## **H5**



## Northern Ireland Census 29 April 2001 count me in



**Household Form** 

Census Helpline 0845 3020011 Text Pho	ne for the Dea	f 0845 3032001	Website www.nicensus2001.gov.uk
Name Address			CD
			ED
	Postcode		Form Number
			Mul. storm sonly form 1 of
To the Householder	What you ha	ave to do	
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 Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.	one proup	living lone, of neople, of neople, of neople, of the mean housekeep or at least one me	cessarily related) living at the same address ing - sharing either a living room or sitting al a day.
Completing your form		you will need an	. If there are more than six people in your extra form.
Completion of the Census form is compulsory under the Census Act (Northern ireland) 1969. If you refuse to complete it, or give false information, you may be has a to a fine. This liability does not apply to compute on of the questions on religion. The requirement for you to return a completed orm with pathole satisfied until such a form has been received. If you had help to assecontact the Census Helphine.	List house the same  Answer the Complete  Ensure that of your house	hold members in page to list visitor ne questions about the relationship set a person section busehold in the sa	Table 1 (page 2). You may use Table 2 on rs.  t your accommodation (page 3). ection (pages 4 and 5).  (3 pages) is completed for every member me order as they are listed in Table 1.
Confidenti	<ul><li>Leave all ι</li></ul>	unused sections of	r pages blank.
The information you provide is protected by law and treated in critic confidence. The information is only used for statistical purposes, and anyone using or disclosing	for the ho	usehold) in the re	ply-paid envelope provided.  all the Census Helpline on 0845 3020011.
Census information improperly will be liable to prosecution. Census forms will be held	All calls to this	number are char	ged at the local rate.
securely under the terms of the Public Records Act (Northern Ireland) 1923.	Declaration	on	
Thank you for your co-operation.	have not r	missed any pages	•
T. N. Caren		is completed to th	ne best of my knowledge and belief.
Dr T N Caven REGISTRAR GENERAL	Signature/s		
NORTHERN IRELAND	Date		

## **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

please c	ontact the Census Helpline and 🗸 the relevant box in the column marked 'Indiv	idual Form'.
Person No.		Individual Form
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		
If you have	more than 6 people in y ur house Id, you will need an extra form. Please contact the Cen	sus Helpline.
Person 7		
Person 8		
Person 9		
Person 10		
Person 11		
Person 12		
Table 2	Visitors	
iable 2	VISITOIS	

- 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

Н	low to complete the	rer	maining 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  SOUTH  AFRICA
Н	lousehold Accommod	lat	ion	
Н1	What type of accommodation does your household occupy?  A whole house or bungalow that is:  Detached	Н4	Do you have a bath/shower and toilet for use only by your household?  Yes No	H9 Does your household own or rent the accommodation?
	Semi-detached  Terraced (including end-terrace)  A flat, maisonette, or apartment that is:	Н5	What is the lowest floor level of your household's living accommodation?  Basement or semi-basement	Owns with a mortgage or loan  Go to H11
	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:	Н	Ground floor (street rel)  First floor (floor above street evel)  Second free  This for fourth floor  Fifth floor or higher  Are the rooms sed by your household located on more	Pays part rent and part mortgage (shared ownership) Go to H11  Rents Go to H10  Lives here rent free
	A caravan or other mobile or temporary structure		han one floor?	Go to H10
•	This means that a the rolms, including the kitch brancom and toilet are behind a door that only your household can use  Yes, and rooms are behind a door that only ou household can use  No  How many rooms do you have	H7	Oes 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	Mho 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
*	for use only by your household? <u>Do not count</u> bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards. <u>Do count</u> all other rooms, for	H8	How many cars or vans are owned, or available for use, by one or more members of your household?	H11 Please turn the page.
<b>*</b>	example kitchens, living rooms, bedrooms, utility rooms and studies.  If two rooms have been converted into one, count them as one room.  Number of rooms	•	Include any company car or van if available for private use.  None One Two Three  Four or more, please write in	



## 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 JOHN Surname SMITH	First name MARY Surname SMITH		First name ALISON Surname SMITH		First name STEVEN Surname SMITH		
	Relationship of Person 2 to Person →	1	Relationship of Person 3 to Person → 1	2	Relationship of Person 4 to Person →	1 2 3	
ENTER NAME	Husband or wife	<b>7</b>	Husband or wife		Husband or wife		
OF PERSON 1	Partner		Partner		Partner		
ABOVE	Son or daughter		Son or daughter		Son or daughter		
	Step-child		Step-child		Step-child		
	Brother or sister		Brother or sister		Brother or sister		
	1						

- Use the same order as Persons are listed in Table 1 (page 2), starting with Person
- Print the name of each household member in the space at the top of columi
- ✓ a box to show the relationship of each person to each of the orange. ers of your household. er mem
- Provide information here for household members who requi Individual Form for privacy reasons. Questions on the following pages should be left lank fo these cople.

Name of Person 1	Name of Person 2		Name & Person 3	3	Name of Person	4		
First name	First name		First name		First name			
Surname	Surname		Surna le		Surname			
	Relations 2 to 1 son	1	Relationship of Person 3 to Person	<b>→</b> 1 2	Relationship of Person 4 to Person	<b>→</b> 1	2	3
ENTER NAME	usban or wife		Husband or wife		Husband or wife			
OF PERSON 1	Panur		Partner		Partner			
ABOVE	Can or a aghter		Son or daughter		Son or daughter			
	Ste -child		Step-child		Step-child			
	Brother or sister		Brother or sister		Brother or sister			
	Mother or father		Mother or father		Mother or father			
	Step-mother or step-father		Step-mother or step-father		Step-mother or step-father			
	Grandchild		Grandchild		Grandchild			
	Grandparent		Grandparent		Grandparent			
	Other related		Other related		Other related			
	Unrelated		Unrelated		Unrelated			

