



The future is built on the present

Welcome to the first census in the Faroe Islands in 34 years.

All households and everyone residing in the country will complete this questionnaire.

Such a comprehensive survey will yield statistical data that will offer insight into the nature of today's Faroese community. This information can be used in a variety of ways. For example, policy or administrative decisions can be based on concrete knowledge of specific circumstances within the community. Moreover, the data can be used for educational and research purposes and by different interest groups.

The information provided in answering this questionnaire will only be used to generate statistics administered by Statistics Faroe Islands. Everyone in the Faroe Islands has the same right of access to these statistics. No public authority has any access to the information provided by any specific resident, household or dwelling.

The census is conducted pursuant to Parliamentary Act No. 115, dated 14 May 2011.

Thank you!

1 November 2011



Heini Hátún, Director

Who completes the questionnaire?

A responsible person within the household completes those sections of the questionnaire on the household and the dwelling. A »responsible« person is one who:

- owns/rents (possibly with others) the dwelling; and / or
- has the responsibility (possibly with others) to pay household bills and expenses.

Everyone in the household answers the personal questions.


Who collects the questionnaire?

A Census Collector from Manntal (The Faroese Census Bureau) will come to the door after 11 November 2011 to collect the questionnaire. It will take several days before the Census Collectors have been to each residence.

If you have a question

- If you have a question, the Census Collectors can provide guidance when they come to the door.
- General information and guidance on each question is available on the Manntal website, www.manntal.fo.
- You can also call +298 80 2011 free of charge for assistance.

Address of residence

 Please write in the address of household below.

Postal code

Certification

A responsible individual in the household signs the questionnaire. Please take care to make sure that all the relevant pages and questions have been completed.

This questionnaire shall be completed based on one's best information and belief.

Signature

Date Telephone

The staff of Manntal will only contact you if it is necessary to obtain certain missing information.

For the Census Collector

Census Area

Census Collector

INSTRUCTIONS

Additional questionnaires

This questionnaire is designed for households of up to six persons. If there are more than six people in the household, supplemental questionnaires may be obtained by calling +298 80 2011 or ask the Census Collector.

No one lives here

This questionnaire is sent out to every dwelling. Thus, it is possible that a questionnaire will be sent to a place where no one usually resides, for example, a workplace, summer or holiday home. In such instances, those responsible for such dwellings should complete Question **H1** only.

You want to keep your answers private

If you desire to complete the questionnaire without anyone else in the household seeing your specific responses, you may obtain a supplemental questionnaire by calling +298 80 2011 or asking the Census Collector.

What do the symbols mean?



»Info« provides guidance on how questions should be answered.



»Go-to« tells you which question you should go to next.

E3

All questions are highlighted and indicated by a bar.

Answers to the Questionnaire will be scanned into a computer. Therefore, we would ask you to kindly

- Use a black or blue pen to enter your answers
- Answer by entering an X in the answer box.

e.g.

- Se block letters and enter one letter per box.

e.g.

LEIVUR

- Correct a wrong answer by completely filling in the box and enter an X in the correct box.

e.g.

- Continue onto the next row if you have to enter a long word or name.

e.g.

STÓRA BRETLA

ND

- Follow the Go to **H7** instructions and do not write on any page that does not require an answer.

Faroese Postal Codes

Akrar 927	Hattarvík 767	Lamba 627	Oyri 450	Sumba 970
Argir 160	Hellurnar 695	Langasandur 438	Porkeri 950	Sund 186
Ánirnar 726	Hestur 280	Leirvík 520	Rituvík 640	Svináir 465
Árnafjørður 727	Hósvík 420	Leynar 335	Runavík 620	Svínoy 765
Bøur 386	Hov 960	Ljósá 466	Saksun 436	Syðradalur (Kal) . . 795
Dalur 235	Hoyvík 188	Lopra 926	Saltangará 600	Syðradalur (Str.) . . 177
Depil 735	Húsar 796	Miðvágur 370	Saltnes 656	Syðrugøta 513
Eiði 470	Húsavík 230	Mikladalur 797	Sandavágur 360	Søldarfjørður 660
Elduvík 478	Hvalba 850	Morskranes 496	Sandur 210	Sørvágur 380
Fámjin 870	Hvalvík 430	Múli 737	Sandvík 860	Tjørnuvík 445
Froðba 825	Hvannasund 740	Mykines 388	Selatrað 497	Toftir 650
Fuglafjørður 530	Hvítanes 187	Nes (Eysturoy) 655	Signabøur 416	Tórshavn 100
Funningsfjørður . . . 477	Innan Glyvur 494	Nes (Vágur) 925	Skarvanes 236	Trongisvágur 826
Funningur 475	Kaldbak 180	Nesvík 437	Skálabotnur 485	Trøllanes 798
Gásadalur 387	Kaldbaksbotnur . . . 185	Norðdepil 730	Skálavík 220	Tvøroyri 800
Gjógv 476	Kirkja 766	Norðoyri 725	Skála 480	Vatnsoyrar 385
Glyvrrar 625	Kirkjubøur 175	Norðradalur 178	Skipanes 665	Vágur 900
Gøta 510	Kirkjubøur 175	Norðragøta 512	Skopun 240	Válur 358
Gøtueiði 666	Klaksvík 700	Norðskáli 460	Skúvoy 260	Velbastaður 176
Gøtugjógv 511	Kolbanargjógv 495	Norðtoftir 736	Skælingur 336	Vestmanna 350
Haldórvík 440	Kollafjørður 410	Nólsoy 270	Stóra Dimun 286	Viðareiði 750
Haraldssund 785	Koltur 285	Oyndarfjørður 690	Strendur 490	Víkarbyrgi 928
	Kunoy 780	Oyrbakki 400	Streymnes 435	Æðuvík 645
	Kvívik 340	Oyrareingir 415	Stykkið 330	Øravík 827
	Lambareiði 626			

H1

How many persons usually live here?

i Please include these persons:

- Everyone who usually lives here, including those who may be temporarily away
- Everyone who usually lives here without regard to where they may be registered as living
- Children and youth under 18 years of age who are going to school somewhere else in the Faroes
- Infants born before 11 November 2011, including those who have not come home from the hospital yet

- Other members of the household who usually live here, but who are onboard a ship or work someplace else
- Other members of the household who usually live here, but now reside out of the Faroes and intend to return to the Faroes before they have been away for 12 months
- Persons who temporarily live here and intend to live in the Faroes 3 months or longer

Enter number here:

In addition to those who normally live here, is there anyone who stayed the night between 10 and 11 November 2011?

Yes, persons who normally live somewhere else in the Faroes

Enter number here:

Yes, persons who normally live outside the Faroes

Enter number here:

No, no one else is staying here

i If this is a residence where no one usually lives, e.g., holiday home, commercial building, you are now finished and do not need to complete any more of this Questionnaire. Thanks for your help!

Enter the names of those who usually live here

i Enter the name and personal number (P-tal) for everyone who normally lives here (remember to include new borns and infants). For unnamed children, write »Girl« or »Boy«. Enter your name first.

	Navn	P-tal
Pers. 1	<input type="text"/>	<input type="text"/>
Pers. 2	<input type="text"/>	<input type="text"/>
Pers. 3	<input type="text"/>	<input type="text"/>
Pers. 4	<input type="text"/>	<input type="text"/>
Pers. 5	<input type="text"/>	<input type="text"/>
Pers. 6	<input type="text"/>	<input type="text"/>

If there are more than 6 persons in your household, please call +298 80 2011 to receive a supplemental questionnaire.

H2

What is the relationship between the members of this household?

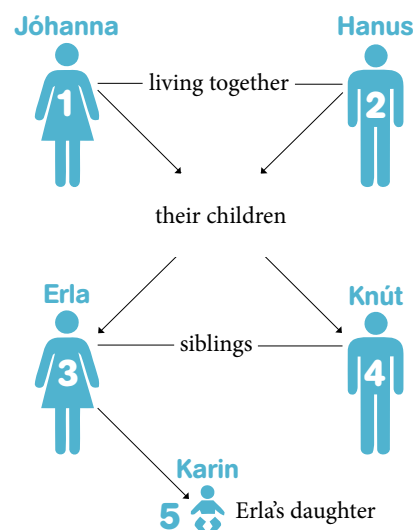
i If you are single or live alone
 → Go to **H3** (on page 6)

By relationship in this Questionnaire is meant kinship, adoption and/or other recognized connections, such as marriage, de facto partners, in-laws, etc.

