

Continuous **H**ousehold **S**urvey 2005/06

QUESTIONNAIRE



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ADMINISTRATION:

| | |
|--|--|
| [CASEID] | Case ID |
| [SERNO] | Serial Number |
| [HHNO] | Household Number |
| [INTNUM] | Interviewer Number |
| [DC] | District Council |
| [WARD] | Ward |
| [RV] | Rateable Value |
| [PDESC] | Property Description |
| [NHHLID] | Number of Households at this Address |
| [HOUTCOME] | Household Interview Outcome |
| 1. Yes, Further interviewing/checking to be done | -> [NUMCALLS] 4. Non contact -> [TYPENC] |
| 2. All information and checks complete | 5. Non-eligible -> [NONELIG] |
| 3. Refusal | -> [TYPEREF] 6. Returned for reallocation -> [NUMCALLS] |
| | 7. ERROR IN SERIAL NUMBER -> END |
| [TYPEREF] | TYPE OF REFUSAL |
| 1. Outright refusal | -> [INTERVIE] |
| 2. Circumstantial refusal | -> [INTERVIE] |
| 3. Office refusal | -> [REFUSE] |
| 4. Refusal after promise to co-operate | -> [REFUSE] |
| [REFUSE] | REASONS FOR HOUSEHOLD NON CO-OPERATION |
| 1. Doesn't believe in surveys | 9. Too old |
| 2. Anti-Government | 10. Sick/Physical/Mental Disability/Unable |
| 3. Not interested | 11. Disliked survey manner |
| 4. Can't be bothered | 12. Put off by recordkeeping |
| 5. Too much time involved | 13. Previous bad experience |
| 6. Genuinely too busy | 14. Avoided interview |
| 7. Working | 15. Other reason -> [INTERVIE] |
| 8. Circumstances unsuitable | |
| [TYPENC] | TYPE OF NON CONTACT |
| 1. Would not answer door | 4. Away all survey period/on holiday |
| 2. Rarely there/unconfirmed second residence | 5. Could not find address |
| 3. Shift-worker/works odd hours | 6. Ran out of field time |
| | 7. Other -> [INTERVIE] |
| [INTERVIE] | IF ANOTHER INTERVIEWER WERE TO CALL IN 2 TO 3 WEEKS, HOW LIKELY IS HE/SHE TO ACHIEVE AN INTERVIEW? |
| 1. Very likely | 4. Unlikely |
| 2. Likely | 5. Very unlikely |
| 3. Possible | 6. Impossible to say |

[**LETTER**] Has the respondent received an advance letter?

- 1. Yes
- 2. No -> [NUMCALLS]

[**NONELIG**] REASON FOR NON-ELIGIBLE

- 1. Vacant property
- 2. Under construction
- 3. Second residence
- 4. Derelict/blocked up/demolished
- 5. Holiday accommodation
- 6. Non-residential
- 7. Institution
- 8. Household no longer resident at address
- 9. No trace of address
- 10. Previously ineligible address, now eligible
- 11. Other Non-Eligible -> [NUMCALLS]

[**HOUTCOM2**] PLEASE ENTER LEVEL OF COOPERATION

- 1. Fully Co-operational
- 2. Household section only
- 3. Some proxies only
- 4. Some adults not interviewed
- 5. Incomplete information

[**NUMCALLS**] Total Number of Calls made at the address

[**TIMEST**] Time Started

[**TIMEND**] Time Ended

[**CALLO**] Call Outcome

- 1. No Reply
- 2. Appointment made
- 3. Some or All Interviewing done
- 4. Withdrew/Refusal

[**CANDO1-CANDO16**] Call Dates

TENURE:

[**ACCOMMOD**] TYPE OF BUILDING AT/IN WHICH ADDRESS IS LOCATED

- | | | |
|--|--|---|
| 1. Whole house detached | | 6. Part of house/converted flat or |
| 2. Whole bungalow detached | | maisonette in house |
| 3. Whole house/bungalow - semi-detached | | 7. Rooms in flat/maisonette or house |
| 4. Terraced house or terraced bungalow | | 8. Dwelling with business premises |
| 5. Purpose-built flat or maisonette | | 9. Rural cottage |
| | | 10. Other (specify)? -> [ACCOMOTH] |

[**ACCOMOTH**] PLEASE SPECIFY TYPE OF ACCOMODATION

[**AGEACCOM**] Could you tell me about your cottage, when was the property built. Was it ... RUNNING PROMPT

- | | | | | |
|--------------------------|--------------|--|--------------------------|---------------|
| 1. Before 1919 | -> [YRSATAD] | | 4. Between 1965 and 1984 | -> [YRSATAD] |
| 2. Between 1919 and 1944 | -> [YRSATAD] | | 5. 1985 or later? | -> [YRSATAD] |
| 3. Between 1945 and 1964 | -> [YRSATAD] | | ?. Don't Know | -> [ESTIMAGE] |

[**ESTIMAGE**] INTERVIEWER: PLEASE ESTIMATE AGE OF house

- | | | |
|--------------------------|--|--------------------------|
| 1. Before 1919 | | 4. Between 1965 and 1984 |
| 2. Between 1919 and 1944 | | 5. 1985 or later? |
| 3. Between 1945 and 1964 | | |

[**YRSATAD**] How many years has the HoH lived at this address?
ENTER NUMBER OF YEARS IF LESS THAN ONE YEAR, CODE 00; IF SINCE BIRTH, CODE 98

Enter a numeric value between 0 and 98

If tenure is less than 1 year:

[**RESMTHS**] ASK OR RECORD How many months have you (HOH) lived here?
ENTER THE NUMBER OF CALENDER MONTHS UP TO THE END OF THE MONTH PRECEDING THE INTERVIEW

Enter a numeric value between 0 and 11

[**BEDROOM**] How many bedrooms do you have, including bedsitting rooms and spare rooms?

Enter a numeric value between 0 and 20

[**LIVROOM**] ... and living rooms?

Enter a numeric value between 0 and 7

[**BATHROOM**] ... and bathrooms?

Enter a numeric value between 0 and 7

[**KITCHENS**] ... and kitchens? NB A KITCHEN IS A SEPARATE ROOM FOR COOKING

Enter a numeric value between 0 and 7

[**OTHRROOM**] ... and other rooms?

Enter a numeric value between 0 and 7 -> CHECKRM

[**TOTROOM**] TOTAL NUMBER OF ROOMS - CALCULATED

[CHECKRM] Could I check, that makes a total of 7 rooms altogether?
ENTER TOTAL NUMBER OF ROOMS. IF ANY DISCREPANCY, RESOLVE BEFORE PROCEEDING.
Enter a numeric value between 1 and 48

[HOUSTEN] SHOW CARD 1
In which of these ways do you occupy this accommodation?

- | | | | | |
|---|---------------|--|--------------------------------------|---------------|
| 1. Own it outright | -> [CENTHEAT] | | 4. Rented from H. Executive | -> [SCHEME] |
| 2. Buying it with the help of a mortgage or loan | -> [MORTGAGE] | | 5. Rented from a housing association | -> [SCHEME] |
| 3. Pay part rent and part mortgage (co-ownership) | -> [MORTGAGE] | | 6. Rented privately | -> [RENT] |
| | | | 7. Live here rent free | -> [LANDLORD] |
| | | | 8. Squatting | -> [HOUSEBEN] |

[RENT] Is your rent collected by the landlord or an agent?
NB AN AGENT IS A THIRD PARTY PAID TO COLLECT RENT FROM TENANTS

1. the landlord
2. an agent

[LANDLORD] Who is your landlord? RUNNING PROMPT - CODE FIRST THAT APPLIES

| | | |
|--|--|--|
| 1. employer (organisation) of a household member | | 4. employer (individual) of a household member |
| 2. another organisation | | 5. another individual private landlord? |
| 3. relative/friend (before you lived here) of a household member | | |

[SCHEME] Is this property part of a sheltered accommodation scheme?

1. Yes
2. No

[FURNISH] Is the accommodation provided: furnished, partly furnished, or unfurnished? CODE 2 IF SOME FURNITURE PROVIDED BUT NOT THE BASIC NECESSITIES

1. furnished
2. partly furnished
3. Unfurnished

[BUSINESS] Are any business premises included in the rent for this accommodation (in the accommodation provided)? NB INCLUDE FARM

1. Yes
2. No

[ACCJOB] Can I just check, Does the accommodation go with the job of anyone in the household?

1. Yes
2. No

-> [RATES]

[MORTGAGE] Who provided the mortgage or loan to buy this property -
Was itRUNNING PROMPT (IF MORE THAN ONE CODE MAIN SOURCE)

| | | |
|-----------------------------|--|---------------------------------|
| 1. a Building Society | | 6. a Relative |
| 2. the NI Housing Executive | | 7. an Employer (other than 1-6) |
| 3. an Insurance Company | | 8. Private Individual |
| 4. a Bank | | 9. Other ? -> [SPECIFY] |
| 5. a Solicitor | | |

-> [HOUSEBEN]

[RATES] Do you pay rates separately from your rent?

1. Yes
2. No

[RATE TIME] How many times a year do you pay rates?

Enter a numeric value between 1 and 10

[HOUSE BEN] HOUSING BENEFIT Some people qualify for Housing Benefit, (that is, a rent or rates rebate or allowance) are you receiving Housing Benefit?

1. Yes
2. No

[ELSE BEN] Is anyone in the household receiving Housing Benefit? (a rent or rates rebate allowance) NB - INCLUDE ANYONE ELSE IN THE HOUSEHOLD, AGED 16 OR OVER (APART FROM HOH AND SPOUSE/COHABITEE)

1. Yes
2. No

-> [CENTHEAT]

[BDRM STD] Bedroom Standard (Derived) - COMPUTED

[DIFF STD] Difference from Bedroom Standard - COMPUTED

[AREA] Area (Derived) - COMPUTED

For respondent refusal:

[HOUSE TYP] Type of House

[RENT TYPE] Type of Tenure

1. Rented (NIHE)
2. Rented (Private)
3. Owned

[INCOME] Level of Income

1. Low Income
2. Medium Income
3. High Income

[ACT AGE] Householder's ACTUAL Age

IF UNABLE TO OBTAIN ACTUAL AGE ENTER DON'T KNOW

[EST AGE] Householder's ESTIMATED Age

IF UNABLE TO ESTIMATED AGE ENTER DON'T KNOW

HEATING:

[**CENTHEAT**] Due to the relatively high cost of fuels in NI there is considerable interest in the use people make of fuel and its cost to them. I would like to ask you some questions about your heating and use of fuel. Even if you don't actually use it, do you have any form of central heating (including electric storage heaters)?

1. No ->[OTHHEAT]
2. Yes-full ->[COMMHEAT]
3. Yes-partial ->[COMMHEAT]

[**COMMHEAT**] Is your central heating part of a district or communal heating system?

1. Yes -> [COMMAMT]
2. No -> [OTHHEAT]

[**COMMAMT**] How much was was your last payment ? ->[COMMPER]
ENTER AMOUNT IN POUNDS AND PENCE

Enter a numeric value between 0.00 and 250.00

[**COMMPER**] What period did this cover?

- | | | |
|--------------|--|------------------------|
| 1. a week | | 5. a calendar month |
| 2. fortnight | | 6. 3 months/ quarterly |
| 3. 3 weeks | | 7. 6 months |
| 4. 4 weeks | | 8. 1 year |

[**OTHHEAT**] SHOW CARD 2 (OTHER HEATING)

(Apart from your central heating if applicable) Could you look at this card and tell me what (other) methods of heating you have even though you may not use them?

- | | | |
|-----------------------------|--|-----------------------------|
| 1. Open fire | | 6. Paraffin heater |
| 2. Closed fire | | 7. Superser-type gas heater |
| 3. Range (separate from CH) | | 8. Other gas fire |
| 4. Electric fire/heater | | 9. Electric storage heater |
| 5. Dimplex radiators | | 10. Other -> [OTHSPEC] |
- Enter at most 10 values | 11. None

[**OTHSPEC**] What other form of heating do you use ?

[**WINTHEAT**] SHOW CARD 3 (WINTER/SUMMER HEATING)

Which method do you consider to be your main source of heating in the winter ?

- | | | |
|-----------------------------|--|-----------------------------|
| 1. Central heating | | 7. Paraffin heater |
| 2. Open fire | | 8. Superser-type gas heater |
| 3. Closed fire | | 9. Other gas fire |
| 4. Range (separate from CH) | | 10. Electric storage heater |
| 5. Electric fire/heater | | 11. Other form of heating |
| 6. Dimplex radiators | | 12. None |

[**SUMMHEAT**] SHOW CARD 3 (WINTER/SUMMER HEATING) Which method do you consider to be your main source of heating in the summer ?

- | | | |
|-----------------------------|--|-----------------------------|
| 1. Central heating | | 7. Paraffin heater |
| 2. Open fire | | 8. Superser-type gas heater |
| 3. Closed fire | | 9. Other gas fire |
| 4. Range (separate from CH) | | 10. Electric storage heater |
| 5. Electric fire/heater | | 11. Other form of heating |
| 6. Dimplex radiators | | 12. None |

[**FUELUSE**] SHOW CARD 4 (FUEL) Looking at it a different way, that is, from the type of fuel used, could you look at this and tell me which fuels you use?

- | | | |
|---------------------------|--|-------------------------|
| 1. Ordinary Coal | | 7. Parrafin |
| 2. Smokeless coal | | 8. Oil |
| 3. Peat, logs etc. | | 9. Electricity |
| 4. Gas (storage tank) | | 10. Phoenix natural gas |
| 5. Gas cylinder (heating) | | 11. None |
| 6. Gas cylinder (cooking) | | |

Enter at most 10 values

FOR EACH TYPE OF ..FUELUSE..

([**WATERS**] Do you use ..FUELUSE.. for heating water?

- (
(1. Yes
(2. No
(

([**WINTER**] Do you use ..FUELUSE.. for heating in the winter?

- (
(1. Yes
(2. No
(

([**SUMMER**] ...and in the summer?

- (
(1. Yes
(2. No
(

([**COOK**] Do you use ..FUELUSE.. for cooking?

- (
(1. Yes
(2. No
(

([**BUY**] The last time you bought .. FUELUSE.. how much did you buy?

(
(Enter a numeric value between 0.00 and 5000.00
(

([**COST**] And how much did the .. FUELUSE .. cost?

(ENTER AMOUNT IN POUNDS AND PENCE
(
(Enter a numeric value between 0.00 and 999.00
(

([**LAST**] How long do you think this will last in weeks ?

(
(Enter a numeric value between 1 and 52
..)

[**LASTELEC**] ASK TO SEE LAST ELECTRICITY ACCOUNT OR ADVICE, DEDUCT ANY PAYMENT FOR HIRE OR ARREARS

How much was your last (electricity) quarterly account or advice?

ENTER AMOUNT IN POUNDS AND PENCE

Enter a numeric value between 0.00 and 500.00

[ELECT] SHOW CARD 5 (PAYMENT) Do you pay for your (electricity) by..

- | | | |
|--|--|--|
| 1. Account (includes Easy Saver -> [OWN] Card) | | 4. slot-meter or power card |
| 2. Monthly Instalments | | 5. Home Energy Direct Scheme (Pay As You Go) |
| 3. budget account | | 6. DHSS Direct payment? |
| | | 7. Cash\Cheque with bill |

[AMOUNT] PLEASE ENTER AMOUNT PAID WEEKLY/MONTHLY ETC.

Enter a numeric value between 0.00 and 300.00

[PERIODE] What period did this cover?

- | | | |
|---------------------|--|------------------------|
| 1. a week | | 6. 3 months/ quarterly |
| 2. fortnight | | 7. 6 months |
| 3. 3 weeks | | 8. 1 year |
| 4. 4 weeks | | |
| 5. a calendar month | | -> [OWN] |

IF FUELUSE=10 -> LASTGAS
ELSE -> OWN

Asked of Natural Gas Users Only:

[LASTGAS] ASK TO SEE LAST PHOENIX NATURAL GAS ACCOUNT OR ADVICE, DEDUCT ANY PAYMENT FOR HIRE OR ARREARS

How much was your last (natural gas) account or advice?
ENTER AMOUNT IN POUNDS AND PENCE

Enter a numeric value between 0.00 and 500.00

[GASMETH] Do you pay for your (gas) by..

- | | | |
|------------------------------------|----|-----------|
| 1. monthly direct debit | -> | [OWN] |
| 2. quarterly account | -> | [OWN] |
| 3. prepayment voucherbook or meter | -> | [AMOUNTG] |

[AMOUNTG] PLEASE ENTER AMOUNT PAID WEEKLY/MONTHLY ETC.

Enter a numeric value between 0.00 and 300.00

[PERIODG] What period did this cover?

- | | | |
|---------------------|--|------------------------|
| 1. a week | | 6. 3 months/ quarterly |
| 2. fortnight | | 7. 6 months |
| 3. 3 weeks | | 8. 1 year |
| 4. 4 weeks | | |
| 5. a calendar month | | |

CONSUMER DURABLES:

[INTOWN] CONSUMER DURABLES - INTRODUCE

Many households nowadays have a wide range of electrical items and household goods. I am going to ask you now about some items you or any member of your household may have. This gives us an Indication of how living standards are changing.

[OWN] SHOW CARD 6 (DURABLES)

Does your household have any of the following items in your (part of the) accommodation?

NB: INCLUDE RENTED ITEMS AND ITEMS STORED OR UNDER REPAIR

CODE ALL THAT APPLY - SET[25] OF

- | | | | |
|------------------------------|--|------------------------------|-------------|
| 1. Telephone | | 14. Toaster | |
| 2. Fridge/freezer | | 15. Vacuum cleaner | |
| 3. Fridge | | 16. Electric grass mower | |
| 4. Freezer | | 17. Hi-Fi music centre | |
| 5. Dish washer | | 18. Personal computer | |
| 6. Twin tub washing machine | | 19. Compact disc (CD) player | |
| 7. Automatic Washing machine | | 20. DVD player | |
| 8. Washer dryer | | 21. Colour television | -> [MANYTV] |
| 9. Tumble dryer | | 22. Black and white TV | -> [MANYBW] |
| 10. Video recorder | | 23. Smoke detector | |
| 11. Electric kettle | | 24. Satellite dish | |
| 12. Microwave oven | | 25. Cable receiver | |
| 13. Electric Food Mixer | | 26. None | |

Enter at most 24 values

[MANYTV] How many colour television sets do you have?

Enter a numeric value between 1 and 10

[MANYBW] How many black and white television sets do you have?

Enter a numeric value between 1 and 10

[TVTYPE] SHOW CARD 7 (TELEVISION)

Looking at this show card can I just check, How do you get television (on your main set) in your home?

1. A normal aerial on the TV set, attic or roof
2. A Sky satellite dish
3. A connection made by cable TV company
4. A Freeview Digital Receiver
5. Through a telephone line connection (broadband)
6. Only from a personal computer
7. Dont Know

[CHANNUM] How many television channels can you receive?

1. 1 to 6
2. More than 6
3. DK\Unsure

[INTACT] SHOW CARD 8 (TV REMOTE CONTROL)

May I just check, can you use your TV remote control to do any of the things on this card?

1. Take part in gameshows/quizshows
2. Vote on questions or issues
3. Buy products from shopping channels
4. Order catalogues
5. Send e-mails via your TV
6. DK\Unsure
7. None

[DIGITV] So, to the best of your knowledge, is the main service you use to receive television a digital or ordinary (analogue) TV service?

1. Digital
2. Ordinary\Analogue
3. DK\Unsure

[INET2] Does your household have access to the internet at home?

1. Yes -> [ACCESS]
2. No -> [OWNCAR]

[ACCESS] How does your household access the internet from home?
CODE ALL THAT APPLY

1. Home computer -> [OWNCAR]
2. Digital television -> [OWNCAR]
3. Mobile phone -> [OWNCAR]
4. Games console -> [OWNCAR]
5. Other -> [SPACESS]

[NETOTHER] Please specify other access to the internet

[OWNCAR] Is there a car or van normally available for use by you or any member of your household?
INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE.
EXCLUDE ANY USED SOLELY FOR THE CARRIAGE OF GOODS.

1. Yes
2. No

[MANYCARS] How many cars/vans are available?

Enter a numeric value between 1 and 10 -> [INTROI]

[TOTTELEV] Total number of television sets COMPUTED

[TOTCARS] Total number of cars COMPUTED

RECYCLING:

[ENVIRON] RECYCLING - INTRODUCE

There is now considerable interest in the environment and in the recycling of household waste. We would like to know if you have any concerns about the environment and about recycling in Northern Ireland.

[CONCERN] In general, how concerned are you personally about the environmental issues that impact on you?

INTERVIEWER CAN PROMPT HERE

1. Very concerned
2. Fairly concerned
3. Not very concerned
4. Not at all concerned

[WORRY1] SHOW CARD 9 (ENVIRONMENTAL PROBLEMS)

Could you look at this list of environmental problems and tell me which you think is the most important to you?

