STATUTORY INSTRUMENTS

2000 No. 3351

CENSUS, ENGLAND AND WALES

The Census (Amendment) Regulations 2000

Made	20th December 2000
Laid before Parliament	21st December 2000
Coming into force	11th January 2001

The Chancellor of the Exchequer, in exercise of powers conferred by section 3(1) of the Census Act 1920(1) and now vested in him(2), and of all other powers enabling him in that behalf, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Census (Amendment) Regulations 2000 and shall come into force on 11th January 2001.

Amendment of the Census Regulations 2000

2. For forms H1, H2, I1 and I2 set out in Schedule 2 to the Census Regulations 2000(**3**) (forms of return for 2001 Census) there shall be substituted forms H1, H2, I1 and I2 set out in the Schedule to these Regulations.

Signed by authority of the Chancellor of the Exchequer

Melanie Johnson Economic Secretary to the Treasury

20th December 2000

^{(1) 1920} c. 41. Section 3(1) was amended by the Secretary of State for Social Services Order 1968 (S.I.1968/1699), by section 1(1) of, and Part XVI of Schedule 1 to, the Statute Law (Repeals) Act 1993 (c. 50) and by the Transfer of Functions (Registration and Statistics) Order 1996 (S.I. 1996/273).

⁽²⁾ See articles 3(1) and 5(1) of, paragraph 3(b) of Schedule 1 to, and paragraph 3(1) and (2) of Schedule 2 to, the Transfer of Functions (Registration and Statistics) Order 1996. The powers to make Regulations under section 3(1) in relation to Scotland were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c. 46).

⁽**3**) S.I. 2000/1473.

SCHEDULE

Regulation 2

New Forms of Return to be substituted in Schedule 2 to the Census Regulations 2000

JU TRANSFERRATE POINT IN LO	census2001
	England Household Form
Census Helpline 0845 301 2001 Text Phone for th	-
Name	СР
Address	ED
	Form
Postcode	Number
	* Form 1 of
	*Multi-form households only
central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Office for National Statistics conducts the Census in England and Wales. Completing your form Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline. Confidentiality The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as confidential for a period of 100 years. Thank you for counting yourself in .	 one person living alone, or a group of people (not necessarily related) living a the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day. This form covers five people. If there are more than five people in your household you will need an extra form. Identify household members in Table 1 on page 2. I will help you to complete the form if you use Table 2 to identify visitors. Answer the questions about your accommodation (page 3). Complete the relationship question (pages 4 and 5). Answer the remaining questions for every member or your household. Sign the Declaration and post the form back in the envelope supplied.
Jen Cook REGISTRAR GENERAL FOR ENGLAND AND WALES Declaration	For help or extra forms, call the Census Helpline or 0845 301 2001 (local rate number).
	eck that you have not missed any pages or questions.
This form is completed to the best of my knowled	dge and belief.
	Date

Table 1 Household Members

- + List all members of your household who usually live at this address, including yourself.
 - · Start with the Householder or Joint Householders.
 - Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.
 - Include schoolchildren and students if they live at this address during the school, college or university term.
 - Also include schoolchildren and students who are away from home during the school, college
 or university term and for whom only basic information is required.
 - Include any baby born before 30 April 2001, even if still in hospital.
 - Include people with more than one address if they live at this address for the majority of time.
 - Include anyone who is staying with you who has no other usual address.
 - Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at this address.
- If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and ✓ the relevant box in the column marked 'Individual Form'.

Person No. First name and surname	Individual Form
Person 1	
Person 2	
Person 3	
Person 4	
Person 5	
If you have more than 5 people in your household, you will need an extra form.	
Person 6	
Person 7	
Person 8	
Person 9	
Person 10	

Table 2 Visitors

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

First name and surname	Address

H	ow to complete the	remaining questions
Pt lik bo	t a tick in the appropriate box, te this 2. If you mark the wrong tox, fill in the box and put a tick in e right one, like this	Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.
H	ousehold Accommod	ation
1	What type of accommodation does your household occupy? A whole house or bungalow that is: Detached Semi-detached	H4 Do you have a bath/shower and toilet for use only by your household? H8 Does your household own or rent the accommodation? go you household? Image: wide of the second optimized
	 Terraced (including end-terrace) A flat, maisonette, or apartment that is: In a purpose-built block of flats or tenement Part of a converted or shared house (includes bed-sits) In a commercial building (for example, in an office building, or hotel, or over a shop) Mobile or temporary structure: 	H5 What is the lowest floor level of your household's living accommodation? Owns with a mortgage or loar Basement or semi-basement Go to H10 Ground floor (street level) Pays part rent and part mortgage (shared ownership) First floor (floor above street level) Go to H10 Second floor Rents Third or fourth floor Go to H9 Fifth floor or higher Lives here rent free
12	A caravan or other mobile or temporary structure Is your household's accommodation self-contained?	H6 Does your accommodation have central heating? If you have central heating available, 4' Yes' whether or net work if the second se
•	This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use. Yes, all the rooms are behind a door that only our household can use	 not you use it. Central heating includes: gas, oil or solid fuel central heating night storage heaters warm air heating underfloor heating Yes, in some or all rooms Council (Local Authority) Housing Association Housing Co-operative Charitable Trust Registered Social Landlord Private landlord or letting agen
13	No How many rooms do you have for use only by your household?	 No Employer of a household member Relative or friend of a household member Wousehold member Other Other
•	Do not count bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards. Do count all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted into one, count them as one room. Number of rooms	 your household? Include any company car or van if available for private use. None One Two Three Four or more, please write in number

Name of Person 1	Name of Person 2		Name of Person 3		
Fest runne JOHN	Foundate MARY		ALISON		
Somer SMITH	SMITH		SMITH		
	Relationship of Person 2 to Person + 1		Relationship of Person 3 to Person 🔶 1	2	
ENTER NAME	Husband or wife		Husband or wife		
OF PERSON 1	Partner 🔲		Partner		
ABOVE	Son or daughter		Son or daughter		
	Step-child		Step-child		
	Brother or sister		Brother or sister		
Provide information here Questions on the followir	tionship of each person to each o for household members who rec ng pages should be left blank for Name of Person 2	juire an	Individual Form for privacy re eople.		
Provide information here Questions on the followir ame of Person 1	for household members who red ng pages should be left blank for Name of Person 2	juire an	Individual Form for privacy re eople. Name of Person 3		
Provide information here Questions on the followin ame of Person 1	for household members who rec ng pages should be left blank for	juire an	Individual Form for privacy re eople.		
Provide information here Questions on the followin lame of Person 1	for household members who rea ng pages should be left blank for Name of Person 2 First name	juire an	Individual Form for privacy re eople. Name of Person 3	easons	
Provide information here Questions on the followin ame of Person 1	for household members who ree ng pages should be left blank for Name of Person 2 First name Surname Relationship of	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of	easons	
Provide information here Questions on the followin lame of Person 1 irst name urname	for household members who red ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person →	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person →	easons	
Provide information here Questions on the followin ame of Person 1 Inst name urname ENTER NAME	for household members who ree ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife	easons	
Provide information here Questions on the followin name of Person 1 irst name urname ENTER NAME OF PERSON 1	for household members who rec ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner	easons	
Provide information here Questions on the followin name of Person 1 irst name urname ENTER NAME OF PERSON 1	for household members who rec ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter	easons	
Provide information here Questions on the followin name of Person 1 irst name urname ENTER NAME OF PERSON 1	for household members who rec ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child	easons	
Provide information here Questions on the followin name of Person 1 irst name urname ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	easons	
Provide information here Questions on the followin name of Person 1 irst name urname ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father		
Provide information here Questions on the followin name of Person 1 irst name urname ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	easons	
Provide information here Questions on the followin lame of Person 1 irst name urname ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	uire an these p	Individual Form for privacy re eople. Name of Person 3 First name Surname Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	easons	

