### **H1**



# count me in Census 2001

### **England Household Form**

# Name Address Postcode \* Form 1 of \*Multi-form households only

# To the Householder, Joint Householders or members of the household aged 16 or over

The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Office for National Statistics conducts the Census in England and Wales.

### Completing your form

Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline.

### Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as confidential for a period of 100 years.

Thank you for counting yourself in.



### What you have to do

- Your household should complete this form in black or blue ink. A household is:
  - one person living alone, or
  - a group of people (not necessarily related) living at the same address with common housekeeping sharing either a living room or sitting room, or at least one meal a day.
- ♦ This form covers five people. If there are more than five people in your household you will need an extra form.
- Identify household members in Table 1 (page 2). It will help you to complete the form if you use Table 2 to identify visitors.
- Answer the questions about your accommodation (page 3).
- ♦ Complete the relationship question (pages 4 and 5).
- Answer the remaining questions for every member of your household.
- ♦ Sign the Declaration and **post the form back** in the envelope supplied.

For help or extra forms, call the Census Helpline on 0845 301 2001 (local rate number).

♦ To be signed after completing this form. Please check that you have not missed any pages or questions.

This form is completed to the best of my knowledge and belief.

Signature/s Date

# **Table 1 Household Members** List all members of your household who usually live at this address, including yourself. Start with the Householder or Joint Householders. • Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address. Include schoolchildren and students if they live at this address during the school, college or university term. Also include schoolchildren and students who are away from home during the school, college or university term and for whom only basic information is required. Include any baby born before 30 April 2001, even if still in hospital. • Include people with more than one address if they live at this address for the majority of time. Include anyone who is staying with you who has no other usual address. • Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at this address. If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and $\checkmark$ the relevant box in the column marked 'Individual Form'. Person No. First name and surname Individual Form Person 1 Person 2 Person 3 Person 4 Person 5 If you have more than 5 people in your household, you will need an extra form. Person 6 Person 7 Person 8 Person 9 Person 10

### Table 2 Visitors

- ♦ To help you complete the form you may use Table 2 to list any visitors at this address, on the night of 29 April 2001, who usually live elsewhere.
- If there are only visitors at this address, please complete questions H1 to H5 on page 3. No further questions need to be answered.

First name and surname	Usual address

H	low to complete the	re	maining questions		
P lii b th	emember to use black or blue ink.  The appropriate box, the this .  The second in the appropriate box, the thin .  The second in the box and put a tick in the right one, like this .		Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.	7     	What is your country of birth?  Elsewhere, please write in the present name of the country  SOUTH  AFRICA
H	lousehold Accommod	dat	ion		
Н1	What type of accommodation does your household occupy?  A whole house or bungalow that is:	H4	Do you have a bath/shower and toilet for use only by your household?	H8	rent the accommodation?  ✓ one box only.  ☐ Owns outright
	Detached Semi-detached	Н5	□ No What is the lowest floor level		Go to H10
	Terraced (including end-terrace)  A flat, maisonette, or apartment that is:	113	of your household's living accommodation?  Basement or semi-basement		Owns with a mortgage or loan  Go to H10  Pays part rent and part
	<ul><li>In a purpose-built block of flats or tenement</li><li>Part of a converted or shared house (includes bed-sits)</li></ul>		Ground floor (street level)  First floor (floor above street level)  Second floor		mortgage (shared ownership)  Go to H10
	In a commercial building (for example, in an office building, or hotel, or over a shop)  Mobile or temporary structure:		Third or fourth floor  Fifth floor or higher		Rents Go to H9
	A caravan or other mobile or temporary structure	Н6	have central heating?		Lives here rent free Go to H9
H2	Is your household's accommodation self-contained? This means that all the rooms, including the kitchen, bathroom	<ul><li>*</li></ul>	If you have central heating available, √ 'Yes' whether or not you use it. Central heating includes: • gas, oil or solid fuel central	Н9	Who is your landlord?  Council (Local Authority)
	and toilet are behind a door that only your household can use.  Yes, all the rooms are behind a door that only our household		<ul><li>heating</li><li>night storage heaters</li><li>warm air heating</li><li>underfloor heating</li></ul>		Housing Association Housing Co-operative Charitable Trust Registered Social Landlord  Private landlord or letting agency
	can use  No		Yes, in some or all rooms  No		Employer of a household member  Relative or friend of a
H3	How many rooms do you have for use only by your household? <u>Do not count</u> bathrooms, toilets,	H7	owned, or available for use, by one or more members of your household?		household member  Other
•	halls or landings, or rooms that can only be used for storage such as cupboards.  Do count all other rooms, for	•	Include any company car or van if available for private use.  None	H10	Please turn the page.
<b>*</b>	example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted		☐ One ☐ Two ☐ Three		
	Number of rooms		Four or more, please write in number		

## Household Members and their Relationships within the Household

- ♦ The example below shows how to provide the relationship information for John Smith, his wife (Mary) and their three children (Alison, Steven and James).
- In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

Name of Person 1  First name JOHN Surname SMITH	Name of Person 2 First name MARY Surname SMITH		Name of Person 3 First name ALISON Surname SMITH	
	Relationship of Person 2 to Person →	1	Relationship of Person 3 to Person -	<b>→</b> 1 2
ENTER NAME	Husband or wife	$\square$	Husband or wife	
OF PERSON 1	Partner		Partner	
ABOVE	Son or daughter		Son or daughter	$\square$
	Step-child		Step-child	
	Brother or sister		Brother or sister	

- ♦ Use the same order and person numbers as in Table 1 (page 2), starting with Person 1.
- Print the name of each household member in the space at the top of each column.
- ♦ ✓ a box to show the relationship of each person to each of the other members of your household.
- ♦ Include relationship information for household members who require an Individual Form for privacy reasons. Questions on the following pages should be left blank for these people.

