2000 No. 3351

CENSUS, ENGLAND AND WALES

The Census (Amendment) Regulations 2000

Made - - - - - - - - - - - - - 20th December 2000Laid before Parliament21st December 2000Coming into force - - - 11th January 2001



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The Chancellor of the Exchequer, in exercise of powers conferred by section 3(1) of the Census Act 1920(a) and now vested in him(b), 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(c) (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

⁽a) 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).

⁽b) 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).

⁽c) S.I. 2000/1473.

SCHEDULE

Regulation 2

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

H1



count me in Census2001

		Engl	and Household Form
Census Helpline 0845 301 2001	Text Phone for th	ne Deaf 0845 303 200	1 Website www.statistics.gov.uk
Address	Postcode		Form Number * Form 1 of *Multi-form households only
To the Householder, Joint Housemembers of the household aged 16. The Census is a count every ten years of households in the country. Census information there organisations to allocate resources a for everyone. The Office for National Statist Census in England and Wales. Completing your form Completion of the Census form is computed information, you may be liable to a fine. The you to return a completed form will not be such a form has been received. If you need the Census Helpline. Confidentiality The information you provide is protected by in strict confidence. The information is statistical purposes, and anyone using or dinformation improperly will be liable to prosoforms will be held securely. Under the curre Public Records Act 1958, the data will confidential for a period of 100 years. Thank you for counting yourself in the Cook	all people and ation is used by prities and many and plan services ics conducts the alsory under the eit, or give false his liability does requirement for be satisfied until eed help please law and treated so only used for isclosing Census ecution. Census ent terms of the be treated as as as as as a service.	 one person livir a group of peothe same addressharing either a least one meal This form covers fipeople in your household will help you to contoidentify visitors Answer the questipage 3). Complete the relativour household. Sign the Declaration envelope supplied 	nould complete this form in black or chold is: Ing alone, or ple (not necessarily related) living at living room or sitting room, or at a day. It is people. If there are more than five is ehold you will need an extra form. If members in Table 1 on page 2. It complete the form if you use Table 2 It is about your accommodation in the interior of the people. If the form back in the interior of the people is and post the form back in the interior of the people in the peo
REGISTRAR GENERAL FOR ENGLAND AND Declaration	VVALES		
 To be signed after completing this This form is completed to the best 		_	missed any pages or questions.
Signature/s			Date

Table 1 Household Members List all members of your household who usually live at this address, including yourself. Start with the Householder or Joint Householders. • Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address. Include schoolchildren and students if they live at this address during the school, college or university term. Also include schoolchildren and students who are away from home during the school, college or university term and for whom only basic information is required. • Include any baby born before 30 April 2001, even if still in hospital. • Include people with more than one address if they live at this address for the majority of time. Include anyone who is staying with you who has no other usual address. • Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at this address. If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and ✓ the relevant box in the column marked 'Individual Form'. **Individual Form** Person No. First name and surname Person 1 П Person 2 П Person 3 Person 4 П Person 5 П If you have more than 5 people in your household, you will need an extra form. Person 6 Person 7 Person 8 Person 9 Person 10 **Table 2 Visitors** To help you complete the form you may use Table 2 to list any visitors at this address, on the night of 29 April 2001, who usually live elsewhere. If there are only visitors at this address, please complete questions H1 to H5 on page 3. No further questions need to be answered. First name and surname Address

ı	٥,	٠,	~	_	2
1	7	7	7	Α.	_

H	low to complete the	rei	maining questions			
Pi lil	weenember to use black or blue ink. The appropriate box, the this . If you mark the wrong ox, fill in the box and put a tick in the right one, like this .		Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.		S C	sewhere, please write in the resent name of the country DUTH R I C A
H	lousehold Accommod	lat	ion			
Н1	What type of accommodation does your household occupy? A whole house or bungalow that is:	Н4	Do you have a bath/shower and toilet for use only by your household?	H8	rent	es your household own or t the accommodation? one box only. Owns outright
	DetachedSemi-detachedTerraced (including end-terrace)	Н5	No What is the lowest floor level of your household's living			Owns with a mortgage or loan
	A flat, maisonette, or apartment that is: In a purpose-built block of flats or tenement Part of a converted or shared house (includes bed-sits) In a commercial building (for example, in an office building, or hotel, or over a shop) Mobile or temporary structure:		accommodation? Basement or semi-basement Ground floor (street level) First floor (floor above street level) Second floor Third or fourth floor Fifth floor or higher			Pays part rent and part mortgage (shared ownership) Go to H10 Rents Go to H9 Lives here rent free
	A caravan or other mobile or temporary structure	Н6	have central heating?			Go to H9
H2 ♦	accommodation self-contained? This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use. Yes, all the rooms are behind a door that only our household can use No	♦	If you have central heating available, ✓ 'Yes' whether or not you use it. Central heating includes: • gas, oil or solid fuel central heating • night storage heaters • warm air heating • underfloor heating Yes, in some or all rooms No How many cars or vans are	Н9		Council (Local Authority) Housing Association Housing Co-operative Charitable Trust Registered Social Landlord Private landlord or letting agency Employer of a household member Relative or friend of a household member
H3	for use only by your household? <u>Do not count</u> bathrooms, toilets,		owned, or available for use, by one or more members of your household?			Other
*	halls or landings, or rooms that can only be used for storage such as cupboards. Do count all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted into one, count them as one room. Number of rooms	•	Include any company car or van if available for private use. None One Two Three Four or more, please write in number	H10) Plea	ase turn the page.

