

H2



29 April

count me in
Census2001

Wales Household Form

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

Name

CD

Address

ED

Form Number

Postcode

* 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.

Thank you for counting yourself in.



Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES

What you have to do

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

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

Declaration

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

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

Signature/s

Date

Table 1 Household Members

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

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

Table 2 Visitors

- ◆ 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	Usual address

How to complete the remaining questions

Remember to use black or blue ink.

Put a tick in the appropriate box, like this . If you mark the wrong box, fill in the box and put a tick in the right one, like this



Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.

7 What is your country of birth?

Elsewhere, please write in the present name of the country

S	O	U	T	H					
A	F	R	I	C	A				

Household Accommodation

H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

- Detached
 Semi-detached
 Terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- In a purpose-built block of flats or tenement
 Part of a converted or shared house (includes bed-sits)
 In a commercial building (for example, in an office building, or hotel, or over a shop)

Mobile or temporary structure:

- A caravan or other mobile or temporary structure

H2 Is your household's accommodation self-contained?

◆ This means that *all* the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.

- Yes, all the rooms are behind a door that only our household can use
 No

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

- ◆ *Do not count* bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.
 ◆ *Do count* all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies.
 ◆ If two rooms have been converted into one, count them as one room.

Number of rooms

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

- Yes
 No

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

- Basement or semi-basement
 Ground floor (street level)
 First floor (floor above street level)
 Second floor
 Third or fourth floor
 Fifth floor or higher

H6 Does your accommodation have central heating?

◆ If you have central heating available, ✓ 'Yes' whether or not you use it.

◆ Central heating includes:

- gas, oil or solid fuel central heating
- night storage heaters
- warm air heating
- underfloor heating

- Yes, in some or all rooms
 No

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

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

- None
 One
 Two
 Three
 Four or more, please write in number

H8 Does your household own or rent the accommodation?

◆ ✓ *one box only.*

- Owns outright
 ► Go to **H10**
- Owns with a mortgage or loan
 ► Go to **H10**
- Pays part rent and part mortgage (shared ownership)
 ► Go to **H10**
- Rents
 ► Go to **H9**
- Lives here rent free
 ► Go to **H9**

H9 Who is your landlord?

- Council (Local Authority)
 Housing Association
 Housing Co-operative
 Charitable Trust
 Registered Social Landlord
- Private landlord or letting agency
 Employer of a household member
 Relative or friend of a household member
 Other

H10 Please turn the page.

Household Members and their Relationships within the Household

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

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

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

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

Name of Person 4

First name	STEVEN
Surname	SMITH

Relationship of**Person 4 to Person** → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 5

First name	JAMES
Surname	SMITH

Relationship of**Person 5 to Person** → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 4

First name	
Surname	

Relationship of**Person 4 to Person** → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 5

First name	
Surname	

Relationship of**Person 5 to Person** → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1

1 What is your name? (Person 1 in Table 1)

First name and surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2 What is your sex?

Male Female

3 What is your date of birth?

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4 What is your marital status (on 29 April 2001)?

- Single (never married)
- Married (first marriage)
- Re-married
- Separated (but still legally married)
- Divorced
- Widowed

5 Are you a schoolchild or student in full-time education?

- Yes ► Go to **6**
- No ► Go to **7**

6 Do you live at the address shown on the front of this form during the school, college or university term?

◆ Only answer this question if you have answered 'Yes' to Question 5.

Yes, I live at this address during the school/college/university term

► Go to **7**

No, I live elsewhere during the school/college/university term

► Go to **36**

7 What is your country of birth?

- England Wales
- Scotland
- Northern Ireland
- Republic of Ireland
- Elsewhere, *please write in the present name of the country*

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8 What is your ethnic group?

◆ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.

A White

- British Irish
- Any other White background, *please write in*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, *please write in*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C Asian or Asian British

- Indian Pakistani
- Bangladeshi
- Any other Asian background, *please write in*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D Black or Black British

- Caribbean African
- Any other Black background, *please write in*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E Chinese or other ethnic group

- Chinese
- Any other, *please write in*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9 Can you understand, speak, read, or write Welsh?

◆ ✓ all the boxes that apply.

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None of the above

10 What is your religion?

◆ This question is voluntary.

◆ ✓ one box only.

- None
- Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, *please write in*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11 Over the last twelve months would you say your health has on the whole been:

- Good?
- Fairly good?
- Not good?

12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

◆ Do *not* count anything you do as part of your paid employment.