Enter the names of everyone from section **H1** in the same order as entered in section **H1** on page 3.

Select only **one** relationship, even if there may be more than one relationship.

Example of family relationships



The next page shows how this household's information should be entered for **H2**

Name **Person 1**

Enter the name of Person 1 as in section **H1**

i Other relationship. This refers to a social or family relationship not explicitly mentioned. For example, a man might be living with a woman who has a child from a previous relationship. In this case, the two might feel that they have a »father-child« relationship or that they have »another« relationship.

Not related: There are, of course, connections that are not based on kinship or family, such as good friends or boarders who might well be considered a part of the household.

Name **Person 2**

What is Person 2 to this person?

1

- Spouse
- Partner
- Daughter or son
- Step-daughter or step-son
- Sister or brother
- Half-sister or half-brother
- Mother or father
- Step-mother or step-father
- Grandchild
- Grandmother or grandfather
- Other relationship
- Not related

Name **Person 3**

What is Person 3 to these persons?

1 2

- Spouse
- Partner
- Daughter or son
- Step-daughter or step-son
- Sister or brother
- Half-sister or half-brother
- Mother or father
- Step-mother or step-father
- Grandchild
- Grandmother or grandfather
- Other relationship
- Not related

Example continued:

Here you can see how to enter information for question **H2** for the household shown in the example.

<p>Person 1</p> <p>Name: JÓHANNA</p> <p>Enter the name of Person 1 as in section H1</p>	<p>Person 2</p> <p>Name: HANUS</p> <p>What is Person 2 to this person? 1</p> <p>Spouse <input type="checkbox"/></p> <p>Partner <input checked="" type="checkbox"/></p> <p>Daughter or son <input type="checkbox"/></p> <p>Step-daughter <input type="checkbox"/></p>	<p>Person 3</p> <p>Name: ERLA</p> <p>What is Person 3 to these persons? 1 2</p> <p>Spouse <input type="checkbox"/></p> <p>Partner <input type="checkbox"/></p> <p>Daughter or son <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Step-daughter <input type="checkbox"/></p>	<p>Person 4</p> <p>Name: KNÚT</p> <p>What is Person 4 to these persons? 1 2 3</p> <p>Spouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Daughter or son <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Step-daughter or step-son <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Sister or brother <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>Person 5</p> <p>Name: KARIN</p> <p>What is Person 5 to these persons? 1 2 3 4</p> <p>Spouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Daughter or son <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Step-daughter or step-son <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Sister or brother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Half-sister or half-brother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandmother or grandfather <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other relationship <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Not related <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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Person 4

Name:

What is Person 4 to these persons? **1 2 3**

Spouse

Partner

Daughter or son

Step-daughter or step-son

Sister or brother

Half-sister or half-brother

Mother or father

Step-mother or step-father

Grandchild

Grandmother or grandfather

Other relationship

Not related

Person 5

Name:

What is Person 5 to these persons? **1 2 3 4**

Spouse

Partner

Daughter or son

Step-daughter or step-son

Sister or brother

Half-sister or half-brother

Mother or father

Step-mother or step-father

Grandchild

Grandmother or grandfather

Other relationship

Not related

Person 6

Name:

What is Person 6 to these persons? **1 2 3 4 5**

Spouse

Partner

Daughter or son

Step-daughter or step-son

Sister or brother

Half-sister or half-brother

Mother or father

Step-mother or step-father

Grandchild

Grandmother or grandfather

Other relationship

Not related

H3

Which language(s) is usually spoken in the household?

- Only Faroese → Go to **H4**
- Faroese and one or more other languages
- Only a language(s) other than Faroese


Which language is used most often?

- Faroese
- A language other than Faroese, enter below:

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

H4

Is a holiday residence available for the household to use?

 Select all that apply.

- No
- Yes, holiday home in the Faroes
- Yes, holiday home outside the Faroes
- Yes, a camper trailer or houseboat

H5

Is a boat available for the household to use?

- No → Go to **H6**
- Yes

How often is the boat used?


- Once a month or more
- Less than once a month
- Never

Is there a boathouse for the boat?

- Yes
- No

H6


What supplemental food has the household received or itself produced during the last 12 months?

 The question relates to food that is not purchased.

Select all that apply.

- None → Go to **H7**
- Fish
- Lamb
- Pilot whale
- Potatoes
- Other


How many meals does the household get from this additional food?

 Select the most appropriate answer.

- Less than one a month
- One to three per month
- One to two per week
- More than two a week

H7

Does the household have a car(s) available to use?

 Include work vehicles that are available for private use.

- No
- Yes. Enter number of vehicles:


H8

Does the household have access to the Internet?

- Yes
- No

B1


What type of dwelling is this?

 *Select only one.*

- An unattached, »whole« or »single-family« house
- A whole house connected to another house at one or both sides, e.g., a row or terrace home, etc.
- A flat in an apartment building
- A flat in a house
- A flat in a commercial building
- Less than a flat, e.g., a room(s) with access to common facilities
- A camper trailer or other mobile or temporary housing

B2

How many square metres is the residence in total?

 *Calculate the total area of your residence. Include every floor in the total. If you do not know or it is difficult to measure, try to estimate as closely as possible. If the measurements for the residence are in »alin«, consult the instructions at www.manntal.fo or ask the Census Collector.*


Enter the number of square metres:

Of these, how many are unfinished?

Enter the number of square metres:


B3

How many rooms are available for only this household?

 *Include kitchen, workroom, living room, bedroom, wash-room and the like, but not the entry, bathroom, toilet or storage rooms.*

Enter number:

How many of these are bedrooms?

 *Include all bedrooms even if one is not currently used for sleeping.*


Enter number:

How many rooms are only used for commercial purposes?

Enter number:


B4

How is the residence heated?

 *Select all that apply.*

- By a central heating system
- By an affixed heater, fireplace, etc.
- By a mobile heater


What energy source(s) is used to heat the residence?

 *Select all that apply*

- Oil or kerosene
- Coal or the like
- Electricity
- Gas
- »Fjarhita« heating
- Wind
- Heat pump (*hitapumpa*)
- Solar

B5


Does the household own or rent the residence?

 *Select only one.*

- Own → Go to **B8**
- Rent → Go to **B6**
- Own part (e.g. condominium) → Go to **B8**
- Live here without paying rent → Go to **B7**

B6

What is the house rent for November 2011?

 Round to the nearest hundred, e.g., 4.250,00 is 4.300,00


, - kr

What is included in the house rent?

- Heating
- Internet
- Electricity
- Access to washing machine
- Cable (TV)
- Telephone
- Other
- Nothing

B7

Who owns the residence (is the lessor)?

 Select only one.

- Condominium association or the like
- Public authority, e.g., municipality or hospital
- Family of a member of the household
- Friend of a member of the household
- Private owner
- Other

B8

Does the residence have its own bath/shower room?

- Yes, the residence has its own bath/shower
- No, but there is access to a common bath/shower
- No, the residence does not have a bath/shower

B9

What are the arrangements for a kitchen?

- Residence has its own kitchen
- Residence shares a kitchen with others
- Residence does not have a kitchen

What energy source(s) is used to prepare food?

- Electricity
- Propane
- Other


B10

What are the arrangements for parking?

- Residence does not have its own parking space
- Residence has 1 parking space for its exclusive use
- Residence has 2 or more exclusive parking spaces

B11


When was the building built or renovated?

 Check only one box under each category. If you do not know exactly, make your best guess.

	Built	Last renovated
Before 1919	<input type="checkbox"/>	<input type="checkbox"/>
1919–1945	<input type="checkbox"/>	<input type="checkbox"/>
1946–1960	<input type="checkbox"/>	<input type="checkbox"/>
1961–1970	<input type="checkbox"/>	<input type="checkbox"/>
1971–1980	<input type="checkbox"/>	<input type="checkbox"/>
1981–1990	<input type="checkbox"/>	<input type="checkbox"/>
1991–2000	<input type="checkbox"/>	<input type="checkbox"/>
2001–2005	<input type="checkbox"/>	<input type="checkbox"/>
2006 or later	<input type="checkbox"/>	<input type="checkbox"/>
	Never renovated	<input type="checkbox"/>

B12

How many floors does the building have?

