

## SCHEDULE 3

Regulation 6

### Forms of Return for 2001 Census

115



**Northern Ireland Census**  
29 April 2001  
**COUNT me in**

Household Form

Census Helpline 0845 3020011, Text Phone 0800 100458032001, Website [www.census2001.gov.uk](http://www.census2001.gov.uk)

To the Householder

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 Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.

Completing your form

Completing this Census form is compulsory under the Census Act (Northern Ireland) 1991. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to completion of the questions 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 data will be held securely under the terms of the Public Records Act (Northern Ireland) 1923.

Thank you for your co-operation.

T.M. Costello  
Dr T.M. Costello  
REGISTRAR GENERAL,  
NORTHERN IRELAND

**What you have to do**

1. Your household should complete this form in black or blue ink. A household is:
  - a person living alone;
  - a group of people (including family members) living at the same address who continue living together - sharing either a main roost or sitting room; or at least one meal a day.
2. If your family consists of people, & there are more than six people in your household you will need an extra form.
3. Fill in household members in Table 1 (page 2). Use the rest of page 2 or the same page to list visitors.
4. Answer the questions about your accommodation (page 2).
5. Complete the relationship sections (pages 4 and 5).
6. Ensure that a person's section (2 pages) is completed for each household member listed in Table 1.
7. Leave all other boxes blank.
8. Sign the Declaration and post the form back to the appropriate address for the household in the reply paid envelope.

If you need extra forms, please contact the Census Helpline on 0845 3020011. All calls to this number are charged at the local rate.

If you need help completing this form, please speak to your local census office.

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

Signature:

Date:

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<b>1. Usual place of abode</b>											
<p>Using block or blockbook, list all members of your household who usually live at this address, including yourself.</p> <ul style="list-style-type: none"> <li>• Start with the Householder or Joint Householders.</li> <li>• Include anyone who is temporarily away from home on the night of 29 April 2001 but who usually lives at this address.</li> <li>• Include school children and students if they live at this address during the vacation, college or university term.</li> <li>• Also include schoolchildren and students who are away from home during the school, college or university term for whom only basic information is required at this address.</li> <li>• Include any baby born before 30 April 2001, even if still in hospital.</li> <li>• Include people with more than one address if they live at this address for the majority of time.</li> <li>• Include anyone who is staying with you who has no other usual address.</li> <li>• Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces, if they usually live at this address.</li> </ul>											
<p>2. If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and <input checked="" type="checkbox"/> the relevant box in the column marked 'Individual Form'.</p>											
Person No.	Individual Form										
Person 1 .....	<input type="checkbox"/>										
Person 2 .....	<input type="checkbox"/>										
Person 3 .....	<input type="checkbox"/>										
Person 4 .....	<input type="checkbox"/>										
Person 5 .....	<input type="checkbox"/>										
Person 6 .....	<input type="checkbox"/>										
<p>If you have more than 6 people in your household, you will need an extra form. Please contact the Census Helpline.</p>											
Person 7 .....	<input type="checkbox"/>										
Person 8 .....	<input type="checkbox"/>										
Person 9 .....	<input type="checkbox"/>										
Person 10 .....	<input type="checkbox"/>										
Person 11 .....	<input type="checkbox"/>										
Person 12 .....	<input type="checkbox"/>										
<b>2. Visiting address</b>											
<p>To help you complete the form you may use Table 2 to list any visitors staying at this address, on the night of 29 April 2001, who usually live elsewhere.</p> <p>If there are only visitors at this address, please complete questions 32 to 39 (page 3). No further questions need to be answered.</p>											
<table border="1"> <tr> <td style="width: 15%;">The name and surname</td> <td style="width: 15%;">Address</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>		The name and surname	Address	.....	.....	.....	.....	.....	.....	.....	.....
The name and surname	Address										
.....	.....										
.....	.....										
.....	.....										
.....	.....										

Page 2

<p>Remember to use black or blue ink. Put a tick in the appropriate box. Use <b>One</b> <input type="checkbox"/> if you mark the wrong box, fill in the box and put a tick in the right one, like this <input checked="" type="checkbox"/></p> <p style="text-align: center;">12</p>	<p>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.</p>	<p>What is your country of birth?</p> <p><input checked="" type="checkbox"/> Germany, <input type="checkbox"/> United States  <input type="checkbox"/> GERMANY <input type="checkbox"/>  <input type="checkbox"/> FRENCE <input type="checkbox"/></p>
<p><b>Q13</b> What type of accommodation does your household occupy?</p> <p>A whole house or large law that is:</p> <p><input type="checkbox"/> Detached  <input type="checkbox"/> semi-detached  <input type="checkbox"/> Terraced including end terrace  <input type="checkbox"/> A flat or maisonette in apartment block  <input type="checkbox"/> In a purpose built block of flats or terraced  <input type="checkbox"/> Part of a converted or shared house/extended residence  <input type="checkbox"/> In a commercial building (for example, an office building, hotel, garage, shop)</p> <p>Mobile or temporary structure:</p> <p><input type="checkbox"/> A caravan or other mobile or temporary structure</p>		
<p><b>Q14</b> Do you have a bath/shower and toilet for use only by your household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>Q15</b> What is the lowest floor level of your household's living accommodation?</p> <p><input type="checkbox"/> Basement or cellar/basement  <input type="checkbox"/> Ground floor (street level)  <input type="checkbox"/> First floor (above street level)  <input type="checkbox"/> Second floor  <input type="checkbox"/> Third or fourth floor  <input type="checkbox"/> Fifth floor or higher</p>		
<p><b>Q16</b> Are the rooms used by your household located on more than one floor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>Q17</b> Is your household's accommodation self-contained?</p> <p><input type="checkbox"/> Yes, all the rooms are behind a door that only your household can use  <input type="checkbox"/> No</p>		
<p><b>Q18</b> How many rooms do you have for use only by your household?</p> <p><input type="checkbox"/> One or two rooms, including a kitchen, bathroom, shower room, cloakroom, utility room, garage, conservatory, sunroom, porch, etc.  <input type="checkbox"/> Three or four rooms, including a kitchen, bathroom, shower room, cloakroom, utility room, garage, conservatory, sunroom, porch, etc.  <input type="checkbox"/> Five or more rooms, including a kitchen, bathroom, shower room, cloakroom, utility room, garage, conservatory, sunroom, porch, etc.</p> <p>Number of rooms: <input type="text"/></p>		
<p><b>Q19</b> Does your accommodation have central heating?</p> <p><input type="checkbox"/> Yes, it has central heating  <input type="checkbox"/> Yes, it has some central heating  <input type="checkbox"/> No</p>		
<p><b>Q20</b> Who is your landlord?</p> <p><input type="checkbox"/> National Land Trust Executive  <input type="checkbox"/> National Association Housing Co-operatives Charitable Trust  <input type="checkbox"/> Private landlord or letting agency  <input type="checkbox"/> Member of a household member  <input type="checkbox"/> Relative or friend of a household member  <input type="checkbox"/> Other</p>		
<p><b>Q21</b> How many cars or vans are owned, or available for use, by one or more members of your household?</p> <p><input type="checkbox"/> None <input type="checkbox"/> One  <input type="checkbox"/> Two <input type="checkbox"/> Three  <input type="checkbox"/> Four or more  <input type="checkbox"/> I don't know</p>		
<p><b>Q22</b> Please turn the page.</p>		

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Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
JOHN SMITH	MARY SMITH	ALISON SMITH	STEVEN SMITH
Relationship of Person 2 to Person 1			
Husband or wife	<input checked="" type="checkbox"/>	Husband or wife	<input checked="" type="checkbox"/>
Partner	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>
Step child	<input type="checkbox"/>	Step child	<input checked="" type="checkbox"/>
Brother or sister	<input type="checkbox"/>	Brother or sister	<input checked="" type="checkbox"/>
Relationship of Person 3 to Person 1			
Husband or wife	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>
Step child	<input type="checkbox"/>	Step child	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>
Relationship of Person 4 to Person 1			
Husband or wife	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	Son or daughter	<input type="checkbox"/>
Step child	<input type="checkbox"/>	Step child	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>

\* The example below shows how to provide the relationship information for John Smith, his wife (Mary) and their four children (Alison, Steven, James and Margaret).

\* In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

\* Use the same order 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.

\* Provide information here for household members who require an individual Form for privacy reasons. Questions on the following pages should be left blank for these people.

Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
JOHN SMITH	MARY SMITH	ALISON SMITH	STEVEN SMITH
Relationship of Person 2 to Person 1			
Husband or wife	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>
Partner	<input checked="" type="checkbox"/>	Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	Son or daughter	<input type="checkbox"/>
Step child	<input type="checkbox"/>	Step child	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>
Relationship of Person 3 to Person 1			
Husband or wife	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	Son or daughter	<input type="checkbox"/>
Step child	<input type="checkbox"/>	Step child	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	Mother or father	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>
Other related	<input type="checkbox"/>	Other related	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	Unrelated	<input type="checkbox"/>
Relationship of Person 4 to Person 1			
Husband or wife	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	Son or daughter	<input type="checkbox"/>
Step child	<input type="checkbox"/>	Step child	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	Mother or father	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>
Other related	<input type="checkbox"/>	Other related	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	Unrelated	<input type="checkbox"/>

<b>Name of Person 5</b>		<b>Name of Person 6</b>	
JAMES SMITH		MARGARET SMITH	
Relationship of Person 5 to Person 4 → 1 2 3 4		Relationship of Person 6 to Person 5 → 1 2 3 4 5	
Husband or wife <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Partner <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Partner <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Son or daughter <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Son or daughter <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Step-child <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Step child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Mother or father <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Grandparent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Grandparent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Other related <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Other related <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
<p><small>Remaining questions should be answered for each member of your household in the same order as Table 1 (page 2 of your Household Form). Where a household member is completing an Individual Form for privacy reasons, the remaining questions for this person should be left blank.</small></p>			

