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STATUTORY INSTRUMENTS

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**2000 No. 3351**

**CENSUS, ENGLAND AND WALES**

**The Census (Amendment) Regulations 2000**

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

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

**Citation and commencement**

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

**Amendment of the Census Regulations 2000**

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

Signed by authority of the Chancellor of the Exchequer

20th December 2000

*Melanie Johnson*  
Economic Secretary to the Treasury

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(1) 1920 c. 41. Section 3(1) was amended by the Secretary of State for Social Services Order 1968 (S.I. 1968/1699), by section 1(1) of, and Part XVI of Schedule 1 to, the Statute Law (Repeals) Act 1993 (c. 50) and by the Transfer of Functions (Registration and Statistics) Order 1996 (S.I. 1996/273).  
(2) See articles 3(1) and 5(1) of, paragraph 3(b) of Schedule 1 to, and paragraph 3(1) and (2) of Schedule 2 to, the Transfer of Functions (Registration and Statistics) Order 1996. The powers to make Regulations under section 3(1) in relation to Scotland were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c. 46).  
(3) S.I. 2000/1473.


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SCHEDULE

Regulation 2

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

**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 **1** of

\*Multi-form households only

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

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

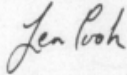

**Completing your form**

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

**Confidentiality**

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

**Thank you for counting yourself in.**

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).**

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**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		
<p>♦ List all members of your household who usually live at this address, including yourself.</p> <ul style="list-style-type: none"> <li>• Start with the Householder or Joint Householders.</li> <li>• Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.</li> <li>• Include schoolchildren and students if they live at this address during the school, college or university term.</li> <li>• 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.</li> <li>• Include any baby born before 30 April 2001, even if still in hospital.</li> <li>• Include people with more than one address if they live at this address for the <i>majority of time</i>.</li> <li>• Include anyone who is staying with you who has no other usual address.</li> <li>• Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at <i>this address</i>.</li> </ul> <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		
<p>♦ 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.</p> <p>♦ If there are only visitors at this address, please complete questions H1 to H5 on page 3. No further questions need to be answered.</p>		
First name and surname	Address	

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How to complete the remaining questions																						
<p><b>Remember to use black or blue ink.</b></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 and put a tick in the right one, like this <input checked="" type="checkbox"/></p>	<p>Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.</p>	<p><b>7 What is your country of birth?</b></p> <p><input checked="" type="checkbox"/> Elsewhere, please write in the present name of the country</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>S</td><td>O</td><td>U</td><td>T</td><td>H</td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>A</td><td>F</td><td>R</td><td>I</td><td>C</td><td>A</td><td></td><td></td><td></td><td></td> </tr> </table>	S	O	U	T	H						A	F	R	I	C	A				
S	O	U	T	H																		
A	F	R	I	C	A																	
Household Accommodation																						
<p><b>H1 What type of accommodation does your household occupy?</b></p> <p><b>A whole house or bungalow that is:</b></p> <p><input type="checkbox"/> Detached</p> <p><input type="checkbox"/> Semi-detached</p> <p><input type="checkbox"/> Terraced (including end-terrace)</p> <p><b>A flat, maisonette, or apartment that is:</b></p> <p><input type="checkbox"/> In a purpose-built block of flats or tenement</p> <p><input type="checkbox"/> Part of a converted or shared house (includes bed-sits)</p> <p><input type="checkbox"/> In a commercial building (for example, in an office building, or hotel, or over a shop)</p> <p><b>Mobile or temporary structure:</b></p> <p><input type="checkbox"/> A caravan or other mobile or temporary structure</p>	<p><b>H4 Do you have a bath/shower and toilet for use only by your household?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>H5 What is the lowest floor level of your household's living accommodation?</b></p> <p><input type="checkbox"/> Basement or semi-basement</p> <p><input type="checkbox"/> Ground floor (street level)</p> <p><input type="checkbox"/> First floor (floor above street level)</p> <p><input type="checkbox"/> Second floor</p> <p><input type="checkbox"/> Third or fourth floor</p> <p><input type="checkbox"/> Fifth floor or higher</p>	<p><b>H8 Does your household own or rent the accommodation?</b></p> <p>♦ <input checked="" type="checkbox"/> one box only.</p> <p><input type="checkbox"/> Owns outright ▶ Go to <b>H10</b></p> <p><input type="checkbox"/> Owns with a mortgage or loan ▶ Go to <b>H10</b></p> <p><input type="checkbox"/> Pays part rent and part mortgage (shared ownership) ▶ Go to <b>H10</b></p> <p><input type="checkbox"/> Rents ▶ Go to <b>H9</b></p> <p><input type="checkbox"/> Lives here rent free ▶ Go to <b>H9</b></p>																				
<p><b>H2 Is your household's accommodation self-contained?</b></p> <p>♦ This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.</p> <p><input type="checkbox"/> Yes, all the rooms are behind a door that only our household can use</p> <p><input type="checkbox"/> No</p>	<p><b>H6 Does your accommodation have central heating?</b></p> <p>♦ If you have central heating available, ✓ 'Yes' whether or not you use it.</p> <p>♦ Central heating includes:</p> <ul style="list-style-type: none"> <li>• gas, oil or solid fuel central heating</li> <li>• night storage heaters</li> <li>• warm air heating</li> <li>• underfloor heating</li> </ul> <p><input type="checkbox"/> Yes, in some or all rooms</p> <p><input type="checkbox"/> No</p>	<p><b>H9 Who is your landlord?</b></p> <p><input type="checkbox"/> Council (Local Authority)</p> <p><input type="checkbox"/> Housing Association Housing Co-operative Charitable Trust Registered Social Landlord</p> <p><input type="checkbox"/> Private landlord or letting agency</p> <p><input type="checkbox"/> Employer of a household member</p> <p><input type="checkbox"/> Relative or friend of a household member</p> <p><input type="checkbox"/> Other</p>																				
<p><b>H3 How many rooms do you have for use only by your household?</b></p> <p>♦ <u>Do not count</u> bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.</p> <p>♦ <u>Do count</u> all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies.</p> <p>♦ If two rooms have been converted into one, count them as one room.</p> <p style="text-align: right;">Number of rooms <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	<p><b>H7 How many cars or vans are owned, or available for use, by one or more members of your household?</b></p> <p>♦ Include any company car or van if available for private use.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three</p> <p><input type="checkbox"/> Four or more, please write in number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	<p><b>H10 Please turn the page.</b></p>																				