5

Name of Person 4		Name of Person 5	
STEVEN		First name JAMES	
SMITH		Sumane SMITH	
Relationship of Person 4 to Person → 1	2 3	Relationship of Person 5 to Person + 1	2 3 4
Husband or wife		Husband or wife	
Partner		Partner	
	2 🗆		
Step-child		Step-child	
		N 5	
		Name of Person 5	
First name		First name	
First name			
First name Surname Relationship of	1 2 3	First name	1 2 3 4
Name of Person 4 First name Surname Relationship of Person 4 to Person → Husband or wife	1 2 3	First name Surname Relationship of	1 2 3 4
First name Surname Relationship of Person 4 to Person →	1 2 3	First name Surname Relationship of Person 5 to Person →	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife Partner	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	
irst name Surname Stelationship of Person 4 to Person → Ausband or wife Partner Scon or daughter Step-child Brother or sister Mother or father Step-mother or step-father		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Standchild		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	

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

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

	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR'MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	1.00	work?
			\checkmark one box only. \checkmark the box for the longest part, by
	Civil Servants, Local Government Officers - give job title not grade or pay band.		distance, of your usual journey to work Work mainly at or from home
			Underground, metro, light rail, tram
8	Describe what you do (did) in your main job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped Driving a car or van
29	Do (did) you supervise any other employees?		Passenger in a car or van
	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Taxi
1			Bicycle
30	What is (was) the business of your employer at the place where you		On foot
	work (worked)? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,		Other
1	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY. If you are (were) self-employed/freelance or have (had) your own business,	20	
	what is (was) the nature of your business?		How many hours a week do you usually work in your main job?
•	Civil Servants, Local Government Officers - please specify your Department.	1	Answer to nearest whole hour.
		•	Give average for last four weeks. Number of hours worked a week
		20	THERE ARE NO MORE
100	If you were not working last week If you were not working last week Go to 32		QUESTIONS FOR PERSON 1.
	What is the full name of the organisation you work for in your main job? If you have your own business, write in the name.		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.
١	Self-employed/freelance Work for a private individual		Remember to sign the Declaration on page 1.
	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address.		Declaration on page 1.
	n you report to a deport, while in the deport address.		
	Postcode		
	Mainly work at or from home Offshore installation		
	No fixed place		

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

P	erson 2 - continued	
	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?	19 Were you actively looking for any kind of paid work during the last 4 weeks?
*	Include problems which are due to old age. Yes No	Yes No
14 •	What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20 If a job had been available last week, could you have started it within 2 weeks?
٠	For a child born after 29 April 2000, ✓ 'No usual address one year ago'. The address shown on the front of the form No usual address one year ago Same as Person 1 Elsewhere, please write in below	Yes No Last week, were you waiting to start a job already obtained? Yes No
		 22 Last week, were you any of the following? ♦ √ all the boxes that apply. Retired Student
	Postcode	Looking after home/family Permanently sick/disabled None of the above
15	If you are aged 16 to 74 If you are aged 15 and under, or 75 and over Go to 36	23 Have you ever worked?
16 *	Which of these qualifications do you have? ✓ all the qualifications that apply or, if not specified, the nearest equivalent. 1 + 0 levels/CSEs/GCSEs (any grades) NVQ Level 1, Foundation GNVQ 5+ 0 levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate NVQ Level 2, Intermediate GNVQ 1 + A levels/AS levels NVQ Level 3, Advanced GNVQ	Yes, please write in the year you last worked Go to 24 No, have never worked Go to 36
	 2+ A levels, 4+ AS levels, Higher School Certificate First Degree (eg BA, BSc) Higher Degree (eg MA, PhD, PGCE, 	 24 Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job. Your <i>main</i> job is the job in which you usually work the most hours.
17		 25 Do (did) you work as an employee or are (were) you self-employed? Employee Self-employed with employees Self-employed/freelance without employees
18 * *	 Last week, were you doing any work: as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business? √ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off. ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour. ✓ 'Yes' if you worked, paid or unpaid, in your own/family business. Yes b Go to 24 No b Go to 19 	26 How many people work (worked) for your employer at the place where you work



-	erson 2 - continued		
27		34	How do you usually travel to
•	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE,		work?
	CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	+	one box only.
١.	Civil Servants, Local Government Officers - give job title not grade or pay band.	+	I the box for the longest part, by
			distance, of your usual journey to work
			Work mainly at or from home
			Underground, metro, light rail, tram
28	Describe what you do (did) in your main job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped
			Driving a car or van
29	Do (did) you supervise any other employees?		Passenger in a car or van
•	A supervisor or foreman is responsible for overseeing the work of other		Taxi
	employees on a day-to-day basis.		
			Bicycle
50	What is (was) the business of your employer at the place where you work (worked)?		On foot
+	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.		Other
+	If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35	
•	Civil Servants, Local Government Officers - please specify your Department.		usually work in your main job? Answer to nearest whole hour.
			Give average for last four weeks.
			Number of hours worked a week
		L	
31	If you were working last week Go to 32	36	THERE ARE NO MORE QUESTIONS FOR PERSON 2.
	If you were not working last week 📂 Go to 36		
32	What is the full name of the organisation you work for in your main job? If you have your own business, write in the name.	*	Go to questions for Person 3.
•	ir you have your own business, write in the name.	+	If there are no more people in
			your household you do not need to answer any more
			questions. Please leave the
			following pages blank.
	Self-employed/freelance Work for a private individual		Remember to sign the
13		•	Remember to sign the Declaration on page 1.
-		•	
-	What is the address of the place where you work in your <i>main</i> job?	•	
-	What is the address of the place where you work in your <i>main</i> job?	•	
-	What is the address of the place where you work in your <i>main</i> job?	•	
-	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address. Image: Contract of the place where you work in your main job? If you report to a depot, write in the depot address. Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your work in you work in your work in your work in you w	•	
-	What is the address of the place where you work in your <i>main</i> job?	•	
33 *	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address. Postcode	•	
-	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address. Image: Contract of the place where you work in your main job? If you report to a depot, write in the depot address. Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your work in you work in your work in your work in you w	٠	

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

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

_	erson 3 - continued	
¢	What is (was) the full title of your main job? For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR: MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band.	 34 How do you usually travel to work? ✓ one box only. ✓ the box for the longest part, by distance, of your usual journey to work
		Work mainly at or from home
28	Describe what you do (did) in your main job.	Train
		Bus, minibus or coach
		Driving a car or van
29	Do (did) you supervise any other employees? A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.	Passenger in a car or van
	Yes No	Bicycle
30	What is (was) the business of your employer at the place where you work (worked)? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,	On foot
•	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY. If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business? Civil Servants, Local Government Officers - please specify your Department.	35 How many hours a week do yo usually work in your <i>main</i> job?
		 Answer to nearest whole hour. Give average for last four weeks. Number of hours worked a week
31	If you were working last week If you were not working last week Go to 32 Go to 36	36 THERE ARE NO MORE QUESTIONS FOR PERSON 3.
32	What is the full name of the organisation you work for in your <i>main</i> job? If you have your own business, write in the name.	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.
	Self-employed/freelance Work for a private individual	 Remember to sign the
	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address.	Declaration on page 1.
	Postcode	
	Mainly work at or from home Offshore installation	