brother.					
Name of Person 1 First name JOHN	Name of Person 2		Name of Person 3 First name ALISON		
SWITH	First name MARY Surname SMITH	SMITH			
	Relationship of		Relationship of	_	
ENTER NAME	Person 2 to Person → 1 Husband or wife		Person 3 to Person → 1 Husband or wife	2	
OF PERSON 1	Partner		Partner		
ABOVE	Son or daughter				
	Step-child		Step-child		
	Brother or sister		Brother or sister		
Provide information here	tionship of each person to each of for household members who rec	uire an	Individual Form for privacy re		
Provide information here Questions on the following	for household members who rec ng pages should be left blank for	uire an	Individual Form for privacy re eople.		
Provide information here Questions on the following The of Person 1	for household members who rec ng pages should be left blank for Name of Person 2	uire an	Individual Form for privacy re eople. Name of Person 3		
Provide information here Questions on the following nme of Person 1	for household members who rec ng pages should be left blank for Name of Person 2	uire an	Individual Form for privacy re eople. Name of Person 3 First name		
Provide information here Questions on the following The of Person 1	for household members who rec ng pages should be left blank for Name of Person 2	uire an	Individual Form for privacy re eople. Name of Person 3		
Provide information here Questions on the following t name	for household members who rec ng pages should be left blank for Name of Person 2	uire an	Individual Form for privacy re eople. Name of Person 3 First name		
Provide information here Questions on the following t name	for household members who recome pages should be left blank for Name of Person 2 First name Surname Relationship of	uire an these p	Individual Form for privacy recople. Name of Person 3 First name Surname Relationship of		
Provide information here Questions on the following me of Person 1 t name	for household members who recome pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person →	uire an these p	Individual Form for privacy receptle. Name of Person 3 First name Surname Relationship of Person 3 to Person →		
Provide information here Questions on the following me of Person 1 it name mame ENTER NAME	for household members who recome pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife	uire an these p	Individual Form for privacy receptle. Name of Person 3 First name Surname Relationship of Person 3 to Person Husband or wife		
Provide information here Questions on the following me of Person 1 It name The state of the stat	for household members who recoming pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner	uire an these p	Individual Form for privacy recepte. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner		
Provide information here Questions on the following me of Person 1 st name mame ENTER NAME OF PERSON 1	for household members who recoming pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter	uire an these p	Individual Form for privacy recepte. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter		
Provide information here Questions on the following me of Person 1 st name mame ENTER NAME OF PERSON 1	for household members who recome pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child	uire an these p	Individual Form for privacy receptle. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child		
Provide information here Questions on the following me of Person 1 It name The state of the stat	for household members who recome pages should be left blank for Name of Person 2 First name Surname Relationship of Person → Husband or wife Partner Son or daughter Step-child Brother or sister	uire an these p	Individual Form for privacy receptle. Name of Person 3 First name Surname Relationship of Person 3 to Person Husband or wife Partner Son or daughter Step-child Brother or sister		
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME OF PERSON 1	for household members who recomp pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	uire an these p	Individual Form for privacy recepte. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father		
Provide information here Questions on the followin me of Person 1 t name name ENTER NAME OF PERSON 1	for household members who recome pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	uire an these p	Individual Form for privacy recepte. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father		
Provide information here Questions on the following me of Person 1 It name The state of the stat	for household members who recome pages should be left blank for Name of Person 2 First name Surname Relationship of Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	uire an these p	Individual Form for privacy recepte. Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild		