### Name of Person 1 Name of Person 2 Name of Person 3 First name First name First name Surname Surname Surname Relationship of Relationship of Person 2 to Person → 1 Person 3 to Person → 1 2 Husband or wife Husband or wife **ENTER NAME** OF PERSON 1 Partner Partner **ABOVE** Son or daughter Son or daughter Step-child Step-child П Brother or sister Brother or sister Mother or father Mother or father П Step-mother or step-father Step-mother or step-father Grandchild Grandchild Grandparent Grandparent Other related Other related Unrelated Unrelated

Name of Person 4			Name of Person 5				
First name STEVEN		First name JAMES Surname CANTELL					
SWITH			SMITH	1			
Relationship of Person 4 to Person →	1 2	3	Relationship of Person 5 to Person →	1	2	3	4
Husband or wife			Husband or wife			<b>_</b> [	
Partner			Partner			<b>]</b> [	
Son or daughter			Son or daughter	V		<b>]</b> [	
Step-child			Step-child			<b>]</b> [	
Brother or sister		$\square$	Brother or sister			<b>7</b> [	<b>✓</b>

Name of Person 5

First name

### Surname Surname Relationship of Relationship of Person 4 to Person → 2 Person 5 to Person → 2 3 Husband or wife Husband or wife Partner Partner Son or daughter Son or daughter Step-child Step-child Brother or sister Brother or sister Mother or father Mother or father Step-mother or step-father Step-mother or step-father Grandchild Grandchild Grandparent Grandparent Other related Other related

Name of Person 4

First name

Unrelated

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

Unrelated

P	erson 1			
1	What is your name? (Person 1 in	Tabl		ble
	First name and surname		in England.	
			► Go to 10	
2	What is your sex?	8	What is your ethnic group?	
	Male Female	•	Choose ONE section from A to E, then  ✓ the appropriate box to indicate your cultural background.	
3	What is your date of birth?		A White	
	Day Month Year		British Irish	
			Any other White background, please write in 10 What is your religion?	
4	What is your marital status (on 29 April 2001)?		<ul><li>♦ This question is voluntary.</li><li>♦ ✓ one box only.</li></ul>	
	Single (never married)		None	
	Married (first marriage)		B Mixed Christian (including Church	
	Re-married		England, Catholic, Protestant  White and Black Caribbean all other Christian denominat	
	Separated (but still legally married)		White and Black African  Buddhist	,
	Divorced		Mindu	
	☐ Widowed		White and Asian  Jewish	
_			Any other Mixed background,  please write in  Muslim	
5	Are you a schoolchild or student in full-time education?		Sikh	
	☐ Yes ► Go to 6			ute to
	□ No ► Go to 7		Any other religion, <i>please wi</i>	rite in
			C Asian or Asian British	
6	Do you live at the address shown on the front of this form		☐ Indian ☐ Pakistani	
	during the school, college or university term?		Bangladeshi	
<b>*</b>	Only answer this question if you		Any other Asian background, please write in  Over the last twelve month would you say your health	
	have answered 'Yes' to Question 5.  Yes, I live at this address during		on the whole been:	1105
	the school/college/university term		Good?	
	<b>►</b> Go to <b>7</b>		Fairly good?	
	No, I live elsewhere during the school/college/university term		D Black or Black British Not good?	
	Go to 36		Caribbean African  12 Do you look after, or give a	anv
_			Any other Black background, help or support to family	-
7	What is your country of birth?		please write in members, friends, neighbor or others because of:	
	England Wales		• long-term physical or me ill-health or disability, or	
	Scotland		• problems related to old ag	
	Northern Ireland		E Chinese or other ethnic group  Do not count anything you do part of your paid employment	
	Republic of Ireland		Chinese	
	Elsewhere, please write in the present name of the country		Any other, <i>please write in</i> No	
			Yes, 1 - 19 hours a week	
			Yes, 20 - 49 hours a week	
			Yes, 50+ hours a week	