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<p><b>Q1 What is your name? (Person 1 in Table 1)</b></p> <p>First name: [ ] John Middle name: [ ] Last name: [ ] O'Farrell Surnames: [ ]</p>	<p><b>Q2 What is your sex?</b></p> <p>[ ] Male [ ] Female</p>	<p><b>Q3 What is your date of birth?</b></p> <p>Day: [ ] 12 Month: [ ] June Year: [ ] 1980</p>	<p><b>Q4 What is your marital status (on 29 April 2001)?</b></p> <p>[ ] Single (never married) [ ] Married (not separated) [ ] Separated [ ] Separated (but still living together) [ ] Divorced [ ] Widowed</p>	<p><b>Q5 Are you a schoolchild or student in full-time education?</b></p> <p>[ ] Yes [ ] No [ ]</p>	<p><b>Q6 Do you regard yourself as belonging to any particular religion?</b></p> <p>[ ] Yes [ ] No [ ]</p>	<p><b>Q7 To which of these ethnic groups do you consider you belong?</b></p> <p>* ✓ [ ] White [ ] Chinese [ ] Irish Traveller [ ] Indian [ ] Pakistani [ ] Bangladeshi [ ] Black Caribbean [ ] Black African [ ] Black Other [ ] Mixed ethnic group, none</p>
<p><b>Q8 Do you live at the address shown on the front of this form during the school, college or university term?</b></p> <p>* ✓ [ ] No, I do not live at this address during the school/college/university term [ ] Yes, I live at this address during the school/college/university term [ ] No, I live at this address during the school/college/university term [ ] No, I do not live at this address during the school/college/university term</p>	<p><b>Q9 What religion, religious denomination or body were you brought up in?</b></p> <p>[ ] Roman Catholic [ ] Presbyterian Church in Ireland [ ] Church of Ireland [ ] Methodist Church in Ireland [ ] Other, please specify</p>	<p><b>Q10 Over the last twelve months would you say your health has on the whole been:</b></p> <p>[ ] Good [ ] Fairly good [ ] Not good</p>				
<p><b>Q11 Can you understand, speak, read or write Irish?</b></p> <p>* ✓ [ ] I can do what applies [ ] Understand spoken Irish [ ] Speak Irish [ ] Read Irish [ ] Write Irish [ ] None of the above</p>	<p><b>Q12 What is your country of birth?</b></p> <p>[ ] Northern Ireland [ ] England [ ] Wales [ ] Scotland [ ] Republic of Ireland [ ] elsewhere, please specify the place of birth of the country</p>	<p><b>Q13 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <p>* ✓ [ ] long term physical or mental ill-health or disability * ✓ [ ] problems related to old age</p>				
		<p>* [ ] Do not count anything you do as part of your paid employment * ✓ [ ] less than 16 hours a week [ ] No [ ] Yes, 1-19 hours a week [ ] Yes, 20-49 hours a week [ ] Yes, 50+ hours a week</p>				

<p>13. Do you have any long-term illness, health problems or disability which limits your daily activities or the work you can do?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>14. What was your usual address one year ago?</p> <p><input checked="" type="checkbox"/> I live at the same address as I did one year ago I live at the same address as I did one year ago, but my address has changed since then</p> <p><input type="checkbox"/> The address shown is the first of the four <input type="checkbox"/> No local address one year ago <input type="checkbox"/> Elsewhere, explain below</p> <p>15. If you are aged 16 to 74</p> <p>If you are aged 15 and under, or 75 and over</p>	<p>16. Which of these qualifications do you have?</p> <p><input checked="" type="checkbox"/> GCSE (grades D-G), CSE (grades 2-5)      <input type="checkbox"/> NVQ Level 1, GCE Foundation</p> <p><input type="checkbox"/> 1-4 CSEs (grades 9-1), 1-4 GCEs (grades A-C), or 'O' Level Passes      <input type="checkbox"/> NVQ Level 2, GCE Intermediate</p> <p><input type="checkbox"/> 5+ CSEs (grade 9), 5+ GCSEs (grades A-C), or 'O' Level Passes, Senior Certificate      <input type="checkbox"/> NVQ Level 3, NVQ Advanced</p> <p><input type="checkbox"/> T-Levels, 1-3 AS-levels, Advanced Higher Certificate      <input type="checkbox"/> NVQ Level 4, NVQ Higher</p> <p><input type="checkbox"/> 2+ A-Levels, 1+ AS-levels      <input type="checkbox"/> NVQ Level 5</p> <p><input type="checkbox"/> First Degree</p> <p><input type="checkbox"/> Higher Degree      <input type="checkbox"/> No qualifications</p>	<p>17. Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
			<p>18. If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
			<p>19. Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
			<p>20. Last week, were you any of the following?</p> <p><input checked="" type="checkbox"/> In a household <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Looking after dependents <input type="checkbox"/> Permanently sick/disabled <input type="checkbox"/> None of the above</p>
			<p>21. Have you ever worked?</p> <p><input checked="" type="checkbox"/> Yes, previously but not recently <input type="checkbox"/> No, have never worked but previously worked</p>
			<p>22. Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Self-employed with employees <input type="checkbox"/> Self-employed/freelance without employees</p>
			<p>23. How many people work (worked) for your employer at the place where you work (worked)?</p> <p><input type="checkbox"/> 1-9      <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-499      <input type="checkbox"/> 500 or more</p>

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<p><b>Q1</b> What is (was) the full title of your main job?</p> <p>• For example, administrator, teacher, shop assistant, sales assistant, office cleaner, receptionist, delivery driver, cook, waiter, cleaner, hairdresser, carer, nurse, medical professional, manager, supervisor, director, CEO, owner, self-employed, etc.</p> <p><input type="checkbox"/> Admin  <input type="checkbox"/> Reception  <input type="checkbox"/> Sales  <input type="checkbox"/> Cleaning  <input type="checkbox"/> Catering  <input type="checkbox"/> Transport  <input type="checkbox"/> Office  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Construction  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Retail  <input type="checkbox"/> Transport  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Construction  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Other</p> <p><b>Q2</b> Describe what you do (did) in your main job.</p> <p><input type="checkbox"/> Admin  <input type="checkbox"/> Reception  <input type="checkbox"/> Sales  <input type="checkbox"/> Cleaning  <input type="checkbox"/> Catering  <input type="checkbox"/> Transport  <input type="checkbox"/> Office  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Construction  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Retail  <input type="checkbox"/> Transport  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Construction  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Other</p> <p><b>Q3</b> Do (did) you supervise any other employees?</p> <p>• Supervise means to oversee, control, give instructions to, manage or direct other people.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>Q4</b> What is (was) the business of your employer at the place where you work (worked)?</p> <p>• Not applicable if you are self-employed, self-employed with a partner, or working from home.</p> <p>• If you are not sure, choose the most relevant option from the list below.</p> <p>• If you are not sure, choose the most relevant option from the list below.</p> <p><input type="checkbox"/> Manufacturing  <input type="checkbox"/> Construction  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Retail  <input type="checkbox"/> Transport  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Construction  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Retail  <input type="checkbox"/> Transport  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Construction  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Other</p> <p><b>Q5</b> If you were working last week <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No</p> <p><b>Q6</b> If you were not working last week <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No</p> <p><b>Q7</b> What is the full name of the organisation you work for in your main job?</p> <p>• Please tick all that apply.</p> <p>• You can type in the name of the organisation.</p> <p><input type="checkbox"/> Self-employed/sole trader      <input type="checkbox"/> Work for a private individual</p> <p><b>Q8</b> What is the address of the place where you work in your main job?</p> <p>• Do you live here? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      • Does your job involve working away from home?  <input type="checkbox"/> Mostly work at home <input type="checkbox"/> Offshore installation <input type="checkbox"/> No fixed place</p>	<p><b>Q9</b> How do you usually travel to work?</p> <p><input checked="" type="checkbox"/> Walk  <input checked="" type="checkbox"/> Go to work by bicycle, including a scooter, bicycle or motorised bicycle  <input type="checkbox"/> Work mostly at or from home  <input type="checkbox"/> Train  <input type="checkbox"/> Bus, omnibus or coach (public or private)  <input type="checkbox"/> Motor cycle, scooter or moped  <input type="checkbox"/> Walking or cycling  <input type="checkbox"/> Car or van pool, sharing driving  <input type="checkbox"/> Passenger in a car or van  <input type="checkbox"/> Taxi  <input type="checkbox"/> Bicycle  <input type="checkbox"/> On foot  <input type="checkbox"/> Other</p> <p><b>Q10</b> How many hours a week do you usually work in your main job?</p> <p>• Not applicable if you are self-employed.      • Please enter the following:      Number of hours worked a week</p> <p><b>Q11</b> Go to questions for Person 2. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>
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<p><input checked="" type="checkbox"/> What is your name? (Person 2 in Table 1)</p> <p>First name _____ Surname _____</p>	<p><input checked="" type="checkbox"/> Do you regard yourself as belonging to any particular religion?</p> <p>[ ] Yes <input checked="" type="checkbox"/> No [ ]</p>	<p><input checked="" type="checkbox"/> To which of those ethnic groups do you consider you belong?</p> <p>* <input checked="" type="checkbox"/> Irish (Irish)</p> <p>[ ] White [ ] Chinese [ ] Asian/Pakistani [ ] Indian [ ] Pakistani [ ] Bangladeshi [ ] Black Caribbean [ ] Black African [ ] Dark Other [ ] Mixed ethnic group, not above</p>
<p><input checked="" type="checkbox"/> What is your sex?</p> <p>[ ] Male <input checked="" type="checkbox"/> Female</p>	<p><input checked="" type="checkbox"/> What religion, religious denomination or body do you belong to?</p> <p>[ ] Roman Catholic [ ] Presbyterian Church in Ireland [ ] Church of Ireland [ ] Methodist Church in Ireland [ ] Other, please specify _____</p>	<p><input checked="" type="checkbox"/> Any other ethnic groups, answer below</p> <p>[ ] _____</p>
<p><input checked="" type="checkbox"/> What is your marital status (on 29 April 2001)?</p> <p>[ ] Single (not married) [ ] Married (not separated) [ ] Separated [ ] Separated/legally separated [ ] Divorced [ ] Widowed</p>	<p><input checked="" type="checkbox"/> What religion, religious denomination or body were you brought up in?</p> <p>[ ] Roman Catholic [ ] Presbyterian Church in Ireland [ ] Church of Ireland [ ] Methodist Church in Ireland [ ] Other, please specify _____</p>	<p><input checked="" type="checkbox"/> Over the last twelve months would you say your health has on the whole been:</p> <p>[ ] Good [ ] Only good [ ] Not good</p>
<p><input checked="" type="checkbox"/> Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>[ ] No, I have moved since then, my new address is _____ [ ] Yes, I live at this address during the school/college/university term [ ] Not sure [ ]</p>	<p><input checked="" type="checkbox"/> Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability</li> <li>• problems related to old age</li> </ul>	<p><input checked="" type="checkbox"/> I am not working, I am not in full-time education: [ ] No [ ] Yes, 1-12 hours a week [ ] Yes, 13-49 hours a week [ ] Yes, 50+ hours a week</p>
<p><input checked="" type="checkbox"/> Can you understand, speak, read or write Irish?</p> <p>* <input checked="" type="checkbox"/> I can't speak or write Irish [ ] Understood spoken Irish [ ] Speak Irish [ ] Read Irish [ ] Write Irish [ ] None of the above</p>	<p><input checked="" type="checkbox"/> What is your country of birth?</p> <p>[ ] Northern Ireland [ ] England <input checked="" type="checkbox"/> Wales [ ] Scotland <input checked="" type="checkbox"/> Republic of Ireland [ ] somewhere else in the British Isles / Northern Ireland</p>	<p><input checked="" type="checkbox"/> I work part-time or full-time: [ ] No [ ] Yes, 1-12 hours a week [ ] Yes, 13-49 hours a week [ ] Yes, 50+ hours a week</p>

