
STATUTORY INSTRUMENTS

2000 No. 1473

CENSUS, ENGLAND AND WALES

The Census Regulations 2000

<i>Made</i>	- - - -	<i>5th June 2000</i>
<i>Laid before Parliament</i>		<i>6th June 2000</i>
<i>Coming into force</i>	- -	<i>27th June 2000</i>

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 Regulations 2000 and shall come into force on 27th June 2000.

Interpretation and extent

2.—(1) In these Regulations, unless the context otherwise requires—

“the Act” means the Census Act 1920;

“the census” means the census directed to be taken by the Census Order 2000(3) (hereinafter referred to as “the Census Order”);

“census area manager” means an officer appointed under regulation 4(1)(a);

“census day” means 29th April 2001;

“census district” means a district so referred to in regulation 3;

“census district manager” means an officer appointed under regulation 4(1)(c);

“census enumerator” means an officer appointed as such under regulation 4(1)(e);

“census regional manager” means an officer appointed under regulation 4(1)(b);

(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 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. 2000/744.

- “census team leader” means an officer appointed under regulation 4(1)(d);
- “enumeration district” means a district so referred to in regulation 3;
- “individual return envelope” means an envelope in which a completed form I1 or I2 as the case may be, may be sealed;
- “officer” means a person appointed under regulation 4;
- “prescribed person” means a person required by the Census Order to make a return;
- “Registrar General” means the Registrar General for England and Wales; and
- “reply-paid envelope” means an envelope which is pre-addressed and which does not require payment by the sender.

(2) In these Regulations, a reference to a form, where it is followed immediately by an identifying letter, is a reference to the form of return which is identified by that letter and which is set out in Schedule 2.

(3) Unless the context otherwise requires, in these Regulations a reference to a numbered regulation or Schedule is a reference to the regulation or Schedule in these Regulations bearing that number, and a reference in a regulation to a numbered paragraph is a reference to the paragraph of that regulation bearing that number.

(4) These Regulations shall not extend to Scotland.

Census districts, enumeration districts and census areas

3.—(1) For the purpose of the census, the Registrar General shall divide England and Wales into census districts and shall divide each census district into enumeration districts.

(2) The Registrar General may designate any number of adjoining census districts as a census area.

Appointment of officers

4.—(1) For the purpose of the census—

- (a) the Registrar General may appoint a census area manager for any census area designated under regulation 3(2);
- (b) the Registrar General may appoint a census regional manager to manage such number of census area managers as he may specify as being necessary for the purpose of the census;
- (c) the Registrar General or the census area manager may appoint a census district manager for each census district;
- (d) the Registrar General, the census area manager or the census district manager may appoint for a census district such number of census team leaders as the Registrar General may specify as being necessary for that census district; and
- (e) the Registrar General, the census area manager or the census district manager may appoint—
 - (i) one or more census enumerators for each enumeration district (each census enumerator being wholly or partly responsible for one or more enumeration districts); and
 - (ii) such other persons as may be necessary for taking the census.

(2) The officers appointed under this regulation shall perform the duties assigned to them under the Act and by these Regulations.

Forms of return

5.—(1) The form of return to be made by a prescribed person mentioned in column (1) of Schedule 1, or by any person making a return on behalf of a prescribed person under article 5(6) or (7) of the Census Order, shall be the form which has the title specified in the corresponding entry in column (2) of that Schedule, and which is set out under that title in Schedule 2; and any such person shall comply with the instructions contained in that form.

(2) The Registrar General shall obtain translations of forms H2, I2 and CE1 into Welsh and the translated versions of these forms may be used as alternative forms of return for the purpose of the census in Wales.

(3) The duty to make a form of return will only be discharged when the completed form has been received by the census district manager or other officer.

Supply of forms and other documents for census enumerators

6.—(1) The Registrar General shall issue to every census district manager sufficient numbers of enumeration record books, forms of return, reply-paid envelopes, individual return envelopes and such other forms or documents as may be necessary for the purpose of the census.

(2) Every census district manager shall supply to every census enumerator appointed to act for an enumeration district within his census district an enumeration record book for the enumeration district for which he has been appointed, sufficient numbers of forms of return, reply-paid envelopes, individual return envelopes and such other forms or documents as may be necessary for the purpose of the census.

Delivery of forms of return

7.—(1) The census enumerator shall deliver forms of return, reply-paid envelopes and individual return envelopes in advance of census day, as follows—

- (a) form H1 or H2 as the case may be, and a reply-paid envelope to the householder or joint householders, or the person or persons for the time being acting as householder or joint householders, of each household occupying a dwelling or part of a dwelling mentioned in Group I in Schedule 1 to the Census Order or, where there is no householder or acting householder and there are no joint householders or acting joint householders of that household, to a member of that household who is aged 16 years or over on census day or, where that household consists of one person, to that person; and
- (b) subject to paragraph (2), the number of forms CE1 and I1, or forms CE1 and I2 as the case may be, and the number of individual return envelopes which the census enumerator estimates is likely to be necessary for the purpose of the census, and a reply-paid envelope to the—
 - (i) manager, chief resident officer or other person for the time being in charge of any premises mentioned in Group II, III or IV in Schedule 1 to the Census Order;
 - (ii) director or governor or other person for the time being in charge of any premises mentioned in Group V in that Schedule; and
 - (iii) commanding officer or other person for the time being in charge of any premises mentioned in Group VI in that Schedule.

(2) A reply-paid envelope need not be delivered under paragraph (1)(b) where arrangements are made for the collection of the completed forms of return under regulation 11(5).

(3) The duty assigned to the census enumerator by paragraph (1)(a) to deliver a form of return and a reply-paid envelope and by paragraph (1)(b) to deliver a form of return, an individual return envelope and a reply-paid envelope shall be satisfied—

- (a) if he hands them to the appropriate person mentioned in paragraph (1) or to a responsible person claiming to act on behalf of that person;
 - (b) where no appropriate or responsible person is available, if he leaves them at the dwelling or premises referred to in paragraph (1); or
 - (c) where no appropriate or responsible person is available and it is not possible to leave them at the dwelling or premises referred to in paragraph (1), if he posts them to that dwelling or premises.
- (4) The Registrar General shall make arrangements for the delivery of—
- (a) the number of forms CE1 and I1, or forms CE1 and I2 as the case may be, and the number of individual return envelopes which are necessary for the purpose of the census, to the commanding officer or other person for the time being in charge of any vessel mentioned in Group VI in Schedule 1 to the Census Order and to the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule;
 - (b) form CE1 to the person appointed under regulation 4(e) to enumerate persons mentioned in Group VIII in Schedule 1 to the Census Order; and
 - (c) form I1 or I2 as the case may be, and an individual return envelope where one is requested, to every person mentioned in Group VIII in Schedule 1 to the Census Order.
- (5) The person to whom forms of return, individual return envelopes and a reply-paid envelope are delivered under paragraph (1)(b) or to whom forms of return and individual return envelopes are delivered under paragraph (4)(a) shall hand form I1 or I2 as the case may be, and an individual return envelope, to every prescribed person on the premises or vessel who appears to him to be capable of completing the form.
- (6) Where the manager or other person in charge of any premises mentioned in Group II in Schedule 1 to the Census Order has arranged for a return with respect to a person incapable of making a return to be made by a relative or other person accompanying him, he shall hand form I1 or I2 as the case may be, and an individual return envelope to the relative or other person for that purpose.

Individual returns in households

8.—(1) Any person who satisfies the conditions prescribed in article 5(5) of the Census Order and who elects to make an individual return (“the elector”) or a person acting on his behalf may ask the census enumerator to provide him with a separate form I1 or I2 as the case may be, and an individual return envelope.

(2) The census enumerator shall issue to the elector, or to the person acting on his behalf, the appropriate form I1 or I2 as the case may be, and an individual return envelope.

Information to be provided by census enumerators

9. When the census enumerator or other officer delivers forms of return he shall enter—
- (a) in the case of form H1 or H2 as the case may be, delivered in accordance with regulation 7(1)(a) the—
 - (i) name of the person to whom the form has been delivered;
 - (ii) address and postcode of the dwelling or the part of the dwelling;
 - (iii) census district number;
 - (iv) enumeration district number;
 - (v) form number; and
 - (vi) number of forms issued where appropriate;

- (b) in the case of form CE1 delivered in accordance with regulation 7(1)(b) or regulation 7(4)(a) or (b)—
 - (i) the name of the establishment;
 - (ii) the address and postcode of the establishment;
 - (iii) the census district number;
 - (iv) the enumeration district number;
 - (v) the form number; and
 - (vi) a tick in the appropriate box if the form refers to premises mentioned in Group VIII in Schedule 1 to the Census Order;
- (c) in the case of form I1 or I2 as the case may be, delivered in accordance with regulation 7(1)(b) or regulation 7(4)(a) or (c) the—
 - (i) census district number;
 - (ii) enumeration district number; and
 - (iii) form number; and
- (d) in the case of form I1 or I2 as the case may be, issued in accordance with regulation 8(2) the—
 - (i) name of the elector;
 - (ii) address and postcode of the dwelling or the part of the dwelling;
 - (iii) census district number;
 - (iv) enumeration district number; and
 - (v) form number.

Information to be provided by persons in charge of premises or vessels

10.—(1) The manager, chief resident officer, director or governor or other person for the time being in charge of any premises mentioned in Group II, III, IV or V in Schedule 1 to the Census Order shall enter on every form of return made under article 5(6) of the Census Order by or with respect to any person in the premises, the name of the person by or with respect to whom the return is to be made and the address and postcode of the premises.

(2) The commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in Schedule 1 to the Census Order, and the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule, shall enter on every form of return made under article 5(6) of the Census Order by or with respect to any person in the premises or vessel, the name of the person by or with respect to whom the return is to be made and the address and postcode of the premises or vessel as the case may be.

Return of completed forms of return

11.—(1) Every person who has elected to make an individual return under article 5(5) of the Census Order shall return the completed form I1 or I2 as the case may be; by placing it in the individual return envelope and handing that envelope on the day after census day or as soon thereafter as is reasonably practicable to the person to whom form H1 or H2 as the case may be, was delivered under regulation 7(1)(a).