 Include the cellar.

1 2 3 4 5 or more

B13

Is there a buried oil storage tank on the property?

- No
- Yes, and the oil tank is less than 20 years old
- Yes, and the oil tank is 20 years old or more

B14

Is the building connected to a septic tank?

- No
- Yes, the building has its own septic tank
- Yes, the building connects to a common septic tank

Where does the outlet pipe from the septic tank (toilet) go?

- Into an open ditch or stream
- Into the sewer system

E1

What is your name? (Person 1 from page 3)

E2

What is your sex? Female Male

E3

What is your birthdate?

Day Month Year

E4

What is your country of birth?

Faroe Islands Another, enter which country.

E5

What is your citizenship?

Faroe Islands / Denmark
 Other, enter which country:

Have dual citizenship
 Have no citizenship

E6

Were you away during the night between 10–11 November?

No
 Yes, I was someplace else in the Faroes
 Yes, I was at sea in the territory of the Faroes
 Yes, I was outside the country

E7

In which country was your mother born?

In the Faroes
 Another, enter which country:

Do not know

E8

In which country was your father born?

In the Faroes
 Another, enter which country:

Do not know

E9

Do you have siblings or half-siblings overseas?

No Yes, in other countries
 Yes, in Denmark Do not know
 Yes, in other Nordic countries

E10

What was the first language you learned to speak at home?

 Select only one.

Faroese
 Another, enter which one:

E11


Have you ever lived in any country other than the Faroes?

No  Go to [E12](#)
 Yes, enter the country where you lived last:

When did you last move to the Faroes to live?

Month Year

 If you have lived in the Faroes for longer than 1 year:

 Go to [E12](#)

How long do you intend to stay in the Faroes, including the time you have already spent here this time.

Less than 6 months 12 months or longer
 6 through 11 months


E12

Given your age, how is your health?

- Very good Good Average Bad Very Bad
-

E13

Is your daily activity limited because of a health problem or disability that has existed for or is expected to last at least 12 months?

 *Include here problems related to old age*

- Yes, very limited
- Yes, somewhat limited
- No

E14

Do you have another address where you stayed more than 30 days during the last 12 months?

- No  Go to **E15**
- Yes

Describe this residence.


- Another address when working away from home
- Another address in connection with schooling
- Residence of my parent or guardian
(e.g. when a child shifts between parents)
- Another residence in connection with respite care, rehabilitation, medical procedure / care, etc.
- Summer house
- Another residence the household has at its disposal
- Other

If this residence is in the Faroe Islands, enter the postal code:

-

If this residence is outside the Faroe Islands, enter the country where the residence is located:


E15

 *Only children who have not entered school shall answer this question.*

Who provides your daycare?

- I am in daycare at a childcare centre
- I am in another type of daycare outside the home
- I am not in any daycare outside the home

E16

 *Those who are 14 years old or younger are finished. Thank you for your participation! Those who are 15 years old or older, please continue with question **E16***

What was your formal marital / civil status on 11 November?

- Never married
- In my first marriage
- Remarried after being a widow(er)
- Remarried after a divorce
- Separated
- Divorced
- Widow or widower

E17

Do you have any children who live out of the country?

- No  Go to **E18**
- Yes

How many of your children live out of the country; enter number:

How many of these children left to get an education; enter number:

In which countries do your children live?

- In Denmark In other Nordic countries
- Outside the Nordic countries

E18

Do you have grandchildren living overseas?

- No
- Yes, in Denmark
- Yes, in other Nordic countries
- Yes, outside the Nordic countries

E19

i Women only.

How many children have you given birth to?

None → Go to **E20**

One or more, enter number:

How old were you when you gave birth to your first child

E20

i If Faroese is your mother tongue, please go to the next question.

How well do you know Faroese?

	Very well	Well	Not well	Not at all
Speak Faroese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E21

What is your nationality?

i Select all that are relevant.

- Faroese
- Greenlandic
- Danish
- Icelandic
- Other, enter below:

E22

i This question is voluntary.

What is your religious belief

- Christian
- Judiasm
- Islam
- Bahá'í
- Hindu
- Sikh
- Buddhism
- Other, enter below:

No religious belief

E23

i This question is voluntary.

With which Christian church, congregation or community are you associated?

i Select all that apply.

- National Lutheran Church
- Christian missionary movements
Missiónshús, Meinigheitshús, Salvation Army, KFUM, KFUK, etc.
- Plymouth Brethren
- Charismatic, evangelical congregations
»Hvítusunnusamkomur«, etc.
- Seventh Day Adventist
- Catholic Church
- Orthodox Church
- Jehova's Witness
- Other
- None

E24

Do you travel most every day to work or school?

- No → Go to **E25**
- Yes

How do you usually travel to your workplace or school?

i Select only one option. If you use several means of transport, select the one that takes the most time.

- By bus or ferry
- Drive with my own car
- As a passenger in a car
- By bicycle or walking
- Other


In total, how long does it take you to travel to your workplace or school?

i Please note that the question only asks how long it takes you to travel **to** your workplace or school.

Enter the number of minutes:

E25


During the last 12 months, what was the most important source of income for your basic daily needs?

 *Select only one.*

- Wages
- Income from my own company
- Income from property or other investments
- Pension (*government*)
- Union pension or other government pension
- Other non-government pension
- Support because of sickness or parental leave
- Unemployment insurance
- Education grant
- Support from other social welfare systems
- Loan, savings or from the sale of property
- Income from spouse or partner
- Support from parents or other family member
- Other sources of income

E26


Have you provided any unpaid care-giving work during the last 7 days?

 *Helping the sick, the elderly, or the handicapped in or outside the home.*

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hours or more

E27

Have you done any work around the house during the last 7 days?

 *E.g., washing, food preparation, cleaning, repairs, errands or other things related to housework.*

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hrs or more


E28

Have you participated in any course or training during the last 30 days?

- Yes
- No

E29

Do you go to school or are you engaged in any type of education or training?

- No  Go to **E30**
- Yes, 20 hours per week or more (full-time)
- Yes, less than 20 hours per week

Is the school or place of training in the Faroes?

- Yes, enter postal code:

-

- No, enter country:


Do you meet every week at the school or place of training?

- Yes
- No

Do you study as a »distance learner«, e.g., via the Internet?

- Yes
- No




Are you enrolled in a school/university and study at home?

 *Writing a thesis at home, etc.*

- Yes
- No

E30

What is the highest level of education you have completed?

- Have no education  Go to **E33**
- Elementary 1–7 grade  Go to **E33**
- Middle school 8–10 grade other schooling, etc.  Go to **E33**
- Short-term training or course, e.g. cooks school or homecare school (up to 1 year)
- High school, gymnasium or the equivalent
- Craftsman or other training in a trade, e.g., retail, hair dresser, printing, or construction
- 1–2 years higher education, other training granting a diploma
- Bachelor’s degree or equivalent, e.g., shipmaster, ship engineer, nurse, teacher, etc.
- Master’s degree or the equivalent, »cand.mag«, »mag.art«, etc.
- Doctorate or equivalent, e.g. PhD, EdD, MD, JD, etc.

E31

What is the highest education you have completed?

i Be as specific as possible.

What year did you finish your education?

E32

Where did you get your highest education?

i Select all that apply.

- Faroes
- Denmark
- Greenland
- Iceland
- Norway
- Åland
- Sweden
- Finland
- Other, please enter the country(ies):

E33

Are you a member of any trade union or professional union?

- Yes No



E34

Which of these did you do last week?

i Select all that apply.

- Worked in paid work, either as an employee, self-employed, freelance, apprentice, etc.
- Worked onboard a ship, or home between tours
- Worked without payment in my own company or the family's business
- Away from work because I was sick, on paternity leave, or was off work

Did you do any of the above?

- Yes  Go to **E40**
- No  Continue to the next question.

E35

During the last 4 weeks have you actively looked for work?

i e.g., asked about, put an announcement in the paper, checked the Internet, etc, or went directly to an employer.

- Yes No

E36

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

- Yes No

E37

Last week, were you waiting to start a job for which you had been hired?

- Yes No

E38

Which of these applies to you last week?

i Select all that apply.

