

LIVING IN ENGLAND TODAY
CONTACT QUESTIONNAIRE – 10-016053-01 (CONFIDENTIAL)

BARCODE

Address number		Office Use Only		
Sample Point No		Issue No	Interviewer No.	Interviewer Name
		1		
		2		
		3		
		Please put a cross ☒ in the correct answer box throughout.		
<p>REQUIRED CALL PATTERN You must make at least 6 visits to the address to set up appointments/complete interview. <u>Of these calls, at least one evening and one weekend call, plus one further evening/weekend call.</u></p>				

A1. RECORD SELECTED RESPONDENT'S FULL NAME & TELEPHONE NUMBER BELOW

TITLE																					
TELEPHONE :																					

Telephone Number Refused	<input type="checkbox"/>
No Telephone	<input type="checkbox"/>

SECTION 1: INDIVIDUAL CALL OUTCOME

E-Progress completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call no (F2F, tel, office)	1	2	3	4	5	6	7	8	9	10												
A2. Day of week	Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3. Date of call, e.g.	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM
	22	09																				

A4. Time of call -24 hr, e.g.	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM
	15	32																				

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Call no. (including F2F visits, telephone calls and office info)

A5. Type of call (Code <u>one</u> only per call)		1	2	3	4	5	6	7	8	9	10
Personal call: face to face		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone call		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal call: intercom only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office call		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify at Note 1)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. Call result (Code <u>one</u> only per call)		1	2	3	4	5	6	7	8	9	10
Full interview	END OF SECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial interview		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with someone, target respondent not yet selected	GO TO A7 ↓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with target respondent but NO interview		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with somebody other than target respondent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No contact at address	END OF SECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deadwood address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other information about sample unit (specify at Note 1)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF SECTION

GO TO A7
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END OF SECTION

Note 1 for A5 and A6 (please indicate if the note refers to A5 or A6)

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A7. Contact made but no interview (Code <u>one</u> only per call)		1	2	3	4	5	6	7	8	9	10
Appointment made	END OF SECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal** by target respondent	GO TO A8, A9, A10, A11 ↓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proxy refusal** on behalf of target respondent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal** before selection	END OF SECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target respondent unavailable/not at home		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target respondent mentally/physically unable to participate (short term – revisit during fieldwork)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target respondent mentally/physically unable to participate (long term – unable to complete interview during fieldwork)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target respondent has inadequate English (specify language at Note 2 overleaf)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify at Note 2 overleaf)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF SECTION

GO TO A8, A9, A10, A11
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END OF SECTION

** PLEASE NOTE THAT THIS REFERS TO EITHER 1) **A FINAL REFUSAL** – IN WHICH CASE PLEASE ANSWER A8-A11 AND THE FINAL OUTCOMES AS APPLICABLE ON PAGES 9 AND 10; OR 2) **A REFUSAL FOR THIS PARTICULAR CALL** – IF THE RESPONDENT REFUSED TO TAKE PART AT THIS PARTICULAR CALL (E.G. NO TIME), BUT MAY BE WILLING TO TAKE PART IN THE FUTURE. IN THIS CASE, PLEASE ANSWER A8-A11 AS APPROPRIATE.

A8. Why refusal (Code <u>all</u> that apply per call)	1	2	3	4	5	6	7	8	9	10
Bad timing (e.g. sick, children, visitors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know enough/anything about the subject/too difficult for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never do surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operated in surveys too often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't trust surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous bad experience with surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't like the subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target respondent refuses because partner/ family/ HH give no approval to co-operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't admit strangers to house/afraid to let them in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify at Note 2 overleaf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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A9. Likely future co-operation of target respondent (Code <u>one</u> only per call)	1	2	3	4	5	6	7	8	9	10
Will <u>definitely not</u> co-operate in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will <u>probably not</u> co-operate in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>May perhaps</u> co-operate in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Will</u> co-operate in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know, never saw respondent/no selection made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A10. Estimated age of target respondent (if seen) or of household member who refuses (if not seen target respondent) (Code <u>one</u> only per call)	1	2	3	4	5	6	7	8	9	10
Under 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40-59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A11. Sex of respondent (if seen) or of household member who refuses (if not seen target respondent) (Code <u>one</u> only per call)		1	2	3	4	5	6	7	8	9	10
Male	END OF SECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF SECTION

Note 2 for A7 and A8 (please indicate if the note refers to A7 or A8)

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SECTION 2: DWELLING UNIT SELECTION

A12. How many dwelling units are there at the address? RECORD EXACT NO.
(Treat as occupied if you are not sure)

- If one dwelling unit, go to A14.
- If between 2 and 12 dwelling units, go to A13 and A14.
- If more than 12 dwelling units, please contact the Head Office.

A13. Dwelling unit selection grid

If 2 to 12 dwelling units, please list all households at the dwelling unit:

- In flat/room number order, or from bottom to top of building, left to right, front to back.