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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												
<table border="1"> <tr><td>FIRST NAME</td><td>JOHN</td></tr> <tr><td>SURNAME</td><td>SMITH</td></tr> </table>	FIRST NAME	JOHN	SURNAME	SMITH	<table border="1"> <tr><td>FIRST NAME</td><td>MARY</td></tr> <tr><td>SURNAME</td><td>SMITH</td></tr> </table>	FIRST NAME	MARY	SURNAME	SMITH	<table border="1"> <tr><td>FIRST NAME</td><td>ALISON</td></tr> <tr><td>SURNAME</td><td>SMITH</td></tr> </table>	FIRST NAME	ALISON	SURNAME	SMITH
FIRST NAME	JOHN													
SURNAME	SMITH													
FIRST NAME	MARY													
SURNAME	SMITH													
FIRST NAME	ALISON													
SURNAME	SMITH													
<p>ENTER NAME OF PERSON 1 ABOVE</p>	<p>Relationship of Person 2 to Person → 1</p> <p>Husband or wife <input checked="" type="checkbox"/></p> <p>Partner <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/></p>	<p>Relationship of Person 3 to Person → 1 2</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/></p>												

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

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<p><b>Name of Person 4</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><small>First name</small></td> <td><b>STEVEN</b></td> </tr> <tr> <td><small>Surname</small></td> <td><b>SMITH</b></td> </tr> </table> <p><b>Relationship of Person 4 to Person</b> → 1 2 3</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Husband or wife</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Son or daughter</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step-child</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brother or sister</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<small>First name</small>	<b>STEVEN</b>	<small>Surname</small>	<b>SMITH</b>	Husband or wife	<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"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Name of Person 5</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><small>First name</small></td> <td><b>JAMES</b></td> </tr> <tr> <td><small>Surname</small></td> <td><b>SMITH</b></td> </tr> </table> <p><b>Relationship of Person 5 to Person</b> → 1 2 3 4</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Husband or wife</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Son or daughter</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step-child</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brother or sister</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<small>First name</small>	<b>JAMES</b>	<small>Surname</small>	<b>SMITH</b>	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"/>	<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"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																						
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<p><b>Remaining questions should be answered by each member of your household in the same order as Table 1 (page 2 of this Form). Where a household member is completing an Individual Form for privacy reasons, the remaining questions for this person should be left blank.</b></p>																																																																																																												

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Person 1	
<p><b>1 What is your name? (Person 1 in Table 1)</b></p> <p>First name and surname</p> <input type="text"/>	<p><b>9 This question is not applicable in England.</b></p> <p>▶ Go to <b>10</b></p>
<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>8 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></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>B Mixed</b></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><b>C Asian or Asian British</b></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><b>D Black or Black British</b></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><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>
<p><b>3 What is your date of birth?</b></p> <p>Day    Month    Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	
<p><b>4 What is your marital status (on 29 April 2001)?</b></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>10 What is your religion?</b></p> <p>♦ This question is voluntary.</p> <p>♦ ✓ one box only.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <input type="text"/> <input type="text"/>
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ▶ Go to <b>6</b></p> <p><input type="checkbox"/> No ▶ Go to <b>7</b></p>	<p><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b></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 <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>▶ Go to <b>36</b></p>	<p><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <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><b>7 What is your country of birth?</b></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><b>13</b> 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><b>19</b> 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><b>14</b> 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 style="text-align: right;">Postcode</p> <p>_____</p>	<p><b>20</b> 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><b>21</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>22</b> 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><b>15</b> If you are aged 16 to 74 <span style="float: right;">▶ Go to <b>16</b></span></p> <p>If you are aged 15 and under, or 75 and over <span style="float: right;">▶ Go to <b>36</b></span></p>	<p><b>23</b> 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 <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p style="text-align: right;">▶ Go to <b>36</b></p>												
<p><b>16</b> 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><b>24</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>
<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ												
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<p><b>17</b> 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><b>25</b> 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												
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<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p><b>18</b> Last week, were you doing any work:</p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <span style="float: right;">▶ Go to <b>24</b></span></p> <p><input type="checkbox"/> No <span style="float: right;">▶ Go to <b>19</b></span></p>	<p><b>26</b> 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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<b>Person 1 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></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><b>34 How do you usually travel to work?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>35 How many hours a week do you usually work in your main job?</b></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><b>29 Do (did) you supervise any other employees?</b></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><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 1.</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31 If you were working last week</b>      ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b>      ▶ Go to <b>36</b></p>	
<p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></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"/>      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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<b>Person 2</b>																																																																																																																										
<p><b>1 What is your name? (Person 2 in Table 1)</b></p> <p>First name and surname</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					<p><b>8 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> British    <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p><b>B Mixed</b></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> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p><b>C Asian or Asian British</b></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> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p><b>D Black or Black British</b></p> <p><input type="checkbox"/> Caribbean    <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																																																																																					<p><b>9 This question is not applicable in England.</b></p> <p style="text-align: right;">▶ Go to <b>10</b></p>
<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>3 What is your date of birth?</b></p> <p>Day    Month    Year</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					<p><b>10 What is your religion?</b></p> <p>♦ This question is voluntary.</p> <p>♦ ✓ one box only.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																																																																																				
<p><b>4 What is your marital status (on 29 April 2001)?</b></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>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ▶ Go to <b>6</b></p> <p><input type="checkbox"/> No ▶ Go to <b>7</b></p>	<p><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>																																																																																																																								
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b></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 style="text-align: right;">▶ Go to <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p style="text-align: right;">▶ Go to <b>36</b></p>	<p><b>7 What is your country of birth?</b></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> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																									<p><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <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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<b>Person 2 - continued</b>													
<p><b>13</b> 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><b>19</b> 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><b>14</b> 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 style="text-align: right;">Postcode</p> <p>_____</p>	<p><b>20</b> 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><b>21</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>22</b> 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><b>15</b> If you are aged 16 to 74    ► Go to <b>16</b></p> <p>If you are aged 15 and under, or 75 and over    ► Go to <b>36</b></p>	<p><b>23</b> Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>► Go to <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>► Go to <b>36</b></p>												
<p><b>16</b> 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/OOCR, 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/OOCR, BTEC/Edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p><b>24</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</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"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications												
<p><b>17</b> 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><b>25</b> 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><b>18</b> Last week, were you doing any work:</p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No    ► Go to <b>19</b></p>	<p><b>26</b> 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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<b>Person 2 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></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><b>34 How do you usually travel to work?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <p>_____</p> <p>_____</p>	<p><b>35 How many hours a week do you usually work in your main job?</b></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><b>29 Do (did) you supervise any other employees?</b></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><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 2.</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31 If you were working last week</b>      ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b>      ▶ Go to <b>36</b></p>	
<p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></p> <p>◆ If you report to a depot, write in the depot address.</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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<b>Person 3</b>		
<p><b>1 What is your name? (Person 3 in Table 1)</b></p> <p>First name and surname</p> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>9 This question is not applicable in England.</b></p> <p style="text-align: right;">▶ Go to <b>10</b></p>
<p><b>3 What is your date of birth?</b></p> <p>Day    Month    Year</p> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<p><b>4 What is your marital status (on 29 April 2001)?</b></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>10 What is your religion?</b></p> <p>♦ This question is voluntary.</p> <p>♦ <input checked="" type="checkbox"/> one box only.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ▶ Go to <b>6</b></p> <p><input type="checkbox"/> No ▶ Go to <b>7</b></p>	<p><b>8 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then <input checked="" type="checkbox"/> the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> British    <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p><b>B Mixed</b></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 style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p><b>C Asian or Asian British</b></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 style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p><b>D Black or Black British</b></p> <p><input type="checkbox"/> Caribbean    <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b></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 style="text-align: right;">▶ Go to <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p style="text-align: right;">▶ Go to <b>36</b></p>	<p><b>7 What is your country of birth?</b></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 style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <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><b>13</b> 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><b>19</b> 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><b>14</b> 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 style="text-align: right;">Postcode</p> <p>_____                      _____</p>	<p><b>20</b> 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><b>21</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>22</b> 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><b>15</b> If you are aged 16 to 74 <span style="float: right;">▶ Go to 16</span></p> <p>If you are aged 15 and under, or 75 and over <span style="float: right;">▶ Go to 36</span></p>	<p><b>23</b> 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 24</p> <p><input type="checkbox"/> No, have never worked</p> <p style="text-align: right;">▶ Go to 36</p>
<p><b>16</b> 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 grades) <input type="checkbox"/> NVQ Level 1, Foundation GNVQ</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 GNVQ</p> <p><input type="checkbox"/> 1+ A levels/AS levels <input type="checkbox"/> NVQ Level 3, Advanced GNVQ</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/Edexcel)</p> <p><input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) <input type="checkbox"/> No Qualifications</p>	<p><b>24</b> 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><b>17</b> 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><b>25</b> 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><b>18</b> 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 24</p> <p><input type="checkbox"/> No ▶ Go to 19</p>	<p><b>26</b> 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><b>27 What is (was) the full title of your main job?</b></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><b>34 How do you usually travel to work?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>35 How many hours a week do you usually work in your main job?</b></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><b>29 Do (did) you supervise any other employees?</b></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><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 3.</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31 If you were working last week</b> ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b> ▶ Go to <b>36</b></p>	
<p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></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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Person 4		
<p><b>1 What is your name? (Person 4 in Table 1)</b></p> <p>First name and surname</p> <input type="text"/>	<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>9 This question is not applicable in England.</b></p> <p>▶ Go to <b>10</b></p>
<p><b>3 What is your date of birth?</b></p> <p>Day      Month      Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>8 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></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>10 What is your religion?</b></p> <p>♦ This question is voluntary.</p> <p>♦ ✓ one box only.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <input type="text"/> <input type="text"/>
<p><b>4 What is your marital status (on 29 April 2001)?</b></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>B Mixed</b></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><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ▶ Go to <b>6</b></p> <p><input type="checkbox"/> No ▶ Go to <b>7</b></p>	<p><b>C Asian or Asian British</b></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><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <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><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b></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 <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>▶ Go to <b>36</b></p>	<p><b>D Black or Black British</b></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><b>7 What is your country of birth?</b></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><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	