- Was retired (with or without a pension)
- Was a student
- Taking care of the home or family
- Not working (long-term illness or disability)
- Was unemployed
- None of the above

Questions for individuals

E39

Have you ever worked?

Yes, enter the year you last worked:

➔ Go to **E44**

No, I have never worked.

Thank you. There are no more questions for you!

E40

Where is your workplace located?

i Here »workplace« is where you work most hours. If your worksite varies, but you start work at a specific site, enter the post code of the workplace where you begin the day.

On land in the Faroes
Enter postal code

 FO -

I work at home or out from my home

My workplace is at sea

I do not have a specific worksite

I work abroad, enter the country:

E41

How many persons work at your worksite?

i Here the focus is on your department or your work group at your workplace.

1-4 10-19 50-99

5-9 20-49 100 or more

E42

At present, do you believe your worksite has conditions suitable for someone in a wheelchair to be employed?

Yes No

E43

How many hours per week do you generally work in your main job?

15 or less 16-34 35-47 48 or more

Are you satisfied with the number of hours you are working?

Yes, the number of hours is just right

No, I would like to work more hours

No, I would like to work fewer hours

Person 1 – continued and ending

E44

What type of work do you (or did you) have?

i Here the focus is on the work you spend most of your time doing. If you no longer work, answer according to what you last did. Select the one that applies best.

Wage earner, seaman

Self-employed or freelance without employees

Self-employed with employees

Help with the family business, boat, farm, or the like, without being directly paid

E45

What is or was your title at work?

i E.g., ELEMENTARY SCHOOL TEACHER, MASTER OF A FISHING VESSEL, CAR MECHANIC, DECKHAND ON A FREIGHTER, PRE-SCHOOL TEACHER.

E46

Do (Did) you supervise other employees?

Yes No ➔ Go to **E47**

How many persons do (did) you supervise?

1-9 10-24 More than 25

E47

What is or was the name of your workplace

i If you are or were self-employed, enter the name of the company.

The workplace has or had no name, e.g., freelance work or personal work

Thank you! There are no further questions for Person 1. If there are others in the household, please continue.

E1

What is your name? (Person 2 from page 3)

E2

What is your sex? Female Male

E3

What is your birthdate?

Day Month Year

E4

What is your country of birth?

Faroe Islands Another, enter which country.

E5

What is your citizenship?

Faroe Islands / Denmark
 Other, enter which country:

Have dual citizenship
 Have no citizenship

E6

Were you away during the night between 10–11 November?

No
 Yes, I was someplace else in the Faroes
 Yes, I was at sea in the territory of the Faroes
 Yes, I was outside the country

E7

In which country was your mother born?

In the Faroes
 Another, enter which country:

Do not know

E8

In which country was your father born?

In the Faroes
 Another, enter which country:

Do not know

E9

Do you have siblings or half-siblings overseas?

No Yes, in other countries
 Yes, in Denmark Do not know
 Yes, in other Nordic countries

E10

What was the first language you learned to speak at home?

 Select only one.

Faroese
 Another, enter which one:

E11


Have you ever lived in any country other than the Faroes?

No  Go to **E12**
 Yes, enter the country where you lived last:

When did you last move to the Faroes to live?

Month Year

 If you have lived in the Faroes for longer than 1 year:

 Go to **E12**

How long do you intend to stay in the Faroes, including the time you have already spent here this time.

Less than 6 months 12 months or longer
 6 through 11 months


E12

Given your age, how is your health?

- Very good Good Average Bad Very Bad
-

E13

Is your daily activity limited because of a health problem or disability that has existed for or is expected to last at least 12 months?

 *Include here problems related to old age*

- Yes, very limited
- Yes, somewhat limited
- No

E14

Do you have another address where you stayed more than 30 days during the last 12 months?

- No ➔ Go to **E15**
- Yes

Describe this residence.


- Another address when working away from home
- Another address in connection with schooling
- Residence of my parent or guardian
(e.g. when a child shifts between parents)
- Another residence in connection with respite care, rehabilitation, medical procedure / care, etc.
- Summer house
- Another residence the household has at its disposal
- Other

If this residence is in the Faroe Islands, enter the postal code:

-

If this residence is outside the Faroe Islands, enter the country where the residence is located:


E15

 *Only children who have not entered school shall answer this question.*

Who provides your daycare?

- I am in daycare at a childcare centre
- I am in another type of daycare outside the home
- I am not in any daycare outside the home

E16

 *Those who are 14 years old or younger are finished. Thank you for your participation! Those who are 15 years old or older, please continue with question **E16***

What was your formal marital / civil status on 11 November?

- Never married
- In my first marriage
- Remarried after being a widow(er)
- Remarried after a divorce
- Separated
- Divorced
- Widow or widower

E17

Do you have any children who live out of the country?

- No ➔ Go to **E18**
- Yes

How many of your children live out of the country; enter number:

How many of these children left to get an education; enter number:

In which countries do your children live?

- In Denmark In other Nordic countries
- Outside the Nordic countries

E18

Do you have grandchildren living overseas?

- No
- Yes, in Denmark
- Yes, in other Nordic countries
- Yes, outside the Nordic countries

E19

i Women only.

How many children have you given birth to?

None → Go to **E20**

One or more, enter number:

How old were you when you gave birth to your first child

E20

i If Faroese is your mother tongue, please go to the next question.

How well do you know Faroese?

	Very well	Well	Not well	Not at all
Speak Faroese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E21

What is your nationality?

i Select all that are relevant.

- Faroese
- Greenlandic
- Danish
- Icelandic
- Other, enter below:

E22

i This question is voluntary.

What is your religious belief

- Christian
- Judiasm
- Islam
- Bahá'í
- Hindu
- Sikh
- Buddhism
- Other, enter below:

No religious belief

E23

i This question is voluntary.

With which Christian church, congregation or community are you associated?

i Select all that apply.

- National Lutheran Church
- Christian missionary movements
Missiónshús, Meinigheitshús, Salvation Army, KFUM, KFUK, etc.
- Plymouth Brethren
- Charismatic, evangelical congregations
»Hvítusunnusamkomur«, etc.
- Seventh Day Adventist
- Catholic Church
- Orthodox Church
- Jehova's Witness
- Other
- None

E24

Do you travel most every day to work or school?

- No → Go to **E25**
- Yes

How do you usually travel to your workplace or school?

i Select only one option. If you use several means of transport, select the one that takes the most time.

- By bus or ferry
- Drive with my own car
- As a passenger in a car
- By bicycle or walking
- Other

In total, how long does it take you to travel to your workplace or school?

i Please note that the question only asks how long it takes you to travel **to** your workplace or school.

Enter the number of minutes:

E31

What is the highest education you have completed?

i *Be as specific as possible.*

What year did you finish your education?

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Where did you get your highest education?

i *Select all that apply.*

- Faroes
- Denmark
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- Norway
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E33

Are you a member of any trade union or professional union?

- Yes
- No

E34

Which of these did you do last week?

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

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Which of these applies to you last week?

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Questions for individuals

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How many persons work at your worksite?

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At present, do you believe your worksite has conditions suitable for someone in a wheelchair to be employed?

Yes No

E43

How many hours per week do you generally work in your main job?

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Are you satisfied with the number of hours you are working?

Yes, the number of hours is just right

No, I would like to work more hours

No, I would like to work fewer hours

Person 2 – continued and ending

E44

What type of work do you (or did you) have?

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Wage earner, seaman

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What is or was your title at work?

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E46

Do (Did) you supervise other employees?

Yes No ➔ Go to **E47**

How many persons do (did) you supervise?

1-9 10-24 More than 25

E47

What is or was the name of your workplace

i If you are or were self-employed, enter the name of the company.

The workplace has or had no name, e.g., freelance work or personal work

Thank you! There are no further questions for Person 2. If there are others in the household, please continue.

E1

What is your name? (Person 3 from page 3)

E2

What is your sex? Female Male

E3

What is your birthdate?

Day Month Year

E4

What is your country of birth?

Faroe Islands Another, enter which country.

E5

What is your citizenship?

Faroe Islands / Denmark
 Other, enter which country:

Have dual citizenship
 Have no citizenship

E6

Were you away during the night between 10–11 November?

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In which country was your mother born?