P	erson 1 - <i>continued</i>		
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?  Include problems which are due to old age.  Yes No	19	Were you actively looking for any kind of paid work during the last 4 weeks?
14	If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20	If a job had been available last week, could you have started it within 2 weeks?
<b>♦</b>	For a child born after 29 April 2000, $\checkmark$ 'No usual address one year ago'.		Yes No
	The address shown on the front of the form  No usual address one year ago	21	Last week, were you waiting to start a job already obtained?
	Elsewhere, please write in below		Yes No
	Elsewhere, preuse write in selew	22	Last week, were you any of the
		<b>*</b>	following?  ✓ all the boxes that apply.  Retired
			Student
	Postcode		Looking after home/family
			Permanently sick/disabled
15	If you are aged 16 to 74 Go to 16		None of the above
	If you are aged 15 and under, or 75 and over Go to 36	23	Have you ever worked?
	Which of these qualifications do you have?		Yes, please write in the year you last worked
•	<ul> <li>✓ all the qualifications that apply or, if not specified, the nearest equivalent.</li> <li>□ 1+ O levels/CSEs/GCSEs (any grades)</li> <li>□ NVQ Level 1, Foundation GNVQ</li> </ul>		- Idst Worked
	5+ O levels, 5+ CSEs (grade 1), NVQ Level 2,		➤ Go to 24  No, have never worked
	5+ GCSEs (grades A-C), School Certificate  Intermediate GNVQ		Go to 36
	1+ A levels/AS levels NVQ Level 3, Advanced GNVQ	24	Answer the remaining questions
	2+ A levels, 4+ AS levels, Higher School Certificate NVQ Levels 4-5, HNC, HND		for the <i>main</i> job you were doing last week, or if not working last
	First Degree (eg BA, BSc)  Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)	<b>*</b>	week, your last <i>main</i> job. Your <i>main</i> job is the job in which
	Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)  No Qualifications	25	you usually work the most hours.
17	Do you have any of the following professional qualifications?	25	Do (did) you work as an employee or are (were) you self-employed?
<b>♦</b>	✓ all the boxes that apply.  No Professional Qualifications Qualified Dentist		Employee
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor		Self-employed with employees
	Qualified Medical Doctor Other Professional Qualifications		Self-employed/freelance without
40			employees
<b>18</b>	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or in your own/family business?</li> <li>√'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li> </ul>	26	How many people work (worked) for your employer at the place where you work (worked)?
<b>*</b>	√ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.	•	If you are (were) <i>self-employed</i> ,  ✓ to show how many people
•	✓ 'Yes' if you worked, paid or unpaid, in your own/family business.  Yes ► Go to 24		you employ (employed).
	Yes Go to 24  No Go to 19		1 - 9 10 - 24 25 - 499 500 or more
	140 00 10 15		

P	erson 1 - continued		
<b>27</b>	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	<b>*</b>	How do you usually travel to work?  ✓ one box only.
•	Civil Servants, Local Government Officers - give job title not grade or pay band.	•	<ul> <li>✓ the box for the longest part, by distance, of your usual journey to work.</li> <li>☐ Work mainly at or from home</li> <li>☐ Underground, metro, light rail, tram</li> </ul>
28	Describe what you do (did) in your <i>main</i> job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped
29	Do (did) you supervise any other employees?		Driving a car or van
<b>*</b>	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Passenger in a car or van  Taxi
	Yes No		Bicycle
30	What is (was) the business of your employer at the place where you		On foot
<b>*</b>	work (worked)?  For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,		Other
<b>*</b>	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.  If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35	How many hours a week do you usually work in your main job?
•	Civil Servants, Local Government Officers - please specify your Department.	<b>*</b>	Answer to nearest whole hour.
		•	Number of hours worked a week
31	If you were working last week Go to 32  If you were not working last week Go to 36	36	THERE ARE NO MORE QUESTIONS FOR PERSON 1.
32	• • • • • • • • • • • • • • • • • • • •	*	Go to questions for Person 2.
<b>*</b>	If you have your own business, write in the name.	<b>*</b>	If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.
	Self-employed/freelance Work for a private individual	<b>*</b>	Remember to sign the
<b>33</b>	What is the address of the place where you work in your <i>main</i> job? If you report to a depot, write in the depot address.		Declaration on page 1.
	Postcode		
	<ul><li>☐ Mainly work at or from home</li><li>☐ Offshore installation</li><li>☐ No fixed place</li></ul>		