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Person 4 - continued													
<p><b>13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b></p> <p>◆ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>19 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p><b>14 What was your usual address one year ago?</b></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><b>20 If a job had been available last week, could you have started it within 2 weeks?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p><b>15 If you are aged 16 to 74</b> <span style="float: right;">▶ Go to <b>16</b></span></p> <p><b>If you are aged 15 and under, or 75 and over</b> <span style="float: right;">▶ Go to <b>36</b></span></p>	<p><b>21 Last week, were you waiting to start a job already obtained?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p><b>16 Which of these qualifications do you have?</b></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><b>22 Last week, were you any of the following?</b></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>
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<p><b>17 Do you have any of the following professional qualifications?</b></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><b>23 Have you ever worked?</b></p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p style="text-align: right;">▶ Go to <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p style="text-align: right;">▶ Go to <b>36</b></p>						
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<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p><b>18 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No ▶ Go to <b>19</b></p>	<p><b>24 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</b></p> <p>◆ Your main job is the job in which you usually work the most hours.</p>												
<p><b>25 Do (did) you work as an employee or are (were) you self-employed?</b></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><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></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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<b>Person 4 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></p> <ul style="list-style-type: none"> <li>◆ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR-MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</li> <li>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>34 How do you usually travel to work?</b></p> <ul style="list-style-type: none"> <li>◆ ✓ <i>one box only.</i></li> <li>◆ ✓ <i>the box for the longest part, by distance, of your usual journey to work.</i></li> <li><input type="checkbox"/> Work mainly at or from home</li> <li><input type="checkbox"/> Underground, metro, light rail, tram</li> <li><input type="checkbox"/> Train</li> <li><input type="checkbox"/> Bus, minibus or coach</li> <li><input type="checkbox"/> Motor cycle, scooter or moped</li> <li><input type="checkbox"/> Driving a car or van</li> <li><input type="checkbox"/> Passenger in a car or van</li> <li><input type="checkbox"/> Taxi</li> <li><input type="checkbox"/> Bicycle</li> <li><input type="checkbox"/> On foot</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>28 Describe what you do (did) in your main job.</b></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%;"></div>	<p><b>35 How many hours a week do you usually work in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ Answer to nearest whole hour.</li> <li>◆ Give average for last four weeks.</li> <li>Number of hours worked a week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></li> </ul>
<p><b>29 Do (did) you supervise any other employees?</b></p> <ul style="list-style-type: none"> <li>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</li> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<p><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 4.</b></p> <ul style="list-style-type: none"> <li>◆ Go to questions for Person 5.</li> <li>◆ If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</li> <li>◆ Remember to sign the Declaration on page 1.</li> </ul>
<p><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></p> <ul style="list-style-type: none"> <li>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</li> <li>◆ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</li> <li>◆ Civil Servants, Local Government Officers - please specify your Department.</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>31 If you were working last week</b> ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b> ▶ Go to <b>36</b></p>
<p><b>32 What is the full name of the organisation you work for in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ If you have your own business, write in the name.</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></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><b>33 What is the address of the place where you work in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ If you report to a depot, write in the depot address.</li> </ul> <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="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; height: 20px; width: 80%;"></div> <div style="border: 1px solid black; height: 20px; width: 15%; text-align: center; font-size: small;">Postcode</div> </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>	