In the Faroes
 Another, enter which country:

Do not know

E8

In which country was your father born?

In the Faroes
 Another, enter which country:

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E9

Do you have siblings or half-siblings overseas?

No Yes, in other countries
 Yes, in Denmark Do not know
 Yes, in other Nordic countries

E10

What was the first language you learned to speak at home?

 Select only one.

Faroese
 Another, enter which one:

E11


Have you ever lived in any country other than the Faroes?

No  Go to [E12](#)
 Yes, enter the country where you lived last:

When did you last move to the Faroes to live?

Month Year

 If you have lived in the Faroes for longer than 1 year:

 Go to [E12](#)

How long do you intend to stay in the Faroes, including the time you have already spent here this time.

Less than 6 months 12 months or longer
 6 through 11 months

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Given your age, how is your health?

- Very good Good Average Bad Very Bad
-

E13

Is your daily activity limited because of a health problem or disability that has existed for or is expected to last at least 12 months?

Include here problems related to old age

- Yes, very limited
- Yes, somewhat limited
- No

E14

Do you have another address where you stayed more than 30 days during the last 12 months?

- No Go to **E15**
- Yes

Describe this residence.

- Another address when working away from home
- Another address in connection with schooling
- Residence of my parent or guardian
(e.g. when a child shifts between parents)
- Another residence in connection with respite care, rehabilitation, medical procedure / care, etc.
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If this residence is in the Faroe Islands, enter the postal code:

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Only children who have not entered school shall answer this question.

Who provides your daycare?

- I am in daycare at a childcare centre
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- I am not in any daycare outside the home

E16

Those who are 14 years old or younger are finished. Thank you for your participation! Those who are 15 years old or older, please continue with question **E16**

What was your formal marital / civil status on 11 November?

- Never married
- In my first marriage
- Remarried after being a widow(er)
- Remarried after a divorce
- Separated
- Divorced
- Widow or widower

E17

Do you have any children who live out of the country?

- No Go to **E18**
- Yes

How many of your children live out of the country; enter number:

How many of these children left to get an education; enter number:

In which countries do your children live?

- In Denmark In other Nordic countries
- Outside the Nordic countries

E18

Do you have grandchildren living overseas?

- No
- Yes, in Denmark
- Yes, in other Nordic countries
- Yes, outside the Nordic countries

E19

i Women only.

How many children have you given birth to?

None → Go to **E20**

One or more, enter number:

How old were you when you gave birth to your first child

E20

i If Faroese is your mother tongue, please go to the next question.

How well do you know Faroese?

	Very well	Well	Not well	Not at all
Speak Faroese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E21

What is your nationality?

i Select all that are relevant.

- Faroese
- Greenlandic
- Danish
- Icelandic
- Other, enter below:

E22

i This question is voluntary.

What is your religious belief

- Christian
- Judiasm
- Islam
- Bahá'í
- Hindu
- Sikh
- Buddhism
- Other, enter below:

No religious belief

E23

i This question is voluntary.

With which Christian church, congregation or community are you associated?

i Select all that apply.

- National Lutheran Church
- Christian missionary movements
Missiónshús, Meinigheitshús, Salvation Army, KFUM, KFUK, etc.
- Plymouth Brethren
- Charismatic, evangelical congregations
»Hvítusunnusamkomur«, etc.
- Seventh Day Adventist
- Catholic Church
- Orthodox Church
- Jehova's Witness
- Other
- None

E24

Do you travel most every day to work or school?

- No → Go to **E25**
- Yes

How do you usually travel to your workplace or school?

i Select only one option. If you use several means of transport, select the one that takes the most time.

- By bus or ferry
- Drive with my own car
- As a passenger in a car
- By bicycle or walking
- Other

In total, how long does it take you to travel to your workplace or school?

i Please note that the question only asks how long it takes you to travel **to** your workplace or school.

Enter the number of minutes:

E25

During the last 12 months, what was the most important source of income for your basic daily needs?

i Select only one.

- Wages
- Income from my own company
- Income from property or other investments
- Pension (government)
- Union pension or other government pension
- Other non-government pension
- Support because of sickness or parental leave
- Unemployment insurance
- Education grant
- Support from other social welfare systems
- Loan, savings or from the sale of property
- Income from spouse or partner
- Support from parents or other family member
- Other sources of income

E26

Have you provided any unpaid care-giving work during the last 7 days?

i Helping the sick, the elderly, or the handicapped in or outside the home.

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hours or more

E27

Have you done any work around the house during the last 7 days?

i E.g., washing, food preparation, cleaning, repairs, errands or other things related to housework.

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hrs or more

E28

Have you participated in any course or training during the last 30 days?

- Yes
- No

E29

Do you go to school or are you engaged in any type of education or training?

- No ➔ Go to **E30**
- Yes, 20 hours per week or more (full-time)
- Yes, less than 20 hours per week

Is the school or place of training in the Faroes?

- Yes, enter postal code:

F	O	-				
---	---	---	--	--	--	--

- No, enter country:

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

Do you meet every week at the school or place of training?

- Yes
- No

Do you study as a »distance learner«, e.g., via the Internet?

- Yes
- No

Are you enrolled in a school/university and study at home?

i Writing a thesis at home, etc.

- Yes
- No

E30

What is the highest level of education you have completed?

- Have no education ➔ Go to **E33**
- Elementary 1–7 grade ➔ Go to **E33**
- Middle school 8–10 grade other schooling, etc. ➔ Go to **E33**
- Short-term training or course, e.g. cooks school or homecare school (up to 1 year)
- High school, gymnasium or the equivalent
- Craftsman or other training in a trade, e.g., retail, hair dresser, printing, or construction
- 1–2 years higher education, other training granting a diploma
- Bachelor’s degree or equivalent, e.g., shipmaster, ship engineer, nurse, teacher, etc.
- Master’s degree or the equivalent, »cand.mag«, »mag.art«, etc.
- Doctorate or equivalent, e.g. PhD, EdD, MD, JD, etc.

E31

What is the highest education you have completed?

i *Be as specific as possible.*

What year did you finish your education?

E32

Where did you get your highest education?

i *Select all that apply.*

- Faroes
- Denmark
- Greenland
- Iceland
- Norway
- Åland
- Sweden
- Finland
- Other, please enter the country(ies):

E33

Are you a member of any trade union or professional union?

- Yes No

E34

Which of these did you do last week?

i *Select all that apply.*

- Worked in paid work, either as an employee, self-employed, freelance, apprentice, etc.
- Worked onboard a ship, or home between tours
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Did you do any of the above?

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E35

During the last 4 weeks have you actively looked for work?

i *e.g., asked about, put an announcement in the paper, checked the Internet, etc, or went directly to an employer.*

- Yes No

E36

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

- Yes No

E37

Last week, were you waiting to start a job for which you had been hired?

- Yes No

E38

Which of these applies to you last week?

i *Select all that apply.*

- Was retired (with or without a pension)
- Was a student
- Taking care of the home or family
- Not working (long-term illness or disability)
- Was unemployed
- None of the above

Questions for individuals

E39

Have you ever worked?

Yes, enter the year you last worked:

➔ Go to **E44**

No, I have never worked.

Thank you. There are no more questions for you!

E40

Where is your workplace located?

i Here »workplace« is where you work most hours. If your worksite varies, but you start work at a specific site, enter the post code of the workplace where you begin the day.

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How many persons work at your worksite?

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1-4 10-19 50-99

5-9 20-49 100 or more

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At present, do you believe your worksite has conditions suitable for someone in a wheelchair to be employed?

Yes No

E43

How many hours per week do you generally work in your main job?

15 or less 16-34 35-47 48 or more

Are you satisfied with the number of hours you are working?

Yes, the number of hours is just right

No, I would like to work more hours

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Person 3 – continued and ending

E44

What type of work do you (or did you) have?

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Do (Did) you supervise other employees?

Yes No ➔ Go to **E47**

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Thank you! There are no further questions for Person 3. If there are others in the household, please continue.

E1

What is your name? (Person 4 from page 3)

E2

What is your sex? Female Male

E3

What is your birthdate?

Day Month Year

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What is your country of birth?

Faroe Islands Another, enter which country.

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What is your citizenship?

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In which country was your mother born?

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 Another, enter which country:

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In which country was your father born?

