29 April

count me in
Census2001

England Household Form

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 who discloses 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

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 ____________

*Multi-form households only

What you have to do

♦ Your household should complete this form in black or blue ink. A household is:
  ♦ one person living alone, or
  ♦ a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day.

♦ This form covers five people. If there are more than five people in your household you will need an extra form.

Identify household members in Table 1 (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.
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’.

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname</th>
<th>Individual Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>First name and surname</th>
<th>Usual address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
SOUTH
AFRICA

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?
☐ Yes, all the rooms are behind a door that only your household can use
☐ No

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

H6 Does your accommodation have central heating?
☐ Yes, in some or all rooms
☐ No

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
☐ 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

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

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

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.

<table>
<thead>
<tr>
<th>Name of Person 1</th>
<th>Name of Person 2</th>
<th>Name of Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>First name</td>
<td>First name</td>
</tr>
<tr>
<td>Surname</td>
<td>Surname</td>
<td>Surname</td>
</tr>
</tbody>
</table>

**ENTER NAME OF PERSON 1 ABOVE**

- 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.

<table>
<thead>
<tr>
<th>Name of Person 1</th>
<th>Name of Person 2</th>
<th>Name of Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>First name</td>
<td>First name</td>
</tr>
<tr>
<td>Surname</td>
<td>Surname</td>
<td>Surname</td>
</tr>
</tbody>
</table>

**ENTER NAME OF PERSON 1 ABOVE**

- Husband or wife
- Partner
- Son or daughter
- Step-child
- Brother or sister
- Mother or father
- Step-mother or step-father
- Grandchild
- Grandparent
- Other related
- Unrelated

- Relationship of Person 2 to Person 1
  - Husband or wife
  - Partner
  - Son or daughter
  - Step-child
  - Brother or sister
  - Mother or father
  - Step-mother or step-father
  - Grandchild
  - Grandparent
  - Other related
  - Unrelated

- Relationship of Person 3 to Person 1
  - Husband or wife
  - Partner
  - Son or daughter
  - Step-child
  - Brother or sister
  - Mother or father
  - Step-mother or step-father
  - Grandchild
  - Grandparent
  - Other related
  - Unrelated
<table>
<thead>
<tr>
<th>Name of Person 4</th>
<th>Name of Person 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First name</strong></td>
<td><strong>First name</strong></td>
</tr>
<tr>
<td><strong>Surname</strong></td>
<td><strong>Surname</strong></td>
</tr>
</tbody>
</table>

### Relationship of Person 4 to Person 5

<table>
<thead>
<tr>
<th>Relationship</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td></td>
<td></td>
<td>✗</td>
</tr>
</tbody>
</table>

### Relationship of Person 5 to Person 4

<table>
<thead>
<tr>
<th>Relationship</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother or step-father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other related</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

<table>
<thead>
<tr>
<th>First name and surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**2 What is your sex?**

- [ ] Male
- [ ] Female

**3 What is your date of birth?**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?**

- [ ] 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
- [ ] 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 check 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 This question is not applicable in England.**

**10 What is your religion?**

- [ ] None
- [ ] Christian (including Church of England, 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 health issues
- 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?**

- [ ] Yes
- [ ] No

14. **What was your usual address one year ago?**

- [ ] Yes
- [ ] No

---

15. **If you are aged 16 to 74**

- [ ] Yes
- [ ] No

16. **Which of these qualifications do you have?**

- [ ] Yes
- [ ] No

---

17. **Do you have any of the following professional qualifications?**

- [ ] Yes
- [ ] No

18. **Last week, were you doing any work?**

- [ ] Yes
- [ ] No

---

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?**

- [ ] Retired
- [ ] Student
- [ ] Looking after home/family
- [ ] Recently sick/disabled
- [ ] None of the above

---

23. **Have you ever worked?**

- [ ] Yes, please write in the year you last worked

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

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)?**

- [ ] 1 - 9
- [ ] 10 - 24
- [ ] 25 - 499
- [ ] 500 or more
### Person 1 - continued

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

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Page 8