DESCRIPTION	DU NO.	DESCRIPTION	DU NO.
	1		7
	2		8
	3		9
	4		10
	5		11
	6		12

Now go to A14 and please circle the number of dwelling units at the address on the top line. The number immediately below it in the 'Select dwelling unit' row is the number in A13 of the dwelling unit selected. Please put a cross in the corresponding box, and then please update the address on page 1 after selection.

A14. Circle number of dwelling units at address	1	2	3	4	5	6	7	8	9	10	11	12
Select dwelling unit												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION 3: HOUSEHOLD SELECTION

DEFINITION OF HOUSEHOLD: One person living alone or a group of people living at the same address (and have that address as their only or main residence), who share cooking facilities and share at least one of a living room or sitting room or dining area.

A15. How many households are there at the selected dwelling unit?
RECORD EXACT NO. (*Treat as occupied if you are not sure*)

- If one household, go to A17.
- If between 2 and 12 households, go to A16 and A17.
- If more than 12 households, please contact the Head Office.

A16. Household selection grid

If 2 to 12 households, please list all households at the address:

- In flat/room number order, or from bottom to top of building, left to right, front to back.

DESCRIPTION	HH NUMBER	DESCRIPTION	HH NUMBER
	1		7
	2		8
	3		9
	4		10
	5		11
	6		12

Now go to A17 and please circle the number of households at the selected dwelling unit on the top line. The number immediately below it in the 'Select household' row is the number in A16 of the household selected. Please put a cross in the corresponding box and then please update the address on page 1 after selection.

A17. Circle number of households at dwelling unit	1	2	3	4	5	6	7	8	9	10	11	12
Select household												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION 4: RESPONDENT SELECTION

A18. Can you tell me how many people aged 15 or over currently live here as part of this household? RECORD EXACT NO.

- If one 15+ resident only, go to A20 to A22
- If between 2 to 12 15+ residents, go to A19 to A22
- If more than 12 15+ residents, please contact the Head Office.

A19. Respondent selection Grid

We have a special way of selecting which person to interview and in order to choose fairly, can you please tell me the first name of each member of the household (aged 15 or over) in alphabetical order.

PERSON NO.	NAME OR INITIAL	PERSON NO.	NAME OR INITIAL
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	
INCLUDE: <ul style="list-style-type: none"> ▪ People normally living here (but not currently in the dwelling) away for up to 6 months (e.g. on holiday, working, hospital, abroad etc) ▪ School-age children at boarding school, who are 15+ ▪ Students sharing private accommodation ▪ People away at work for whom this is main address 		EXCLUDE: <ul style="list-style-type: none"> ▪ People 15+ living elsewhere for work ▪ Spouses separated and no longer resident ▪ People away for 6 months or more ▪ Temporary visitors, boarders and lodgers ▪ Students away at university or college 	

If there is more than one person aged 15 or above living in the household, use the grid below to select the respondent. Please circle the number of respondents on the top line of A20. The number immediately below it in the 'Select respondent' row is the number in A19 of the person selected. Please put a cross in the corresponding box. No substitutions are allowed once selected.

A20. Circle number of respondents	1	2	3	4	5	6	7	8	9	10	11	12
Select respondent												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A21. Respondent selection procedure was made at visit number: RECORD EXACT NO.

*****Please record selected respondent's full name & telephone number on the front page*****

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A22. Is the respondent aged 15-17?

Yes	<input type="checkbox"/>	OBTAIN CONSENT BELOW
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No	<input type="checkbox"/>	END OF SECTION
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Name of adult giving consent: _____

Relationship to respondent: _____

Signature of adult giving permission: _____

SECTION 5: FINAL OUTCOME
*****PLEASE COMPLETE THIS FOR YOUR FINAL CALL*****

		ISSUE NO.				
A23. Whether address is eligible (Code <u>one</u> only)		1	2	3		
YES	Address definitely or possibly eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	GO TO A24 END OF SECTION
NO	Demolished/derelict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
	Not yet built/under construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
	Vacant/empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	
	Non-residential address (i.e. business, office, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
	Address occupied, no resident persons (i.e. occupied holiday/weekend home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	
	Communal establishment/institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	
	Residential, no-one aged 15+ lives there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	
	Address not traceable or address not sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	
	WRITE IN DETAILS: Other ineligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	

		ISSUE NO.				
A24. Whether contact made at address (Code <u>one</u> only)		1	2	3		
YES	Contact made at address/selected household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	GO TO A25 END OF SECTION
NO	No contact at address/sampled household after 6+ calls – address/HH definitely or probably contains eligible residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	
	No contact at address/sampled household after 6+ calls – not known if address/HH contains eligible residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	

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		ISSUE NO.			
A25. Whether selection was made (Code <u>one</u> only)		1	2	3	
YES	Sample member selected at address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
NO	Information refused about number of 15+ in HH – address/HH definitely or probably contains eligible residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
	Information refused about number of 15+ in HH – not known if address contains eligible residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
	Sample member not selected for other reason – address/HH definitely or probably contains eligible residents WRITE IN DETAILS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
	Sample member not selected for other reason – not known if address/HH contains eligible residents WRITE IN DETAILS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18