1. Pollution in rivers
2. Pollution in bathing waters and beaches
3. Traffic exhaust fumes and urban smog
4. Loss of plants and animals in NI
5. Ozone layer depletion
6. Tropical forest destruction
7. Climate change
8. Loss of trees and hedgerows in NI
9. Fumes and smoke from factories
10. Traffic congestion
11. Use of pesticides, fertilisers etc
12. Acid rain
13. Household waste disposal
14. Noise
15. None of these
16. Other

[WORRY2] SHOW CARD 9 (ENVIRONMENTAL PROBLEMS)

...and which is the second most important problem?

[WORRY3] SHOW CARD 9 (ENVIRONMENTAL PROBLEMS)

...and which is the third most important problem?

[OWORRY] Please specify the other problem.

[PHRASE] Which of the following phrases have you heard of?

PLEASE CODE ALL THAT APPLY

[RECYC] Which of the following have you (or your household) regularly done in the last 12 months.

Taken glass to a bottle-bank or separated glass from rubbish so that it could be collected for recycling?

1. Regularly (At least once a month)
2. Sometimes (Less than once a month)
3. Never

[RECYC1] ...,taken paper to a paper-bank or separated paper from rubbish so that it could be collected for recycling?

1. Regularly (At least once a month)
2. Sometimes (Less than once a month)
3. Never

[RECYC2] ...taken cans to a can-bank or separated cans from rubbish so that they could be collected for recycling?

1. Regularly (At least once a month)
2. Sometimes (Less than once a month)
3. Never

[RECYC3] ...Made compost out of kitchen waste?

1. Regularly (At least once a month)
2. Sometimes (Less than once a month)
3. Never

[PAPER] Could you tell me what reasons, if any, you (or your household) have not regularly recycled bottles\paper\cans in the last 12 months?
DO NOT PROMPT (PLEASE CODE ALL THAT APPLY)

1. Recycling facilities too far away
2. No kerbside collections
3. Will have little effect on the environment
4. Lack of suitable storage space in your home
5. No recycling facilities at all
6. Lack of time or desire
7. Little or no glass\cans\paper
8. Other reasons
9. No reason given

[OPAPER] Please specify the other reasons.

[ACTION] SHOW CARD 10 (ENVIRONMENTAL ACTION)

Could you tell me which of the following actions you have regularly taken for environmental reasons, in the last 12 months?
PLEASE CODE ALL THAT APPLY

1. Cut down the amount of electricity/gas you (or your household) uses
2. Cut down on use of water
3. Deliberately used public transport\walked\cycled
4. Cut down on the use of a car for short journeys
5. Done things to encourage wildlife in your garden
6. Bought toilet rolls\kitchen towels made from recycled paper
7. Decided not to buy a particular product because it had too much packaging
8. Bought organically produced food
9. Used low energy light bulbs in the home
10. Used bottled water because you thought the water quality\taste of tap water was poor
11. Other - PLEASE MAKE A NOTE
12. None

[ENDRCY] That is the end of the Recycling Section.

INDIVIDUAL INFORMATION:

[INTROI] INTRODUCTION TO INDIVIDUAL SECTION

That's the end of the household section. The next set of questions relate to a variety of topics. Since we all usually differ in our answers to these questions we like to ask them of each person in the household who is aged 16 and over

1. continue

[INDINT] INTERVIEWER - IF YOU ARE GOING TO INTERVIEW AN INDIVIDUAL NOW, PLEASE TYPE 1 TO CONTINUE OTHERWISE Leave questionnaire (Ctrl+Enter) 1. continue

[PERSN] PLEASE ENTER THE PERSON NUMBER OF THE ADULT TO BE INTERVIEWED NOW (you are at INTERVIEW 1 of the 2 ADULTS to be interviewed) THE ADULTS IN THE HOUSEHOLD ARE:

1: HOH .. SEX AGE ..
2: PARTNER .. SEX AGE ..
ETC... * THOSE ALREADY INTERVIEWED

Enter a numeric value between 1 and 15

[PERSCHK] YOU ARE ABOUT TO INTERVIEW PERSON: .. NUMBER ..
HOH IS .. SEX .. AGED ..AGE .. years

IF CORRECT, TYPE 1 TO CONTINUE, OTHERWISE GO BACK AND ENTER CORRECT PERSON NUMBER OF CURRENT RESPONDENT. DO YOU WISH TO INTERVIEW THIS PERSON NOW OR LATER?

| | | | |
|-----------------------|-------------|-------------------------------------|-------------|
| 1. Now | -> [IMPROB] | 4. Take proxy as last resort | -> [RESPNO] |
| 2. Later | -> [PERSN] | 5. REFUSAL OR FINAL NON-CONTACT for | |
| 3. No longer resident | -> [PERSN] | this person ONLY | -> [PERSN] |

[RESPNO] INTERVIEWER - IF YOU ARE GOING TO TAKE THIS INTERVIEW BY PROXY PLEASE ENTER THE PERSON NUMBER OF THE PERSON YOU ARE TALKING TO (This will not be the person you are TALKING ABOUT) HERE AGAIN IS THE LIST OF ALL THE PERSONS IN THE HOUSEHOLD

1: HOH Male 45
2: PARTNER Female 44

IN THE FOLLOWING QUESTIONS PLEASE NOTE THAT -YOU- REFERS TO THE PROXY RESPONDENT EG. DO -YOU- HAVE A MOBILE PHONE? ACTUALLY ASKS DOES -THIS PERSON- OWN A MOBILE PHONE?

PLEASE REMEMBER THAT ALL THE QUESTIONS IN THIS INTERVIEW REFER TO:
PERSON: 1, HOH IS A Male AGED 45 years
enter person number

Enter a numeric value between 1 and 10 -> [STILLSCH]

[IMPROB] SHOW CARD 11a (PROBLEMS)

Could you look at this card and say what in your opinion is the most important problem facing NI today?

| | | |
|------------------------|-----------------|-----------------|
| 1. Bad housing | 3. The Troubles | 5. Unemployment |
| 2. High cost of living | 4. Inflation | 6. Low wages |

[NEXTPROB] SHOW CARD 11a (PROBLEMS)

...and which is the next most important problem?

| | | |
|------------------------|-----------------|-----------------|
| 1. Bad housing | 3. The Troubles | 5. Unemployment |
| 2. High cost of living | 4. Inflation | 6. Low wages |

RELIGION:

[DENOMIN] I would like to ask you now about religion.

What is your religion, even if you are not currently practising?

1. Catholic
2. Presbyterian
3. Church of Ireland
4. Methodist
5. Baptist
6. Free Presbyterian
7. Brethren
8. Protestant - not specified
9. Other Christian
10. Buddhist
11. Hindu
12. Jewish
13. Muslim
14. Sikh
15. Other Religion
16. Unwilling to answer
17. No Religion

[OTHDENOM] Please describe this other religion: string[100]

[RELRACT] Do you consider that you are actively practising your religion?

1. Yes
2. No

[ATTEND] And how often do attend your place of worship?

1. More than once a week
 2. At least once a week
 3. At least once a fortnight
 4. At least once a month
 5. At least once every few months
 6. At least once a year
 7. Less often
 8. Never
 9. Unable to attend
-

MOBILE PHONE:

[MOBILEP] May I just check, do you have a mobile phone?
(INTERVIEWER - RECORD YES IF RESPONDENT IS MAIN/ONLY USER)
DO NOT INCLUDE CORDLESS PHONES

1. Yes
2. No

INTERNET ACCESS:

[NETINDV] We have already asked you about your households access to the internet. We would now like to know if YOU have access to the internet (for example at work as well as at home).

Do you have access to the internet?

1. Yes -> [NETIACC]
2. No -> [NETNOT]

[INDAC] And do you yourself access the internet?

1. Yes
2. No

[NETIACC] In what ways can you access the Internet ..RUNNING PROMPT
CODE ALL THAT APPLY

1. Through a computer at home -> [NETIACMN]
2. through a computer at work -> [NETIACMN]
3. through a computer at a library -> [NETIACMN]
4. through a Digital TV -> [NETIACMN]
5. through a Mobile Phones -> [NETIACMN]
6. or in another way? -> [NETIOTH]

[NETIOTH] Please specify other access to the internet

[NETIACMN] And what is the main way in which you access the internet?
CODE ONE ONLY

1. Through a computer at home -> [NETPURP]
2. through a computer at work -> [NETPURP]
3. through a Digital TV -> [NETPURP]
4. through a Mobile Phones -> [NETPURP]
5. or in another way? -> [NETIACMS]

[NETIACMS] Please specify other access to the internet

[NETPURP] SHOWCARD 12 (REASON USE NET)

For which of the following purposes do you use the internet? - CODE ALL THAT APPLY

- | | |
|--|---|
| 1. Finding information about goods or services (or hobbies), | 9. Playing or downloading games only, |
| 2. Using E-mail, | 10. Using chat rooms or sites, |
| 3. General browsing or surfing, | 11. Playing or downloading music, |
| 4. Finding information related to education, | 12. Using or accessing government or official services, |
| 5. Buying or ordering tickets, goods or services, | 13. Reading or downloading on-line news, |
| 6. Personal banking, financial or investment services, | 14. Work related, |
| 7. Looking for work, | 15. Other |
| 8. Downloading software inc games, | 16. None of the above |

[NETFREQ] In general, how often do you use the internet? READ OUT, CODE ONE ONLY

1. At least once a day
 2. Several times a week
 3. Once a week
 4. Several times a month
 5. Once a month
 6. Less than once a month
- > [STILLSCH]

[NETNOT] SHOW CARD 11 (REASON DO NOT USE NET)

Why do you not have access to the internet? - CODE ALL THAT APPLY -

- | | |
|---|--|
| 1. Lack of interest, | 9. Poor opinion of internet, |
| 2. Do not have a computer at home, | 10. Need to upgrade computer or software, |
| 3. Lack of confidence or skill, | 11. Children may access inappropriate sites, |
| 4. No-one in the household knows how to use it, | 12. No need, |
| 5. Do not have access to equipment, | 13. Feel too old, |
| 6. Cost of access to internet too high, | 14. Have not got round to it yet, |
| 7. Cost of computer or software too high, | 15. Health problems makes it difficult |
| 8. Do not have time, | 16. None of the above |
-
-

EDUCATION:

[STILLSCH] I would like to ask you about the age at which you finished various stages of your education.

INTERVIEWER CHECK - IS RESPONDENT STILL AT SCHOOL? (i.e ELEMENTARY, SECONDARY OR GRAMMAR ONLY)

1. Still at school -> [INTROWK]
 2. Left school -> [AGELEFT]
 3. Never went to school -> [ANYQUAL]
-

[AGELEFT] How old were you when you left school (i.e. elementary, secondary or grammar)?

Enter a numeric value between 10 and 20

[COURSE] Have you undertaken any other course of study, either full-time or part-time since then?

1. Yes -> [COMMENCE]
2. No -> [SCHTYPE]

[COMMENCE] Did you commence this course immediately after leaving school?
PROBE - FULL-TIME OR PART-TIME COURSE

1. Yes (full-time) -> [STILLAT1]
2. Yes (part-time) -> [STILLAT2]
3. No -> [STILLAT2]

[STILLAT1] Are you still attending that course?

1. Yes -> [FURTHERD]
2. No -> [HOWOLD]

[HOWOLD] How old were you when you left full-time continuous education?
NOTE: CODE 98 IF STILL ATTENDING

Enter a numeric value between 14 and 98

[STILLAT2] Are you attending a full- or part-time course at present?

1. Yes -> [FURTHERD]
2. No -> [OLDLAST]

[OLDLAST] How old were you when you finished your last (full- or part-time) course of study?

Enter a numeric value between 14 and 69 -> [SCHTYPE]

[FURTHERD] SHOW CARD 13 (FURTHER EDUCATION)

Apart from leisure classes, and ignoring holidays, are you at present undertaking any of the further education courses, leisure or recreational classes?

CODE FIRST THAT APPLIES

- | | | |
|------------------------------------|--|-------------------------------------|
| 1. University full-time? | | 7. Open University course? |
| 2. College full-time? | | 8. Correspondence course? |
| 3. Sandwich course? | | 9. YTP course involving training |
| 4. Qualification in nursing, | | at college? |
| physiotherapy etc.? | | 10. Other further education course? |
| 5. University part-time, day or | | 11. None of these |
| block release? | | |
| 6. College part-time, day or block | | |
| release? | | |

For all:

[**SCHTYPE**] SHOW CARD 14 (EDUCATION) Now thinking just of your full-time education What type of school, college or training establishment did you last (currently) attend full-time? EXCLUDE COURSES OF UNDER 3 MONTHS Was it ...RUNNING PROMPT

- | | | |
|--|--|--|
| 1. Elementary, secondary, grammar | | 7. Commercial college |
| 2. University | | 8. Agricultural college |
| 3. Nursing-teaching hospital | | 9. Special school |
| 4. Polytechnic | | 10. Hotel-catering college |
| 5. Teacher training college | | 11. RTO (Recognised training organisation) |
| 1. Further Education/Technical college | | 12. Other? -> [OTHSCH] |

[**OTHSCH**] PLEASE SPECIFY

[**ANYQUAL**] I would like to ask you about your educational qualifications SHOW CARD 15 (QUALIFICATIONS) Which qualifications do (you think) you have, starting with the **highest qualification**?
CODE ALL THAT APPLY NOTE: IF NONE ENTER 29

- | | | |
|--|--|--|
| 1. CSE - Grade 1 | | 18. ONC or OND, BEC/TEC general certificate |
| 2. CSE - Grade 2-5 | | |
| 3. CSE - ungraded/DK grade | | 19. HNC or HND, BEC/TEC higher certificate |
| 4. Junior certificate | | |
| 5. GCSE - Grades A*-C/GNVQ Intermediate | | 20. Nursing qualifications eg SEN, SRN, SCM |
| 6. GCSE - Grades D-G/ GNVQ Foundation | | |
| 7. GCE O-level 1-6 (pre-1975) | | 21. Nursing degree |
| 8. GCE O-level Grades A-C (1975 or after) | | 22. Teaching qualifications |
| 9. GCE/VCE AS Level | | 23. University/Polytechnic diploma |
| 10. GCE/VCE A-level/GNVQ Advanced or equivalent | | 24. University or CNAA First Degree (eg BA BSc) |
| 11. Senior Certificate | | 25. University or CNAA Higher) Degree (eg MSc PhD) |
| 12. Recognised trade apprenticeship completed | | 26. First other qualification (inc other school exams and membership of professional institutions) |
| 13. Clerical and commercial qualifications | | |
| 14. National Council for Vocational Qualifications award | | |
| 15. City and Guilds Certificate Pt 1 | | 27. Second other qualification |
| 16. City and Guilds Certificate Pt 2 | | 28. Third other qualification |
| 17. City and Guilds Certificate Pt 3 | | 29. NONE OF THESE |

Enter at most 10 values

EMPLOYMENT:

[INTROWK] I am going to ask you some questions about employment now...
NOTE: THE PERSON ABOUT WHOM THE QUESTIONS ARE BEING ASKED- HOH, a Male aged 45

1. CONTINUE

[PAIDWORK] Did you do any paid work in the 7 days ending Sunday .. PREVIOUS DATESUN .., either as an employee or as self-employed?

1. Yes -> IF ((MALE AGE<65) OR (FEMALE AGE<63)) -> [SCHEMES] ELSE [MJOBINT]
2. No -> [ANYWORK]

[ANYWORK] Did you... RUNNING PROMPT
CHECK - SICKNESS/INJURY LESS THAN 28 DAYS

- | | | |
|---|--|---|
| 1. have a job or business you were away from, or | | 4. were you intending to look for work, but were prevented by |
| 2. were you waiting to take up a job already obtained | | temporary sickness or injury? |
| 3. were you looking for work, or | | 5. none of these |

IF ANYWORK=5 -> IF ((MALE AGE<65) OR (FEMALE AGE<63)) -> [SCHEMES] ELSE [IATIV]
ELSE -> IF ((MALE AGE<65) OR (FEMALE AGE<63)) -> [SCHEMES] ELSE [ILOSEEK]

Only those under retirement age:

[SCHEMES] Were you on a government scheme for employment training?

1. Yes -> [SCHEMESP]
2. No -> [MJOBINT]

[SCHEMESP] SHOW CARD 16 (SCHEMES)
What scheme was it?

- | | | |
|--|--|--|
| 1. Jobskills Training Programme (includes Access, National Traineeships and Modern Apprenticeships | | 5. Employment Support (was Sheltered Placement Scheme) |
| 2. New Deal (including Gateway) | | 6. Training for Work (delivered by Enterprise Ulster) |
| 3. Future Managers | | 7. Focus for Work |
| 4. Worktrack | | 8. Government Training Centres |
| | | 9. Other Government Scheme |
| | | 10. None of these |

[EMPCOLL] Last week, were you... READ OUT CODE FIRST THAT APPLIES

1. with an employer, or on a project providing work experience or practical training
2. or at a college or training course -> [SCJOBINT]

[TRNFTPT] Are you training full-time or part-time?

1. full-time
2. part-time

[TRNPAY] Who pays for your training?

1. employer
2. training organisation
3. other

[TRNQUAL] Does your training course lead to a recognised vocational qualification?

- 1. Yes -> [QUALTYPE]
- 2. No -> [SCJOBINT]

[QUALTYPE] Is the qualification?

- 1. NVQ Level 1 or equivalent
- 2. NVQ Level 2 or equivalent
- 3. NVQ Level 3 or equivalent
- 4. NVQ Level 4 or equivalent
- 5. other -> [SCJOBINT]

Those waiting to take up work or looking for work: IF ANYWORK = 2,3 OR 4-> ILOSEEK

[ILOSEEK] Thinking of the 4 weeks ending .. PREVIOUS DATESUN .., were you looking for any kind of paid work or government training scheme at any time in those 4 weeks?

- 1. Yes -> [ILOREADY]
- 2. No -> [EVRWORK]

[ILOREADY] If a job or a place on a Government scheme had been available in the week ending .. PREVIOUS DATESUN .., would you have been able to start within 2 weeks

- 1. Yes
- 2. No

[EVRWORK] May I just check, have you ever had a paid job or done any paid work?

- 1. Yes IF WAITING (ANYWORK=2) -> [MJOBINT] ELSE -> [LNUMEMP]
- 2. No IF WAITING (ANYWORK=2) -> [MJOBINT] ELSE -> [LNUMEMP]

IF (SCHEMES= "YES" AND EMPCOLL= "EMPLOYER") -> [SCJOBINT]

[SCJOBINT] I would like to ask you now about your main job at present. In the following questions I may refer to your 'work' or your 'job', and for your purposes, I would like you to take this as the period you spend on your government scheme

- 1. CONTINUE
-
-

Main Job, for those working, on employment training scheme or waiting to take job:

[MJOBINT] I would like to ask you now about your most recent job/main job at present/you were away from/waiting to take up

- 1. CONTINUE

[OCCUP] What is/was you occupation?

DESCRIBE FULLY

[TITLE] What is/was your job title? ENTER JOB TITLE

[FULLY] Please describe fully what you do/did
CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

[INDUST] In which industry do/did you work?

DESCRIBE FULLY - PROBE TYPE OF MANUFACTURING, PROCESSING, DISTRIBUTING, ETC. MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

[**EMPSEMP**] Are you/Were you... READ OUT

- 1. An employee -> [ESESTAT]
- 2. Self-employed -> [EMPOTH]

[**ESESTAT**] Are you /Were you... READ OUT

- 1. Manager
- 2. Foreman / Supervisor
- 3. Employee?

[**MANYEMP**] How many employees work(ed) in the establishment?

- | | | |
|---------------------|--|----------------|
| 1. 1 - 10 employees | | 4. 50 - 249 |
| 2. 11 - 24 | | 5. 250 - 499 |
| 3. 25 - 49 | | 6. 500 or more |

[**GOVTJOB**] May I just check, did you get this job through a government scheme such as New Deal or Jobskills training programme?