◆ ✓ time spent in a typical week.

- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50+ hours a week

Person 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

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
 No usual address one year ago
 Elsewhere, *please write in below*

	Postcode

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**

16 Which of these qualifications do you have?

◆ ✓ *all the qualifications that apply or, if not specified, the nearest equivalent.*

- | | |
|---|--|
| <input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades) | <input type="checkbox"/> NVQ Level 1, Foundation GNVQ |
| <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1),
5+ GCSEs (grades A-C), School Certificate | <input type="checkbox"/> NVQ Level 2,
Intermediate GNVQ |
| <input type="checkbox"/> 1+ A levels/AS levels | <input type="checkbox"/> NVQ Level 3, Advanced GNVQ |
| <input type="checkbox"/> 2+ A levels, 4+ AS levels,
Higher School Certificate | <input type="checkbox"/> NVQ Levels 4-5, HNC, HND |
| <input type="checkbox"/> First Degree (eg BA, BSc) | <input type="checkbox"/> Other Qualifications (eg City and
Guilds, RSA/OCR, BTEC/Edexcel) |
| <input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE,
post-graduate certificates/diplomas) | <input type="checkbox"/> No Qualifications |

17 Do you have any of the following professional qualifications?

◆ ✓ *all the boxes that apply.*

- | | |
|---|---|
| <input type="checkbox"/> No Professional Qualifications | <input type="checkbox"/> Qualified Dentist |
| <input type="checkbox"/> Qualified Teacher Status (for schools) | <input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor |
| <input type="checkbox"/> Qualified Medical Doctor | <input type="checkbox"/> Other Professional Qualifications |

18 Last week, were you doing any work:

- as an employee, or on a Government sponsored training scheme,
- as self-employed/freelance, or in your own/family business?

◆ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

- Yes ▶ Go to **24**
 No ▶ Go to **19**

19 Were you actively looking for any kind of paid work during the last 4 weeks?

- Yes No

20 If a job had been available last week, could you have started it within 2 weeks?

- Yes No

21 Last week, were you waiting to start a job already obtained?

- Yes No

22 Last week, were you any of the following?

◆ ✓ *all the boxes that apply.*

- Retired
 Student
 Looking after home/family
 Permanently sick/disabled
 None of the above

23 Have you ever worked?

Yes, *please write in the year you last worked*

--	--	--	--

▶ Go to **24**

No, have never worked

▶ Go to **36**

24 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

◆ *Your main job is the job in which you usually work the most hours.*

25 Do (did) you work as an employee or are (were) you self-employed?

- Employee
 Self-employed with employees
 Self-employed/freelance without employees

26 How many people work (worked) for your employer at the place where you work (worked)?

◆ If you are (were) self-employed, ✓ to show how many people you employ (employed).

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

Person 1 - continued

27 What is (was) the full title of your *main* job?

- ◆ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
- ◆ Civil Servants, Local Government Officers - give job title not grade or pay band.

28 Describe what you do (did) in your *main* job.

29 Do (did) you supervise any other employees?

- ◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

Yes No

30 What is (was) the business of your employer at the place where you work (worked)?

- ◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.
- ◆ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?
- ◆ Civil Servants, Local Government Officers - please specify your Department.

31 If you were working last week ▶ Go to **32**
If you were not working last week ▶ Go to **36**

32 What is the full name of the organisation you work for in your *main* job?

- ◆ If you have your own business, write in the name.

Self-employed/freelance Work for a private individual

33 What is the address of the place where you work in your *main* job?

- ◆ If you report to a depot, write in the depot address.

Postcode

Mainly work at or from home Offshore installation
 No fixed place

34 How do you usually travel to work?

- ◆ ✓ *one box only.*
- ◆ ✓ *the box for the longest part, by distance, of your usual journey to work.*

- Work mainly at or from home
- Underground, metro, light rail, tram
- Train
- Bus, minibus or coach
- Motor cycle, scooter or moped
- Driving a car or van
- Passenger in a car or van
- Taxi
- Bicycle
- On foot
- Other

35 How many hours a week do you usually work in your *main* job?

- ◆ Answer to nearest whole hour.
 - ◆ Give average for last four weeks.
- Number of hours worked a week

36 THERE ARE NO MORE QUESTIONS FOR PERSON 1.

- ◆ Go to questions for Person 2.
- ◆ If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.
- ◆ Remember to sign the Declaration on page 1.

Person 2

1 What is your name? (Person 2 in Table 1)

First name and surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2 What is your sex?