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Person 5		
<p><b>1 What is your name? (Person 5 in Table 1)</b> First name and surname  <input type="text"/></p>	<p><b>2 What is your sex?</b>  <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>9 This question is not applicable in England.</b>                       ► Go to <b>10</b></p>
<p><b>3 What is your date of birth?</b> Day    Month    Year  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>8 What is your ethnic group?</b>                      ♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.  <b>A White</b>  <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>B Mixed</b>  <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"/>  <b>C Asian or Asian British</b>  <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"/>  <b>D Black or Black British</b>  <input type="checkbox"/> Caribbean    <input type="checkbox"/> African  <input type="checkbox"/> Any other Black background, please write in  <input type="text"/>  <input type="text"/>  <b>E Chinese or other ethnic group</b>  <input type="checkbox"/> Chinese  <input type="checkbox"/> Any other, please write in  <input type="text"/>  <input type="text"/></p>	<p><b>10 What is your religion?</b>                      ♦ This question is voluntary.                      ♦ ✓ one box only.  <input type="checkbox"/> None  <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  <input type="checkbox"/> Buddhist  <input type="checkbox"/> Hindu  <input type="checkbox"/> Jewish  <input type="checkbox"/> Muslim  <input type="checkbox"/> Sikh  <input type="checkbox"/> Any other religion, please write in  <input type="text"/>  <input type="text"/></p>
<p><b>4 What is your marital status (on 29 April 2001)?</b>  <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>	<p><b>5 Are you a schoolchild or student in full-time education?</b>  <input type="checkbox"/> Yes ► Go to <b>6</b>  <input type="checkbox"/> No ► Go to <b>7</b></p>	<p><b>11 Over the last twelve months would you say your health has on the whole been:</b>  <input type="checkbox"/> Good?  <input type="checkbox"/> Fairly good?  <input type="checkbox"/> Not good?</p>
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b>                      ♦ 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 <b>7</b>  <input type="checkbox"/> No, I live elsewhere during the school/college/university term                      ► Go to <b>36</b></p>	<p><b>7 What is your country of birth?</b>  <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"/></p>	<p><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b>                      • 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</p>

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Person 5 - continued													
<p><b>13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b></p> <p>◆ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>19 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>												
<p><b>14 What was your usual address one year ago?</b></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><b>20 If a job had been available last week, could you have started it within 2 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>21 Last week, were you waiting to start a job already obtained?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>22 Last week, were you any of the following?</b></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><b>15 If you are aged 16 to 74</b>    ▶ Go to <b>16</b></p> <p><b>If you are aged 15 and under, or 75 and over</b>    ▶ Go to <b>36</b></p>	<p><b>23 Have you ever worked?</b></p> <p><input type="checkbox"/> Yes, please write in the year you last worked    _____</p> <p>▶ Go to <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>36</b></p>												
<p><b>16 Which of these qualifications do you have?</b></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/OOCR, 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/OOCR, BTEC/Edexcel)	<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications	<p><b>24 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</b></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 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/OOCR, BTEC/Edexcel)												
<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications												
<p><b>17 Do you have any of the following professional qualifications?</b></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><b>25 Do (did) you work as an employee or are (were) you self-employed?</b></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												
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<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p><b>18 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No    ▶ Go to <b>19</b></p>	<p><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></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												
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<b>Person 5 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></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><b>34 How do you usually travel to work?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <p>_____</p> <p>_____</p>	<p><b>35 How many hours a week do you usually work in your main job?</b></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><b>29 Do (did) you supervise any other employees?</b></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><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 5.</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31 If you were working last week</b> ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b> ▶ Go to <b>36</b></p>
<p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></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"/> <input type="text"/> <input type="text"/> <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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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 1 of

\*Multi-form households only

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

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

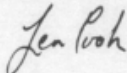

**Completing your form**

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

**Confidentiality**

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

**Thank you for counting yourself in.**

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).**

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**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		
<p>◆ List all members of your household who usually live at this address, including yourself.</p> <ul style="list-style-type: none"> <li>• Start with the Householder or Joint Householders.</li> <li>• Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.</li> <li>• Include schoolchildren and students if they live at this address during the school, college or university term.</li> <li>• 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.</li> <li>• Include any baby born before 30 April 2001, even if still in hospital.</li> <li>• Include people with more than one address if they live at this address for the <i>majority of time</i>.</li> <li>• Include anyone who is staying with you who has no other usual address.</li> <li>• Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at <i>this address</i>.</li> </ul> <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		
<p>◆ 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.</p> <p>◆ If there are only visitors at this address, please complete questions <b>H1</b> to <b>H5</b> on page 3. No further questions need to be answered.</p>		
First name and surname	Address	