- 1. Yes
- 2. No [NS-SEC] [SOC] [SEG] [SIC] CODED -> [OJOBINT]

[**SOC**] Standard Occupational Classification

[**SEG**] Socio-Economic Group

- | | |
|-------------------------------|-------------------------------|
| 1 Employer govt., industry | 10 Semi-skilled manual |
| 2 Manager govt., industry | 11 Unskilled manual |
| 3 Professional, self employed | 12 Own account workers |
| 4 Professional employee | 13 Farmer - employer, manager |
| 5 Intermediate non-manual | 14 Farmer - own account |
| 6 Junior non-manual | 15 Agricultural worker |
| 7 Personal service | 16 Armed forces |
| 8 Foremen - manual | 17 Inadequate definition |
| 9 Skilled manual | 18 No gainful occupation |

[**SIC**] Standard Industrial Classification

- 1 Agriculture, hunting and forestry
- 2 fishing
- 3 Mining and quarrying
- 4 Manufacturing
- 5 Electricity, gas and water supply
- 6 Construction
- 7 Wholesale and retail trade etc.
- 8 Hotels and restaurants
- 9 Transport, storage and communication
- 10 Financial intermediation
- 11 Real estate, renting and business activities
- 12 Public administration and defence; compulsory social security
- 13 Education
- 14 Health and social work
- 15 Other community social and personal service activities
- 16 Private households with employed persons
- 17 Extra territorial organisations and bodies
- 18 Insufficient information to classify

[**EMPOTH**] Are you working/Did you work on your own or do you/did you have employees?

1. on own/with partners but no employees -> [OJOBINT]
2. with employees -> [NUMEMP]

[**NUMEMP**] How many people do you/did you employ?

1. 1 - 5 employees
2. 6 - 24 employees
3. 25 or more

[**PTIME**] In your (main) job were you working READ OUT

1. full time, or
2. part-time?

[**SHORT**] Were you on short time or laid off at all last week?

1. Yes -> [SHORTINT]
2. No -> [MAINHRS]

[**SHORTINT**] I'd like to ask you about the hours you work when you are not on short time/laid off....

1. CONTINUE

[**MAINHRS**]How many hours a week do you usually work, that is excluding meal breaks? CHECK WITH RESPONDENT THAT THIS IS TOTAL HOURS. IF WORK PATTERN NOT BASED ON A WEEK, GIVE AVERAGE OVER A FEW MONTHS EXCLUDE MEAL BREAKS

Enter a numeric value between 0.00 and 200.00 -> [EMPTIME]

Employed but also claiming benefits: IF SCHEME=none

[**BENOFFE**] Have you claimed benefit or National Insurance contributions from a benefit office in the last four months?
IF NO PROMPT TO CHECK IF THEY WERE RECEIVING BENEFIT BUT DID NOT HAVE TO GO TO THE OFFICE

1. Yes -> [UNBENAE]
2. No -> [EMPTIME]

[**UNBENAE**] So may I just check, were you claiming unemployment benefit in the week ending last Sunday(.. *PREVIOUS DATESUN* ..)?

1. Yes -> [EMPTIME]
2. No -> [INCSUPE]

[**INCSUPE**] Were you signed on at a Social Security Office in the week ending last Sunday (.. *PREVIOUS DATESUN* ..) to claim Income Support?

1. Yes -> [EMPTIME]
2. No -> [NICREDE]

[**NICREDE**] ... or in order to get credits for National Insurance contributions?

1. Yes
2. No -> [LNUMEMP]

[**LNUMEMP**] How long altogether have you been out of work, but wanting work in this current period of unemployment, that is since any time you may have spent on the YTP or any other government training scheme?

- | | | |
|-------------------------------------|--|------------------------------------|
| 1. less than a week | | 6. 12 months but less than 2 years |
| 2. 1 week but less than 1 month | | 7. 2 years but less than 3 years |
| 3. 1 month but less than 3 months | | 8. 3 years but less than 5 years |
| 4. 3 months but less than 6 months | | 9. 5 years or more |
| 4. 6 months but less then 12 months | | |

[**CLDCARE1**] (IF RESPONDENT IS RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD) Would you choose to take up employment, training or education if you had access to quality, affordable child care?

- | | | |
|--------|----|-----------|
| 1. Yes | -> | [UNPAIDO] |
| 2. No | -> | [UNPAIDO] |

For economically inactive only:

[**IACTIV**] Last week were you.... NOTE - PERMANENTLY UNABLE TO WORK - ONLY IF UNDER RETIREMENT AGE - RETIRED - ONLY IF OVER RETIREMENT AGE

- | | | |
|-------------------------------|--|--|
| 1. going to school or college | | 4. early retirement |
| 2. permanently unable to work | | 5. looking after home or family |
| 3. retired men 65+, women 60+ | | 6. doing something else (<i>specify</i> ->IACTSP) |

[**CLDCARE1**] (IF RESPONDENT IS RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD) Would you choose to take up employment, training or education if you had access to quality, affordable child care?

- | |
|--------|
| 1. Yes |
| 2. No |

[**BENOFF1**] Have you claimed benefit or National Insurance contributions from a benefit office in the last 4 months?

- | | | |
|--------|----|-----------|
| 1. Yes | -> | [UNBENBI] |
| 2. No | -> | [LIKEJOB] |

[**UNBENBI**] So may I just check, were you claiming UNEMPLOYMENT BENEFIT in the week ending last Sunday (*.. PREVIOUS DATESUN ..*)?

- | | | |
|--------|----|-----------|
| 1. Yes | -> | [LIKEJOB] |
| 2. No | -> | [INCSUPI] |

[**INCSUPI**] Were you signed on at a Social Security Office in the week ending last Sunday (*.. PREVIOUS DATESUN ..*) to claim Income Support as an unemployed person?

- | | | |
|--------|----|-----------|
| 1. Yes | -> | [LIKEJOB] |
| 2. No | -> | [NICREDI] |

[**NICREDI**] ... or in order to get credits for National Insurance contributions?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

[**LIKEJOB**] Even though you were not looking for work last week, would you like to have a regular paid job at the moment, either part-time or full-time?

- | | | |
|--------|----|------------|
| 1. Yes | -> | [LAST4WK] |
| 2. No | -> | [WHYINACT] |

[**LAST4WK**] Thinking of the 4 weeks ending Sunday .. *PREVIOUS DATESUN* .., were you looking for any kind of paid work or a place on a government training scheme at any time in those 4 weeks?

- 1. Yes -> [IFPLACE]
- 2. No -> [WHYINACT]

[**IFPLACE**] If a job or a place on a government scheme had been available in the week ending Sunday .. *PREVIOUS DATESUN* .., would you have been able to start in the next two weeks?

- 1. Yes
- 2. No
- 3.

[**WHYINACT**] There are many reason why people can't or don't seek work, so may I just check, what was the MAIN reason you were not looking for work last week?

- | | | |
|---|--|--|
| 1. On Government training/employment scheme | | 6. Retired from paid work |
| 2. Student | | 7. Doesn't want/need employment |
| 3. Long-term sick or disabled | | 8. Believes no jobs available |
| 4. temporarily sick or injured | | 9. Not yet started looking |
| 5. Looking after family/home | | 10. Other reason -> (<i>specify</i> -> <i>WHYSPEC</i>) |

[**LJOBINT**] May I just check, have you ever had a paid job or done any paid work?

- 1. Yes -> [OCCUPE]
- 2. No -> [UNPAIDO]

[**OCCUPE**] What was you occupation? DESCRIBE FULLY

[**TITLEE**] What was your job title? ENTER JOB TITLE

[**FULLYE**] Please describe fully what you did
CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

[**INDUSTE**] In which industry did you work?
DESCRIBE FULLY - PROBE TYPE OF MANUFACTURING, PROCESSING, DISTRIBUTING, ETC. MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

[**EMPSEMPE**] Were you... READ OUT

- 1. An employee -> [ESESTATE]
- 2. Self-employed -> [EMPOTHE]

[**ESESTATE**] Were you... READ OUT

- 1. Manager
- 2. Foreman / Supervisor
- 3. Employee?

[**MANYEMPE**] How many employees worked in the establishment?

- | | | |
|---------------------|--|----------------|
| 1. 1 - 10 employees | | 4. 50 - 249 |
| 2. 11 - 24 | | 5. 250 - 499 |
| 3. 25 - 49 | | 6. 500 or more |

[**GOVIJOBE**] May I just check, did you get this job through a government scheme such as New Deal or Jobskills Training Programme?

- 1. Yes
- 2. No [NS-SECE] [SOCE]¹ [SEGE] [SICE] CODED -> [UNPAIDO]

¹ For SEG & SIC codes see pp 20

[EMPOTHE] Were you working on your own or did you have employees?

1. on own/with partners but no employees -> [UNPAIDO]
2. with employees -> [NUMEMPE]

[NUMEMPE] How many people did you employ?

1. 1 - 5 employees
2. 6 - 24 employees
3. 25 or more

Unpaid work

[UNPAIDO] Did you do any unpaid work in the seven days ending Sunday .. *PREVIOUS DATESUN* .. for any business that YOU own?

1. Yes -> [UNHOURS]
2. No -> [UNPAIDR]

[UNPAIDR] ...or that a relative owns?

1. Yes -> [UNOWNER]
2. No -> [INTROH]

[UNOWNER] Was this for a business that is owned by.... RUNNING PROMPT

1. spouse, partner -> [INTROH]
2. or a relative? -> [INTROH]

[UNHOURS] How many hours unpaid work did you do for that business in the 7 days ending last Sunday?

Enter a numeric value between 1 and 40

[WORKTYPE] What type of work were you doing?

DESCRIBE FULLY [UNNS-SEC] [UNSOC]² [UNSEG] [UNSEC] [UNIND] CODED

[WHEREWK] Did you do this work mainly: RUNNING PROMPT

- | | | |
|---|--|--|
| 1. somewhere quite separate from home | | 4. in the same grounds or building as your home |
| 2. in different places using home as base | | 5. some days at home and other days at somewhere quite separate from home? |
| 3. in your own home | | |

² For SEG & SIC codes see pp 20

ACCIDENTS AT WORK:

[INTRO] ACCIDENTS AT WORK

I am now going to ask you a few questions about accidents at work@/@/": (CONTINUE)

[ACCDNT] Have you ever had any accident resulting in injury at work or in the course of your work? @/@O INTERVIEWER NOTE: IF NEVER WORKED CODE NO@/" : TYesNo

[WHENACC] When did the most recent accident occur...
CODE FIRST THAT APPLIES

1. Within the last 12 months
2. Within the last 5 years
3. Within the last 10 years
4. Longer ago than that

[CHECKOFF] As a result of that most recent accident are you still off work?":
TYESNO

[ACCILL] How many accidents have you had (in the last twelve months) resulting in injury at work or in the course of your work?
ASK OR RECORD - 8 OR MORE ACCIDENTS - CODE 8 : 0..8

[ROAD] Was that (most recent) injury caused by...

1. A road accident
2. Or in some other way

[WCHJB] May I just check, was the job you were doing when you were injured the one you previously mentioned?

1. Yes
2. No

[OCCUP] What is/was your occupation?

DESCRIBE FULLY

[TITLE] What is/was your job title? ENTER JOB TITLE

[FULLY] Please describe fully what you do/did
CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

[INDUST] In which industry do/did you work?
DESCRIBE FULLY - PROBE TYPE OF MANUFACTURING, PROCESSING, DISTRIBUTING, ETC. MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

[GOBACK] **SHOWCARD 17a (WORK AFTER ACCIDENT)**
How soon were you able to start work again after the accident?

1. Still off paid work
2. Expects never to do paid work again
3. Same day
4. The day after the accident
5. On the second day after the accident
6. On the third day after the accident
7. On the fourth day after the accident
8. On the fifth day or longer after the accident
9. Don't know

[ACCDAY] How many days after the accident did you go back to work?
IF WEEKS OR MONTHS ESTIMATE NUMBER OF DAYS - 1 WEEK equals 7 DAYS, 1 MONTH approx
30 days : 5..365

[ACCDAY2] In how many days do you think you will be able to return to work?
ENTER NUMBER OF DAYS - IF WEEKS OR MONTHS ESTIMATE NUMBER OF DAYS - 1 WEEK equals
7 DAYS, 1 MONTH approx 30 days
FOR NEVER CODE 0, FOR MORE THAN 1 YEAR CODE 365 : 0..365

[ILLWRK] LocTxtIllWrk1 suffered rom any illness, disability or other physical or
mental problem that was caused or made worse by your job or work done in the past?
INTERVIEWER NOTE: IF NEVER WORKED CODE NO@
: TYESNO

[WHENILL] When did the most recent illness occur...

1. Within the last 12 months
2. Within the last 5 years
3. Within the last 10 years
4. Longer ago than that

[CHECKOF2] As a result of that most recent illness are you still off work?
TYESNO

[NUMILL] How many illnesses have you had (in the last twelve months)
that have been caused or been made worse by your work?
ASK OR RECORD - 8 OR MORE ILLNESSES - CODE 8 : 0..8

[TYPILL] SHOWCARD 17b (ILLNESS)

How would you describe this illness?
CODE ONE ONLY

1. Bone, joint or muscle problems which mainly affect or is mainly connected
with) ... arms, hands, neck or shoulder
2. ...hips, legs or feet
3. ...back
4. Breathing or lung problems
5. Skin problems
6. Hearing problems
7. Stress, depression or anxiety
8. Headache and/or eyestrain
9. Heart disease/attack, other circulatory system
10. Infectious disease (virus, bacteria)
11. Other

[TYPOTH] Please specify other: STRING[250]

[TMEOFF] SHOWCARD 17c (TIME OFF WORK)

In the last twelve months, how much time off work have you had because of this
illness?

1. No time off work
2. Less than 1 day
3. 1 to 3 days (WORK DAYS)
4. 4 to 6 days (WORK DAYS)
5. At least 1 week but less than 2 weeks
6. At least 2 weeks but less than 1 month
7. At least 1 month but less than 3 months
8. At least 3 months but less than 6
9. At least 6 months but less than 9 months
10. At least 9 months but less than one year
11. More than 1 year

[WCHJB3] May I just check, was the job that caused or made this illness worse the one you previously mentioned?

1. Yes
2. No

[OCCUP1] What was your occupation? STRING[60]

[TITLE1] What was your job title? STRING[60]

[FULLY1] Please describe fully what you did in your job? :STRING[60]

[INDUST1] In which industry did you work? : STRING[60]

[ENDACC] This is the end of the accidents at work section: (Continue)

HEALTH:

[INTROH] HEALTH INTRODUCTION

The next questions are about health. Every year we look at the general health of the population and the use they make of the Health Service.

1. CONTINUE

[GENHEALT] Over the last 12 months, would you say that your health has on the whole been good, fairly good or not good?

1. Good
2. Fairly good
3. Not good

[GENHEAL5] How is your health in general? Would you say it was....

1. Very Good
2. Good
3. Fair
4. Bad
5. Very Bad

[LONGILL] Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.

1. Yes -> [TYPEILL]
2. No -> [ACUTEILL]

[TYPEILL] Would you mind telling me what this illness or infirmity is?
(SPECIFY BUT DO NOT PROBE FOR CAUSE)

[ACTILIM] Does this illness or disability limit your activities in any way?

1. Yes
2. No

[ACUTEILL] Now I would like you to think about the past two weeks ending yesterday. During these 2 weeks did you have to cut down on any things you usually do (about the house\at work or in your free time) because of any illness or injury?

1. Yes
2. No

[MATTER] What was the matter with you?

[ILLDAYS] How many days was this in all during the last 2 weeks?
Enter a numeric value between 1 and 14

[CENS] Do you have any health problem or disability that substantially limits your ability to carry out day-to-day activities. If you are receiving medication or treatment, please consider what the situation would be like without the medication or treatment?

1. Yes
2. No

[CONSLT] During the last 2 weeks, ending yesterday apart from any visits to a hospital, did you talk to a doctor for any reason at all either in person or by telephone?

EXCLUDE CONSULTATIONS MADE FOR CHILDREN UNDER 16 AND FOR PERSONS OUTSIDE THE HOUSEHOLD

- 1. Yes -> [NUMCONS]
- 2. No -> [SEENURSE]

[NUMCONS] How many times did you talk to him/her in these 2 weeks?

Enter a numeric value between 1 and 5

FOR EACH CONSULTATION 1..5

([WHOBEH] CONSULTATION 1..5 On whose behalf was this consultation made?

- (
- (1. Respondent -> [TYCONLT]
- (2. Other member of the household -> [PERNUM]
- (aged 16+

([PERNUM] Please enter PERSON NUMBER of individual
(CHECK PERSON NUMBER IN HOUSEHOLD GRID BEFORE CONTINUING

- (
 - (1: *HOH Male 68
 - (2: *PARTNER Female 44 etc..
- (Enter a numeric value between 1 and 10

([TYCONLT] Was this consultation....

- (
- (1. under the NHS
- (2. Paid for privately
- (

([PERCONLT] Was the person consulted..... RUNNING PROMPT

- (
- (1. a GP i.e. family doctor -> [TALK]
- (2. a Specialist -> [TALK]
- (3. Other type of doctor? -> [TYPEDOC]
- (

([TYPEDOC] Please specify kind of doctor consulted

([TALK] Did you talk to the ... RUNNING PROMPT

- (
- (1. by telephone
- (2. at your home
- (3. at his/her surgery
- (4. at a health centre
- (5. elsewhere?
- (

([PRES] Did the ... give (send) you a written prescription?

- (1. Yes
- (2. No

([REFER] Did the ... refer you to a hospital for tests, investigation or treatment?

- (1. Yes
- (2. No

..)

[TIMEGP] Finally, thinking about the last time you visited a GP on your own behalf. On that occasion, about how much time did you spend with the doctor?
WE ARE LOOKING FOR AN ESTIMATE - CODE ONE ONLY
IF THE LAST CONSULTATION WAS NOT FACE-TO-FACE CODE N\A

1. Less than 5 minutes
2. Between 5 and 9 minutes
3. Between 10 and 19 minutes
4. Between 20 and 29 minutes
5. Between 30 and 39 minutes
6. 40 minutes or more
7. Can't Remember
8. Not Applicable\Not Face-to-Face

[SEENURSE] During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?
EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES

1. Yes -> [NNURSE]
2. No -> [DAYPAT]

[NNURSE] How many times did you see a practice nurse at the GP surgery in these 2 weeks?

RECORD NUMBER OF TIMES 1..9

FOR EACH CONSULTATION 1..9

[NPRES] Did the nurse give (send) you a written prescription?

1. Yes
2. No

[NREFER] Did the nurse refer you to a GP (eg. for tests, investigation or treatment)?

1. Yes
2. No

[DAYPAT] During the last 12 months (that's from yesterday back to .. DATE 1 YEAR AGO..), have you been in Hospital as a day patient i.e. admitted to a Hospital bed but not required to remain overnight?

1. Yes -> [NUMBVIS]
2. No -> [OUTPAT]

[NUMBVIS] During the last 12 months (that's from yesterday back to .. DATE 1 YEAR AGO..), how many separate stays in Hospital have you had as a day patient?

Enter a numeric value between 1 and 30

[PRIVDAY] Was this day patient treatment (were any of these day patient treatments) under the NHS, or was it (were any of them paid for privately)?

1. 1. All under NHS -> [OUTPAT]
2. At least one paid for privately? -> [NPRIVDAY]

[NPRIVDAY] How many of the visits were paid for privately?

Enter a numeric value between 1 and 10

[**OUTPAT**] During the months of .. 3 MONTHS AGO .. to .. 1 MONTH AGO .., did you attend as a patient the casualty or outpatient department of a hospital (apart from straightforward ante- or post-natal visits)?

- 1. Yes - Casualty only -> [NUMOUT1]
- 2. Yes - Outpatient dept. only -> [NUMOUT1]
- 3. Yes - Both casualty and outpatient -> [NUMOUT1]
- 4. No -> [INPAT]

[**NUMOUT1 TO NUMOUT3**] How many times did you attend in .. LAST THREE MONTHS ..?

Enter a numeric value between 1 and 10

IF OUTPAT=1 OR OUTPAT=3

[**NCASVIS**] How many times did you go to Casualty altogether?

Enter a numeric value between 1 and 10

[**PRVISTS**] Was your outpatient visit (were any of your outpatient visits) during the months of October to December made under the NHS, or was it (were any of them) paid for privately ?

- 1. All under NHS -> [INPAT]
- 2. At least one paid for privately -> [NPRVISTS]

[**NPRVISTS**] How many of the visits were paid for privately?

Enter a numeric value between 1 and 10

[**INPAT**] During the last 12 months (that's from yesterday back to .. DATE 1 YEAR AGO..), have you been in Hospital as an inpatient overnight or longer?

- 1. Yes -> [NOSTAYS]
- 2. No -> [HEARING]

[**NOSTAYS**] How many separate stays in Hospital as an inpatient have you had in the last 12 months, (that's from yesterday back to .. DATE 1 YEAR AGO..)?

Enter a numeric value between 1 and 5

FOR EACH STAY 1..5

([**NONIGHTS**] How many nights altogether were you in Hospital on the .. visit?

(
(Enter a numeric value between 1 and 300

(
[**NHSTREAT**] Were you treated under the NHS or were you a private patient on that occasion ?

- (1. NHS -> [HEARING]
- (2. Private patient -> [PRIVSTAY]

([**PRIVSTAY**] Were you treated in an NHS hospital or in a private one?

- (1. NHS hospital
- (2. Private hospital

..)

