

Household Members and their Relationships within the Household

- ◆ Use the same order as Persons are listed in Table 1 (page 2 of your Household Form), starting with Person 7.
- ◆ Print the names of Persons 7-12 in the space at the top of each column.
- ◆ ✓ the appropriate boxes to show the relationship of each person to Person 1 and the previous two people on the form.

For example:

- For Person 7, ✓ the boxes to show the relationship of Person 7 to Person 1, Person 5 and Person 6 on your Household Form.
- For Person 8, ✓ the boxes to show the relationship of Person 8 to Person 1 and Person 6 on your Household Form, and Person 7 on this form.
- ◆ Provide information here for household members who require an Individual Form for privacy reasons. Questions on the following pages should be left blank for these people.

Name of Person 7

First name
Surname

Relationship of Person 7 to Person → 1 5 6

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 8

First name
Surname

Relationship of Person 8 to Person → 6 7

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 9

First name
Surname

Relationship of Person 9 to Person → 1 7 8

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Name of Person 10

First name
Surname

Name of Person 11

First name
Surname

Name of Person 12

First name
Surname

Relationship of Person 10 to Person → 1 8 9

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship of Person 11 to Person → 9 10

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship of Person 12 to Person → 1 10 11

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Person 10

1 What is your name? (Person 10 in Table 1)

First name and surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2 What is your sex?

Male Female

3 What is your date of birth?

Day Month Year

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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

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

- Yes **▶ Go to 6**
 No **▶ Go to 7**

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

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

Yes, I live at this address during the school/college/university term

▶ Go to 7

No, I live elsewhere during the school/college/university term

▶ Go to 35

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

◆ **✓ all the boxes that apply.**

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

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

- Yes **▶ Go to 8a**
 No **▶ Go to 8b**

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

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

▶ Go to 9

8b What religion, religious denomination or body were you brought up in?

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

None

9 What is your country of birth?

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

◆ **✓ one box only.**

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Any other ethnic group, *write in*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

- Good?
 Fairly good?
 Not good?

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

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

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

◆ **✓ time spent in a typical week.**

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



SPECIMEN

This page is intentionally blank



SPECIMEN

This page is intentionally blank



SPECIMEN

This page is intentionally blank