Name of Person 5		Name of Person 6
First name JAMES		First name MARGARET
SMITH Relationship of		SMITH Relationship of
Person 5 to Person →	1 2 3 4	Person 6 to Person → 1 2 3 4 5
Husband or wife		Husband or wife
Partner		Partner
Son or daughter		Son or daughter
Step-child		Step-child
Brother or sister		Brother or sister
		Name of Person 6
		Name of Person 6  Figurame  Surname
Relationship of		Figure Surname  Relationship of
First name  Surname  Relationship of Person 5 to Person 5	2 3 4	Fi name Surname
First name  Surname  Relationship of Person 5 to Person Husband or Vife	2 4	F) name  Surname  Relationship of Person 6 to Person → 1 2 3 4 5
First name  Surname  Relationship of Person 5 to Person Husband or vife  Partner	2 4	Figure  Surname  Relationship of Person 6 to Person → 1 2 3 4 5  Husband or wife
First name  Surname  Relationship of Person 5 to Person 5 to Person 5 Husband or Vife  Partner  Son or daughter	2 4	Fi name  Surname  Relationship of Person 6 to Person 1 2 3 4 5  Husband or wife □ □ □ □ □  Partner □ □ □ □ □
First name  Surname  Relationship of Person 5 to Person Husband or Vife  Partner	2 4	Figurame  Surname  Relationship of Person → 1 2 3 4 5  Husband or wife
First name  Surname  Relationship of Person 5 to Person 5 to Person 5 Husband or Vife  Partner  Son or daughter  Step enna	2 4	Figurame  Surname  Relationship of Person 6 to Person 1 2 3 4 5  Husband or wife
First name  Surname  Relationship of Person 5 to Person 1  Husband or vife  Partner  Sch or daughter  Step-emid  Brother or father  Step-mother or	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Finame  Surname  Relationship of Person → 1 2 3 4 5  Husband or wife
First name  Surname  Relationship of Person 5 to Person 1  Husband or vife  Partner  Son or daughter  Step ennu  Brother or sister  Mother or father  Step-mother or step-father	2 1 4	Relationship of Person 6 to Person → 1 2 3 4 5 Husband or wife  Partner  Son or daughter  Step-child  Brother or sister  Mother or father  Step-father
Relationship of Person 5 to Person 5 to Person 6 Husband or vife Partner Step enna Brother or father Step-mother or step-father Grandchild	2 4	Relationship of Person 6 to Person → 1 2 3 4 5 Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-father Grandchild
First name  Surname  Relationship of Person 5 to Person 1  Husband or vife  Partner  Step-emid  Brother or father  Step-mother or	2 4	Relationship of Person 6 to Person → 1 2 3 4 5 Husband or wife  Partner  Son or daughter  Step-child  Brother or sister  Mother or father  Step-father

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*.



Person 1							
1 What is your name? (Person 1 in	Table 1)	10 To which of these ethnic group					
First name and surname		do you consider you belong?  ♦ ✓ one box only.					
		White					
2 What is your sex?	8 Do you regard yourself as belonging to any particular	Chinese					
Male Female	religion?	☐ Irish Traveller					
3 What is your date of birth?	Yes Go to 8a	☐ Indian					
Day Month Year	No ► Go to 8b	Pakistani					
	8a What religion, religious						
4 What is your marital status	denomination or body do you belong to?	Bangladeshi					
(on 29 April 2001)?	Roman Catholic	Black Caribbean					
Single (never married)	Presbyterian Church in Ireland	Black African					
Married (first marriage)	Church of Ireland	Black Other					
Re-married	Methodist Church in Ireland	0, write in					
Separated (but still legally married)	Other, please write in						
Divorced	_ care, product and an						
Widowed							
5 Are you a schoolchild or student		Any other ethnic group, write in					
in full-time education?	Coto						
Yes Go to 6							
□ No ► Go to 7	8b What religion, a ligious denomination or andy were						
6 Do you live at the address	you brought up in?	11 Over the last twelve months					
shown on the front of this form during the school, college or		would you say your health has on the whole been:					
university term?	A verian Church in Ireland	☐ Good?					
<ul> <li>Only answer this question if you have answered 'Yes' to Question 5.</li> </ul>	Church of Ireland	Fairly good?					
Yes, I live at this add sss durn the school/college/un ssity term	Methodist Church in Ireland	☐ Not good?					
the school/college/disc Sity Affi	Other, please write in						
No, I live sewher ling the		12 Do you look after, or give any help or support to family member					
school/college/aniversity erm		friends, neighbours or others because of:					
► Go to 35	None	long term physical or					
7 Can you understand, speak,		mental ill-health or disabilit					
read or write Irish?	9 What is your country of birth?	<ul> <li>problems related to old age</li> <li>Do not count anything you do as</li> </ul>					
Understand spoken Irish	Northern Ireland	part of your paid employment.					
Speak Irish	England Wales	♦ <b>√</b> time spent in a typical week.					
Read Irish	Scotland Republic of Ireland	No					
Write Irish	Elsewhere, please write in the present name of the country	Yes, 1-19 hours a week					
None of the above		Yes, 20-49 hours a week					
I Notice of the above		Yes, 50+ hours a week					

P	Person 1							
1	What is your name? (Person 1 in	Tabl	e 1)	10	To which of these ethnic groups			
	First name and surname			<b>*</b>	do you consider you belong?  ✓ one box only.			
2	What is your sex?	8	De you regard yourself as		White			
2	_		Do you regard yourself as belonging to any particular		Chinese			
	Male Female		religion?		Irish Traveller			
3	What is your date of birth?		Yes Go to 8a		☐ Indian			
	Day Month Year		No Go to 8b		Pakistani			
			What religion, religious denomination or body do you		☐ Bangladeshi			
4	What is your marital status		belong to?		Black Caribbean			
	(on 29 April 2001)?		Roman Catholic		Black Ahican			
	Single (never married)		Presbyterian Church in Ireland	,	Dice			
	Married (first marriage)		Church of Ireland		Moved ethnic group, write in			
	Re-married		Methodist Church in Ireland					
	Separated (but still legally married)		Other, please write in					
	Divorced			1				
	Widowed			,	Any other ethnic group, write in			
5	Are you a schoolchild or student				Any other entitle group, white in			
	in full-time education?		o to 9					
	Yes Go to 6	8b	Vhat religion, regious					
-		١	enomination or body were u brought up in?	11	Over the last twelve months			
6	Do you live at the address shown on the front of this orm	<u>\</u>	atholic	11	would you say your health has on the whole been:			
	during the school, college a university term?		Presbyterian Church in Ireland					
<b>♦</b>	Only answer this question a ou have answered 'Ves Question 5.		Church of Ireland		Good?			
	Yes, I live a this add. during	•	Methodist Church in Ireland		Fairly good?			
	the school/college/univ hity term		Other, <i>please write in</i>		Not good?			
				12	Do you look after, or give any help or support to family members,			
	No, I live elsewhere during the school/college diversity term				friends, neighbours or others			
	► Go to 35				because of:			
7	Can you understand, speak,		None		<ul> <li>long term physical or mental ill-health or disability,</li> </ul>			
	read or write Irish?	9	What is your country of birth?		• problems related to old age?			
<b>♦</b>	✓ all the boxes that apply.  —		Northern Ireland	•	Do <i>not</i> count anything you do as part of your paid employment.			
	Understand spoken Irish		England Wales	<b>*</b>	✓ time spent in a typical week.			
	Speak Irish		Scotland Republic of Ireland		☐ No			
	Read Irish		Elsewhere, please write in the		Yes, 1-19 hours a week			
	Write Irish		present name of the country		Yes, 20-49 hours a week			
	None of the above				Yes, 50+ hours a week			