EYESIGHT:

[EYEPROBS] I am now going to ask you some questions about eyesight.
Do you have, or have you ever had any problem with your eyesight or any abnormal eye condition?

1. Yes, sight or eye problems in both eyes -> [EYEPROBS2]
2. Yes, sight or eye problem in one eye only
3. No problem with sight or eyes

[EYEPROBS2] What is or was wrong with your vision or eyes?

1. Shortsightedness
2. Longsightedness
3. Cataract
4. Glaucoma
5. Iritis
6. Other -> [EYEOTHR2]

[EYEOTHR2] What other problems do you have or did you have with your eyes or vision?

[EYEPROBS1] What is or was wrong with your vision or eye?

1. Shortsightedness
2. Longsightedness
3. Cataract
4. Glaucoma
5. Iritis
6. Other -> [EYEOTHER1]

[EYEOTHER1] What other problems do you have or did you have with your eye or vision?

[GLASCON] Do you wear glasses or contact lenses some or all of the time?

1. Glasses
 2. Contact lenses
 3. Both
 4. Neither
-
-

IF ((EYEPROBS=1 OR 2 OR 3) AND (GLASCON=1 OR 2 OR 3))

[SEEPROBS] May I just check, when you are not wearing your glasses or contact lenses do you have difficulty in seeing?

READ EACH SEPARATELY AND CODE ALL THAT APPLY

SET [3] OF

1. To read book or newspaper normally
2. To see a television or computer screen
3. To see in the distance

IF ((EYEPROBS=1) AND (GLASCON=1 OR 2 OR 3))

[DAYSGHT2] How would you describe your everyday vision when you are wearing your glasses or contact lenses?

PLEASE ANSWER FOR THE BETTER EYE IF THERE IS A DIFFERENCE

READ OUT

1. Average or better than average
2. Slightly abnormal
3. Abnormal
4. Blind

IF ((EYEPROBS=2 AND (GLASCON=1 OR 2 OR 3))
[DAYSHT2] How would you describe your everyday vision when you are
wearing your glasses or contact lenses?
PLEASE ANSWER FOR THE EYE YOU HAVE MOST DIFFICULTY WITH
READ OUT

1. Average or better than average
2. Slightly abnormal
3. Abnormal
4. Blind

IF ((EYEPROBS=1 OR 2) AND (GLASCON=4))
[SPROB] You said you don't wear glasses or contact lenses, may I just
check do you have any difficulty in seeing?
READ EACH SEPARATELY AND CODE ALL THAT APPLY
SET [3] OF

1. To read book or newspaper normally
2. To see a television or computer screen
3. To see in the distance

[DAYSHT] How would you describe your everyday vision ?
Would you say it is ... @OREAD OUT

1. Average or better than average
 2. Slightly abnormal
 3. Abnormal
 4. Blind
-
-

HEARING

```
[HEARING]          Do you ever have any difficulties with your hearing?
  1. Yes           -> [HAID]
  2. No           -> [CHILDRSP]

[HAID]            May I just check... Do you ever wear a hearing aid nowadays ?
  1. Yes          -> [DIFFAID]
  2. No          -> [NOLONG]

[DIFFAID]        Do you ever have any difficulties with your hearing even when
                 you're wearing an aid ?
  1. Yes
  2. No

[NUMAID]         How many hearing aids have you got that you wear even if only
                 occasionally ?

Enter a numeric value between 1 and 3

FOR EACH AID 1..3
([OBTAIN]        Did you obtain your .. aid through the NHS or was it bought
(                privately ?
(
(  1. NHS         -> [WEAREG]
(  2. Private     -> [YBUYPRIV]
(
([YBUYPRIV]      Why did you decide to buy this aid privately ?
(CODE ALL THAT APPLY
(
(  1. To get a better choice
(  2. To get it quicker
(  3. Not available through NHS
(  4. Other reason -> specify OTHREAS
(
(Enter at most 4 values
(
([WEAREG]        Do you wear your .. aid regularly?
(
(  1. Yes
(  2. No
..)

[NOLONG]         Do you have any hearing aids which still work that you no longer
                 wear?
  1. Yes          -> [DONTWEAR]
  2. No          -> [CHILDRSP]

[DONTWEAR]       How many aids do you have that you don't wear?
Enter a numeric value between 1 and 3

FOR EACH AID 1..3
((DOBTAIN]       Did you obtain this first aid through the NHS or was it bought
(                privately?
(
(  1. NHS
(  2. Private
(
([LONGAID]       Why do you no longer wear this first aid?
(  1. Did not help hearing
(  2. Appearance
(  3. Other -> specify [OTHERAID]
..)

```

ACCIDENTS:

[INTACC] That is the end of the Health Section. We have already asked about accidents at work but I would now like to ask you a few questions about more recent accidents.

[HADACC] In the last three months, that is from ..month1.. to ..month3.., did you have any kind of accident as a result of which you saw a doctor or went to a hospital?

- 1. Yes -> [NUMACC]
- 2. No -> [CHILDRSP]

[NUMACC] How many accidents have you had in the last three months, that is from ..month1.. to month3..?

Enter a numeric value between 1 and 3

FOR EACH ACCIDENT 1..3

(**[WHENACC]** In which month did the accident occur?

- (
- (1. ..month1..
- (2. ..month2..
- (3. ..month3..
- (

(**[WHEREACC]** SHOW CARD 18 (LOCATION)

(When the most/second/third recent accident happened, was it while you were..

- (
- (CODE FIRST THAT APPLIES
- (1. Doing paid work | club/gym or pool whilst:
- (2. In private house or garden | participating in an activity
- (3. on a road, parking area or | 6. at sports centre/ground or
- (pavement and: the accident | club/gym or pool whilst: not
- (involved a vehicle | participating eg watching
- (4. on a road, parking area or | 7. at school or college
- (pavement and: the accident did | 8. at a shop, hotel, bank, pub or
- (not involve a vehicle | restaurant
- (5. at sports centre/ground or | 9. other -> [WHEREOTH]
- (
- (

(**[WHEREOTH]** Please state the location of this accident.

(

(IF Doing paid work -> [WHEREACC=1]

(**[ABSENT]** Did the accident result in absence from work for four or more days?

- (
- (1. Yes
- (2. No
- (

(**[ACTACC]** As a result of the accident did you..

- (
- (1. first see GP
- (2. go straight to hospital?
- ..)

CHILD HEALTH:

[**CHILDRSP**] INTERVIEWER : IS THIS RESPONDENT RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD

- 1. Yes -> [NUMCHLD]
 - 2. No -> [INTRO]
-
-

[**NUMCHLD**] Now I would like to ask you about your children under 16. Can I just check the number of children under 16 you are responsible for. THE CHILDREN IN THE HOUSEHOLD ARE:

2: CHILD Female 2 etc...

Enter a numeric value between 1 and 9

FOR EACH CHILD 1..9

([**PERSON**] Please enter the person number of the first child ASK FOR EACH (CHILD (INCLUDING BABIES) THE CHILDREN IN THE HOUSEHOLD ARE:

(
(2: CHILD Female 2 etc...

([**CGENHLTH**] Over the last twelve months would you say this first child's (health has on the whole been good, fairly good, or not good?

- (
(1. Good
(2. Fairly good
(3. Not good
..)
-
-

[**LONGSTD**] Do any of your children under 16 have any long standing illness, disability or infirmity? By long standing I mean anything that has affected them over a long period of time.

- 1. Yes (any child) -> [NUMCHLD]
- 2. No (None of them) -> [ACTIVE]

[**NUMCHLD**] Please enter total number of children affected

Enter a numeric value between 1 and 4

[**PERNUM**] Please enter child number of the first child affected THE CHILDREN IN THE HOUSEHOLD ARE:

3: CHILD Male 12 etc...

Enter a numeric value between 1 and 15

[**MATTER**] What is the matter with the first child affected?

[**LIMIT**] Does ... limit his/her activities in any way?

- 1. Yes
 - 2. No
-
-

[**ACTIVE**] Now I'd like you to think about the two weeks ending yesterday. During these two weeks did any of your children under 16 have to cut down on any things that they usually do at school or in their free time because of illness or injury?

- 1. Yes (any child) -> [NUMCHLD]
- 2. No none of them -> [CONCHLD]

[NUMCHLD] Please enter total number of children affected

Enter a numeric value between 1 and 5

FOR EACH CHILD AFFECTED 1..5

([PERNUM] Please enter child number of the first child affected

(THE CHILDREN IN THE HOUSEHOLD ARE:

(3: CHILD Male 12 etc...

(

(Enter a numeric value between 1 and 15

(

([MAT] What was the matter with the first child affected (specify)?

(

([DAY] How many days was this in all including Saturday and

(Sunday?

(

(Enter a numeric value between 1 and 14

..)

[CONCHLD] During the last 2 weeks, ending yesterday apart from any visits to a hospital, did any of your children under 16 talk to a doctor for any reason at all, or did you or any other member of the household do so on their behalf? INCLUDE TELEPHONE CONVERSATIONS ON BEHALF OF CHILDREN UNDER 16

1. Yes -> [TOTLNUM]

2. No -> [CHDAYPAT]

[TOTLNUM] Please enter TOTAL NUMBER of children for whom contact was made

Enter a numeric value between 1 and 5

FOR EACH CHILD ATTENDED 1..5

([CHILDNUM] Please enter CHILD NUMBER of First child

(THE CHILDREN IN THE HOUSEHOLD ARE:

(

(3: CHILD Male 4

(

(Enter a numeric value between 1 and 10

(

([NUMTALK] How many times did the First child talk to a doctor in these 2 weeks?

(

(Enter a numeric value between 1 and 5

(

FOR EACH CONSULTATION 1..5

(([CONLT] CONSULTATION 1 Was the consultation.....

((

((1. under the NHS

((2. paid for privately?

((

(([PERCON] Who dealt directly with you/your child..... RUNNING PROMPT

((

((1. a GP i.e. family doctor -> [TALKDOC]

((2. a Specialist -> [TALKDOC]

((3. other type of doctor? -> [KINDDOC]

((

(([KINDDOC] Please specify kind of doctor consulted

((

```

([[TALKDOC]          Did you/your child talk to the .. PERCON .. ....RUNNING PROMPT
((
((1. by telephone          | 5. elsewhere?
((2. at your home          | 4. at a health center
((3. at his/her surgery
((
([[PRESCRI]          Did the doctor give (send) you/your child a prescription?
((
(( 1. Yes
(( 2. No
((
([[REFERCH]          Did the doctor refer you/your child to a hospital for tests,
(( investigation or treatment?
(( 1. Yes
(( 2. No
((
(..))..))

```

[NCONCHLD] During the last 2 weeks ending yesterday, did any of your children under 16 see a practice nurse or health visitor at the GP surgery or go to a child clinic at the GP surgery?

- 1. Yes -> [CNTTOTAL]
- 2. No -> [CHDAYPAT]

[CNTTOTAL] Please enter TOTAL NUMBER of children for whom contact was made

Enter a numeric value between 1 and 5

FOR EACH CHILD 1..5

[CHILDNUM] Please enter PERSON NUMBER of first child
 (THE CHILDREN IN THE HOUSEHOLD ARE:

(
 (2: CHILD Female 2 etc...
 (

(Enter a numeric value between 2 and 16
 (

[CSEENURS] During the last 2 weeks ending yesterday, did the first child
 (RUNNING PROMPT CODE ALL THAT APPLY
 (EXCLUDE CONSULTATIONS WITH COMMUNITY NURSES

- (1. see a practice nurse at the GP surgery -> [CNNURSE]
- (2. see a health visitor at the GP surgery -> [CHDAYPAT]
- (3. go to a child clinic at the GP surgery -> [CHDAYPAT]

(
 (Enter at most 3 values
 (

[CNNURSE] How many times did this .. 1st.. child see a practice nurse at the
 (GP surgery in these 2 weeks?
 (RECORD NUMBER OF TIMES

(
 (FOR EACH CONSULTATION 1..9

[CNPRES] Did the nurse give (send) you/your child a written prescription?

- (1. Yes
- (2. No

(
[CNREFER] Did the nurse refer you/your child to a GP (eg. for tests,
 (investigation or treatment?

- (1. Yes
- (2. No

(..)

[**CHDAYPAT**] During the last 12 months, (that's from yesterday back to - SPECIFY DATE), have any of your children under 16 been in Hospital as a day patient i.e. submitted to a Hospital bed but not required to remain overnight?

- 1. Yes -> [CHNUMDAY]
- 2. No -> [CHOUTPAT]

[**CHNUMDAY**] IF YES, ENTER TOTAL NUMBER OF CHILDREN WHO ATTENDED
Enter a numeric value between 1 and 4

FOR EACH CHILD ATTENDED 1..4

([**PERNO1**] ENTER CHILD NUMBER OF THE FIRST CHILD
(THE CHILDREN IN THE HOUSEHOLD ARE:

(3: CHILD Male 12

(

(Enter a numeric value between 1 and 15

(

([**CHILDVIS**] During the last 12 months, (that's from yesterday back to - (SPECIFY DATE), how many separate days in Hospital has this child had as a day patient?

(

(Enter a numeric value between 1 and 30

..)

[**TODAY**] Today's Date - Calculated

[**CHOUTPAT**] During the months of .. to .. (*LAST TWO MONTHS*), did any of your children under 16 attend as a patient in the casualty or outpatient department of a hospital (apart from straightforward post-natal visits)?

- 1. Yes -> [NUMOUT]
- 2. No -> [CHINPAT]

[**NUMOUT**] IF YES, ENTER TOTAL NUMBER OF CHILDREN WHO ATTENDED

Enter a numeric value between 1 and 4

FOR EACH CHILD WHO ATTENDED 1..4

([**PERNO2**] ENTER CHILD NUMBER OF THE FIRST CHILD
(THE CHILDREN IN THE HOUSEHOLD ARE:

(3: CHILD Male 12 etc...

(

(Enter a numeric value between 1 and 15

([**CHOUTMT1**] How many times did this child attend in MTH1?

(

(Enter a numeric value between 0 and 10

([**CHOUTMT2**] How many times did this child attend in MTH2?

(

(Enter a numeric value between 0 and 10

([**CHOUTMT3**] How many times did this child attend in MTH3?

(

(Enter a numeric value between 0 and 10

([**CASULATY**] Was this visit (were any of these visits) to the Casualty (department or was it (were they all) to some other part of the hospital?

(

- (1. At least one visit to Casualty -> [NCASVIS]
- (2. No casualty visits -> [CHINPAT]

(

([**NCASVIS**] How many times did you go to Casualty altogether ?

(

(Enter a numeric value between 1 and 10

..)

[**CHINPAT**] During the last 12 months, (that's from yesterday back to - SPECIFY DATE), have any of your children under 16 been in Hospital as an inpatient overnight or longer?

- 1. Yes -> [NUMIN]
- 2. No -> [PERSON]

[**NUMIN**] IF YES, ENTER TOTAL NUMBER OF CHILDREN WHO ATTENDED

Enter a numeric value between 1 and 4

FOR EACH CHILD WHO ATTENDED 1..4

([**PERNO3**] ENTER CHILD NUMBER OF THE FIRST CHILD

(THE CHILDREN IN THE HOUSEHOLD ARE:

(3: CHILD Male 12 etc...

(

(Enter a numeric value between 1 and 15

(

([**CSTAYS**] How many separate stays in Hospital as an inpatient has this child had in (the last 12 months?

(

(Enter a numeric value between 1 and 4

(FOR EACH SEPARATE STAY 1..4

([**NUMNIGHT**] How many nights altogether was the child in Hospital on the ((first..fourth) stay?

((

((Enter a numeric value between 1 and 300

(..)

..)

CHILD EYESIGHT:

[NUMCHLD] I am now going to ask you some questions about your childrens eyesight. Again, can I just check the number of children under 16 you are responsible for.

Enter a numeric value between 1 and 9

FOR EACH CHILD 1..9

([EYEPROBS] Does this first child have or this first child ever had any (problem with his/her eyesight or any abnormal eye condition??

(

(1. Yes, sight or eye problems in both eyes -> [EYEPROBS2]

(2. Yes, sight or eye problem in one eye only -> [EYEPROB1]

(3. No problem with sight or eyes

(

([EYEPROBS2] What is or was wrong with your child's vision or eyes?

(

(1. Shortsightedness

(2. Longsightedness

(3. Cataract

(4. Glaucoma

(5. Iritis

(6. Other ->[EYEOTHR2]

(

([EYEPROB1] What is or was wrong with your child's vision or eyes?

(

(1. Shortsightedness

(2. Longsightedness

(3. Cataract

(4. Glaucoma

(5. Iritis

(6. Other ->[EYEOTHR1]

(

([EYEOTHR1] What other kinds of problems does your child have with his/her (eye?

([GLASCON] Does your child wear glasses or contact lenses some or all of the (time?

(

(1. Glasses

(2. Contact lenses

(3. Both

(4. Neither

(

(If ((EYEPROBS=1) and (GLASCON =1 or 2 or 3))

([SEEPROBS] May I just check when your child is not wearing glasses or contact (lenses does he/she have difficulty in seeing?

(READ EACH SEPARATELY AND CODE ALL THAT APPLY

(

(1. To read book or newspaper normally

(2. To see a tv, computer screen

(3. To see in the distance

(

((If (EYEPROBS=1 or 2) and (GLASCON=1 or 2 or 3))

([DAYSGHT2] How would you describe your childs' everyday vision when he/she is (wearing glasses or contact lenses?

(Please answer for better eye if there is a difference.

(

(1.Average or better than average

(2. Slightly abnormal

(3. Abnormal

(4. Blind

```

(
( If ((EYEPROBS=2 ) AND (GLASCON=1 OR 2 OR 3))
( [DAYSIGHT1] How would you describe your childs' everyday vision when he/she
( is wearing glasses or contact lenses
(
( 1. Average or better than average
( 2. Slightly abnormal
( 3. Abnormal
( 4. Blind
(


---


( IF ((EYEPROBS=1 OR 2) AND (GLASCON=4))
( [SPROB] You said your child does not wear glasses or contact lenses, may I just
( check does he/she have any difficulty in seeing?
( READ EACH SEPARATELY AND CODE ALL THAT APPLY
( SET [3] OF
(
( 1. To read book or newspaper normally
( 2. To see a tv, computer screen
( 3. To see in the distance
(
( [DAYSIGHT] How would you describe your child's everyday vision ?
( Would you say it is ..
(
( 1. Average or better than average
( 2. Slightly abnormal
( 3. Abnormal
( 4. Blind
(
( )

```

DAYCARE:

[**CHILDRSP**] INTERVIEWER IS THIS RESPONDENT RESPONSIBLE FOR ANY OF THE CHILDREN IN THE HOUSEHOLD

1. Yes -> [ASKDCARE]
 2. No -> [EVERSMOK]
-
-

[**INTNOTE**] CHILDCARE: INTERVIEWER NOTE: THIS SECTION SHOULD NORMALLY ONLY BE ASKED OF ONE ADULT IN THE HOUSEHOLD, IN MOST CASES THIS WILL BE THE MOST APPROPRIATE ADULT TO ANSWER THE QUESTIONS:CONTINUE

[**ASKDCARE**] ASK/RECORD Any children under 16 in household? Children in household are...

3: CHILD Male 12 etc...

1. Yes -> [NUMCHLDS]
2. No -> [LONGSTD]

[**NUMCHLDS**] ASK OR RECORD How many of the children (under 16) in this household is the respondent responsible for? The children in the household are..

3: CHILD Male 12 etc...

Enter a numeric value between 1 and 8

[**ASKNOW**] Will you be asking the DayCare section for the 1ST child under 14 now or later

1. Now -> [INTTERM]
 2. Already asked -> [INTTERM]
 3. To be asked later -> [LONGSTD]
-
-

[**INTTERM**] ASK OR RECORD: This interview is taking place during the....

- | | | | | |
|--------------------|------|--|--------------------|------|
| 1. Spring Term | 2001 | | 6. Xmas Holidays | 2001 |
| 2. Easter Holidays | 2001 | | 7. Spring Term | 2002 |
| 3. Summer Term | 2001 | | 8. Easter Holidays | 2002 |
| 4. Summer Holidays | 2001 | | | |
| 5. Autumn Term | 2001 | | | |

[**USECARE**] SHOW CARD 19 (CHILD CARE)

Some people make regular arrangements for their children to be looked after, particularly during term time. Looking at this card, can you please tell me do you or anyone else in this household make any of these arrangements for child(ren) (made any of these arrangements for your child(ren) last term)?

1. Yes -> [HOLSCARE]
 2. No -> [SCHOOL]
-
-

[**SCHOOL**] Are any of these children attending full-time schooling? The children in the household are..

1. Yes
2. No

[**PRESCH**] Are any of these children attending full-time schooling? (ie. pre-school children) The children in the household are..

1. Yes
2. No

Pre-school age children:

[**TYPECRE1**] SHOW CARD 20 (PRE-SCHOOL CARE)

Looking at the card, which of these arrangements are currently made?