Male Female

3 What is your date of birth?

Day	Month	Year

4 What is your marital status (on 29 April 2001)?

- Single (never married)
- Married (first marriage)
- Re-married
- Separated (but still legally married)
- Divorced
- Widowed

5 Are you a schoolchild or student in full-time education?

- Yes ▶ Go to **6**
- No ▶ Go to **7**

6 Do you live at the address shown on the front of this form during the school, college or university term?

◆ Only answer this question if you have answered 'Yes' to Question 5.

- Yes, I live at this address during the school/college/university term
▶ Go to **7**
- No, I live elsewhere during the school/college/university term
▶ Go to **36**

7 What is your country of birth?

- England Wales
 - Scotland
 - Northern Ireland
 - Republic of Ireland
 - Elsewhere, *please write in the present name of the country*
- | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

8 What is your ethnic group?

◆ Choose ONE section from A to E, then **✓** the appropriate box to indicate your cultural background.

A White

- British Irish
- Any other White background, *please write in*

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, *please write in*

C Asian or Asian British

- Indian Pakistani
- Bangladeshi
- Any other Asian background, *please write in*

D Black or Black British

- Caribbean African
- Any other Black background, *please write in*

E Chinese or other ethnic group

- Chinese
- Any other, *please write in*

9 Can you understand, speak, read, or write Welsh?

◆ **✓** all the boxes that apply.

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None of the above

10 What is your religion?

◆ This question is voluntary.

◆ **✓** one box only.

- None
- Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, *please write in*

11 Over the last twelve months would you say your health has on the whole been:

- Good?
- Fairly good?
- Not good?

12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

◆ Do **not** count anything you do as part of your paid employment.

◆ **✓** time spent in a typical week.

- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50+ hours a week

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.

Yes No

14 What was your usual address one year ago?

◆ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

◆ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

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

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**

16 Which of these qualifications do you have?

◆ ✓ *all the qualifications that apply or, if not specified, the nearest equivalent.*

- | | |
|---|--|
| <input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades) | <input type="checkbox"/> NVQ Level 1, Foundation GNVQ |
| <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1),
5+ GCSEs (grades A-C), School Certificate | <input type="checkbox"/> NVQ Level 2,
Intermediate GNVQ |
| <input type="checkbox"/> 1+ A levels/AS levels | <input type="checkbox"/> NVQ Level 3, Advanced GNVQ |
| <input type="checkbox"/> 2+ A levels, 4+ AS levels,
Higher School Certificate | <input type="checkbox"/> NVQ Levels 4-5, HNC, HND |
| <input type="checkbox"/> First Degree (eg BA, BSc) | <input type="checkbox"/> Other Qualifications (eg City and
Guilds, RSA/OCR, BTEC/Edexcel) |
| <input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE,
post-graduate certificates/diplomas) | <input type="checkbox"/> No Qualifications |

17 Do you have any of the following professional qualifications?

◆ ✓ *all the boxes that apply.*

- | | |
|---|---|
| <input type="checkbox"/> No Professional Qualifications | <input type="checkbox"/> Qualified Dentist |
| <input type="checkbox"/> Qualified Teacher Status (for schools) | <input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor |
| <input type="checkbox"/> Qualified Medical Doctor | <input type="checkbox"/> Other Professional Qualifications |

18 Last week, were you doing any work:

- as an employee, or on a Government sponsored training scheme,
- as self-employed/freelance, or in your own/family business?

◆ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

- Yes ▶ Go to **24**
- No ▶ Go to **19**

19 Were you actively looking for any kind of paid work during the last 4 weeks?

Yes No

20 If a job had been available last week, could you have started it within 2 weeks?

Yes No

21 Last week, were you waiting to start a job already obtained?

Yes No

22 Last week, were you any of the following?

◆ ✓ *all the boxes that apply.*

- Retired
- Student
- Looking after home/family
- Permanently sick/disabled
- None of the above

23 Have you ever worked?

Yes, *please write in the year you last worked*

▶ Go to **24**

No, have never worked

▶ Go to **36**

24 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

◆ Your *main* job is the job in which you usually work the most hours.

25 Do (did) you work as an employee or are (were) you self-employed?

- Employee
- Self-employed with employees
- Self-employed/freelance without employees

26 How many people work (worked) for your employer at the place where you work (worked)?

◆ If you are (were) self-employed, ✓ to show how many people you employ (employed).