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What was the first language you learned to speak at home?

 Select only one.

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Have you ever lived in any country other than the Faroes?

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Given your age, how is your health?

- Very good Good Average Bad Very Bad
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Is your daily activity limited because of a health problem or disability that has existed for or is expected to last at least 12 months?

 *Include here problems related to old age*

- Yes, very limited
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Describe this residence.


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 Yes

How many of your children live out of the country; enter number:

How many of these children left to get an education; enter number:

In which countries do your children live?

- In Denmark In other Nordic countries
 Outside the Nordic countries

E18

Do you have grandchildren living overseas?

- No
 Yes, in Denmark
 Yes, in other Nordic countries
 Yes, outside the Nordic countries

E19

i Women only.

How many children have you given birth to?

None → Go to **E20**

One or more, enter number:

How old were you when you gave birth to your first child

E20

i If Faroese is your mother tongue, please go to the next question.

How well do you know Faroese?

	Very well	Well	Not well	Not at all
Speak Faroese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E21

What is your nationality?

i Select all that are relevant.

- Faroese
- Greenlandic
- Danish
- Icelandic
- Other, enter below:

E22

i This question is voluntary.

What is your religious belief

- Christian
- Judiasm
- Islam
- Bahá'í
- Hindu
- Sikh
- Buddhism
- Other, enter below:

No religious belief

E23

i This question is voluntary.

With which Christian church, congregation or community are you associated?

i Select all that apply.

- National Lutheran Church
- Christian missionary movements
Missiónshús, Meinigheitshús, Salvation Army, KFUM, KFUK, etc.
- Plymouth Brethren
- Charismatic, evangelical congregations
»Hvítusunnusamkomur«, etc.
- Seventh Day Adventist
- Catholic Church
- Orthodox Church
- Jehova's Witness
- Other
- None

E24

Do you travel most every day to work or school?

- No → Go to **E25**
- Yes

How do you usually travel to your workplace or school?

i Select only one option. If you use several means of transport, select the one that takes the most time.

- By bus or ferry
- Drive with my own car
- As a passenger in a car
- By bicycle or walking
- Other


In total, how long does it take you to travel to your workplace or school?

i Please note that the question only asks how long it takes you to travel to your workplace or school.

Enter the number of minutes:

E25


During the last 12 months, what was the most important source of income for your basic daily needs?

 *Select only one.*

- Wages
- Income from my own company
- Income from property or other investments
- Pension (government)
- Union pension or other government pension
- Other non-government pension
- Support because of sickness or parental leave
- Unemployment insurance
- Education grant
- Support from other social welfare systems
- Loan, savings or from the sale of property
- Income from spouse or partner
- Support from parents or other family member
- Other sources of income

E26


Have you provided any unpaid care-giving work during the last 7 days?

 *Helping the sick, the elderly, or the handicapped in or outside the home.*

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hours or more

E27

Have you done any work around the house during the last 7 days?

 *E.g., washing, food preparation, cleaning, repairs, errands or other things related to housework.*

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hrs or more


E28

Have you participated in any course or training during the last 30 days?

- Yes
- No

E29

Do you go to school or are you engaged in any type of education or training?

- No  Go to **E30**
- Yes, 20 hours per week or more (full-time)
- Yes, less than 20 hours per week

Is the school or place of training in the Faroes?

- Yes, enter postal code:

-

- No, enter country:


Do you meet every week at the school or place of training?

- Yes
- No

Do you study as a »distance learner«, e.g., via the Internet?

- Yes
- No




Are you enrolled in a school/university and study at home?

 *Writing a thesis at home, etc.*

- Yes
- No

E30

What is the highest level of education you have completed?

- Have no education  Go to **E33**
- Elementary 1–7 grade  Go to **E33**
- Middle school 8–10 grade other schooling, etc.  Go to **E33**
- Short-term training or course, e.g. cooks school or homecare school (up to 1 year)
- High school, gymnasium or the equivalent
- Craftsman or other training in a trade, e.g., retail, hair dresser, printing, or construction
- 1–2 years higher education, other training granting a diploma
- Bachelor’s degree or equivalent, e.g., shipmaster, ship engineer, nurse, teacher, etc.
- Master’s degree or the equivalent, »cand.mag«, »mag.art«, etc.
- Doctorate or equivalent, e.g. PhD, EdD, MD, JD, etc.

E31

What is the highest education you have completed?

i *Be as specific as possible.*

What year did you finish your education?

E32

Where did you get your highest education?

i *Select all that apply.*

- Faroes
- Denmark
- Greenland
- Iceland
- Norway
- Åland
- Sweden
- Finland
- Other, please enter the country(ies):

E33

Are you a member of any trade union or professional union?

- Yes No

E34

Which of these did you do last week?

i *Select all that apply.*

- Worked in paid work, either as an employee, self-employed, freelance, apprentice, etc.
- Worked onboard a ship, or home between tours
- Worked without payment in my own company or the family's business
- Away from work because I was sick, on paternity leave, or was off work

Did you do any of the above?

- Yes Go to **E40**
- No Continue to the next question.

E35

During the last 4 weeks have you actively looked for work?

i *e.g., asked about, put an announcement in the paper, checked the Internet, etc, or went directly to an employer.*

- Yes No

E36

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

- Yes No

E37

Last week, were you waiting to start a job for which you had been hired?

- Yes No

E38

Which of these applies to you last week?

i *Select all that apply.*

- Was retired (with or without a pension)
- Was a student
- Taking care of the home or family
- Not working (long-term illness or disability)
- Was unemployed
- None of the above

Questions for individuals

E39

Have you ever worked?

Yes, enter the year you last worked:

➔ Go to **E44**

No, I have never worked.

Thank you. There are no more questions for you!

E40

Where is your workplace located?

i Here »workplace« is where you work most hours. If your worksite varies, but you start work at a specific site, enter the post code of the workplace where you begin the day.

On land in the Faroes
Enter postal code

 FO -

I work at home or out from my home

My workplace is at sea

I do not have a specific worksite

I work abroad, enter the country:

E41

How many persons work at your worksite?

i Here the focus is on your department or your work group at your workplace.

1-4 10-19 50-99

5-9 20-49 100 or more

E42

At present, do you believe your worksite has conditions suitable for someone in a wheelchair to be employed?

Yes No

E43

How many hours per week do you generally work in your main job?

15 or less 16-34 35-47 48 or more

Are you satisfied with the number of hours you are working?

Yes, the number of hours is just right

No, I would like to work more hours

No, I would like to work fewer hours

Person 4 – continued and ending

E44

What type of work do you (or did you) have?

i Here the focus is on the work you spend most of your time doing. If you no longer work, answer according to what you last did. Select the one that applies best.

Wage earner, seaman

Self-employed or freelance without employees

Self-employed with employees

Help with the family business, boat, farm, or the like, without being directly paid

E45

What is or was your title at work?

i E.g., ELEMENTARY SCHOOL TEACHER, MASTER OF A FISHING VESSEL, CAR MECHANIC, DECKHAND ON A FREIGHTER, PRE-SCHOOL TEACHER.

E46

Do (Did) you supervise other employees?

Yes No ➔ Go to **E47**

How many persons do (did) you supervise?

1-9 10-24 More than 25

E47

What is or was the name of your workplace

i If you are or were self-employed, enter the name of the company.

The workplace has or had no name, e.g., freelance work or personal work

Thank you! There are no further questions for Person 4. If there are others in the household, please continue.

E1

What is your name? (Person 5 from page 3)

E2

What is your sex? Female Male

E3

What is your birthdate?

Day Month Year

E4

What is your country of birth?

Faroe Islands Another, enter which country.

E5

What is your citizenship?

Faroe Islands / Denmark
 Other, enter which country:

Have dual citizenship
 Have no citizenship

E6

Were you away during the night between 10–11 November?

No
 Yes, I was someplace else in the Faroes
 Yes, I was at sea in the territory of the Faroes
 Yes, I was outside the country

E7

In which country was your mother born?

In the Faroes
 Another, enter which country:

Do not know

E8

In which country was your father born?

In the Faroes
 Another, enter which country:

Do not know

E9

Do you have siblings or half-siblings overseas?

No Yes, in other countries
 Yes, in Denmark Do not know
 Yes, in other Nordic countries

E10

What was the first language you learned to speak at home?