P	erson 1 - <i>continued</i>		
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	18	Were you actively looking for any kind of paid work during the last 4 weeks?
	Yes No		Yes No
14	What was your usual address one year ago?  If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.  For a child born after 29 April 2000, ✓ 'No usual address one year ago'.	19	If a job had been available last week, could you have started it within 2 weeks?
•	The address shown on the front of the form	20	Last week, were you waiting to
	No usual address one year ago		start a job already obtained?
	Elsewhere, <i>please write in below</i>		Yes No
		<b>21</b>	Last week, were you any of the following?  I all the laxes that apply.  Retired
	Postcode		Locking after home/family  Permanently sick/disabled  None of the above
15	If you are aged 16 to 74		
16	If you are aged 15 and under, or 75 and over  Which of these qualifications do you have?	22	Yes, please write in the year you last worked
<b>♦</b>	✓ all the qualifications, or their equivalents are apply		Go to 23  No, have never worked
	GCSE (grades D-G), CSE (grades 2-5)  NVQ Level GNVQ Foundation		Go to 35
	1-4 CSEs (grade 1), 1-4 GCSEs (grades A- 1-4 'O' Level Passes A- 5+ CSEs (grade 1), 5+ GCSEs grades A- NVQ Level 2, GNP Q Intermediate	23	Answer the remaining questions for the <i>main</i> job you were doing
	5+ 'O' Level Passes, Senior Cert. 52 GNVQ Advanced		last week, or if not working last week, your last <i>main</i> job.
	1 'A' Level, 1-3 AS Livels, 7 manced Nor NVQ Level 4, HNC, HND  Certificate  2+ 'A' Levels 4+ AS Livels  NVQ Level 5	<b>*</b>	Your <i>main</i> job is the job in which you usually work the most hours.
	First Degree  Higher Degree  No qualifications	24	Do (did) you work as an employee or are (were) you self-employed?
	Trigiter Degree No qualifications		Employee
17	Last week, were you doing any work:		Self-employed with employees
	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or</li> </ul>		Self-employed/freelance without employees
	• in your own/family business (including shop or farm)?	25	How many people work
<ul><li>*</li></ul>	√'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		(worked) for your employer at the place where you work (worked)?
<b>*</b>	for one hour.  ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	<b>♦</b>	If you are (were) <i>self-employed</i> ,  ✓ to show how many people
	Yes Go to 23		you employ (employed).
	No Go to 18		25-499



P	Person 1 - continued		
26	What is (was) the full title of your main job?	33	How do you usually travel to work?
<b>♦</b>	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	<b>♦</b>	✓ one box only.
<b>♦</b>	Civil Servants, Local Government Officers - give job title not grade or pay band.	•	√ the box for the longest part, by distance, of your usual journey to work.
			Work mainly at or from home
			Train  Bus, minibus or coach (public or
27	Describe what you do (did) in your main job.		private)
			Motor cycle, scooter or moped  Diving a car or van
			or an pool, sharing driving
28	Do (did) you supervise any other employees?		Passenger in a car or van
<b>♦</b>	A supervisor or foreman is responsible for overseeing the work of employees on a day-to-day basis.		Axi
	Yes No		Bicycle
29	What is (was) the business of your employer at the place who you work (worked)?		On Foot
<b>♦</b>	For example, MAKING SHOES, REPAIRING CARS, SECON, ART, ATION,		Other
<b>\</b>	FOOD WHOLESALE, CLOTHING RETAIL, DOCTON: SURGENY If you are (were) self-employed/freelance (have said) your own business, what is (was) the nature of your business?	34	How many hours a week do you usually work in your main job?
<b>\</b>	Civil Servants, Local Government Officers - please specificular Department.	<b>*</b>	Answer to nearest whole hour.
		•	Give average for last four weeks.  Number of hours  worked a week
		25	THERE ARE NO MORE
30	If you were working ast work Go to 31	33	QUESTIONS FOR PERSON 1.
	If you were no working last week Go to 35	<b>*</b>	Go to questions for Person 2.
			If there are no more people in
<b>*</b>	Write one box below as appropriate.  If you have your on business, write in the name.	ľ	your household please leave the following pages blank.
		•	Remember to sign the Declaration on the front page.
	Self-employed/freelance Work for a private individual		
<b>32</b> ♦	What is the address of the place where you work in your <i>main</i> job?  Write in the address or one box below as appropriate.		
<b>*</b>	If you report to a depot, write in the depot address.		
	Postcode		
	Mainly work at Offshore installation No fixed place or from home		

P	Person 2								
1	What is your name? (Person 2 in First name and surname	Tab	le 1)		To which of these ethnic groups do you consider you belong?				
				•	✓ one box only.				
2	What is your sex?  Male Female	8	Do you regard yourself as belonging to any particular religion?		<ul><li>White</li><li>☐ Chinese</li><li>☐ Irish Traveller</li></ul>				
3	What is your date of birth?  Day Month Year	8a	8a		☐ Yes ► Go to 8a ☐ No ► Go to 8b  What religion, religious		Indian Pakistani Bangladeshi		
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	8b	What religion religions	,	Any other ethnic group, write in				
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 y		d nomination a body were ou brought up  Roman Catholic  Lesbyte an Church in Ireland  Church of Ireland	11	Over the last twelve months would you say your health has on the whole been:  Good?				
	have answered 'Yes' to Costion  Yes, I live at this address using the school/college privers by term	>	Methodist Church in Ireland  Other, please write in		Fairly good?  Not good?				
	No, I he else the sturing me school/conege/univer ity term			12	help or support to family members, friends, neighbours or others because of:				
7	Can you understand, speak,		None		<ul> <li>long term physical or mental ill-health or disability,</li> </ul>				
<b>*</b>	read or write Irish?  ✓ all the boxes that apply.  □ Understand spoken Irish  □ Speak Irish  □ Read Irish  □ Write Irish  □ None of the above	9	What is your country of birth?  Northern Ireland England Wales Scotland Republic of Ireland Elsewhere, please write in the present name of the country	<ul><li>*</li></ul>	<ul> <li>problems related to old age?</li> <li>Do not count anything you do as part of your paid employment.</li> <li>✓ time spent in a typical week.</li> <li>No</li> <li>Yes, 1-19 hours a week</li> <li>Yes, 20-49 hours a week</li> <li>Yes, 50+ hours a week</li> </ul>				