- | | | |
|------------------------------------|--|--|
| 1. Nursery school | | 8. Nanny or someone who looks after your |
| 2. Nursery class in primary school | | children in your home |
| 3. Play group | | 9. Au Pair |
| 4. Parent and toddler group | | 10. Relative |
| 5. Day nursery at workplace | | 11. Friend/Neighbour |
| 6. Other day nurseries | | 12. Other carer - SPECIFY |
| 7. Registered childminder | | 13. No Arrangements |

Enter at most 12 values

[**PAYPSCH**] SHOW CARD 20 (PRE-SCHOOL CARE)

And still looking at the card, which of these arrangements do you pay for? (as above)

[**NUMPSCH**] And how many pre-school children do you pay for? 1..8;

[**COSTPSCH**] Approximately how much does this cost you in total per week (for your pre-school children? INTERVIEWER: We are looking for a weekly cost for all types of pre-school childcare: 0.0..500.00;

[**WEEKPSCH**] And for about how many weeks of the year - (Approximately) -would you make these arrangements?: 1..50;

[**CAREWRK1**] Thinking of the type of care. Are any of these arrangements made to enable you or your partner to go out to work, or to obtain education or training:

1. Yes, to go out to work
2. Yes, to obtain education or training
3. Yes, both education and training
4. No, none of these?

[**WORKPSCH**] SHOW CARD 20 (PRE-SCHOOL CARE)

Which arrangement(s) enable you or your partner to go out to work or obtain education or training (as Above)

[**WHOWORK1**] Who does this arrangement with the ... enable to go out to work

1. You
2. Partner
3. Both

School age children:

[**TYPECRE2**] SHOW CARD 21 (SCHOOL AGE CARE)

Looking at the card, which of these arrangements are currently made for your school aged children?

- | | | |
|------------------------------------|--|--|
| 1. After school clubs/play schemes | | 7. Nanny or someone who looks after your |
| 2. Breakfast Clubs | | children in your home |
| 3. Registered childminder | | 8. Au Pair |
| 4. Homework Clubs | | 9. Relative |
| 5. Day Nursery at workplace | | 10. Friend/Neighbour |
| 6. Other Day Nursery | | 11. Other Carer - Specify |
| Enter at most 7 values | | 12. None |

[**PAYSCH**] SHOW CARD 21 (SCHOOL AGE CARE)

And still looking at the card, which of these arrangements do you pay for? (as above)

[**NUMSCH**] And how many school children do you pay for? 1..8;

[**COSTSCH**] Approximately how much does this cost you in total per week (for your school children? INTERVIEWER: We are looking for a weekly cost for all types of school childcare: 0.0..500.00;

[**WEEKSCH**] And for about how many weeks of the year - (Approximately) -would you make these arrangements?: 1..50;

[**CAREWRK2**] Thinking of the type of care. Are any of these arrangements made to enable you or your partner to go out to work, or to obtain education or training:

- | | |
|---|-------------------------------------|
| 1. Yes, to go out to work | 3. Yes, both education and training |
| 2. Yes, to obtain education or training | 4. No, none of these? |

[**WORKSCH**] SHOW CARD 21 (SCHOOL AGE CARE)

Which arrangement(s) enable you or your partner to go out to work or obtain education or training (as Above)

- | | |
|------------------------------------|--|
| 1. After school clubs/play schemes | 7. Nanny or someone who looks after your |
| 2. Breakfast Clubs | children in your home |
| 3. Registered childminder | 8. Au Pair |
| 4. Homework Clubs | 9. Relative |
| 5. Day Nursery at workplace | 10. Friend/Neighbour |
| 6. Other Day Nursery | 11. Other Carer - Specify |
| | 12. None |

[**WHOWORK2**] Who does this arrangement with the ... enable to go out to work

1. You
2. Partner
3. Both

Holiday Care - School Children:

[**TYPEHCRE**] Looking at SHOW CARD 22 (HOLIDAY CARE), can you please tell me which of the arrangements listed on the card you made last holidays (are making these school holidays) for your school aged child(ren)... that is during the .. *date* ... holidays?

CODE ALL THAT APPLY

- | | |
|-------------------------------------|--|
| 1. Day nursery at workplace | 6. Nanny or someone who looks after your |
| 2. Other nurseries | children in your home |
| 3. Holiday Schemes/clubs | 7. Au Pair |
| 4. Activity schemes/ sports schools | 8. Relative |
| 5. Registered childminder | 9. Friend/Neighbour |
| | 10. Other carer <i>specify</i> |
| Enter at most 10 values | 11. None |

[**PAYHOL**] SHOW CARD 22

And still looking at the card, which of these arrangements do you pay for? (as above)

- | | |
|-------------------------------------|--|
| 1. Day nursery at workplace | 6. Nanny or someone who looks after your |
| 2. Other nurseries | children in your home |
| 3. Holiday Schemes/clubs | 7. Au Pair |
| 4. Activity schemes/ sports schools | 8. Relative |
| 5. Registered childminder | 9. Friend/Neighbour |
| | 10. Other carer <i>specify</i> |
| | 11. None |

[NUMHOL] And how many school children do you pay for? 1..8;

[COSTHOL] Approximately how much does this cost you in total per week during the holidays? INTERVIEWER: We are looking for a weekly cost for all types of childcare during the school holidays: 0.0..500.00;

[WEEKHOL] And for about how many weeks of the year - during the holidays (Approximately) -would you make these arrangements?: 1..50;

[CAREWRK3] Thinking of the type of care. Are any of these arrangements made to enable you or your partner to go out to work, or to obtain education or training:

1. Yes, to go out to work
2. Yes, to obtain education or training
3. Yes, both education and training
4. No, none of these?

[WORKHOL] SHOW CARD 22

Which arrangement(s) enable you or your partner to go out to work or obtain education or training (as Above)

[WHOWORK3] Who does this arrangement with the ... enable to go out to work

1. You
2. Partner
3. Both

[CHDEND] THIS IS THE END OF THE CHILDCARE SECTION: (CONTINUE)

INFORMAL CARERS:

[**INTRO**] Introduction to Informal Carers Section
I'd like to talk now about caring informally for others. Some people have extra responsibilities because they look after someone who has long-term physical or mental ill health or disability, or problems related to old age.

1. CONTINUE

[**DEPLIVIN**] May I check, is there anyone living with you who is sick, disabled or elderly whom you look after or give special help to, other than in a professional capacity (for example, a sick or disabled (or elderly) relative/ husband/ wife/child/ friend, etc) CODE NO IF GIVES FINANCIAL HELP ONLY

1. Yes
2. No
3. Not Sure

[**DLIVOUT**] May I check, is there anyone not living with you who is sick, disabled or elderly whom you look after or give special help to, other than in a professional capacity (for example, a sick or disabled (or elderly) relative/ husband/ wife/child/ friend, etc) CODE NO IF GIVES FINANCIAL HELP ONLY

1. Yes
2. No
3. Not Sure

IF Someone living with you - DEPLIVIN = 1

[**DLIVNO**] Do you look after or help one sick, disabled or elderly person living with you, or is it more than one?

ENTER NUMBER OF PERSONS LOOKED AFTER IF MORE THAN 6 ENTER CODE '6'

IF Someone living with you - DLIVOUT = 1

[**DLIVNO**] Do you look after or help one sick, disabled or elderly person living elsewhere, or is it more than one?

ENTER NUMBER OF PERSONS LOOKED AFTER IF MORE THAN 6 ENTER CODE '6'

ELSE -> [EVERSMOK]

[**TOTDEP**] May I just check this makes a total of .N. people you help.
INTERVIEWER - PLEASE CHECK IF ANY DISCREPANCY, PLEASE RESOLVE BEFORE
PROCEEDING - ALLOWS FOR A MAXIMUM OF 6 PERSONS - IF MORE THAN 6 IS THIS PERSON A PROFESSIONAL CARER? PLEASE CORRECT AT DLIVNO/DOUTNO

Enter a numeric value between 1 and 6

FOR EACH DEPENDANT 1..6

([**DRELINEF**] *** THIS SECTION IS REPEATED FOR EACH PERSON CARED FOR ***

(Who is it (in your household/ not living with you) that you look after or
(help? (Ask of those living in household first, then those living elsewhere.)

- (
(1. Spouse/partner | 6. Other relative
(2. Own, adopted or step child | 7. Friend or neighbour
(3. Foster child | 8. Client of voluntary organisation
(4. Parent | 9. Other
(5. Parent-in-law |
(

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([DEPNAME] RECORD NAME OR RELATIONSHIP BY WHICH THE PERSON CARED FOR WILL
(BE REFERRED TO IN FOLLOWING QUESTIONS.
(
([DPERNO] ENTER PERSON NUMBER OF .... (IF IN HOUSEHOLD), OTHERWISE CODE 97
(
(Enter a numeric value between 1 and 97
(
([DAGE] ASK OR RECORD What age is .... now? IF NEED TO ESTIMATE ENTER DONT
(KNOW AND PUT THE ESTIMATED AGE AT THE NEXT QUESTION
(
(Enter a numeric value between 0 and 120
(
(IF DON'T KNOW DAGE=dk
([XDAGE] Enter estimated age
(
(Enter a numeric value between 1 and 120
(
([DSEX] ASK OR RECORD Sex of ....
(
( 1. Male
( 2. Female
(
=====
(IF DEPENDANT NOT LIVING IN HOUSEHOLD DPERSNO=97
([LIVINST] May I check, does .... usually live in a hospital, residential or
(nursing home?
(
( 1. Yes -> [AFFECTED]
( 2. No -> [DILLNESS]
(
=====
([LIVELSEW] May I check, does .... usually live here all the time or does he/she
(sometimes go to live somewhere else?
(NOTE: CODE 2 REFERS TO MORE PERMANENT ARRANGEMENTS TO CARE FOR THOSE PERSONS
(OUTSIDE THE CARERS HOME, RATHER THAN TEMPORARY OR RESPITE CARE
(
( 1. Lives here all the time -> [DILLNESS]
( 2. Sometimes lives somewhere else -> [WHEREELSE]
(
([WHEREELSE] Where does .... live when he/she is not living with you. Is it in
(another household or somewhere else?
(PROBE FULLY
(
( 1. In another private household | 4. Home for the physically/
( 2. Boarding school/ residential | mentally disabled
( college | 5. other institution
( 3. Hospital, Old people's home, | 6. Other
( Nursing home
(
=====
([DILLNESS] ASK OR RECORD (IF ALREADY MENTIONED BY RESPONDENT)
(May I check, why does .... need care? DO NOT PROBE RECORD ILLNESS/CONDITION
(
([AFFECTED] (You mentioned earlier what was the matter with .... Could I just
(check, how is he/ she affected?
(RUNNING PROMPT
(Is it....
(
(1. physically | 4. Other
(2. mentally | 5. SPONTANEOUSLY ONLY - old age?
(3. both physically and mentally
(