 Select only one.

Faroese
 Another, enter which one:

E11


Have you ever lived in any country other than the Faroes?

No  Go to [E12](#)
 Yes, enter the country where you lived last:

When did you last move to the Faroes to live?

Month Year

 If you have lived in the Faroes for longer than 1 year:

 Go to [E12](#)

How long do you intend to stay in the Faroes, including the time you have already spent here this time.

Less than 6 months 12 months or longer
 6 through 11 months


E12

Given your age, how is your health?

- Very good Good Average Bad Very Bad
-

E13

Is your daily activity limited because of a health problem or disability that has existed for or is expected to last at least 12 months?

 *Include here problems related to old age*

- Yes, very limited
 Yes, somewhat limited
 No

E14

Do you have another address where you stayed more than 30 days during the last 12 months?

- No  Go to **E15**
 Yes

Describe this residence.


- Another address when working away from home
 Another address in connection with schooling
 Residence of my parent or guardian
(e.g. when a child shifts between parents)
 Another residence in connection with respite care, rehabilitation, medical procedure / care, etc.
 Summer house
 Another residence the household has at its disposal
 Other

If this residence is in the Faroe Islands, enter the postal code:

-

If this residence is outside the Faroe Islands, enter the country where the residence is located:


E15

 *Only children who have not entered school shall answer this question.*

Who provides your daycare?

- I am in daycare at a childcare centre
 I am in another type of daycare outside the home
 I am not in any daycare outside the home

E16

 *Those who are 14 years old or younger are finished. Thank you for your participation! Those who are 15 years old or older, please continue with question **E16***

What was your formal marital / civil status on 11 November?

- Never married
 In my first marriage
 Remarried after being a widow(er)
 Remarried after a divorce
 Separated
 Divorced
 Widow or widower

E17

Do you have any children who live out of the country?

- No  Go to **E18**
 Yes

How many of your children live out of the country; enter number:

How many of these children left to get an education; enter number:

In which countries do your children live?

- In Denmark In other Nordic countries
 Outside the Nordic countries

E18

Do you have grandchildren living overseas?

- No
 Yes, in Denmark
 Yes, in other Nordic countries
 Yes, outside the Nordic countries

E19

i Women only.

How many children have you given birth to?

None → Go to **E20**

One or more, enter number:

How old were you when you gave birth to your first child

E20

i If Faroese is your mother tongue, please go to the next question.

How well do you know Faroese?

	Very well	Well	Not well	Not at all
Speak Faroese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E21

What is your nationality?

i Select all that are relevant.

- Faroese
- Greenlandic
- Danish
- Icelandic
- Other, enter below:

E22

i This question is voluntary.

What is your religious belief

- Christian
- Judiasm
- Islam
- Bahá'í
- Hindu
- Sikh
- Buddhism
- Other, enter below:

No religious belief

E23

i This question is voluntary.

With which Christian church, congregation or community are you associated?

i Select all that apply.

- National Lutheran Church
- Christian missionary movements
Missiónshús, Meinigheitshús, Salvation Army, KFUM, KFUK, etc.
- Plymouth Brethren
- Charismatic, evangelical congregations
»Hvítusunnusamkomur«, etc.
- Seventh Day Adventist
- Catholic Church
- Orthodox Church
- Jehova's Witness
- Other
- None

E24

Do you travel most every day to work or school?

- No → Go to **E25**
- Yes

How do you usually travel to your workplace or school?

i Select only one option. If you use several means of transport, select the one that takes the most time.

- By bus or ferry
- Drive with my own car
- As a passenger in a car
- By bicycle or walking
- Other

In total, how long does it take you to travel to your workplace or school?

i Please note that the question only asks how long it takes you to travel **to** your workplace or school.

Enter the number of minutes:

E25

During the last 12 months, what was the most important source of income for your basic daily needs?

i *Select only one.*

- Wages
- Income from my own company
- Income from property or other investments
- Pension (*government*)
- Union pension or other government pension
- Other non-government pension
- Support because of sickness or parental leave
- Unemployment insurance
- Education grant
- Support from other social welfare systems
- Loan, savings or from the sale of property
- Income from spouse or partner
- Support from parents or other family member
- Other sources of income

E26

Have you provided any unpaid care-giving work during the last 7 days?

i *Helping the sick, the elderly, or the handicapped in or outside the home.*

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hours or more

E27

Have you done any work around the house during the last 7 days?

i *E.g., washing, food preparation, cleaning, repairs, errands or other things related to housework.*

- No
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hrs or more

E28

Have you participated in any course or training during the last 30 days?

- Yes
- No

E29

Do you go to school or are you engaged in any type of education or training?

- No **➔** Go to **E30**
- Yes, 20 hours per week or more (full-time)
- Yes, less than 20 hours per week

Is the school or place of training in the Faroes?

- Yes, enter postal code:

- No, enter country:

Do you meet every week at the school or place of training?

- Yes
- No

Do you study as a »distance learner«, e.g., via the Internet?

- Yes
- No

Are you enrolled in a school/university and study at home?

i *Writing a thesis at home, etc.*

- Yes
- No

E30

What is the highest level of education you have completed?

- Have no education **➔** Go to **E33**
- Elementary 1–7 grade **➔** Go to **E33**
- Middle school 8–10 grade other schooling, etc. **➔** Go to **E33**
- Short-term training or course, e.g. cooks school or homecare school (up to 1 year)
- High school, gymnasium or the equivalent
- Craftsman or other training in a trade, e.g., retail, hair dresser, printing, or construction
- 1–2 years higher education, other training granting a diploma
- Bachelor's degree or equivalent, e.g., shipmaster, ship engineer, nurse, teacher, etc.
- Master's degree or the equivalent, »cand.mag«, »mag.art«, etc.
- Doctorate or equivalent, e.g. PhD, EdD, MD, JD, etc.

E31

What is the highest education you have completed?

i Be as specific as possible.

What year did you finish your education?

E32

Where did you get your highest education?

i Select all that apply.

- Faroes
- Denmark
- Greenland
- Iceland
- Norway
- Åland
- Sweden
- Finland
- Other, please enter the country(ies):

E33

Are you a member of any trade union or professional union?

- Yes No



E34

Which of these did you do last week?

i Select all that apply.

- Worked in paid work, either as an employee, self-employed, freelance, apprentice, etc.
- Worked onboard a ship, or home between tours
- Worked without payment in my own company or the family's business
- Away from work because I was sick, on paternity leave, or was off work

Did you do any of the above?

- Yes  Go to **E40**
- No  Continue to the next question.

E35

During the last 4 weeks have you actively looked for work?

i e.g., asked about, put an announcement in the paper, checked the Internet, etc, or went directly to an employer.

- Yes No

E36

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

- Yes No

E37

Last week, were you waiting to start a job for which you had been hired?

- Yes No

E38

Which of these applies to you last week?

i Select all that apply.

- Was retired (with or without a pension)
- Was a student
- Taking care of the home or family
- Not working (long-term illness or disability)
- Was unemployed
- None of the above

Questions for individuals

E39

Have you ever worked?

Yes, enter the year you last worked:

➔ Go to **E44**

No, I have never worked.

Thank you. There are no more questions for you!

E40

Where is your workplace located?

i Here »workplace« is where you work most hours. If your worksite varies, but you start work at a specific site, enter the post code of the workplace where you begin the day.

On land in the Faroes
Enter postal code

 FO -

I work at home or out from my home

My workplace is at sea

I do not have a specific worksite

I work abroad, enter the country:

E41

How many persons work at your worksite?

i Here the focus is on your department or your work group at your workplace.

1-4 10-19 50-99

5-9 20-49 100 or more

E42

At present, do you believe your worksite has conditions suitable for someone in a wheelchair to be employed?

Yes No

E43

How many hours per week do you generally work in your main job?

15 or less 16-34 35-47 48 or more

Are you satisfied with the number of hours you are working?

Yes, the number of hours is just right

No, I would like to work more hours

No, I would like to work fewer hours

Person 5 – continued and ending

E44

What type of work do you (or did you) have?

i Here the focus is on the work you spend most of your time doing. If you no longer work, answer according to what you last did. Select the one that applies best.