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<p>16 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>17 What was your usual address one year ago?</p> <p><input type="checkbox"/> The same address as now (or the address of my main home if I am a student)</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> My usual address one year ago</p> <p><input type="checkbox"/> Elsewhere, please specify:</p> <p>18 If you are aged 16 to 74</p> <p>If you are aged 15 and under, or 75 and over</p> <p>19 Which of these qualifications do you have?</p> <p><input checked="" type="checkbox"/> I have no qualifications (including GCSEs, A-Levels, Higher National Diplomas, NVQs, etc.)</p> <p><input type="checkbox"/> GCSE (grades D-G), CSE (grades F-I)      <input type="checkbox"/> NVQ Level 1, GNVQ Foundation</p> <p><input type="checkbox"/> 1-4 CSEs (grade G), 1-4 GCSEs (grades A-C), 1-4 'O' level Passes      <input type="checkbox"/> NVQ Level 2, GNVQ Intermediate</p> <p><input type="checkbox"/> 5+ CSEs (grade I), 5+ GCSEs (grades A-C), 5+ 'O' level Passes, Senior Certificate      <input type="checkbox"/> NVQ Level 3, GNVQ Advanced</p> <p><input type="checkbox"/> 1-3 AS Levels, Advanced Subsidiary Certificate      <input type="checkbox"/> NVQ Level 4, HNC, HND Certificate</p> <p><input type="checkbox"/> 2+ A-Levels, 4+ AS Levels      <input type="checkbox"/> NVQ Level 5</p> <p><input type="checkbox"/> First Degree</p> <p><input type="checkbox"/> Higher Degree      <input type="checkbox"/> No qualifications</p> <p>20 Last week, were you doing any work?</p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or</li> <li>• in your own/family business (including shop or farm)?</li> </ul> <p><input checked="" type="checkbox"/> No, I did not work or work part-time (including training, voluntary work, etc.)</p> <p><input checked="" type="checkbox"/> Yes, I did part-time, and/or self-employed, or in my own/family business</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>21 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>22 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>23 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>24 Last week, were you any of the following?</p> <ul style="list-style-type: none"> <li>• at school/college</li> <li>• Retired</li> <li>• Student</li> <li>• Looking after home/family</li> <li>• Permanently disabled</li> <li>• None of the above</li> </ul> <p>25 Have you ever worked?</p> <p><input type="checkbox"/> Yes, even a short time ago</p> <p><input type="checkbox"/> No, have never worked</p> <p>26 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p> <p>27 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>* If you worked at more than one place:</p> <p><input type="checkbox"/> 1-9      <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499      <input type="checkbox"/> 500 or more</p>
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<p><b>23</b> What is (was) the full title of your main job?</p> <p>✓ Full-time permanent part-time permanent or casual or self-employed or unpaid or other (please specify)</p> <p>✓ Other (please specify)</p> <p><b>24</b> Describe what you do (did) in your main job.</p> <p><b>25</b> Do (did) you supervise any other employees?</p> <p>✓ I am not a supervisor but I do manage the work of other people in my household</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>26</b> What is (was) the business of your employer at the place where you work (worked)?</p> <p>✓ Manufacturing, mining, quarrying, construction, agriculture, forestry, fisheries and mining ✓ Commercial, professional, scientific and technical services ✓ Education, health and social work ✓ Other (please specify)</p> <p><b>27</b> If you were working last week</p> <p><input checked="" type="checkbox"/> Yes (1-1) <input type="checkbox"/> No</p> <p>If you were not working last week</p> <p><input type="checkbox"/> Yes (1-1) <input checked="" type="checkbox"/> No</p> <p><b>28</b> What is the full name of the organisation you work for in your main job?</p> <p>✓ Work for the state or government <input checked="" type="checkbox"/> Yes (1-1) ✓ Work for a private individual <input type="checkbox"/> No</p> <p><b>29</b> What is the address of the place where you work in your main job?</p> <p>✓ Other (please specify) <input checked="" type="checkbox"/> Yes (1-1) <input type="checkbox"/> No ✓ My home (please specify) <input type="checkbox"/> Yes (1-1) <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Mainly work at <input type="checkbox"/> Offshore installation <input type="checkbox"/> No fixed place or from home</p>	<p><b>30</b> How do you usually travel to work?</p> <p>✓ Car, van or motorbike ✓ Bus, coach or train (public or private) <input type="checkbox"/> Work mainly at one location <input type="checkbox"/> 40+</p> <p><input type="checkbox"/> Bus, coach or coach (public or private) <input type="checkbox"/> Motor cycle, scooter or moped <input type="checkbox"/> Driving a van or van <input type="checkbox"/> Car or van pool, sharing driving <input type="checkbox"/> Passenger in a car or van <input type="checkbox"/> Taxi <input type="checkbox"/> Bicycle <input type="checkbox"/> On foot <input type="checkbox"/> Other</p> <p><b>31</b> How many hours a week do you usually work in your main job?</p> <p>✓ Part-time or part-worker ✓ Full-time or full-worker Number of hours <input type="text"/> I worked a week <input type="text"/></p> <p><b>32</b> Go to questions for Person 3. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>
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<p>83 What is your name? (Person 3 in Table 1)</p> <p>First name _____ Surname _____</p>	<p>84 To which of these ethnic groups do you consider you belong?</p> <p><input checked="" type="checkbox"/> White  <input type="checkbox"/> UK Asian  <input type="checkbox"/> Irish-Scots-Irish  <input type="checkbox"/> Indian  <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Black Caribbean  <input type="checkbox"/> Black African  <input type="checkbox"/> Black Other  <input type="checkbox"/> Mixed ethnic group, white and black  <input type="checkbox"/> Any other ethnic group, please specify _____</p>
<p>85 What is your sex?</p> <p><input checked="" type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p>86 Do you regard yourself as belonging to any particular religion?</p> <p><input type="checkbox"/> Yes, yes to all    <input checked="" type="checkbox"/>  <input type="checkbox"/> No, no to all    <input checked="" type="checkbox"/></p>
<p>87 What is your date of birth?</p> <p>Day _____ Month _____ Year _____</p>	<p>88 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic  <input type="checkbox"/> Presbyterian Church in Ireland  <input type="checkbox"/> Church of Ireland  <input type="checkbox"/> Methodist Church in Ireland  <input type="checkbox"/> Other Christian religion  <input type="checkbox"/> Non-religious  <input type="checkbox"/> Not applicable    <input checked="" type="checkbox"/></p>
<p>89 What is your marital status for 29 April 2001?</p> <p><input type="checkbox"/> Single (never married)  <input type="checkbox"/> Married (first marriage)  <input type="checkbox"/> Separated  <input type="checkbox"/> Separated/dissolved legally, never  <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed</p>	<p>90 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic  <input type="checkbox"/> Presbyterian Church in Ireland  <input type="checkbox"/> Church of Ireland  <input type="checkbox"/> Methodist Church in Ireland  <input type="checkbox"/> Other Christian religion  <input type="checkbox"/> Non-religious  <input type="checkbox"/> Not applicable    <input checked="" type="checkbox"/></p>
<p>91 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes, yes to all    <input checked="" type="checkbox"/>  <input type="checkbox"/> No, no to all    <input checked="" type="checkbox"/></p>	<p>92 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good  <input type="checkbox"/> Fairly good  <input type="checkbox"/> Not good</p>
<p>93 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>* <input type="checkbox"/> Yes, I have the same address as my school, college or university  <input type="checkbox"/> Yes, I live at this address during the school/college/university term  <input checked="" type="checkbox"/> No, I live elsewhere during the school/college/university term  <input checked="" type="checkbox"/></p>	<p>94 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> <li>* Long-term physical or mental ill-health or disability</li> <li>* problems related to old age</li> </ul>
<p>95 Can you understand, speak, read or write Irish?</p> <p><input checked="" type="checkbox"/> Understand, speak, read &amp; write  <input type="checkbox"/> Understand spoken Irish  <input type="checkbox"/> Speak Irish  <input type="checkbox"/> Read Irish  <input type="checkbox"/> Write Irish  <input type="checkbox"/> None of the above</p>	<p>96 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland  <input type="checkbox"/> England    <input type="checkbox"/> Wales  <input type="checkbox"/> Scotland    <input type="checkbox"/> Republic of Ireland  <input type="checkbox"/> elsewhere, please state the relevant country or countries</p>
	<p>97 In the last year, did you take part in voluntary work?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes, 1-19 hours a week  <input type="checkbox"/> Yes, 20-49 hours a week  <input type="checkbox"/> Yes, 50+ hours a week</p>