P	Person 2							
1	What is your name? (Person 2 in	Table 1)  9 This question is not applicable in England.	3					
	First name and surname	Go to 10						
2	What is your sex?	8 What is your ethnic group?						
	Male Female	♦ Choose ONE section from A to E, then  ✓ the appropriate box to indicate your cultural background.						
3	What is your date of birth?	A White						
	Day Month Year	British Irish  Any other White background,  Please write in 10 What is your religion?						
4	What is your marital status (on 29 April 2001)?	please write in  This question is voluntary.						
	Single (never married)	None						
	Married (first marriage)	B Mixed Christian (including Church of	-1					
	Re-married	White and Black Caribbean England, Catholic, Protestant an all other Christian denomination						
	Separated (but still legally married)	── Buddhist ☐─ Buddhist						
	Divorced	──						
	Widowed	Any other Mixed background,						
5	Are you a schoolchild or student	please write in Muslim						
	in full-time education?	Sikh						
	Yes Go to 6	Any other religion, please write	in					
	No Go to 7	C Asian or Asian British						
6	Do you live at the address shown on the front of this form	☐ Indian ☐ Pakistani						
	during the school, college or university term?	Bangladeshi						
•	Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background,  please write in  Over the last twelve months  would you say your health ha  on the whole been:	ıS					
	Yes, I live at this address during the school/college/university term	Good?						
	Go to 7	Fairly good?						
	No, I live elsewhere during the	D Black or Black British  Not good?						
	school/college/university term  Go to 36	Caribbean African  12 Do you look after, or give any	,					
		Any other Black background, help or support to family						
7	What is your country of birth?	please write in members, friends, neighbours or others because of:						
	England Wales	• long-term physical or ment ill-health or disability, or	al					
	Scotland	• problems related to old age?						
	Northern Ireland	E Chinese or other ethnic group  Do not count anything you do as part of your paid employment.						
	Republic of Ireland	Chinese						
	Elsewhere, please write in the present name of the country	Any other, <i>please write in</i> No						
		Yes, 1 - 19 hours a week						
		Yes, 20 - 49 hours a week						
		Yes, 50+ hours a week						

P	erson 2 - continued		
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?  Include problems which are due to old age.  Yes No	19	kind of paid work during the last 4 weeks?
	LIES LINU		Yes No
14 •	If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20	If a job had been available last week, could you have started it within 2 weeks?
<b>*</b>	For a child born after 29 April 2000, ✓ 'No usual address one year ago'.  The address shown on the front of the form		Yes No
	No usual address one year ago  Same as Person 1	21	Last week, were you waiting to start a job already obtained?
	Elsewhere, <i>please write in below</i>		Yes No
		<b>22</b>	Last week, were you any of the following?
			Retired Student
	Postcode		Looking after home/family
			Permanently sick/disabled
15	If you are aged 16 to 74 Go to 16		None of the above
	If you are aged 15 and under, or 75 and over Go to 36	23	Have you ever worked?
<b>16</b> ♦	<ul> <li>✓ all the qualifications that apply or, if not specified, the nearest equivalent.</li> <li>□ 1+ O levels/CSEs/GCSEs (any grades)</li> <li>□ NVQ Level 1, Foundation GNVQ</li> <li>□ 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate</li> <li>□ NVQ Level 2, Intermediate GNVQ</li> </ul>		Yes, please write in the year you last worked  Go to 24  No, have never worked  Go to 36
	1+ A levels/AS levels NVQ Level 3, Advanced GNVQ	24	Answer the remaining questions
	2+ A levels, 4+ AS levels,		for the <i>main</i> job you were doing last week, or if not working last
	First Degree (eg BA, BSc)  Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)	•	week, your last <i>main</i> job. Your <i>main</i> job is the job in which
	Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)  No Qualifications	25	you usually work the most hours.  Do (did) you work as an
17	Do you have any of the following professional qualifications?		employee or are (were) you
<b>♦</b>	✓ all the boxes that apply.		self-employed?
	No Professional Qualifications Qualified Dentist		Employee  Self-employed with employees
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor		Self-employed/freelance without
	Qualified Medical Doctor Other Professional Qualifications		employees
18	<ul><li>Last week, were you doing any work:</li><li>as an employee, or on a Government sponsored training scheme,</li></ul>	26	
<b>*</b>	<ul> <li>as self-employed/freelance, or in your own/family business?</li> <li>         'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.     </li> </ul>		(worked) for your employer at the place where you work (worked)?
<b>*</b>	$\checkmark$ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.	•	If you are (were) <i>self-employed</i> ,  ✓ to show how many people
<b>*</b>	✓ 'Yes' if you worked, paid or unpaid, in your own/family business.  Yes  Go to 24		you employ (employed).
	No Go to 19		1 - 9 10 - 24
	140 00 10 13		25 - 499 500 or more

P	erson 2 - continued		
27 *	What is (was) the full title of your main job?  For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.  Civil Servants, Local Government Officers - give job title not grade or pay band.	34 *	How do you usually travel to work?  ✓ one box only.  ✓ the box for the longest part, by
			distance, of your usual journey to work.  Work mainly at or from home  Underground, metro, light rail, tram
28	Describe what you do (did) in your <i>main</i> job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped  Driving a car or van
29	Do (did) you supervise any other employees?		Passenger in a car or van
<b>*</b>	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Taxi
30	Yes No What is (was) the business of your employer at the place where you		Bicycle
<b>\$</b>	work (worked)?  For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,		On foot Other
<b>*</b>	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.  If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35	How many hours a week do you usually work in your <i>main</i> job?
•	Civil Servants, Local Government Officers - please specify your Department.	*	Answer to nearest whole hour.
		•	Number of hours worked a week
31	If you were working last week Go to 32  If you were not working last week Go to 36	36	THERE ARE NO MORE QUESTIONS FOR PERSON 2.
32	, , , , , , , , , , , , , , , , , , ,	*	Go to questions for Person 3.
•	If you have your own business, write in the name.	•	If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.
	Self-employed/freelance Work for a private individual	*	Remember to sign the Declaration on page 1.
*	What is the address of the place where you work in your main job?  If you report to a depot, write in the depot address.		beclaration on page 11
	Postcode		
	Maintenant at aufam have — — Offstare in the		
	<ul><li>Mainly work at or from home ☐ Offshore installation</li><li>No fixed place</li></ul>		

