

Household Questions - Relationships

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

- Using the same order you used in **H3** (page 3), write the name of everyone who usually lives here at the top of each column in CAPITAL LETTERS. Remember to include children and babies
- Tick a box to show the relationship of each person to each of the other members of your household
- If there are more than 6 people in the household, call xxxx xxx xxxx to get an extra questionnaire
- The example below shows how to provide the relationship information for Robert Smith, who is Person 1, his wife (Mary) and their four children (Alison, Stephen, James and Sarah)

EXAMPLE

Name of Person 1
First name

Last name

Name of Person 2
First name

Last name

Name of Person 3
First name

Last name

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

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

- Husband or wife
- Same-sex civil partner
- Partner
- Son or daughter
- Step-child
- Brother or sister

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

- Husband or wife
- Same-sex civil partner
- Partner
- Son or daughter
- Step-child
- Brother or sister

Name of Person 1
First name

Last name

Name of Person 2
First name

Last name

Name of Person 3
First name

Last name

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

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

- Husband or wife
- Same-sex 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
- Other relation

Unrelated (including Foster Child)

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

- Husband or wife
- Same-sex 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
- Other relation

Unrelated (including Foster Child)

<p>Name of Person 4</p> <p>First name STEPHEN</p> <p>Last name SMITH</p> <p>How is Person 4 related to Persons:</p> <p>1 2 3</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Same-sex civil partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>Name of Person 5</p> <p>First name JAMES</p> <p>Last name SMITH</p> <p>How is Person 5 related to Persons:</p> <p>1 2 3 4</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Same-sex civil partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>Name of Person 6</p> <p>First name SARAH</p> <p>Last name SMITH</p> <p>How is Person 6 related to Persons:</p> <p>1 2 3 4 5</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Same-sex civil partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
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<p>Name of Person 4</p> <p>First name <input type="text"/></p> <p>Last name <input type="text"/></p> <p>How is Person 4 related to Persons:</p> <p>1 2 3</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Same-sex civil partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-brother or step-sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-mother or step-father <input 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Household Questions

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 or tenement
- Part of a converted or shared house (including bed-sits)
- 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 Is this household's accommodation self-contained?

- This means that all the rooms, including the kitchen, bathroom and toilet, are behind a door that only this household can use
- Yes, all the rooms are behind a door that only this household can use
- No

H9 How many rooms are available for use only by this household?

Do not count:

- bathrooms
- toilets
- halls or landings
- rooms that can only be used for storage such as cupboards

Count all other rooms, including:

- kitchens
- living rooms
- utility rooms
- bedrooms
- studies
- conservatories

If two rooms have been converted into one, count them as one room

Number of rooms

H10 What type of central heating does this accommodation have?

- Tick all that apply
- If the central heating is available, tick the box whether or not you use it
- No central heating
- Gas
- Electric
- Oil
- Solid fuel (eg wood, coal)
- Other central heating

H11 Does your household own or rent this accommodation?

- Tick one box only
- Owns outright **GO TO** **H15**
- Owns with a mortgage or loan **GO TO** **H15**
- Part owns and part rents (shared ownership)
- Rents (with or without housing benefit)
- Lives here rent free

H12 Who is your landlord?

- Tick one box only
- Housing Association, Housing Co-operative, Charitable Trust, Registered Social Landlord
- Council (Local Authority)
- Private landlord or letting agency
- 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 car(s) or van(s) available for private use
- None
- One
- Two
- Three
- Four or more, write in number

Individual Questions - Person 1

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

First name

Last name

2 What is your sex?

- Male Female

3 What is your date of birth?

Day

Month

Year

4 On the XX April 2008, what is your legal marital or same-sex civil partnership status?

- Never married and never registered a same-sex civil partnership
- Married
- Separated, but still legally married
- Divorced
- Widowed
- In a registered same-sex civil partnership
- Separated, but still legally in a same-sex civil partnership
- Formerly in a same-sex civil partnership which is now legally dissolved
- Surviving partner from a same-sex civil partnership

5 Which of these are you?

- A schoolchild
- A full-time student
- Neither of these

GO TO

7

6 During term-time, do you live:

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

GO TO

42

7 What is your country of birth?

- England
- Wales
- Scotland
- Northern Ireland
- Republic of Ireland
- Elsewhere, write in the current name of country