<p><b>32</b> What is (was) the full title of your main job?</p> <p>4 You work in a business or organisation, part-time or full-time, for another person or organisation, or you are self-employed. 4 Your job is not a business or organisation, part-time or full-time, for another person or organisation, or you are self-employed.</p> <p><input type="checkbox"/> [ ] Clerk <input type="checkbox"/> [ ] Driver <input type="checkbox"/> [ ] Farmer <input type="checkbox"/> [ ] Housekeeper <input type="checkbox"/> [ ] Manager <input type="checkbox"/> [ ] Office worker <input type="checkbox"/> [ ] Salesperson <input type="checkbox"/> [ ] Teacher <input type="checkbox"/> [ ] Trainee <input type="checkbox"/> [ ] Worker</p> <p><b>33</b> Describe what you do (did) in your main job.</p> <p><input type="checkbox"/> [ ] Clerk <input type="checkbox"/> [ ] Driver <input type="checkbox"/> [ ] Farmer <input type="checkbox"/> [ ] Housekeeper <input type="checkbox"/> [ ] Manager <input type="checkbox"/> [ ] Office worker <input type="checkbox"/> [ ] Salesperson <input type="checkbox"/> [ ] Teacher <input type="checkbox"/> [ ] Trainee <input type="checkbox"/> [ ] Worker</p> <p><b>34</b> Do (did) you supervise any other employees?</p> <p>4 A supervisor is someone who has authority over other workers at their place of work.</p> <p><input type="checkbox"/> [ ] Yes    <input type="checkbox"/> [ ] No</p> <p><b>35</b> What is (was) the business of your employer at the place where you work (worked)?</p> <p>4 An employer is someone who employs people to work for them, or someone who employs people to work for them.</p> <p>4 Your business is not a business or organisation, part-time or full-time, for another person or organisation, or you are self-employed.</p> <p>4 Your business is not a business or organisation, part-time or full-time, for another person or organisation, or you are self-employed.</p> <p><input type="checkbox"/> [ ] Clerk <input type="checkbox"/> [ ] Driver <input type="checkbox"/> [ ] Farmer <input type="checkbox"/> [ ] Housekeeper <input type="checkbox"/> [ ] Manager <input type="checkbox"/> [ ] Office worker <input type="checkbox"/> [ ] Salesperson <input type="checkbox"/> [ ] Teacher <input type="checkbox"/> [ ] Trainee <input type="checkbox"/> [ ] Worker</p> <p><b>36</b> If you were working last week <input type="checkbox"/> [ ] Yes <input checked="" type="checkbox"/> [ ] No</p> <p><b>37</b> If you were not working last week <input type="checkbox"/> [ ] Yes <input checked="" type="checkbox"/> [ ] No</p> <p><b>38</b> What is the full name of the organisation you work for in your main job?</p> <p>4 You work in a business or organisation, part-time or full-time, for another person or organisation, or you are self-employed. 4 Your job is not a business or organisation, part-time or full-time, for another person or organisation, or you are self-employed.</p> <p><input type="checkbox"/> [ ] Self-employed/<del>Private</del> <input type="checkbox"/> [ ] Work for a private individual</p> <p><b>39</b> What is the address of the place where you work in your main job?</p> <p>4 We live at our address <input checked="" type="checkbox"/> [ ] or we work at our address <input type="checkbox"/> [ ] 4 Your job is not a business or organisation, part-time or full-time, for another person or organisation, or you are self-employed.</p> <p><input type="checkbox"/> [ ] Mainly work at home or from home <input type="checkbox"/> [ ] Other installation <input type="checkbox"/> [ ] Not a fixed place</p> <p><b>40</b> How do you usually travel to work?</p> <p><input checked="" type="checkbox"/> [ ] Walk <input checked="" type="checkbox"/> [ ] Cycle, motor bike, scooter or moped <input type="checkbox"/> [ ] Bus, train or coach (public or private) <input type="checkbox"/> [ ] Motor cycle, scooter or moped <input type="checkbox"/> [ ] Driving a car or van <input type="checkbox"/> [ ] Car or van pool, sharing driving <input type="checkbox"/> [ ] Passenger in a car or van <input type="checkbox"/> [ ] Taxi <input type="checkbox"/> [ ] Bicycle <input type="checkbox"/> [ ] On foot <input type="checkbox"/> [ ] Other</p> <p><b>41</b> How many hours a week do you usually work in your main job?</p> <p>4 We work part-time <input type="checkbox"/> [ ] 4 We work full-time <input type="checkbox"/> [ ] Number of hours worked a week</p> <p><b>42</b> Go to questions for Person 4. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>
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<p>Q1 What is your name? (Person 4 in Table 1)</p> <p>First name _____ Surname _____</p>	<p>Q2 Do you regard yourselves as belonging to any particular religion?</p> <p>[ ] Yes [ ] No</p>	<p>Q3 To which of these ethnic groups do you consider you belong?</p> <p>* ✓ White</p> <p>[ ] Chinese</p> <p>[ ] Irish Traveller</p> <p>[ ] Indian</p> <p>[ ] Pakistani</p> <p>[ ] Bangladeshi</p> <p>[ ] Black Caribbean</p> <p>[ ] Black African</p> <p>[ ] Gypsy/Other</p> <p>[ ] Mixed ethnic group</p> <p>[ ] Any other ethnic group, please specify _____</p>
<p>Q4 What is your sex?</p> <p>[ ] Male [ ] Female</p>	<p>Q5 What is your date of birth?</p> <p>Day _____ Month _____ Year _____</p>	<p>Q6 What is your marital status (on 29 April 2001)?</p> <p>[ ] Single (never married)</p> <p>[ ] Married (first marriage)</p> <p>[ ] Remained</p> <p>[ ] Separated (but still legally married)</p> <p>[ ] Divorced</p> <p>[ ] Widowed</p>
<p>Q7 Are you a schoolchild or student in full-time education?</p> <p>[ ] Yes [ ] No</p>	<p>Q8 What religion, religious denomination or body were you brought up in?</p> <p>[ ] Roman Catholic</p> <p>[ ] Presbyterian Church in Ireland</p> <p>[ ] Church of Ireland</p> <p>[ ] Methodist Church in Ireland</p> <p>[ ] Other, please specify _____</p>	<p>Q9 Over the last twelve months would you say your health has on the whole been:</p> <p>[ ] Good</p> <p>[ ] Fairly good</p> <p>[ ] Not good</p>
<p>Q10 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>* Only if you have been here for less than 12 months</p> <p>[ ] Yes, I live at this address during the school/college/university term Please specify _____</p> <p>[ ] No, I live elsewhere during the school/college/university term Please specify _____</p>	<p>Q11 Can you understand, speak, read or write Irish?</p> <p>* ✓ I can understand, speak, read or write Irish</p> <p>[ ] Understand spoken Irish</p> <p>[ ] Speak Irish</p> <p>[ ] Read Irish</p> <p>[ ] Write Irish</p> <p>[ ] None of the above</p>	<p>Q12 What is your country of birth?</p> <p>[ ] Northern Ireland</p> <p>[ ] England [ ] Wales</p> <p>[ ] Scotland [ ] Republic of Ireland</p> <p>[ ] Overseas, please indicate which country or countries</p>
		<p>Q13 Do you look after or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> <li>* long-term physical or mental ill-health or disability</li> <li>* problems related to old age</li> </ul> <p>* I am not a carer, my family member or friend is not physically or mentally disabled</p> <p>* This person is a special relative</p> <p>[ ] No</p> <p>[ ] Yes, 1-10 hours a week</p> <p>[ ] Yes, 20-40 hours a week</p> <p>[ ] Yes, 50+ hours a week</p>

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<p>38 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>✓ Yes      <input type="checkbox"/> No</p> <p>39 What was your usual address one year ago?</p> <p>✓ The address shown on the front of the form  <input type="checkbox"/> Do not address one year ago  <input type="checkbox"/> Elsewhere, where is it now?</p> <p>40 If you are aged 16 to 24</p> <p>If you are aged 15 and under, or 75 and over</p> <p>41 Which of these qualifications do you have?</p> <p>✓ No qualifications</p> <p><input type="checkbox"/> GCSE (grades D-G), CSE (grades 2-5)      <input type="checkbox"/> NVQ Level 1, SVQ Foundation  <input type="checkbox"/> 1-4 CSEs (grades 1-4), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes      <input type="checkbox"/> NVQ Level 2, SVQ Intermediate  <input type="checkbox"/> 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ 'O' level Passes, Senior Certificate      <input type="checkbox"/> NVQ Level 3, SVQ Advanced  <input type="checkbox"/> NVQ Level 2-3 AS/A-level, Advanced Senior Certificate      <input type="checkbox"/> NVQ Level 4, HNC, HND  <input type="checkbox"/> 2+ A-levels, 4+ AS levels      <input type="checkbox"/> NVQ Level 5  <input type="checkbox"/> First Degree  <input type="checkbox"/> Higher Degree      <input type="checkbox"/> No qualifications</p> <p>42 Last week, were you doing any work?</p> <ul style="list-style-type: none"> <li>✓ as an employee, or on a Government sponsored training scheme,</li> <li>✓ as self-employed/freelance, or</li> <li>✓ in your own/family business (including shop or farm)?</li> </ul> <p>✓ Yes, I am currently working, but I am not employed full-time, part-time or temporary work, except only for part-time</p> <p>✓ Yes, I am not working, including travel or temporary work, except only for part-time</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> No      <input checked="" type="checkbox"/> Don't know</p>	<p>43 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>44 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>45 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>46 Last week, were you any of the following?</p> <p>✓ Self-employed  <input type="checkbox"/> Retired  <input type="checkbox"/> Student  <input type="checkbox"/> Looking after home/family  <input type="checkbox"/> Financially disabled  <input type="checkbox"/> None of the above</p> <p>47 Have you ever worked?</p> <p><input type="checkbox"/> Yes, even if it was just for a few days      <input checked="" type="checkbox"/>  <input type="checkbox"/> No, have never worked      <input checked="" type="checkbox"/></p> <p>48 Are you the returning passenger to the journey you were doing last week, and not continuing to work, you last from [ ] to [ ].</p> <p>✓ From [ ] to [ ] the previous week, or will only work the next [ ] hours</p> <p>49 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee  <input type="checkbox"/> Self-employed with employees  <input type="checkbox"/> Self-employed/freelance without employees</p> <p>50 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>✓ You are the only employee  <input type="checkbox"/> To work now, how many people you employ is employed</p> <p><input type="checkbox"/> 1-9      <input type="checkbox"/> 10-24  <input type="checkbox"/> 25-49      <input type="checkbox"/> 500 or more</p>
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<p>13. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>14. What was your usual address one year ago?</p> <p><input type="checkbox"/> I don't know      <input type="checkbox"/> I don't remember      <input type="checkbox"/> I don't live at the same address as I did one year ago The address shown on the front of the form <input type="checkbox"/> My usual address one year ago <input type="checkbox"/> The address where I now live  <input type="checkbox"/> I don't know  <input type="checkbox"/> I don't remember  <input type="checkbox"/> I don't live at the same address as I did one year ago  <input type="checkbox"/> The address shown on the front of the form  <input type="checkbox"/> My usual address one year ago  <input type="checkbox"/> The address where I now live</p>	<p>15. Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
		<p>16. If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
		<p>17. Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
		<p>18. Last week, were you any of the following?</p> <p><input checked="" type="checkbox"/> Unemployed      <input type="checkbox"/> Retired  <input type="checkbox"/> Student      <input type="checkbox"/> Looking after home/family  <input type="checkbox"/> Temporarily disabled  <input type="checkbox"/> None of the above</p>
		<p>19. Have you ever worked?</p> <p><input type="checkbox"/> Yes - full-time      <input checked="" type="checkbox"/> Yes - part-time  <input type="checkbox"/> No, have never worked      <input checked="" type="checkbox"/> No, never worked</p>
		<p>20. Answer the following questions about the job you last did.</p> <p>1. Was it part-time or full-time?      <input type="checkbox"/> Part-time      <input checked="" type="checkbox"/> Full-time</p> <p>2. Do (did) you work as an employee or (were) you self-employed?</p> <p><input type="checkbox"/> Employee      <input type="checkbox"/> Self-employed with employees  <input type="checkbox"/> Self-employed freelance without employees</p> <p>3. How many people work (worked) for your employer at the place where you work (worked)?</p> <p>4. If you are self-employed,  <input checked="" type="checkbox"/> It's me (I'm the only person who works for myself)  <input type="checkbox"/> 1-9      <input type="checkbox"/> 10-24  <input type="checkbox"/> 25-499      <input type="checkbox"/> 500 or more</p>