(2) Every person to whom a form of return has been delivered under regulation 7(1)(a) shall return the completed form, together with any individual return envelopes that have been handed to him under paragraph (1) by posting it or them as the case may be, on the day after census day or as soon thereafter as is reasonably practicable in the reply-paid envelope supplied.

(3) Where forms I1 or I2 as the case may be, and individual return envelopes have been handed out in accordance with regulation 7(5) or (6), the person responsible for handing out the forms, or any person who has taken his place, shall collect the completed forms and any individual return envelopes on the day after census day or as soon thereafter as is reasonably practicable.

(4) Every person to whom forms of return, individual return envelopes and a reply-paid envelope have been delivered under regulation 7(1)(b) shall return the completed form CE1, together with any completed forms I1 or I2 as the case may be, and any individual return envelopes that have been collected by him under paragraph (3), by posting it or them as the case may be, on the day after census day or as soon thereafter as is reasonably practicable in the reply-paid envelope supplied.

(5) The census enumerator shall make arrangements for the collection of completed form CE1 together with any completed forms I1 or I2 as the case may be, and any individual return envelopes including those collected under paragraph (3) from every person to whom forms CE1 and I1, or forms CE1 and I2 as the case may be, and individual return envelopes, but not a reply-paid envelope, were delivered under regulation 7(1)(b).

(6) The Registrar General shall make arrangements for the collection of completed form CE1 together with any completed forms I1 or I2 as the case may be, and any individual return envelopes including those collected under paragraph (3) from every person to whom forms CE1 and I1, or forms CE1 and I2 as the case may be, and individual return envelopes were delivered under regulation 7(4)(a).

(7) The Registrar General shall make arrangements for the collection of completed form CE1 from the person to whom such form was delivered under regulation 7(4)(b) and for the collection of completed forms I1 or I2 as the case may be, made by persons in places mentioned in Group VIII in Schedule 1 to the Census Order.

(8) The Registrar General may make such other arrangements for the collection of the particulars prescribed by the Census Order to be stated in the returns, as he thinks fit.

Follow-up action

12.—(1) The census district manager or such other officer as may be necessary shall open any reply-paid envelopes and any individual return envelopes which have been returned or collected under regulation 11 and shall examine each form of return and satisfy himself that the entries thereon are properly and sufficiently made.

(2) If the census district manager or other officer is not satisfied that the entries on a form of return are properly and sufficiently made he shall pass the form of return to an appropriate officer who shall make all such enquiries of the persons concerned in completing the form, or the persons with respect to whom the return is made, as are reasonably necessary to obtain from them the particulars prescribed by the Census Order to be stated in the return.

(3) If by 8th May 2001 the census district manager has not received a form of return, the appropriate census enumerator or other officer shall make all such enquiries of the persons concerned in completing the form, or the persons with respect to whom the return is to be made, as are reasonably necessary to obtain from them the particulars prescribed by the Census Order to be stated in the return.

(4) Where the census enumerator or other officer has completed his enquiries under paragraph (3) he shall—

- (a) collect the completed form of return;
- (b) agree that the completed form of return may be returned by posting it in the reply-paid envelope provided; or
- (c) deliver a duplicate form of return and make such arrangements for the collection of the form of return as he thinks fit.

(5) Where the census enumerator or other officer has not received a completed form of return under paragraph (4)(b) he may deliver a duplicate form of return and make such arrangements for the collection of the form of return as he thinks fit.

Further duties of census enumerators, census team leaders and census district managers

13.—(1) As soon after census day as is reasonably practicable, the census enumerator shall complete the enumeration record book.

(2) When directed to do so by the census district manager, the census enumerator shall deliver to the census district manager or to a census team leader the enumeration record book, all forms of return which have been passed to or collected by him as the case may be, and any other written record of any nature in his possession which contains any personal census information.

(3) When directed to do so by the census district manager, the census team leader shall deliver to the census district manager all enumeration record books, forms of return and any other written record of any nature in his possession which contains any personal census information.

(4) When directed to do so by the Registrar General, the census district manager shall send to the Registrar General all completed enumeration record books relating to the enumeration districts within his census district, all forms of return however acquired, all other written records delivered to him by census enumerators or census team leaders, and any other written record of any nature in his possession which contains any personal census information.

(5) When directed to do so by the Registrar General, the census area manager shall send to the Registrar General any record (including any electronic record) in his possession which contains any personal census information.

Giving of information

14.—(1) Every prescribed person shall give to the census enumerator such information as the census enumerator may reasonably require for the performance of his duties under these Regulations.

(2) Every person in respect of whom it is the duty of a prescribed person to make a return shall give to that prescribed person such personal census information as the prescribed person may reasonably require for that purpose, and shall give to the census enumerator, census team leader or census district manager such information as that officer may reasonably require for the performance of his duties under these Regulations.

(3) A person to whom census information is given shall not without lawful authority—
(a) make use of that information; or
(b) publish it or communicate it to any other person,
otherwise than for the purposes of the Act.

Safe custody of forms and documents

15. Any person having the custody, whether on his own behalf or on behalf of any other person, of any forms of return, enumeration record books or other documents (including electronic documents) containing confidential information relating to a census shall keep such forms, books and other documents in such manner as to prevent any unauthorised person having access to them.

Revocations

16. The Census Regulations 1990(4) and the Census (Amendment) Regulations 1991(5) are hereby revoked.

(4) S.I. 1990/307.

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Signed by authority of the Chancellor of the Exchequer

5th June 2000

Melanie Johnson
Economic Secretary HM Treasury

SCHEDULE 1

Regulation 5

(1) <i>Prescribed persons</i>	(2) <i>Title of form</i>
(a) (a) The householder or joint householders, or the person or persons for the time being acting as householder or joint householders, of every household in England, or where there is no householder or acting householder and there are no joint householders or acting joint householders of that household, the members of that household who are aged 16 years or over, or where the household consists of one person, that person.	The form entitled “H1 England Household Form”.
(b) (b) The householder or joint householders, or the person or persons for the time being acting as householder or joint householders, of every household in Wales, or where there is no householder or acting householder and there are no joint householders or acting joint householders of that household, the members of that household who are aged 16 years or over, or where the household consists of one person, that person.	The form entitled “H2 Wales Household Form”.
(c) (c) Any person in England mentioned in column (2) in Group II, III, IV, V, VI, VII or VIII in Schedule 1 to the Census Order.	The form entitled “I1 England Individual Form”.
(d) (d) Any person in Wales mentioned in column (2) in Group II, III, IV, V, VI, VII or VIII in Schedule 1 to the Census Order.	The form entitled “I2 Wales Individual Form”.
(e) (e) Any person in England making an individual return in accordance with regulation 8.	The form entitled “I1 England Individual Form”.
(f) (f) Any person in Wales making an individual return in accordance with regulation 8.	The form entitled “I2 Wales Individual Form”.
(g) (g) The manager, chief resident officer, director or governor or other person for the time being in charge of any premises mentioned in Group II, III, IV or V in Schedule 1 to	The form entitled “CE1 England and Wales Communal Establishment Form”.

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(1)	(2)
<i>Prescribed persons</i>	<i>Title of form</i>
the Census Order; the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule; and the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule.	


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SCHEDULE 2

Regulation 5

Forms of Return for 2001 Census

H1



29 April
count me in
Census2001

England Household Form

Census Helpline 0845 301 2001 Text Phone for the Deaf 0845 303 2001 Website www.statistics.gov.uk

Name

Address

Postcode

CD

ED

Form Number

* Form of

* Multi-form households only

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

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

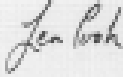
Completing your form

Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. 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.



national STATISTICS

Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES

What you have to do

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

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

Declaration

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

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

Signature/s Date

Page 1

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Table 1 Household Members		
<ul style="list-style-type: none"> • List all members of your household who usually live at this address, including yourself. <ul style="list-style-type: none"> • 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		<input type="checkbox"/>
Person 2		<input type="checkbox"/>
Person 3		<input type="checkbox"/>
Person 4		<input type="checkbox"/>
Person 5		<input type="checkbox"/>
If you have more than 5 people in your household, you will need an extra form.		
Person 6		<input type="checkbox"/>
Person 7		<input type="checkbox"/>
Person 8		<input type="checkbox"/>
Person 9		<input type="checkbox"/>
Person 10		<input type="checkbox"/>
Table 2 Visitors		
<ul style="list-style-type: none"> • 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	

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How to complete the remaining questions

Remember to use black or blue ink.

Put a tick in the appropriate box, like this . If you mark the wrong box, 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.

7 What is your country of birth?

Elsewhere, please write in the correct name of the country:

S	O	U	T	H					
A	F	R	I	C	A				

Household Accommodation

H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

Detached

Semi-detached

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-sit)

In a commercial building (for example, in an office building, or hotel, or over a shop)

Mobile or temporary structures:

A caravan or other mobile or temporary structure

H2 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.

Yes, all the rooms are behind a door that only our household can use

No

H3 How many rooms do you have for use only by your household?

⊕ 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:

H4 Do you have a bath/shower and toilet for use only by your household?

Yes

No

H5 What is the lowest floor level of your household's living accommodation?

Basement or semi-basement

Ground floor (street level)

First floor (floor above street level)

Second floor

Third or fourth floor

Fifth floor or higher

H6 Does your accommodation have central heating?

⊕ If you have central heating available, tick "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

Yes, in some or all rooms

No

H7 How many cars or vans are owned, or available for use, by one or more members of your household?

⊕ Include any company car or van if available for private use.

None

One

Two

Three

Four or more, please write in number

H8 Does your household own or rent the accommodation?

⊕ one box only.

Owns outright
➡ Go to **H10**

Owns with a mortgage or loan
➡ Go to **H10**

Pays part rent and part mortgage (shared ownership)
➡ Go to **H10**

Rents
➡ Go to **H9**

Lives here rent free
➡ Go to **H9**

H9 Who is your landlord?

