H5



Northern Ireland Census 29 April 2001 count me in



Household Form

Census Helpline 0845 3020011 Text Phon	ne for the Deaf	f 0845 3032001	Website www.nicensus2001.gov.uk			
Name						
Address			CD			
			ED			
			Form			
	Postcode		William Visionly			
			form 1 of			
			λ			
To the Householder	What you ha	ave to do	X) '			
The Census is a count every ten years of all people and households in the country. Census	Your hous household	ehold show con d is:	nple this form in black or blue ink . A			
information is used by central and local government, health authorities and many	• one	living lone,				
other organisations to allocate resources and plan services for everyone. The Northern	group	of people, of ne	cessarily related) living at the same address			
Ireland Statistics and Research Agency conducts the Census in Northern Ireland.	VV COI	mmen housekeep or at least one me	ing - sharing either a living room or sitting			
Completing your form	This form	ers six people	. If there are more than six people in your			
Completion of the Census form is compalsory		you will need an				
under the Census Act (Northern reland) 1969. If you refuse to complete it, or give	List house	hold members in page to list visito:	Table 1 (page 2). You may use Table 2 on ss.			
false information, you may be liase to a fine. This liability does not apply to comparion of	Answer th	e questions abou	t your accommodation (page 3).			
the questions on religion. The requirement for you to return a consileted form with a	Complete	the relationship s	section (pages 4 and 5).			
be satisfied until such form has been	Ensure tha	nt a person section	(3 pages) is completed for every member			
received. If you paid help to ase contact the Census Help he.			me order as they are listed in Table 1.			
Confidenti		inused sections of				
The information you provide is protected by law and treated in chick confidence. The			ply-paid envelope provided.			
information is only used for statistical purposes, and anyone using or disclosing	For help or extra forms, please call the Census Helpline on 0845 3020011. All calls to this number are charged at the local rate.					
Census information improperly will be liable						
to prosecution. Census forms will be held securely under the terms of the Public Records	Declaration	on				
Act (Northern Ireland) 1923.			ng this form. Please check that you			
Thank you for your co-operation.		missed any pages	•			
T. N. Caren		is completed to th	ne best of my knowledge and belief.			
·	Signature/s					
Dr T N Caven REGISTRAR GENERAL						
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,

piease c	ontact the Census Helpline and 🗸 the relevant box in the column marked findiv	iduai 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 your house ld, 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	
	you complete the form you may use Table 2 to list any visitors staying at thi	s 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.

Addroce

Thist hame and surname	Address

First name and surname

H	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	
H1	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? ♦ one box only. Owns outright to to H11
	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	Н5	What is the lowest floor level of your household's living accommodation? Basement or semi-basement Ground floor (street usel) First floor (floor above street usel) Second floor This per fourth floor	Owns with a mortgage or loan Go to H11 Pays part rent and part mortgage (shared ownership) Go to H11
uэ	example, in an office building, or hotel, or over a shop) Mobile or temporary structure: A caravan or other mobile or temporary structure Is your household's	Н	Are the rooms sed by your household located on more han one floor?	Rents Go to H10 Lives here rent free Go to H10 H10 Who is your landlord?
•		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	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	Н8	No How many cars or vans are	H11 Please turn the page.
*	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	*	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	



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	MARY			Surname 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	√	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-chila		
	Brother or sister		Brother or sister		Brother or sister		

- 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 original o ers of your household. er mem
- Provide information here for household members who requ Individual Form for privacy reasons. Questions on the following pages should be I lank fo these cople.