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How to complete the remaining questions																						
<p><b>Remember to use black or blue ink.</b></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 and put a tick in the right one, like this <input checked="" type="checkbox"/></p>	<p>Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.</p>	<p><b>7 What is your country of birth?</b></p> <p><input checked="" type="checkbox"/> Elsewhere, please write in the present name of the country</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">S</td><td style="width: 20px;">O</td><td style="width: 20px;">U</td><td style="width: 20px;">T</td><td style="width: 20px;">H</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td>A</td><td>F</td><td>R</td><td>I</td><td>C</td><td>A</td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	S	O	U	T	H						A	F	R	I	C	A				
S	O	U	T	H																		
A	F	R	I	C	A																	
Household Accommodation																						
<p><b>H1 What type of accommodation does your household occupy?</b></p> <p>A whole house or bungalow that is:</p> <p><input type="checkbox"/> Detached</p> <p><input type="checkbox"/> Semi-detached</p> <p><input type="checkbox"/> Terraced (including end-terrace)</p> <p>A flat, maisonette, or apartment that is:</p> <p><input type="checkbox"/> In a purpose-built block of flats or tenement</p> <p><input type="checkbox"/> Part of a converted or shared house (includes bed-sits)</p> <p><input type="checkbox"/> In a commercial building (for example, in an office building, or hotel, or over a shop)</p> <p>Mobile or temporary structure:</p> <p><input type="checkbox"/> A caravan or other mobile or temporary structure</p>	<p><b>H4 Do you have a bath/shower and toilet for use only by your household?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>H5 What is the lowest floor level of your household's living accommodation?</b></p> <p><input type="checkbox"/> Basement or semi-basement</p> <p><input type="checkbox"/> Ground floor (street level)</p> <p><input type="checkbox"/> First floor (floor above street level)</p> <p><input type="checkbox"/> Second floor</p> <p><input type="checkbox"/> Third or fourth floor</p> <p><input type="checkbox"/> Fifth floor or higher</p>	<p><b>H8 Does your household own or rent the accommodation?</b></p> <p><input checked="" type="checkbox"/> one box only.</p> <p><input type="checkbox"/> Owns outright ▶ Go to <b>H10</b></p> <p><input type="checkbox"/> Owns with a mortgage or loan ▶ Go to <b>H10</b></p> <p><input type="checkbox"/> Pays part rent and part mortgage (shared ownership) ▶ Go to <b>H10</b></p> <p><input type="checkbox"/> Rents ▶ Go to <b>H9</b></p> <p><input type="checkbox"/> Lives here rent free ▶ Go to <b>H9</b></p>																				
<p><b>H2 Is your household's accommodation self-contained?</b></p> <p>◆ This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.</p> <p><input type="checkbox"/> Yes, all the rooms are behind a door that only our household can use</p> <p><input type="checkbox"/> No</p>	<p><b>H6 Does your accommodation have central heating?</b></p> <p>◆ If you have central heating available, ✓ 'Yes' whether or not you use it.</p> <p>◆ Central heating includes:</p> <ul style="list-style-type: none"> <li>• gas, oil or solid fuel central heating</li> <li>• night storage heaters</li> <li>• warm air heating</li> <li>• underfloor heating</li> </ul> <p><input type="checkbox"/> Yes, in some or all rooms</p> <p><input type="checkbox"/> No</p>	<p><b>H9 Who is your landlord?</b></p> <p><input type="checkbox"/> Council (Local Authority)</p> <p><input type="checkbox"/> Housing Association Housing Co-operative Charitable Trust Registered Social Landlord</p> <p><input type="checkbox"/> Private landlord or letting agency</p> <p><input type="checkbox"/> Employer of a household member</p> <p><input type="checkbox"/> Relative or friend of a household member</p> <p><input type="checkbox"/> Other</p>																				
<p><b>H3 How many rooms do you have for use only by your household?</b></p> <p>◆ Do not count bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.</p> <p>◆ Do count all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies.</p> <p>◆ If two rooms have been converted into one, count them as one room.</p> <p style="text-align: right;">Number of rooms <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	<p><b>H7 How many cars or vans are owned, or available for use, by one or more members of your household?</b></p> <p>◆ Include any company car or van if available for private use.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three</p> <p><input type="checkbox"/> Four or more, please write in number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	<p><b>H10 Please turn the page.</b></p>																				

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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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">First name</td><td><b>JOHN</b></td></tr> <tr><td style="font-size: small;">Surname</td><td><b>SMITH</b></td></tr> </table>	First name	<b>JOHN</b>	Surname	<b>SMITH</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">First name</td><td><b>MARY</b></td></tr> <tr><td style="font-size: small;">Surname</td><td><b>SMITH</b></td></tr> </table>	First name	<b>MARY</b>	Surname	<b>SMITH</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">First name</td><td><b>ALISON</b></td></tr> <tr><td style="font-size: small;">Surname</td><td><b>SMITH</b></td></tr> </table>	First name	<b>ALISON</b>	Surname	<b>SMITH</b>
First name	<b>JOHN</b>													
Surname	<b>SMITH</b>													
First name	<b>MARY</b>													
Surname	<b>SMITH</b>													
First name	<b>ALISON</b>													
Surname	<b>SMITH</b>													
ENTER NAME OF PERSON 1 ABOVE	<b>Relationship of Person 2 to Person → 1</b> 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"/>	<b>Relationship of Person 3 to Person → 1 2</b> 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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">First name</td><td></td></tr> <tr><td style="font-size: small;">Surname</td><td></td></tr> </table>	First name		Surname		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">First name</td><td></td></tr> <tr><td style="font-size: small;">Surname</td><td></td></tr> </table>	First name		Surname		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">First name</td><td></td></tr> <tr><td style="font-size: small;">Surname</td><td></td></tr> </table>	First name		Surname	
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<p><b>Name of Person 4</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">First name</td> <td style="padding: 2px;"><b>STEVEN</b></td> </tr> <tr> <td style="padding: 2px;">Surname</td> <td style="padding: 2px;"><b>SMITH</b></td> </tr> </table> <p><b>Relationship of Person 4 to Person</b> → 1 2 3</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Husband or wife</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Son or daughter</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step-child</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brother or sister</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	First name	<b>STEVEN</b>	Surname	<b>SMITH</b>	Husband or wife	<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"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Name of Person 5</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">First name</td> <td style="padding: 2px;"><b>JAMES</b></td> </tr> <tr> <td style="padding: 2px;">Surname</td> <td style="padding: 2px;"><b>SMITH</b></td> </tr> </table> <p><b>Relationship of Person 5 to Person</b> → 1 2 3 4</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Husband or wife</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Son or daughter</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step-child</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brother or sister</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	First name	<b>JAMES</b>	Surname	<b>SMITH</b>	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"/>	<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"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																						
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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"/>	<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"/>	<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"/>	<input type="checkbox"/>																																																																																																								
<p><b>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.</b></p>																																																																																																												