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<p>25. What is (was) the full title of your main job?</p> <p><input checked="" type="checkbox"/> 1. Manager or director of a company, business or organisation  <input checked="" type="checkbox"/> 2. Other – specify: part-time or self-employed  <input checked="" type="checkbox"/> 3. Worker – specify: part-time or self-employed  <input checked="" type="checkbox"/> 4. Other – specify:    <input checked="" type="checkbox"/> 5. Description of what you do (did) in your main job:    <input checked="" type="checkbox"/> 6. Do (did) you supervise any other employees?  <input type="checkbox"/> 7. Yes    <input type="checkbox"/> 8. No    <input checked="" type="checkbox"/> 9. What is (was) the business of your employer at the place where you work (worked)?  <input checked="" type="checkbox"/> 10. If you worked in a business, specify if it was a limited company, registered office, branch office or subsidiary.  <input checked="" type="checkbox"/> 11. If you worked in a business, specify whether you worked for the business or for another business.  <input checked="" type="checkbox"/> 12. If you worked in a business, specify whether you worked for the business or for another business.    <input checked="" type="checkbox"/> 13. If you were working last week <input type="checkbox"/> 14. If you were not working last week <input type="checkbox"/>  <input type="checkbox"/> 15. What is the full name of the organisation you work for in your main job?  <input checked="" type="checkbox"/> 16. Work for a company or organisation  <input checked="" type="checkbox"/> 17. Work for a private individual    <input checked="" type="checkbox"/> 18. What is the address of the place where you work in your main job?  <input checked="" type="checkbox"/> 19. Work from home, self-employed  <input checked="" type="checkbox"/> 20. Work from home, with others in office  <input checked="" type="checkbox"/> 21. Work from home, no fixed place  <input checked="" type="checkbox"/> 22. Mainly work at <input type="checkbox"/> 23. Offshore installation <input type="checkbox"/> 24. No fixed place or from home  </p>	<p>25. How do you usually travel to work?</p> <p><input checked="" type="checkbox"/> 1. Car, van, motor cycle or scooter (private or business)  <input checked="" type="checkbox"/> 2. Motor cycle, scooter or moped  <input checked="" type="checkbox"/> 3. Cycling a car or van  <input checked="" type="checkbox"/> 4. Car or van pool, shared driving  <input checked="" type="checkbox"/> 5. Passenger in a car or van  <input checked="" type="checkbox"/> 6. Taxi  <input checked="" type="checkbox"/> 7. Bicycle  <input checked="" type="checkbox"/> 8. Train  <input checked="" type="checkbox"/> 9. Other</p> <p>26. How many hours a week do you usually work in your main job?</p> <p><input checked="" type="checkbox"/> 1. 20 or less <input type="checkbox"/> 2. 21-35 <input type="checkbox"/> 3. 36-40 <input type="checkbox"/> 4. 41-45 <input type="checkbox"/> 5. 46 or more  <input checked="" type="checkbox"/> 6. Number of hours I worked a week</p> <p>27. Go to questions for Person 5. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>
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<b>Q1</b> What is your name? (Person S in Table 1)	<b>Q2</b> To which of these ethnic groups do you consider you belong?
<input checked="" type="checkbox"/> First name _____ <input type="checkbox"/> Surname _____ <input type="checkbox"/> Middle name _____ <input type="checkbox"/> Maiden name _____ <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> English <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Mixed Ethnic group, i.e. a combination of two or more ethnic groups
<b>Q3</b> What is your sex?	<b>Q4</b> Do you regard yourself as belonging to any particular religion?
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Q5</b> What is your date of birth?	<b>Q6</b> What religion, religious denomination or body do you belong to?
<input type="checkbox"/> Day _____ <input type="checkbox"/> Month _____ <input type="checkbox"/> Year _____	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other _____
<b>Q7</b> What is your marital status (on 29 April 2001)?	<b>Q8</b> What religion, religious denomination or body were you brought up in?
<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married first marriage <input type="checkbox"/> Separated <input type="checkbox"/> Separated but still legally married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other _____
<b>Q9</b> Are you a schoolchild or student in full-time education?	<b>Q10</b> Over the last twelve months would you say you have lived on the whole in:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Not good
<b>Q11</b> Do you live at the address shown on the front of this form during the school, college or university term?	<b>Q12</b> Do you look after or give any help or support to family members, friends, neighbours or others because of:
<input type="checkbox"/> Yes, now <input checked="" type="checkbox"/> No, previously	<ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability</li> <li>• problems related to old age</li> </ul>
<b>Q13</b> Do you understand, speak, read or write Irish?	<b>Q14</b> Do you consider yourself to be part of a small local community?
<input checked="" type="checkbox"/> I understand, speak, read and write Irish <input type="checkbox"/> Understand spoken Irish <input type="checkbox"/> Speak Irish <input type="checkbox"/> Read Irish <input type="checkbox"/> Write Irish <input type="checkbox"/> None of the above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q15</b> What is your country of birth?	<b>Q16</b> Do you consider yourself to be part of a large local community?
<input type="checkbox"/> Republic of Ireland <input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes, 1-19 hours a week <input type="checkbox"/> Yes, 20-49 hours a week <input type="checkbox"/> Yes, 50+ hours a week