P	Person 3			
1	What is your name? (Person 3 in	Tabl	· · · · · · · · · · · · · · · · · · ·	able
	First name and surname		in England.	
			<b>▶</b> Go to 10	
2	What is your sex?	8	What is your ethnic group?	
	Male Female	•	Choose ONE section from A to E, then   ✓ the appropriate box to indicate your cultural background.	
3	What is your date of birth?		A White	
	Day Month Year		British Irish	
			Any other White background, please write in  Any other White background, 10 What is your religion?	
4	What is your marital status (on 29 April 2001)?		<ul> <li>♦ This question is voluntary.</li> <li>♦ one box only.</li> </ul>	
	Single (never married)		None	
	Married (first marriage)		B Mixed Christian (including Church	
	Re-married		England, Catholic, Protestan  White and Black Caribbean  all other Christian denomina	
	Separated (but still legally married)		White and Black African Buddhist	
	Divorced		☐ White and Asian ☐ Hindu	
	Widowed		Any other Mixed background,  Jewish	
5	Are you a schoolchild or student		please write in Muslim	
,	in full-time education?		Sikh	
	Yes Go to 6		Any other religion, please w	vrite in
	□ No ► Go to 7		, any other religion, preuse is	77.00
6	Do you live at the address		C Asian or Asian British	
6	shown on the front of this form		Indian Pakistani	
	during the school, college or university term?		Bangladeshi	
<b>*</b>	Only answer this question if you have answered 'Yes' to Question 5.		Any other Asian background, please write in  Over the last twelve month would you say your health	
	Yes, I live at this address during the school/college/university term		on the whole been:	
	Go to 7		Fairly good?	
	No, I live elsewhere during the school/college/university term		D Black or Black British  Not good?	
	Go to 36		Caribbean African  12 Do you look after, or give a	anv
			Any other Black background, help or support to family	-
7	What is your country of birth?		please write in members, friends, neighbor or others because of:	urs
	England Wales		Iong-term physical or me     ill boolth or disability or	
	Scotland		ill-health or disability, or problems related to old a	
	Northern Ireland		E Chinese or other ethnic group  Do not count anything you do part of your paid employmen	
	Republic of Ireland		Chinese	
	Elsewhere, please write in the present name of the country		Any other, please write in No	
			Yes, 1 - 19 hours a week	
			Yes, 20 - 49 hours a week	
			Yes, 50+ hours a week	

Person 3 - continued					
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	19	Were you actively looking for any kind of paid work during the last 4 weeks?		
	Yes No		Yes No		
14 *	What was your usual address one year ago?  If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20	If a job had been available last week, could you have started it within 2 weeks?		
<b>♦</b>	For a child born after 29 April 2000,  √ 'No usual address one year ago'.		Yes No		
		21	Last week, were you waiting to start a job already obtained?		
	No usual address one year ago  Same as Person 1		Yes No		
	Elsewhere, please write in below	22	Last week, were you any of the		
		<b>*</b>	following?  ✓ all the boxes that apply.  Retired		
			Student		
	Postcode		Looking after home/family		
			Permanently sick/disabled		
15	If you are aged 16 to 74 Go to 16		None of the above		
	If you are aged 15 and under, or 75 and over Go to 36	23	Have you ever worked?		
16 •	Which of these qualifications do you have?  ✓ all the qualifications that apply or, if not specified, the nearest equivalent.		Yes, please write in the year you last worked		
	1+ O levels/CSEs/GCSEs (any grades) NVQ Level 1, Foundation GNVQ		► Go to <b>24</b>		
	5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate NVQ Intermediate GNVQ		No, have never worked Go to 36		
	1. A lovels (AS lovels	24	Answer the remaining questions		
	2+ A levels, 4+ AS levels, Higher School Certificate  NVQ Levels 4-5, HNC, HND	24	for the <i>main</i> job you were doing last week, or if not working last		
	First Degree (eg BA, BSc)  Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)		week, your last <i>main</i> job. Your <i>main</i> job is the job in which		
	Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)  No Qualifications		you usually work the most hours.  Do (did) you work as an		
17	Do you have any of the following professional qualifications?	23	employee or are (were) you		
<b>♦</b>	✓ all the boxes that apply.  No Professional Qualifications. □ Qualified Deptiet		self-employed?  Employee		
	No Professional Qualifications Qualified Dentist  Overlified Tababase Status (for sale all) Qualified Nurse Michails Health Visitary		Self-employed with employees		
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor		Self-employed/freelance without		
	Qualified Medical Doctor Other Professional Qualifications		employees		
18	Last week, were you doing any work:  • as an employee, or on a Government sponsored training scheme,  • as self-employed/freelance, or in your own/family business?  √'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.	26	How many people work (worked) for your employer at the place where you work (worked)?		
<b>♦</b>	√'Yes' for any paid work, including casual or temporary work, even if only for one hour.	*	If you are (were) self-employed,  ✓ to show how many people		
<b>♦</b>	✓ 'Yes' if you worked, paid or unpaid, in your own/family business.		you employ (employed).		
	Yes Go to 24		1 - 9 10 - 24		
	No Go to 19		25 - 499		