Household Members and their Relationships within the Household

Name of Person 4 First name STEVEN		Name of Person 5	
Surname SMITH		Surname SMITH	
Relationship of Person 4 to Person → 1	2 3	Relationship of Person 5 to Person → 1	2 3 4
Husband or wife		Husband or wife	
Partner [Partner	
Son or daughter	\square	Son or daughter	Z 🗆 🗆
Step-child [Step-child	
Brother or sister		Brother or sister	
Name of Person 4		Name of Person 5	
First name		First name	
First name Surname Relationship of	1 2 3	First name Surname Relationship of	1 2 3 4
First name Surname Relationship of Person 4 to Person →	1 2 3	First name Surname	1 2 3 4
First name Surname Relationship of Person → Husband or wife	1 2 3 □ □ □ □ □ □	First name Surname Relationship of Person 5 to Person →	1 2 3 4 □ □ □ □ □ □ □
First name Surname Relationship of Person 4 to Person → Husband or wife Partner	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter	1 2 3	First name Surname Relationship of Person → Husband or wife Partner	1 2 3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child	1 2 3	First name Surname Relationship of Person → Husband or wife Partner Son or daughter	1 2 3 4
First name Surname Relationship of Person → Husband or wife Partner Son or daughter Step-child Brother or sister	1 2 3	First name Surname Relationship of Person → Husband or wife Partner Son or daughter Step-child	1 2 3 4
First name Surname Relationship of Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	1 2 3 4
First name	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father	1 2 3 4
First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	1 2 3	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	1 2 3 4

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

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

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

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

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

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

P	erson 3		
1	What is your name? (Person 3 in		cable
	First name and surname	in England.	
		▶ Go to 10	
2	What is your sex?	8 What is your ethnic group?	
	Male Female	◆ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.	
3	What is your date of birth?	A White	
	Day Month Year	☐ British ☐ Irish	
		Any other White background,	
4	What is your marital status	please write in 10 What is your religion? ↑ This question is voluntary.	
7	(on 29 April 2001)?	♦ ✓ one box only.	
	Single (never married)	None	
	Married (first marriage)	Christian (including Churc	h of
	Re-married	England, Catholic, Protesta	nt and
	Separated (but still legally married)	Buddhist	iations)
		White and Black African Hindu	
	Divorced	White and Asian	
	Widowed	Any other Mixed background,	
5	Are you a schoolchild or student	please write in Muslim	
	in full-time education?	Sikh	
	Yes Go to 6	Any other religion, <i>please</i>	write in
	No ► Go to 7	C Asian or Asian British	
6	Do you live at the address shown on the front of this form	Indian Pakistani	
	during the school, college or university term?	Bangladeshi	
•	Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background, please write in would you say your healt on the whole been:	
	Yes, I live at this address during the school/college/university term	Good?	
	▶ Go to 7	Fairly good?	
	No, I live elsewhere during the school/college/university term	D Black or Black British Not good?	
	Go to 36	Caribbean African 12 Do you look after, or give	
7	What is your country of birth?	Any other Black background, please write in help or support to family members, friends, neighb	
7	England Wales	or others because of:	
	Scotland	• long-term physical or n ill-health or disability, o	
		problems related to old	age?
	Northern Ireland	E Chinese or other ethnic group Do not count anything you opart of your paid employme	
	Republic of Ireland	☐ Chinese ♦ ✓ time spent in a typical w	
	Elsewhere, please write in the present name of the country	Any other, please write in No	
		Yes, 1 - 19 hours a week	
		Yes, 20 - 49 hours a week	
		Yes, 50+ hours a week	

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

P	erson 3 - continued		
27 *	What is (was) the full title of your <i>main</i> job? For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE,	34	How do you usually travel to work?
*	CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band.	*	 ✓ one box only. ✓ the box for the longest part, by distance, of your usual journey to work. Work mainly at or from home
			Underground, metro, light rail, tram
28	Describe what you do (did) in your <i>main</i> job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped
			Driving a car or van
29 •	Do (did) you supervise any other employees? A supervisor or foreman is responsible for overseeing the work of other		Passenger in a car or van
•	employees on a day-to-day basis.		Taxi
	Yes No		Bicycle
30	What is (was) the business of your employer at the place where you work (worked)?		On foot
*	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION,		Other
*	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY. If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35	How many hours a week do you
*	Civil Servants, Local Government Officers - please specify your Department.		usually work in your <i>main</i> job? Answer to nearest whole hour.
		*	Give average for last four weeks. Number of hours worked a week
31	If you were working last week Go to 32	36	THERE ARE NO MORE QUESTIONS FOR PERSON 3.
	If you were not working last week Go to 36		QUESTIONS FOR FERSON 3.
32	What is the full name of the organisation you work for in your main job?	*	Go to questions for Person 4.
•	If you have your own business, write in the name.	*	If there are no more people in
			your household you do not need to answer any more questions. Please leave the
			following pages blank.
	Self-employed/freelance Work for a private individual	•	Remember to sign the
33			Declaration on page 1.
*	If you report to a depot, write in the depot address.		
	Postcode		
	Mainly work at or from home Offshore installation		
	No fixed place		