Name of Person 1	Name of Person 2		Name & Person	3	Name of Person	4		
First name	First name		First name		First name			
Surname	Surname		Surna le		Surname			
	Relations 2 to 1 son	-	Relationship of Person 3 to Person	→ 1 2	Relationship of Person 4 to Person	→ 1	2	3
ENTER NAME	usban or wife		Husband or wife		Husband or wife			
OF PERSON 1	Pan. r		Partner		Partner			
ABOVE	Son or a dghter		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 Finaname Surname
First name Surname Relationship of		Figurame Surname Relationship of
First name Surname Relationship of Person 5	2 4	Fix name Surname
First name Surname Relationship of Person 5 to Person Husband or Vife	2 4	Fix 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	Fix name 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	Fix name Surname Relationship of Person 6 to Person 1 2 3 4 5 Husband or wife □ □ □ □ □ Partner □ □ □ □ □
Relationship of Person 5 to Person Husband or Vife	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 6 Husband or Vife Partner Son or daughter Step-ennu	2 1 4	Figurame 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 Sch or daughter Step emid Brother or father Step-mother or	2 4 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 Son or daughter Step-enno Brother or sister Mother or father Step-mother or step-father	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Figurame Surname 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 □ □ □ □ □ □ □ □
Relationship of Person 5 to Person 5 to Person 6 Husband or vife Partner Step Common Brother or sister Mother or father Step-mother or step-father Grandchild	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Figurame Surname Relationship of Person → 1 2 3 4 5 Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild
Relationship of Person 5 to Person 5 to Person 5 to Person 6 Husband or vife Partner Step Cama Brother or sist of Mother or father Step-mother or step-father	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Figurame Surname 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 □ □ □ □ □ □ □ □

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*.



P	Person 1						
1	What is your name? (Person 1 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?		White Chinese Irish Traveller		
3	What is your date of birth? Day Month Year	8a	Yes ► Go to 8a No ► Go to 8b What religion, religious denomination or body do you		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		belong to? Roman Catholic Presbyterian Church in Ireland Church of Ireland Methodist Church in Ireland Other, please write in		Black Caribbean Black African Black Other write in		
5	Are you a schoolchild or student in full-time education? Yes Go to 6 No Go to 7	8b	What religion, a ligious denomination or andy were	>	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 you have answered 'Yes' to Question 5. Yes, I live at this address during the school of t	^	yor brought up in? Roman Catholic Language Church in Ireland Church of Ireland Wethodist Church in Ireland	11	Over the last twelve months would you say your health has on the whole been: Good? Fairly good? Not good?		
	the school/college/uncorsity form To to 7 No, I live transport to the school/college/university erm Go to 35		Other, please write in None	12			
7	Can you understand, speak, read or write Irish?	9	What is your country of birth?		mental ill-health or disability,		
*	✓ all the boxes that apply. ☐ Understand spoken Irish ☐ Speak Irish ☐ Read Irish ☐ Write Irish ☐ None of the above		Northern Ireland England Wales Scotland Republic of Ireland Elsewhere, please write in the present name of the country	*	 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 		

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? Yes No
•	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
		21	Last week, were you any of the following? 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
♦	✓ 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 3,	23	Answer the remaining questions for the <i>main</i> job you were doing
	5+ 'O' Level Passes, Senior Certaint GNVQ Advanced		last week, or if not working last week, your last <i>main</i> job.
	1 'A' Level, 1-3 AS Levels, 2 banced a sior NVQ Level 4, HNC, HND Certificate 2+ 'A' Levels 4+ AS Levels When the second second in the second	♦	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?
	Higher Degree No qualifications		Employee
17	Last week, were you doing any work:		Self-employed with employees
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or 		Self-employed/freelance without employees
	• in your own/family business (including shop or farm)?	25	How many people work
*	✓ '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)?
*	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
	Yes Go to 23		you employ (employed). 1-9 10-24
	No ► Go to 18		25-499 500 or more



