

## Household questions

### H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

- 1 Detached     2 Semi-detached     3 Terraced (including end-terrace)

A flat, maisonette or apartment that is:

- 4 In a purpose-built block of flats
- 5 Part of a converted house, for example a bed-sit
- 6 In a commercial building such as an office building, a hotel or over a shop

A temporary or mobile structure:

- 7 A temporary or mobile structure, for example a Portakabin™ or a tent

### H2 Does your household have its own -

Please ✓ all that apply.

- 1 Cooking facilities     2 Bathroom or shower     3 Toilet

### 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.  
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 Home computing

Does your household have a computer available at home for its use?

- 1 Yes     2 No

Does your household have access to the Internet at home?

- 1 Yes     2 No

### H5 Motor vehicles

How many cars, vans or motorcycles are owned, or available for use, by anyone in your household?

Include any vehicle owned by your employer that is available for private use

Number of cars:  Number of vans:  Number of motorcycles or scooters:

How many of these vehicles are usually left at night in:

a private garage:  a private parking area:  a public parking area:

a public road or street:  elsewhere:

### H6 As the householder how do you occupy your accommodation?

'a-h' qualified means locally qualified as defined by the Housing Regulations

'j' qualified means formally approved by the Housing Committee as an essential employee

'k' qualified means formally approved by the Housing Committee on grounds of significant economic or social benefit

#### A

- 1 As a residentially qualified (a-h) owner-occupier (including purchase by share transfer) or on a lease of more than 9 years
- 2 As a residentially qualified (a-h) tenant of the States, a housing trust/association or a Parish
- 3 As a residentially qualified (a-h) tenant or occupier of private accommodation
- 4 As a residentially qualified (a-h) tenant or occupier of tied, ie staff, accommodation
- 5 As a residentially qualified (j) occupier of private accommodation
- 6 As a residentially qualified (k) occupier

#### B

- 1 As a non-qualified lodger in a Registered Lodging House
- 2 As a non-qualified lodger in a private dwelling
- 3 As a non-qualified occupier of tied, ie staff, accommodation
- 4 As a non-qualified licensee of a whole dwelling
- 5 As a non-qualified owner-occupier

# person

## Householder

Person 1

1 What is your name?

First name  Other forenames

Surname

2 No question 2 for the householder

3 Were you present or absent on Census night?

1 Present  2 Absent from this address but elsewhere in Jersey  3 Absent from Jersey

4 What is your gender?

1 Male  2 Female

5 What is your date of birth?

Day  Month  Year

6 Where were you born?

1 Jersey  2 Irish Republic  3 Elsewhere in the British Isles (a)  4 France

5 Portugal/Madeira  6 Other member of the E.U. or E.E.A. (b)

7 Elsewhere

(a) box 3 - England, Wales, Scotland, Northern Ireland, other Channel Islands or Isle of Man

(b) box 6 - Austria, Belgium, Denmark, Finland, Germany, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Spain, Sweden and Switzerland.

7 When did your present period of continuous residence in Jersey begin?

Ignore periods of absence on holiday and absence during the Occupation years

At birth  In (year)

8 What is your cultural and ethnic background?

Please ✓ the appropriate box or boxes in one of groups A to D.

A White

- Jersey
  British
  French
  Irish
  Portuguese/Madeiran  
 Any other White background. Please write in:

B Asian

- Bangladeshi
  Chinese
  Indian
  Pakistani  
 Any other Asian background. Please write in:

C Black

- African
  Caribbean  
 Any other Black background. Please write in:

D Other or Mixed

- Please write in:

9 What languages do you speak?

usually (✓ one box only)

- 1 English
  2 Jersey French
  3 French
  4 Portuguese
  5 Other  
 (please specify)  (No.5)

sometimes (✓ all that apply)

- 6 English
  7 Jersey French
  8 French
  9 Portuguese
  10 Other  
 (please specify)  (No.10)

10 What is your marital status (on 11 March 2001)?

- 1 Single (never married)  
 2 Married (first marriage)  
 3 Re-married  
 4 Separated (but still legally married)  
 5 Divorced  
 6 Widowed

11 No question 11 for the Householder

Please proceed to question 12



12 Which of these qualifications do you have?

Please ✓ any that apply. If your qualification is not specified, ✓ nearest equivalent