Person 4		
1 What is your name? (Person 4 in 1 First name and surname	able 1) 9 This question is not applicat in England.	ble
2 What is your sex?	 8 What is your ethnic group? ♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate 	
3 What is your date of birth? Day Month Year	your cultural background. A White British Irish	
4 What is your marital status	Any other White background, please write in 10 What is your religion?	
(on 29 April 2001)?	 This question is voluntary. ★ ✓ one box only. None 	
Married (first marriage)	B Mixed Christian (including Church on England, Catholic, Protestant	of
Re-married Separated (but still legally married)	White and Black Caribbean all other Christian denominati	ions)
Divorced	White and Asian	
 Widowed S Are you a schoolchild or student 	Any other Mixed background, please write in Muslim	
in full-time education?	Sikh	rite i
No 🕨 Go to 7	C Asian or Asian British	
6 Do you live at the address shown on the front of this form during the school, college or university term?	Indian Pakistani Bangladeshi Bangladeshi	
Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background, please write in Any other Asian background, please write in Any other Asian background, please write in Any other Asian background, and any other Asian background, please write in Any other Asian background, any other Asian ba	
Yes, I live at this address during the school/college/university term	Good?	
No, I live elsewhere during the school/college/university term	D Black or Black British Not good?	
► Go to 36	Caribbean African Any other Black background, Any other Black background,	
7 What is your country of birth?	please write in members, friends, neighbou or others because of: • long-term physical or men ill-health or disability, or	
Scotland Northern Ireland	E Chinese or other ethnic group Do not count anything you do part of your paid employment.	as
Republic of Ireland Elsewhere, please write in the	Chinese Any other, please write in □ Chinese □ Any other, please write in □ No	
present name of the country	Yes, 1 - 19 hours a week	
	Yes, 20 - 49 hours a week	

Ρ	erson 4 - continued	
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	19 Were you actively looking for any kind of paid work during the last 4 weeks?
	Yes No	Yes No
14 •	What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20 If a job had been available last week, could you have started it within 2 weeks?
+	For a child born after 29 April 2000, ✓ 'No usual address one year ago'. The address shown on the front of the form	Yes No
	No usual address one year ago Same as Person 1	21 Last week, were you waiting to start a job already obtained?
	Elsewhere, please write in below	Yes No
		 22 Last week, were you any of the following? ♦ ✓ all the boxes that apply.
		Retired
		Student
	Postcode	Looking after home/family
		Permanently sick/disabled
15	If you are aged 16 to 74 For the Go to 16	None of the above
	If you are aged 15 and under, or 75 and over 🕨 Go to 36	23 Have you ever worked?
16 *	Which of these qualifications do you have? ✓ all the qualifications that apply or, if not specified, the nearest equivalent. □ 1+ 0 levels/CSEs/GCSEs (any grades) NVQ Level 1, Foundation GNVQ	Yes, please write in the year you last worked
	5+ 0 levels, 5+ CSEs (grade 1), NVQ Level 2,	Go to 24
	5+ GCSEs (grades A-C), School Certificate Intermediate GNVQ	No, have never worked Go to 36
	1+ A levels/AS levels NVQ Level 3, Advanced GNVQ	24 Answer the remaining questions
	2+ A levels, 4+ AS levels, Higher School Certificate NVQ Levels 4-5, HNC, HND	for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.
1	First Degree (eg BA, BSc) Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)	 Your main job is the job in which you usually work the most hours.
	Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) No Qualifications	25 Do (did) you work as an
17	Do you have any of the following professional qualifications? $\sqrt[4]{}$ all the boxes that apply.	employee or are (were) you self-employed?
	No Professional Qualifications Qualified Dentist	Employee
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor	Self-employed with employees
	Qualified Medical Doctor Other Professional Qualifications	Self-employed/freelance without employees
18	Last week, were you doing any work:	26 How many people work
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business? Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off. 	(worked) for your employer at the place where you work
٠	'Yes' for any paid work, including casual or temporary work, even if only for one hour.	 If you are (were) self-employed, to show how many people
+	✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	you employ (employed).
	Yes Go to 24	1-9 10-24
	No 🖿 Go to 19	25 - 499 500 or more



27	Person 4 - continued	The line of the li
-	What is (was) the full title of your main job?	34 How do you usually travel to work?
	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE,	
	CAR-MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	♦ √ one box only.
1	Civil Servants, Local Government Officers - give job title not grade or pay band.	the box for the longest part, by distance, of your usual journey to work
		Work mainly at or from home
		work mainly at or more none
		Underground, metro, light rail, tram
28	Describe what you do (did) in your main job.	Train
		Bus, minibus or coach
		Motor cycle, scooter or moped
		Driving a car or van
29	Do (did) you supervise any other employees?	Passenger in a car or van
•	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.	Taxi
	Yes No	Bicycle
30	What is (was) the business of your employer at the place where you	On foot
	work (worked)?	Other
•	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.	
•	If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35 How many hours a week do you usually work in your main job?
+	Civil Servants, Local Government Officers - please specify your Department.	Answer to nearest whole hour.
		 Give average for last four weeks.
		Number of hours
		worked a week
31	If you were working last week Go to 32 If you were not working last week Go to 36	36 THERE ARE NO MORE QUESTIONS FOR PERSON 4.
		 Go to questions for Person 5.
32	What is the full name of the organisation you work for in your main job? If you have your own business, write in the name.	
-	n you nave you own austriass, while in all name.	
-		If there are no more people in
-		your household you do not
-		your household you do not need to answer any more questions. Please leave the
-		your household you do not need to answer any more
-	Self-employed/freelance Work for a private individual	your household you do not need to answer any more questions. Please leave the following pages blank.
•	Self-employed/freelance Work for a private individual What is the address of the place where you work in your main job?	your household you do not need to answer any more questions. Please leave the following pages blank.
*		your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your <i>main</i> job?	your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your <i>main</i> job?	your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your <i>main</i> job?	your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your <i>main</i> job?	your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your <i>main</i> job?	your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address.	your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address.	your household you do not need to answer any more questions. Please leave the following pages blank.
*	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address. Image: Contract of the place where you work in your main job? If you report to a depot, write in the depot address. Image: Contract of the place where you work in your main job? If you report to a depot, write in the depot address. Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in your main job? Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address. Image: Contract of the place where you work in the depot address.	your household you do not need to answer any more questions. Please leave the following pages blank.

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



Person 5 - continued	
Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	19 Were you actively looking for any kind of paid work during the last 4 weeks?
Yes No	Yes No
 What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term 	20 If a job had been available last week, could you have started in within 2 weeks?
For a child born after 29 April 2000, ✓ 'No usual address one year ago'.	Yes No
The address shown on the front of the form	21 Last week, were you waiting to
No usual address one year ago Same as Person 1	start a job already obtained?
Elsewhere, please write in below	Yes No
	22 Last week, were you any of the following?
	Student
Postcode	Looking after home/family
	Permanently sick/disabled
5 If you are aged 16 to 74 🛛 🕨 Go to 16	None of the above
If you are aged 15 and under, or 75 and over 🕨 Go to 36	23 Have you ever worked?
6 Which of these qualifications do you have? ✓ all the qualifications that apply or, if not specified, the nearest equivalent □ 1+ O levels/CSEs/GCSEs (any grades) □ 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	
1+ A levels/AS levels NVQ Level 3, Advanced GNVQ	24 Answer the remaining question
2+ A levels, 4+ AS levels, Higher School Certificate NVQ Levels 4-5, HNC, HND	for the <i>main</i> job you were doing last week, or if not working last
First Degree (eg BA, BSc) Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexce	
Higher Degree (eg MA, PhD, PGCE,	you usually work the most hours.
 post-graduate certificates/diplomas) No Qualifications Do you have any of the following professional qualifications? 	25 Do (did) you work as an employee or are (were) you self-employed?
In valid of the value of th	Employee
Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visit	or Self-employed with employees
Qualified Medical Doctor Other Professional Qualifications	Self-employed/freelance without employees
 Last week, were you doing any work: as an employee, or on a Government sponsored training scheme as self-employed/freelance, or in your own/family business? Yes' if away from work ill, on maternity leave, on holiday or temporarily laid of Yes' for any paid work, including casual or temporary work, even if only for one hour. Yes' if you worked, paid or unpaid, in your own/family business. 	the place where you work (worked)?
Yes 📂 Go to 24	1 - 9 10 - 24
	and the second