P	Person 2 - continued								
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?  Include problems which are due to old age.	18	Were you actively looking for any kind of paid work during the last 4 weeks?						
	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'.	19	If a job had been available last week, could you have started it within 2 weeks?  Yes No						
•	The address shown on the front of the form	20	Last week, were you waiting to						
	No usual address one year ago Same as Person 1		start a job already obtained?  Yes No						
	Elsewhere, <i>please write in below</i>	21	Last week, were you any of the						
			allowin ?  all the ses that apply.  Retired  atudent						
	Postcode		Looking after home/family						
	To the state of th		Permanently sick/disabled						
			None of the above						
15	If you are aged 16 to 74 to 16  If you are aged 15 and under, or 75 and ov. Go to 35	22	Have you ever worked?  Yes, please write in the year you						
16	Which of these qualifications do you have?		last worked						
<b>*</b>	✓ all the qualifications, or their equalents, that apply.		Go to 23						
	GCSE (grades D-G), CSZ (grades 2-5, NVQ Level 1, GNVQ Foundation		No, have never worked Go to  35						
	1-4 CSEs (grade 1), 1-4 CSEs (grades A-C), NVQ Level 2, GNVQ Intermediate	23	Answer the remaining questions						
	5+ CSEs to de 1), 12 GCSEs to des A-C), NVQ Level 3, 5+ 'O' Level asses Senior Certarcate GNVQ Advanced		for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.						
	A Level, 1-3 Ac evels, Advanced Senior NVQ Level 4, HNC, HND Certificate NVQ Level 5	<b>*</b>	Your main job is the job in which you usually work the most hours.						
		24	Do (did) you work as an						
	First Regree  Higher Degree  No qualifications		employee or are (were) you self-employed?						
			Employee						
17	Last week, were you doing any work:		Self-employed with employees						
	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or</li> </ul>		Self-employed/freelance without employees						
	• in your own/family business (including shop or farm)?	25	How many people work						
<ul><li>*</li><li>*</li></ul>	<ul> <li>✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li> <li>✓ 'Yes' for any paid work, including casual or temporary work, even if only</li> </ul>		(worked) for your employer at the place where you work (worked)?						
<b>•</b>	for one hour.  ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	<b>*</b>	If you are (were) <i>self-employed</i> ,  ✓ to show how many people						
	Yes Go to 23		you employ (employed).						
	No ► Go to 18		25-499						

P	Person 2 - continued					
26	What is (was) the full title of your main job?	33	How do you usually travel to			
<b>*</b>	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR		work?			
<b>*</b>	MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.  Civil Servants, Local Government Officers - give job title not grade or pay band.	<b>*</b>	<ul><li>✓ one box only.</li><li>✓ the box for the longest part, by distance, of your usual journey to work.</li></ul>			
			Work mainly at or from home			
			Train			
27	Describe what you do (did) in your <i>main</i> job.		Bus, minibus or coach (public or private)			
	Describe What you do (ala) in your mann job!		Motor cycle, scooter or moped			
			Driving a car or van			
			Car or van pool, sharing driving			
28 •	Do (did) you supervise any other employees?  A supervisor or foreman is responsible for overseeing the work of other		Passes ger in a car or van			
▼	employees on a day-to-day basis.	,	Taxi			
	Yes No		Ricycle			
29	What is (was) the business of your employer at the place where you work (worked)?		On Pot			
<b>\</b>	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCTION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.		Cher			
<b>\</b>	If you are (were) self-employed/freelance or have (had) your own butine what is (was) the nature of your business?	34	ow many hours a week do you usually work in your <i>main</i> job?			
<b>\</b>	Civil Servants, Local Government Officers - please specify y to arthrent.	<b>♦</b>	Answer to nearest whole hour.  Give average for last four weeks.			
		<b>V</b>	Number of hours worked a week			
		35	THERE ARE NO MORE			
30	If you were working last week Go to 31		QUESTIONS FOR PERSON 2.			
	If you were not working last week 35	<b>♦</b>	Go to questions for Person 3.			
31	What is the full name of the organisation you work for in your main job?		·			
<b>♦</b>	Write in the name of on abox be a var appropriate.  If you have your own usin as, write of the name.	•	If there are no more people in your household please leave			
			the following pages blank.			
		<b>♦</b>	Remember to sign the Declaration on the front page.			
	Self-employed/frectance Work for a private individual					
32	What is the address of the place where you work in your <i>main</i> job?					
<b>*</b>	Write in the address or one box below as appropriate.  If you report to a depot, write in the depot address.					
Ÿ	Jan					
	Postcode					
	Mainly work at Offshore installation No fixed place or from home					



P	Person 3					
1	What is your name? (Person 3 in	Tab	le 1)	10	To which of these ethnic groups	
	First name and surname				do you consider you belong?	
				•	✓ one box only.	
2	What is your sex?	8	Do you regard yourself as		White	
	Male Female		belonging to any particular religion?		Chinese	
			☐ Yes ► Go to 8a		☐ Irish Traveller	
3	What is your date of birth?		No ► Go to 8b		Indian	
	Day Month Year		_		Pakistani	
		8a	What religion, religious denomination or body do you		Bangladeshi	
4	What is your marital status		belong to?		Rlack Caribbean	
	(on 29 April 2001)?		Roman Catholic		Black African	
	Single (never married)		Presbyterian Church in Ireland	1	Black outer	
	Married (first marriage)		Church of Ireland		Mixed ethnic group, write in	
	Re-married		Methodist Church in free s		wined ethilic gloup, write in	
	Separated (but still legally married)		Other, <i>please when in</i>			
	Divorced					
	Widowed					
5	Are you a schoolchild or student				Any other ethnic group, write in	
	in full-time education?		Go to 9			
	Yes Go to 6					
	No ► Go to 7	8b	What religion, religious denomination or body were			
6	Do you live at the address		you brought up in?	11	Over the last twelve months	
	shown on the front his for		Koman Catholic		would you say your health has	
	during the school, colleged university terms.	<b>)</b>	Presbyterian Church in Ireland		on the whole been:	
<b>♦</b>	Only answer as question if yo		Church of Ireland		Good?	
	have answered as ' * Question 5.  Xs, Time at this address during		Methodist Church in Ireland		Fairly good?	
	he school/college iversity term		Other, <i>please write in</i>		Not good?	
	Go ) 7			12	Do you look after, or give any	
	No, I he else where during the				help or support to family members,	
	school/college/university term				friends, neighbours or others because of:	
	<b>►</b> Go to <b>35</b>		None		• long term physical or	
7	Can you understand, speak, read or write Irish?	9	What is your country of birth?		mental ill-health or disability,	
<b>•</b>	✓ all the boxes that apply.		Northern Ireland	•	• problems related to old age?  Do not count anything you do as	
,	Understand spoken Irish				part of your paid employment.	
	Speak Irish		England Wales	<b>♦</b>	√ time spent in a typical week.	
			Scotland Republic of Ireland		☐ No	
	Read Irish		Elsewhere, please write in the present name of the country		Yes, 1-19 hours a week	
	Write Irish		present name of the country		Yes, 20-49 hours a week	
	None of the above				Yes, 50+ hours a week	