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P	erson 4		
1	What is your name? (Person 4 in		pplicable
	First name and surname	in England.	
		► Go to 10	
2	What is your sex?	8 What is your ethnic group?	
	Male Female	♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.	
3	What is your date of birth?	A White	
	Day Month Year	British Irish	
		Any other White background, please write in Any other White background, please write in What is your religion?	•
4	What is your marital status (on 29 April 2001)?	↑ This question is volunta ↑ ✓ one box only.	ry.
	Single (never married)	None	
	Married (first marriage)	Christian (including C	hurch of
	Re-married	B Mixed England, Catholic, Pro White and Black Caribbean all other Christian der	
	Separated (but still legally married)	White and Black African Buddhist	
	☐ Divorced	Hindu	
	☐ Widowed	White and Asian Jewish	
		Any other Mixed background, please write in Muslim	
5	Are you a schoolchild or student in full-time education?	Sikh	
	☐ Yes ► Go to 6		
	No ► Go to 7	Any other religion, ple	ease write in
		C Asian or Asian British	
6	Do you live at the address shown on the front of this form	☐ Indian ☐ Pakistani	
	during the school, college or	Bangladeshi	
*	university term? Only answer this question if you	Any other Asian background, 11 Over the last twelve i	
	have answered 'Yes' to Question 5.	please write in would you say your h on the whole been:	ealth has
	Yes, I live at this address during the school/college/university term	Good?	
	Go to 7	Fairly good?	
	No, I live elsewhere during the	D Black or Black British Not good?	
	school/college/university term Go to 36	Caribbean African 12 Do you look after, or	nive any
	G0 t0 30	Any other Black background, help or support to far	nily
7	What is your country of birth?	please write in members, friends, nei	ghbours
	England Wales	• long-term physical	
	Scotland	ill-health or disabili problems related to	
	Northern Ireland	F Chinese or other ethnic group	ou do as
	Republic of Ireland	Chinese part of your paid emplo	-
	Elsewhere, please write in the	Any other, please write in No	WOCK.
	present name of the country	Yes, 1 - 19 hours a w	eek
		Yes, 20 - 49 hours a v	
		Yes, 50+ hours a wee	
		tes, 50+ flours a wee	N

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

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

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

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

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

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H2



count me in Census2001

	Wales Household Form
Census Helpline 0845 301 2001 Text Phone for the D	eaf 0845 303 2001 Website www.statistics.gov.uk
Name Address Postcode	ED Form Number * Form 1 of
	*Multi-form households only
To the Householder, Joint Householders or members of the household aged 16 or over The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Office for National Statistics conducts the Census in England and Wales. Completing your form Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline. Confidentiality The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as confidential for a period of 100 years.	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
Thank you for counting yourself in.	your household.
Len Cook REGISTRAR GENERAL FOR ENGLAND AND WALES	Sign the Declaration and post the form back in the envelope supplied. It help or extra forms, call the Census Helpline on 45 301 2001 (local rate number).
Declaration	
♦ To be signed after completing this form. Please check to	
This form is completed to the best of my knowledge	and beliet.

Table 1 Household Members List all members of your household who usually live at this address, including yourself.

- Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.
- Include schoolchildren and students if they live at this address during the school, college or university term.
- Also include schoolchildren and students who are away from home during the school, college or university term and for whom only basic information is required.
- Include any baby born before 30 April 2001, even if still in hospital.

• Start with the Householder or Joint Householders.

- Include people with more than one address if they live at this address for the majority of time.
- Include anyone who is staying with you who has no other usual address.
- Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at *this address*.
- If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and

 √ the relevant box in the column marked 'Individual Form'.

•	·		
Person No.	First name and surname		Individual Form
Person 1			
Person 2			
Person 3			
Person 4			
Person 5			
If you have n	nore than 5 people in your house	hold, you will need an extra form.	
Person 6			
Person 7			
Person 8			
Person 9			
Person 10			
	V/1 14		
Table 2	Visitors		
	you complete the form you	ou may use Table 2 to list any visitors at this ad sually live elsewhere.	dress, on
	are only visitors at this add her questions need to be ar	ress, please complete questions H1 to H5 on pagnswered.	e 3.
First name a	and surname	Address	