20

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

H2 29 April Count me in Census2001 Wales Household Form		
Census Helpline 0845 301 2001 Text Phone for th	he Deaf 0845 303 2001 Website www.statistics.gov.uk	
Name Address		
	Form Number	
Postcode		
	* Form 1 of	
	*Multi-form households only	
The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Office for National Statistics conducts the Census in England and Wales. Completing your form Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline. Confidentiality The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as confidential for a period of 100 years.	 Your household should complete this form in black or blue ink. A household is: one person living alone, or a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day. This form covers five people. If there are more than five people in your household you will need an extra form. Decide whether you wish to use the English or the Welsh language version of the form. You must use the same form for all members of your household. Identify household members in Table 1 on page 2. If will help you to complete the form if you use Table 2 to identify visitors. Answer the questions about your accommodation (page 3). Complete the relationship question (pages 4 and 5). Answer the remaining questions for every member of the same form in the same form if you use Table 2. If will help you to complete the form if you use Table 2. If we have the questions about your accommodation (page 3). 	
Thank you for counting yourself in. Len Cook REGISTRAR GENERAL FOR ENGLAND AND WALES	 your household. Sign the Declaration and post the form back in the envelope supplied. For help or extra forms, call the Census Helpline on 0845 301 2001 (local rate number). 	
Declaration		
 To be signed after completing this form. Please che This form is completed to the best of my knowled 		

Table 1 Household Members

- + List all members of your household who usually live at this address, including yourself.
 - · Start with the Householder or Joint Householders.
 - Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.
 - Include schoolchildren and students if they live at this address during the school, college or university term.
 - Also include schoolchildren and students who are away from home during the school, college
 or university term and for whom only basic information is required.
 - Include any baby born before 30 April 2001, even if still in hospital.
 - Include people with more than one address if they live at this address for the majority of time.
 - Include anyone who is staying with you who has no other usual address.
 - Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at this address.
- If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and ✓ the relevant box in the column marked 'Individual Form'.

Person No.	First name and surname	Individual Form
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
If you have	more than 5 people in your household, you will need an extra form.	
Person 6		
Person 7		
Person 8		
Person 9		
Person 10		

Table 2 Visitors

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

First name and surname	Address

		remaining questions	
Pi lii b	emember to use black or blue ink. ut a tick in the appropriate box, ke this . If you mark the wrong ox, fill in the box and put a tick in the right one, like this .	Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.	What is your country of birth? Image: Solution of the country Solution of the country A FRICA
H	lousehold Accommo	lation	
_	What type of accommodation does your household occupy? A <i>whole</i> house or bungalow that is:	H4 Do you have a bath/shower and toilet for use only by your household?	 Does your household own or rent the accommodation? I one box only. Owns outright
	Detached Semi-detached	Ves No	Go to H10
	Terraced (including end-terrace) A flat, maisonette, or apartment that is: In a purpose-built block of flats	H5 What is the lowest floor level of your household's living accommodation? Basement or semi-basement Ground floor (street level)	 Owns with a mortgage or loan Go to H10 Pays part rent and part mortgage (shared ownership)
	 or tenement Part of a converted or shared house (includes bed-sits) In a commercial building (for example, in an office building, or hotel, or over a shop) 	First floor (floor above street level) Second floor Third or fourth floor	Go to H10
	Mobile or temporary structure: A caravan or other mobile or temporary structure	H6 Does your accommodation have central heating?	Lives here rent free Go to H9
12	Is your household's accommodation self-contained? This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.	 If you have central heating available, √ 'Yes' whether or not you use it. Central heating includes: gas, oil or solid fuel central heating night storage heaters warm air heating underfloor heating 	 Who is your landlord? Council (Local Authority) Housing Association Housing Co-operative Charitable Trust Registered Social Landlord Private landlord or letting agend
13	can use No How many rooms do you have	 Yes, in some or all rooms No H7 How many cars or vans are owned, or available for use, 	 Employer of a household memb Relative or friend of a household member Other
,	for use only by your household? <u>Do not count</u> bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards. <u>Do count</u> all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted into one, count them as one room.	by one or more members of your household? Include any company car or van if available for private use. None One Two Three	0 Please turn the page.
	Number of rooms	Four or more, please write in number	

In this example Steven's (brother.				16.14
Name of Person 1	Name of Person 2		Name of Person 3	
	Sumarie SMITH		First name ALISON	
Suname SMITH	Relationship of		Relationship of	
	Person 2 to Person + 1		Person 3 to Person + 1	2
ENTER NAME	Husband or wife		Husband or wife	
OF PERSON 1	Partner		Partner	
ABOVE	Son or daughter		Son or daughter	
	Step-child		Step-child	
	Brother or sister		Brother or sister	
Provide information here	tionship of each person to each o for household members who rec ng pages should be left blank for	uire an l	Individual Form for privacy re eople.	
Provide information here Questions on the followin ome of Person 1	for household members who red ng pages should be left blank for Name of Person 2	uire an l	Individual Form for privacy re eople. Name of Person 3	
Provide information here Questions on the followin ame of Person 1	for household members who rec ng pages should be left blank for Name of Person 2	uire an l	Individual Form for privacy re eople. Name of Person 3	
Provide information here Questions on the followin ome of Person 1	for household members who red ng pages should be left blank for Name of Person 2	uire an l	Individual Form for privacy re eople. Name of Person 3	
Provide information here Questions on the followin me of Person 1	for household members who rec ng pages should be left blank for Name of Person 2	uire an l	Individual Form for privacy re eople. Name of Person 3	
Provide information here Questions on the followin me of Person 1	for household members who rec ng pages should be left blank for Name of Person 2 First name Surname Relationship of	quire an l	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of	easons
Provide information here Questions on the followin ame of Person 1 It name	for household members who red ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person →	quire an l	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person →	easons
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME	for household members who rec ng pages should be left blank for Name of Person 2 Flist name Surname Relationship of Person 2 to Person → Husband or wife	quire an l	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife	easons
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME OF PERSON 1	for household members who rec ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner	quire an l	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner	easons
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME OF PERSON 1	for household members who rec ng pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter	quire an l	Individual Form for privacy re eople. Name of Person 3 First name Surname Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter	easons
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child	quire an l	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child	easons
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	auire an l these po 1	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	easons
Provide information here Questions on the followin ame of Person 1 It name name ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 Flist name Surname Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	auire an l these po 1	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	easons
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	auire an l these po 1	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	easons
Provide information here Questions on the followin ame of Person 1 It name name ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	auire an l these po 1	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild Grandparent	easons
Provide information here Questions on the followin ame of Person 1 It name name ENTER NAME OF PERSON 1	for household members who rec ing pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild Grandparent	auire an l these po 1	Individual Form for privacy re eople. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	easons

Name of Person 4		Name of Person 5	
First name STEVEN		First marter JAMES	
Relationship of		Relationship of	
	2 3	Person 5 to Person + 1 2	2 3 4
Husband or wife		Husband or wife	
Partner		Partner	
	20	Son or daughter	
Step-child		Step-child Brother or sister	
		Name of Person 5	
Name of Person 4		First name	
First name	1 2 3	First name	1 2 3 4
First name Surname Relationship of	1 2 3	First name Surname Relationship of	1 2 3 4
First name Surname Relationship of Person 4 to Person →	1 2 3	First name Surname Relationship of Person 5 to Person →	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife Partner		First name Surname Relationship of Person 5 to Person → Husband or wife Partner	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter	1 2 3 	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild		First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	