Council (Local Authority)

Housing Association
Housing Co-operative
Charitable Trust
Registered Social Landlord

Private landlord or letting agency

Employer of a household member

Relative or friend of a household member

Other

H10 Please turn the page.

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Household Members and their Relationships within the Household

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

Name of Person 1	Name of Person 2	Name of Person 3
First name JOHN Surname SMITH	First name MARY Surname SMITH	First name ALISON Surname SMITH
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person 1 → 1 Husband or wife <input checked="" type="checkbox"/>	Relationship of Person 3 to Person 1 → 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>	Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	Step-child <input type="checkbox"/>	Step-child <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>

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

Name of Person 1	Name of Person 2	Name of Person 3
First name Surname	First name Surname	First name Surname
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person 1 → 1 Husband or wife <input type="checkbox"/>	Relationship of Person 3 to Person 1 → 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>	Son or daughter <input type="checkbox"/> <input type="checkbox"/>
	Step-child <input type="checkbox"/>	Step-child <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>
	Mother or father <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/>
	Step-mother or step-father <input type="checkbox"/>	Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/>
	Grandchild <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/>
	Grandparent <input type="checkbox"/>	Grandparent <input type="checkbox"/> <input type="checkbox"/>
	Other related <input type="checkbox"/>	Other related <input type="checkbox"/> <input type="checkbox"/>
	Unrelated <input type="checkbox"/>	Unrelated <input type="checkbox"/> <input type="checkbox"/>

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Name of Person 4				Name of Person 5				
First name		Last name		First name		Last name		
STEVEN		SMITH		JAMES		SMITH		
Relationship of Person 4 to Person →				Relationship of Person 5 to Person →				
		1	2	3				
Husband or wife		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step-child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 4				Name of Person 5				
First name		Surname		First name		Surname		
Relationship of Person 4 to Person →				Relationship of Person 5 to Person →				
		1	2	3				
Husband or wife		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Person 1		
<p>1 What is your name? (Person 1 in Table 1)</p> <p>First name and surname</p> <input type="text"/>	<p>9 This question is not applicable in England.</p> <p>Go to 10 below</p>	
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>8 What is your ethnic group?</p> <p>Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>A White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/> <input type="text"/>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/> <input type="text"/>	
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/> <input type="text"/>	
<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes → Go to 6</p> <p><input type="checkbox"/> No → Go to 7</p>	<p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/> <input type="text"/>	
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>Only answer this question if you have answered 'Yes' to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p>Go to 7</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>Go to 35</p>	<p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	
<p>7 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/> <input type="text"/>	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> long-term physical or mental ill-health or disability, or problems related to old age? <p>Do not count anything you do as part of your paid employment.</p> <p>time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>	

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Person 1 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>† Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>a 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.</p> <p>b For a child born after 29 April 2000, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>14 If you are aged 16 to 74 Go to 15</p> <p>If you are aged 15 and under, or 75 and over Go to 35</p>	<p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>15 Which of these qualifications do you have?</p> <p>† ✓ all the qualifications that apply or, if not specified, the nearest equivalent.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)</td> <td><input type="checkbox"/> NVQ Level 1, foundation GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate</td> <td><input type="checkbox"/> NVQ Level 2, Intermediate GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 1+ A levels/A2 levels</td> <td><input type="checkbox"/> NVQ Level 3, Advanced GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate</td> <td><input type="checkbox"/> NVQ Levels 4-5, HNC, HND</td> </tr> <tr> <td><input type="checkbox"/> First Degree (eg BA, BSc)</td> <td><input type="checkbox"/> Other Qualifications (eg City and Guilds, ISA/DCI, ITEC/edexcel)</td> </tr> <tr> <td><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)</td> <td><input type="checkbox"/> No Qualifications</td> </tr> </table>	<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, foundation GNVQ	<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ	<input type="checkbox"/> 1+ A levels/A2 levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVQ	<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND	<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, ISA/DCI, ITEC/edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p>21 Last week, were you any of the following?</p> <p>† ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>
<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, foundation GNVQ												
<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ												
<input type="checkbox"/> 1+ A levels/A2 levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVQ												
<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND												
<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, ISA/DCI, ITEC/edexcel)												
<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications												
<p>16 Do you have any of the following professional qualifications?</p> <p>† ✓ all the boxes that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> No Professional Qualifications</td> <td><input type="checkbox"/> Qualified Dentist</td> </tr> <tr> <td><input type="checkbox"/> Qualified Teacher Status (for schools)</td> <td><input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor</td> </tr> <tr> <td><input type="checkbox"/> Qualified Medical Doctor</td> <td><input type="checkbox"/> Other Professional Qualifications</td> </tr> </table>	<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist	<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor	<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p style="text-align: right;">Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p style="text-align: right;">Go to 35</p>						
<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist												
<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor												
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p>17 Last week, were you doing any work:</p> <ul style="list-style-type: none"> • as an employee, or on a Government sponsored training scheme, • as self-employed/freelance, or in your own/family business? <p>† ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>† ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>† ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes Go to 23</p> <p><input type="checkbox"/> No Go to 18</p>	<p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>† Your main job is the job in which you usually work the most hours.</p>												
<p>18 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>	<p>24 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>												
<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>† If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <p><input type="checkbox"/> 1 - 9 <input type="checkbox"/> 50 - 24</p> <p><input type="checkbox"/> 25 - 499 <input type="checkbox"/> 500 or more</p>													

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Person 1 - continued	
<p>26 What is (was) the full title of your main job?</p> <p>+ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>+ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>33 How do you usually travel to work?</p> <p>+ <input checked="" type="checkbox"/> one-box only</p> <p>+ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>34 How many hours a week do you usually work in your main job?</p> <p>+ Answer to nearest whole hour.</p> <p>+ Give average for last four weeks.</p> <p style="text-align: right;">Number of hours worked a week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>+ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 1.</p> <p>+ Go to questions for Person 2.</p> <p>+ If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</p> <p>+ Remember to sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>+ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>+ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>+ Civil Servants, Local Government Officers - please specify your Department.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>30 If you were working last week Go to 31</p> <p>If you were not working last week Go to 35</p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>+ If you have your own business, write in the name.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <p>+ If you report to a depot, write in the depot address.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: right; margin-right: 50px;">Postcode</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offsite installation</p> <p><input type="checkbox"/> No fixed place</p>	

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Person 2		
<p>1 What is your name? (Person 2 in Table 1)</p> <p>First name and surname</p> <input type="text"/>	<p>9 This question is not applicable in England.</p> <p>Go to 10 below</p>	
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>8 What is your ethnic group?</p> <p>Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>A White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/> <input type="text"/> <p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/> <input type="text"/> <p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/> <input type="text"/> <p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/> <input type="text"/> <p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>		
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>	
<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes → Go to 6</p> <p><input type="checkbox"/> No → Go to 7</p>		
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>Only answer this question if you have answered "Yes" to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p>→ Go to 7</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>→ Go to 33</p>	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> • long-term physical or mental ill-health or disability, or • problems related to old age? <p>Do not count anything you do as part of your paid employment.</p> <p>time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>	
<p>7 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/> <input type="text"/>		

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Person 2 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>+ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>+ 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.</p> <p>+ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago <input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21 Last week, were you any of the following?</p> <p>+ ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>												
<p>14 If you are aged 16 to 74 Go to 15</p> <p>If you are aged 15 and under, or 75 and over Go to 21</p> <p>15 Which of these qualifications do you have?</p> <p>+ ✓ all the qualifications that apply or, if not specified, the nearest equivalent.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)</td> <td><input type="checkbox"/> NVQ Level 1, Foundation GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate</td> <td><input type="checkbox"/> NVQ Level 2, Intermediate GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 1+ A levels/AS levels</td> <td><input type="checkbox"/> NVQ Level 3, Advanced GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate</td> <td><input type="checkbox"/> NVQ Levels 4-5, HNC, HND</td> </tr> <tr> <td><input type="checkbox"/> First Degree (eg BA, BSc)</td> <td><input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)</td> </tr> <tr> <td><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)</td> <td><input type="checkbox"/> No Qualifications</td> </tr> </table>	<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ	<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ	<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVQ	<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND	<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p>Go to 23</p> <p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>+ Your main job is the job in which you usually work the most hours.</p>
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<p>17 Last week, were you doing any work:</p> <ul style="list-style-type: none"> • as an employee, or on a Government sponsored training scheme, • as self-employed/freelance, or in your own/family business? <p>+ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>+ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>+ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes Go to 23</p> <p><input type="checkbox"/> No Go to 18</p>	<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>+ If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - 9</td> <td><input type="checkbox"/> 10 - 24</td> </tr> <tr> <td><input type="checkbox"/> 25 - 499</td> <td><input type="checkbox"/> 500 or more</td> </tr> </table>	<input type="checkbox"/> 1 - 9	<input type="checkbox"/> 10 - 24	<input type="checkbox"/> 25 - 499	<input type="checkbox"/> 500 or more								
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Person 2 - continued	
<p>25 What is (was) the full title of your main job?</p> <ul style="list-style-type: none"> 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. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>33 How do you usually travel to work?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> one box only <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work. <input type="checkbox"/> Work mainly at or from home <input type="checkbox"/> Underground, metro, light rail, tram <input type="checkbox"/> Train <input type="checkbox"/> Bus, minibus or coach <input type="checkbox"/> Motor cycle, scooter or moped <input type="checkbox"/> Driving a car or van <input type="checkbox"/> Passenger in a car or van <input type="checkbox"/> Taxi <input type="checkbox"/> Bicycle <input type="checkbox"/> On foot <input type="checkbox"/> Other
<p>27 Describe what you do (did) in your main job.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>34 How many hours a week do you usually work in your main job?</p> <ul style="list-style-type: none"> Answer to nearest whole hour. Give average for last four weeks. <p style="text-align: right;">Number of hours worked a week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <ul style="list-style-type: none"> A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 2.</p> <ul style="list-style-type: none"> 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.
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <ul style="list-style-type: none"> 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. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>30 If you were working last week ➡ Go to 31 If you were not working last week ➡ Go to 35</p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <ul style="list-style-type: none"> If you have your own business, write in the name. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <ul style="list-style-type: none"> If you report to a depot, write in the depot address. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: right; margin-right: 50px;">Postcode <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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

