levels or CSEs (any grades)

### AS, A level or equivalent

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

### NVQ or equivalent

- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft
- NVQ level 2, BTEC General, City and Guilds Craft
- NVQ level 1

### Other or no qualifications

- Any other qualifications, equivalent unknown
- No qualifications

**27** Have you completed an apprenticeship?

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

- Yes
- No

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

➤ Tick all that apply.

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

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

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

➤ Tick all that apply.

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

**33** Have you ever done any paid work?

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

# Individual questions – Person 4 continued

**34** Answer questions 35 to 41 for your main job or, if not working, your last main job.

➔ Your main job is the job in which you usually work (worked) the most hours.

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

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

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

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



No organisation or work (worked) for a private individual

**37** What is (was) your full job title?

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

➔ Do not state your grade or pay band.



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



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

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

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

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




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

Yes  No

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

➔ Include paid and unpaid overtime.

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

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

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

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

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

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

(Name, Organisation, Branch, Campus, School)




Postcode

Country

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

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

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

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

➔ **GO TO** questions for **Person 5** on page 23.

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

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

# Individual questions – Person 5 start here

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

First name(s)

Last name

## 2 What is your date of birth?

Day

Month

Year

## 3 What is your sex?

- Female  Male

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

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

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

- Yes
- No → **GO TO 7**

## 6 During term time, where do you usually live?

- At the address on the front of this questionnaire
- At another address

## 7 What is your country of birth?

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

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

Year

## 9 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time/boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below





Postcode

- Outside the UK, write in country

## 10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom  Ireland
- Other, write in

- None

## 11 How would you describe your national identity?

➔ Tick all that apply.

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

## 12 What is your ethnic group?

➔ Tick one box only.

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

- Any other ethnic group, write in

# Individual questions – Person 5 continued

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

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

None

**14** What religion, religious denomination or body were you brought up in?

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

None

**15** What is your main language?

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

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

- Very well    Well    Not well    Not at all
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Irish?

- Daily    Weekly    Less often    Never
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Ulster-Scots?

- Daily    Weekly    Less often    Never
- 

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

- Very good    Good    Fair    Bad    Very bad
- 

**20** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☞ Include problems related to old age.

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

**21** Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

☞ Tick all that apply.

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

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

☞ Exclude anything you do in paid employment.

- No
- Yes, 1 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week



# Individual questions – Person 5 continued

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

- Yes  
 No → **GO TO 42**

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

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

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- Prefer not to say

**25** Have you achieved a qualification at degree level or above?

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

- Yes       No

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

➤ Tick all that apply.

### GCSEs or equivalent

- 5 or more GCSEs (A\*-C, 9-4), O levels (passes) or CSEs (grade 1)  
 Any other GCSEs, O levels or CSEs (any grades)

### AS, A level or equivalent

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

### NVQ or equivalent

- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft  
 NVQ level 2, BTEC General, City and Guilds Craft  
 NVQ level 1

### Other or no qualifications

- Any other qualifications, equivalent unknown  
 No qualifications

**27** Have you completed an apprenticeship?

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

- Yes       No

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

➤ Tick all that apply.

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

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

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

➤ Tick all that apply.

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

**33** Have you ever done any paid work?

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

# Individual questions – Person 5 continued

**34** Answer questions 35 to 41 for your main job or, if not working, your last main job.

➔ Your main job is the job in which you usually work (worked) the most hours.

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

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

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

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



No organisation or work (worked) for a private individual

**37** What is (was) your full job title?

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

➔ Do not state your grade or pay band.



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



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

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

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

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




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

Yes  No

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

➔ Include paid and unpaid overtime.

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

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

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

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

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

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

(Name, Organisation, Branch, Campus, School)




Postcode

Country

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

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

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

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

➔ **GO TO** questions for **Person 6** on page 27.

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

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

# Individual questions – Person 6 start here

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

First name(s)

Last name

## 2 What is your date of birth?

Day

Month

Year

## 3 What is your sex?

- Female  Male

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

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

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

- Yes
- No → **GO TO 7**

## 6 During term time, where do you usually live?

- At the address on the front of this questionnaire
- At another address

## 7 What is your country of birth?

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

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

Year

## 9 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time/boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below





Postcode

- Outside the UK, write in country

## 10 What passports do you hold?

➔ Tick all that apply.

- United Kingdom  Ireland
- Other, write in

- None

## 11 How would you describe your national identity?

➔ Tick all that apply.

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

## 12 What is your ethnic group?

➔ Tick one box only.

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

- Any other ethnic group, write in

# Individual questions – Person 6 continued

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

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

None

**14** What religion, religious denomination or body were you brought up in?

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

None

**15** What is your main language?

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

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

- Very well    Well    Not well    Not at all
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Irish?

- Daily    Weekly    Less often    Never
- 

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

☞ Tick all that apply.

- No ability    Understand    Speak    Read    Write
- 

How often do you speak Ulster-Scots?

- Daily    Weekly    Less often    Never
- 

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

- Very good    Good    Fair    Bad    Very bad
- 

**20** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☞ Include problems related to old age.

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

**21** Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

☞ Tick all that apply.

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

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

☞ Exclude anything you do in paid employment.

- No
- Yes, 1 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week

# Individual questions – Person 6 continued

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

- Yes  
 No → GO TO 42

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

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

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- Prefer not to say

**25** Have you achieved a qualification at degree level or above?

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

- Yes       No

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

➡ Tick all that apply.

**GCSEs or equivalent**

- 5 or more GCSEs (A\*-C, 9-4), O levels (passes) or CSEs (grade 1)  
 Any other GCSEs, O levels or CSEs (any grades)

**AS, A level or equivalent**

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

**NVQ or equivalent**

- NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft  
 NVQ level 2, BTEC General, City and Guilds Craft  
 NVQ level 1

**Other or no qualifications**

- Any other qualifications, equivalent unknown  
 No qualifications

**27** Have you completed an apprenticeship?

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

- Yes       No

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

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

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

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

➡ Tick all that apply.

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

**33** Have you ever done any paid work?

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

# Individual questions – Person 6 continued

**34** Answer questions 35 to 41 for your main job or, if not working, your last main job.

➔ Your main job is the job in which you usually work (worked) the most hours.

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

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

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

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



No organisation or work (worked) for a private individual

**37** What is (was) your full job title?

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

➔ Do not state your grade or pay band.



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



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

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

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

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




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

Yes  No

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

➔ Include paid and unpaid overtime.

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

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

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

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

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

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

(Name, Organisation, Branch, Campus, School)





Postcode

Country

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

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

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

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

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

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

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

## Further information

### Students / schoolchildren who live away from home during term time

Students or schoolchildren who live away from home 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](http://www.census.gov.uk/ni) or by calling **0800 328 2021**.

# Visitor questions

**V** How many visitors did you include in question H5?

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

## Visitor A

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

First name

Last name

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

Day   Month   Year

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

- Female  Male

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

Postcode

**OR** Outside the UK, write in country

## Visitor B

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

First name

Last name

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

Day   Month   Year

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

- Female  Male

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

Same address as Visitor A

Postcode

**OR** Outside the UK, write in country

## Visitor C

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

First name

Last name

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

Day   Month   Year

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

- Female  Male

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

Same address as Visitor A

Postcode

**OR** Outside the UK, write in country

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