

Household Questions - Household Members

H1 Who should fill in this Census Test questionnaire?

The householder, or joint householders, should make sure this Census Test questionnaire is filled in for all adults and children who usually live in this household, anyone staying here temporarily and anyone staying the night. If there is not a householder, one person aged 16 or over on 13 May 2007 who usually lives here should complete this questionnaire.

H2 How many people usually live in this household, including yourself?

- ◆ 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, sitting room, dining room or kitchen
- ◆ Count:
 - anyone who lives here most of the time, even if they are away on 13 May 2007
 - anyone staying here temporarily who does not have a usual address
 - anyone who works away from home or is in the armed forces
 - students and schoolchildren if they live at this address during the school, college or university term
 - students and schoolchildren who are away during the school, college or university term
 - babies born before 14 May 2007, even if they are still in hospital
 - children or foster children who live here most of the time
 - children who spend an equal amount of time with each parent/guardian if they are here on 13 May 2007
 - lodgers and boarders if they stay here most of the time and are not being recorded at another address
- ◆ Do not count:
 - adults or children who stay here sometimes, and live somewhere else most of the time - record them in question H5
- ◆ Use black or blue ink.
- ◆ Fill in numbers like this

Number of people who usually live in this household

H3 Does anyone want to fill in a separate questionnaire?

If anyone aged 16 or over wants to complete their questions on a separate paper questionnaire for privacy reasons, tick the separate paper questionnaire box next to their name in H4 and call 0845 607 2011.

H4 What are the names of the people who usually live in this household?

- ◆ Start with yourself.
- ◆ Use CAPITAL LETTERS and leave one space between each word.
- ◆ If you make a mistake, fill in the box like this or
- ◆ The questions in the individual section should be completed for everyone listed below (including visitors with no usual address), unless they have requested a separate paper questionnaire.

	First name	Last name	Separate paper questionnaire
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"/>

If you have more than 5 people in your household, call 0845 607 2011 to get an extra questionnaire. When the questionnaires are complete, return them in the envelope provided.



Household Questions - Accommodation

H6 What type of accommodation does your household occupy?

A whole house or bungalow that is:

- Detached
- Semi-detached
- Linked by a garage
- Terraced (including end-terrace)

A flat, maisonette or apartment that is:

- In a purpose-built block of flats or tenement
- Part of a converted or shared house (including bed-sits)
- In a commercial building (e.g. in an office building, hotel, or over a shop)

A mobile or temporary structure:

- A caravan or other mobile or temporary structure

H7 Is your household's accommodation self-contained?

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

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

H8 How many rooms do you have for use only by your household?

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

Number of rooms

H9 Does your accommodation have central heating?

- ◆ If you have central heating available, tick 'Yes' whether or not you use it.
- ◆ Central heating includes:
 - gas, oil or solid fuel central heating
 - night storage heaters (e.g. Economy 7)
 - warm air heating
 - underfloor heating

- Yes, in some or all rooms
- No

H10 Do you have a bath/shower and toilet for use only by your household?

- ◆ Tick all boxes that apply.
- Yes, on the ground floor
- Yes, not on the ground floor
- No

H11 Does your accommodation need any repairs?

- ◆ Tick all boxes that apply.
- No, only regular maintenance is needed (e.g. painting, clearing guttering)
- Yes, minor repairs are needed (e.g. replacing a broken roof tile or pane of glass)
- Yes, major repairs are needed (e.g. replacing a boiler, electrical rewiring)

H12 Does your household own or rent the accommodation?

- ◆ Tick one box only.
- Owns outright → Go to **H14**
- Owns with a mortgage or loan → Go to **H14**
- Pays part rent and part mortgage (shared ownership) → Go to **H14**
- Rents (includes rent paid by housing benefits)
- Lives here rent free

H13 Who is your landlord?

- Northern Ireland Housing Executive
- Housing Association, Housing Co-operative, Charitable Trust, Registered Social Landlord
- Private Landlord or Letting Agency
- Employer of a household member
- Relative or friend of a household member
- Other

H14 How many cars or vans are owned, or available for use, by one or more members of your household?

- ◆ Include any company car or van if available for private use.
- None
- One
- Two
- Three
- Four or more, write in number



Individual Questions - Person 1

- 12** Do you have any of the following long-standing conditions?
- ◆ Include problems which are due to old age.
 - ◆ Tick all boxes that apply.
 - Deafness or severe hearing impairment
 - Blindness or severe visual impairment
 - A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
 - A learning difficulty
 - A long-standing psychological or emotional condition
 - Other, including any long-standing illness
 - No, I do not have a long-standing condition

13 What languages can you understand, speak, read or write?

◆ Tick all boxes that apply.