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Person 1		
<p><b>1 What is your name? (Person 1 in Table 1)</b></p> <p>First name and surname</p> <input type="text"/>	<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>9 Can you understand, speak, read, or write Welsh?</b></p> <p>✔ <i>all the boxes that apply.</i></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><b>3 What is your date of birth?</b></p> <p>Day      Month      Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>8 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✔ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></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>10 What is your religion?</b></p> <p>♦ This question is voluntary.</p> <p>♦ ✔ <i>one box only.</i></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <input type="text"/> <input type="text"/>
<p><b>4 What is your marital status (on 29 April 2001)?</b></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>B Mixed</b></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><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ► Go to <b>6</b></p> <p><input type="checkbox"/> No ► Go to <b>7</b></p>	<p><b>C Asian or Asian British</b></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><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ ✔ <i>time spent in a typical week.</i></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><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b></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 <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>► Go to <b>36</b></p>	<p><b>D Black or Black British</b></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><b>7 What is your country of birth?</b></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><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	





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<b>Person 1 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></p> <ul style="list-style-type: none"> <li>◆ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</li> <li>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>34 How do you usually travel to work?</b></p> <ul style="list-style-type: none"> <li>◆ <input checked="" type="checkbox"/> one box only.</li> <li>◆ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</li> <li><input type="checkbox"/> Work mainly at or from home</li> <li><input type="checkbox"/> Underground, metro, light rail, tram</li> <li><input type="checkbox"/> Train</li> <li><input type="checkbox"/> Bus, minibus or coach</li> <li><input type="checkbox"/> Motor cycle, scooter or moped</li> <li><input type="checkbox"/> Driving a car or van</li> <li><input type="checkbox"/> Passenger in a car or van</li> <li><input type="checkbox"/> Taxi</li> <li><input type="checkbox"/> Bicycle</li> <li><input type="checkbox"/> On foot</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>28 Describe what you do (did) in your main job.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>35 How many hours a week do you usually work in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ Answer to nearest whole hour.</li> <li>◆ Give average for last four weeks.</li> </ul> <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><b>29 Do (did) you supervise any other employees?</b></p> <ul style="list-style-type: none"> <li>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</li> </ul> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 1.</b></p> <ul style="list-style-type: none"> <li>◆ Go to questions for Person 2.</li> <li>◆ If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</li> <li>◆ Remember to sign the Declaration on page 1.</li> </ul>
<p><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></p> <ul style="list-style-type: none"> <li>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</li> <li>◆ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</li> <li>◆ Civil Servants, Local Government Officers - please specify your Department.</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>31 If you were working last week</b>    ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b>    ▶ Go to <b>36</b></p>
<p><b>32 What is the full name of the organisation you work for in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ If you have your own business, write in the name.</li> </ul> <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><b>33 What is the address of the place where you work in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ If you report to a depot, write in the depot address.</li> </ul> <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: 20px;">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"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>



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<b>Person 2 - continued</b>													
<p><b>13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b></p> <p>◆ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>19 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>												
<p><b>14 What was your usual address one year ago?</b></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><b>20 If a job had been available last week, could you have started it within 2 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>21 Last week, were you waiting to start a job already obtained?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>22 Last week, were you any of the following?</b></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><b>15 If you are aged 16 to 74</b>    ▶ Go to <b>16</b></p> <p><b>If you are aged 15 and under, or 75 and over</b>    ▶ Go to <b>36</b></p>	<p><b>23 Have you ever worked?</b></p> <p><input type="checkbox"/> Yes, please write in the year you last worked    _____</p> <p>▶ Go to <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>36</b></p>												
<p><b>16 Which of these qualifications do you have?</b></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><b>24 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</b></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 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><b>17 Do you have any of the following professional qualifications?</b></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><b>25 Do (did) you work as an employee or are (were) you self-employed?</b></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><b>18 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No    ▶ Go to <b>19</b></p>	<p><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></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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<b>Person 2 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></p> <ul style="list-style-type: none"> <li>◆ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</li> <li>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</li> </ul> <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><b>34 How do you usually travel to work?</b></p> <ul style="list-style-type: none"> <li>◆ <input checked="" type="checkbox"/> one box only.</li> <li>◆ <input checked="" type="checkbox"/> the box for the longest part, by distance, of your usual journey to work.</li> <li><input type="checkbox"/> Work mainly at or from home</li> <li><input type="checkbox"/> Underground, metro, light rail, tram</li> <li><input type="checkbox"/> Train</li> <li><input type="checkbox"/> Bus, minibus or coach</li> <li><input type="checkbox"/> Motor cycle, scooter or moped</li> <li><input type="checkbox"/> Driving a car or van</li> <li><input type="checkbox"/> Passenger in a car or van</li> <li><input type="checkbox"/> Taxi</li> <li><input type="checkbox"/> Bicycle</li> <li><input type="checkbox"/> On foot</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>28 Describe what you do (did) in your main job.</b></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><b>35 How many hours a week do you usually work in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ Answer to nearest whole hour.</li> <li>◆ Give average for last four weeks.</li> </ul> <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><b>29 Do (did) you supervise any other employees?</b></p> <ul style="list-style-type: none"> <li>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</li> </ul> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 2.</b></p> <ul style="list-style-type: none"> <li>◆ Go to questions for Person 3.</li> <li>◆ If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.</li> <li>◆ Remember to sign the Declaration on page 1.</li> </ul>
<p><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></p> <ul style="list-style-type: none"> <li>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</li> <li>◆ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</li> <li>◆ Civil Servants, Local Government Officers - please specify your Department.</li> </ul> <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><b>31 If you were working last week</b>    ▶ Go to <b>32</b>  <b>If you were not working last week</b>    ▶ Go to <b>36</b></p>
<p><b>32 What is the full name of the organisation you work for in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ If you have your own business, write in the name.</li> </ul> <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><b>33 What is the address of the place where you work in your main job?</b></p> <ul style="list-style-type: none"> <li>◆ If you report to a depot, write in the depot address.</li> </ul> <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  <input type="checkbox"/> No fixed place</p>

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Person 3		
<p><b>1 What is your name? (Person 3 in Table 1)</b> First name and surname</p> <input type="text"/>	<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>9 Can you understand, speak, read, or write Welsh?</b></p> <p>♦ <i>all the boxes that apply.</i></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><b>3 What is your date of birth?</b></p> <p>Day    Month    Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>8 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then <input checked="" type="checkbox"/> the appropriate box to indicate your cultural background.</p> <p><b>A White</b></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>10 What is your religion?</b></p> <p>♦ This question is voluntary.</p> <p>♦ <i>one box only.</i></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <input type="text"/> <input type="text"/>
<p><b>4 What is your marital status (on 29 April 2001)?</b></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>B Mixed</b></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><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ► Go to <b>6</b></p> <p><input type="checkbox"/> No ► Go to <b>7</b></p>	<p><b>C Asian or Asian British</b></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><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ <i>time spent in a typical week.</i></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><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b></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 <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>► Go to <b>36</b></p>	<p><b>D Black or Black British</b></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><b>7 What is your country of birth?</b></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><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>	