- |  |  |
|--|--|
| <input type="checkbox"/> 1 No formal qualifications  | <input type="checkbox"/> 2 1+ O levels/CSEs/GCSEs (any grades) |
| <input type="checkbox"/> 3 NVQ level 1, Foundation GNVQ  | <input type="checkbox"/> 4 NVQ level 2, Intermediate GNVQ      |
| <input type="checkbox"/> 5 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate |  |
| <input type="checkbox"/> 6 1+ A levels/AS levels   | <input type="checkbox"/> 7 NVQ level 3, Advanced GNVQ          |
| <input type="checkbox"/> 8 2+ A levels, 4+ AS levels, Higher School Certificate                      | <input type="checkbox"/> 9 NVQ levels 4-5, HNC, HND            |
| <input type="checkbox"/> 10 First Degree (eg BA, BSc)  |  |
| <input type="checkbox"/> 11 Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)    |  |
| <input type="checkbox"/> 12 Other qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)         |  |

Please write in

13 Do you have any of the following professional qualifications?

Please ✓ all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> 1 No professional qualifications           | <input type="checkbox"/> 2 Qualified teacher status (for schools) |
| <input type="checkbox"/> 3 Qualified medical doctor                 | <input type="checkbox"/> 4 Qualified dentist                      |
| <input type="checkbox"/> 5 Qualified nurse, midwife, health visitor | <input type="checkbox"/> 6 Other professional qualifications      |

Please specify  (No.6)

14 Are you currently studying for any of the following qualifications?

Please ✓ all that apply.

- |  |
|--|
| <input type="checkbox"/> 1 None                            |
| <input type="checkbox"/> 2 NVQ level 2 / Intermediate GNVQ |
| <input type="checkbox"/> 3 GCSE                            |
| <input type="checkbox"/> 4 NVQ level 3 / Advanced GNVQ     |
| <input type="checkbox"/> 5 GCE A level                     |
| <input type="checkbox"/> 6 NVQ level 4                     |
| <input type="checkbox"/> 7 NVQ level 5                     |
| <input type="checkbox"/> 8 First Degree                    |
| <input type="checkbox"/> 9 Higher Degree                   |
| <input type="checkbox"/> 10 Professional qualifications    |
| <input type="checkbox"/> 11 Other qualifications           |

Please write in  (No.11)

## 15 Which of these things were you doing last week?

Please read carefully through the list and ✓ one box only.

Casual or temporary work should be counted as 1, 2, 3 or 4. Also ✓ one of these boxes if you had a job last week but were off sick, on holiday, temporarily laid off or on strike.

Ignore any part-time or temporary work (e.g. a newspaper round, Saturday, or holiday work) undertaken by a student in full-time education

- 1 Working for an employer full time (more than 25 hours per week)
- 2 Working for an employer part time (25 hours or less per week)
- 3 Self employed and employing others
- 4 Self employed but not employing others
- 5 Unemployed and looking for a job or waiting to take up a job
- 6 In full-time education
- 7 Unable to work because of long-term sickness or disability
- 8 Retired from paid work
- 9 Looking after the home and/or family
- 10 Other. Please write in



If you have ✓ any of boxes 1 to 4 in question 15  
Go on to question 16

If you have ✓ any of boxes 5 to 10 in question 15  
you have completed person 1  
Go to person 2

## 16 (a) What is the full title of your main job?

For example, Primary school teacher, State Registered Nurse, Car mechanic, Television repairer, Benefits assistant. Please be as specific as possible

Job title:

## (b) Please describe what you do in your main job?

## 17 How many hours per week do you usually work in your main job?

Do not count overtime or meal breaks

Number of hours worked per week

Please proceed to question 18



18 What type of job is it?

1 Permanent     2 Seasonal     3 Other (Weekend/occasional work etc.)

19 Name and type of business in which you work

a. Name of business

b. Type of business

20 How do you usually travel to work?

Please ✓ one box only.

1 Work mainly at or from home

2 Private car (alone)

3 Private car (with others)

4 Motorcycle or scooter

5 Bus

6 Taxi

7 Cycle

8 Walk

9 Other. Please write in

There are no more questions for Person 1 → Please go to Person 2

Strictly confidential

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 at the back of this document.