P	Person 1 - continued		
26	What is (was) the full title of your main job?	33	How do you usually travel to work?
♦	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	•	✓ one box only.
\	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
27	Describe what you do (did) in your <i>main</i> job.		Bus, minibus or coach (public or private)
	200 me mat you ao (ala, m you mam jeu.		lotor cycle, scooter or moped
			Diving a car or van
		4	or an pool, sharing driving
28	Do (did) you supervise any other employees?		Passenger in a car or van
♦	A supervisor or foreman is responsible for overseeing the work of employees on a day-to-day basis.		To axi
	Yes No		Bicycle
29	What is (was) the business of your employer at the place who you		On Foot
	work (worked)?		Other
♦	For example, MAKING SHOES, REPAIRING CARS, SECON, ART,		
♦	If you are (were) self-employed/freelance, have and) your sum business, 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 spec our Department.	♦	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 ast work Go to 31		QUESTIONS FOR PERSON 1.
	If you were no working last week Go to 35	♦	Go to questions for Person 2.
			If there are no more needs in
*	Write one box below as appropriate. If you have your o'rn business, write in the name.	V	If there are no more people in your household please leave
			the following pages blank.
		♦	Remember to sign the
	Colf condend (for done)		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 <i>main</i> job? Write in the address or one box below as appropriate.		
*	If you report to a depot, write in the depot address.		
	Postcode		
	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)	10	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?		☐ White ☐ Chinese			
3	What is your date of birth? Day Month Year What is your marital status	8a	Yes Go to 8a No Go to 8b What religion, religious denomination or body do you belong to?		☐ Irish Traveller ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Black Caribbean			
	(on 29 April 2001)? Single (never married) Married (first marriage) Re-married Separated (but still legally married) Divorced Widowed		Roman Catholic Presbyterian Church in Ireland Church of Ireland Methodist Church in Ireland Other, please write in		Black African Black Other Their group, write in			
5	Are you a schoolchild or student in full-time education? Yes Go to 6 No Go to 7	8b	What religious religious denomination as body were ou brought up 102	11	Any other ethnic group, write in Over the last twelve months			
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 a stion. Yes, I live at this address to fing the school/college anivers by term	\ \ \	Roman Catholic Church of Ireland Methodist Church in Ireland Other, please write in		would you say your health has on the whole been: Good? Fairly good? Not good?			
	No, I we else it saturing the school/conege/unive lity term		None None	12	Do you look after, or give any help or support to family members, friends, neighbours or others because of: • 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,problems related to old age?			
•	 ✓ all the boxes that apply. ☐ Understand spoken Irish ☐ Speak Irish ☐ Read Irish ☐ Write Irish ☐ None of the above 		Northern Ireland England Wales Scotland Republic of Ireland Elsewhere, please write in the present name of the country	*	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			



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?						
	Elsewhere, <i>please write in below</i>	21	Last week, were you any of the						
			Collowin. ? All the constant apply. Retired Student						
	Postcode		Looking after home/family						
			Permanently sick/disabled						
4 =	Management of the 74		None of the above						
15	If you are aged 16 to 74 If you are aged 15 and under, or 75 and over 16 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 Go to 23						
*	 ✓ all the qualifications, or their ed walents, that apply. ☐ 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 for the <i>main</i> job you were doing						
	5+ CSEs (2 de 1), 1 GCSEs (2 des A-C), 5+ 'O' Level 1 (3 des Senior Certricate Senior Certricate NVQ Advanced 1 A Level, 1-3 Ac sevels, Advanced Senior NVQ Level 4, HNC, HND		last week, or if not working last week, your last <i>main</i> job.						
	Certificate 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 employee or are (were) you self-employed?						
	Higher Degree No qualifications		Employee						
17	Last week, were you doing any work:		Self-employed with employees						
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or 		Self-employed/freelance without employees						
	• in your own/family business (including shop or farm)?	25	How many people work						
**	 ✓ '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. 		(worked) for your employer at the place where you work (worked)?						
•	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						