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Person 3 - continued													
<p><b>13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b></p> <p>◆ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>19 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>												
<p><b>14 What was your usual address one year ago?</b></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><b>20 If a job had been available last week, could you have started it within 2 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>21 Last week, were you waiting to start a job already obtained?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>22 Last week, were you any of the following?</b></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><b>15 If you are aged 16 to 74</b>    ▶ Go to <b>16</b></p> <p><b>If you are aged 15 and under, or 75 and over</b>    ▶ Go to <b>36</b></p>	<p><b>23 Have you ever worked?</b></p> <p><input type="checkbox"/> Yes, please write in the year you last worked    _____</p> <p>▶ Go to <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>36</b></p>												
<p><b>16 Which of these qualifications do you have?</b></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><b>24 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</b></p> <p>◆ Your main job is the job in which you usually work the most hours.</p>
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<p><b>17 Do you have any of the following professional qualifications?</b></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><b>25 Do (did) you work as an employee or are (were) you self-employed?</b></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												
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<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications												
<p><b>18 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No    ▶ Go to <b>19</b></p>	<p><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></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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<b>Person 3 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></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><b>34 How do you usually travel to work?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <p>_____</p> <p>_____</p>	<p><b>35 How many hours a week do you usually work in your main job?</b></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><b>29 Do (did) you supervise any other employees?</b></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><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 3.</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31 If you were working last week</b>      ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b>      ▶ Go to <b>36</b></p>	
<p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></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 4		
<p><b>1 What is your name? (Person 4 in Table 1)</b></p> <p>First name and surname</p> <input type="text"/>	<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>3 What is your date of birth?</b></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><b>4 What is your marital status (on 29 April 2001)?</b></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>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ► Go to <b>6</b></p> <p><input type="checkbox"/> No ► Go to <b>7</b></p>	<p><b>8 What is your ethnic group?</b></p> <p>◆ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></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>B Mixed</b></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><b>C Asian or Asian British</b></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><b>D Black or Black British</b></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><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <input type="text"/> <input type="text"/>
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b></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 style="text-align: right;">► Go to <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p style="text-align: right;">► Go to <b>36</b></p>	<p><b>9 Can you understand, speak, read, or write Welsh?</b></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><b>10 What is your religion?</b></p> <p>◆ This question is voluntary.</p> <p>◆ ✓ one box only.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <input type="text"/> <input type="text"/>
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Person 4 - continued													
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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><b>17 Do you have any of the following professional qualifications?</b></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><b>25 Do (did) you work as an employee or are (were) you self-employed?</b></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><b>18 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No    ▶ Go to <b>19</b></p>	<p><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></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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<b>Person 4 - continued</b>	
<p><b>27 What is (was) the full title of your main job?</b></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><b>34 How do you usually travel to work?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>35 How many hours a week do you usually work in your main job?</b></p> <p>◆ Answer to nearest whole hour.</p> <p>◆ Give average for last four weeks.</p> <p>Number of hours worked a week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>29 Do (did) you supervise any other employees?</b></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><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 4.</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31</b> If you were working last week      ▶ Go to <b>32</b>                  If you were not working last week      ▶ Go to <b>36</b></p>	
<p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></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: 20px;">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"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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Person 5	
<p><b>1 What is your name? (Person 5 in Table 1)</b> First name and surname</p> <p>_____</p>	<p><b>9 Can you understand, speak, read, or write Welsh?</b>                      ♦ <i>✓ all the boxes that apply.</i></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><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>8 What is your ethnic group?</b>                      ♦ Choose ONE section from A to E, then <i>✓</i> the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> British    <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, please write in</p> <p>_____</p> <p>_____</p>
<p><b>3 What is your date of birth?</b></p> <p>Day    Month    Year</p> <p>____</p>	<p><b>B Mixed</b></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> <p>_____</p> <p>_____</p>
<p><b>4 What is your marital status (on 29 April 2001)?</b></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>C Asian or Asian British</b></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> <p>_____</p> <p>_____</p>
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ► Go to <b>6</b></p> <p><input type="checkbox"/> No ► Go to <b>7</b></p>	<p><b>D Black or Black British</b></p> <p><input type="checkbox"/> Caribbean    <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <p>_____</p> <p>_____</p>
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b>                      ♦ 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                      ► Go to <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term                      ► Go to <b>36</b></p>	<p><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p> <p>_____</p> <p>_____</p>
<p><b>7 What is your country of birth?</b></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> <p>_____</p> <p>_____</p>	<p><b>10 What is your religion?</b>                      ♦ This question is voluntary.                      ♦ <i>✓ one box only.</i></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, please write in</p> <p>_____</p> <p>_____</p>
	<p><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
	<p><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.                      ♦ <i>✓ time spent in a typical week.</i></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 5 - continued	
<p><b>27 What is (was) the full title of your main job?</b></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><b>34 How do you usually travel to work?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>35 How many hours a week do you usually work in your main job?</b></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><b>29 Do (did) you supervise any other employees?</b></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><b>36 THERE ARE NO MORE QUESTIONS FOR PERSON 5.</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31 If you were working last week</b> ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b> ▶ Go to <b>36</b></p>
<p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></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"/> 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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11



29 April  
**count me in**  
Census2001

England Individual Form

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Census Helpline 0845 301 2001
Text Phone for the Deaf 0845 303 2001
Website [www.statistics.gov.uk](http://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.