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([DILLCHK] DO NOT ASK INTERVIEWER CHECK IS THIS A PERMANENT OR TEMPORARY ILLNESS
(OR CONDITION? IF IN DOUBT CODE 'PERMANENT'
(
( 1. Permanent          -> [DHELP]
( 2. Temporary          -> [DFINCHK]
(
([DHELP] SHOW CARD 23 (ASSISTANCE PROVIDED) What kinds of things do you usually
(do for ....
(IF THE PERSON CARED FOR IS IN HOUSEHOLD over and above what you would normally do
(for (someone living with you/ a child of his/her age)?
(PROMPT FIRST ITEM AS EXAMPLE Do you usually help with....
(
(1. Personal care? (eg. dressing, bathing, washing, shaving, cutting nails,
( feeding, using the toilet)
(2. Physical help? (eg. with walking, getting up and down stairs, getting into and
( out of bed)
(3. Helping with paperwork or financial matters? (eg. writing letters, sending
( cards, filling in forms, dealing with bills, banking)
(4. Other practical help? (eg. preparing meals, doing his/her shopping, laundry,
( housework, gardening, decorating, household repairs, taking to doctors or
( hospital)
(5. Keeping him/her company? (eg. visiting, sitting with, reading to, talking to,
( playing cards or games)
(6. Taking him/her out? (eg. taking out for a walk or drive, taking to see friends
( or relatives)
(7. Giving medicines? (eg. making sure he/she takes their pills, giving
( injections, changing dressings)
(8. Keeping an eye on him/her to see he/she is alright?
(9. Other help?
(
([DFINCHK] DO NOT ASK - INTERVIEWER CHECK
( DOES THE CARER GIVE FINANCIAL HELP ONLY?
(
( 1. Yes -> [RESPID]
( 2. No -> [HELPHRS]
(
([HELPHRS] About how long do you spend each week looking after or helping ....
(that is doing the things you've mentioned and including time when you just
(need to be there (apart from when you are asleep/ including time travelling
(to and from his/ her home)?
(PROMPT AS NECESSARY OR SHOW CARD 24 (TIME SPENT CARING)
(
( 1. 0-4 hours per week          | 6. 50-99 hours per week
( 2. 5-9 hours per week         | 7. 100 or more hours per week
( 3. 10-19 hours per week       | 8. Varies - Under 20 hours
( 4. 20-34 hours per week       | 9. Varies - 20 hours or more
( 5. 35-49 hours per week       | 10. Other
(
([HELPHYRS] About how long have you been looking after or helping ....
( IF THE PERSON CARED FOR IS IN HOUSEHOLD that is doing things for him/her
(over and above what you would normally do for (someone living with you/ a
(child of that age))?
( PROMPT AS NECESSARY
(
( 1. Less than 6 months          | 5. 5 years, less than 10 years
( 2. 6 months, less than 1 year  | 6. 10 years, less than 15 years
( 3. 1 year, less than 3 years    | 7. 15 years, less than 20 years
( 4. 3 years, less than 5 years   | 8. 20 years or more
(
(
(

```

(**[OTHHELP]** Apart from any people, such as nurses or home helps, who may regularly (visit, is there anyone else who helps to look after him/ her - for (example, another member of your household, another member of the family, a (relative or friend or some kind of paid helper?

- (1. Yes -> [MORETIME]
- (2. No -> [RESPID]

(**[MORETIME]** Can I just check, do any of these people (including anyone in your (household) spend more time looking after than you do?

- (1. Yes
 - (2. No
 - (3. Other person(s) spend equal time
- ..)

[RESPID] The next set of questions are asked about the main person cared for. WHERE THERE IS MORE THAN ONE PERSON YOU WILL HAVE TO IDENTIFY OR SELECT THE MAIN PERSON

1. CONTINUE

[MDEPNO] SELECT THE PERSON THE RESPONDENT SPENDS MOST TIME WITH. DO NOT CHOOSE A PERSON WITH X BEFORE THEIR NAME. IF SAME AMOUNT OF TIME IS SPENT WITH MORE THAN ONE PERSON, SELECT THE PERSON WHO IS 'AT HOME, IF SPEND THE SAME AMOUNT OF TIME TAKE THE FIRST PERSON ON THE LIST

Otherwise INTERVIEWER ASK

Can you say which person you spend more time helping on average, or is there no difference?

IF RESPONDENT SAYS NO DIFFERENCE SELECT THE FIRST ELIGIBLE PERSON CARED FOR IF NONE APPLY SELECT 7

- | | | |
|---------------------------------|--|------------------|
| 1. Person A: at home | | 4. |
| 2. Person B: outside the home | | 5. |
| 20-34 hrs | | 6. |
| 3. X Person C: outside the home | | 7. None Eligible |
| 5-9hrs | | |

[THELPHRS] TOTAL TIME WITH ALL PERSONS CARED FOR ONLY MENTION NAMES WITHOUT X IN FRONT OF THEM. IF THERE IS ONLY ONE PERSON CARED FOR WITHOUT AN X, SELECT 11 (DOES NOT APPLY) SHOW CARD 24 (TIME SPENT CARING) May I check, thinking about the total time you spend caring for ..Person A.. ..Person B.. etc.. about how long altogether do you spend each week looking after them or helping them?

- | | | |
|-------------------------|--|-------------------------------|
| 1. 0-4 hours per week | | 7. 100 or more hours per week |
| 2. 5-9 hours per week | | 8. Varies - Under 20 hours |
| 3. 10-19 hours per week | | 9. Varies - 20 hours or more |
| 4. 20-34 hours per week | | 10. Other |
| 5. 35-49 hours per week | | 11. Does not apply |
| 6. 50-99 hours per week | | |

[DVIS] QUESTIONS ON THE MAIN PERSON CARED FOR

SHOW CARD 25 (VISITORS) I am now going to ask a few questions about

Does receive regular visits at least once a month from any of these people?

- | | | |
|----------------------------------|--|-------------------------------|
| 1. Doctor | | 6. Meals on wheels |
| 2. Community/district nurse | | 7. Voluntary worker |
| 3. Health visitor | | 8. Clergy |
| 4. Social worker or care manager | | 9. Other professional visitor |
| 5. Home help/care worker | | 10. None |

Enter at most 9 values

IF No Visitors DVIS=10

[**DNURS**] SHOW CARD 26 (REASONS 1) What are the reasons for ... not receiving regular visits at least once a month from any of the above? Please choose your answers from the card.

- | | | |
|-------------------------------|--|--------------------------------------|
| 1. Not available/ not offered | | 5. Not wanted by person you care for |
| 2. Not Needed | | 6. Not at a convenient time |
| 3. Tried, but not helpful | | 7. Too expensive |
| 4. Not wanted by you | | 8. Other |

Enter at most 4 values

[**DGO**] Does ... regularly go to any of the places or activities listed on this card?

- | | | |
|----------------------|--|---|
| 1. Work | | 4. Day hospital |
| 2. Day Centre | | 5. Social club, support group or other club |
| 3. School or college | | 6. None |

Enter at most 5 values

IF ANY ACTIVITY

[**DGOHRS**] About how many hours a week does he/she usually spend without you and outside their home? IF VARIES ASK FOR AVERAGE NUMBER OF HOURS PER MONTH AND CALCULATE AVERAGE NUMBER PER WEEK

IF NUMBER OF HOURS VARIES AND CANNOT GIVE AVERAGE THEN ENTER 97

Enter a numeric value between 1 and 97

IF DGO=1 WORK

[**DWKHRS**] About how many hours a week does he/she usually spend... at work? IF VARIES ASK FOR AVERAGE NUMBER OF HOURS PER MONTH AND CALCULATE AVERAGE NUMBER PER WEEK

IF NUMBER OF HOURS VARIES AND CANNOT GIVE AVERAGE THEN ENTER 97

Enter a numeric value between 1 and 97

IF DGO=6 NONE - NO ACTIVITY

[**DACT**] SHOW CARD 27 (REASONS 2) What are the reasons that does not go to any outside activities? Please choose your answers from the Card

- | | | |
|--------------------------------------|--|---|
| 1. Not available/not offered | | 7. Activity too tiring (for person cared for) |
| 2. Tried, but not helpful | | |
| 3. Not wanted by you | | 8. Transport not available, too expensive, not reliable, journey too tiring |
| 4. Not wanted by person you care for | | |
| 5. Not at a convenient time | | 9. Other |
| 6. Too expensive | | |

Enter at most 4 values

[**DTRNSP**] Does ... regularly make use of a community or voluntary transport scheme?

- | | | |
|--------|----|------------|
| 1. Yes | -> | [RESPINTR] |
| 2. No | -> | [DTRNS] |

[**DTRNS**] SHOW CARD 28 (COMMUNITY/VOLUNTARY TRANSPORT)

And what are the reasons that does not make use of a community or voluntary transport scheme? Please choose your answers from the card.

- | | | |
|---------------------------|--|-----------------------------|
| 1. Not available | | 5. Not at a convenient time |
| 2. Not offered | | 6. Too expensive |
| 3. Tried, but not helpful | | 7. Other |
| 4. Not suitable | | 8. Not Wanted |

Enter at most 4 values

[RESPINTR] The next section only applies to people who spend 20 hrs a week or more caring for someone else

1. CONTINUE

[RESP2HRS] You've told me about the things you do for If you wanted a break for a couple of hours (during the time when you usually look after him/ her), would someone else have to look after him/ her?

- 1. Yes -> [HLP2HRS]
- 2. No -> [RSPTYPE]

[HLP2HRS] Is there anyone whom you could rely on to look after him/ her either at home or elsewhere?

- 1. Yes -> [XHELP2H]
- 2. No -> [RSPTYPE]

[XHELP2H] Who could you rely on to look after him/her?

- 1. Relative |3. Paid helper
- 2. Friend or neighbour |4. Other

[RSPTYPE] SHOW CARD 29 (TEMPORARY CARE SERVICES)

The card shows various types of temporary care or holidays which may be available. Are any of these services available if you wanted a break for a couple of days?

- 1. Help provided in the home eg sitting/befriending service 0 to 8 hours care
- 2. Help provided in the home eg sitting/befriending service 9 to 24 hours care
- 3. Help provided in the home eg sitting/befriending service 25 or more hours care
- 4. Help provided in a residential setting (volunteer family, residential/nursing home or hospital
- 5. Holiday together
- 6. None of these

[RSPSIT] In the last year, have you made use of a sitting service forin order to go out for a couple of hours? A SITTING SERVICE IS A SCHEME ORGANISED BY A VOLUNTARY GROUP OR LOCAL AUTHORITY WHICH INVOLVES A VOLUNTEER OR PAID HELPER SITTING WITH THE PERSON CARED FOR, USUALLY FOR NO MORE THAN A FEW HOURS (EXCLUDE INFORMAL ARRANGEMENTS WITH RELATIVES, FRIENDS AND NEIGHBOURS)

- 1. Yes
- 2. No
- 3. Not Available
- 4. Not Aware/DK About Service

[RSPBEF] In the last year, have you made use of a befriending service for A BEFRIENDING SERVICE IS A CENTRALLY ORGANISED SCHEME WHICH INVOLVES A VOLUNTEER TAKING THE PERSON CARED FOR OUT FOR A NUMBER OF HOURS OR FOR A WHOLE DAY

- 1. Yes
- 2. No
- 3. Not Available
- 4. Not Aware/DK About Service

[BREAK] Have you had a break for 2 hours or more since you started to look after?

- 1. Yes -> [BRK1AGO]
- 2. No -> [CAREHLTH]

[**BRK1AGO**] About how long is it since you last had a such a break. Was it less than or more than 1 year ago?

- 1. Less than 1 year ago -> [BRK1MTH]
- 2. 1 year or more ago -> [BRK1YR]

[**BRK1MTH**] RECORD OR PROBE About how many months is it since you last had a break for 2 days or longer. CODE 0 FOR LESS THAN 1 MONTH
CODE '98' FOR NO BREAK OF 2 DAYS OR LONGER (NOT APPLICABLE)

Enter a numeric value between 1 and 98 -> [BRK1TYP]

[**BRK1YR**] RECORD OR PROBE About how many years is it since you last had a break for 2 days or longer. CODE 0 FOR LESS THAN 1 MONTH
CODE '98' FOR NO BREAK OF 2 DAYS OR LONGER (NOT APPLICABLE)

Enter a numeric value between 1 and 98

[**BRK1TYP**] SHOW CARD 30 (BREAK ARRANGEMENTS) What sort of arrangements did you use for when you last had a break for 2 days or more?

NOTE: IF JOINT CARERS OF THE PERSON CARED FOR GIVE EACH OTHER A BREAK FROM CARING ENTER CODE '9' CODE NOT APPLICABLE '10' FOR NO BREAK OF 2 DAYS OR LONGER

- | | | |
|--|--|---|
| 1. Nursing or residential home | | 6. Stay with a volunteer family |
| 2. NHS Hospital | | (not family or friends) |
| 3. Voluntary organisation | | 7. Stay with relatives or friends |
| 4. Arranged holiday (person cared for only) | | 8. Friend or relative staying with person cared for |
| 5. Arranged holiday (person cared for and carer) | | 9. Other |
| | | 10. Not Applicable |

[**CAREHLTH**] SHOW CARD 31 (AFFECT YOUR OWN HEALTH)
Has your own health been affected by the assistance you give to in any of the ways on this card?

- | | | |
|------------------------------|--|------------------------------------|
| 1. Feeling tired | | 6. Physical strain (eg. back pain) |
| 2. Feeling depressed | | 7. Short tempered/irritable |
| 3. Loss of appetite | | 8. Seeing own GP |
| 4. Disturbed sleep | | 9. Other |
| 5. General feeling of stress | | 10. No none of these |

Enter at most 9 values

[**CAREREL**] Have your personal relationships, social life or leisure been affected by the assistance you give to?

- 1. Yes
- 2. No

ELDERLY

ALL ADULTS AGED 65 AND OVER (not proxies)

[INTROELD] I would now like to ask you some general questions about yourself, questions about managing about the house, coping with day-to-day activities, and what help, if any you may require@/": (CONTINUE) ;

If has a limiting longstanding illness (LIMITACT = 1)

[LIMSTART] You mentioned earlier that your activities are limited by ill health or disability. How long ago did this start to limit your activities?

1. Less than one year ago
2. 1-4 years ago
3. 5 years or more ago

[COMPHLTH] Compared with this time last year, that's (month, year) would you say that, on the whole, your health is now..

1. better
 2. much the same
 3. or worse?
-

[ELDINT1] Now I'd like to ask about a few tasks that some people may be able to do on their own, while others may need help, or not do them at all. For some tasks, I will ask you to look at these cards and tell me whether you usually manage to do it on your own, only with help from someone else, or not at all.
CONTINUE:

[STAIRS] SHOW CARD 32 (MANAGE)

Do you usually manage to get up and down stairs or steps...

1. on your own -> [STAIREEASY]
2. only with help from someone else -> [STAIRLOO]
3. or not at all? -> [STAIRLOO]

[STRSEASY] SHOW CARD 33 (FIND IT)

Do you find it ...

1. very easy -> [WALK]
2. fairly easy -> [WALK]
3. fairly difficult -> [STAIRLOO]
4. or very difficult to do this on your own? -> [STAIRLOO]

[STAIRLOO] ASK OR RECORD

May I just check, do you have to use stairs to get from the rooms you use during the daytime to the toilet?

1. Yes
2. No

[STAIRBED] ASK OR RECORD

And do you have to use stairs to get from the rooms you use during the daytime to your bedroom?

1. Yes
2. No

[HOUSE] SHOW CARD 32 (MANAGE)

Do you usually manage to get around the house (except for any stairs) ...

1. on your own -> [HOUSEEASY]
2. only with help from someone else -> [TOLIET]
3. or not at all? -> [TOLIET]

[HOUSEASY] SHOW CARD 33 (FIND IT)
Do you find it ...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[TOILET] SHOW CARD 32 (MANAGE)
Do you usually manage to get to the toilet ...

1. on your own -> [TOILEASY]
2. only with help from someone else -> [BED]
3. or not at all? -> [BED]

[TOILEASY] SHOW CARD 33 (FIND IT)
Do you find it ...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[BED] SHOW CARD 32 (MANAGE)
Do you usually manage to get in and out of bed..

1. on your own -> [BEDEASY]
2. only with help from someone else -> [COMFBED]
3. or not at all? -> [COMFBED]

[BEDEASY] SHOW CARD 33 (FIND IT)
Do you find it ...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[COMFBED] SHOW CARD 32 (MANAGE)
Can you usually manage to stay comfortable in bed e.g. stay in a comfortable position, prop yourself up if you need to, settle down to sleep and so on)

1. on your own -> [COMFEASY]
2. only with help from someone else -> [DRESS]
3. or not at all? -> [DRESS]

[COMFEASY] SHOW CARD 33 (FIND IT)
Do you find it ...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[DRESS] SHOW CARD 32 (MANAGE)
Do you usually manage to dress and undress yourself ...

1. on your own -> [DRESEASY]
2. only with help from someone else -> [FEED]
3. or not at all? -> [FEED]

[DRESEASY] SHOW CARD 33 (FIND IT)
Do you find it ...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[FEED] SHOW CARD 32 (MANAGE)
Do you usually manage to feed yourself...

1. on your own -> [FEEDEASY]
2. only with help from someone else -> [BATH]
3. or not at all? -> [BATH]

[FEEDEASY] SHOW CARD 33 (FIND IT)
Do you find it...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[BATH] SHOW CARD 32 (MANAGE)
Do you usually manage to bath, shower or wash all over...

1. on your own -> [BATHEASY]
2. only with help from someone else -> [WASH]
3. or not at all? -> [WASH]

[BATHEASY] SHOW CARD 33 (FIND IT)
Do you find it...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[WASH] SHOW CARD 32 (MANAGE)
Do you usually manage to wash your face and hands...

1. on your own -> [WASHEASY]
2. only with help from someone else -> [MEDICINE]

[WASHEASY] SHOW CARD 33 (FIND IT)
Do you find it...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[MEDICINE] Do you need medical care such as taking medicines or pills, having injections or changes of dressing?

1. Yes -> [MEDIYOU]
2. No -> [WALK]

[MEDIYOU] Do you usually do this yourself, or does someone else help you?

1. Self -> [MEDIEASY]
2. Someone else -> [WALK]

[MEDIEASY] SHOW CARD 33 (FIND IT)

Do you find it ...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[WALK] SHOW CARD 32 (MANAGE)

Do you usually manage to go out of doors and walk down the road..

1. on your own -> [WALKEASY]
2. only with help from someone else -> [PUBTRANS]
3. or not at all? -> [PUBTRANS]

[WALKEASY] SHOW CARD 33 (FIND IT)

Do you find it...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own?

[PUBTRANS] Do you use public transport at all nowadays?

1. Yes -> [PTOWN]
2. No -> [PTYNOT]

[PTOWN] Do you usually manage on your own, or only with help from someone else?

1. On own -> [PTEASY]
2. With help -> [PRCTCAL]

[PTEASY] SHOW CARD 33 (FIND IT)

Do you find it...

1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult to do this on your own? -> [PRCTCAL]

[PTYNOT] Why is that?

CODE ALL THAT APPLY

1. Health problem or physical difficulty
2. Uses own or household's car
3. Uses other car/cycles/walks/no need to use public transport
4. Public transport is inconvenient
5. Public transport is too expensive
6. Other

[PRCTCAL] Do you do practical activities, such as gardening, decorating, or doing household repairs, by yourself?

1. Yes -> [SHOPPING]
2. No -> [PRCTOWN]

[**PRCTOWN**] Could you if you had to?

1. Yes
2. No

[**SHOPPING**] Do you do the household shopping yourself?

1. Yes -> [BUSINESS]
2. No -> [SHOPOWN]

[**SHOPOWN**] Could you if you had to?

1. Yes
2. No

[**BUSINESS**] Do you deal with personal affairs - for example, paying bills, writing letters - by yourself?

1. Yes -> [HAPPY]
2. No -> [BUSOWN]

[**BUSOWN**] Could you if you had to?

1. Yes
2. No

[**HAPPY**] I now have a couple of questions to ask regarding your general well being. Firstly do you feel happy when you are your own at home, or do you feel you need someone to be with you (in case you feel ill or for some other reason)?

1. Yes, happy on own
2. No, feel need someone

[**DIZZY**] Do you suffer from dizzy spells, blackouts, fits or seizures or anything like this?

1. Yes
2. No

[**STUMBLE**] Do you sometimes fall or stumble even in places you know well (because of a disability or your medication or for some other reason)?

1. Yes
2. No

[**MHEALTH**] Do you have problems because of your mental health (such as feeling anxious or panicky, or feeling you cannot cope with changes to your routine)?

1. Yes
2. No

[**COMMUN**] Finally, do you have problems communicating with other people (such as understanding or being understood, remembering and concentrating, reading letters, filling in forms or answering the phone)?

1. Yes
2. No

[**ENDELD**] This is the end of the Elderly Section

MOBILITY AIDS ASKED OF ALL

[**INTRMOB**] (We have already talked a bit about mobility.) In this section we are interested in whether people have anything to help them get around, either inside or outside the home

[**HMOBILE**] ASK OR RECORD

Do you have any difficulty getting about the house/flat without assistance of any kind?

1. Yes -> [MOBAID]
2. No -> [OMOBILE]

[**MOBAID**] What type of assistance do you require?

SHOW CARD 34 CODE ALL THAT APPLY
ENTER AT MOST 4 CODES

1. Walking aid
2. Wheelchair
3. Assistance from another person
4. Other -> [XMOBAID]
5. Can't get about house

[**OMOBILE**] ASK OR RECORD

Do you have any difficulty going out of doors and walking down the road without assistance of any kind?

1. Yes -> [MOBBED]
2. No -> [MOBCARD]

[**MOBBED**] What type of assistance do you require?

SHOW CARD 34 (TYPE OF ASSISTANCE)
CODE ALL THAT APPLY
ENTER AT MOST 4 CODES

1. Walking aid
2. Wheelchair
3. Assistance from another person
4. Other -> [XMOBBED]
5. Can't get about house

[**MOBTEMP**] CODE 1 IF RESPONDENT WILL RECOVER AND NO LONGER NEED ASSISTANCE OF ANY KIND

Is this...

1. A temporary difficulty due to an accident or illness
2. Or is this likely to be a permanent difficulty?

[**MOBCARD**] SHOW CARD 35 (MOBILITY AIDS)

(Can I just check) Do you have any aids to walking or getting about, either inside or outside your home, such as those shown on this card, including any that you no longer use?

1. Yes -> [MOBNUM]
2. No -> [CHILDRSP]

[MOBNUM] How many aids to walking do you have?

1..6

{For each aid 1..6

{[MOBTYPE] What is the (first/second etc) type of aid that you have?

{RECORD EACH AID MENTIONED AT MOBAID

{SHOW CARD 35 (MOBILITY AIDS)

{

- { 1. Walking stick
- { 2. Crutches
- { 3. Walking frame, tripod, zimmer
- { 4. Trolley (not shopping)
- { 5. Wheelchair - manual
- { 6. Wheelchair - electric
- { 7. Buggy/scooter
- { 8. Other

{

{[PROVIDE] Where did you get the (type of mobility aid) from?

{

- { 1. Health/social services
- { 2. Bought yourself or by spouse partner
- { 3. Provided by friend/relative
- { 4. Voluntary organisation
- { 5. Other ->Specify

{

{[MOBPLACE] Do you use this (type of mobility aid) for...

{RUNNING PROMPT

{

- { 1. Indoor use only
- { 2. Outdoor use only -> [MOBWHEN]
- { 3. Indoor and outdoor use? -> [MOBWHEN]
- { 4. Aid not in use

{

{[REGUSE] When going out do you use (type of mobility aid) ...

{

- { 1. All the time
- { 2. Regularly
- { 3. Occasionally?

{

{(MOBTYPE = 5 or 6 AND MOBPLACE = 1,2 or 3)

{[CHAIRMAN] Can you manage this wheelchair on your own or do you need someone to help push/control it?

{

- { 1. Manage yourself
- { 2. Always need help
- { 3. Sometimes need help

SPORT & LEISURE ACTIVITIES:

[DCALINT] The next set of questions are about participation in sports, the arts, museums and public libraries in Northern Ireland.

[Anywalks] In the last 12 months, that is since have you been for a walk or hike of 2 miles or more?

1. Yes
2. No

[MoWalks] Now thinking of the 4 weeks ending yesterday, that is since, did you go for a walk of 2 miles or more during these 4 weeks?

1. Yes
2. No

[Anyyrpa] SHOW CARD 36 (SPORTS AND LEISURE ACTIVITIES)
I would like you to tell me if you have taken part in or played any of the following sports during the last year, that is since ^parti.dateydat ago? (excluding participation as a coach, referee or teacher)
SET [38] OF SPORTS;

Please do not count any teaching, coaching or refereeing you may have done.

- | | | |
|---|--|---|
| 1. Rugby Union or league | | 20. Jogging |
| 2. American football | | 21. Keepfit, aerobics, yoga, dance exercise |
| 3. Badminton | | 22. Martial Arts (INCLUDE SELF DEFENCE) |
| 4. Basketball | | 23. Motor sports |
| 5. Camogie | | 24. Netball |
| 6. Canoeing | | 25. Outdoor (lawn) bowls |
| 7. Cricket | | 26. Rugby Union or League |
| 8. Cycling | | 27. Shooting |
| 9. Darts | | 28. Skiing |
| 10. Football Indoors (Inc 5-A-Side) | | 29. Snooker, pool, billiards |
| 11. Football Outdoors (Inc 5-A-Side) | | 30. Squash |
| 12. Gaelic Football | | 31. Swimming or diving |
| 13. Golf, Pitch and putt, putting (Exclude Crazy/Miniature Golf) | | 32. Table Tennis |
| 14. Gymnastics | | 33. Tennis |
| 15. Hockey (exc Ice, Roller or Street) | | 34. Tenpin bowling |
| 16. Horse Riding (exclude Polo) | | 35. Track and Field Athletics |
| 17. Hurling | | 36. Weight training/Lifting/Body building |
| 18. Ice skating (exclude roller) | | 37. Windsurfing/Board/Sailing |
| 19. Indoor bowls | | 38. Yachting or Dinghy Sailing |
| | | 39. None of these |
- Enter at most 38 values

[ANYRPA2] Have you taken part in or played any other sports during the last year, that is since ^parti.dateydat? (excluding participation as a coach, referee or teacher)

1. Yes
2. No

[XOTHYPA] Please tell me what the other sport(s) or physical activity(s) were?":
STRING [40];

[SPFREQ] Looking back over the last 12 months (that is since ^parti.dateydat), how often do you usually participate in any sports?

1. At least once a week
2. At least once a month
3. Once every 2 or 3 months
4. Once or twice in the last year

[SPSPEC] In the last year (that is since ^parti.dateydat), how often, if at all, have you attended sporting events as a spectator? (excluding as a coach, referee or teacher)":

1. At least once a week
2. At least once a month
3. Once every 2 or 3 months
4. Once or twice in the last year
5. Not at all in the last year

[SPSATIS] Overall, how satisfied are you with sports provision in Northern Ireland?

1. Very satisfied
 2. Fairly satisfied
 3. Neither satisfied nor dissatisfied
 4. Fairly dissatisfied
 5. Very dissatisfied
-
-

[ARTSAUD] In the last 12 months (that is since ^parti.dateydat), how often, if at all have you attended an Arts performance or event as a visitor or member of an audience?

1. At least once a week
2. At least once a month
3. Once every 2 or 3 months
4. Once or twice in the last year
5. Not at all in the last year

[ARTSPERS] In the last 12 months (that is since ^parti.dateydat), how often, if at all, have you personally taken part in Arts activities?

1. At least once a week
2. At least once a month
3. Once every 2 or 3 months
4. Once or twice in the last year
5. Not at all in the last year

[ARTSATIS] Overall, how satisfied or dissatisfied are you with arts provision in Northern Ireland?

1. Very satisfied
2. Fairly satisfied
3. Neither satisfied nor dissatisfied
4. Fairly dissatisfied
5. Very dissatisfied

RESPONDENTS ARE ASKED ABOUT THEIR ATTENDANCE AT AND PARTICIPATION IN ARTS ACTIVITIES AND EVENTS AT ARTSAUD AND ARTSPERS. IN THESE QUESTIONS INTERVIEWEES ARE NOT GIVEN NY EXAMPLES OR DEFINITION OF THE ARTS SO THEIR RESPONSE TO THESE QUESTIONS WILL BE INFLUENCED BY THEIR OWN IDEAS OF WHAT CONSTITUTES ARTS ACTIVITIES AND EVENTS. ARTACTIV IS BEING ASKED TO ESTABLISH WHAT ACTIVITIES PEOPLE PERCEIVE TO BE PART OF THE ARTS AND ARTATEND IS A PROMPTED QUESTION ABOUT PARTICIPATION IN PARTICULAR TYPES OF ACTIVITY

```
{
{[ARTACTIV] SHOW CARD 37 (THE ARTS)
{May I just check, which, if any, of the activities on this card do you think of
{being as part of 'the Arts'.
{Just read out the number or numbers that apply?
{SET [22] OF ARTS
```

- | | | |
|----------------------------|--|------------------------|
| 1. Ballet | | 13. Paintings\drawings |
| 2. Circus | | 14. Photography |
| 3. Classical concerts | | 15. Plays |
| 4. Community arts projects | | 16. Poetry |
| 5. Contemporary music | | 17. Pottery\crafts |
| 6. Festivals\carnivals | | 18. Rock music |
| 7. Fiction | | 19. Sculpture |
| 8. Jazz | | 20. Theatre\drama |
| 9. Mime | | 21. TV\Cinema |
| 10.Modern art | | 22. Video\digital art |
| 11.Modern dance | | 23. None |
| 12. Opera | | |