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

Person 3

1 What is your name? (Person 3 in Table 1)

First name and surname

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2 What is your sex?

Male Female

3 What is your date of birth?

Day	Month	Year

4 What is your marital status (on 29 April 2001)?

- Single (never married)
- Married (first marriage)
- Re-married
- Separated (but still legally married)
- Divorced
- Widowed

5 Are you a schoolchild or student in full-time education?

- Yes ▶ Go to **6**
- No ▶ Go to **7**

6 Do you live at the address shown on the front of this form during the school, college or university term?

◆ Only answer this question if you have answered 'Yes' to Question 5.

Yes, I live at this address during the school/college/university term

▶ Go to **7**

No, I live elsewhere during the school/college/university term

▶ Go to **36**

7 What is your country of birth?

- England Wales
- Scotland
- Northern Ireland
- Republic of Ireland
- Elsewhere, please write in the present name of the country

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8 What is your ethnic group?

◆ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.

A White

- British Irish
- Any other White background, please write in

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B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please write in

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C Asian or Asian British

- Indian Pakistani
- Bangladeshi
- Any other Asian background, please write in

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D Black or Black British

- Caribbean African
- Any other Black background, please write in

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E Chinese or other ethnic group

- Chinese
- Any other, please write in

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9 Can you understand, speak, read, or write Welsh?

◆ ✓ all the boxes that apply.

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None of the above

10 What is your religion?

◆ This question is voluntary.

◆ ✓ one box only.

- None
- Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please write in

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11 Over the last twelve months would you say your health has on the whole been:

- Good?
- Fairly good?
- Not good?

12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

◆ Do *not* count anything you do as part of your paid employment.

◆ ✓ time spent in a typical week.

- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50+ hours a week

Person 3 - continued

13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

◆ Include problems which are due to old age.

- Yes No

14 What was your usual address one year ago?

◆ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

◆ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

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

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**

16 Which of these qualifications do you have?

◆ ✓ *all the qualifications that apply or, if not specified, the nearest equivalent.*

- | | |
|--|--|
| <input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades) | <input type="checkbox"/> NVQ Level 1, Foundation GNVQ |
| <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate | <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ |
| <input type="checkbox"/> 1+ A levels/AS levels | <input type="checkbox"/> NVQ Level 3, Advanced GNVQ |
| <input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate | <input type="checkbox"/> NVQ Levels 4-5, HNC, HND |
| <input type="checkbox"/> First Degree (eg BA, BSc) | <input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OOCR, BTEC/Edexcel) |
| <input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) | <input type="checkbox"/> No Qualifications |

17 Do you have any of the following professional qualifications?

◆ ✓ *all the boxes that apply.*

- | | |
|---|---|
| <input type="checkbox"/> No Professional Qualifications | <input type="checkbox"/> Qualified Dentist |
| <input type="checkbox"/> Qualified Teacher Status (for schools) | <input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor |
| <input type="checkbox"/> Qualified Medical Doctor | <input type="checkbox"/> Other Professional Qualifications |

18 Last week, were you doing any work:

- as an employee, or on a Government sponsored training scheme,
- as self-employed/freelance, or in your own/family business?

◆ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

- Yes ▶ Go to **24**
 No ▶ Go to **19**

19 Were you actively looking for any kind of paid work during the last 4 weeks?

- Yes No

20 If a job had been available last week, could you have started it within 2 weeks?

- Yes No

21 Last week, were you waiting to start a job already obtained?

- Yes No

22 Last week, were you any of the following?

◆ ✓ *all the boxes that apply.*

- Retired
 Student
 Looking after home/family
 Permanently sick/disabled
 None of the above

23 Have you ever worked?

Yes, *please write in the year you last worked*

▶ Go to **24**

No, have never worked

▶ Go to **36**

24 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

◆ *Your main job is the job in which you usually work the most hours.*

25 Do (did) you work as an employee or are (were) you self-employed?

- Employee
 Self-employed with employees
 Self-employed/freelance without employees

26 How many people work (worked) for your employer at the place where you work (worked)?

◆ If you are (were) *self-employed*, ✓ *to show how many people you employ (employed).*

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

Person 4

1 What is your name? (Person 4 in Table 1)

First name and surname

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2 What is your sex?

Male Female

3 What is your date of birth?

Day	Month	Year								
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4 What is your marital status (on 29 April 2001)?