H	low to complete the	rer	maining questions		
Pi lii b	emember to use black or blue ink. It a tick in the appropriate box, see this		Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.	L	What is your country of birth? Elsewhere, please write in the present name of the country SOUTH AFRICA
Н	lousehold Accommod	lat	ion		
H1	What type of accommodation does your household occupy? A whole house or bungalow that is: Detached	Н4	Do you have a bath/shower and toilet for use only by your household? Yes	H8	Does your household own or rent the accommodation? ✓ one box only. Owns outright Go to H10
	Semi-detached Terraced (including end-terrace) A flat, maisonette, or apartment that is:	Н5	What is the lowest floor level of your household's living accommodation? Basement or semi-basement		Owns with a mortgage or loan Go to H10 Pays part rent and part
	In a purpose-built block of flats or tenement Part of a converted or shared house (includes bed-sits) In a commercial building (for example, in an office building, or hotel, or over a shop) Mobile or temporary structure:		Ground floor (street level) First floor (floor above street level) Second floor Third or fourth floor Fifth floor or higher		mortgage (shared ownership) Go to H10 Rents Go to H9 Lives here rent free
	A caravan or other mobile or temporary structure	Н6	Does your accommodation have central heating?		Go to H9
H2 ♦	Is your household's accommodation self-contained? This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use. Yes, all the rooms are behind a door that only our household can use	*	If you have central heating available, \(\frac{7}{2} \) 'Yes' whether or not you use it. Central heating includes: • gas, oil or solid fuel central heating • night storage heaters • warm air heating • underfloor heating Yes, in some or all rooms	Н9	Who is your landlord? Council (Local Authority) Housing Association Housing Co-operative Charitable Trust Registered Social Landlord Private landlord or letting agency Employer of a household member
H3	How many rooms do you have for use only by your household?	Н7	How many cars or vans are owned, or available for use, by one or more members of your household?		Relative or friend of a household member Other
*	Do not count bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards. Do count all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted into one, count them as one room. Number of rooms	•	Include any company car or van if available for private use. None One Two Three Four or more, please write in number	H10	Please turn the page.

Household Membe	rs and their Relation	nsnips	within the Hou	Seliola
The example below shows and their three children (Al	how to provide the relationshiplison, Steven and James).	p inform	ation for John Smith, his v	vife (Mary)
In this example Steven's (Pobrother.	erson 4) relationship to Person	1 is son,	to Person 2 is son and to P	Person 3 is
Name of Person 1	Name of Person 2		Name of Person 3	
First name JOHN Surname SATTLE	First name MARY Surname CATTLE		First name ALISON Surname CATTLE	
SMITH	SMITH Relationship of		SMITH Relationship of	
	Person 2 to Person → 1		Person 3 to Person → 1	1 2
ENTER NAME	Husband or wife		Husband or wife	
OF PERSON 1	Partner		Partner	
ABOVE	Son or daughter		Son or daughter	
	Step-child		Step-child	
	Brother or sister		Brother or sister	
		of the ot	her members of your hous	ehold.
▶ Provide information here f	ionship of each person to each o or household members who rec g pages should be left blank for	լuire an I		/ reasons.
▶ Provide information here f	or household members who rec	լuire an I		/ reasons.
Provide information here following	or household members who red g pages should be left blank for	լuire an I	eople.	/ reasons.
 Provide information here following Name of Person 1 	or household members who rec g pages should be left blank for Name of Person 2	լuire an I	Name of Person 3	/ reasons.
 Provide information here for Questions on the following Name of Person 1 First name 	or household members who rec g pages should be left blank for Name of Person 2	լuire an I	Name of Person 3	reasons.
 Provide information here for Questions on the following Name of Person 1 First name 	or household members who red g pages should be left blank for Name of Person 2 First name Surname Relationship of	լuire an I	Name of Person 3 First name Surname Relationship of	y reasons. 1 2
Provide information here for Questions on the following Name of Person 1 First name Surname	or household members who rec g pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person →	լuire an I	Name of Person 3 First name Surname Relationship of Person 3 to Person →	/ reasons.
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME	or household members who rec g pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife	լuire an I	Relationship of Person 3 to Person 4 Husband or wife	/ reasons.
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who rec g pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner	լuire an I	Relationship of Person 3 to Person → Husband or wife	/ reasons.
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who rec g pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner Son or daughter	լuire an I	Relationship of Person 3 to Person 4 Husband or wife Partner Son or daughter	/ reasons.
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who recompages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child	լuire an I	Relationship of Person 3 to Person 4 Husband or wife Partner Son or daughter Step-child	/ reasons.
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who record pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister	լuire an I	Relationship of Person 3 to Person 4 Husband or wife Partner Son or daughter Step-child Brother or sister	1 2
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who rec g pages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	լuire an I	Relationship of Person 3 to Person 4 Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	1 2
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who recompages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	լuire an I	Relationship of Person 3 Relationship of Person 3 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	1 2
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who record pages should be left blank for Name of Person 2 First name Surname Relationship of Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild Grandparent	լuire an I	Relationship of Person 3 to Person 3 to Person 3 to Person Tusband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild Grandparent	1 2
Provide information here for Questions on the following Name of Person 1 First name Surname ENTER NAME OF PERSON 1	or household members who recompages should be left blank for Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	լuire an I	Relationship of Person 3 Relationship of Person 3 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild	1 2