P	Person 2 - continued					
26	What is (was) the full title of your main job?	33	How do you usually travel to			
♦	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR	•	work? ✓ one box only.			
♦	MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band.	*	✓ the box only. ✓ the box for the longest part, by distance, of your usual journey to work. ✓ the box only. ✓ the box for the longest part, by distance, of your usual journey to work. ✓ the box only. ✓ the box only. ✓ the box for the longest part, by distance, of your usual journey to work. ✓ the box only. ✓ the bo			
			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)			
			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			
\	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCTION, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.	1	Cher			
\	If you are (were) self-employed/freelance or have (had) your own busines 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) to artifect.	*	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 last week Go to 31	33	QUESTIONS FOR PERSON 2.			
	If you were not working last week 35	•	Go to questions for Person 3.			
31	What is the full name of the organisation you work for in your <i>main</i> job?					
* •	Write in the name of on abox be was appropriate. If you have your own using as, write of the name.	•	If there are no more people in your household please leave			
			the following pages blank.			
		♦	Remember to sign the Declaration on the front page.			
	Self-employed/frectance Work for a private individual		beclaration on the none page.			
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. If you report to a depot, write in the depot address.					
•	The you report to a depot, write in the depot address.					
	Postcode					
	rostcode					
	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	
	NA/leasting commented at blinth?		Yes Go to 8a		☐ Irish Traveller	
3	What is your date of birth? Day Month Year		□ No ► Go to 8b		Indian	
	I Car	0.	What religion religious		Pakistani	
		oa	What religion, religious denomination or body do you		Bangladeshi	
4	What is your marital status (on 29 April 2001)?		belong to?		Rlack Caribbean	
	Single (never married)		Roman Catholic		Blac African	
			Presbyterian Church in Ireland	1	Black oer	
	Married (first marriage)		Church of Ireland		Mixed ethnic group, write in	
	Re-married		Methodist Church in free			
	Separated (but still legally married)		Other, please with in			
	Divorced					
	Widowed				Any other ethnic group, write in	
5	Are you a schoolchild or student				Any other curine group, write in	
	in full-time education?		Go to 9			
	Yes Go to 6	8h	What religion, religious			
	No ► Go to 7		denomination or body were			
6	Do you live at the address		you brought up in? Roman Catholic	11	Over the last twelve months	
	shown on the front shis for during the school, colle	1			would you say your health has on the whole been:	
	university term				Good?	
•	have answered s' * Question 5.				Fairly good?	
	Yes, Time at this "dress during					
			Other, please write in			
				12		
	school/co.lege/university term				friends, neighbours or others	
	Go to 35		_			
7	Can you understand, speak,				 long term physical or 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	•	✓ time spent in a typical week.	
	Speak Irish		Scotland Republic of		No	
	Read Irish		Elsewhere, <i>please write in the</i>		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	
					_	
7	university term: Only answer is queston if you have answered of your Question 5. Yes, The at this oldress during the school/college inversity term Go 7 No, I live elsewhere during the school/college/university term Go to 35 Can you understand, speak, read or write Irish? ✓ all the boxes that apply. Understand spoken Irish Speak Irish Read Irish Write Irish	9	England Wales Scotland Republic of Ireland Elsewhere, please write in the	•	Good? Fairly good? Not good? Do you look after, or give any help or support to family members, friends, neighbours or others because of: Iong 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	

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
*	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	22	
	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
♦	✓ all the qualifications, or their equivalents the apply		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, GNVQ 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?
	The qualifications		Employee
17	Last week, were you doing any work:		Self-employed with employees
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or 		Self-employed/freelance without employees
	in your own/family business (including shop or farm)? Worl if away from work ill on metarnity leave on baliday or temporarily laid off.	25	How many people work
*	✓ '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
	for one hour.	*	(worked)? If you are (were) self-employed,
•	✓ 'Yes' if you worked, paid or unpaid, in your own/family business. Yes Go to 23		✓ to show how many people you employ (employed).
	No ► Go to 18		1-9 10-24
	_		25-499 500 or more



P	Person 3 - continued							
26	What is (was) the full title of your <i>main</i> job?	33	How do you usually travel to					
*	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.	*	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					
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 or van pool, sharing driving					
28	Do (did) you supervise any other employees?		Passenger in a car or van					
♦	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Taxi					
	Yes No	入	□ Brycle					
	What is (was) the business of your employer at the place y here you work (worked)?		On Foot Other					
*	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUTAL W, FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.	34	How many hours a week do you					
*	If you are (were) self-employed/freelance or have (had) to the winds in what is (was) the nature of your business? Civil Servants, Local Government Officers - please secify your Department.	*	usually work in your <i>main</i> job? 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	*	Go to questions for Person 4.					
31 * *	What is the full tome of the organization you work for in your <i>main</i> job? Write in the same of the organization you work for in your <i>main</i> job? Write in the same of the organization you work for in your <i>main</i> job? Write in the same of the organization you work for in your <i>main</i> job? Write in the same of the organization you work for in your <i>main</i> job?	*	If there are no more people in 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							
	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. 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	Tab	le 1)	10	To which of these ethnic groups do you consider you belong?		
	First name and surname	Τ		•	✓ 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		<u> </u>		
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	_	Librar group, write in		
	Separated (but still legally married)		Other, please write in				
	Divorced		Other, pieuse write in				
	☐ Widowed						
_	Augustus and a clabilid an atual and				Any other ethnic group, write in		
5	Are you a schoolchild or student in full-time education?						
	Yes Go to 6		G0 11 3				
	No ► Go to 7	8b	What religion religions denomination a body were				
6	Do you live at the address		ou brought up la	11	Over the last twelve months		
	shown on the front of this form during the school, college or		Roman Catholic		would you say your health has on the whole been:		
	university term?	X	resbyte ian Church in Ireland		Good?		
♦	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>				
	No Lee elsevice during ne			12	Do you look after, or give any help or support to family members,		
	No, I has elsewhere sturing the school/conege/university term				friends, neighbours or others		
	Go to 75		_		because of:		
7	Can you understand, speak,		None		 long term physical or 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	*	√ time spent in a typical week.		
	Speak Irish		Scotland Republic of		☐ No		
	Read Irish		Ireland 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
14	Yes No What was your usual address one year ago?	19	If a job had been available last week, could you have started it
*	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'.		within 2 weeks? Yes No
•	The address shown on the front of the form	20	Last week, were you waiting to start a job already obtained?
	No usual address one year ago Same as Person 1 Elsewhere, please write in below		□ Yo □ No
		21	Last week, were you any of the
		\	☐ Netired Student
	Postcode		Looking 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?
16	Which of these qualifications do you have?		Yes, please write in the year you last worked
†	✓ all the qualifications, or their equivalents, that apply.		► Go to 23
	GCSE (grades D-G), CSE (grades 2-5) MQ Level 1, GNVQ Foundation		No, have never worked Go to 35
	1-4 CSEs (grade 1), 1-4 GCSE (grades 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		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 Certificate 2+ 'A 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 employee or are (were) you
	Higher Degree No qualifications		self-employed? Employee
17	Last week, were you doing any work:		Self-employed with employees
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or 		Self-employed/freelance without employees
	in your own/family business (including shop or farm)?	25	How many people work
**	 ✓ '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)?
*	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
	Yes Go to 23		you employ (employed). 1-9 10-24
	No ► Go to 18		