P	erson 3 - continued		
27 *	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE,		How do you usually travel to work?
<b>*</b>	CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.  Civil Servants, Local Government Officers - give job title not grade or pay band.	*	<ul> <li>✓ one box only.</li> <li>✓ the box for the longest part, by distance, of your usual journey to work.</li> <li>☐ Work mainly at or from home</li> </ul>
			Underground, metro, light rail, tram
28	Describe what you do (did) in your <i>main</i> job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped  Driving a car or van
29	Do (did) you supervise any other employees?		Passenger in a car or van
<b>*</b>	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Taxi
	Yes No		Bicycle
30	What is (was) the business of your employer at the place where you work (worked)?		On foot
<b>*</b>	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.		Other
<b>*</b>	If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?  Civil Servants, Local Government Officers - please specify your Department.	35	usually work in your main job?
Y	Civil Servanes, Escar Government officers' picase specify your beparament.	<b>*</b>	Answer to nearest whole hour.  Give average for last four weeks.
			Number of hours worked a week
31	If you were working last week Go to 32  If you were not working last week Go to 36	36	THERE ARE NO MORE QUESTIONS FOR PERSON 3.
32		*	Go to questions for Person 4.
•	If you have your own business, write in the name.	<b>*</b>	If there are no more people in your household you do not need to answer any more
			questions. Please leave the following pages blank.
	Self-employed/freelance Work for a private individual	•	Remember to sign the
33 *	What is the address of the place where you work in your <i>main</i> job?  If you report to a depot, write in the depot address.		Declaration on page 1.
	Postcode		
	Mainly work at or from home Offshore installation		
	No fixed place		

P	Person 4					
1	What is your name? (Person 4 in T	able 1)	9	This question is not applicable in England.		
	First name and surname			_		
2	What is your sex?	8 What is your ethnic group?		Go to 10		
	·	Choose ONE section from A to E, then				
		√ the appropriate box to indicate your cultural background.				
3	What is your date of birth?	A White				
	Day Month Year	British Irish				
		Any other White background, please write in	10	, ,		
4	What is your marital status (on 29 April 2001)?		<b>*</b>	This question is voluntary.  ✓ one box only.		
	Single (never married)		·	None		
	Married (first marriage)	B Mixed		Christian (including Church of		
	Re-married	White and Black Caribbean		England, Catholic, Protestant and all other Christian denominations)		
	Separated (but still legally married)	White and Black African		Buddhist		
	Divorced	White and Asian		Hindu		
	Widowed	Any other Mixed background,		Jewish		
5	Are you a schoolchild or student in full-time education?	please write in		Muslim		
	Yes Go to 6			Sikh		
	No ► Go to 7			Any other religion, <i>please write in</i>		
6	Do you live at the address	C Asian or Asian British				
	shown on the front of this form	Indian Pakistani				
	during the school, college or university term?	Bangladeshi	44	O th - 1t to		
•	Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background, please write in	11	Over the last twelve months would you say your health has		
	Yes, I live at this address during the school/college/university term			on the whole been:		
	Go to 7			Fairly good?		
	No, I live elsewhere during the	D Black or Black British		Not good?		
	school/college/university term	Caribbean African	12			
	► Go to 36	Any other Black background,	12	help or support to family		
7	What is your country of birth?	please write in		members, friends, neighbours or others because of:		
	England Wales			<ul> <li>long-term physical or mental ill-health or disability, or</li> </ul>		
	Scotland  Northern Ireland			• problems related to old age?		
	Republic of Ireland	E Chinese or other ethnic group	•	Do <i>not</i> count anything you do as part of your paid employment.		
	Elsewhere, please write in the	Chinese	•	<ul><li>✓ time spent in a typical week.</li><li>☐ No</li></ul>		
	present name of the country	Any other, please write in		Yes, 1 - 19 hours a week		
				Yes, 20 - 49 hours a week		
				Yes, 50+ hours a week		