- Single (never married)
 Married (first marriage)
 Re-married
 Separated (but still legally married)
 Divorced
 Widowed

5 Are you a schoolchild or student in full-time education?

- Yes ► **Go to 6**
 No ► **Go to 7**

6 Do you live at the address shown on the front of this form during the school, college or university term?

◆ **Only answer this question if you have answered 'Yes' to Question 5.**

- Yes, I live at this address during the school/college/university term

► **Go to 7**

- No, I live elsewhere during the school/college/university term

► **Go to 36**

7 What is your country of birth?

- England Wales
 Scotland
 Northern Ireland
 Republic of Ireland
 Elsewhere, *please write in the present name of the country*

8 What is your ethnic group?

◆ **Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.**

A White

- British Irish
 Any other White background, *please write in*

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B Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background, *please write in*

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C Asian or Asian British

- Indian Pakistani
 Bangladeshi
 Any other Asian background, *please write in*

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D Black or Black British

- Caribbean African
 Any other Black background, *please write in*

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E Chinese or other ethnic group

- Chinese
 Any other, *please write in*

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9 Can you understand, speak, read, or write Welsh?

◆ ✓ *all the boxes that apply.*

- Understand spoken Welsh
 Speak Welsh
 Read Welsh
 Write Welsh
 None of the above

10 What is your religion?

◆ **This question is voluntary.**

◆ ✓ *one box only.*

- None
 Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion, *please write in*

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11 Over the last twelve months would you say your health has on the whole been:

- Good?
 Fairly good?
 Not good?

12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- **long-term physical or mental ill-health or disability, or**
- **problems related to old age?**

◆ **Do *not* count anything you do as part of your paid employment.**

◆ ✓ *time spent in a typical week.*

- No
 Yes, 1 - 19 hours a week
 Yes, 20 - 49 hours a week
 Yes, 50+ hours a week

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.

- Yes No

14 What was your usual address one year ago?

◆ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

◆ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

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

																	Postcode					

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**

16 Which of these qualifications do you have?

◆ ✓ *all the qualifications that apply or, if not specified, the nearest equivalent.*

- | | |
|--|---|
| <input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades) | <input type="checkbox"/> NVQ Level 1, Foundation GNVQ |
| <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate | <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ |
| <input type="checkbox"/> 1+ A levels/AS levels | <input type="checkbox"/> NVQ Level 3, Advanced GNVQ |
| <input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate | <input type="checkbox"/> NVQ Levels 4-5, HNC, HND |
| <input type="checkbox"/> First Degree (eg BA, BSc) | <input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel) |
| <input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas) | <input type="checkbox"/> No Qualifications |

17 Do you have any of the following professional qualifications?

◆ ✓ *all the boxes that apply.*

- | | |
|---|---|
| <input type="checkbox"/> No Professional Qualifications | <input type="checkbox"/> Qualified Dentist |
| <input type="checkbox"/> Qualified Teacher Status (for schools) | <input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor |
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18 Last week, were you doing any work:

- as an employee, or on a Government sponsored training scheme,
- as self-employed/freelance, or in your own/family business?

◆ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

- Yes ▶ Go to **24**
- No ▶ Go to **19**

19 Were you actively looking for any kind of paid work during the last 4 weeks?

- Yes No

20 If a job had been available last week, could you have started it within 2 weeks?

- Yes No

21 Last week, were you waiting to start a job already obtained?

- Yes No

22 Last week, were you any of the following?

◆ ✓ *all the boxes that apply.*

- Retired
- Student
- Looking after home/family
- Permanently sick/disabled
- None of the above

23 Have you ever worked?

Yes, *please write in the year you last worked*

--	--	--	--	--

▶ Go to **24**

No, have never worked

▶ Go to **36**

24 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

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- Self-employed with employees
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26 How many people work (worked) for your employer at the place where you work (worked)?

◆ If you are (were) self-employed, ✓ to show how many people you employ (employed).

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

Person 5

1 What is your name? (Person 5 in Table 1)

First name and surname

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2 What is your sex?

- Male Female

3 What is your date of birth?

Day		Month		Year	

4 What is your marital status (on 29 April 2001)?

- Single (never married)
 Married (first marriage)
 Re-married
 Separated (but still legally married)
 Divorced
 Widowed

5 Are you a schoolchild or student in full-time education?

- Yes ► Go to **6**
 No ► Go to **7**

6 Do you live at the address shown on the front of this form during the school, college or university term?

◆ Only answer this question if you have answered 'Yes' to Question 5.