P	erson 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.	18	Were you actively looking for any kind of paid work during the last 4 weeks?
	Yes No		Yes No
<b>*</b>	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.	19	If a job had been available last week, could you have started it within 2 weeks?
•	For a child born after 29 April 2000, ✓ 'No usual address one year ago'.  The address shown on the front of the form	20	Last week, were you waiting to
	No usual address one year ago  Same as Person 1		start a job already obtained?
	Elsewhere, please write in below		Yes No
		21	Last week, were you any of the following?
		•	✓ all the boxes that apply.  Retired
		Á	Studen.
	Postcode		Locking after home/family  Remmently sick/disabled
			None of the above
15	If you are aged 16 to 74		
	If you are aged 15 and under, or 75 and over Go to 35	22/	Have you ever worked?  Yes, please write in the year you
16	Which of these qualifications do you have?		last worked
<b>*</b>	✓ all the qualifications, or their equivalents and apply		<b>▶</b> Go to 23
	GCSE (grades D-G), CSE (grades 2-5)  NVQ Level GNVQ Foundation		No, have never worked Go to 35
	1-4 CSEs (grade 1), 1-4 GCSEs (grades A- NVQ Jevel 2, GMVQ Intermediate	23	Answer the remaining questions
	5+ CSEs (grade 1), 5+ GCSL prades), NVQ Level 3,		for the <i>main</i> job you were doing last week, or if not working last
	5+ 'O' Level Passes, Senior Cert. 12 GNVQ Advanced  1 'A' Level, 1-3 AS Livels, A panced Liver NVQ Level 4, HNC, HND		week, your last <i>main</i> job.
	Certificate  2+ 'A' Levels 4+ AS L. Is  NVQ Level 5	•	Your <i>main</i> job is the job in which you usually work the most hours.
	First Degree	24	Do (did) you work as an
	Higher Degree No qualifications		employee or are (were) you self-employed?
			Employee
17	Last week, were you doing any work:		Self-employed with employees
	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or</li> </ul>		Self-employed/freelance without employees
	<ul> <li>in your own/family business (including shop or farm)?</li> <li>'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li> </ul>	25	How many people work (worked) for your employer at
<b>*</b>	✓ 'Yes' for any paid work, including casual or temporary work, even if only		the place where you work (worked)?
<b>*</b>	for one hour.  ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	<b>*</b>	If you are (were) self-employed,  ✓ to show how many people
	☐ Yes ► Go to 23		you employ (employed).
	□ No ► Go to 18		25-499



P	Person 3 - continued							
26	What is (was) the full title of your <i>main</i> job?	33	How do you usually travel to					
<b>*</b>	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.	<b>*</b>	work?  ✓ one box only.  ✓ the box for the longest part, by distance, of your usual journey to work.					
			Work mainly at or from home					
			Train  Bus, minibus or coach (public or					
27	Describe what you do (did) in your main job.		private)  Motor cycle, scooter or moped					
			Driving a car or van					
			or van pool, sharing driving					
28	Do (did) you supervise any other employees?  A supervisor or foreman is responsible for overseeing the work of other	_	Passenger in a car or van					
	employees on a day-to-day basis.  Yes No		Taxi Brycle					
29	What is (was) the business of your employer at the place y here yo work (worked)?		On Foot					
<b>\</b>	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUTAL W, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.		Other					
<b>\</b>	If you are (were) self-employed/freelance or have (had), by two hasines , what is (was) the nature of your business?	34	How many hours a week do you usually work in your <i>main</i> job?					
•	Civil Servants, Local Government Officers - please secify your Department.	<b>*</b>	Answer to nearest whole hour.  Give average for last four weeks.  Number of hours  worked a week					
30	If you were working last week 31	35	THERE ARE NO MORE QUESTIONS FOR PERSON 3.					
	If you were not working lawweek Go to 35	<b>♦</b>	Go to questions for Person 4.					
31 • •	What is the full tome of the organ action you work for in your <i>main</i> job?  Write in the name of the organ action you work for in your <i>main</i> job?  Write in the name of the organ action you work for in your <i>main</i> job?  Write in the name of the organ action you work for in your <i>main</i> job?	<b>*</b>	If there are no more people in your household please leave the following pages blank.					
		<b>♦</b>	Remember to sign the Declaration on the front page.					
	Self-employed/freelance Work for a private individual							
	What is the address of the place where you work in your main job?							
<b>*</b>	Write in the address or ✓ one box below as appropriate.  If you report to a depot, write in the depot address.							
	Postcode							
	Mainly work at Offshore installation No fixed place or from home							

P	Person 4					
1	What is your name? (Person 4 in First name and surname	Tab	le 1)	10	To which of these ethnic groups do you consider you belong?	
	riist name and sumanie			<b>*</b>	✓ one box only.	
2	What is your sex?	8	Do you regard yourself as		White	
	Male Female		belonging to any particular religion?		Chinese	
3	What is your date of birth?		Yes Go to 8a		Irish Traveller	
•	Day Month Year		No ► Go to 8b		Indian	
	$\dot{\Box}$	8a '	What religion, religious		Pakistani	
		- Cu	denomination or body do you		Bangladeshi	
4	What is your marital status (on 29 April 2001)?		belong to?		Black Caribbean	
	Single (never married)		Roman Catholic		Black African	
	Married (first marriage)		Presbyterian Church in Ireland		Black Other	
	Re-married		Church of Ireland	/	thous group, write in	
	Separated (but still legally married)		Methodist Church in Ireland			
			Other, please write in			
	Divorced					
	Widowed				Any other ethnic group, write in	
5	Are you a schoolchild or student			,		
	in full-time education?		Go t			
	Yes Go to 6	8b	What religion religions			
	No ► Go to 7		denomination to body were ou brought up 1.2			
6	Do you live at the address shown on the front of this form.		Roman Catholic	11	Over the last twelve months would you say your health has	
	during the school, college or		resbyte ian Church in Ireland		on the whole been:	
•	university term? Only answer this question if y	人	Church of Ireland		Good?	
	have answered 'Yes' to a stion		Methodist Church in Ireland		Fairly good?	
	Yes, I live at this ddress to ring the school/college divers by term	•			Not good?	
	Go to 7		Other, please write in	12	De veri le ek efter er eine env	
	No, I le elser l'aduring me			12	help or support to family members,	
	school/conege/university term				friends, neighbours or others because of:	
	Go to 75		None		• long term physical or	
7	Can you understand, speak,				mental ill-health or disability,	
	read or write Irish?	9	What is your country of birth?		problems related to old age?	
•	✓ all the boxes that apply.		Northern Ireland	•	Do <i>not</i> count anything you do as part of your paid employment.	
	Understand spoken Irish		England Wales	<b>*</b>	√ time spent in a typical week.	
	Speak Irish		Scotland Republic of Ireland		☐ No	
	Read Irish		Elsewhere, please write in the		Yes, 1-19 hours a week	
	Write Irish		present name of the country		Yes, 20-49 hours a week	
	None of the above				Yes, 50+ hours a week	