GO TO

10

GO TO

10

GO TO

10

GO TO

10

8 If you were not born in the United Kingdom, when did you most recently arrive to live here?

Do not count short visits away from the UK

Month

Year

9 Including the time you have already spent here, how long do you intend to stay in the United Kingdom?

- less than 3 months
- 3 months or more but less than 6 months
- 6 months or more but less than 12 months
- 12 months or more

10 What passports are you entitled to hold?

- Tick all that apply
- United Kingdom
- Irish
- Other, write in

11 Do you stay at another address for more than 30 days a year?

- No
- Yes, write in other UK address below

GO TO

13

Postcode

OR Yes, outside the UK, write in country

12 What is that address?

- Armed forces base address
- Another address when working away from home
- Student's home address
- Another parent or guardian's address
- Holiday home
- Other

13 How is your health in general?

- Very good Good Fair Bad Very bad
-

14 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 which are due to old age
- Yes, limited substantially
- Yes, limited but not substantially
- No

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

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

➔ Do not count anything you do as part of your paid employment

- No
- Yes, 1 - 9 hours a week
- Yes, 10 - 19 hours a week
- Yes, 20 - 34 hours a week
- Yes, 35 - 49 hours a week
- Yes, 50+ hours a week

23 If you are aged 16 or over **GO TO** **24**
If you are aged 15 or under **GO TO** **42**

24 Which of these qualifications do you have?

➔ Tick **every** box that applies if you have **any** of the qualifications listed

➔ If your UK 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), Entry Level
- NVQ Level 1, Foundation GNVQ, Basic Skills
- 5+ O levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1A level/2 - 3 AS levels/VCEs, Intermediate Diploma
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- Apprenticeship
- 2+ A levels/VCEs, 4+ AS levels, Higher School Certificate
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- First degree (eg BA, BSc), Higher degree (eg MA, PhD, PGCE)
- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (eg teaching, nursing, accountancy)
- Other vocational/work-related qualifications
- Foreign qualifications
- No qualifications

25 Last week, were you:

➔ Tick all that apply

➔ Include any paid work, including casual or temporary work, even if only for one hour

- working as an employee? **GO TO** **31**
- on a government sponsored training scheme? **GO TO** **31**
- self-employed or freelance? **GO TO** **31**
- working paid or unpaid for your own or your family's business? **GO TO** **31**
- away from work ill, on maternity leave, on holiday or temporarily laid off? **GO TO** **31**
- doing any other kind of paid work? **GO TO** **31**
- none of the above

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

- Yes No

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

- Yes No

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

- Yes No

29 Last week, were you:

➔ Tick all that apply

- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other

30 Have you ever worked?

- Yes, write in the year that you last worked:

GO TO **31**

- No, have never worked **GO TO** **42**

Individual Questions - Person 1

31 Answer the remaining questions 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

32 In your main job, are (were) you:

- an employee?
- self-employed or freelance without employees?
- self-employed with employees?

33 What is (was) your full and specific job title?

➔ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER

➔ Do not state your grade or pay band

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

35 Do (did) you supervise any employees?

➔ Supervision involves overseeing the work of other employees on a day-to-day basis.

- Yes No

36 At your workplace, what is (was) the main activity of your employer or business?

➔ For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CLEANING, COMPUTER SERVICING

➔ If you are (were) a civil servant, write GOVERNMENT

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

37 In your main job, what is (was) the name of the organisation you work (worked) for?

➔ If you have your own business, write in the name

- Self-employed or freelance
- Work (worked) for a private individual

38 If you had a job last week **GO TO** **39**

If you didn't have a job last week **GO TO** **42**

39 In your main job, what is the address of your workplace?

➔ If you report to a depot, write in the depot address

➔ If you work from home, on an offshore installation, or have no fixed workplace, please tick one of the boxes below

- OR**
- Mainly work at or from home
 - Offshore installation
 - No fixed place

40 How do you usually travel to work?

➔ Tick one box only

➔ Tick the box for the longest part, by distance, of your usual journey to work

- Work mainly at or from home
- Underground, metro, light rail, tram
- Train
- Bus, minibus or coach
- Taxi
- Motorcycle, scooter or moped
- Driving a car or van
- Passenger in a car or van
- Bicycle
- On foot
- Other

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

- 15 or less
- 16 - 30
- 31 - 47
- 48 or more

42 There are no more questions for person 1.

- ➔ Go to questions for person 2
- ➔ Remember to sign the declaration on page 1
- ➔ Thank you for your time.