What is your name? (Person 1 in Ta	able 1)	9 Can you understand, speak, read, or write Welsh?
First name and surname		♦ √ all the boxes that apply.
2 What is your sex?	8 What is your ethnic group?	Understand spoken Welsh
Male Female	 Choose ONE section from A to E, then the appropriate box to indicate 	
	your cultural background.	Read Welsh
What is your date of birth? Day Month Year	A White British Irish	Write Welsh
		None of the above
	Any other White background, please write in	10 What is your religion?
What is your marital status (on 29 April 2001)?		 This question is voluntary. I one box only.
Single (never married)		□ None
Married (first marriage)		Christian (including Church in
Re-married	B Mixed White and Black Caribbean	Wales, Catholic, Protestant and all other Christian denominations
Separated (but still legally married)	White and Black African	Buddhist
Divorced	White and Asian	Hindu
Widowed	Any other Mixed background,	Jewish
Are you a schoolchild or student	please write in	Muslim
in full-time education?		Sikh
Yes 📂 Go to 🌀		Any other religion, please write
🗌 No 📂 Goto 7	C Asian or Asian British	
Do you live at the address	Indian Pakistani	
shown on the front of this form during the school, college or	Bangladeshi	
university term? Only answer this question if you	Any other Asian background,	11 Over the last twelve months
have answered 'Yes' to Question 5.	please write in	would you say your health has on the whole been:
Yes, I live at this address during the school/college/university term		Good?
Go to 7		Fairly good?
No, I live elsewhere during the	D Black or Black British	Not good?
school/college/university term	Caribbean African	
Go to 36	Any other Black background,	12 Do you look after, or give any help or support to family
What is your country of birth?	please write in	members, friends, neighbours or others because of:
England Wales		 long-term physical or menta
Scotland		ill-health or disability, orproblems related to old age?
Northern Ireland	E Chinese or other ethnic group	Do not count anything you do as part of your paid employment.
Republic of Ireland	Chinese	 time spent in a typical week.
Elsewhere, please write in the present name of the country	Any other, please write in	No No
		Yes, 1 - 19 hours a week
		Yes, 20 - 49 hours a week
		Yes, 50+ hours a week

Ρ	erson 1 - continued	
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	19 Were you actively looking for any kind of paid work during the last 4 weeks?
	Yes No	Yes No
14 +	What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term. For a child born after 29 April 2000, ✓ 'No usual address one year ago'.	20 If a job had been available last week, could you have started it within 2 weeks?
	 The address shown on the front of the form No usual address one year ago 	21 Last week, were you waiting to start a job already obtained?
	Elsewhere, please write in below	Yes No
		 22 Last week, were you any of the following? ♦ ✓ all the boxes that apply. Retired Student Looking after home/family
		Permanently sick/disabled
15	If you are aged 16 to 74 E Go to 16	None of the above
13	If you are aged 15 and under, or 75 and over Go to 36	23 Have you ever worked?
16 *	Which of these qualifications do you have? ✓ all the qualifications that apply or, if not specified, the nearest equivalent. □ 1+ 0 levels/CSEs/GCSEs (any grades) NVQ Level 1, Foundation GNVQ □ 5+ 0 levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate NVQ Level 2, Intermediate GNVQ	 Yes, please write in the year you last worked Go to 24 No, have never worked Go to 36
	1+ A levels/AS levels NVQ Level 3, Advanced GNVQ 2+ A levels, 4+ AS levels, NVQ Levels 4-5, HNC, HND	24 Answer the remaining questions for the <i>main</i> job you were doing
	Higher School Certificate First Degree (eg BA, BSc) Other Qualifications (eg City and	last week, or if not working last week, your last main job.
	Guilds, RSA/OCR, BTEC/Edexcel) Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) No Qualifications	 Your main job is the job in which you usually work the most hours.
17	Do you have any of the following professional qualifications? \checkmark all the boxes that apply.	25 Do (did) you work as an employee or are (were) you self-employed?
	No Professional Qualifications Qualified Dentist	Employee
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor	Self-employed with employees
	Qualified Medical Doctor Other Professional Qualifications	Self-employed/freelance without employees
18 + +	 Last week, were you doing any work: as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business? √ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off. ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour. ✓ 'Yes' if you worked, paid or unpaid, in your own/family business. 	 26 How many people work (worked) for your employer at the place where you work (worked)? If you are (were) self-employed, √ to show how many people you employ (employed).
	Yes F Go to 24	1-9 10-24
	No Foto 19	25 - 499 500 or more

Person 1 - continued	a second second second as a second second second
27 What is (was) the full title of your main job?	34 How do you usually travel to
 For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band 	work?
	Work mainly at or from home
	Underground, metro, light rail, tram
28 Describe what you do (did) in your main job.	Train
	Bus, minibus or coach
	Motor cycle, scooter or moped
	Driving a car or van
29 Do (did) you supervise any other employees?	Passenger in a car or van
 A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. 	Taxi
Yes No	Bicycle
30 What is (was) the business of your employer at the place where you	U On foot
 work (worked)? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, 	Other
 FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY. If you are (were) self-employed/freelance or have (had) your own business 	35 How many hours a week do you
 what is (was) the nature of your business? Civil Servants, Local Government Officers - please specify your Department 	usually work in your main job?
	 Answer to nearest whole hour. Give average for last four weeks.
	Number of hours worked a week
	worked a week
31 If you were working last week If you were not working last week Go to 32	36 THERE ARE NO MORE QUESTIONS FOR PERSON 1.
32 What is the full name of the organisation you work for in your main job	Go to questions for Person 2.
If you have your own business, write in the name.	+ If there are no more people in
	your household you do not need to answer any more
	questions. Please leave the following pages blank.
Self-employed/freelance Work for a private individual	 Remember to sign the Declaration on page 1.
 What is the address of the place where you work in your main job? If you report to a depot, write in the depot address. 	
	1
Postcode	
Mainly work at or from home Offshore installation	
No fixed place	
Page 8	

	Person 2 What is your name? (Person 2 in Tab	le 1)	9 Can you understand, speak,
-	First name and surname		read, or write Welsh?
			♦ √ all the boxes that apply.
			Understand spoken Welsh
2	What is your sex?	What is your ethnic group? Choose ONE section from A to E, then	Speak Welsh
	Male Female	✓ the appropriate box to indicate your cultural background.	Read Welsh
3	What is your date of birth?	A White	Write Welsh
	Day Month Year	British Irish	None of the above
		Any other White background, please write in	10 What is your religion?
4			This question is voluntary.
	(on 29 April 2001)?		 I one box only.
	Single (never married)		None None
	Married (first marriage)	B Mixed	Christian (including Church in
	Re-married	White and Black Caribbean	Wales, Catholic, Protestant and all other Christian denomination
	Separated (but still legally married)		Buddhist
	Divorced	White and Black African	Hindu
		White and Asian	Jewish
	Widowed	Any other Mixed background,	
5	Are you a schoolchild or student	please write in	Muslim
	in full-time education?		Sikh
	Yes F Go to 6		Any other religion, please write
	No F Go to 7	C Asian or Asian British	
6		Indian Pakistani	
	shown on the front of this form during the school, college or university term?	Bangladeshi	
		Any other Asian background, please write in	11 Over the last twelve months would you say your health ha
	Yes, I live at this address during		on the whole been:
	the school/college/university term		Good?
	Go to 7		Fairly good?
	No, I live elsewhere during the school/college/university term	D Black or Black British	Not good?
	- Go to 36	Caribbean African	12 Do you look after, or give any
7	What is your country of birth?	Any other Black background, please write in	help or support to family members, friends, neighbours
1			or others because of:
	England Wales		 long-term physical or menta ill-health or disability, or
	Scotland		 problems related to old age?
	Northern Ireland	E Chinese or other ethnic group	Do not count anything you do as part of your paid amployment
	Republic of Ireland	Chinese	 part of your paid employment. Image: Vision of the spent in a typical week.
	Elsewhere, please write in the present name of the country	Any other, please write in	No No
			Yes, 1 - 19 hours a week
			Yes, 20 - 49 hours a week
			Yes, 50+ hours a week