P	erson 4 - continued		
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?  Include problems which are due to old age.	18	Were you actively looking for any kind of paid work during the last 4 weeks?  Yes No
	Yes No	19	If a job had been available last
<b>14</b> ♦	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.	13	week, could you have started it within 2 weeks?
<b>♦</b>	For a child born after 29 April 2000,  ✓ 'No usual address one year ago'.		Yes No
	The address shown on the front of the form  No usual address one year ago  Same as Person 1	20	Last week, were you waiting to start a job already obtained?
	Elsewhere, <i>please write in below</i>		□ Yo □ No
		21	Last week, were you any of the in a?  If the boxes and apply.  Petired
			Student
	Postcode		Looking after home/family
		, ,	Permanently sick/disabled
15	If you are aged 16 to 74		None of the above
	If you are aged 15 and under, or 75 and over	22	Have you ever worked?
16	Which of these qualifications do you have?		Yes, please write in the year you last worked
<b>♦</b>	✓ all the qualifications, or their equiva ets, that apply.		Go to 23
	GCSE (grades D-G), CSE (grades 2-5)  GNVQ Foundation		No, have never worked Go to 35
	1-4 CSEs (grade 1), 1-4 GCSL (rades A-C) NVQ Level 2, GNVQ Intermediate	23	Answer the remaining questions
	5+ CSEs (grade 5+ GC)Es (grade CC), NVQ Level 3, GNVQ Advanced  1 'A' Level, 1-3 AS Level Advanced Senior NVQ Level 4, HNC, HND		for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.
	1 'A' Level, 1-3 AS Level Advanced Senior NVQ Level 4, HNC, HND Cert cate  2+ 'A NVQ Level 5	<b>*</b>	Your <i>main</i> job is the job in which you usually work the most hours.
	First Degree  Higher Degree  No qualifications	24	Do (did) you work as an employee or are (were) you self-employed?
			Employee
17	Last week, were you doing any work:		Self-employed with employees
	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or</li> </ul>		Self-employed/freelance without employees
	• in your own/family business (including shop or farm)?	25	How many people work
<ul><li>*</li><li>*</li></ul>	<ul><li>✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li><li>✓ 'Yes' for any paid work, including casual or temporary work, even if only</li></ul>		(worked) for your employer at the place where you work (worked)?
<b>\</b>	for one hour.  ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	•	If you are (were) <i>self-employed</i> ,  ✓ to show how many people you employ (employed).
	Yes Go to 23		1-9 10-24
	No ► Go to 18		25-499 500 or more

P	Person 4 - continued						
26	What is (was) the full title of your main job?		How do you usually travel to				
<b>♦</b>	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR		work?  ✓ one box only.				
<b>♦</b>	MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.  Civil Servants, Local Government Officers - give job title not grade or pay band.	<b>*</b>	✓ the box only.     ✓ the box for the longest part, by     distance, of your usual journey to work.				
			Work mainly at or from home				
			Train				
27	Describe what you do (did) in your main job.		Bus, minibus or coach (public or private)				
			Motor cycle, scooter or moped				
			Driving a car or van  Car or van pool, sharing driving				
28	Do (did) you supervise any other employees?		Passe ger in a car or van				
<b>*</b>	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Taxi				
	Yes No	Á	□ Ricycle				
29	What is (was) the business of your employer at the place where you work (worked)?		On F ot				
<b>♦</b>	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.		Cher				
<b>\</b>	If you are (were) self-employed/freelance or have (had) your own butine what is (was) the nature of your business?	34	ow many hours a week do you usually work in your <i>main</i> job?				
•	Civil Servants, Local Government Officers - please specify y to servicent.	<b>*</b>	Answer to nearest whole hour.  Give average for last four weeks.				
		•	Number of hours worked a week				
		35	THERE ARE NO MORE				
30	If you were working last week Go to 31		QUESTIONS FOR PERSON 4.				
	If you were not working last week	<b>*</b>	Go to questions for Person 5.				
	What is the full name of the organisation you work for in your main job?		If there are no more people in				
<b>*</b>	Write in the name of on poox be by 23 appropriate.  If you have your own usin 3s, write of the name.	Y	your household please leave the following pages blank.				
		•	Remember to sign the				
			Declaration on the front page.				
22	Self-employed/freetance Work for a private individual  What is the address of the place where you work in your main job?						
<b>32</b> ♦	Write in the address or one box below as appropriate.						
<b>*</b>	If you report to a depot, write in the depot address.						
	Postcode						
	Mainly work at Offshore installation No fixed place or from home						



Person 5						
1	What is your name? (Person 5 in	Table 1)	10	To which of these ethnic groups		
	First name and surname		do you consider you belong?			
			•	✓ one box only.		
2	What is your sex?	8 Do you regard yourself as		White		
	Male Female	belonging to any particular religion?		Chinese		
		Yes Go to 8a		☐ Irish Traveller		
3	What is your date of birth?	☐ No Go to 8b		Indian		
	Day Month Year			Pakistani		
		8a What religion, religious denomination or body do you		Pangladeshi		
4	What is your marital status	belong to?		Black Caribbean		
	(on 29 April 2001)?	Roman Catholic	4	Plack African		
	Single (never married)	Presbyterian Church in Ireland		Black Other		
	Married (first marriage)	Church of Ireland		Nixed ethnic group, write in		
	Re-married	Methodist Church in Ireland		Thea carne group, write in		
	Separated (but still legally married)	Other, <i>please writ</i> ).				
	Divorced					
	Widowed					
5	Are you a schoolchild or student			Any other ethnic group, write in		
	in full-time education?	So to 9				
	Yes Go to 6					
	□ No ► Go to 7	b What religion, religious denomination or body were				
6	Do you live at the add ss	u br ught up in?	11	Over the last twelve months		
	shown on the front of the form during the school blege	Roman Catholic		would you say your health has on the whole been:		
	university terr ?	Presbyterian Church in Ireland				
<b>♦</b>	Only answer this question if you have answered 'Year o Question 5.	Church of Ireland		Good?		
	Y s, I live at this add ss during	Methodist Church in Ireland		Fairly good?		
	the school and ge/un ersity term	Other, <i>please write in</i>		Not good?		
	Go to 7		12	Do you look after, or give any		
	No, I live sewhere during the school/college/university term			help or support to family members, friends, neighbours or others		
	Go to 35			because of:		
	_	None		long term physical or		
7	Can you understand, speak, read or write Irish?	9 What is your country of birth?		mental ill-health or disability, <ul><li>problems related to old age?</li></ul>		
<b>\</b>	✓ all the boxes that apply.	Northern Ireland	<b>*</b>	Do <i>not</i> count anything you do as		
	Understand spoken Irish	☐ England ☐ Wales		part of your paid employment.		
	Speak Irish	Scotland Republic of	•	✓ time spent in a typical week.		
	Read Irish	Ireland		No No		
	Write Irish	Elsewhere, please write in the present name of the country		Yes, 1-19 hours a week		
	None of the above			Yes, 20-49 hours a week		
	THORE OF the above			Yes, 50+ hours a week		