<p>15 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>If yes, please give details below</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>16 What was your usual address one year ago?</p> <p>If you don't know what your usual address was one year ago, answer 'Unknown'.</p> <p><input type="checkbox"/> My usual address one year ago  <input type="checkbox"/> Unknown, I don't know</p> <p>17 If you are aged 16 to 74</p> <p>If you are aged 16 and under, or 75 and over</p> <p>18 Which of these qualifications do you have?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> I have never had any formal qualifications</li> <li><input type="checkbox"/> GCSE (grades D-G), CSE (grades 2-5)      <input type="checkbox"/> NVQ Level 1, GNVQ Foundation</li> <li><input type="checkbox"/> 1+1 CSEs (grade 9-1 or GCSE grades A-C), 1+1 'A' level passes      <input type="checkbox"/> NVQ Level 2, GNVQ Intermediate</li> <li><input type="checkbox"/> 5+ CSEs (grade 9-1 or GCSE grades A-C), 5+ 'A' Level Passes, Grade Certificats      <input type="checkbox"/> NVQ Level 3, GNVQ Advanced</li> <li><input type="checkbox"/> 1+1 'A' level, 1+1 AS levels, Advanced GNVQ Certificate      <input type="checkbox"/> NVQ Level 4, FdSc, HND, Certificate</li> <li><input type="checkbox"/> 2+ 'A' levels, 2+ AS levels      <input type="checkbox"/> NVQ Level 5</li> <li><input type="checkbox"/> First Degree</li> <li><input type="checkbox"/> Higher Degree      <input type="checkbox"/> No qualifications</li> </ul> <p>19 Last week, were you doing any work?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> as an employee, or on a Government sponsored training scheme,</li> <li><input checked="" type="checkbox"/> as self-employed/freelance, or</li> <li><input checked="" type="checkbox"/> in your own/family business (including shop or farm)</li> <li><input checked="" type="checkbox"/> for the charity, voluntary or mutual organisation you are involved with</li> <li><input checked="" type="checkbox"/> for the local authority, including those it funds and employs</li> <li><input checked="" type="checkbox"/> for a local football club or other sports club</li> <li><input checked="" type="checkbox"/> for a local church, mosque or other religious group</li> </ul> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No      <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> No      <input checked="" type="checkbox"/> Yes      <input checked="" type="checkbox"/></p>	<p>20 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>21 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>22 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>23 Last week, were you any of the following?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Unemployed</li> <li><input type="checkbox"/> Retired</li> <li><input type="checkbox"/> Student</li> <li><input type="checkbox"/> Looking after home/family</li> <li><input type="checkbox"/> Part-time/voluntary job</li> <li><input type="checkbox"/> None of the above</li> </ul> <p>24 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please tell us how you first started work  <input checked="" type="checkbox"/> I've never worked</p> <p><input type="checkbox"/> No, have never worked  <input checked="" type="checkbox"/> I've never worked</p> <p>25 Are you the main earner in the household you were doing last week? If no, working last week, who is the main earner?</p> <p><input type="checkbox"/> No, I am the main earner in the household I work in</p> <p>26 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/vacant without employees</p> <p>27 How many people work (worker) for your employer at the place where you work (worker)?</p> <p><input type="checkbox"/> I am self-employed  <input checked="" type="checkbox"/> An employer (with employees or self-employed)</p> <p><input type="checkbox"/> 1-9      <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-49      <input type="checkbox"/> 50 or more</p>
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<p><b>22</b> What is (was) the full title of your main job?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>22a</b> Manager, supervisor or executive of a business, company, organization or institution</li> <li><input checked="" type="checkbox"/> <b>22b</b> Other supervisor, manager or executive of a business, company, organization or institution</li> <li><input type="checkbox"/> <b>22c</b> Other</li> </ul> <p><b>23</b> How do you usually travel to work?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>23a</b> Car, motorcycle</li> <li><input checked="" type="checkbox"/> <b>23b</b> Bus, minibus or coach (public or private)</li> <li><input type="checkbox"/> <b>23c</b> Motor cycle, scooter or moped</li> <li><input type="checkbox"/> <b>23d</b> Driving a car or van</li> <li><input type="checkbox"/> <b>23e</b> On foot, skating, cycling</li> <li><input type="checkbox"/> <b>23f</b> Passenger train or tram</li> <li><input type="checkbox"/> <b>23g</b> Taxi</li> <li><input type="checkbox"/> <b>23h</b> Cycle</li> <li><input type="checkbox"/> <b>23i</b> On foot</li> <li><input type="checkbox"/> <b>23j</b> Other</li> </ul> <p><b>24</b> How many hours a week do you usually work in your main job?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>24a</b> Less than 16 hours</li> <li><input type="checkbox"/> <b>24b</b> 16 to 39 hours</li> <li><input type="checkbox"/> <b>24c</b> 40 to 49 hours</li> <li><input type="checkbox"/> <b>24d</b> 50 to 59 hours</li> <li><input type="checkbox"/> <b>24e</b> 60 to 69 hours</li> <li><input type="checkbox"/> <b>24f</b> 70 hours or more</li> </ul> <p><b>25</b> Go to questions for Person 6. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>	<p><b>22</b> Describe what you do (did) in your main job.</p> <p><b>26</b> Do (did) you supervise any other employees?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>26a</b> Yes <input type="checkbox"/> <b>26b</b> No</li> </ul> <p><b>27</b> What is (was) the business of your employer at the place where you work (worked)?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>27a</b> Manufacturing, mining, quarrying, construction, agriculture, forestry, fisheries and other primary industries</li> <li><input checked="" type="checkbox"/> <b>27b</b> Trading, repair, maintenance, transport, communications, banking, insurance, hotel and restaurant services, business services, professional services, public administration, defence, education, health and social work, religious organisations and other community, social and personal service activities</li> <li><input type="checkbox"/> <b>27c</b> Other</li> </ul> <p><b>28</b> If you were working last week <input type="checkbox"/> <b>28a</b> Yes <input type="checkbox"/> <b>28b</b> No</p> <p>If you were not working last week <input type="checkbox"/> <b>28a</b> Yes <input type="checkbox"/> <b>28b</b> No</p> <p><b>29</b> What is the full name of the organisation you work for in your main job?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>29a</b> Government or local authority</li> <li><input checked="" type="checkbox"/> <b>29b</b> Private sector organisation</li> <li><input type="checkbox"/> <b>29c</b> Other</li> </ul> <p><input type="checkbox"/> <b>30a</b> Self-employed/business <input type="checkbox"/> <b>30b</b> Work for a private individual</p> <p><b>31</b> What is the address of the place where you work in your main job?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>31a</b> Office or premises <input type="checkbox"/> <b>31b</b> Home</li> <li><input type="checkbox"/> <b>31c</b> Other</li> </ul> <p><input type="checkbox"/> <b>32a</b> Study/work at <input type="checkbox"/> <b>32b</b> Offshore installation <input type="checkbox"/> <b>32c</b> No permanent base</p>
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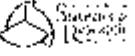
33 What is your name? (Person 6 in Table 1)	34 To which of these ethnic groups do you consider you belong?
<input checked="" type="checkbox"/> [ ] First name _____ <input checked="" type="checkbox"/> [ ] Surname _____ <input checked="" type="checkbox"/> [ ] Middle name _____ <input checked="" type="checkbox"/> [ ] Maiden name _____ <input checked="" type="checkbox"/> [ ] Nickname _____ <input checked="" type="checkbox"/> [ ] Other _____	<input checked="" type="checkbox"/> [ ] White <input checked="" type="checkbox"/> [ ] Chinese <input checked="" type="checkbox"/> [ ] Not Traveler <input checked="" type="checkbox"/> [ ] Asian <input checked="" type="checkbox"/> [ ] Pakistani <input checked="" type="checkbox"/> [ ] Bangladeshi <input checked="" type="checkbox"/> [ ] Black Caribbean <input checked="" type="checkbox"/> [ ] Black African <input checked="" type="checkbox"/> [ ] Black Other <input checked="" type="checkbox"/> [ ] Mixed ethnic group, white <input checked="" type="checkbox"/> [ ] Any other ethnic group, white <input checked="" type="checkbox"/> [ ] Any other ethnic group, non-white
35 What is your sex?	36 Do you regard yourself as belonging to any particular religion?
<input checked="" type="checkbox"/> [ ] Male <input type="checkbox"/> [ ] Female	<input checked="" type="checkbox"/> [ ] Yes, to _____ <input type="checkbox"/> [ ] No, to _____
37 What is your date of birth?	38 What religion, religious denomination or body do you belong to?
<input checked="" type="checkbox"/> [ ] Day _____ Month _____ Year _____	<input checked="" type="checkbox"/> [ ] Roman Catholic <input checked="" type="checkbox"/> [ ] Presbyterian Church in Ireland <input checked="" type="checkbox"/> [ ] Church of Ireland <input checked="" type="checkbox"/> [ ] Methodist Church in Ireland <input checked="" type="checkbox"/> [ ] Other, please specify _____
39 What is your marital status (on 29 April 2001)?	40 Over the last twelve months would you say your health has been wholehearted?
<input checked="" type="checkbox"/> [ ] Single (never married) <input checked="" type="checkbox"/> [ ] Married (still married) <input checked="" type="checkbox"/> [ ] Separated <input checked="" type="checkbox"/> [ ] Separated/Divorced/Divorced <input checked="" type="checkbox"/> [ ] Divorced <input checked="" type="checkbox"/> [ ] Widowed	<input checked="" type="checkbox"/> [ ] Good <input checked="" type="checkbox"/> [ ] Fairly good <input checked="" type="checkbox"/> [ ] Not good
41 Are you a schoolchild or student in full-time education?	42 What religion, religious denomination or body were you brought up in?
<input checked="" type="checkbox"/> [ ] Yes, full time _____ <input type="checkbox"/> [ ] No, part time _____	<input checked="" type="checkbox"/> [ ] Roman Catholic <input checked="" type="checkbox"/> [ ] Presbyterian Church in Ireland <input checked="" type="checkbox"/> [ ] Church of Ireland <input checked="" type="checkbox"/> [ ] Methodist Church in Ireland <input checked="" type="checkbox"/> [ ] Other, please specify _____
43 Do you live at the address shown on the front of this form during the school, college or university term?	44 Do you look after or give any help or support to family members, friends, neighbours or others because of:
<input checked="" type="checkbox"/> [ ] Yes, I live at the address shown on the front of this form during the school/college/university term <input checked="" type="checkbox"/> [ ] No, I don't _____	<ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability</li> <li>• problems related to old age</li> </ul>
45 Do you speak/handle during the school/college/university term	<input checked="" type="checkbox"/> [ ] Do not know anything you do is part of your usual everyday life <input checked="" type="checkbox"/> [ ] Less than 10 hours a week <input type="checkbox"/> [ ] No <input type="checkbox"/> [ ] Yes, 1-10 hours a week <input type="checkbox"/> [ ] Yes, 20-49 hours a week <input type="checkbox"/> [ ] Yes, 50+ hours a week
46 Can you understand, speak, read or write Irish?	47 What is your country of birth?
<input checked="" type="checkbox"/> [ ] Understand spoken Irish <input type="checkbox"/> [ ] Understand spoken Irish <input type="checkbox"/> [ ] Speak Irish <input type="checkbox"/> [ ] Read Irish <input type="checkbox"/> [ ] Write Irish <input type="checkbox"/> [ ] None of the above	<input checked="" type="checkbox"/> [ ] Northern Ireland <input type="checkbox"/> [ ] England <input type="checkbox"/> [ ] Wales <input type="checkbox"/> [ ] Scotland <input checked="" type="checkbox"/> [ ] Republic of Ireland <input type="checkbox"/> [ ] Any foreign place outside the jurisdiction of the Republic