Name of Person 4				Name of Person 5				
First name STEVEN				First name JAMES				
SMITH				Surname SMITH				
Relationship of Person 4 to Person →	1 2 3	;		Relationship of Person 5 to Person → 1	1 2 3	4		
Husband or wife]		Husband or wife				
Partner]		Partner				
Son or daughter]		_				
Step-child]		Step-child				
Brother or sister		1		Brother or sister				
Name of Person 4				Name of Person 5				
Name of Person 4				Name of Person 5				
)	2	3	First name	. 1	2 3	4	
First name Surname Relationship of	→ 1		_	First name Surname Relationship of	· 1		4	
First name Surname Relationship of Person 4 to Person	<u></u>	_	_	First name Surname Relationship of Person 5 to Person →			4	
First name Surname Relationship of Person 4 to Person Husband or wife	<u></u>	_	_	First name Surname Relationship of Person 5 to Person → Husband or wife			4	
First name Surname Relationship of Person 4 to Person Husband or wife Partner	<u></u>	_	_	First name Surname Relationship of Person 5 to Person → Husband or wife Partner			4	
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter	<u></u>	_	_	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter			4	
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child Brother or sister	<u></u>	_	_	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child			4	
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father		_	_	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister			4	
First name Surname Relationship of Person 4 to Person 4 Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fath		_	_	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father			4	
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fath Grandchild		_	_	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fath			4	
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child		_	_	First name Surname Relationship of Person 5 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fath Grandchild			4	

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

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

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

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P	erson 2				
1	What is your name? (Person 2 in	Tabl	e 1)	9	, carrier of the carrier, c p carrier,
	First name and surname				read, or write Welsh?
					Understand spoken Welsh
2	What is your sex?		What is your ethnic group?		Speak Welsh
	Male Female	•	Choose ONE section from A to E, then ✓ the appropriate box to indicate		Read Welsh
3	What is your date of birth?		your cultural background. A White		☐ Write Welsh
	Day Month Year		British Irish		☐ None of the above
			Any other White background,		
4	NA/leat is yeary magnitud status		please write in	10	, ,
4	What is your marital status (on 29 April 2001)?			*	This question is voluntary. ✓ one box only.
	Single (never married)			Ť	None
	Married (first marriage)				Christian (including Church in
	Re-married		B Mixed White and Black Caribbean		Wales, Catholic, Protestant and all other Christian denominations)
	Separated (but still legally married)		White and Black African		Buddhist
	Divorced		White and Asian		Hindu
	☐ Widowed				Jewish
5	Are you a schoolchild or student		Any other Mixed background, please write in		Muslim
	in full-time education?				Sikh
	Yes Go to 6				Any other religion, <i>please write in</i>
	No ► Go to 7				
6	Do you live at the address		C Asian or Asian British		
	shown on the front of this form during the school, college or		Indian Pakistani		
	university term?		Bangladeshi	4.4	
•	Only answer this question if you have answered 'Yes' to Question 5.		Any other Asian background, please write in	11	Over the last twelve months would you say your health has
	Yes, I live at this address during				on the whole been:
	the school/college/university term				Good?
	→ Go to 7				Fairly good?
	No, I live elsewhere during the school/college/university term		D Black or Black British		Not good?
	► Go to 36		Caribbean African	12	Do you look after, or give any
7	What is your country of birth?		Any other Black background, please write in		help or support to family members, friends, neighbours
	England Wales				or others because of: • long-term physical or mental
	☐ Scotland				ill-health or disability, or
	Northern Ireland			•	problems related to old age? Do not sount anything you do as
	Republic of Ireland		E Chinese or other ethnic group		Do <i>not</i> count anything you do as part of your paid employment.
	Elsewhere, please write in the		Chinese	*	✓ time spent in a typical week. □ No
	present name of the country		Any other, please write in		Yes, 1 - 19 hours a week
					Yes, 20 - 49 hours a week
					Yes, 50+ hours a week

P	Person 2 - continued						
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	19	Were you actively looking for any kind of paid work during the last 4 weeks?				
	Yes No		Yes No				
14	If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	20	If a job had been available last week, could you have started it within 2 weeks?				
•	For a child born after 29 April 2000, ✓ 'No usual address one year ago'. The address shown on the front of the form		Yes No				
		21	Last week, were you waiting to start a job already obtained?				
	No usual address one year ago Same as Person 1		Yes No				
	Elsewhere, please write in below	22					
		*	Last week, were you any of the following? ✓ all the boxes that apply. Retired				
			Student				
	Postcode		Looking after home/family				
			Permanently sick/disabled				
16	If you are aged 15 to 74		None of the above				
15	If you are aged 16 to 74 Go to 16 If you are aged 15 and under, or 75 and over Go to 36	22	Harra varia arram varantea da				
4.6		23	Have you ever worked? Yes, please write in the year you				
16 •	Which of these qualifications do you have? ✓ all the qualifications that apply or, if not specified, the nearest equivalent.		last worked				
	1+ O levels/CSEs/GCSEs (any grades) NVQ Level 1, Foundation GNVQ		► Go to 24				
	5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate NVQ NVQ Level 2, Intermediate GNVQ		No, have never worked Go to 36				
	1+ A levels/AS levels NVQ Level 3, Advanced GNVQ	24	Answer the remaining questions				
	2+ A levels, 4+ AS levels, Higher School Certificate NVQ Levels 4-5, HNC, HND	Г	for the <i>main</i> job you were doing last week, or if not working last				
	First Degree (eg BA, BSc) Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)	*	week, your last <i>main</i> job. Your <i>main</i> job is the job in which				
	Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) No Qualifications		you usually work the most hours.				
17		25	Do (did) you work as an employee or are (were) you				
†	✓ all the boxes that apply.		self-employed?				
	No Professional Qualifications Qualified Dentist		Employee				
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor		Self-employed with employees				
	Qualified Medical Doctor Other Professional Qualifications		Self-employed/freelance without employees				
18	Last week, were you doing any work:	26	How many people work				
*	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business? √ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off. 		(worked) for your employer at the place where you work (worked)?				
♦	√ 'Yes' for any paid work, including casual or temporary work, even if only	*	If you are (were) self-employed,				
•	for one hour. √'Yes' if you worked, paid or unpaid, in your own/family business.		√ to show how many people you employ (employed).				
*	Yes Go to 24		1 - 9 10 - 24				
	No ► Go to 19		25 - 499				