	No ability	Understand	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14** What do you consider your national identity to be?
- ◆ Tick all boxes that apply.
- British
 - Irish
 - Northern Irish
 - English
 - Scottish
 - Welsh
 - Other, write in

- 15** To which of these ethnic groups do you consider you belong?
- ◆ Tick one box only.
- White**
- British or Irish
 - Irish Traveller
 - Any other White ethnic group, write in
- Other**
- Chinese
 - Indian
 - Pakistani
 - Bangladeshi
 - Black Caribbean
 - Black African
 - Black other
 - Mixed ethnic group, write in
 - Any other ethnic group, write in

- 16** What religion, religious denomination or body do you belong to?
- Roman Catholic
 - Presbyterian Church in Ireland
 - Church of Ireland
 - Methodist Church in Ireland
 - Other, write in
 - None

- 17** 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



18 Do you regularly stay at another address for part of the week or year?

- ◆ Count:
 - another parent’s/guardian’s address for children
 - an address you use when you work away from home
 - a student’s home address
 - a holiday home
 - a member of the armed forces’ base address
- ◆ You do not have to be the owner of this property.
- ◆ Do not count investment properties which you do not stay in.

No, I do not stay at another address for part of the week or year → Go to **21**

Yes, within the UK. Write in address

Yes, outside the UK. Write in country

19 Why do you stay at this other address?

- ◆ Tick all boxes that apply.
- I stay there with another parent/guardian
- I stay there when I work away from home
- I stay there when I’m not at school/college/university
- It’s my holiday home / second home
- I stay there when I’m on duty
- Other

20 How long do you stay at this other address?

- Less than half the time
- Around half the time
- More than half the time

21 One year ago, what was your usual address?

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

The address shown on the front of this questionnaire

Another address in the UK, write in below

Outside the UK. Write in country

Not applicable (e.g. babies not born one year ago)

- 22** If you are aged 16 or over → Go to **23**
- If you are aged 15 or under → Go to **29**

23 Last week were you:

- ◆ Tick all boxes that apply.
- ◆ Include any paid work, including casual or temporary work, even if only for one hour.
- working as an employee? → Go to **28**
- on a Government sponsored training scheme? → Go to **28**
- self-employed or freelance? → Go to **28**
- working paid or unpaid for your own or your family’s business? → Go to **28**
- away from work ill, on maternity leave, on holiday or temporarily laid off? → Go to **28**
- doing any other kind of paid work? → Go to **28**
- none of the above?

24 Were you actively looking for any kind of paid work during the last four weeks?

Yes No

25 If a job had been available last week, would you have been willing and able to start it within two weeks?

Yes No



Individual Questions - Person 1

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

- Yes No

27 Last week were you:

- ◆ Tick all boxes that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other?

28 Which of these qualifications do you have?

- ◆ Tick **all** boxes that apply if you have any of the qualifications listed.
- ◆ If your qualification is not listed, tick the box that contains its nearest equivalent.
- ◆ If you have qualifications you gained abroad, tick the 'Foreign qualifications' box.
- 1-4 O levels /CSEs/GCSEs (any grades), Basic Skills
- NVQ Level 1, Foundation GNVQ
- 5+ O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A level/ 1-3 AS levels / 1 VCE/1-3 AS VCEs
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- Apprenticeship
- 2+ A levels, 4+ AS levels, Higher School Certificate/Double Award VCEs
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- First degree (e.g. BA, BSc), Higher degree (e.g. MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Foreign qualifications
- No qualifications

29 There are no more questions for person 1.

- ◆ Go to questions for person 2.
- ◆ If there are no more people in your household you do not need to answer any more questions - please leave the following pages blank.
- ◆ Remember to sign the declaration on page 1.
- ◆ Thank you for your time.



Individual Questions - Person 2

- 12** Do you have any of the following long-standing conditions?
- ◆ Include problems which are due to old age.
 - ◆ Tick all boxes that apply.
 - Deafness or severe hearing impairment
 - Blindness or severe visual impairment
 - A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
 - A learning difficulty
 - A long-standing psychological or emotional condition
 - Other, including any long-standing illness
 - No, I do not have a long-standing condition

13 What languages can you understand, speak, read or write?

◆ Tick all boxes that apply.