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Person 3 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>† Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>‡ 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.</p> <p>† For a child born after 25 April 2000, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shows on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago <input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode _____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21 Last week, were you any of the following?</p> <p>† ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>												
<p>14 If you are aged 16 to 74 ▶ Go to 15</p> <p>If you are aged 15 and under, or 75 and over ▶ Go to 15</p>	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p style="text-align: right;">▶ Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p style="text-align: right;">▶ Go to 23</p>												
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Person 3 - continued	
<p>26 What is (was) the full title of your main job?</p> <p>† For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>‡ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p>_____</p> <p>_____</p>	<p>31 How do you usually travel to work?</p> <p>† <input checked="" type="checkbox"/> one box only</p> <p>‡ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>† Answer to nearest whole hour.</p> <p>‡ Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/> <input type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>† A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 3.</p> <p>† Go to questions for Person 4.</p> <p>‡ If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</p> <p>† Remember to sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>† For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>‡ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>‡ Civil Servants, Local Government Officers - please specify your Department.</p> <p>_____</p> <p>_____</p>	
<p>30 If you were working last week <input type="checkbox"/> Go to 31</p> <p>If you were not working last week <input type="checkbox"/> Go to 35</p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>† If you have your own business, write in the name.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <p>† If you report to a depot, write in the depot address.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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

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Person 4 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>† Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>‡ 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.</p> <p>† For a child born after 29 April 2001, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago <input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21 Last week, were you any of the following?</p> <p>† ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>												
<p>14 If you are aged 16 to 74 ➡ Go to 15</p> <p>If you are aged 15 and under, or 75 and over ➡ Go to 35</p>	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>➡ Go to 23</p> <p><input type="checkbox"/> No, have never worked ➡ Go to 15</p>												
<p>15 Which of these qualifications do you have?</p> <p>† ✓ all the qualifications that apply or, if not specified, the nearest equivalent.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grade)</td> <td><input type="checkbox"/> IMQ Level 1, foundation GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate</td> <td><input type="checkbox"/> IMQ Level 2, Intermediate GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 1+ A levels/AS levels</td> <td><input type="checkbox"/> IMQ Level 3, Advanced GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate</td> <td><input type="checkbox"/> IMQ Levels 4-5, HNC, HND</td> </tr> <tr> <td><input type="checkbox"/> First Degree (eg BA, BSc)</td> <td><input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/Edexcel)</td> </tr> <tr> <td><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)</td> <td><input type="checkbox"/> No Qualifications</td> </tr> </table>	<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grade)	<input type="checkbox"/> IMQ Level 1, foundation GNVQ	<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> IMQ Level 2, Intermediate GNVQ	<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> IMQ Level 3, Advanced GNVQ	<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> IMQ Levels 4-5, HNC, HND	<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/Edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>† Your main job is the job in which you usually work the most hours.</p>
<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grade)	<input type="checkbox"/> IMQ Level 1, foundation GNVQ												
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<p>16 Do you have any of the following professional qualifications?</p> <p>† ✓ all the boxes that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> No Professional Qualifications</td> <td><input type="checkbox"/> Qualified Dentist</td> </tr> <tr> <td><input type="checkbox"/> Qualified Teacher Status (for schools)</td> <td><input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor</td> </tr> <tr> <td><input type="checkbox"/> Qualified Medical Doctor</td> <td><input type="checkbox"/> Other Professional Qualifications</td> </tr> </table>	<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist	<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor	<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications	<p>24 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>						
<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist												
<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor												
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p>17 Last week, were you doing any work:</p> <ul style="list-style-type: none"> • as an employee, or on a Government sponsored training scheme, • as self-employed/freelance, or in your own/family business? <p>† ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>‡ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>† ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ➡ Go to 23</p> <p><input type="checkbox"/> No ➡ Go to 18</p>	<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>† If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - 9</td> <td><input type="checkbox"/> 10 - 24</td> </tr> <tr> <td><input type="checkbox"/> 25 - 499</td> <td><input type="checkbox"/> 500 or more</td> </tr> </table>	<input type="checkbox"/> 1 - 9	<input type="checkbox"/> 10 - 24	<input type="checkbox"/> 25 - 499	<input type="checkbox"/> 500 or more								
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<input type="checkbox"/> 25 - 499	<input type="checkbox"/> 500 or more												

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Person 4 - continued	
<p>26 What is (was) the full title of your main job?</p> <p>+ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>+ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>27 Describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>28 Do (did) you supervise any other employees?</p> <p>+ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>+ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>+ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>+ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>33 How do you usually travel to work?</p> <p>+ <input checked="" type="checkbox"/> one door only</p> <p>+ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p> <p>34 How many hours a week do you usually work in your main job?</p> <p>+ Answer to nearest whole hour.</p> <p>+ Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/> <input type="text"/></p> <p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 4.</p> <p>+ Go to questions for Person 5.</p> <p>+ if there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</p> <p>+ Remember to sign the Declaration on page 1.</p>
<p>30 If you were working last week <input type="button" value="Go to 31"/></p> <p>If you were not working last week <input type="button" value="Go to 35"/></p> <p>31 What is the full name of the organisation you work for in your main job?</p> <p>+ If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p> <p>32 What is the address of the place where you work in your main job?</p> <p>+ If you report to a depot, write in the depot address.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right; margin-right: 50px;">Postcode</p> <p><input type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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Person 5	
<p>1 What is your name? (Person 5 in Table 1)</p> <p>First names and surname</p> <input type="text"/>	<p>9 This question is not applicable in England.</p> <p>Go to 10 below</p>
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> • long-term physical or mental ill-health or disability, or • problems related to old age? <p>Do not count anything you do as part of your paid employment.</p> <p>time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes — Go to 5</p> <p><input type="checkbox"/> No — Go to 7</p>
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>Only answer this question if you have answered "Yes" to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p>Go to 7</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>Go to 35</p>	<p>6 What is your ethnic group?</p> <p>Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>A White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/>
<p>7 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/>	<p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/>
<p>8 What is your ethnic group?</p> <p>Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/>	<p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/>
<p>9 What is your ethnic group?</p> <p>Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/>	

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Person 5 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>+ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
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<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor												
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p>17 Last week, were you doing any work:</p> <ul style="list-style-type: none"> as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business? <p>+ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>+ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>+ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes Go to 23</p> <p><input type="checkbox"/> No Go to 18</p>	<p>24 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>												
<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>+ If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - 9</td> <td><input type="checkbox"/> 10 - 24</td> </tr> <tr> <td><input type="checkbox"/> 25 - 499</td> <td><input type="checkbox"/> 500 or more</td> </tr> </table>	<input type="checkbox"/> 1 - 9	<input type="checkbox"/> 10 - 24	<input type="checkbox"/> 25 - 499	<input type="checkbox"/> 500 or more									
<input type="checkbox"/> 1 - 9	<input type="checkbox"/> 10 - 24												
<input type="checkbox"/> 25 - 499	<input type="checkbox"/> 500 or more												

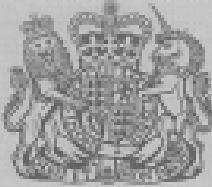
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Person 5 - continued	
<p>26 What is (was) the full title of your main job?</p> <p>+ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>+ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>33 How do you usually travel to work?</p> <p>+ <input checked="" type="checkbox"/> one-two only</p> <p>+ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>+ Answer to nearest whole hour.</p> <p>+ Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/> <input type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>+ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 5.</p> <p>+ if there are no more people in your household you do not need to answer any more questions.</p> <p>+ 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.</p> <p>+ Remember to sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>+ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>+ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>+ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>36 What is the full name of the organisation you work for in your main job?</p> <p>+ If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>
<p>30 if you were working last week <input type="button" value="Go to 21"/></p> <p>if you were not working last week <input type="button" value="Go to 35"/></p>	<p>37 What is the address of the place where you work in your main job?</p> <p>+ If you report to a depot, write in the depot address.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>




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H2



29 April
count me in
Census2001



Wales Household Form

Census Helpline 0845 301 2001 Text Phone for the Deaf 0845 303 2001 Website www.statistics.gov.uk

Name

Address

Postcode

CD

ED

Form Number

* Form of

*Multi-form households only

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

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

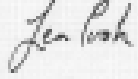

Completing your form

Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. 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.

Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES

What you have to do

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

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

Declaration

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

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

Signature/s Date

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Table 1 Household Members		
<ul style="list-style-type: none"> • 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. <p>• 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'.</p>		
Person No.	First name and surname	Individual Form
Person 1		<input type="checkbox"/>
Person 2		<input type="checkbox"/>
Person 3		<input type="checkbox"/>
Person 4		<input type="checkbox"/>
Person 5		<input type="checkbox"/>
if you have more than 5 people in your household, you will need an extra form.		
Person 6		<input type="checkbox"/>
Person 7		<input type="checkbox"/>
Person 8		<input type="checkbox"/>
Person 9		<input type="checkbox"/>
Person 10		<input type="checkbox"/>
Table 2 Visitors		
<ul style="list-style-type: none"> • 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	

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How to complete the remaining questions

Remember to use black or blue ink.

Put a tick in the appropriate box, like this . If you mark the wrong box, 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.

7 What is your country of birth?

elsewhere, please write in the correct name of the country

S	O	U	T	H					
A	F	R	I	C	A				

Household Accommodation

H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

Detached

Semi-detached

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:

A caravan or other mobile or temporary structure

H2 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.

Yes, all the rooms are behind a door that only our household can use

No

H3 How many rooms do you have for use only by your household?

† 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 studios.

† If two rooms have been converted into one, count them as one room.

Number of rooms

H4 Do you have a bath/shower and toilet for use only by your household?

Yes

No

H5 What is the lowest floor level of your household's living accommodation?

Basement or semi-basement

Ground floor (street level)

First floor (floor above street level)

Second floor

Third or fourth floor

Fifth floor or higher

H6 Does your accommodation have central heating?