Wage earner, seaman

Self-employed or freelance without employees

Self-employed with employees

Help with the family business, boat, farm, or the like, without being directly paid

E45

What is or was your title at work?

i E.g., ELEMENTARY SCHOOL TEACHER, MASTER OF A FISHING VESSEL, CAR MECHANIC, DECKHAND ON A FREIGHTER, PRE-SCHOOL TEACHER.

E46

Do (Did) you supervise other employees?

Yes No ➔ Go to **E47**

How many persons do (did) you supervise?

1-9 10-24 More than 25

E47

What is or was the name of your workplace

i If you are or were self-employed, enter the name of the company.

The workplace has or had no name, e.g., freelance work or personal work

Thank you! There are no further questions for Person 5. If there are others in the household, please continue.

E1

What is your name? (Person 6 from page 3)

E2

What is your sex? Female Male

E3

What is your birthdate?

Day Month Year

E4

What is your country of birth?

Faroe Islands Another, enter which country.

E5

What is your citizenship?

Faroe Islands / Denmark
 Other, enter which country:

Have dual citizenship
 Have no citizenship

E6

Were you away during the night between 10–11 November?

No
 Yes, I was someplace else in the Faroes
 Yes, I was at sea in the territory of the Faroes
 Yes, I was outside the country

E7

In which country was your mother born?

In the Faroes
 Another, enter which country:

Do not know

E8

In which country was your father born?

In the Faroes
 Another, enter which country:

Do not know


E9

Do you have siblings or half-siblings overseas?

No Yes, in other countries
 Yes, in Denmark Do not know
 Yes, in other Nordic countries

E10

What was the first language you learned to speak at home?

 Select only one.

Faroese
 Another, enter which one:

E11


Have you ever lived in any country other than the Faroes?

No  Go to **E12**
 Yes, enter the country where you lived last:

When did you last move to the Faroes to live?

Month Year

 If you have lived in the Faroes for longer than 1 year:

 Go to **E12**

How long do you intend to stay in the Faroes, including the time you have already spent here this time.

Less than 6 months 12 months or longer
 6 through 11 months


E12

Given your age, how is your health?

- Very good Good Average Bad Very Bad
-

E13

Is your daily activity limited because of a health problem or disability that has existed for or is expected to last at least 12 months?

 *Include here problems related to old age*

- Yes, very limited
- Yes, somewhat limited
- No

E14

Do you have another address where you stayed more than 30 days during the last 12 months?

- No ➔ Go to **E15**
- Yes

Describe this residence.


- Another address when working away from home
- Another address in connection with schooling
- Residence of my parent or guardian
(e.g. when a child shifts between parents)
- Another residence in connection with respite care, rehabilitation, medical procedure / care, etc.
- Summer house
- Another residence the household has at its disposal
- Other

If this residence is in the Faroe Islands, enter the postal code:

-

If this residence is outside the Faroe Islands, enter the country where the residence is located:


E15

 *Only children who have not entered school shall answer this question.*

Who provides your daycare?

- I am in daycare at a childcare centre
- I am in another type of daycare outside the home
- I am not in any daycare outside the home

E16

 *Those who are 14 years old or younger are finished. Thank you for your participation! Those who are 15 years old or older, please continue with question **E16***

What was your formal marital / civil status on 11 November?

- Never married
- In my first marriage
- Remarried after being a widow(er)
- Remarried after a divorce
- Separated
- Divorced
- Widow or widower

E17

Do you have any children who live out of the country?

- No ➔ Go to **E18**
- Yes

How many of your children live out of the country; enter number:

How many of these children left to get an education; enter number:

In which countries do your children live?

- In Denmark In other Nordic countries
- Outside the Nordic countries

E18

Do you have grandchildren living overseas?

- No
- Yes, in Denmark
- Yes, in other Nordic countries
- Yes, outside the Nordic countries

E19

i Women only.

How many children have you given birth to?

None → Go to **E20**

One or more, enter number:

How old were you when you gave birth to your first child

E20

i If Faroese is your mother tongue, please go to the next question.

How well do you know Faroese?

	Very well	Well	Not well	Not at all
Speak Faroese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E21

What is your nationality?

i Select all that are relevant.

- Faroese
- Greenlandic
- Danish
- Icelandic
- Other, enter below:

E22

i This question is voluntary.

What is your religious belief

- Christian
- Judiasm
- Islam
- Bahá'í
- Hindu
- Sikh
- Buddhism
- Other, enter below:

No religious belief

E23

i This question is voluntary.

With which Christian church, congregation or community are you associated?

i Select all that apply.

- National Lutheran Church
- Christian missionary movements
Missiónshús, Meinigheitshús, Salvation Army, KFUM, KFUK, etc.
- Plymouth Brethren
- Charismatic, evangelical congregations
»Hvítusunnusamkomur«, etc.
- Seventh Day Adventist
- Catholic Church
- Orthodox Church
- Jehova's Witness
- Other
- None

E24

Do you travel most every day to work or school?

- No → Go to **E25**
- Yes

How do you usually travel to your workplace or school?

i Select only one option. If you use several means of transport, select the one that takes the most time.

- By bus or ferry
- Drive with my own car
- As a passenger in a car
- By bicycle or walking
- Other

In total, how long does it take you to travel to your workplace or school?

i Please note that the question only asks how long it takes you to travel **to** your workplace or school.

Enter the number of minutes:

E31

What is the highest education you have completed?

i *Be as specific as possible.*

What year did you finish your education?

E32

Where did you get your highest education?

i *Select all that apply.*

- Faroes
- Denmark
- Greenland
- Iceland
- Norway
- Åland
- Sweden
- Finland
- Other, please enter the country(ies):

E33

Are you a member of any trade union or professional union?

- Yes No

E34

Which of these did you do last week?

i *Select all that apply.*

- Worked in paid work, either as an employee, self-employed, freelance, apprentice, etc.
- Worked onboard a ship, or home between tours
- Worked without payment in my own company or the family's business
- Away from work because I was sick, on paternity leave, or was off work

Did you do any of the above?

- Yes Go to **E40**
- No Continue to the next question.

E35

During the last 4 weeks have you actively looked for work?

i *e.g., asked about, put an announcement in the paper, checked the Internet, etc, or went directly to an employer.*

- Yes No

E36

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

- Yes No

E37

Last week, were you waiting to start a job for which you had been hired?

- Yes No

E38

Which of these applies to you last week?

i *Select all that apply.*

- Was retired (with or without a pension)
- Was a student
- Taking care of the home or family
- Not working (long-term illness or disability)
- Was unemployed
- None of the above

Questions for individuals

E39

Have you ever worked?

Yes, enter the year you last worked:

➔ Go to **E44**

No, I have never worked.

Thank you. There are no more questions for you!

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Where is your workplace located?

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On land in the Faroes
Enter postal code

 FO -

I work at home or out from my home

My workplace is at sea

I do not have a specific worksite

I work abroad, enter the country:

E41

How many persons work at your worksite?

i Here the focus is on your department or your work group at your workplace.

1-4 10-19 50-99

5-9 20-49 100 or more

E42

At present, do you believe your worksite has conditions suitable for someone in a wheelchair to be employed?

Yes No

E43

How many hours per week do you generally work in your main job?

15 or less 16-34 35-47 48 or more

Are you satisfied with the number of hours you are working?

Yes, the number of hours is just right

No, I would like to work more hours

No, I would like to work fewer hours

Person 6 – continued and ending

E44

What type of work do you (or did you) have?

i Here the focus is on the work you spend most of your time doing. If you no longer work, answer according to what you last did. Select the one that applies best.

Wage earner, seaman

Self-employed or freelance without employees

Self-employed with employees

Help with the family business, boat, farm, or the like, without being directly paid

E45

What is or was your title at work?

i E.g., ELEMENTARY SCHOOL TEACHER, MASTER OF A FISHING VESSEL, CAR MECHANIC, DECKHAND ON A FREIGHTER, PRE-SCHOOL TEACHER.

E46

Do (Did) you supervise other employees?

Yes No ➔ Go to **E47**

How many persons do (did) you supervise?

1-9 10-24 More than 25

E47

What is or was the name of your workplace

i If you are or were self-employed, enter the name of the company.

The workplace has or had no name, e.g., freelance work or personal work

Thank you! There are no further questions for Person 6. If there are others in the household, please continue.