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

P	erson 3			
1	What is your name? (Person 3 in	Table 1)	9	,
	First name and surname			read, or write Welsh?
		_		Understand spoken Welsh
2	What is your sex?	What is your ethnic group? Choose ONE section from A to E, the		Speak Welsh
	Male Female	Choose ONE section from A to E, the the appropriate box to indicate your cultural background.		Read Welsh
3	What is your date of birth?	A White		Write Welsh
	Day Month Year	British Irish		None of the above
		Any other White background,	40	NATIONAL IN CONTROL OF THE PROPERTY OF THE PRO
4	What is your marital status	please write in	10	What is your religion? This question is voluntary.
	(on 29 April 2001)?		•	✓ one box only.
	Single (never married)			None
	Married (first marriage)	B Mixed		Christian (including Church in
	Re-married	White and Black Caribbean		Wales, Catholic, Protestant and all other Christian denominations)
	Separated (but still legally married)	☐ White and Black African		Buddhist
	Divorced	☐ White and Asian		Hindu
	Widowed	Any other Mixed background,		Jewish
5	Are you a schoolchild or student	please write in		Muslim
	in full-time education?			Sikh
	Yes Go to 6			Any other religion, <i>please write in</i>
	□ No ► Go to 7	C. Asian an Asian British		
6	Do you live at the address	C Asian or Asian British Indian Pakistani		
	shown on the front of this form during the school, college or			
	university term?	Bangladeshi	44	Over the least to only a month of
•	Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background, please write in	11	Over the last twelve months would you say your health has on the whole been:
	Yes, I live at this address during the school/college/university term			Good?
	Go to 7			Fairly good?
	No, I live elsewhere during the	D Black or Black British		Not good?
	school/college/university term Go to 36	Caribbean African	12	Do you look after, or give any
		Any other Black background,	12	help or support to family
7	What is your country of birth?	please write in		members, friends, neighbours or others because of:
	England Wales			long-term physical or mental ill books or disability or
	Scotland			ill-health or disability, orproblems related to old age?
	Northern Ireland	E Chinese or other ethnic group		Do not count anything you do as
	Republic of Ireland	Chinese	•	part of your paid employment. ✓ time spent in a typical week.
	Elsewhere, please write in the present name of the country	Any other, please write in		No
				Yes, 1 - 19 hours a week
				Yes, 20 - 49 hours a week
				Yes, 50+ hours a week

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

P	erson 3 - continued		
27	What is (was) the full title of your main job?	34	How do you usually travel to
*	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.		work? ✓ one box only.
*	Civil Servants, Local Government Officers - give job title not grade or pay band.	*	√ the box for the longest part, by
			distance, of your usual journey to work.
			Work mainly at or from home
			Underground, metro, light rail, tram
28	Describe what you do (did) in your <i>main</i> job.		Train
			Bus, minibus or coach
			Motor cycle, scooter or moped
29	Do (did) you supervise any other employees?		Driving a car or van
*	A supervisor or foreman is responsible for overseeing the work of other		Passenger in a car or van
Ť	employees on a day-to-day basis.		☐ Taxi
	Yes No		Bicycle
30	What is (was) the business of your employer at the place where you		On foot
	work (worked)?		☐ Other
*	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.		
♦	If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?	35	How many hours a week do you
*	Civil Servants, Local Government Officers - please specify your Department.		usually work in your <i>main</i> job? Answer to nearest whole hour.
		*	Give average for last four weeks.
			Number of hours
			worked a week
31	If you were working last week Go to 32	36	THERE ARE NO MORE
	If you were not working last week Go to 36		QUESTIONS FOR PERSON 3.
22	_		Go to questions for Person 4.
32 ♦	What is the full name of the organisation you work for in your <i>main</i> job? If you have your own business, write in the name.	ľ	
	,	*	If there are no more people in your household you do not
			need to answer any more
			questions. Please leave the following pages blank.
	Self-employed/freelance Work for a private individual	*	Remember to sign the Declaration on page 1.
33	. , , , , , , , , , , , , , , , , , , ,		bediatation on page 1.
*	If you report to a depot, write in the depot address.		
	Postcode		
	Mainly work at or from home Offshore installation		
	☐ No fixed place		