P	Person 5 - continued						
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	18	Were you actively looking for any kind of paid work during the last 4 weeks?				
	Yes No		Yes No				
14 •	What was your usual address one year ago?  If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.	19	If a job had been available last week, could you have started it within 2 weeks?				
<b>♦</b>	For a child born after 29 April 2000,  ✓ 'No usual address one year ago'.		Yes No				
	The address shown on the front of the form  No usual address one year ago  Same as Person 1	20	Last week, were you waiting to start a job already obtained?				
	Elsewhere, <i>please write in below</i>		Yes No				
		<b>21</b>	Last week, were you any of the following?  I all the x xes that apply.  Retired				
	Postcode Postcode	\ <u></u>	Looking after home/family  Permanently sick/disabled				
15	If you are aged 16 to 74		None of the above				
13	If you are aged 15 and under, or 75 and over	22	Have you ever worked?				
16	Which of these qualifications do you have?		Yes, please write in the year you last worked				
<b>*</b>	✓ all the qualifications, or their equivalents are apply		<b>►</b> Go to <b>23</b>				
	GCSE (grades D-G), CSE (grades 2-5)  NVQ Level GNVQ Foundation		No, have never worked Go to 35				
	1-4 CSEs (grade 1), 1-4 GCSEs (grades A- 1-4 'O' Level Passes	23	Answer the remaining questions for the <i>main</i> job you were doing				
	5+ 'O' Level Passes, Senior Cert. 1' GNVQ Advanced GNVQ Advanced NVQ Level 4, HNC, HND		last week, or if not working last week, your last <i>main</i> job.				
	Certificate  2+ 'A' Levels 4+ AS L. Is  NVQ Level 5	<b>*</b>	Your <i>main</i> job is the job in which you usually work the most hours.				
	First Degree	24	Do (did) you work as an employee or are (were) you self-employed?				
	Higher Degree No qualifications		Employee				
17	Last week, were you doing any work:		Self-employed with employees				
	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or</li> </ul>		Self-employed/freelance without employees				
	• in your own/family business (including shop or farm)?	25	How many people work				
<ul><li>*</li></ul>	<ul><li>✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li><li>✓ 'Yes' for any paid work, including casual or temporary work, even if only</li></ul>		(worked) for your employer at the place where you work (worked)?				
<b>*</b>	for one hour.  ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	<b>♦</b>	If you are (were) <i>self-employed</i> ,  ✓ to show how many people				
	Yes Go to 23		you employ (employed).				
	No ► Go to 18		25-499 500 or more				



P	Person 5 - continued							
26	What is (was) the full title of your <i>main</i> job?	33	How do you usually travel to					
<b>♦</b>	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR	•	work?					
<b>♦</b>	MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.  Civil Servants, Local Government Officers - give job title not grade or pay band.	<b>*</b>	<ul><li>✓ one box only.</li><li>✓ the box for the longest part, by</li></ul>					
			distance, of your usual journey to work.					
			Work mainly at or from home					
			Train					
27	Describe what you do (did) in your <i>main</i> job.		Bus, minibus or coach (public or private)					
21	Describe what you do (did) in your main job.		Motor cycle, scooter or moped					
			Diving a car or van					
		_	Car or an pool, sharing driving					
20								
<b>28</b> ♦	Do (did) you supervise any other employees?  A supervisor or foreman is responsible for overseeing the work of other		Passenger in a car or van					
•	employees on a day-to-day basis.							
	Yes No		Bicycle					
29	What is (was) the business of your employer at the place where you		On Foot					
<b>*</b>	work (worked)? For example, MAKING SHOES, REPAIRING CARS, SECON NATION)		Other					
	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR' SURGERY.	34	How many hours a week do you					
<b>•</b>	If you are (were) self-employed/freelance or have and) your own business, what is (was) the nature of your business?		usually work in your <i>main</i> job?					
<b>\</b>	Civil Servants, Local Government Office's - please spetty your Department.	<b>*</b>	Answer to nearest whole hour.  Give average for last four weeks.					
		ľ	Number of hours					
			worked a week					
		35	THERE ARE NO MORE QUESTIONS FOR PERSON 5.					
30	If you were working last week Go to 31		QUESTIONS FOR FERSON S.					
	If you were poworking last wark Go to 35	<b>♦</b>	Go to questions for Person 6.					
31	What is the rall name of the organisation you work for in your main job?		If there are no more more latin					
<b>*</b>	Write the name or ✓ we box below as appropriate.  If you have a complete by siness, write in the name.	•	If there are no more people in your household please leave					
			the following pages blank.					
		<b>♦</b>	Remember to sign the					
			Declaration on the front page.					
	Self-employed/freelance Work for a private individual							
32	What is the address of the place where you work in your main job?							
<b>*</b>	Write in the address or  one box below as appropriate.  If you report to a depot, write in the depot address.							
	Postcode							
	Mainly work at Offshore installation No fixed place or from home							