	No ability	Understand	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14** What do you consider your national identity to be?
- ◆ Tick all boxes that apply.
- British
 - Irish
 - Northern Irish
 - English
 - Scottish
 - Welsh
 - Other, write in

- 15** To which of these ethnic groups do you consider you belong?
- ◆ Tick one box only.
- White**
- British or Irish
 - Irish Traveller
 - Any other White ethnic group, write in
- Other**
- Chinese
 - Indian
 - Pakistani
 - Bangladeshi
 - Black Caribbean
 - Black African
 - Black other
 - Mixed ethnic group, write in
 - Any other ethnic group, write in

- 16** What religion, religious denomination or body do you belong to?
- Roman Catholic
 - Presbyterian Church in Ireland
 - Church of Ireland
 - Methodist Church in Ireland
 - Other, write in
 - None

- 17** 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



Individual Questions - Person 2

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

- Yes No

27 Last week were you:

- ◆ Tick all boxes that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other?

28 Which of these qualifications do you have?

- ◆ Tick **all** boxes that apply if you have any of the qualifications listed.
- ◆ If your qualification is not listed, tick the box that contains its nearest equivalent.
- ◆ If you have qualifications you gained abroad, tick the 'Foreign qualifications' box.
- 1-4 O levels /CSEs/GCSEs (any grades), Basic Skills
- NVQ Level 1, Foundation GNVQ
- 5+ O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A level/ 1-3 AS levels / 1 VCE/1-3 AS VCEs
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- Apprenticeship
- 2+ A levels, 4+ AS levels, Higher School Certificate/Double Award VCEs
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- First degree (e.g. BA, BSc), Higher degree (e.g. MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Foreign qualifications
- No qualifications

29 There are no more questions for person 2.

- ◆ Go to questions for person 3.
- ◆ If there are no more people in your household you do not need to answer any more questions - please leave the following pages blank.
- ◆ Remember to sign the declaration on page 1.
- ◆ Thank you for your time.



Individual Questions - Person 3

- 12** Do you have any of the following long-standing conditions?
- ◆ Include problems which are due to old age.
 - ◆ Tick all boxes that apply.
 - Deafness or severe hearing impairment
 - Blindness or severe visual impairment
 - A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
 - A learning difficulty
 - A long-standing psychological or emotional condition
 - Other, including any long-standing illness
 - No, I do not have a long-standing condition

13 What languages can you understand, speak, read or write?

◆ Tick all boxes that apply.

	No ability	Understand	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14** What do you consider your national identity to be?
- ◆ Tick all boxes that apply.
- British
 - Irish
 - Northern Irish
 - English
 - Scottish
 - Welsh
 - Other, write in

- 15** To which of these ethnic groups do you consider you belong?
- ◆ Tick one box only.
- White**
- British or Irish
 - Irish Traveller
 - Any other White ethnic group, write in
- Other**
- Chinese
 - Indian
 - Pakistani
 - Bangladeshi
 - Black Caribbean
 - Black African
 - Black other
 - Mixed ethnic group, write in
 - Any other ethnic group, write in

- 16** What religion, religious denomination or body do you belong to?
- Roman Catholic
 - Presbyterian Church in Ireland
 - Church of Ireland
 - Methodist Church in Ireland
 - Other, write in
 - None

- 17** 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



Individual Questions - Person 3

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

- Yes No

27 Last week were you:

- ◆ Tick all boxes that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other?

28 Which of these qualifications do you have?

- ◆ Tick **all** boxes that apply if you have any of the qualifications listed.
- ◆ If your qualification is not listed, tick the box that contains its nearest equivalent.
- ◆ If you have qualifications you gained abroad, tick the 'Foreign qualifications' box.
- 1-4 O levels /CSEs/GCSEs (any grades), Basic Skills
- NVQ Level 1, Foundation GNVQ
- 5+ O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A level/ 1-3 AS levels / 1 VCE/ 1-3 AS VCEs
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- Apprenticeship
- 2+ A levels, 4+ AS levels, Higher School Certificate/Double Award VCEs
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- First degree (e.g. BA, BSc), Higher degree (e.g. MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Foreign qualifications
- No qualifications

29 There are no more questions for person 3.

- ◆ Go to questions for person 4.
- ◆ If there are no more people in your household you do not need to answer any more questions - please leave the following pages blank.
- ◆ Remember to sign the declaration on page 1.
- ◆ Thank you for your time.



Individual Questions - Person 4

- 12** Do you have any of the following long-standing conditions?
- ◆ Include problems which are due to old age.
 - ◆ Tick all boxes that apply.
 - Deafness or severe hearing impairment
 - Blindness or severe visual impairment
 - A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
 - A learning difficulty
 - A long-standing psychological or emotional condition
 - Other, including any long-standing illness
 - No, I do not have a long-standing condition

13 What languages can you understand, speak, read or write?

◆ Tick all boxes that apply.