P	Person 4 - continued				
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?  Include problems which are due to old age.	19	Were you actively looking for any kind of paid work during the last 4 weeks?		
	Yes No		Yes No		
*	What was your usual address one year ago?  If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20	If a job had been available last week, could you have started it within 2 weeks?		
*	For a child born after 29 April 2000,   'No usual address one year ago'.  The address shown on the front of the form		Yes No		
	No usual address one year ago  Same as Person 1	21	Last week, were you waiting to start a job already obtained?		
	Elsewhere, please write in below		Yes No		
		<b>22</b>	Last week, were you any of the following?  ✓ all the boxes that apply.  Retired		
	Postcode		Student  Looking after home/family		
			Permanently sick/disabled		
15	If you are aged 16 to 74 Go to 16		None of the above		
	If you are aged 15 and under, or 75 and over Go to 36	23	Have you ever worked?		
<b>16</b>	<ul> <li>✓ all the qualifications that apply or, if not specified, the nearest equivalent.</li> <li>1+ O levels/CSEs/GCSEs (any grades)</li> <li>NVQ Level 1, Foundation GNVQ</li> <li>5+ O levels, 5+ CSEs (grade 1),</li> <li>5+ GCSEs (grades A-C), School Certificate</li> <li>NVQ Level 2,</li> <li>Intermediate GNVQ</li> </ul>		Yes, please write in the year you last worked  Go to 24  No, have never worked  Go to 36		
	1+ A levels/AS levels NVQ Level 3, Advanced GNVQ  2+ A levels, 4+ AS levels, Higher School Certificate  NVQ Levels 4-5, HNC, HND	24	Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.		
	First Degree (eg BA, BSc)  Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)  Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)  No Qualifications	<b>*</b>	Your main job is the job in which you usually work the most hours.		
17 •	Do you have any of the following professional qualifications?  ✓ all the boxes that apply.	25	Do (did) you work as an employee or are (were) you self-employed?		
	No Professional Qualifications Qualified Dentist		Employee		
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor		Self-employed with employees		
	Qualified Medical Doctor Other Professional Qualifications		Self-employed/freelance without employees		
18	Last week, were you doing any work:	26	How many people work		
<b>*</b>	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or in your own/family business?</li> <li>Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li> </ul>		(worked) for your employer at the place where you work (worked)?		
<b>*</b>	<ul> <li>✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</li> <li>✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</li> </ul>	*	If you are (were) <i>self-employed</i> ,  ✓ to show how many people you employ (employed).		
	Yes Go to 24		1 - 9 10 - 24		
	No ► Go to 19		25 - 499 500 or more		

P	erson 4 - continued		
27 *	What is (was) the full title of your main job?  For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.  Civil Servants, Local Government Officers - give job title not grade or pay band.	<b>34</b> •	How do you usually travel to work?  ✓ one box only.  ✓ the box for the longest part, by
			distance, of your usual journey to work.  Work mainly at or from home  Underground, metro, light rail, tram
28	Describe what you do (did) in your <i>main</i> job.		Train
			Bus, minibus or coach  Motor cycle, scooter or moped
			Driving a car or van
<b>29</b>	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Passenger in a car or van  Taxi
30	Yes No  What is (was) the business of your employer at the place where you		Bicycle On foot
<b>*</b>	work (worked)?  For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,		Other
<b>*</b>	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.  If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35	How many hours a week do you usually work in your <i>main</i> job?
•	Civil Servants, Local Government Officers - please specify your Department.	<b>*</b>	Answer to nearest whole hour.  Give average for last four weeks.  Number of hours worked a week
31	If you were working last week Go to 32  If you were not working last week Go to 36	36	THERE ARE NO MORE QUESTIONS FOR PERSON 4.
32	, , , , , , , , , , , , , , , , , , , ,	*	Go to questions for Person 5.
<b>*</b>	If you have your own business, write in the name.	•	If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.
22	Self-employed/freelance Work for a private individual	*	Remember to sign the Declaration on page 1.
*	If you report to a depot, write in the depot address.  Postcode  Mainly work at or from home Offshore installation		Deciaration on page 1.
	No fixed place		

Person 5				
1	What is your name? (Person 5 in	Tab		plicable
	First name and surname		in England.	
			▶ Go to 10	
2	What is your sex?	8	What is your ethnic group?	
	Male Female	•	Choose ONE section from A to E, then  the appropriate box to indicate your cultural background.	
3	What is your date of birth?		A White	
	Day Month Year		British Irish	
			Any other White background, please write in 10 What is your religion?	
4	What is your marital status (on 29 April 2001)?		<ul><li>♦ This question is voluntary</li><li>♦ ✓ one box only.</li></ul>	/.
	Single (never married)		None	
	Married (first marriage)		Christian (including Ch	
	Re-married		White and Black Caribbean England, Catholic, Protection all other Christian deno	
	Separated (but still legally married)		White and Black African  Buddhist	,
	Divorced		Hindu	
	☐ Widowed		White and Asian Jewish	
-			Any other Mixed background,  please write in  Muslim	
5	Are you a schoolchild or student in full-time education?		Sikh	
	☐ Yes ► Go to 6			an and the lea
	□ No ► Go to 7		Any other religion, <i>plea</i>	ase write in
			C Asian or Asian British	
6	Do you live at the address shown on the front of this form		Indian Pakistani	
	during the school, college or		Bangladeshi	
<b>*</b>	university term? Only answer this question if you		Any other Asian background, 11 Over the last twelve m	onths
Ť	have answered 'Yes' to Question 5.		please write in would you say your he on the whole been:	alth has
	Yes, I live at this address during the school/college/university term		Good?	
	Go to 7		Fairly good?	
	No, I live elsewhere during the		D Black or Black British Not good?	
	school/college/university term Go to 36		Caribbean African  12 Do you look after, or g	ive any
	G0 t0 30		Any other Black background, help or support to fam	ily
7	What is your country of birth?		please write in members, friends, neig or others because of:	hbours
	England Wales		Iong-term physical o	
	Scotland		ill-health or disability  problems related to o	
	Northern Ireland		Chinese or other ethnic group	ou do as
	Republic of Ireland		part of your paid employ  ↑ time spent in a typical	
	Elsewhere, please write in the		Any other, please write in No	
	present name of the country		Yes, 1 - 19 hours a wee	ek
			Yes, 20 - 49 hours a w	eek
			Yes, 50+ hours a week	
			Tes, sor nous a week	