P	Person 6					
1	What is your name? (Person 6 in	Tab	le 1)	10	To which of these ethnic groups	
	First name and surname				do you consider you belong?	
				•	✓ one box only.	
2	What is your sex?	8	Do you regard yourself as		White	
	Male Female		belonging to any particular religion?		Chinese	
			Yes ► Go to 8a		☐ Irish Traveller	
3	What is your date of birth?		No ► Go to 8b		Indian	
	Day Month Year		140 000		Pakistani	
		8a	What religion, religious denomination or body do you		Bangladeshi	
4	What is your marital status		belong to?		☐ Black Caribbean	
	(on 29 April 2001)?		Roman Catholic		Black African	
	Single (never married)		Presbyterian Church in Ireland			
	Married (first marriage)		Church of Ireland		Black Other	
	Re-married		Methodist Church in Ireland	_	Their group, write in	
	Separated (but still legally married)					
	Divorced		Other, please write in			
	Widowed					
	Widowed				Any other ethnic group, write in	
5	Are you a schoolchild or student in full-time education?			,		
	Yes Go to 6		Go t			
	_	8b	What religion religions			
	No Go to 7		denomination a body were ou brought up 1.2			
6	Do you live at the address shown on the front of this form.		Roman Catholic	11	Over the last twelve months would you say your health has	
	during the school, college or		Sesbyte an Church in Ireland		on the whole been:	
	university term?	Y			Good?	
<b>♦</b>	Only answer this question if you have answered 'Yes' to assistion		Church of Ireland		Fairly good?	
	Yes, I live at this ddress to ring		Methodist Church in Ireland		Not good?	
	the school/college, nivers by term		Other, <i>please write in</i>			
	Go to 7			12		
	No, I le elser during ane school/conege/unive ity term				help or support to family members, friends, neighbours or others	
	Go to 75				because of:	
-	Conveying		None		<ul> <li>long term physical or mental ill-health or disability,</li> </ul>	
7	Can you understand, speak, read or write Irish?	9	What is your country of birth?		<ul> <li>mental ill-nealth or disability,</li> <li>problems related to old age?</li> </ul>	
<b>♦</b>	✓ all the boxes that apply.		Northern Ireland	<b>♦</b>	Do not count anything you do as	
	Understand spoken Irish		England Wales		part of your paid employment.	
	Speak Irish		Scotland Republic of	•	✓ time spent in a typical week.	
	Read Irish		Ireland		No No	
	Write Irish		Elsewhere, please write in the present name of the country		Yes, 1-19 hours a week	
	None of the above				Yes, 20-49 hours a week	
	INOTIE OF LITE ADOVE				Yes, 50+ hours a week	



Person 6 - 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.	18	Were you actively looking for any kind of paid work during the last 4 weeks?  No		
	Yes No What was your usual address one year ago?	19	If a job had been available last week, could you have started it		
<b>♦</b>	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.		within 2 weeks?		
<b>•</b>	For a child born after 29 April 2000, ✓ 'No usual address one year ago'.  The address shown on the front of the form	20	Last week, were you waiting to		
	No usual address one year ago  Same as Person 1  Elsewhere, please write in below		start a job already obtained?		
	Lisewifere, prease write in below	21	Last week, were you any of the		
			All the boxes of apply.  Setired		
			Student		
	Postcode		Cooking after home/family  Permanently sick/disabled		
		, ,	None of the above		
15	If you are aged 16 to 74  If you are aged 15 and under, or 75 and over 35	22	Have you ever worked?		
			Yes, please write in the year you last worked		
16 ♦	Which of these qualifications do yo have?  ✓ all the qualifications, or their equivalents, that apply.		► Go to 23		
	GCSE (grades D-G), CSE (grades 2-5)  APQ Level 1, GNVQ Foundation		No, have never worked Go to  35		
	1-4 CSEs (grade 1), 1-4 GCSL (grades A-C) NVQ Level 2, GNVQ Intermediate	23	Answer the remaining questions		
	5+ CSEs (graph 5+ GV Es (grade 1 C), NVQ Level 3, 5+ 'O' Level Passe Sepior Certificate GNVQ Advanced		for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.		
	1 'A'   vel, 1-3 AS Leve Advanced Senior NVQ Level 4, HNC, HND Cert cate	<b>*</b>	Your <i>main</i> job is the job in which		
	2+ 'A NVQ Level 5	24	you usually work the most hours.  Do (did) you work as an		
	First Degree  Higher Degree  No qualifications		employee or are (were) you self-employed?		
			Employee		
17	Last week, were you doing any work:		Self-employed with employees		
	<ul> <li>as an employee, or on a Government sponsored training scheme,</li> <li>as self-employed/freelance, or</li> </ul>		Self-employed/freelance without employees		
<ul><li>*</li><li>*</li></ul>	<ul> <li>in your own/family business (including shop or farm)?</li> <li>'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.</li> <li>'Yes' for any paid work, including casual or temporary work, even if only</li> </ul>	25	How many people work (worked) for your employer at the place where you work (worked)?		
<b>•</b>	for one hour.  ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.	<b>*</b>	If you are (were) self-employed,  ✓ to show how many people		
	Yes Go to 23		you employ (employed).  1-9 10-24		
	No Go to 18				

P	Person 6 - continued					
26	What is (was) the full title of your main job?	33 How do you usually travel to				
<b>♦</b>	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	work?  ♦ ✓ one box only.				
<b>♦</b>	Civil Servants, Local Government Officers - give job title not grade or pay band.	♦ <b>√</b> the box for the longest part, by				
		distance, of your usual journey to work.  Work mainly at or from home				
		☐ Train				
27	Describe what you do (did) in your main job.	Bus, minibus or coach (public or private)				
		Motor cycle, scooter or moped				
		Driving a car or van				
		Car or van pool, sharing driving				
28	Do (did) you supervise any other employees?	Passe, ger in a car or van				
<b>♦</b>	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.	Taxi				
	Yes No	Ricycle				
29	What is (was) the business of your employer at the place where you	On Plot				
	work (worked)?	Cher				
<b>♦</b>	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUC YON, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.					
<b>♦</b>	If you are (were) self-employed/freelance or have (had) your own but incomes what is (was) the nature of your business?	34 Jow many hours a week do you usually work in your <i>main</i> job?				
<b>♦</b>	Civil Servants, Local Government Officers - please specify ) by extreme.	Answer to nearest whole hour.				
		♦ Give average for last four weeks.  Number of hours				
		worked a week				
		THERE ARE NO MORE QUESTIONS FOR PERSON 6.				
30	If you were working last week Go to 31	QUESTIONS FOR PERSON 0.				
	If you were not working last week 35	If there are no more people in				
31		your household you do not need to answer any more				
<b>♦</b>	Write in the name of on abox be averagpropriate.  If you have your own using ss, write of the name.	questions.				
		If there are more than 6 people in your household, you will				
		need to contact the Census Helpline (0845 3020011) for an				
		extra form.				
	Self-employed/frectance Work for a private individual	Remember to sign the				
32	What is the address of the place where you work in your <i>main</i> job?  Write in the address or   one box below as appropriate.	Declaration on the front page.				
<b>*</b>	If you report to a depot, write in the depot address.					
	Postcode   Postcode					
	Mainly work at Offshore installation No fixed place					