```
{
{[ARTATEND] SHOW CARD 37 (THE ARTS)
{And using the same card, which, if any, have you personally been to, watched,
{participated in, or simply experienced during the last year. And again, just
{read out the number or numbers that apply?
{SET [22] OF ARTS
```

- | | | |
|----------------------------|--|------------------------|
| 1. Ballet | | 13. Paintings\drawings |
| 2. Circus | | 14. Photography |
| 3. Classical concerts | | 15. Plays |
| 4. Community arts projects | | 16. Poetry |
| 5. Contemporary music | | 17. Pottery\crafts |
| 6. Festivals\carnivals | | 18. Rock music |
| 7. Fiction | | 19. Sculpture |
| 8. Jazz | | 20. Theatre\drama |
| 9. Mime | | 21. TV\Cinema |
| 10.Modern art | | 22. Video\digital art |
| 11.Modern dance | | 23. None |
| 12. Opera | | |

[BFSMUSEM] Have you ever visited the following cultural attractions...
...Ulster Museum, Belfast?

1. Yes
2. No
3. Dont Know

[FLKTRNSP] ...Ulster Folk & Transport Museum, Cultra?

1. Yes
2. No
3. Dont Know

[USFOLK] ...Ulster American Folk Park, Omagh?

1. Yes
2. No
3. Dont Know

[W5ODYSSY] ...W5, Odyssey Centre, Belfast?

1. Yes
2. No
3. Dont Know

[ARMAGHMS] ...Armagh County Museum?

1. Yes
2. No
3. Dont Know

[MUSEUMVZ] In the last 12 months (that is since ^parti.dateydat), how many times have you visited this museum\these museums?

1. At least once a week
2. At least once a month
3. Once every 2 or 3 months
4. Once or twice in the last year
5. Not at all in the last year

[MUSEUMNT] When was the last time that you visited any of these museums..":

1. Within last three years
2. Within last five years
3. Within last ten years
4. Longer than ten years ago

[MUSESATS] Overall, how satisfied or dissatisfied are you with museum provision in Northern Ireland?

1. Very satisfied
2. Fairly satisfied
3. Neither satisfied nor dissatisfied
4. Fairly dissatisfied
5. Very dissatisfied

[LIBLAST] May I just check, when was the last time, if ever, that you visited a public library (including a mobile library service) in Northern Ireland..":

1. Within the past year
2. Within last three years
3. Within last five years
4. Within last ten years
5. Longer than ten years ago
6. Can't remember
7. Never

[LIBYEAR] How often do you use the Public Library Service (including mobile libraries) in Northern Ireland?

1. Several times a week
2. Once a week
3. Once every 2-3 weeks
4. Monthly
5. Once every 2-3 months
6. Once every 4-6 months
7. Once a year

[LIBNOTUS] Could you please tell me the reasons why you do not use the Public Library Service/ you have not used the Public Library Service in the last year
CODE ALL THAT APPLY, DO NOT PROMPT.

SET [15] of

1. Poor book stock
2. Inconvenient locations
3. Inconvenient opening hours
4. Dont like libraries as places (too formal\uninviting\ cramped)
5. Staff not welcoming\unenthusiastic\unhelpful
6. No interest
7. No time
8. Not enough time to read books
9. No tradition of use
10. Buy all the books that I need
11. Use other sources of information (internet\other libraries)
12. Health reasons\disablement
13. Lack of information about services\facilities
14. Fines\charges are too high
15. Dependent on others
16. Other
17. Dont Know

[LIBSAT] Overall, how satisfied are you with library provision in Northern Ireland?

1. Very satisfied
2. Fairly satisfied
3. Neither satisfied nor dissatisfied
4. Fairly dissatisfied
5. Very dissatisfied

[SPORTFIN] This is the end of the Sport and Leisure Section (CONTINUE)

SOCIAL CAPITAL:

[DEFAREA] INTERVIEWER: QUESTIONS ON SOCIAL CAPITAL
The following set of questions relate to your local area
(by local area I mean within your local neighbourhood)
Would you define the area in which you live as...
CODE FIRST THAT APPLIES

- | | |
|---|---------------------------------------|
| 1. a street, | 6. a townland, |
| 2. a collection of streets, | 7. a town, |
| 3. a housing estate or housing development | 8. or something else..? -> [AREASPEC] |
| 4. a suburb, | 9. Dont Know |
| 5. a village, | |

[AREASPEC] How would you define your area?

[YRSAREA] How long have you lived in this area...
FOR LESS THAN 1 YEAR CODE 0

Enter a numeric value between 0 and 97

{For YRSAREA=0}

[MTHAREA] How many months have you lived in this area...

Enter a numeric value between 0 and 11

[KNOWAREA] Would you say that you know...
CODE FIRST THAT APPLIES

- | | |
|---|--|
| 1. most of the people in your area, | 4. or that you do not know people in your area? |
| 2. many of the people in your area, | |
| 3. a few of the people in your area, | |

[WALKTIME] Considering the area in which you now live,
how long a walk (in minutes) do you think it would take you to move
outside of your area?

- | | |
|---------------------|--------------------------|
| 1. 0 to 5 minutes | 5. More than 20 minutes |
| 2. 6 to 10 minutes | 6. Dont Know -> [TRUST1] |
| 3. 11 to 15 minutes | |
| 4. 16 to 20 minutes | |

{If NOT WALKTIME=Don't Know}

[WALKDIST] And about how long do you think this is in miles...

- | | |
|--------------------------------|--------------|
| 1. Less than one mile | 5. Dont Know |
| 2. Between one and two miles | |
| 3. Between two and three miles | |
| 4. Over three miles? | |

[TRUST1] SHOW CARD 38 (AGREEMENT)

Choosing an answer from this card could you please indicate how much you agree or disagree with each of the following statements about your local area.
How much would you agree or disagree that...

...this area is a close, tight knit community.

[TRUST2] SHOW CARD 38 (AGREEMENT)

...this area is a friendly place to live.

[**TRUST3**] SHOW CARD 38 (AGREEMENT)
...this area is a place where local people look after each other.

[**TRUST4**] SHOW CARD 38 (AGREEMENT)
... most people who live in this area trust one another.

[**TRUST5**] SHOW CARD 38 (AGREEMENT)
...you often see strangers in the area.

[**TRUST6**] SHOW CARD 38 (AGREEMENT)
and ...I would be happy asking certain local people to keep an eye on my house and property.

- | | | |
|-------------------------------|--|----------------------|
| 1. Strongly Agree | | 5. Strongly Disagree |
| 2. Agree | | |
| 3. Neither Agree nor Disagree | | |
| 4. Disagree | | |

[**GENTRUST**] Would you say that you trust...
CODE FIRST THAT APPLIES

- | | | |
|--------------------------------------|--|------------------------------------|
| 1. most of the people in your area, | | 4. or that you do not trust people |
| 2. many of the people in your area, | | in your area? |
| 3. a few of the people in your area, | | |

[**SAFEDAY**] How safe do you feel walking alone in this area during the daytime?
INTERVIEWER - PLEASE PROMPT

- | | | |
|----------------|--|--------------|
| 1. Very safe | | 5. Dont Know |
| 2. Fairly safe | | |
| 3. Bit unsafe | | |
| 4. Very unsafe | | |

[**SAFEDARK**] ... and how safe do you feel walking alone in this area after dark?
INTERVIEWER - PLEASE PROMPT

- | | | |
|----------------|--|--------------|
| 1. Very safe | | 5. Dont Know |
| 2. Fairly safe | | |
| 3. Bit unsafe | | |
| 4. Very unsafe | | |

[**PHONEREL**] SHOW CARD 39 (PHONE, SEE OR SPEAK)
The next set of questions are about how often you see or speak to your relatives or friends.

Not counting the people you live with, how often do you do any of the following?

Please choose your answer from the card...

...speak to relatives on the phone?

[**SEEREL**] SHOW CARD 39 (PHONE, SEE OR SPEAK)
...see relatives?

[**PHONEFRI**] SHOW CARD 39 (PHONE, SEE OR SPEAK)
...speak to friends on the phone?

[**SEEFRI**] SHOW CARD 39 (PHONE, SEE OR SPEAK)
... ..see friends?

[**SPKNEIGH**] SHOW CARD 39 (PHONE, SEE OR SPEAK)
... ..see neighbours?

- | | | |
|-------------------------|--|---------------------------------|
| 1. Every day | | 5. Once or twice a month |
| 2. 5 or 6 days a week | | 6. Once every couple of months |
| 3. 3 or 4 days a week | | 7. Once or twice a year |
| 4. Once or twice a week | | 8. Not at all in last 12 months |

{If respondent sees or speaks to relatives regularly (ie. at least once every couple of month) PhoneRel=1-6 or SeeRel=1-6}

[**RELCLOSE**] Apart from the people you may live with
how many relatives live within a 15-20 minute walk or
within a 5-10 minute drive...

CODE FIRST THAT APPLIES

- | | | |
|------------------|--|--------------|
| 1. One or two | | 5. Dont Know |
| 2. Three or four | | |
| 3. Five or more | | |
| 4. or none? | | |

{If respondent sees or speaks to friends regularly (ie. at least once every couple of month) PhoneFri=1-6 or SeeFri=1-6}

[**FRICLOSE**] Apart from the people you may live with
How many friends live within a 15-20 minute walk or
within a 5-10 minute drive...

CODE FIRST THAT APPLIES

- | | | |
|------------------|--|--------------|
| 1. One or two | | 5. Dont Know |
| 2. Three or four | | |
| 3. Five or more | | |
| 4. or none? | | |

[**FAVDONE**] In the past 6 months, have you done a favour for a neighbour?

1. Yes -> FAV4U
2. No -> FAV4U
3. Just moved into the area -> CLUBS

[**FAV4U**] In the past 6 months, have any of your neighbours done a favour for you?

1. Yes
2. No

[**CLUBS**] Are you involved in any of the following types of organisations..

READ OUT

- | | | |
|--------------------------|--|-----------------------------------|
| 1. social clubs, | | 5. other type of organisation, -> |
| [CLUBSPEC] | | |
| 2. sports\hobbies clubs, | | 6. or none? -> [DESCAREA] |
| 3. associations, | | 7. Dont Know -> [DESCAREA] |
| 4. religious groups, | | |
- Enter at most 5 values

[**CLUBSPEC**] What organisation is this

{Ask if Member of any Clubs 1-5}

[CLUBATND] And how often do you attend these organisations.. READ OUT

- | | |
|-----------------------------------|--------------------------------|
| 1. every day, | 6. about every other month |
| 2. several times a week, | 7. at most three or four times |
| 3. about once a week, | year |
| 4. several times a month, but not | 8. or never? |
| every week, | 9. Dont Know |
| 5. about once a month | |

[TRVLOUT] How often do you travel outside your area?

CODE FIRST THAT APPLIES

- | | |
|-----------------------------------|--------------------------------|
| 1. every day, | 6. about every other month |
| 2. several times a week, | 7. at most three or four times |
| 3. about once a week, | year |
| 4. several times a month, but not | 8. or never? |
| every week, | 9. Dont Know |
| 5. about once a month | |

[DESCAREA] Would you describe your area as...

READ OUT

1. mainly catholic,
2. mainly protestant,
3. or mixed?
4. Dont Know

Asked only if Respondent is currently employed {IF (Qempstat.paidowkr=yes) THEN}

[DESWORK] And, would you describe your work place as.. READ OUT

1. Mainly Catholic,
2. mainly Protestant,
3. or mixed?

[TRVNTSFE] And how often do you travel to areas or through areas in which you feel

less safe?

CODE FIRST THAT APPLIES

- | | |
|-----------------------------------|----------------------------------|
| 1. every day, | 6. about every other month |
| 2. several times a week, | 7. at most three or four times a |
| 3. about once a week, | year |
| 4. several times a month, but not | 8. or never? -> [DESWORK] |
| every week, | 9. Dont Know |
| 5. about once a month | |

{Ask if ever travel to unsafe areas or through unsafe areas TRVNTSEE=1=7}

[DESLFSFE] Which of these describes the areas in which you feel less safe

READ OUT AND TICK ALL THAT APPLY

- | | |
|-----------------------|-------------------------|
| 1. Mainly Catholic, | 5. areas of high crime, |
| 2. mainly Protestant, | 6. isolated areas? |
| 3. mixed areas, | |
| 4. poor areas, | |
- Enter at most 6 values

[**TURNHELP**] If you were faced with an issue that affected you personally (such as noisy neighbours, building works or littering), how confident are you that you would know who to turn to for help? Would you be...

READ OUT TO QUESTION MARK

- | | |
|-----------------------------|-----------------------------|
| 1. Very confident, | 5. Depends on circumstances |
| 2. fairly confident, | 6. Don't Know |
| 3. not very confident, | |
| 4. or not at all confident? | |

[**INFLUENC**] SHOW CARD 38 (AGREEMENT)

How strongly do you feel that you can influence decisions that affect your area?

- | | |
|-------------------------------|----------------------|
| 1. Strongly Agree | 5. Strongly Disagree |
| 2. Agree | |
| 3. Neither Agree nor Disagree | |
| 4. Disagree | |

[**LOCACT**] SHOW CARD 39B (ACTION)

In the last 12 months, have you taken any of the following actions in an attempt to solve a local problem affecting people in your area?

INTERVIEWER READ OUT AND CODE ALL THAT APPLY - IF NONE CODE NONE

- | | |
|---|--|
| 1. Written to a local newspaper. | 5. Attended a tenants or local residents group. |
| 2. Contacted the appropriate organisation to deal with the problem, e.g. the council. | 6. Attended a protest meeting or joined an action group. |
| 3. Contacted a local councillor or MP. | 7. Helped organise a petition on a local issue. |
| 4. Attended a public meeting or area forum to discuss local issues. | 8. Thought about the problem but did not do anything about it. |
| | 9. Did none of these things. |

Enter at most 8 values

[**WORKTOG**] HOW CARD 38 (AGREEMENT)

Finally, to what extent do you agree or disagree that, by working together, people in your area can influence decisions affecting the area

- | | |
|-------------------------------|----------------------|
| 1. Strongly Agree | 5. Strongly Disagree |
| 2. Agree | |
| 3. Neither Agree nor Disagree | |
| 4. Disagree | |

[**ENDSOCC**] INTERVIEWER: THIS IS THE END OF THE SOCIAL CAPITAL SECTION

1. Continue

**MARRIAGE & CHILDREN:
WILL BE SELF COMPLETION ON COMPUTER**

[**INTROF**] Introduction to FAMILY INFORMATION :
The next section asks a few questions on family information. In recent years there have been many changes in family life, one major change for example being the decrease in the size of families. These questions are asked every year in order to plan ahead for schools, housing, and medical services and to record changing trends in family life.

1. CONTINUE

[**NUMKIDS**] What do you think is the ideal number of children for people to have nowadays, supposing they had no particular worries about money or anything like that ? PLEASE CHOOSE Specify Number IF RESPONDENT WANTS NUMBER OF CHILDREN TO BE ENTERED

1. Specify number -> [ENTERNO]
2. All that come/God's will -> [NOSELF]
3. Up to themselves -> [NOSELF]

[**ENTERNO**] Please specify the number of children...

Enter a numeric value between 0 and 10

[**NOSELF**] And what about yourself, what is your ideal number of children ?

PLEASE CHOOSE 'Specify Number' IF RESPONDENT WANTS NUMBER OF CHILDREN TO BE ENTERED

1. Specify number -> [YOUIDEAL]
2. All that come/God's will -> [SELFCOMP]

[**YOUIDEAL**] Please specify your ideal number of children...

Enter a numeric value between 0 and 10

[**SELFCOMP**] SELF COMPLETION PLEASE RECORD

1. Self-Completion not offered. Continue with Family Information -> [CHECKB]
 2. Self-Completion offered, declined -> [CHECKB]
 3. Self-Completion offered, accepted -> [INTROB]
 4. Enter self-completion now -> [CHECKB]
-
-

[**CHECKB**] INTERVIEWER

CHECK MARITAL STATUS OF RESPONDENT Recorded in grid as: ... *MARSTT* ...

1. married -> [ONLYMAR]
2. cohabiting -> [COMPLIV]
3. single/cohabiting with person of same sex -> [CHECKC]
4. widowed, divorced or separated -> [ONLYMAR]

[**ONLYMAR**] Was/is this your only marriage ?

1. Yes -> [WHEREMAR]
2. No -> [TIMARR]

[TIMARR] How many times have you been married ?

Enter a numeric value between 2 and 4

[WHEREMAR] (As you know some couples live together without actually getting married, either because they cannot get married for some reason, or because they prefer not to get married.) Thinking of your most recent marriage, did you marry in a church, at a registry office, or were/are you simply living together as a couple?

1. in a church -> [MARRIED]|4. living together as a couple ->[YOUMAR]
2. at a registry office -> [MARRIED]|5. other eg. Home ->[MARRIED]
3. church & registry office-> [MARRIED]

[EVERMAR] Has your partner ever been married, that is, legally married?

1. Yes
2. No

[YOUMAR] Have you (yourself) ever been married, that is, legally married?

1. Yes -> [TIMTOG]
2. No -> [CHECKC]

[TIMTOG] How many times have you been legally married ?

Enter a numeric value between 1 and 4

[PREVC] Before your first/only marriage did you or your husband/wife live together as a couple?

1. Yes -> [LIVTOGC]
2. No -> [PREVMARC]

[PREVMARC] Had your first/only husband/wife been legally married before?

1. Yes
2. No

[MAREND] How did your first/only marriage end... PLEASE PROBE

1. death -> [MARDEATC]
2. divorce -> [MARDIVC]
3. separated -> [MARDIVC]

[MARRIED] May I just check...how many times have you been married?

Enter a numeric value between 1 and 4

[PREVIOUS] Before your first/only marriage did you or your husband/wife live together as a couple?

1. Yes -> [LIVTOGC]
2. No -> [PREVMARC]

[PREVMARR] Had your first/only husband/wife been legally married before?

1. Yes
2. No

[MAREND] How did your first/only marriage end... PLEASE PROBE

1. death -> [MARDEATH]
2. divorce -> [MARDIV]
3. separated -> [MARDIV]

[CHECKC] PLEASE RECORD STATUS OF RESPONDENT NB. CHILDREN INCLUDES FOSTER CHILDREN AND ANY SON/DAUGHTER STEPSON ETC. EVEN IF ADULT

1. women with children in household -> [WOMFAM]
2. men with children in household -> [MENFAM]
3. women without children in the household -> [BABY]
4. men without children in the household -> [INTROB]

[WOMFAM] THE NEXT QUESTIONS ARE ABOUT THE FAMILY
Have you any step, foster or adopted children of any age living with you?

1. Yes -> [HOWMANY]
2. No -> [BABY]

[MENFAM] THE NEXT QUESTIONS ARE ABOUT THE FAMILY
Have you any stepchildren of any age living with you (including any children from your partners' previous relationship) ?

1. Yes -> [HOWMANY]
2. No -> [INTROB]

[HOWMANY] How many step, foster or adopted children do you have?

Enter a numeric value between 1 and 4

FOR EACH CHILD 1..4

([CHILSORT] Is this child step, foster or adopted?

- (
(1. Step child
(2. Foster child
(3. Adopted child
(

([AGEIS] What age is this child?

(
([LIVING] What date did your step, foster or adopted child start living with you?
(

([GENDKID] Is this child male or female ?

- (
(1. Male
(2. Female
..)

If not 'men with children in household': IF CHECKC=2 -> [INTROB] ELSE -> [BABY]

[BABY] Have you ever had a baby?

1. Yes -> [BIRTH]
2. No -> [PREG]

[BIRTH] How many children have you given birth to, including any who are not living here and any who may have died since birth?

NB.EXCLUDE ANY STILLBORN

FOR EACH CHILD
(**[DBCHIL]** What was the date of birth of your .. child ?
(
(**[SEXCHIL]** What is the sex of your .. child ?
(
