



## Table 1 Household Members

- ◆ Using *black or blue ink*, 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 but 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 for whom only basic information is required at this address.
  - 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.
  - Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces, if they usually live 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.   | 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"/> |
| Person 6   | <input type="checkbox"/> |
| If you have more than 6 people in your household, you will need an extra form. Please contact the Census Helpline. |                          |
| Person 7   | <input type="checkbox"/> |
| Person 8   | <input type="checkbox"/> |
| Person 9   | <input type="checkbox"/> |
| Person 10  | <input type="checkbox"/> |
| Person 11  | <input type="checkbox"/> |
| Person 12  | <input type="checkbox"/> |

## Table 2 Visitors

- ◆ To help you complete the form you may use Table 2 to list any visitors staying 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 **H6** (page 3). No further questions need to be answered.

| First name and surname | 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. Where possible, start a new line if a word will not fit.

## 9 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 your 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 Are the rooms used by your household located on more than one floor?

- Yes
- No

### H7 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

### H8 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

### H9 Does your household own or rent the accommodation?

◆  one box only.

- Owns outright **▶ Go to H11**
- Owns with a mortgage or loan **▶ Go to H11**
- Pays part rent and part mortgage (shared ownership) **▶ Go to H11**
- Rents **▶ Go to H10**
- Lives here rent free **▶ Go to H10**

### H10 Who is your landlord?

- Northern Ireland Housing Executive
- Housing Association
- Housing Co-operative
- Charitable Trust
- Private landlord or letting agency
- Employer of a household member
- Relative or friend of a household member
- Other

### H11 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 four children (Alison, Steven, James and Margaret).
- ◆ 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  | Name of Person 4   |
|--|---|---|--|
| First name <b>JOHN</b>                     | First name <b>MARY</b>  | First name <b>ALISON</b>  | First name <b>STEVEN</b>   |
| Surname <b>SMITH</b>                       | Surname <b>SMITH</b>  | Surname <b>SMITH</b>  | Surname <b>SMITH</b>   |
| <b>ENTER NAME OF PERSON 1 ABOVE</b>        | Relationship of Person 2 to Person → 1                              | Relationship of Person 3 to Person → 1 2  | Relationship of Person 4 to Person → 1 2 3   |
|  | Husband or wife <input checked="" type="checkbox"/>                 | Husband or wife <input type="checkbox"/> <input type="checkbox"/>                                       | Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                       |
|  | Partner <input type="checkbox"/>                                    | Partner <input type="checkbox"/> <input type="checkbox"/>   | Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                               |
|  | Son or daughter <input type="checkbox"/>                            | Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>                 | Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
|  | Step-child <input type="checkbox"/>                                 | Step-child <input type="checkbox"/> <input type="checkbox"/>  | Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                            |
| Brother or sister <input type="checkbox"/> | Brother or sister <input type="checkbox"/> <input type="checkbox"/> | Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |  |

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

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



**Name of Person 5**

|            |              |
|------------|--------------|
| First name | <b>JAMES</b> |
| Surname    | <b>SMITH</b> |

**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 6**

|            |                 |
|------------|-----------------|
| First name | <b>MARGARET</b> |
| Surname    | <b>SMITH</b>    |

**Relationship of Person 6 to Person** →

|                   | 1                                   | 2                                   | 3                                   | 4                                   | 5                                   |
|-------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Husband or wife   | <input type="checkbox"/>            | <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"/>            | <input type="checkbox"/>            |
| Son or daughter   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Step-child        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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"/> | <input checked="" 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"/> |

**Name of Person 6**

|            |  |
|------------|--|
| First name |  |
| Surname    |  |

**Relationship of Person 6 to Person** →

|                            | 1                        | 2                        | 3                        | 4                        | 5                        |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Husband or wife            | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Son or daughter            | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Brother or sister          | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Step-mother or step-father | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Grandparent                | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Unrelated                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Remaining questions should be answered for each member of your household in the same order as they are listed in Table 1 (page 2 of your Household Form). Where a household member is completing an Individual Form for privacy reasons, the remaining questions for this person should be left *blank*.















































**SPECIMEN**

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