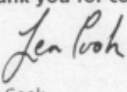

**Completing your form**

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. This liability does not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need 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 call 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><b>13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b></p> <p>◆ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>19 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>												
<p><b>14 What was your usual address one year ago?</b></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 style="text-align: right;">Postcode</p> <p>_____</p>	<p><b>20 If a job had been available last week, could you have started it within 2 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>												
<p><b>15 If you are aged 16 to 74</b>    ▶ Go to <b>16</b></p> <p><b>If you are aged 15 and under, or 75 and over</b>    ▶ Go to <b>36</b></p>	<p><b>21 Last week, were you waiting to start a job already obtained?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>												
<p><b>16 Which of these qualifications do you have?</b></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><b>22 Last week, were you any of the following?</b></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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<p><b>17 Do you have any of the following professional qualifications?</b></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><b>23 Have you ever worked?</b></p> <p><input type="checkbox"/> Yes, please write in the year you last worked _____</p> <p>▶ Go to <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>36</b></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><b>18 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No    ▶ Go to <b>19</b></p>	<p><b>24 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.</b></p> <p>◆ Your main job is the job in which you usually work the most hours.</p>												
<p><b>25 Do (did) you work as an employee or are (were) you self-employed?</b></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><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></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><b>27 What is (was) the full title of your main job?</b></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><b>28 Describe what you do (did) in your main job.</b></p> <p>_____</p> <p>_____</p> <p><b>29 Do (did) you supervise any other employees?</b></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><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></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><b>31 If you were working last week</b>    ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b>    ▶ Go to <b>36</b></p> <p><b>32 What is the full name of the organisation you work for in your main job?</b></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><b>33 What is the address of the place where you work in your main job?</b></p> <p>◆ If you report to a depot, write in the depot address.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>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>	<p><b>34 How do you usually travel to work?</b></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><b>35 How many hours a week do you usually work in your main job?</b></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><b>36 THERE ARE NO MORE QUESTIONS.</b></p> <p>◆ Please sign the Declaration on page 1.</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](http://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.

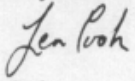

**Completing your form**

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. This liability does not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need 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><b>1 What is your name?</b> First name and surname</p> <input type="text"/>		<p><b>9 Can you understand, speak, read, or write Welsh?</b>                  ♦ <i>✓ all the boxes that apply.</i></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><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>8 What is your ethnic group?</b>                  ♦ Choose ONE section from A to E, then <i>✓</i> the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> British    <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write in</i></p> <input type="text"/> <input type="text"/>	
<p><b>3 What is your date of birth?</b></p> <p>Day    Month    Year</p> <input type="text"/> <input type="text"/> <input type="text"/>		
<p><b>4 What is your marital status (on 29 April 2001)?</b></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>B Mixed</b></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, <i>please write in</i></p> <input type="text"/> <input type="text"/>	<p><b>10 What is your religion?</b>                  ♦ This question is voluntary.                  ♦ <i>✓ one box only.</i></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, <i>please write in</i></p> <input type="text"/> <input type="text"/>
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes ► Go to <b>6</b></p> <p><input type="checkbox"/> No ► Go to <b>7</b></p>	<p><b>C Asian or Asian British</b></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, <i>please write in</i></p> <input type="text"/> <input type="text"/>	
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b>                  ♦ 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 <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>► Go to <b>36</b></p>	<p><b>D Black or Black British</b></p> <p><input type="checkbox"/> Caribbean    <input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write in</i></p> <input type="text"/> <input type="text"/>	<p><b>11 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p><b>7 What is your country of birth?</b></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, <i>please write in the present name of the country</i></p> <input type="text"/> <input type="text"/>	<p><b>E Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, <i>please write in</i></p> <input type="text"/> <input type="text"/>	<p><b>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do <i>not</i> count anything you do as part of your paid employment.</p> <p>♦ <i>✓</i> 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><b>13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b></p> <p>◆ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>19 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>												
<p><b>14 What was your usual address one year ago?</b></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, <i>please write in below</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>	<p><b>20 If a job had been available last week, could you have started it within 2 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>21 Last week, were you waiting to start a job already obtained?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>22 Last week, were you any of the following?</b></p> <p>◆ ✓ <i>all the boxes that apply.</i></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><b>15 If you are aged 16 to 74</b>                      ► Go to <b>16</b></p> <p><b>If you are aged 15 and under, or 75 and over</b> ► Go to <b>36</b></p>	<p><b>23 Have you ever worked?</b></p> <p><input type="checkbox"/> Yes, <i>please write in the year you last worked</i>    _____</p> <p>   ► Go to <b>24</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>   ► Go to <b>36</b></p>												
<p><b>16 Which of these qualifications do you have?</b></p> <p>◆ ✓ <i>all the qualifications that apply or, if not specified, the nearest equivalent.</i></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><b>24 Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</b></p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>
<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ												
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<p><b>17 Do you have any of the following professional qualifications?</b></p> <p>◆ ✓ <i>all the boxes that apply.</i></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><b>25 Do (did) you work as an employee or are (were) you self-employed?</b></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>						
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<p><b>18 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee, or on a Government sponsored training scheme,</li> <li>• as self-employed/freelance, or in your own/family business?</li> </ul> <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 <b>24</b></p> <p><input type="checkbox"/> No    ► Go to <b>19</b></p>	<p><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></p> <p>◆ If you are (were) <i>self-employed</i>, ✓ 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><b>27 What is (was) the full title of your main job?</b></p> <ul style="list-style-type: none"> <li>For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</li> <li>Civil Servants, Local Government Officers - give job title not grade or pay band.</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>34 How do you usually travel to work?</b></p> <ul style="list-style-type: none"> <li>one box only.</li> <li>the box for the longest part, by distance, of your usual journey to work.</li> </ul> <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><b>28 Describe what you do (did) in your main job.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>35 How many hours a week do you usually work in your main job?</b></p> <ul style="list-style-type: none"> <li>Answer to nearest whole hour.</li> <li>Give average for last four weeks.</li> </ul> <p>Number of hours worked a week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>29 Do (did) you supervise any other employees?</b></p> <ul style="list-style-type: none"> <li>A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</li> </ul> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>36 THERE ARE NO MORE QUESTIONS.</b></p> <ul style="list-style-type: none"> <li>Please sign the Declaration on page 1.</li> </ul> <div style="text-align: right;">  </div>
<p><b>30 What is (was) the business of your employer at the place where you work (worked)?</b></p> <ul style="list-style-type: none"> <li>For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.</li> <li>If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?</li> <li>Civil Servants, Local Government Officers - please specify your Department.</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p><b>31 If you were working last week</b>      ▶ Go to <b>32</b></p> <p><b>If you were not working last week</b>      ▶ Go to <b>36</b></p>	
<p><b>32 What is the full name of the organisation you work for in your main job?</b></p> <ul style="list-style-type: none"> <li>If you have your own business, write in the name.</li> </ul> <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><b>33 What is the address of the place where you work in your main job?</b></p> <ul style="list-style-type: none"> <li>If you report to a depot, write in the depot address.</li> </ul> <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;">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"/> Offshore installation</p> <p><input type="checkbox"/> No fixed place</p>	

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## **EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

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

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