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<p>18. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p><input checked="" type="checkbox"/> I am not disabled or have no illness</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>19. What was your usual address one year ago?</p> <p><input checked="" type="checkbox"/> The same address as now</p> <p><input type="checkbox"/> A different address, but still in the same town or city</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No one address one year ago</p> <p><input type="checkbox"/> Elsewhere, please specify</p> <p>20. If you are aged 16 to 24</p> <p>If you are aged 15 and under, or 25 and over</p> <p>21. Which of these qualifications do you have?</p> <p><input checked="" type="checkbox"/> I have never had any formal qualifications</p> <p><input type="checkbox"/> GCSE (grade C-G), CSE (grades 2-5)      <input type="checkbox"/> NVQ Level 1, GNVQ Foundation</p> <p><input type="checkbox"/> 1-4 GCSEs (grade A), 1-4 GCSEs (grades A-C)      <input type="checkbox"/> NVQ Level 2, GNVQ Intermediate</p> <p><input type="checkbox"/> 5+ CSEs (grades D-G), 5+ GCSEs (grades A-C), 3+ 'O' Level Passes, Senior Certificate      <input type="checkbox"/> NVQ Level 3, GNVQ Advanced</p> <p><input type="checkbox"/> 1'A' level, 3 'A' level, Advanced Senior Certificate      <input type="checkbox"/> NVQ Level 4, IRNQ, IRND</p> <p><input type="checkbox"/> 2+ 'A' levels, 4+ AS/As levels      <input type="checkbox"/> NVQ Level 5</p> <p><input type="checkbox"/> First Degree</p> <p><input type="checkbox"/> Higher Degree      <input type="checkbox"/> No qualifications</p> <p>22. Last week, were you doing any work?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> as an employee, or on a Government sponsored training scheme,</li> <li><input checked="" type="checkbox"/> as self-employed/freelance, or</li> <li><input checked="" type="checkbox"/> in your own/family business (including shop or firm)?</li> </ul> <p><input checked="" type="checkbox"/> I did not do any work last week, either because I was not looking for work, or I was not able to find work</p> <p><input checked="" type="checkbox"/> Last week, I worked part-time, but did not work full-time, or I was not available to work full-time</p> <p><input checked="" type="checkbox"/> Last week, I worked full-time, but did not receive any pay or money as a result</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>23. Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>24. If no jobs had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>25. Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>26. Last week, were you any of the following?</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/money</p> <p><input type="checkbox"/> Permanently disabled</p> <p><input type="checkbox"/> None of the above</p> <p>27. Have you ever worked?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> No, have never worked</p> <p>28. Are you the normal supervisor in the workplace where you do your job? Or, do you work under someone else's supervision?</p> <p><input type="checkbox"/> No, not supervisor, but do my own job</p> <p><input type="checkbox"/> No, not supervisor, but do other people's job</p> <p>29. Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p> <p>30. How many people work (worked) for your employer at the place where you work (worked)?</p> <p><input checked="" type="checkbox"/> I am in private employment</p> <p><input checked="" type="checkbox"/> I am part-time and work less than 16 hours per week</p> <p><input type="checkbox"/> 1-9      <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499      <input type="checkbox"/> 500 or more</p>
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<p>26. What is (was) the full title of your main job?</p> <p>• <input checked="" type="checkbox"/> Manager, supervisor or administrator  <input type="checkbox"/> Salesperson  <input type="checkbox"/> Production worker or labourer  <input type="checkbox"/> Other  <input type="checkbox"/> Not working at the moment</p> <p>27. Describe what you do (did) in your main job.</p> <p>28. Do (did) you supervise any other employees?</p> <p>• <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>29. What is (was) the business of your employer at the place where you work (worked)?</p> <p>• <input type="checkbox"/> Manufacturing, processing, preserving, packing, storing and distributing goods  <input type="checkbox"/> Retailing, wholesale trade, restaurants and hotels  <input type="checkbox"/> Professional, scientific and technical services  <input type="checkbox"/> Construction  <input type="checkbox"/> Transport, storage and communication  <input type="checkbox"/> Financial and insurance activities  <input type="checkbox"/> Real estate, rental, hiring and business activities  <input type="checkbox"/> Public administration, defence, compulsory social security  <input type="checkbox"/> Education  <input type="checkbox"/> Health care and social work  <input type="checkbox"/> Accommodation and food service activities  <input type="checkbox"/> Information and communication  <input type="checkbox"/> Arts, entertainment and recreation  <input type="checkbox"/> Sport, amusement and recreation activities  <input type="checkbox"/> Administering justice, law enforcement and correctional activities  <input type="checkbox"/> Other</p> <p>30. If you were working last week</p> <p>• <input type="checkbox"/> Worked full time  <input type="checkbox"/> Worked part time</p> <p>If you were not working last week</p> <p>• <input type="checkbox"/> Worked full time  <input type="checkbox"/> Worked part time</p> <p>31. What is the full name of the organisation you work for in your main job?</p> <p>• <input checked="" type="checkbox"/> Company or business  <input type="checkbox"/> Government department or agency  <input type="checkbox"/> Local authority or council  <input type="checkbox"/> Other  <input type="checkbox"/> self-employed/entrepreneur      <input type="checkbox"/> Work for a private individual</p> <p>32. What is the address of the place where you work in your main job?</p> <p>• <input type="checkbox"/> Worked at home, not in an office or shop  <input type="checkbox"/> Worked at a branch, not in the main office or shop  <input type="checkbox"/> Worked in a shop or office  <input type="checkbox"/> Worked in a factory or industrial plant  <input type="checkbox"/> Worked in a building  <input type="checkbox"/> Worked in a vehicle  <input type="checkbox"/> Worked in a boat  <input type="checkbox"/> Worked in an aircraft  <input type="checkbox"/> Worked in a ship  <input type="checkbox"/> Worked in a mobile unit  <input type="checkbox"/> Worked in a field  <input type="checkbox"/> Worked in a garden  <input type="checkbox"/> Worked in a park  <input type="checkbox"/> Worked in a forest  <input type="checkbox"/> Worked in a quarry  <input type="checkbox"/> Worked in a mine  <input type="checkbox"/> Worked in a pit  <input type="checkbox"/> Worked in a tunnel  <input type="checkbox"/> Worked in a mine shaft  <input type="checkbox"/> Worked in a deep mine  <input type="checkbox"/> Worked in a deep pit  <input type="checkbox"/> Worked in a deep tunnel  <input type="checkbox"/> Worked in a deep mine shaft  <input type="checkbox"/> Worked in a deep pit shaft  <input type="checkbox"/> Worked in a deep tunnel shaft  <input type="checkbox"/> Worked in a deep mine pit shaft  <input type="checkbox"/> Worked in a deep pit tunnel shaft  <input type="checkbox"/> Worked in a deep tunnel pit shaft  <input type="checkbox"/> Worked in a deep mine shaft tunnel  <input type="checkbox"/> Worked in a deep pit shaft tunnel  <input type="checkbox"/> Worked in a deep tunnel shaft tunnel  <input type="checkbox"/> Worked in a deep mine shaft pit tunnel  <input type="checkbox"/> Worked in a deep pit shaft tunnel pit  <input type="checkbox"/> Worked in a deep tunnel shaft tunnel pit  <input type="checkbox"/> Worked in a deep mine shaft pit tunnel pit</p> <p>• <input type="checkbox"/> Mainly work at [ ] Offshore installation      <input type="checkbox"/> No fixed place or from home</p>	<p>33. How do you usually travel to work?</p> <p>• <input checked="" type="checkbox"/> Walk  <input checked="" type="checkbox"/> By bicycle  <input type="checkbox"/> By bus, coach, train, tube, tram or metro  <input type="checkbox"/> By car, van, taxi or motorised scooter  <input type="checkbox"/> Works mainly at one home</p> <p>• <input type="checkbox"/> Train  <input type="checkbox"/> Bus, minibus or coach (public or private)  <input type="checkbox"/> Motor cycle, scooter or moped  <input type="checkbox"/> Driving a car or van  <input type="checkbox"/> Car or van pool, sharing driving  <input type="checkbox"/> Passenger in a car or van  <input type="checkbox"/> Taxi  <input type="checkbox"/> Bicycle  <input type="checkbox"/> On foot  <input type="checkbox"/> Other</p> <p>34. How many hours a week do you usually work in your main job?</p> <p>• <input type="checkbox"/> 0 hours  <input type="checkbox"/> 1 to 15 hours  <input type="checkbox"/> 16 to 34 hours  <input type="checkbox"/> 35 to 49 hours  <input type="checkbox"/> 50 hours or more</p> <p>35. If there are no more people in your household, please sign the Declaration on the front page.</p> <p>If there are more than 6 people in your household, you will need to contact the Census Helpline (0845 3020011) for an extra form.</p>
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15	 <b>Northern Ireland Census</b> 29 April 2001 <b>COUNT me in</b>		
<b>Individual Form</b>			
<p>Household ID: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Telephone: [REDACTED]</p> <p>Year: [REDACTED]</p>			
<p><b>What is the Census?</b></p> <p>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 Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.</p>			
<p><b>Completing your form</b></p> <p>Completion of the Census form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may be liable to a fine. This Act does not apply to completion of the questions on schedule. 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.</p>			
<p><b>Confidentiality</b></p> <p>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 terms of the Public Records Act (Northern Ireland) 1993.</p>			
<p><b>Y-NI Coven</b></p> <p>Or I N. Coven REGISTRAR GENERAL NORTHERN IRELAND</p>			
<ul style="list-style-type: none"> <li>• Please use black or blue ink.</li> <li>• Put a tick in the appropriate box like this M if you mark the wrong box, tick in the box [ ] and put the correct one.</li> <li>• Some questions ask you to write in your answers. Please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.</li> </ul>			
<ul style="list-style-type: none"> <li>• To be signed after completing this form. Please check that you have not crossed any pages or quadrants.</li> </ul>			
<p><b>This form is completed to the best of my knowledge and belief.</b></p> <p>Signature [REDACTED] Date [REDACTED]</p>			

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<p>31 What is your name?  <input checked="" type="checkbox"/> John Smith  <input type="checkbox"/> Jane Doe  <input type="checkbox"/> Michael Jackson  <input type="checkbox"/> Sarah Lee</p>	<p>32 Do you regard yourself as belonging to any particular religion?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>33 To which of these ethnic groups do you consider you belong?  <input checked="" type="checkbox"/> White  <input type="checkbox"/> Chinese  <input type="checkbox"/> High飞er  <input type="checkbox"/> Indian  <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Black Caribbean  <input type="checkbox"/> Black African  <input type="checkbox"/> Black Other  <input type="checkbox"/> Mixed ethnicity</p>
<p>34 What is your marital status (on 29 April 2001)?  <input type="checkbox"/> Single (never married)  <input type="checkbox"/> Married (first marriage)  <input type="checkbox"/> Separated  <input type="checkbox"/> Separated but legally married  <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed</p>	<p>35 What religion, religious denomination or body do you belong to?  <input type="checkbox"/> Roman Catholic  <input type="checkbox"/> Presbyterian Church in Ireland  <input type="checkbox"/> Church of Ireland  <input type="checkbox"/> Methodist Church in Ireland  <input type="checkbox"/> Other Christian  <input type="checkbox"/> Non-religious  <input type="checkbox"/> Islam  <input type="checkbox"/> Hinduism  <input type="checkbox"/> Judaism  <input type="checkbox"/> Sikhism  <input type="checkbox"/> Buddhism  <input type="checkbox"/> Other religion</p>	<p>36 Any other ethnic group?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>37 Do you live at the address shown on the front of this form during the school, college or university term?  <input checked="" type="checkbox"/> Yes, I live at this address during the school/college/university term  <input type="checkbox"/> No, I live elsewhere during the school/college/university term</p>	<p>38 What religion, religious denomination or body were you brought up in?  <input type="checkbox"/> Roman Catholic  <input type="checkbox"/> Presbyterian Church in Ireland  <input type="checkbox"/> Church of Ireland  <input type="checkbox"/> Methodist Church in Ireland  <input type="checkbox"/> Other, explain below</p>	<p>39 Over the last twelve months would you say your health has on the whole been:  <input type="checkbox"/> Good  <input type="checkbox"/> Fairly good  <input type="checkbox"/> Not good</p>
<p>40 Can you understand, speak, read or write Irish?  <input checked="" type="checkbox"/> Understand Irish  <input type="checkbox"/> Understand spoken Irish  <input type="checkbox"/> Speak Irish  <input type="checkbox"/> Read Irish  <input type="checkbox"/> Write Irish  <input type="checkbox"/> None of the above</p>	<p>41 What is your country of birth?  <input type="checkbox"/> Republic of Ireland  <input type="checkbox"/> England <input type="checkbox"/> Wales  <input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland  <input type="checkbox"/> elsewhere, please specify  <input type="checkbox"/> Other, please specify</p>	<p>42 Do you look after, or give any help or support to family members, friends, neighbours or others because of:  <input type="checkbox"/> long term physical or mental ill health or disability  <input type="checkbox"/> problems related to old age  <input type="checkbox"/> an adult child, ageing parent or grandparent  <input checked="" type="checkbox"/> caring for a relative with dementia  <input type="checkbox"/> No  <input type="checkbox"/> Yes, 1-19 hours a week  <input type="checkbox"/> Yes, 20-49 hours a week  <input type="checkbox"/> Yes, 50+ hours a week</p>