Person 5 - continued					
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?  Include problems which are due to old age.  Yes No	19	Were you actively looking for any kind of paid work during the last 4 weeks?		
14		20	If a job had been available last week, could you have started it within 2 weeks?		
<b>*</b>	For a child born after 29 April 2000, 🗸 'No usual address one year ago'.		Yes No		
	The address shown on the front of the form  No usual address one year ago  Same as Person 1	21	Last week, were you waiting to start a job already obtained?		
	Elsewhere, please write in below		Yes No		
		<b>22</b>	Last week, were you any of the following?  ✓ all the boxes that apply.		
			Retired Student		
	Postcode		Looking after home/family		
			Permanently sick/disabled		
15	If you are aged 16 to 74 Go to 16		None of the above		
	If you are aged 15 and under, or 75 and over Go to 36	23	Have you ever worked?		
16 *	Which of these qualifications do you have?  ✓ all the qualifications that apply or, if not specified, the nearest equivalent.  □ 1+ O levels/CSEs/GCSEs (any grades) □ NVQ Level 1, Foundation GNVQ		Yes, please write in the year you last worked		
	5+ O levels, 5+ CSEs (grade 1), NVQ Level 2,		➤ Go to 24  No, have never worked		
	5+ GCSEs (grades A-C), School Certificate Intermediate GNVQ  1+ A levels/AS levels NVQ Level 3, Advanced GNVQ		<b>▶</b> Go to <b>36</b>		
	2+ A levels, 4+ AS levels, NVQ Levels 4-5, HNC, HND	24	Answer the remaining questions for the <i>main</i> job you were doing		
	Higher School Certificate  First Degree (eg BA, BSc)  Other Qualifications (eg City and		last week, or if not working last week, your last <i>main</i> job.		
	Guilds, RSA/OCR, BTEC/Edexcel)  Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)  No Qualifications	•	Your <i>main</i> job is the job in which you usually work the most hours.		
17		25	Do (did) you work as an employee or are (were) you		
<b>*</b>	✓ all the boxes that apply.		self-employed?		
	No Professional Qualifications Qualified Dentist		Employee		
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor		Self-employed with employees		
	Qualified Medical Doctor Other Professional Qualifications		Self-employed/freelance without employees		
18	Last week, were you doing any work:	26	How many people work		
<b>*</b>	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or in your own/family business?</li> <li>√'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li> </ul>		(worked) for your employer at the place where you work (worked)?		
<b>♦</b>	√'Yes' for any paid work, including casual or temporary work, even if only for one hour.	<b>♦</b>	If you are (were) <i>self-employed</i> ,  ✓ to show how many people		
<b>*</b>	✓ 'Yes' if you worked, paid or unpaid, in your own/family business.  Yes  Go to 24		you employ (employed).		
	□ No ► Go to 19		25 - 499 500 or more		

P	erson 5 - <i>continued</i>		
27 *	What is (was) the full title of your <i>main</i> job?  For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.  Civil Servants, Local Government Officers - give job title not grade or pay band.	34 *	How do you usually travel to work?  ✓ one box only.  ✓ the box for the longest part, by
			<ul><li>distance, of your usual journey to work.</li><li>Work mainly at or from home</li><li>Underground, metro, light rail, tram</li></ul>
28	Describe what you do (did) in your <i>main</i> job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped
29	Do (did) you supervise any other employees?		Driving a car or van
<b>*</b>	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Passenger in a car or van  Taxi
	Yes No		Bicycle
30	What is (was) the business of your employer at the place where you		☐ On foot
*	work (worked)?  For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.		Other
<b>*</b>	If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35	How many hours a week do you usually work in your <i>main</i> job?
•	Civil Servants, Local Government Officers - please specify your Department.	<b>*</b>	Answer to nearest whole hour.
		•	Number of hours worked a week
31	If you were working last week  If you were not working last week  Go to  Go to  32	36	THERE ARE NO MORE QUESTIONS FOR PERSON 5.
32 *	What is the full name of the organisation you work for in your <i>main</i> job? If you have your own business, write in the name.	•	If there are no more people in your household you do not need to answer any more questions.
		•	If there are more than 5 people in your household, you will need to contact the Census
	Self-employed/freelance Work for a private individual		Helpline (0845 301 2001) for an extra form.
33	What is the address of the place where you work in your <i>main</i> job? If you report to a depot, write in the depot address.	*	Remember to sign the Declaration on page 1.
			- common on page
			.::
	Postcode		national STATISTICS
	☐ Mainly work at or from home ☐ Offshore installation ☐ No fixed place		
	<del>_</del>		