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

Page 10

P	erson 2 - continued	
27 *	What is (was) the full title of your main job? For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band.	 How do you usually travel to work? ✓ one box only. ✓ the box for the longest part, by distance, of your usual journey to work Work mainly at or from home Underground, metro, light rail, tram
29 * 30 * * 31 32 *	Describe what you do (did) in your main job. Describe what you do (did) in your main job. Describe what you do (did) in your main job. Describe what you do (did) in your main job. Describe what you do (did) in your main job. Describe what you do (did) in your main job? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY. If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business? Civil Servants, Local Government Officers - please specify your Department. If you were working last week Go to 32 If you were not working last week Go to 36 What is the full name of the organisation you work for in your main job? If you have your own business, write in the name. Self-employed/freelance Work for a private individual What is the address of the place where you work in your main job? If you report to a depot, write in the depot address.	 Underground, metro, light rail, tram Train Bus, minibus or coach Motor cycle, scooter or moped Driving a car or van Passenger in a car or van Taxi Bicycle On foot Other 35 How many hours a week do you usually work in your main job? Answer to nearest whole hour. Give average for last four weeks. Number of hours worked a week 36 THERE ARE NO MORE QUESTIONS FOR PERSON 2. 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. Remember to sign the Declaration on page 1.
	Postcode Postcode Mainly work at or from home Offshore installation No fixed place	

Person 3		
1 What is your name? (Person 3 in Ta	able 1)	9 Can you understand, speak, read, or write Welsh?
First name and surname		 all the boxes that apply.
What is your sex?	8 What is your ethnic group?	Understand spoken Welsh
Male Female	 Choose ONE section from A to E, then Ite appropriate box to indicate your cultural background. 	Read Welsh
	A White	Write Welsh
	British Irish	None of the above
		10 What is your religion?
What is your marital status	please write in	This question is voluntary.
(on 29 April 2001)?		 I one box only.
Single (never married)		None None
Married (first marriage)	B Mixed	Christian (including Church in Wales, Catholic, Protestant and
Re-married	White and Black Caribbean	all other Christian denominations
Separated (but still legally married) Divorced	White and Black African	Hindu
	White and Asian	Jewish
Widowed	Any other Mixed background, please write in	Muslim
Are you a schoolchild or student in full-time education?		Sikh
Yes 🍉 Go to 👩		Any other religion, please write i
🗋 No 🖿 Go to 7		
Do you live at the address	C Asian or Asian British	
shown on the front of this form during the school, college or university term?	🗌 Indian 📄 Pakistani	
Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background, please write in	11 Over the last twelve months would you say your health has
Yes, I live at this address during		on the whole been:
the school/college/university term		Fairly good?
No, I live elsewhere during the	D Black or Black British	Not good?
school/college/university term	Caribbean African	
Go to 36	Any other Black background,	12 Do you look after, or give any help or support to family
What is your country of birth?	please write in	members, friends, neighbours or others because of:
England Wales		 long-term physical or menta
Scotland		ill-health or disability, orproblems related to old age?
Northern Ireland	E Chinese or other ethnic group	Do not count anything you do as part of your paid employment.
Republic of Ireland	Chinese	 If time spent in a typical week.
Elsewhere, please write in the present name of the country	Any other, please write in	No No
		Yes, 1 - 19 hours a week
		Yes, 20 - 49 hours a week
		Yes, 50+ hours a week

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

Ρ	erson 3 - continued	
+	What is (was) the full title of your main job? For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	 How do you usually travel to work? ♦ √ one box only.
*	Civil Servants, Local Government Officers - give job title not grade or pay band.	 Ite box for the longest part, by distance, of your usual journey to work. Work mainly at or from home Underground, metro, light rail, tram
28	Describe what you do (did) in your main job.	Train
		Bus, minibus or coach
		Driving a car or van
29	Do (did) you supervise any other employees?	Passenger in a car or van
+	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.	Taxi
	Yes No	Bicycle
30	What is (was) the business of your employer at the place where you work (worked)?	On foot
+	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.	Other
*	If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business? Civil Servants, Local Government Officers - please specify your Department.	35 How many hours a week do you usually work in your main job?
		 Answer to nearest whole hour. Give average for last four weeks.
		Number of hours worked a week
31	If you were working last week Image: Go to 32 If you were not working last week Image: Go to 36	36 THERE ARE NO MORE QUESTIONS FOR PERSON 3.
32 ¢	What is the full name of the organisation you work for in your main job? If you have your own business, write in the name.	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.
	Self-employed/freelance Work for a private individual	 Remember to sign the Declaration on page 1.
Conception.	What is the address of the place where you work in your main job? If you report to a depot, write in the depot address.	becaration on page 1.
	Postcode	
	Mainly work at or from home Offshore installation	
	No fixed place	

Page 14

What is your name? (Person 4 in 1	Table 1)	9 Can you understand, speak,
First name and surname		read, or write Welsh?
		♦ ✓ all the boxes that apply.
What is your sou?	9 Milestic usus steris second	Understand spoken Welsh
	 8 What is your ethnic group? ♦ Choose ONE section from A to E, then 	Speak Welsh
Male Female	the appropriate box to indicate your cultural background.	Read Welsh
What is your date of birth?	A White	Write Welsh
Day Month Year	🔲 British 📄 Irish	None of the above
	Any other White background, please write in	10 What is your religion?
What is your marital status		This question is voluntary.
(on 29 April 2001)?		♦ 🖌 one box only.
Single (never married)		None None
Married (first marriage)	B Mixed	Christian (including Church in
Re-married	White and Black Caribbean	Wales, Catholic, Protestant and all other Christian denominations
Separated (but still legally married)		Buddhist
Divorced	White and Black African	Hindu
	White and Asian	
Widowed	Any other Mixed background,	Jewish
Are you a schoolchild or student	please write in	Muslim
in full-time education?		Sikh
Yes 📂 Go to 🔞		Any other religion, please write in
No 🍉 Go to 7		
Do you live at the address	C Asian or Asian British	
shown on the front of this form	Indian Pakistani	
during the school, college or university term?	Bangladeshi	
Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background, please write in	11 Over the last twelve months would you say your health has
Yes, I live at this address during the school/college/university term		on the whole been: Good?
Go to 7		Fairly good?
No, I live elsewhere during the school/college/university term	D Black or Black British	Not good?
- Go to 36	Caribbean African	12 Do you look after, or give any
What is your country of birth?	Any other Black background, please write in	help or support to family members, friends, neighbours
England Wales		or others because of:
		 long-term physical or menta ill-health or disability, or
Scotland		 problems related to old age?
Northern Ireland	E Chinese or other ethnic group	Do not count anything you do as
Republic of Ireland	Chinese	 part of your paid employment. I time spent in a typical week.
Elsewhere, please write in the	Any other, please write in	No
present name of the country		Yes, 1 - 19 hours a week
		Yes, 20 - 49 hours a week
		Yes, 50+ hours a week