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

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

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

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

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

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

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count me in

	Census2001						
	England Individual Form						
Census Helpline 0845 301 2001 Text Phone for th	ne Deaf 0845 303 2001 Website www.statistics.gov.uk						
Name Address	CD ED						
Postcode	Form Number						
What is the Census?	What you have to do if you are in a						
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.	 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. 						
Completing your form	R1 What is your position in this establishment?						
Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false	Staff or owner						
information, you may be liable to a fine. This liability does	Relative of staff or owner						
not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until	Other (for example, resident, patient, student)						
such a form has been received. If you need any help please contact the Census Helpline.	What you have to do if you are in a Household						
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.	 ♦ 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. 						
Thank you for counting yourself in.	R2 What is your Person Number?						
Len look statistics	Refer to Table 1 of your Household Form. Please write in your Person Number.						
Len Cook REGISTRAR GENERAL FOR ENGLAND AND WALES	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	♦ 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 knowled	dge and belief.						
Signature	Date						

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

Page 2

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

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

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29 April

COUNT	me in							
	Census2001							
	Wales Individual Form							
Census Helpline 0845 301 2001 Text Phone for th	e Deaf 0845 303 2001 Website www.statistics.gov.uk							
Name Address	CD CD							
	ED							
Postcode	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.	 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 ☐ 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? 							
Len Cook REGISTRAR GENERAL FOR ENGLAND AND WALES	 Refer to Table 1 of your Household Form. Please write in your Person Number. If you need help in completing your form call the Census Helpline on 0845 301 2001 (local 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 . 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 chec	k that you have not missed any pages or questions.							
This form is completed to the best of my knowled								
Signature	Date							

1	What is your name?		9	
	First name and surname		•	read, or write Welsh? ✓ all the boxes that apply.
			•	Understand spoken Welsh
2	What is your sex?	8 What is your ethnic group?		Speak Welsh
	☐ Male ☐ Female	♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate		— .
		your cultural background.		Read Welsh
3	What is your date of birth?	A White		Write Welsh
	Day Month Year	British Irish		None of the above
		Any other White background,	10	What is your religion?
4	What is your marital status	please write in	*	This question is voluntary.
	(on 29 April 2001)?		*	✓ one box only.
	Single (never married)			None
	Married (first marriage)	B Mixed		Christian (including Church in
	Re-married	White and Black Caribbean		Wales, Catholic, Protestant and all other Christian denominations)
	Separated (but still legally married)	☐ White and Black African		Buddhist
	Divorced	☐ White and Asian		Hindu
	Widowed			Jewish
5	Are you a schoolchild or student	Any other Mixed background, please write in		Muslim
	in full-time education?			☐ Sikh
	Yes Go to 6			Any other religion, <i>please write in</i>
	No ► Go to 7			
6	Do you live at the address	C Asian or Asian British		
	shown on the front of this form	Indian Pakistani		
	during the school, college or university term?	Bangladeshi		
*	Only answer this question if you	Any other Asian background, please write in	11	Over the last twelve months would you say your health has
	have answered 'Yes' to Question 5. Yes, I live at this address during	prease write m		on the whole been:
	the school/college/university term			Good?
	Go to 7			Fairly good?
	No, I live elsewhere during the	D Black or Black British		☐ Not good?
	school/college/university term Go to 36	Caribbean African	12	Do you look after, or give any
	G0 t0 30	Any other Black background,	12	help or support to family
7	What is your country of birth?	please write in		members, friends, neighbours or others because of:
	England Wales			• long-term physical or mental
	Scotland			ill-health or disability, orproblems related to old age?
	Northern Ireland	E Chinese or other ethnic group	•	Do <i>not</i> count anything you do as
	Republic of Ireland	Chinese	•	part of your paid employment. ✓ time spent in a typical week.
	Elsewhere, please write in the	Any other, please write in		No
	present name of the country	, , , , , , , , , , , , , , , , , , , ,		Yes, 1 - 19 hours a week
				Yes, 20 - 49 hours a week
				Yes, 50+ hours a week
				LI 163, 301 Hours a week

Page 2

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

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

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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.

2000 No. 3351

CENSUS, ENGLAND AND WALES

The Census (Amendment) Regulations 2000



Published by The Stationery Office Limited

and available from:

The Stationery Office

(Mail, telephone and fax orders only)
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