GO TO A26
END OF SECTION

		ISSUE NO.			
A26. Whether interviewed selected person (Code <u>one</u> only)		1	2	3	
YES	Full interview completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
	Partial interview completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
NO	No contact with selected person after 6+ calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
	Selected person refused in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
	Proxy refusal on behalf of selected person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
	Broken appointment, no re-contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
	Selected person is unavailable/ not at home during fieldwork period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
	Selected person is ill at home during fieldwork period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
	Target respondent has inadequate English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
	Other reasons for non-response WRITE IN DETAILS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28

END OF SECTION

DO NOT RECONTACT	ISSUE NO.			
	1	2	3	
WRITE IN DETAILS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29

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SECTION 6: REISSUE VALIDATION OF NON CONTACTS & REFUSALS
*****PLEASE COMPLETE THIS FOR REISSUES ONLY*****

CODE BELOW IF REISSUE AND 1 ST ISSUE OUTCOME = 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 15, 16, 17, 18, 21, 22, 23, 24 OR 25 AT A23, A24, A25 OR A26		CORRECT	INCORRECT
	1 st issue Non Contact Code (12, 13, 17, 18, 21)	<input type="checkbox"/>	<input type="checkbox"/>
	1 st issue Refusal Code (15, 16, 22, 23, 24, 25)	<input type="checkbox"/>	<input type="checkbox"/>
	1 st issue Ineligible Code (2, 3, 4, 5, 6, 7, 8, 9, 10)	<input type="checkbox"/>	<input type="checkbox"/>
	Unable to validate 1 st issue outcome WRITE IN DETAILS:	<input type="checkbox"/>	

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SECTION 7: NEIGHBOURHOOD CHARACTERISTICS QUESTIONS

*** INTERVIEWER OBSERVATIONS (RECORD FOR EVERY ADDRESS)***

- Please complete during daylight wherever possible
- Complete at the initial visit of the contact procedure
- Please refer to separate document for example 'pictures'
- Must be completed for all sample units including 'all non-contacts', 'all refusals', 'all other types of non-response units' as well as 'all interviews'
- For office refusals: please obtain this information in all cases if not already obtained. Visit the address but do not approach occupants.

N1. What type of house does the (target) respondent live in? Please refer to the pictures in your briefing pack. SINGLE CODE ONLY.

	Farm	<input type="checkbox"/>
Single Unit	Detached house	<input type="checkbox"/>
	Semi-detached house	<input type="checkbox"/>
	Terraced house	<input type="checkbox"/>
	The only housing unit in a building with another purpose (e.g. Commercial property)	<input type="checkbox"/>
Multi-Unit	Multi-unit house, flat	<input type="checkbox"/>
	Student apartments, rooms	<input type="checkbox"/>
	Retirement house	<input type="checkbox"/>
Other	House-trailer or boat	<input type="checkbox"/>
	Other WRITE IN DETAILS:	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>

N2. Before reaching the (target) respondent's individual door, is there an entry phone system or locked gate/door? SINGLE CODE ONLY.

NOTE TO INTERVIEWER: Record whether there is a gate / door that is locked at the time that the neighbourhood characteristics form is completed.

Yes – entry phone system	<input type="checkbox"/>
Yes – locked gate / door	<input type="checkbox"/>
Yes – entry phone system AND locked gate / door	<input type="checkbox"/>
No – neither of these	<input type="checkbox"/>

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N3. What is your assessment of the overall physical condition of this building/house? SINGLE CODE ONLY.

NOTE TO INTERVIEWER:

Consider the following issues when assessing the overall condition of this building/house.

1. Roof problems (e.g. sagging roof, missing roofing material)
2. Problems with window (e.g. boarded up or broken windows)
3. Other problems (e.g. sloping outside walls, broken plaster or peeling paint, guttering problems)

	Very good	<input type="checkbox"/>
	Good	<input type="checkbox"/>
	Satisfactory	<input type="checkbox"/>
	Bad	<input type="checkbox"/>
	Very bad	<input type="checkbox"/>

NOTE TO INTERVIEWER:

For the remaining two questions (N4 & N5), please give your overall opinion about the 'immediate vicinity' of the building/house of the target respondent. Look to the left and the right of the building/house taking into account a distance of about 2 normal sized houses on either side (approximately 15 metres on either side). Only include this area and the property of the target respondent when answering these questions.

There may not be other properties on either side of the building so just estimate the space that about 2 'normal' size houses on either side would take up.

Note that in the case of blocks of flats refer to the space on either side of the whole building and not just the individual flat where the target respondent lives.

N4. In the immediate vicinity, how much litter and rubbish is there? Please refer to the pictures in your briefing pack. SINGLE CODE ONLY.

	Very large amount	<input type="checkbox"/>
	Large amount	<input type="checkbox"/>
	Small amount	<input type="checkbox"/>
	None or almost none	<input type="checkbox"/>

N5. In the immediate vicinity, how much vandalism and graffiti is there? Please refer to the pictures in your briefing pack. SINGLE CODE ONLY.

	Very large amount	<input type="checkbox"/>
	Large amount	<input type="checkbox"/>
	Small amount	<input type="checkbox"/>
	None or almost none	<input type="checkbox"/>

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