† If you have central heating available, tick "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

Yes, in some or all rooms

No

H7 How many cars or vans are owned, or available for use, by one or more members of your household?

† Include any company car or van if available for private use.

None

One

Two

Three

Four or more, please write in number

H8 Does your household own or rent the accommodation?

† use box only.

Owns outright ➔ Go to **H9**

Owns with a mortgage or loan ➔ Go to **H9**

Pays part rent and part mortgage (shared ownership) ➔ Go to **H9**

Rents ➔ Go to **H9**

Lives here rent free ➔ Go to **H9**

H9 Who is your landlord?

Council (Local Authority)

Housing Association
Housing Co-operative
Charitable Trust
Registered Social Landlord

Private landlord or letting agency

Employer of a household member

Relative or friend of a household member

Other

H10 Please turn the page.

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Household Members and their Relationships within the Household

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

Name of Person 1	Name of Person 2	Name of Person 3
First name JOHN Surname SMITH	First name MARY Surname SMITH	First name ALISON Surname SMITH
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person → 1 Husband or wife <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Son or daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or sister <input type="checkbox"/>	Relationship of Person 3 to Person → 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/> Partner <input type="checkbox"/> <input type="checkbox"/> Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Step-child <input type="checkbox"/> <input type="checkbox"/> Brother or sister <input type="checkbox"/> <input type="checkbox"/>

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

Name of Person 1	Name of Person 2	Name of Person 3
First name Surname	First name Surname	First name Surname
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person → 1 Husband or wife <input type="checkbox"/> Partner <input type="checkbox"/> Son or daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or sister <input type="checkbox"/> Mother or father <input type="checkbox"/> Step-mother or step-father <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other related <input type="checkbox"/> Unrelated <input type="checkbox"/>	Relationship of Person 3 to Person → 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/> Partner <input type="checkbox"/> <input type="checkbox"/> Son or daughter <input type="checkbox"/> <input type="checkbox"/> Step-child <input type="checkbox"/> <input type="checkbox"/> Brother or sister <input type="checkbox"/> <input type="checkbox"/> Mother or father <input type="checkbox"/> <input type="checkbox"/> Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> Grandchild <input type="checkbox"/> <input type="checkbox"/> Grandparent <input type="checkbox"/> <input type="checkbox"/> Other related <input type="checkbox"/> <input type="checkbox"/> Unrelated <input type="checkbox"/> <input type="checkbox"/>

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Name of Person 4				Name of Person 5				
<input type="text" value="STEVEN"/> <input type="text" value="SMITH"/>				<input type="text" value="JAMES"/> <input type="text" value="SMITH"/>				
Relationship of Person 4 to Person →				Relationship of Person 5 to Person →				
	1	2	3		1	2	3	4
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 4				Name of Person 5				
<input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/>				
Relationship of Person 4 to Person →				Relationship of Person 5 to Person →				
	1	2	3		1	2	3	4
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Person 1		
<p>1 What is your name? (Person 1 in Table 1)</p> <p>First name and surname</p> <input type="text"/>		<p>9 Can you understand, speak, read, or write Welsh?</p> <p><input checked="" type="checkbox"/> all the boxes that apply.</p> <p><input type="checkbox"/> Understand spoken Welsh</p> <p><input type="checkbox"/> Speak Welsh</p> <p><input type="checkbox"/> Read Welsh</p> <p><input type="checkbox"/> Write Welsh</p> <p><input type="checkbox"/> None of the above</p>
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>8 What is your ethnic group?</p> <p><input checked="" type="checkbox"/> Choose ONE section from A to E, then <input checked="" type="checkbox"/> the appropriate box to indicate your cultural background.</p> <p>A White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/> <input type="text"/>	
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/> <input type="text"/>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/> <input type="text"/>	
<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Go to 6</p> <p><input type="checkbox"/> No <input type="checkbox"/> Go to 7</p>	<p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/> <input type="text"/>	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> • long-term physical or mental ill-health or disability, or • problems related to old age? <p><input checked="" type="checkbox"/> Do not count anything you do as part of your paid employment.</p> <p><input checked="" type="checkbox"/> time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p><input checked="" type="checkbox"/> Only answer this question if you have answered 'Yes' to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p>	<p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	
<p>7 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/> <input type="text"/>		

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Person 1 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>+ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>+ 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.</p> <p>+ For a child born after 29 April 2000, ✓ "No usual address one year ago".</p> <p><input type="checkbox"/> The address shows on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>14 If you are aged 16 to 74 Go to 15</p> <p>If you are aged 15 and under, or 75 and over Go to 35</p>	<p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
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<input type="checkbox"/> 1+ O levels/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GRVQ												
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<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor												
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p>17 Last week, were you doing any work:</p> <p>+ as an employee, or on a Government sponsored training scheme,</p> <p>+ as self-employed/freelance, or in your own/family business?</p> <p>+ ✓ "Yes" if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>+ ✓ "Yes" for any paid work, including casual or temporary work, even if only for one hour.</p> <p>+ ✓ "Yes" if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes Go to 23</p> <p><input type="checkbox"/> No Go to 18</p>	<p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>+ Your main job is the job in which you usually work the most hours.</p>												
<p>18 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>	<p>24 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>+ if you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <p><input type="checkbox"/> 1 - 9 <input type="checkbox"/> 10 - 24</p> <p><input type="checkbox"/> 25 - 499 <input type="checkbox"/> 500 or more</p>												

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Person 1 - continued	
<p>26 What is (was) the full title of your main job?</p> <p>† For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>† Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div>	<p>33 How do you usually travel to work?</p> <p>† <input checked="" type="checkbox"/> one box only</p> <p>† <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div>	
<p>28 Do (did) you supervise any other employees?</p> <p>† A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>† For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>† If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>† Civil Servants, Local Government Officers - please specify your Department.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div>	
<p>30 If you were working last week ▶ Go to 31</p> <p>If you were not working last week ▶ Go to 35</p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>† If you have your own business, write in the name.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <p>† If you report to a depot, write in the depot address.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: right; margin-right: 20px;">Postcode</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>† Answer to nearest whole hour</p> <p>† Give average for last four weeks.</p> <p style="text-align: right;">Number of hours worked a week <input style="width: 20px; height: 20px;" type="text"/></p>
	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 1.</p> <p>† Go to questions for Person 2.</p> <p>† If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</p> <p>† Remember to sign the Declaration on page 1.</p>

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Person 2		
1 What is your name? (Person 2 in Table 1) First name and surname <input type="text"/>		
2 What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	3 What is your date of birth? Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	
4 What is your marital status (on 29 April 2001)? <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married (first marriage) <input type="checkbox"/> Re-married <input type="checkbox"/> Separated (but still legally married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
5 Are you a schoolchild or student in full-time education? <input type="checkbox"/> Yes → Go to 6 <input type="checkbox"/> No → Go to 7		
6 Do you live at the address shown on the front of this form during the school, college or university term? * Only answer this question if you have answered "Yes" to Question 5. <input type="checkbox"/> Yes, I live at this address during the school/college/university term → Go to 7 <input type="checkbox"/> No, I live elsewhere during the school/college/university term → Go to 13		
7 What is your country of birth? <input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Elsewhere, please write in the present name of the country <input type="text"/> <input type="text"/>		
8 What is your ethnic group? * Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background. A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background, please write in <input type="text"/> <input type="text"/> B Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background, please write in <input type="text"/> <input type="text"/> C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please write in <input type="text"/> <input type="text"/> D Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, please write in <input type="text"/> <input type="text"/> E Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other, please write in <input type="text"/> <input type="text"/>		
9 Can you understand, speak, read, or write Welsh? * ✓ all the boxes that apply. <input type="checkbox"/> Understand spoken Welsh <input type="checkbox"/> Speak Welsh <input type="checkbox"/> Read Welsh <input type="checkbox"/> Write Welsh <input type="checkbox"/> None of the above		
10 Over the last twelve months would you say your health has on the whole been: <input type="checkbox"/> Good? <input type="checkbox"/> Fairly good? <input type="checkbox"/> Not good?		
11 Do you look after, or give any help or support to family members, friends, neighbours or others because of: * long-term physical or mental ill-health or disability, or * problems related to old age? * Do not count anything you do as part of your paid employment. * ✓ time spent in a typical week. <input type="checkbox"/> No <input type="checkbox"/> Yes, 1 - 19 hours a week <input type="checkbox"/> Yes, 20 - 49 hours a week <input type="checkbox"/> Yes, 50+ hours a week		