(**[LIVING]** Is that child living with you ?
(
(1. yes
(2. no elsewhere
(3. no deceased
..)

[PREG] May I just check... Are you pregnant now ?

- 1. Yes -> [MORE A]
- 2. No -> [MORE B]

[MORE A] Do you think you will have any children after the one you are expecting? RUNNING PROMPT

- 1. yes -> [CHKCHIL]
- 2. probably yes -> [CHKCHIL]
- 3. probably not -> [INTROCON]
- 4. no -> [INTROCON]

[MORE B] Do you think you will have any children ? RUNNING PROMPT

- 1. yes -> [CHKCHIL]
- 2. probably yes -> [CHKCHIL]
- 3. probably not -> [INTROCON]
- 4. no -> [INTROCON]
- ?. don't know -> [MOREKID]

[MOREKID] On the whole do you think....

- 1. probably have any/more children -> [CHKCHIL]
- 2. probably will not have any/more children? -> [INTROCON]

[CHKCHIL] (Can I just check, you have .. *BIRTH* .. child(ren) born to you)
IF ANY DISCREPANCY RESOLVE BEFORE CONTINUING TYPE 1 TO CONTINUE

- 1. continue

[BORNCIL] How many children do you think you will have born to you in all including those you have already (who are still alive) (including the one you are expecting)?

Enter a numeric value between 0 and 10

[AGEXPECT] How old do you think you will be when you have your next baby?

Enter a numeric value between 16 and 50

INCOME & BENEFITS:

[INTROB] Introduction to Income and Benefits ... and now a few final questions on income and benefits. This is of particular interest because it allows comparisons to be made each year between the income of people in Northern Ireland and Great Britain.

1. CONTINUE

[GROSS] SHOW CARD 40 (INCOME) Which number represents the TOTAL gross annual income from ALL sources of your HOUSEHOLD?

- 1 Less than £520, say less than £10 per week
- 2 £ 520 - £ 1040, say between £ 10 and £ 20 per week
- 3 £ 1040 - £ 1560, say between £ 20 and £ 30 per week
- 4 £ 1560 - £ 2090, say between £ 30 and £ 40 per week
- 5 £ 2090 - £ 2610, say between £ 40 and £ 50 per week
- 6 £ 2610 - £ 3130, say between £ 50 and £ 60 per week
- 7 £ 3130 - £ 3650, say between £ 60 and £ 70 per week
- 8 £ 3650 - £ 4170, say between £ 70 and £ 80 per week
- 9 £ 4170 - £ 4690, say between £ 80 and £ 90 per week
- 10 £ 4690 - £ 5210, say between £ 90 and £100 per week
- 11 £ 5210 - £ 6260, say between £100 and £120 per week
- 12 £ 6260 - £ 7300, say between £120 and £140 per week
- 13 £ 7300 - £ 8340, say between £140 and £160 per week
- 14 £ 8340 - £ 9390, say between £160 and £180 per week
- 15 £ 9390 - £ 10430, say between £180 and £200 per week
- 16 £ 10430 - £ 11470, say between £200 and £220 per week
- 17 £ 11470 - £ 12510, say between £220 and £240 per week
- 18 £ 12510 - £ 13560, say between £240 and £260 per week
- 19 £ 13560 - £ 14600, say between £260 and £280 per week
- 20 £ 14600 - £ 15640, say between £280 and £300 per week
- 21 £ 15640 - £ 16690, say between £300 and £320 per week
- 22 £ 16690 - £ 17730, say between £320 and £340 per week
- 23 £ 17730 - £ 18770, say between £340 and £360 per week
- 24 £ 18770 - £ 19810, say between £360 and £380 per week
- 25 £ 19810 - £ 20860, say between £380 and £400 per week
- 26 £ 20860 - £ 23460, say between £400 and £450 per week
- 27 £ 23460 - £ 26070, say between £450 and £500 per week
- 28 £ 26070 - £ 28680, say between £500 and £550 per week
- 29 £ 28680 - £ 31200, say between £550 and £600 per week
- 30 £ 31200 - £ 33800, say between £600 and £650 per week
- 31 £ 33800 - £ 36400, say between £650 and £700 per week
- 32 £ 36400 - £ 39000, say between £700 and £750 per week
- 33 £ 39000 - £ 41600, say between £750 and £800 per week
- 34 £ 41600 - £ 44200, say between £800 and £850 per week
- 35 £ 44200 - £ 46800, say between £850 and £900 per week
- 36 £ 46800 - £ 49400, say between £900 and £950 per week
- 37 £ 49400 - £ 52000, say between £950 and £1000 per week
- 38 £ 52000 and over, say over £1000 per week

-> [BENEFITS]

Earnings for individual:

[WORK] SHOW CARD 40 (INCOME) Which of the following numbers represents YOUR own annual gross or total EARNINGS before deduction of income tax and National Insurance contributions?

- 1 Less than £520, say less than £10 per week
- 2 £ 520 - £ 1040, say between £ 10 and £ 20 per week
- 3 £ 1040 - £ 1560, say between £ 20 and £ 30 per week
- 4 £ 1560 - £ 2090, say between £ 30 and £ 40 per week
- 5 £ 2090 - £ 2610, say between £ 40 and £ 50 per week
- 6 £ 2610 - £ 3130, say between £ 50 and £ 60 per week
- 7 £ 3130 - £ 3650, say between £ 60 and £ 70 per week
- 8 £ 3650 - £ 4170, say between £ 70 and £ 80 per week
- 9 £ 4170 - £ 4690, say between £ 80 and £ 90 per week
- 10 £ 4690 - £ 5210, say between £ 90 and £100 per week
- 11 £ 5210 - £ 6260, say between £100 and £120 per week
- 12 £ 6260 - £ 7300, say between £120 and £140 per week
- 13 £ 7300 - £ 8340, say between £140 and £160 per week
- 14 £ 8340 - £ 9390, say between £160 and £180 per week
- 15 £ 9390 - £ 10430, say between £180 and £200 per week
- 16 £ 10430 - £ 11470, say between £200 and £220 per week
- 17 £ 11470 - £ 12510, say between £220 and £240 per week
- 18 £ 12510 - £ 13560, say between £240 and £260 per week
- 19 £ 13650 - £ 14600, say between £260 and £280 per week
- 20 £ 14600 - £ 15640, say between £280 and £300 per week
- 21 £ 15640 - £ 16690, say between £300 and £320 per week
- 22 £ 16690 - £ 17730, say between £320 and £340 per week
- 23 £ 17730 - £ 18770, say between £340 and £360 per week
- 24 £ 18770 - £ 19810, say between £360 and £380 per week
- 25 £ 19810 - £ 20860, say between £380 and £400 per week
- 26 £ 20860 - £ 23460, say between £400 and £450 per week
- 27 £ 23460 - £ 26070, say between £450 and £500 per week
- 28 £ 26070 - £ 28680, say between £500 and £550 per week
- 29 £ 28680 - £ 31200, say between £550 and £600 per week
- 30 £ 31200 - £ 33800, say between £600 and £650 per week
- 31 £ 33800 - £ 36400, say between £650 and £700 per week
- 32 £ 36400 - £ 39000, say between £700 and £750 per week
- 33 £ 39000 - £ 41600, say between £750 and £800 per week
- 34 £ 41600 - £ 44200, say between £800 and £850 per week
- 35 £ 44200 - £ 46800, say between £850 and £900 per week
- 36 £ 46800 - £ 49400, say between £900 and £950 per week
- 37 £ 49400 - £ 52000, say between £950 and £1000 per week
- 38 £ 52000 and over, say over £1000 per week

[PENSION] Are you (or your employer) paying contributions to any of the following pension arrangements..

INTERVIEWER READ OUT.. RUNNING PROMPT CODE 4 for NONE\NO PENSION:

1. A personal or private pension fund, or retirement annuity
2. A company or occupational pension scheme run by my employer (including Superannuation schemes)
3. A stakeholder pension scheme fund
4. None\No pension

[BENEFITS] Are you at present receiving any State Benefits?

- 1. Yes -> [TYPEBEN]
- 2. No -> [TAXCREDS]

[TYPEBEN] SHOW CARD 41 (BENEFITS) - CODE ALL THAT APPLY -

Which of the following benefits do you receive..

- | | | |
|--|--|---|
| 1. Child Benefit | | 10. Disability Living Allowance |
| 2. Child Benefit - Lone Parent Rate (was One-Parent Benefit) | | 11. Carers Allowance (was Invalid Care Allowance) |
| 3. Retirement Pension or Old Age Pension | | 12. Widow's Pension, War Widow's Pension, Bereavement Benefit (Bereavement Allowance or Payment) or Widowed Parent's (Widowed Mothers Allowance |
| 4. Pension Credit (was Minimum Income Guarantee) | | 13. Maternity Allowance |
| 5. Income Support | | 14. Severe Disablement Allowance |
| 6. Job Seekers Allowance (Income Based) | | 15. Social Fund |
| 7. Job Seekers Allowance (Contributory) (was Unemployment Benefit) | | 16. Industrial Injuries Benefit (i.e Industrial Death benefit, Industrial Injuries Disablement Benefit or Reduced Earnings Allowance) |
| 8. Incapacity/Sickness/Invalidity Benefit | | 16. None of above |
| 9. Attendance Allowance | | |

Enter at most 16 values

[AMOUNT] Please specify current weekly amount received in ..TYPEBEN.. Benefit? PLEASE CHECK THAT THIS IS THE AMOUNT RECEIVED PER WEEK

Enter a numeric value between 0.00 and 200.00

[TAXCREDS] Are you at present receiving any Tax Credits?

INTERVEIWER PLEASE NOTE: Tax Credits can be paid as a lump sum covering 6 months, a regular payment, some receive them through their pay and others by a Giro book. If they receive tax credits they will know that they will!

- 1. Yes -> [TYPETAX]
- 2. No -> [ANY]

[TYPETAX]

Which of the following tax credits do you receive..

CODE ALL THAT APPLY -

- 1. Working Tax Credit (excluding any childcare tax credit)
- 2. Child Tax Credit (including any childcare tax credit)
- 3. None of above

Enter at most 2 values

[AMOUNTC] Please specify current weekly amount received .. TYPETAX ..? PLEASE CHECK THAT THIS IS THE AMOUNT RECEIVED PER WEEK

Enter a numeric value between 0.00 and 200.00

[ANY] Do you receive any other State Benefit (eg Contributory Invalidity Benefit, Mobility Allowance, Guardian Allowance or Child's Special Allowance, etc) ?

- 1. Yes -> [BENEFIT1]
- 2. No -> [OTHER]

[BENEFIT1..BENEFIT3] PLEASE DESCRIBE

[BENAM] How much do you receive in total from these other benefits

Enter a numeric value between 1.00 and 300.00

[OTHER] Do you have any other source of personal income apart from earned income or State benefits ?

1. Yes [AMOUNT]
2. No [THANKR]

[AMOUNT] SHOW CARD 40 (INCOME)

Please examine the list and choose which represents the annual gross or total amount of this income ?

- 1 Less than £520, say less than £10 per week
- 2 £ 520 - £ 1040, say between £ 10 and £ 20 per week
- 3 £ 1040 - £ 1560, say between £ 20 and £ 30 per week
- 4 £ 1560 - £ 2090, say between £ 30 and £ 40 per week
- 5 £ 2090 - £ 2610, say between £ 40 and £ 50 per week
- 6 £ 2610 - £ 3130, say between £ 50 and £ 60 per week
- 7 £ 3130 - £ 3650, say between £ 60 and £ 70 per week
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- 30 £ 31200 - £ 33800, say between £600 and £650 per week
- 32 £ 33800 - £ 36400, say between £650 and £700 per week
- 33 £ 36400 - £ 39000, say between £700 and £750 per week
- 34 £ 39000 - £ 41600, say between £750 and £800 per week
- 35 £ 41600 - £ 44200, say between £800 and £850 per week
- 36 £ 44200 - £ 46800, say between £850 and £900 per week
- 37 £ 46800 - £ 49400, say between £900 and £950 per week
- 38 £ 49400 - £ 52000, say between £950 and £1000 per week
- 39 £ 52000 and over, say over £1000 per week

[THANKR] THANK RESPONDENT FOR HIS/HER HELP Press 1 to continue

1. Continue
-

HOUSEHOLD DEBT SECTION:

[INTROD] Introduction to Household Debt Section.

Recent figures have shown that consumer debt has reached record levels. The following questions relate to your financial position as regards credit/debt and payment of utility bills. Your answers will contribute to an overall understanding of household and individual debt in Northern Ireland.

COPING WITH QUESTIONS COMMENTS FROM RESPONDENTS@

Q - Details of my debt are private, so why should I tell you?

A - You do not have to answer all the questions, but the information will not be associated with your identity in any way, and we do not ask you to state the exact amount of money you owe- you tell us to which range you belong.

[CRDFACS] SHOW CARD 42 (CREDIT FACILITIES)

Do you or anyone in your household have any of the credit facilities shown on the card?

CODE ALL THAT APPLY

1. Credit Cards (e.g Access, Visa) OR Charge Cards (e.g American Express, Diners Club)
2. Shop or store cards (like Marks and Spencer, BHS etc)
3. Catalogues/Mail Order Schemes
4. None of these

[NUMCCRD] What is the TOTAL number of credit cards owned by members of your household?

PLEASE NOTE WE WANT TO KNOW THE TOTAL NUMBER OF CREDIT CARDS OWNED BY ALL MEMBERS OF THE HOUSEHOLD 1..9

ASKED FOR EACH CREDIT CARD

{**[CCNAME]** Please enter the name of your credit card STRING[100]

{

{**[PYCCRD]** SHOW CARD 43 (PAYMENTS)

{At the moment are you (or the card holder) able to manage repayments on your/their credit card?

{

- { 1. Pay the minimum payment only
- { 2. Pay more than the minimum but less than the monthly total
- { 3. Pay monthly total in full
- { 4. Cannot afford any repayments
- { 5. Do not owe money on this card

[NUMSCRD] What is the TOTAL number of store cards owned by members of your household?

PLEASE NOTE WE WANT TO KNOW THE TOTAL NUMBER OF STORE CARDS OWNED BY ALL MEMBERS OF THE HOUSEHOLD 1..9 ;

ASKED FOR EACH STORE CARD

{**[STCNAME]** Please enter the name of your store card STRING [100]

{

{

{**[PYSCRD]** SHOW CARD 43 (PAYMENTS)

{At the moment are you (or the card holder) able to manage repayments on your/their store card?

{

- { 1. Pay the minimum payment only
- { 2. Pay more than the minimum but less than the monthly total
- { 3. Pay monthly total in full
- { 4. Cannot afford any repayments
- { 5. Do not owe money on this card

[NUMCATS] What is the TOTAL number of Catalogues/Mail Order Schemes owned by members of your household?
 INTERVIEWER:PLEASE NOTE WE WANT TO KNOW THE TOTAL NUMBER OF CATOLOGUES/MAIL ORDER SCHEMES OWNED BY ALL MEMBERS OF THE HOUSEHOLD 0..9 ;

ASKED FOR EACH CATALOGUE

{[CTNAME]} Please enter the name of your catalogue :STRING [100]
 {
{[PYCAT]} SHOW CARD 43 (PAYMENTS)
 {At the moment are you (or the card holder) able to manage repayments on your/their catalogue?
 {
 { 1. Pay the minimum payment only
 { 2. Pay more than the minimum but less than the monthly total
 { 3. Pay monthly total in full
 { 4. Cannot afford any repayments
 { 5. Do not owe money on this card

[OWECF] SHOW CARD 44 (AMOUNT OWED)
 In total how much do you owe on these credit facilities?
 (Only require a total for ALL credit commitments)

- | | | |
|------------------|--|--------------------------|
| 1. Less than £50 | | 10. £15000-£20000 |
| 2. £50-£100 | | 11. £20000-£25000 |
| 3. £100-£250 | | 12. £25000-£30000 |
| 4. £250-£500 | | 13. £30000-£35000 |
| 5. £500-£1000 | | 14. £35000-£40000 |
| 6. £1000-£2000 | | 15. £40000-£45000 |
| 7. £2000-£5000 | | 16. £45000-£50000 |
| 8. £5000-£10000 | | 17. £50000 or over |
| 9. £10000-£15000 | | 18. Do not owe any money |

[MTPAY] SHOW CARD 44 (AMOUNT OWED)
 In total how much do you pay each month on all your credit facilities?
 (Only require a total for ALL types of credit facilities)

- | | | |
|------------------|--|--|
| 1. Less than £50 | | 10. £15000-£20000 |
| 2. £50-£100 | | 11. £20000-£25000 |
| 3. £100-£250 | | 12. £25000-£30000 |
| 4. £250-£500 | | 13. £30000-£35000 |
| 5. £500-£1000 | | 14. £35000-£40000 |
| 6. £1000-£2000 | | 15. £40000-£45000 |
| 7. £2000-£5000 | | 16. £45000-£50000 |
| 8. £5000-£10000 | | 17. £50000 or over |
| 9. £10000-£15000 | | 18. Do not make any monthly repayments |

[LOAN] SHOW CARD 45 (LOANS)
 Over the past 12 months, have you used any of these ways to borrow money?
 PLEASE INCLUDE ONLY THOSE LOANS WHICH COMMENCED IN THE PAST 12 MONTHS
 CODE ALL THAT APPLY

1. Bank Overdraft
2. Fixed term loan from a Bank or Building Society (EXCLUDING a mortgage)
3. Loan from a Credit Union
4. Loan from a finance company
5. Loan from a money lender
6. Loan from a friend or relative
7. Loan or advance on wages from your employer
8. Social Fund loan
9. Student Loan Company
10. None of these

[AMTOD] How much are you currently overdrawn at the bank?

- | | | |
|------------------|--|--------------------------|
| 1. Less than £50 | | 10. £15000-£20000 |
| 2. £50-£100 | | 11. £20000-£25000 |
| 3. £100-£250 | | 12. £25000-£30000 |
| 4. £250-£500 | | 13. £30000-£35000 |
| 5. £500-£1000 | | 14. £35000-£40000 |
| 6. £1000-£2000 | | 15. £40000-£45000 |
| 7. £2000-£5000 | | 16. £45000-£50000 |
| 8. £5000-£10000 | | 17. £50000 or over |
| 9. £10000-£15000 | | 18. Do not owe any money |

[OWELN] SHOW CARD 44 (AMOUNT OWED)

How much do you owe in total across ALL your LOANS?

(ONLY REQUIRE TOTAL OWED ACROSS ALL LOANS- DO NOT INCLUDE OVERDRAFT)

- | | | |
|------------------|--|--------------------------|
| 1. Less than £50 | | 10. £15000-£20000 |
| 2. £50-£100 | | 11. £20000-£25000 |
| 3. £100-£250 | | 12. £25000-£30000 |
| 4. £250-£500 | | 13. £30000-£35000 |
| 5. £500-£1000 | | 14. £35000-£40000 |
| 6. £1000-£2000 | | 15. £40000-£45000 |
| 7. £2000-£5000 | | 16. £45000-£50000 |
| 8. £5000-£10000 | | 17. £50000 or over |
| 9. £10000-£15000 | | 18. Do not owe any money |

[PAYLN] SHOW CARD 44 (AMOUNT OWED)

How much are you paying each month in total for all your loan repayments?

ONLY REQUIRE TOTAL ACROSS ALL LOAN REPAYMENTS PER MONTH

- | | | |
|------------------|--|--|
| 1. Less than £50 | | 10. £15000-£20000 |
| 2. £50-£100 | | 11. £20000-£25000 |
| 3. £100-£250 | | 12. £25000-£30000 |
| 4. £250-£500 | | 13. £30000-£35000 |
| 5. £500-£1000 | | 14. £35000-£40000 |
| 6. £1000-£2000 | | 15. £40000-£45000 |
| 7. £2000-£5000 | | 16. £45000-£50000 |
| 8. £5000-£10000 | | 17. £50000 or over |
| 9. £10000-£15000 | | 18. Do not make any monthly repayments |

[UTLBL] SHOW CARD 46 (UTILITY BILLS)

Over the last year, have you experienced problems which resulted in arrears in payments of any of your household bills?

1. Yes
2. No

[OWEUBL] SHOW CARD 46 (UTILITY BILLS)

...On which bills?

CODE ALL THAT APPLY

- | | | |
|-------------------------------|--|----------------------------------|
| 1. Electricity bill | | 7. Telephone bill |
| 2. Gas bill | | 8. Television/Video rental or HP |
| 3. Oil bill | | 9. Other HP payments |
| 4. Other fuel bills like coal | | 10. Mortgage repayments |
| 5. Rates bill | | 11. Rent |
| 6. Insurance policies | | 12. Up to date with all bills |

ASKED FOR EACH HOUSEHOLD BILL WITH ARREARS

{ **[AMTUB]** SHOW CARD 44 (AMOUNT OWED)

{How much do you owe for your household bill?

{

| | |
|--------------------|--------------------------|
| { 1. Less than £50 | 10. £15000-£20000 |
| { 2. £50-£100 | 11. £20000-£25000 |
| (3. £100-£250 | 12. £25000-£30000 |
| (4. £250-£500 | 13. £30000-£35000 |
| (5. £500-£1000 | 14. £35000-£40000 |
| (6. £1000-£2000 | 15. £40000-£45000 |
| (7. £2000-£5000 | 16. £45000-£50000 |
| (8. £5000-£10000 | 17. £50000 or over |
| (9. £10000-£15000 | 18. Do not owe any money |

{

ADMINISTRATION:

[**TelNo1**] A few interviews in any survey are checked by Head Office to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

- 1 Yes -> [TELNUMB]
- 2 No access to telephone -> [ANYLEFT]
- 3 Number refused -> [ANYLEFT]

[**TelNumb**] PLEASE RECORD TELEPHONE NUMBER INCLUDING ANY AREA CODE.

[**ANYLEFT**] END OF QUESTIONNAIRE - IS ANYONE LEFT IN THIS HOUSEHOLD TO INTERVIEW?

HERE AGAIN IS THE LIST OF ALL THE ADULTS IN THE HOUSEHOLD

- 1: *HOH Male 45
- 2: *PARTNER Female 44 etc...

* THOSE ALREADY INTERVIEWED

- 1. Yes
- 2. No

[**DONECODE**] YOU HAVE NOW REACHED THE END OF THE QUESTIONNAIRE
** THANK RESPONDENT **
HAVE YOU COMPLETED ALL INTERVIEWING?

- 1. Yes, completed all interviewing
- 2. Not yet

[**COMPDATE**] DATE COMPLETED COMPUTED

[**INTDATE**] DATE OF INTERVIEW COMPUTED