	No ability	Understand	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14** What do you consider your national identity to be?
- ◆ Tick all boxes that apply.
- British
 - Irish
 - Northern Irish
 - English
 - Scottish
 - Welsh
 - Other, write in

- 15** To which of these ethnic groups do you consider you belong?
- ◆ Tick one box only.
- White**
- British or Irish
 - Irish Traveller
 - Any other White ethnic group, write in
- Other**
- Chinese
 - Indian
 - Pakistani
 - Bangladeshi
 - Black Caribbean
 - Black African
 - Black other
 - Mixed ethnic group, write in
 - Any other ethnic group, write in

- 16** What religion, religious denomination or body do you belong to?
- Roman Catholic
 - Presbyterian Church in Ireland
 - Church of Ireland
 - Methodist Church in Ireland
 - Other, write in
 - None

- 17** 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

Individual Questions - Person 4

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

- Yes No

27 Last week were you:

- ◆ Tick all boxes that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other?

28 Which of these qualifications do you have?

- ◆ Tick **all** boxes that apply if you have any of the qualifications listed.
- ◆ If your qualification is not listed, tick the box that contains its nearest equivalent.
- ◆ If you have qualifications you gained abroad, tick the 'Foreign qualifications' box.
- 1-4 O levels/CSEs/GCSEs (any grades), Basic Skills
- NVQ Level 1, Foundation GNVQ
- 5+ O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A level/1-3 AS levels / 1 VCE/1-3 AS VCEs
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- Apprenticeship
- 2+ A levels, 4+ AS levels, Higher School Certificate/Double Award VCEs
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- First degree (e.g. BA, BSc), Higher degree (e.g. MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Foreign qualifications
- No qualifications

29 There are no more questions for person 4.

- ◆ Go to questions for person 5.
- ◆ If there are no more people in your household you do not need to answer any more questions - please leave the following pages blank.
- ◆ Remember to sign the declaration on page 1.
- ◆ Thank you for your time.



Individual Questions - Person 5

- 12** Do you have any of the following long-standing conditions?
- ◆ Include problems which are due to old age.
 - ◆ Tick all boxes that apply.
 - Deafness or severe hearing impairment
 - Blindness or severe visual impairment
 - A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
 - A learning difficulty
 - A long-standing psychological or emotional condition
 - Other, including any long-standing illness
 - No, I do not have a long-standing condition

13 What languages can you understand, speak, read or write?

◆ Tick all boxes that apply.

	No ability	Understand	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulster Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language, write in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14** What do you consider your national identity to be?
- ◆ Tick all boxes that apply.
- British
 - Irish
 - Northern Irish
 - English
 - Scottish
 - Welsh
 - Other, write in

- 15** To which of these ethnic groups do you consider you belong?
- ◆ Tick one box only.
- White**
- British or Irish
 - Irish Traveller
 - Any other White ethnic group, write in
- Other**
- Chinese
 - Indian
 - Pakistani
 - Bangladeshi
 - Black Caribbean
 - Black African
 - Black other
 - Mixed ethnic group, write in
 - Any other ethnic group, write in

- 16** What religion, religious denomination or body do you belong to?
- Roman Catholic
 - Presbyterian Church in Ireland
 - Church of Ireland
 - Methodist Church in Ireland
 - Other, write in
 - None

- 17** 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



Individual Questions - Person 5

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

- Yes No

27 Last week were you:

- ◆ Tick all boxes that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other?

28 Which of these qualifications do you have?

- ◆ Tick **all** boxes that apply if you have any of the qualifications listed.
- ◆ If your qualification is not listed, tick the box that contains its nearest equivalent.
- ◆ If you have qualifications you gained abroad, tick the 'Foreign qualifications' box.
- 1-4 O levels /CSEs/GCSEs (any grades), Basic Skills
- NVQ Level 1, Foundation GNVQ
- 5+ O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A level/ 1-3 AS levels / 1 VCE/1-3 AS VCEs
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- Apprenticeship
- 2+ A levels, 4+ AS levels, Higher School Certificate/Double Award VCEs
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- First degree (e.g. BA, BSc), Higher degree (e.g. MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Foreign qualifications
- No qualifications

29 There are no more questions for person 5.

- ◆ If there are no more people in your household you do not need to answer any more questions.
- ◆ If there are more than 5 people in your household you will need to call the Census Helpline on 0845 607 2011.
- ◆ Remember to sign the declaration on page 1.
- ◆ Thank you for your time.