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Person 2 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>+ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>+ 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.</p> <p>+ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago <input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21 Last week, were you any of the following?</p> <p>+ ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>												
<p>14 If you are aged 16 to 74 Go to 15</p> <p>If you are aged 15 and under, or 75 and over Go to 35</p> <p>15 Which of these qualifications do you have?</p> <p>+ ✓ all the qualifications that apply or, if not specified, the nearest equivalent.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)</td> <td><input type="checkbox"/> NVQ Level 1, Foundation GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate</td> <td><input type="checkbox"/> NVQ Level 2, Intermediate GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 1+ A levels/AS levels</td> <td><input type="checkbox"/> NVQ Level 3, Advanced GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate</td> <td><input type="checkbox"/> NVQ Levels 4-5, HNC, HND</td> </tr> <tr> <td><input type="checkbox"/> First Degree (eg BA, BSc)</td> <td><input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/edexcel)</td> </tr> <tr> <td><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)</td> <td><input type="checkbox"/> No Qualifications</td> </tr> </table>	<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ	<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ	<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVQ	<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND	<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p>Go to 35</p> <p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>+ Your main job is the job in which you usually work the most hours.</p>
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<p>17 Last week, were you doing any work:</p> <p>+ as an employee, or on a Government sponsored training scheme,</p> <p>+ as self-employed/freelance, or in your own/family business?</p> <p>+ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>+ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>+ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes Go to 23</p> <p><input type="checkbox"/> No Go to 18</p>	<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>+ If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - 9</td> <td><input type="checkbox"/> 10 - 24</td> </tr> <tr> <td><input type="checkbox"/> 25 - 499</td> <td><input type="checkbox"/> 500 or more</td> </tr> </table>	<input type="checkbox"/> 1 - 9	<input type="checkbox"/> 10 - 24	<input type="checkbox"/> 25 - 499	<input type="checkbox"/> 500 or more								
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Person 2 - continued	
<p>26 What is (was) the full title of your main job?</p> <p>† For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>† Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>33 How do you usually travel to work?</p> <p>† <input checked="" type="checkbox"/> one box only</p> <p>† <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>† Answer to nearest whole hour.</p> <p>† Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>† A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 2.</p> <p>† Go to questions for Person 3.</p> <p>† If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</p> <p>† Remember to sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>† For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALER, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>† If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>† Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>30 If you were working last week → Go to 31</p> <p>If you were not working last week → Go to 35</p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>† If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <p>† If you report to a depot, write in the depot address.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right; margin-right: 50px;">Postcode</p> <p><input type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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Person 3	
<p>1 What is your name? (Person 3 in Table 1)</p> <p>First name and surname</p> <input type="text"/>	<p>9 Can you understand, speak, read, or write Welsh?</p> <p><input checked="" type="checkbox"/> all the boxes that apply.</p> <p><input type="checkbox"/> Understand spoken Welsh</p> <p><input type="checkbox"/> Speak Welsh</p> <p><input type="checkbox"/> Read Welsh</p> <p><input type="checkbox"/> Write Welsh</p> <p><input type="checkbox"/> None of the above</p>
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>8 What is your ethnic group?</p> <p>Choose ONE section from A to E, then <input checked="" type="checkbox"/> the appropriate box to indicate your cultural background.</p> <p>A White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/> <input type="text"/>
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/> <input type="text"/>
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/> <input type="text"/>
<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Go to 6 / 7</p>	<p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/> <input type="text"/>
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>Only answer this question if you have answered "Yes" to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p>Go to 7</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>Go to 33</p>	<p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>
<p>7 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/> <input type="text"/>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> long-term physical or mental ill-health or disability, or problems related to old age? <p>Do not count anything you do as part of your paid employment.</p> <p><input checked="" type="checkbox"/> time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>

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Person 3 - continued													
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>⚡ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>⚡ 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.</p> <p>⚡ For a child born after 29 April 2006, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago <input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>14 If you are aged 16 to 74 ➡ Go to 15</p> <p>If you are aged 15 and under, or 75 and over ➡ Go to 35</p>	<p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>15 Which of these qualifications do you have?</p> <p>⚡ ✓ all the qualifications that apply or, if not specified, the nearest equivalent.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)</td> <td><input type="checkbox"/> NVQ Level 1, Foundation GNVO</td> </tr> <tr> <td><input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate</td> <td><input type="checkbox"/> NVQ Level 2, Intermediate GNVO</td> </tr> <tr> <td><input type="checkbox"/> 1+ A levels/AS levels</td> <td><input type="checkbox"/> NVQ Level 3, Advanced GNVO</td> </tr> <tr> <td><input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate</td> <td><input type="checkbox"/> NVQ Levels 4-5, HNC, HND</td> </tr> <tr> <td><input type="checkbox"/> First Degree (eg BA, BSc)</td> <td><input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/Edexcel)</td> </tr> <tr> <td><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)</td> <td><input type="checkbox"/> No Qualifications</td> </tr> </table>	<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVO	<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVO	<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVO	<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND	<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/Edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p>21 Last week, were you any of the following?</p> <p>⚡ ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>
<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVO												
<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVO												
<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVO												
<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND												
<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/Edexcel)												
<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications												
<p>16 Do you have any of the following professional qualifications?</p> <p>⚡ ✓ all the boxes that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> No Professional Qualifications</td> <td><input type="checkbox"/> Qualified Dentist</td> </tr> <tr> <td><input type="checkbox"/> Qualified Teacher Status (for school)</td> <td><input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor</td> </tr> <tr> <td><input type="checkbox"/> Qualified Medical Doctor</td> <td><input type="checkbox"/> Other Professional Qualifications</td> </tr> </table>	<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist	<input type="checkbox"/> Qualified Teacher Status (for school)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor	<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>➡ Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p>➡ Go to 35</p>						
<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist												
<input type="checkbox"/> Qualified Teacher Status (for school)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor												
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p>17 Last week, were you doing any work:</p> <p>• as an employee, or on a Government sponsored training scheme,</p> <p>• as self-employed/freelance, or in your own/family business?</p> <p>⚡ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>⚡ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>⚡ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ➡ Go to 23</p> <p><input type="checkbox"/> No ➡ Go to 18</p>	<p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>⚡ Your main job is the job in which you usually work the most hours.</p>												
<p>18 Last week, were you any of the following?</p> <p>⚡ ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>	<p>24 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>												
<p>19 Last week, were you doing any work:</p> <p>• as an employee, or on a Government sponsored training scheme,</p> <p>• as self-employed/freelance, or in your own/family business?</p> <p>⚡ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>⚡ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>⚡ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ➡ Go to 23</p> <p><input type="checkbox"/> No ➡ Go to 18</p>	<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>⚡ If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <p><input type="checkbox"/> 1 - 9 <input type="checkbox"/> 10 - 24</p> <p><input type="checkbox"/> 25 - 499 <input type="checkbox"/> 500 or more</p>												

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Person 3 - continued	
<p>26 What is (was) the full title of your main job?</p> <p>+ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>+ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>33 How do you usually travel to work?</p> <p>+ <input checked="" type="checkbox"/> one box only</p> <p>+ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>+ Answer to nearest whole hour.</p> <p>+ Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>+ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 3.</p> <p>+ Go to questions for Person 4.</p> <p>+ If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</p> <p>+ Remember to sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>+ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>+ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>+ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>30 If you were working last week <input type="button" value="Go to 31"/></p> <p>If you were not working last week <input type="button" value="Go to 35"/></p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>+ If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <p>+ If you report to a depot, write in the depot address.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> <small>Postcode</small> <input type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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Person 4	
<p>1 What is your name? (Person 4 in Table 1)</p> <p>First name and surname</p> <input type="text"/>	<p>9 Can you understand, speak, read, or write Welsh?</p> <p>+ ✓ All the boxes that apply.</p> <p><input type="checkbox"/> Understand spoken Welsh</p> <p><input type="checkbox"/> Speak Welsh</p> <p><input type="checkbox"/> Read Welsh</p> <p><input type="checkbox"/> Write Welsh</p> <p><input type="checkbox"/> None of the above</p>
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>10 Over the last twelve months would you say your health has been on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/>	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> • long-term physical or mental ill-health or disability, or • problems related to old age? <p>+ Do not count anything you do as part of your paid employment.</p> <p>+ ✓ Time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes → Go to 6</p> <p><input type="checkbox"/> No → Go to 7</p>
<p>5 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>+ Only answer this question if you have answered "Yes" to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p>→ Go to 7</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>→ Go to 39</p>	<p>6 What is your ethnic group?</p> <p>+ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>A. White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/> <input type="text"/> <p>B. Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/> <input type="text"/> <p>C. Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/> <input type="text"/> <p>D. Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/> <input type="text"/> <p>E. Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>
<p>6 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/> <input type="text"/>	

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Person 4 - continued

12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?
 + Include problems which are due to old age.
 Yes No

13 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'.
 The address shown on the front of the form
 No usual address one year ago Same as Person 1
 Elsewhere, please write in below

 _____ Postcode _____

14 If you are aged 16 to 74 Go to **15**
 If you are aged 15 and under, or 75 and over Go to **35**

15 Which of these qualifications do you have?
 + ✓ all the qualifications that apply or, if not specified, the nearest equivalent.
 1+ O levels/CSEs/GCEs (any graded) NVQ Level 1, Foundation GNVQ
 5+ O 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
 2+ A levels, 4+ AS levels, Higher School Certificate NVQ Levels 4-5, HNC, HND
 First Degree (eg BA, BSc) Other Qualifications (eg City and Guilds, RSA/OCR, ITEC/Edexcel)
 Higher Degree (eg MA, PhD, PGCE, post-graduate certificate/diploma) No Qualifications

16 Do you have any of the following professional qualifications?
 + ✓ all the boxes that apply.
 No Professional Qualifications Qualified Dentist
 Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor
 Qualified Medical Doctor Other Professional Qualifications

17 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 Go to **23**
 No Go to **18**

18 Were you actively looking for any kind of paid work during the last 4 weeks?
 Yes No

19 If a job had been available last week, could you have started it within 2 weeks?
 Yes No

20 Last week, were you waiting to start a job already obtained?
 Yes No

21 Last week, were you any of the following?
 + ✓ all the boxes that apply.
 Retired
 Student
 Looking after home/family
 Permanently sick/disabled
 None of the above

22 Have you ever worked?
 Yes, please write in the year you last worked _____
Go to **23**
 No, have never worked
Go to **35**

23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.
 + Your main job is the job in which you usually work the most hours.