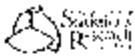
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<p>12 Do you have any long-term illness, health problems or disability which limits your daily activities or the work you can do?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>13 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>14 What was your usual address one year ago?</p> <p><input checked="" type="checkbox"/> I don't know      <input type="checkbox"/> I now live at a different address to the one shown on the front of the form</p> <p><input type="checkbox"/> My usual address one year ago</p> <p><input type="checkbox"/> Somewhere else in the UK</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>15 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>16 Last week, were you willing to start a job already advertised?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>17 Last week, were you any of the following?</p> <p><input checked="" type="checkbox"/> Unemployed or self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Looking after home/family <input type="checkbox"/> Permanently disabled <input type="checkbox"/> None of the above</p>
<p>18 If you are aged 16 to 24</p> <p>If you are aged 16 and under, or 75 and over</p>	<p>19 Have you ever worked?</p> <p><input checked="" type="checkbox"/> Yes, full-time or part-time <input type="checkbox"/> No, but never worked <input type="checkbox"/> No, not yet</p>
<p>20 Which of these qualifications do you have?</p> <p><input checked="" type="checkbox"/> I don't know      <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> GCSE (grades D-G), CSE (grades 2-5)      <input type="checkbox"/> NVQ Level 1, GNVQ Foundation</p> <p><input type="checkbox"/> 1-4 CSEs (grade H), 1-4 GCSEs (grades A-C), 1-4 NVQ Level 2, GNVQ Intermediate</p> <p><input type="checkbox"/> 5+ CSEs (grade H), 5+ GCSEs (grades A-C), 5+ NVQ Level 3, GNVQ Advanced</p> <p><input type="checkbox"/> 1+ NVQ Level 1, 1+ AS Level, Advanced GNVQ Certificate      <input type="checkbox"/> NVQ Level 4, NVQ, NVQ Certificate</p> <p><input type="checkbox"/> 2+ NVQs, AS/A Levels      <input type="checkbox"/> NVQ Level 5</p> <p><input type="checkbox"/> First Degree</p> <p><input type="checkbox"/> Higher Degree      <input type="checkbox"/> No qualifications</p>	<p>21 Last week, were you doing any work:</p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or</li> <li>• in your own/family business (including shop or farm)?</li> </ul> <p><input checked="" type="checkbox"/> No, I didn't do any work, or I don't know</p> <p><input checked="" type="checkbox"/> Yes, I did some work, or I'm not sure - I did some work, or I don't know</p> <p><input checked="" type="checkbox"/> Yes, I did some work, or I'm not sure - I did some work, or I don't know</p> <p><input type="checkbox"/> Yes, full-time or part-time      <input checked="" type="checkbox"/> No, but never worked</p> <p><input type="checkbox"/> No, not yet</p>
	<p>22 How many people work (worked) for your employer at the place where you work (worked)?</p> <p><input checked="" type="checkbox"/> I am self-employed <input type="checkbox"/> I don't know</p> <p><input type="checkbox"/> 1-9      <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499      <input type="checkbox"/> 500 or more</p>

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<p><b>27</b> What is (was) the full title of your main job?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>28</b> Describe what you do (did) in your main job.</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>29</b> Do (did) you supervise any other employees?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>30</b> What is (was) the business of your employer at the place where you work (worked)?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>31</b> If you were working last week   <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you were not working last week    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>32</b> What is the full name of the organisation you work for in your main job?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>33</b> What is the address of the place where you work in your main job?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>34</b> How do you usually travel to work?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>35</b> How many hours a week do you usually work in your main job?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p>	<p><b>36</b> How do you usually travel to work?</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> On foot</li><li><input checked="" type="checkbox"/> By bicycle</li><li><input type="checkbox"/> Walk residential or business</li><li><input type="checkbox"/> Train</li><li><input type="checkbox"/> Bus, minibus or coach (public or private)</li><li><input type="checkbox"/> Motor cycle, scooter or moped</li><li><input type="checkbox"/> Driving a car or van</li><li><input type="checkbox"/> Car or van pool, sharing driving</li><li><input type="checkbox"/> Passenger in a car or van</li><li><input type="checkbox"/> Taxi</li><li><input type="checkbox"/> Bicycle</li><li><input type="checkbox"/> On Foot</li><li><input type="checkbox"/> Other</li></ul> <p><b>37</b> How many hours a week do you usually work in your main job?</p> <p>• You can do this by clicking on the question and then clicking on the <b>ANSWER</b> button. To answer this question, you will need to scroll down to the bottom of the page and click on the <b>ANSWER</b> button.</p> <p><b>38</b> THERE ARE NO MORE QUESTIONS</p> <p>Please sign the Declaration on the front page.</p> <p>Thank you for your co-operation</p>
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 <b>Northern Ireland Census</b> 29 April 2001 <b>count me in</b>	 Safe & Reliable
Community Establishment Form	
	
<b>To the Manager or Person-in-Charge</b> <p>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 Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.</p> <p><b>Completing your form</b></p> <p>We are seeking your help in conducting the 2001 Census. The Census Act (Northern Ireland) 1969 requires you to complete this form, and to distribute and collect forms from all usual residents in your establishment. If you refuse to complete it, or give false information, you may be liable to a fine. The requirement for you to return all such forms will not be satisfied until they have been received.</p> <p><b>Confidentiality</b></p> <p>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 terms of the Public Records Act (Northern Ireland) 1973.</p> <p><b>Thank you for your co-operation.</b></p> <p style="text-align: right;"><b>T. N. Caven</b> Dr T N Caven REGISTRAR GENERAL NORTHERN IRELAND</p>	
<b>What you have to do</b> <ul style="list-style-type: none"> <li>1. Complete this form using black or blue ink.</li> <li>2. Make the necessary arrangements to collect forms from all usual residents in your establishment using the stamp and address below.</li> <li>3. Distribute the forms.</li> <li>4. Return the completed forms to the address shown below. Please note that if you do not receive a reply slip, you must still send the completed forms to the address shown below.</li> <li>5. If you require any further advice or assistance, please contact the Northern Ireland Statistics and Research Agency, Belfast, on 028 9026 1000, or visit our website at <a href="http://www.nisra.gov.uk">www.nisra.gov.uk</a>.</li> </ul> <p>I have completed this form, and the distribution and collection of forms for usual residents in this establishment, to the best of my knowledge and belief.</p> <p>Number of Individual Forms Issued [ ] Number of Individual Forms Collected [ ]</p> <p>Signature [ ] Date [ ]</p>	

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<p>* Remember to use black or blue ink.          * Put a tick in the appropriate box like this <input checked="" type="checkbox"/>. If you mark the wrong box, fill in the box <input checked="" type="checkbox"/> and tick the correct one.</p>	
<p><b>Q1 What is the nature of this establishment?</b></p> <p><input checked="" type="checkbox"/> Yes, I am a carer.</p> <p><b>Medical and Care Establishments</b></p> <p><input type="checkbox"/> General Hospital</p> <p><input type="checkbox"/> Psychiatric Hospital/Prisons</p> <p><input type="checkbox"/> Other Hospital</p> <p><input type="checkbox"/> Nursing Home</p> <p><input type="checkbox"/> Residential Care Home</p> <p><input type="checkbox"/> Children's Home (including service units)</p> <p><input type="checkbox"/> Other Medical and Care Home</p> <p>or <input type="checkbox"/> None of the above.</p> <p><b>Other Establishments</b></p> <p><input type="checkbox"/> Defence Establishment (including depots)</p> <p><input type="checkbox"/> Prison Service Establishment</p> <p><input type="checkbox"/> Education/Bar Hostel</p> <p><input type="checkbox"/> Educational Establishment (including Units of Separate or Boarding Schools)</p> <p><input type="checkbox"/> Hotel, Boarding House, Guest House</p> <p><input type="checkbox"/> Religious Community</p> <p><input type="checkbox"/> Hostel (including youth hostels, hostels for the homeless)</p> <p><input type="checkbox"/> Civilian Ship, Boat or Barge</p> <p><input type="checkbox"/> Other</p> <p>or <input type="checkbox"/> None of the above.</p> <p><b>Q2 Is this establishment registered?</b></p> <p><input checked="" type="checkbox"/> Yes, I am a carer.</p> <p><input type="checkbox"/> Yes, with Health and Social Services Board</p> <p><input type="checkbox"/> Yes, with a District Council</p> <p><input type="checkbox"/> Yes, with both a Health and Social Services Board and a District Council</p> <p><input type="checkbox"/> No</p>	<p><b>Q3 Who is responsible for the management of this establishment?</b></p> <p><input checked="" type="checkbox"/> Yes, I am a carer.</p> <p><input type="checkbox"/> NHS</p> <p><input type="checkbox"/> District Council</p> <p><input type="checkbox"/> Housing Association</p> <p><input type="checkbox"/> Charity/Voluntary Organisation</p> <p><input type="checkbox"/> Sole Proprietor/Partnership/Private Company</p> <p><input type="checkbox"/> Other</p> <p><b>Q4 Which of the following client groups does this establishment cater for?</b></p> <p><input checked="" type="checkbox"/> Yes, I am a carer.</p> <p>A. <input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Adults</p> <p><input type="checkbox"/> Children</p> <p>B. <input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Mental Health Problems</p> <p><input type="checkbox"/> Convalescent or Post-Operative Care</p> <p><input type="checkbox"/> Drug/Alcohol Abuse</p> <p><input type="checkbox"/> Terminal illness/Hospice Care</p> <p><input type="checkbox"/> Chronic illness Care</p> <p><input type="checkbox"/> Acute Illness Care</p> <p><input type="checkbox"/> Healthy</p> <p><input type="checkbox"/> Students</p> <p><input type="checkbox"/> Prisoners/Offenders</p> <p><input type="checkbox"/> Nurses</p> <p><input type="checkbox"/> Armed Forces Personnel</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Usual Residents</p> <p><input type="checkbox"/> Persons Sleeping Rough</p>