Ρ	erson 4 - continued	
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	19 Were you actively looking for any kind of paid work during the last 4 weeks?
	Yes No	Yes No
+	What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20 If a job had been available last week, could you have started it within 2 weeks?
+	For a child born after 29 April 2000, ✓ 'No usual address one year ago'. The address shown on the front of the form	Yes No
	No usual address one year ago Same as Person 1	21 Last week, were you waiting to start a job already obtained?
	Elsewhere, please write in below	Yes No
		22 Last week, were you any of the
		following?
		Retired
		Student
	Postcode	Looking after home/family
		Permanently sick/disabled
15	If you are aged 16 to 74 Decored 16	None of the above
	If you are aged 15 and under, or 75 and over 🕨 Go to 36	23 Have you ever worked?
16 *	Which of these qualifications do you have?. ✓ all the qualifications that apply or, if not specified, the nearest equivalent. □ 1+ 0 levels/CSEs/GCSEs (any grades) □ NVQ Level 1, Foundation GNVQ	Yes, please write in the year you last worked
	5+ O levels, 5+ CSEs (grade 1), NVQ Level 2, 5+ GCSEs (grades A-C), School Certificate Intermediate GNVQ	Go to 24 No, have never worked Go to 36
	1+ A levels/AS levels NVQ Level 3, Advanced GNVQ	
	2+ A levels, 4+ AS levels, NVQ Levels 4-5, HNC, HND Higher School Certificate	24 Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last
	First Degree (eg BA, BSc) Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)	week, your last main job.Your main job is the job in which
	Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) No Qualifications	you usually work the most hours.
17	Do you have any of the following professional qualifications?	25 Do (did) you work as an employee or are (were) you
+	\sqrt{a} all the boxes that apply.	self-employed?
	No Professional Qualifications Qualified Dentist	Employee
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor	Self-employed with employees
	Qualified Medical Doctor Other Professional Qualifications	Self-employed/freelance without employees
18	Last week, were you doing any work:	26 How many people work
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business? "Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off. 	(worked) for your employer at the place where you work
٠	✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.	 If you are (were) self-employed, to show how many people
+	✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	you employ (employed).
	Yes F Go to 24	1 - 9 10 - 24
	🗌 No 🖿 Go to 19	25 - 499 500 or more



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

_	erson 5		Les.	
1	What is your name? (Person 5 in Tab	le 1)	9	Can you understand, speak, read, or write Welsh?
	First name and surname			✓ all the boxes that apply.
			1	Understand spoken Welsh
2	What is your sex? 8	, , ,		Speak Welsh
	Male Female	Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.		Read Welsh
3	What is your date of birth?	A White		Write Welsh
	Day Month Year	British Irish		None of the above
		Any other White background,		None of the above
		please write in	10	What is your religion?
1	What is your marital status (on 29 April 2001)?		*	This question is voluntary.
	Single (never married)			□ None
	Married (first marriage)			
		B Mixed		 Christian (including Church in Wales, Catholic, Protestant and
	Re-married	White and Black Caribbean		all other Christian denominations
	Separated (but still legally married)	White and Black African		Buddhist
	Divorced	White and Asian		Hindu
	Widowed			Jewish
	L Widowed	Any other Mixed background,		
5	Are you a schoolchild or student	please write in		Muslim
	in full-time education?			Sikh
	Yes 📂 Go to 6			Any other religion, please write
	No 🕨 Go to 7			
-	Do you live at the address	C Asian or Asian British		
2	Do you live at the address shown on the front of this form	Indian Pakistani		
	during the school, college or	Bangladeshi		
	University term? Only answer this question if you	Any other Asian background,	11	Over the last twelve months
	have answered 'Yes' to Question 5.	please write in		would you say your health has on the whole been:
	Yes, I live at this address during the school/college/university term			Good?
				_
	Go to 7			Fairly good?
	No, I live elsewhere during the school/college/university term	D Black or Black British		Not good?
	Go to 36	Caribbean African	12	Do you look after, or give any
	0010 30	Any other Black background,		help or support to family
7	What is your country of birth?	please write in		members, friends, neighbours or others because of:
	England Wales			 long-term physical or menta
	Scotland			ill-health or disability, orproblems related to old age?
	Northern Ireland		1.1	Do not count anything you do as
		E Chinese or other ethnic group		part of your paid employment.
	Republic of Ireland	Chinese	+	✓ time spent in a typical week.
	Elsewhere, please write in the present name of the country	Any other, please write in		No
				Yes, 1 - 19 hours a week
				Yes, 20 - 49 hours a week
			1	Yes, 50+ hours a week

10 10

Person 5 - continued	
 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. 	19 Were you actively looking for any kind of paid work during the last 4 weeks?
Yes No	Yes No
 What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term 	20 If a job had been available last week, could you have started in within 2 weeks?
For a child born after 29 April 2000, √ 'No usual address one year ago'. The address shown on the front of the form	Yes No
No usual address one year ago Same as Person 1	21 Last week, were you waiting to start a job already obtained?
Elsewhere, please write in below	Yes No
	 22 Last week, were you any of the following? √ all the boxes that apply.
	Retired
	Student
Postcode	Looking after home/family
	Permanently sick/disabled
15 If you are aged 16 to 74 🕨 Go to 16	None of the above
If you are aged 15 and under, or 75 and over 📂 Go to 36	23 Have you ever worked?
 Which of these qualifications do you have? ✓ all the qualifications that apply or, if not specified, the nearest equivalent 1+ O levels/CSEs/GCSEs (any grades) NVQ Level 1, Foundation GNVQ 5+ O levels, 5+ CSEs (grade 1), NVQ Level 2, 	
5+ GCSEs (grades A-C), School Certificate Intermediate GNVQ	► Go to 36
1 + A levels/AS levels NVQ Level 3, Advanced GNVQ 2 + A levels, 4+ AS levels, Higher School Certificate NVQ Levels 4-5, HNC, HND	24 Answer the remaining questions for the main job you were doing last week, or if not working last
First Degree (eg BA, BSc) Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel	week, your last main job.
Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) No Qualifications	you usually work the most hours.
 IT Do you have any of the following professional qualifications? ✓ all the boxes that apply. 	25 Do (did) you work as an employee or are (were) you self-employed?
No Professional Qualifications Qualified Dentist	Employee
Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visit	or Self-employed with employees
Qualified Medical Doctor Other Professional Qualifications	Self-employed/freelance without employees
 Last week, were you doing any work: as an employee, or on a Government sponsored training scheme as self-employed/freelance, or in your own/family business? √Yes' if away from work ill, on maternity leave, on holiday or temporarily laid of 	the place where you work
 Yes' for any paid work, including casual or temporary work, even if only for one hour. Yes' if you worked, paid or unpaid, in your own/family business. 	✓ to show how many people you employ (employed).
Yes F Go to 24	1-9 10-24
No 📂 Goto 19	25 - 499 500 or more