24 Do (did) you work as an employee or are (were) you self-employed?
 Employee
 Self-employed with employees
 Self-employed/freelance without employees

25 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).
 1 - 9 10 - 24
 25 - 499 500 or more

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Person 4 - continued	
<p>25 What is (was) the full title of your main job?</p> <p>† For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>† Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p>_____</p> <p>_____</p>	<p>33 How do you usually travel to work?</p> <p>† <input checked="" type="checkbox"/> one box only</p> <p>† <input checked="" type="checkbox"/> tick the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>† Answer to nearest whole hour.</p> <p>† Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/> <input type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>† A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 4.</p> <p>† Go to questions for Person 5.</p> <p>† if there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</p> <p>† Remember to sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>† For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>† If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>† Civil Servants, Local Government Officers - please specify your Department.</p> <p>_____</p> <p>_____</p>	
<p>30 If you were working last week <input type="button" value="Go to"/> 31</p> <p>if you were not working last week <input type="button" value="Go to"/> 35</p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>† If you have your own business, write in the name.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <p>† If you report to a depot, write in the depot address.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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Person 5		
<p>1 What is your name? (Person 5 in Table 1)</p> <p>First name and surname</p> <input type="text"/>	<p>8 What is your ethnic group?</p> <p>Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>A White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background, please write in <input type="text"/> <input type="text"/>	<p>9 Can you understand, speak, read, or write Welsh?</p> <p>✓ all the boxes that apply:</p> <input type="checkbox"/> Understand spoken Welsh <input type="checkbox"/> Speak Welsh <input type="checkbox"/> Read Welsh <input type="checkbox"/> Write Welsh <input type="checkbox"/> None of the above
<p>2 What is your sex?</p> <input type="checkbox"/> Male <input type="checkbox"/> Female	<p>B Mixed</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background, please write in <input type="text"/> <input type="text"/>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <input type="checkbox"/> Good? <input type="checkbox"/> Fairly good? <input type="checkbox"/> Not good?
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>C Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please write in <input type="text"/> <input type="text"/>	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> • long-term physical or mental ill-health or disability, or • problems related to old age? <p>Do not count anything you do as part of your paid employment.</p> <p>✓ time spent in a typical week.</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, 1 - 19 hours a week <input type="checkbox"/> Yes, 20 - 49 hours a week <input type="checkbox"/> Yes, 50+ hours a week
<p>4 What is your marital status (on 29 April 2001)?</p> <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married (first marriage) <input type="checkbox"/> Re-married <input type="checkbox"/> Separated (but still legally married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<p>D Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, please write in <input type="text"/> <input type="text"/>	
<p>5 Are you a schoolchild or student in full-time education?</p> <input type="checkbox"/> Yes ➔ Go to 6 <input type="checkbox"/> No ➔ Go to 7	<p>E Chinese or other ethnic group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other, please write in <input type="text"/> <input type="text"/>	
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>Only answer this question if you have answered "Yes" to Question 5.</p> <input type="checkbox"/> Yes, I live at this address during the school/college/university term <p style="text-align: right;">➔ Go to 7</p> <input type="checkbox"/> No, I live elsewhere during the school/college/university term <p style="text-align: right;">➔ Go to 35</p>		
<p>7 What is your country of birth?</p> <input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Elsewhere, please write in the present name of the country <input type="text"/> <input type="text"/>		

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Person 5 - continued	
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>⊕ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13 What was your usual address one year ago?</p> <p>⊕ 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.</p> <p>⊕ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shows on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago <input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14 If you are aged 16 to 74 ➡ Go to 15</p> <p>If you are aged 15 and under, or 75 and over ➡ Go to 35</p>	<p>21 Last week, were you any of the following?</p> <p>⊕ ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>
<p>15 Which of these qualifications do you have?</p> <p>⊕ ✓ all the qualifications that apply or, if not specified, the nearest equivalent.</p> <p><input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any graded) <input type="checkbox"/> NVQ Level 1, Foundation GRNQ</p> <p><input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate <input type="checkbox"/> NVQ Level 2, Intermediate GRNQ</p> <p><input type="checkbox"/> 1+ A levels/AS levels <input type="checkbox"/> NVQ Level 3, Advanced GRNQ</p> <p><input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate <input type="checkbox"/> NVQ Levels 4-5, HNC, HND</p> <p><input type="checkbox"/> First Degree (eg BA, BSc) <input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/diexol)</p> <p><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) <input type="checkbox"/> No Qualifications</p>	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>➡ Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p>➡ Go to 35</p> <p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>⊕ Your main job is the job in which you usually work the most hours.</p>
<p>16 Do you have any of the following professional qualifications?</p> <p>⊕ ✓ all the boxes that apply.</p> <p><input type="checkbox"/> No Professional Qualifications <input type="checkbox"/> Qualified Dentist</p> <p><input type="checkbox"/> Qualified Teacher Status (for schools) <input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor</p> <p><input type="checkbox"/> Qualified Medical Doctor <input type="checkbox"/> Other Professional Qualifications</p>	<p>24 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>
<p>17 Last week, were you doing any work:</p> <p>⊕ as an employee, or on a Government sponsored training scheme,</p> <p>⊕ as self-employed/freelance, or in your own/family business?</p> <p>⊕ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>⊕ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>⊕ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ➡ Go to 23</p> <p><input type="checkbox"/> No ➡ Go to 18</p>	<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>⊕ If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <p><input type="checkbox"/> 1 - 9 <input type="checkbox"/> 10 - 24</p> <p><input type="checkbox"/> 25 - 499 <input type="checkbox"/> 500 or more</p>


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Person 5 - continued	
<p>25 What is (was) the full title of your main job?</p> <p>+ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>• Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p>_____</p> <p>_____</p>	<p>33 How do you usually travel to work?</p> <p>+ <input checked="" type="checkbox"/> one bus only</p> <p>+ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>+ Answer to nearest whole hour.</p> <p>+ Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/> <input type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>+ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS FOR PERSON 5.</p> <p>+ If there are no more people in your household you do not need to answer any more questions.</p> <p>+ 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.</p> <p>+ Remember to sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>+ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>+ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>• Civil Servants, Local Government Officers - please specify your Department.</p> <p>_____</p> <p>_____</p>	<p>30 If you were working last week ➡ Go to 31</p> <p>If you were not working last week ➡ Go to 35</p>
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>+ If you have your own business, write in the name.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	<p>32 What is the address of the place where you work in your main job?</p> <p>+ If you report to a depot, write in the depot address.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>



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11



29 April
count me in
Census2001

England Individual Form

Census Helpline 0845 301 2001 Text Phone for the Deaf 0845 303 2001 Website www.statistics.gov.uk

Name

Address

Postcode

CD

ED

Form Number

What is the Census?

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.

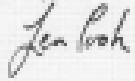
Completing your form

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. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need any help please contact the Census Helpline.

Confidentiality

The information you provide is protected by law and is 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.



national STATISTICS

Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES

What you have to do if you are in a Communal Establishment

- ✦ Answer the question R1 below.
- ✦ Complete the questions on pages 2 to 4 of this form.
- ✦ Sign the Declaration and return the completed form 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 in the envelope provided for individual returns. Give the envelope to the person responsible for completing the Household form.

R2 What is your Person Number?

- ✦ 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 rate number).

How to fill in your form

- ✦ Please use black or blue ink.
- ✦ Put a tick in the appropriate box like this: If you mark the wrong box, fill in the box and the correct one.
- ✦ Some questions require you to write in your answers. Please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.

Declaration

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

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

Signature Date


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<p>1 What is your name? First name and surname</p> <input type="text"/>		<p>9 This question is not applicable in England.</p> <p>Go to 10 below</p>
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>8 What is your ethnic group?</p> <p>Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>A White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/> <input type="text"/>	
<p>3 What is your date of birth?</p> <p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/> <input type="text"/>	
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/> <input type="text"/>	
<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes → Go to 6</p> <p><input type="checkbox"/> No → Go to 7</p>	<p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/> <input type="text"/>	
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>Only answer this question if you have answered "Yes" to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p>→ Go to 7</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>→ Go to 8B</p>	<p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	
<p>7 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/> <input type="text"/>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>	
	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <p>+ long-term physical or mental ill-health or disability, or</p> <p>+ problems related to old age?</p> <p>Do not count anything you do as part of your paid employment.</p> <p>Time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>	

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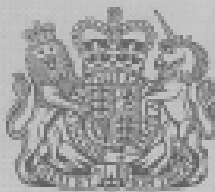
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>+ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>+ 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.</p> <p>+ For a child born after 29 April 2006, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
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<input type="checkbox"/> 25 - 499	<input type="checkbox"/> 500 or more												

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<p>26 What is (was) the full title of your main job?</p> <p>+ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>+ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>27 Describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>28 Do (did) you supervise any other employees?</p> <p>+ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>+ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>+ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>+ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>33 How do you usually travel to work?</p> <p>+ <input checked="" type="checkbox"/> one box only</p> <p>+ <input checked="" type="checkbox"/> the box for the longest part, by choice, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p> <p>34 How many hours a week do you usually work in your main job?</p> <p>+ Answer to nearest whole hour.</p> <p>+ Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/> <input type="text"/></p> <p>35 THERE ARE NO MORE QUESTIONS.</p> <p>+ Please sign the Declaration on page 1.</p> 
<p>30 If you were working last week ➤ Go to 31</p> <p>If you were not working last week ➤ Go to 35</p> <p>31 What is the full name of the organisation you work for in your main job?</p> <p>+ If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p> <p>32 What is the address of the place where you work in your main job?</p> <p>+ If you report to a depot, write in the depot address.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> <small>Postcode</small> <input type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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12



29 April
count me in
Census2001



Wales Individual Form

Census Helpline 0845 301 2001 Text Phone for the Deaf 0845 303 2001 Website www.statistics.gov.uk

Name

Address

Postcode

CD

ED

Form Number

What is the Census?

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.

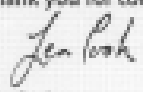

Completing your form

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. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need any help please contact the Census Helpline.

Confidentiality

The information you provide is protected by law and is 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.

Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES

What you have to do if you are in a Communal Establishment

- Answer the question R1 below.
- Complete the questions on pages 2 to 4 of this form.
- Sign the Declaration and return the completed form 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 in the envelope provided for individual returns. Give the envelope to the person responsible for completing the Household Form.

R2 What is your Person Number?

- 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 rate number).

How to fill in your form

- Please use black or blue ink.
- Put a tick in the appropriate box like this if you mark the wrong box, fill in the box and the correct one.
- Some questions require you to write in your answers. Please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.