- Yes, I live at this address during the school/college/university term

► Go to **7**

- No, I live elsewhere during the school/college/university term

► Go to **36**

7 What is your country of birth?

- England Wales
 Scotland
 Northern Ireland
 Republic of Ireland
 Elsewhere, please write in the present name of the country

8 What is your ethnic group?

◆ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.

A White

- British Irish
 Any other White background, please write in

B Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background, please write in

C Asian or Asian British

- Indian Pakistani
 Bangladeshi
 Any other Asian background, please write in

D Black or Black British

- Caribbean African
 Any other Black background, please write in

E Chinese or other ethnic group

- Chinese
 Any other, please write in

9 Can you understand, speak, read, or write Welsh?

◆ ✓ all the boxes that apply.

- Understand spoken Welsh
 Speak Welsh
 Read Welsh
 Write Welsh
 None of the above

10 What is your religion?

◆ This question is voluntary.

◆ ✓ one box only.

- None
 Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion, please write in

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 Fairly good?
 Not good?

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- long-term physical or mental ill-health or disability, or
- problems related to old age?

◆ Do not count anything you do as part of your paid employment.

◆ ✓ time spent in a typical week.

- No
 Yes, 1 - 19 hours a week
 Yes, 20 - 49 hours a week
 Yes, 50+ hours a week

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.

Yes No

14 What was your usual address one year ago?

◆ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

◆ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

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

Postcode																												

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If you are aged 15 and under, or 75 and over ▶ Go to **36**

16 Which of these qualifications do you have?

◆ ✓ *all the qualifications that apply or, if not specified, the nearest equivalent.*

<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ
<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ
<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVQ
<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND
<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)
<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications

17 Do you have any of the following professional qualifications?

◆ ✓ *all the boxes that apply.*

<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist
<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications

18 Last week, were you doing any work:

- as an employee, or on a Government sponsored training scheme,
- as self-employed/freelance, or in your own/family business?

◆ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

Yes ▶ Go to **24**
 No ▶ Go to **19**

19 Were you actively looking for any kind of paid work during the last 4 weeks?

Yes No

20 If a job had been available last week, could you have started it within 2 weeks?

Yes No

21 Last week, were you waiting to start a job already obtained?

Yes No

22 Last week, were you any of the following?

◆ ✓ *all the boxes that apply.*

Retired
 Student
 Looking after home/family
 Permanently sick/disabled
 None of the above

23 Have you ever worked?

Yes, *please write in the year you last worked*

▶ Go to **24**

No, have never worked

▶ Go to **36**

24 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

◆ *Your main job is the job in which you usually work the most hours.*

25 Do (did) you work as an employee or are (were) you self-employed?

Employee
 Self-employed with employees
 Self-employed/freelance without employees

26 How many people work (worked) for your employer at the place where you work (worked)?

◆ *If you are (were) self-employed, ✓ to show how many people you employ (employed).*

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

Person 5 - continued

27 What is (was) the full title of your *main* job?

- ◆ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
- ◆ Civil Servants, Local Government Officers - give job title not grade or pay band.

28 Describe what you do (did) in your *main* job.

29 Do (did) you supervise any other employees?

- ◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

Yes No

30 What is (was) the business of your employer at the place where you work (worked)?

- ◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.
- ◆ If you are (were) self-employed/freelance or have (had) your own business, what is (was) the nature of your business?
- ◆ Civil Servants, Local Government Officers - please specify your Department.

31 If you were working last week ► Go to **32**
 If you were not working last week ► Go to **36**

32 What is the full name of the organisation you work for in your *main* job?

- ◆ If you have your own business, write in the name.

Self-employed/freelance Work for a private individual

33 What is the address of the place where you work in your *main* job?

- ◆ If you report to a depot, write in the depot address.

Postcode

Mainly work at or from home Offshore installation
 No fixed place

34 How do you usually travel to work?

- ◆ ✓ one box only.
- ◆ ✓ the box for the longest part, by distance, of your usual journey to work.

Work mainly at or from home

Underground, metro, light rail, tram

Train

Bus, minibus or coach

Motor cycle, scooter or moped

Driving a car or van

Passenger in a car or van

Taxi

Bicycle

On foot

Other

35 How many hours a week do you usually work in your *main* job?

- ◆ Answer to nearest whole hour.
- ◆ Give average for last four weeks.

Number of hours worked a week

36 THERE ARE NO MORE QUESTIONS FOR PERSON 5.

- ◆ 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 extra form.
- ◆ Remember to sign the Declaration on page 1.