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

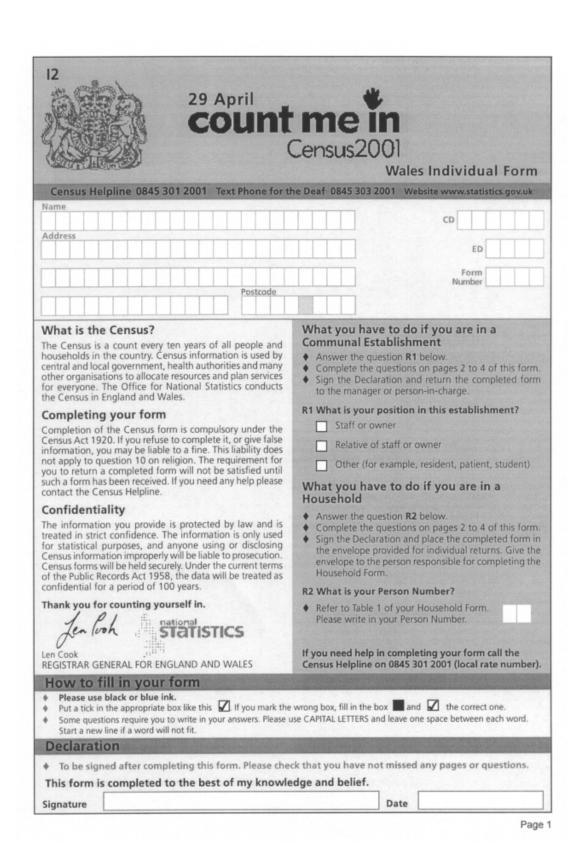
	England Individual Form
Census Helpline 0845 301 2001 Text Phone for t	he Deaf 0845 303 2001 Website www.statistics.gov.uk
Name	CD
Address	
	ED
	Form
Postcode	
he Census in England and Wales. Completing your form Completion of the Census form is compulsory under the census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to question 10 on religion. The requirement for ou to return a completed form will not be satisfied until uch a form has been received. If you need any help please ontact the Census Helpline. Confidentiality the information you provide is protected by law and is reated in strict confidence. The information is only used or statistical purposes, and anyone using or disclosing census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as	to the manager or person-in-charge. R1 What is your position in this establishment? Staff or owner Relative of staff or owner Other (for example, resident, patient, student) What you have to do if you are in a Household Answer the question R2 below. Complete the questions on pages 2 to 4 of this form Sign the Declaration and place the completed form the envelope provided for individual returns. Give th envelope to the person responsible for completing th Household Form.
onfidential for a period of 100 years.	R2 What is your Person Number?
Thank you for counting yourself in. Len Cook REGISTRAR GENERAL FOR ENGLAND AND WALES	 Refer to Table 1 of your Household Form. Please write in your Person Number. If you need help in completing your form call the Census Helpline on 0845 301 2001 (local call number)
How to fill in your form Please use black or blue ink. Put a tick in the appropriate box like this	e wrong box, fill in the box and and and the correct one. use CAPITAL LETTERS and leave one space between each word.
Declaration	
To be signed after completing this form. Please che	eck that you have not missed any pages or questions.
This form is completed to the best of my knowle	edge and belief.
	Date

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

Page 2

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

-	What is (was) the full title of your main job?	34 How do you usually travel to work?
+	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	♦ ✓ one box only.
+	Civil Servants, Local Government Officers - give job title not grade or pay band.	♦ ✓ the box for the longest part, by
		distance, of your usual journey to work.
		Work mainly at or from home
		Underground, metro, light rail, tram
28	Describe what you do (did) in your main job.	Train
		Bus, minibus or coach
		Motor cycle, scooter or moped
		Driving a car or van
29	Do (did) you supervise any other employees?	Passenger in a car or van
+	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.	Taxi
	Yes No	Bicycle
30	What is (was) the business of your employer at the place where you	On foot
	work (worked)? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,	Other
	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.	
*	If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35 How many hours a week do you usually work in your main job?
+	Civil Servants, Local Government Officers - please specify your Department.	Answer to nearest whole hour.
		Give average for last four weeks.
		Number of hours
		worked a week
31	If you were working last week 📂 Go to 32	36 THERE ARE NO MORE
	If you were not working last week 🛛 🛏 Go to 36	QUESTIONS.
32	What is the full name of the organisation you work for in your main job?	Please sign the Declaration on
+	If you have your own business, write in the name.	page 1.
		10
		national
	Self-employed/freelance Work for a private individual	STATISTICS
1000	What is the address of the place where you work in your main job?	- Testisilet - Testisilet - Testis
+	If you report to a depot, write in the depot address.	
	Postcode	
	Mainly work at or from home Offshore installation	
	No fixed place	
		the second se



1 What is your name?		9 Can you understand, speak,
First name and surname		read, or write Welsh? ♦ ✓ all the boxes that apply. Understand spoken Welsh
	 What is your ethnic group? Choose ONE section from A to E, then the appropriate box to indicate your cultural background. A White 	Speak Welsh Read Welsh Write Welsh
Day Month Year	British Irish	None of the above
 What is your marital status (on 29 April 2001)? Single (never married) Married (first marriage) 	please write in	 This question is voluntary. Image: Image: Imag
Re-married Separated (but still legally married) Divorced Widowed	B Mixed White and Black Caribbean White and Black African White and Asian	Wales, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish
 5 Are you a schoolchild or student in full-time education? Yes Go to 6 No Go to 7 	Any other Mixed background, please write in	Muslim Sikh Any other religion, <i>please write in</i>
6 Do you live at the address shown on the front of this form during the school, college or university term?	C Asian or Asian British Indian Pakistani Bangladeshi	
 Only answer this question if you have answered 'Yes' to Question 5. Yes, I live at this address during the school/college/university term Go to 7 	Any other Asian background, please write in	11 Over the last twelve months would you say your health has on the whole been: Good? Fairly good?
No, I live elsewhere during the school/college/university term	D Black or Black British Caribbean African Any other Black background,	Not good? Not good? Do you look after, or give any help or support to family
7 What is your country of birth? England Wales Scotland	please write in	members, friends, neighbours or others because of: • long-term physical or mental ill-health or disability, or • problems related to old age?
 Northern Ireland Republic of Ireland Elsewhere, please write in the present name of the country 	E Chinese or other ethnic group Chinese Any other, please write in	 Do not count anything you do as part of your paid employment. ✓ time spent in a typical week. No
		 Yes, 1 - 19 hours a week Yes, 20 - 49 hours a week Yes, 50+ hours a week



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

28 Describe what you do (did) in your main job. Image: Comparison of the second s	e longest part, <i>by</i> sual journey to work, at or from home metro, light rail, tram
CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band. Underground, Underground, Describe what you do (did) in your main job.	sual journey to work. at or from home metro, light rail, tram
 Civil Servants, Local Government Officers - give job title not grade or pay band. 	sual journey to work. at or from home metro, light rail, tram
28 Describe what you do (did) in your main job. Image: Constraint of the second s	at or from home metro, light rail, tram
28 Describe what you do (did) in your main job. Image: Constrain of the second secon	metro, light rail, tram
28 Describe what you do (did) in your main job. Image: State St	
Bus, minibus	or coach
	or coach
Motor cycle,	
	scooter or moped
Driving a car	or van
29 Do (did) you supervise any other employees?	a car or van
A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. Taxi	
Yes No Bicycle	
30 What is (was) the business of your employer at the place where you On foot	
work (worked)?	
FOR EXAMPLE, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,	
	irs a week do you your main job?
Civil Servants, Local Government Officers - please specify your Department. Answer to neares	
	r last four weeks.
Number of h	
worked a we	ek
31 If you were working last week 📂 Go to 32 36 THERE ARE NO	MORE
If you were not working last week 📂 Go to 36 QUESTIONS.	
32 What is the full name of the organisation you work for in your main job? Please sign the	Declaration on
If you have your own business, write in the name. page 1.	
nation	al
	Tistics
an and a total of the state of	
 If you report to a depot, write in the depot address. 	
Postcode	
Mainly work at or from home Offshore installation	
No fixed place	

Page 4

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the Census Regulations 2000 which provide for the detailed arrangements necessary for the conduct of the 2001 Census.

Regulation 2 substitutes new forms H1, H2, I1 and I2 for forms H1, H2, I1 and I2 in Schedule 2 to the Census Regulations 2000. The new forms differ from the old in consequence of the Census (Amendment) Act 2000 and now include a question on religion and a reference to that question in the front page comments above the signature of the Registrar General. In other respects the forms are unaltered.