



## 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*.













# Person 2

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

First name and surname

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

**2** What is your sex?

- Male  Female

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

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

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

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

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

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

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

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

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

**▶ Go to 7**

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

**▶ Go to 5**

**7** Can you understand, speak, read or write Irish?

◆ **✓ all the boxes that apply.**

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

**8** Do you regard yourself as belonging to any particular religion?

- Yes **▶ Go to 8a**  
 No **▶ Go to 8b**

**8a** What religion, religious denomination or body do you belong to?

- Roman Catholic  
 Presbyterian Church in Ireland  
 Church of Ireland  
 Methodist Church in Ireland  
 Other, *please write in*

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

**8b** What religion, religious denomination or body were you brought up in?

- Roman Catholic  
 Presbyterian Church in Ireland  
 Church of Ireland  
 Methodist Church in Ireland  
 Other, *please write in*

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

- None

**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*

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

**10** To which of these ethnic groups do you consider you belong?

◆ **✓ one box only.**

- White  
 Chinese  
 Irish Traveller  
 Indian  
 Pakistani  
 Bangladeshi  
 Black Caribbean  
 Black African  
 Black Other

◆ If you belong to another group, *write in*

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

◆ Any other ethnic group, *write in*

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

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

- Good?  
 Fairly good?  
 Not good?

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

- long term physical or mental ill-health or disability,
- 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 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.  
 Yes      No

**14 What was your usual address one year ago?**  
 ♦ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.  
 ♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.  
 The address shown on the front of the form  
 No usual address one year ago      Same as Person 1  
 Elsewhere, *please write in below*  


Postcode

**15 If you are aged 16 to 74**     ▶ **Go to 16**  
**If you are aged 15 and under, or 75 and over**     ▶ **Go to 35**

**16 Which of these qualifications do you have?**  
 ♦ ✓ all the qualifications, or their equivalents, that apply.  
 GCSE (grades D-G), CSE (grades 2-5)      NVQ Level 1, GNVQ Foundation  
 1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes      NVQ Level 2, GNVQ Intermediate  
 5+ CSEs (grades 2-5), 5+ GCSEs (grades A-C), 5+ 'O' Level Passes, Senior Certificate      NVQ Level 3, GNVQ Advanced  
 1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate      NVQ Level 4, HNC, HND  
 2+ 'A' Levels, 4+ AS Levels      NVQ Level 5  
 First Degree  
 Higher Degree      No qualifications

**17 Last week, were you doing any work:**  
 • as an employee, or on a Government sponsored training scheme,  
 • as self-employed/freelance, or  
 • in your own/family business (including shop or farm)?  
 ♦ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.  
 ♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.  
 ♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.  
 Yes     ▶ **Go to 23**  
 No     ▶ **Go to 18**

**18 Were you actively looking for any kind of paid work during the last 4 weeks?**  
 Yes      No

**19 If a job had been available last week, could you have started it within 2 weeks?**  
 Yes      No

**20 Last week, were you waiting to start a job already obtained?**  
 Yes      No

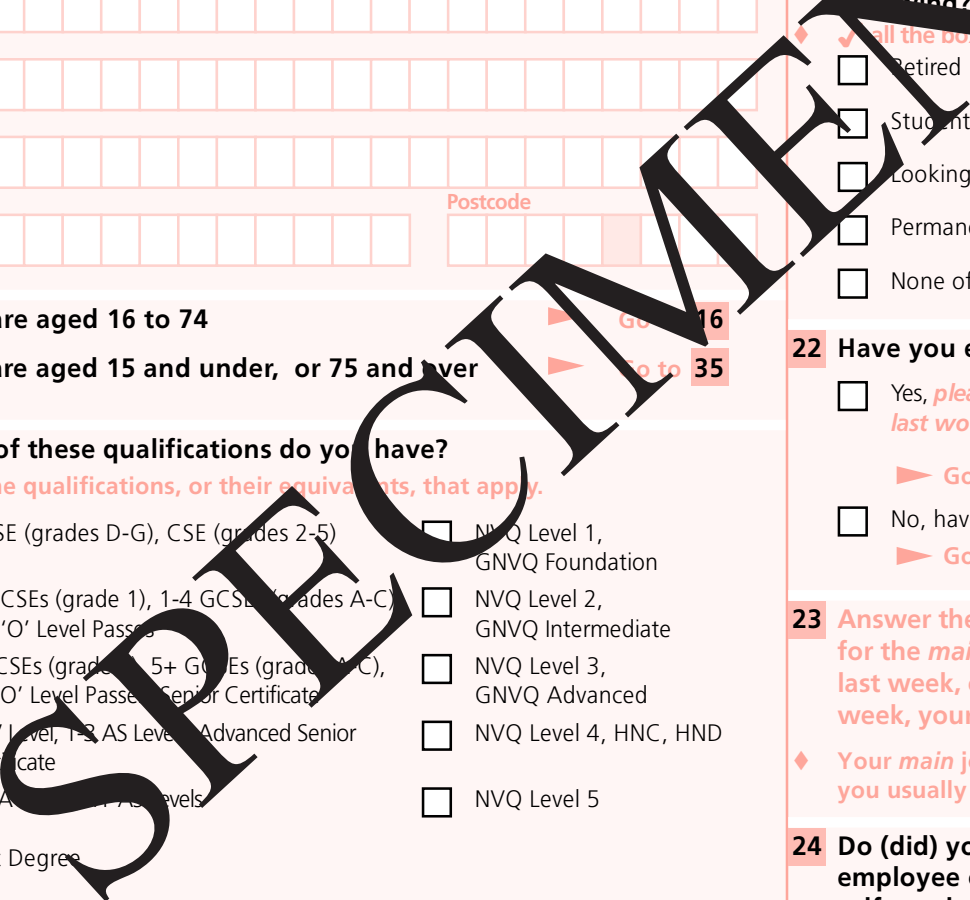
**21 Last week, were you any of the following?**  
 ♦ ✓ All the boxes that apply.  
 Retired  
 Student  
 Looking after home/family  
 Permanently sick/disabled  
 None of the above

**22 Have you ever worked?**  
 Yes, *please write in the year you last worked*      
 ▶ **Go to 23**  
 No, have never worked  
 ▶ **Go to 35**

**23 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.**  
 ♦ Your main job is the job in which you usually work the most hours.

**24 Do (did) you work as an employee or are (were) you self-employed?**  
 Employee  
 Self-employed with employees  
 Self-employed/freelance without employees

**25 How many people work (worked) for your employer at the place where you work (worked)?**  
 ♦ If you are (were) self-employed, ✓ to show how many people you employ (employed).  
 1-9      10-24  
 25-499      500 or more





# Person 6 - continued

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

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

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

**28** Do (did) you supervise any other employees?

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

 Yes  No

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

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

**30** If you were working last week [Go to 31](#)

If you were not working last week [Go to 35](#)

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

- ♦ Write in the name or ✓ one box below as appropriate.
- ♦ If you have your own business, write in the name.

 Self-employed/freelance  Work for a private individual

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

- ♦ 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 or from home  Offshore installation  No fixed place

**33** How do you usually travel to work?

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

 Work mainly at or from home Train Bus, minibus or coach (public or private) Motor cycle, scooter or moped Driving a car or van Car or van pool, sharing driving Passenger in a car or van Taxi Bicycle On Foot Other

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

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

Number of hours worked a week

**35** THERE ARE NO MORE QUESTIONS FOR PERSON 6.

- ♦ If there are no more people in your household you do not need to answer any more 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.

- ♦ Remember to sign the Declaration on the front page.



**SPECIMEN**

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