Declaration

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

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

Signature Date


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<p>1 What is your name? First name and surname</p> <input type="text"/>		<p>9 Can you understand, speak, read, or write Welsh? + ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Understand spoken Welsh</p> <p><input type="checkbox"/> Speak Welsh</p> <p><input type="checkbox"/> Read Welsh</p> <p><input type="checkbox"/> Write Welsh</p> <p><input type="checkbox"/> None of the above</p>
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>8 What is your ethnic group? + Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p>A White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input type="text"/> <input type="text"/>	
<p>3 What is your date of birth?</p> <p>Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in</p> <input type="text"/> <input type="text"/>	
<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes → Go to 6</p> <p><input type="checkbox"/> No → Go to 7</p>	<p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <input type="text"/> <input type="text"/>	
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p>+ Only answer this question if you have answered 'Yes' to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p>→ Go to 7</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>→ Go to 33</p>	<p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input type="text"/> <input type="text"/>	<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>7 What is your country of birth?</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the present name of the country</p> <input type="text"/> <input type="text"/>	<p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	<p>11 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <p>+ long-term physical or mental ill-health or disability, or</p> <p>+ problems related to old age?</p> <p>+ Do not count anything you do as part of your paid employment.</p> <p>+ ✓ time spent in a typical week.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 - 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 - 49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>

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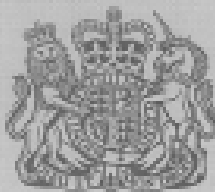
<p>12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p>† Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>13 What was your usual address one year ago?</p> <p>† 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.</p> <p>† For a child born after 29 April 2000, ✓ 'No usual address one year ago'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago</p> <p><input type="checkbox"/> Elsewhere, please write in below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>14 If you are aged 16 to 74 ➡ Go to 15</p> <p>If you are aged 15 and under, or 75 and over ➡ Go to 33</p>	<p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>15 Which of these qualifications do you have?</p> <p>† ✓ all the qualifications that apply or, if not specified, the nearest equivalent.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)</td> <td><input type="checkbox"/> NVQ Level 1, Foundation GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate</td> <td><input type="checkbox"/> NVQ Level 2, Intermediate GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 1+ A levels/AS levels</td> <td><input type="checkbox"/> NVQ Level 3, Advanced GNVQ</td> </tr> <tr> <td><input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate</td> <td><input type="checkbox"/> NVQ Levels 4-5, HNC, HND</td> </tr> <tr> <td><input type="checkbox"/> First Degree (eg BA, BSc)</td> <td><input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/edexcel)</td> </tr> <tr> <td><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)</td> <td><input type="checkbox"/> No Qualifications</td> </tr> </table>	<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ	<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ	<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVQ	<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND	<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p>21 Last week, were you any of the following?</p> <p>† ✓ all the boxes that apply.</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>
<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ												
<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ												
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<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/edexcel)												
<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications												
<p>16 Do you have any of the following professional qualifications?</p> <p>† ✓ all the boxes that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> No Professional Qualifications</td> <td><input type="checkbox"/> Qualified Dentist</td> </tr> <tr> <td><input type="checkbox"/> Qualified Teacher Status (for schools)</td> <td><input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor</td> </tr> <tr> <td><input type="checkbox"/> Qualified Medical Doctor</td> <td><input type="checkbox"/> Other Professional Qualifications</td> </tr> </table>	<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist	<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor	<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>➡ Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p>➡ Go to 35</p>						
<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist												
<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor												
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p>17 Last week, were you doing any work:</p> <ul style="list-style-type: none"> • as an employee, or on a Government sponsored training scheme, • as self-employed/freelance, or in your own/family business? <p>† ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>† ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>† ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ➡ Go to 23</p> <p><input type="checkbox"/> No ➡ Go to 31</p>	<p>23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</p> <p>† Your main job is the job in which you usually work the most hours.</p>												
<p>18 (Continued from previous page)</p>	<p>24 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>												
<p>19 (Continued from previous page)</p>	<p>25 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>† If you are (were) self-employed, ✓ to show how many people you employ (employed).</p> <p><input type="checkbox"/> 1 - 9 <input type="checkbox"/> 10 - 24</p> <p><input type="checkbox"/> 25 - 499 <input type="checkbox"/> 500 or more</p>												

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<p>26 What is (was) the full title of your main job?</p> <p>† For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>† Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>33 How do you usually travel to work?</p> <p>† <input checked="" type="checkbox"/> one box only</p> <p>† <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>27 Describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>34 How many hours a week do you usually work in your main job?</p> <p>† Answer to nearest whole hour.</p> <p>† Give average for last four weeks.</p> <p>Number of hours worked a week <input type="text"/></p>
<p>28 Do (did) you supervise any other employees?</p> <p>† A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 THERE ARE NO MORE QUESTIONS.</p> <p>† Please sign the Declaration on page 1.</p>
<p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>† For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</p> <p>† If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</p> <p>† Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>30 If you were working last week ➤ Go to 31</p> <p>If you were not working last week ➤ Go to 35</p>	
<p>31 What is the full name of the organisation you work for in your main job?</p> <p>† If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>32 What is the address of the place where you work in your main job?</p> <p>† If you report to a depot, write in the depot address.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/></p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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CE1



29 April
count me in
Census2001

England and Wales Communal Establishment Form

Census Helpline 0845 301 2001 Text Phone for the Deaf 0845 303 2001 Website www.statistics.gov.uk

Name of establishment

Address

CD

ED

Form Number

Postcode

To the Manager or Person-in-Charge

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.

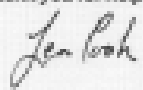

Your role in the Census

I am seeking your help in conducting the 2001 Census. The Census Act 1920 requires you to complete this form, and to distribute and collect forms from all usual residents in your establishment. If you refuse to comply, or give false information, you may be liable to a fine. The requirement for you to return all such forms will not be satisfied until they have been received.

Confidentiality

The information collected in the Census is protected by law and is 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 helping us make the 2001 Census a success.

Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES.

What you have to do

This form collects important information about your establishment.

- Complete this form using black or blue ink.
- Answer the questions over the page.
- Prepare, issue and collect forms for all usual residents in your establishment using the instructions provided to help you.
- Sign the Declaration.
- Return this form and the forms completed by all the usual residents, as soon as possible after 29 April 2001 using the envelope provided. If you have not been left an envelope, the Census Enumerator will arrange to collect the completed forms.

If you have any queries or require assistance, call the Census Helpline on 0845 301 2001 (local rate number).

Declaration

I have completed this form, and the distribution and collection of forms for usual residents in this establishment, to the best of my knowledge and belief.

Number of Forms Issued
 Number of Forms Collected

Signature Date

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How to complete this form	
<p>✦ Remember to use black or blue ink.</p> <p>✦ Put a tick in the appropriate box like this <input checked="" type="checkbox"/>. If you mark the wrong box, fill in the box <input type="checkbox"/> and <input checked="" type="checkbox"/> the correct one.</p>	
Type of Establishment	
<p>1 What is the nature of this establishment?</p> <p>✦ <input checked="" type="checkbox"/> one box only</p> <p>Medical and Care Establishments</p> <p><input type="checkbox"/> General Hospital</p> <p><input type="checkbox"/> Psychiatric Hospital/Home</p> <p><input type="checkbox"/> Other Hospital</p> <p><input type="checkbox"/> Nursing Home</p> <p><input type="checkbox"/> Residential Care Home</p> <p><input type="checkbox"/> Children's Home (including secure units)</p> <p><input type="checkbox"/> Other Medical and Care Home</p> <p>➡ Go to 2</p> <p>Other Establishments</p> <p><input type="checkbox"/> Defence Establishment (including ships)</p> <p><input type="checkbox"/> Prison Service Establishment</p> <p><input type="checkbox"/> Probation/Bail Hostel</p> <p><input type="checkbox"/> Educational Establishment (including Halls of Residence)</p> <p><input type="checkbox"/> Hotel, Boarding House, Guest House</p> <p><input type="checkbox"/> Hostel (including youth hostels, hostels for the homeless)</p> <p><input type="checkbox"/> Civilian Ship, Boat or Barge</p> <p><input type="checkbox"/> Other</p> <p>➡ Go to 4</p> <p>2 Is this establishment registered?</p> <p>✦ <input checked="" type="checkbox"/> one box only</p> <p><input type="checkbox"/> Yes, with a Health Authority</p> <p><input type="checkbox"/> Yes, with a Local Authority</p> <p><input type="checkbox"/> Yes, with both a Health Authority and a Local Authority</p> <p><input type="checkbox"/> No</p>	<p>3 Who is responsible for the management of this establishment?</p> <p>✦ <input checked="" type="checkbox"/> one box only</p> <p><input type="checkbox"/> NHS</p> <p><input type="checkbox"/> Local Authority</p> <p><input type="checkbox"/> Housing Association</p> <p><input type="checkbox"/> Charity/Voluntary Organisation</p> <p><input type="checkbox"/> Sole Proprietor/Partnership/Private Company</p> <p><input type="checkbox"/> Other</p> <p>4 Which of the following client groups does this establishment cater for?</p> <p>✦ <input checked="" type="checkbox"/> at least one box in both Section A and B below</p> <p>A</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Adults</p> <p><input type="checkbox"/> Children</p> <p>B</p> <p><input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Mental Health Problems</p> <p><input type="checkbox"/> Convalescent or Post-Operative Care</p> <p><input type="checkbox"/> Drug/Alcohol Problems</p> <p><input type="checkbox"/> Terminal Illness/Respite Care</p> <p><input type="checkbox"/> Chronic Illness Care</p> <p><input type="checkbox"/> Acute Illness Care</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Students</p> <p><input type="checkbox"/> Prisoners/Offenders</p> <p><input type="checkbox"/> Nurses</p> <p><input type="checkbox"/> Armed Forces Personnel</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Usual Residents</p> <p>Enumerator use only</p> <p><input type="checkbox"/> Persons Sleeping Rough</p>

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations provide for the detailed arrangements necessary for the conduct of the census directed to be taken by the Census Order 2000.

Regulations 3 and 4 provide for the division of England and Wales into census districts and enumeration districts, and for the appointment of officers to carry out the duties assigned to them for taking the census.

Regulation 5 provides that the forms of return to be completed in accordance with the Census Order 2000 are those which apply as set out in Schedule 1 and which are set out in full in Schedule 2.

Regulations 6 to 11 provide detailed arrangements for the delivery, completion and return of the forms of return.

Regulations 12 and 13 provide for any follow-up action to be taken and for the further duties of census enumerators, census team leaders and census district managers.

Regulations 14 and 15 make provision relating to the giving of information, the use and publication or communication of information obtained for the purpose of the census, and the safe custody of forms and documents.