P	Person 4 - continued							
26	What is (was) the full title of your main job?	33 How do you usually travel to						
	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	work? ♦ ✓ one box only.						
	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						
		Driving a car or van						
		Car or van pool, sharing driving						
20	De (did) con consider any other considers 2							
	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.	Taxi						
	Yes No	Ricycle						
	What is (was) the business of your employer at the place where you work (worked)?	On Pot						
	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUC YON,	☐ Cher						
	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY. If you are (were) self-employed/freelance or have (had) your own busines what is (was) the nature of your business?	ow many hours a week do you usually work in your <i>main</i> job?						
	what is (was) the nature of your business? Civil Servants, Local Government Officers - please specify to the sert tent.	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 4.						
	If you were working last week Go to 31	Q0231101131 OK 1 EKSON 4.						
	If you were not working last week 35	• Go to questions for Person 5.						
	What is the full name of the organisation you work for in your <i>main</i> job?	If there are no more people in						
	Write in the name of one box be was appropriate. If you have your own using ss, write the name.	your household please leave the following pages blank.						
		the following pages blank.						
		Remember to sign the Declaration on the front page.						
	Self-employed/free ance Work for a private individual	Declaration on the none page.						
32	What is the address of the place where you work in your <i>main</i> job?							
♦	Write in the address or \checkmark one box below as appropriate. If you report to a depot, write in the depot address.							
•	you report to a depot, write in the depot address.							
	Postcode Postcode							
	☐ Mainly work at ☐ Offshore installation ☐ No fixed place or from home							



P	Person 5						
1	What is your name? (Person 5 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		
	and at the filtra		Yes Go to 8a		☐ Irish Traveller		
3	What is your date of birth? Day Month Year		No ► Go to 8b		Indian		
	Day Worth Teal		Maria Diri		Pakistani		
		Ва	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 A Frican		
	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				
	Separated (but still legally married)		Other, <i>please writ</i>				
	Divorced						
	Widowed				Any other others group write in		
5	Are you a schoolchild or student				Any other ethnic group, write in		
	in full-time education?		Fo to 9				
	Yes Go to 6	h	What religion, religious				
	□ No ► Go to 7	6	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 relege		Roman Catholic		would you say your health has on the whole been:		
	university terp ?		Presbyterian Church in Ireland		Good?		
•	Only answer this west on if you have answered 'Year o Question 5.		Church of Ireland		Fairly good?		
	Y s, I live at this adverse during		Methodist Church in Ireland		Not good?		
	the school and ge/un versity term		Other, <i>please write in</i>		Not good:		
	Go to 7			12	Do you look after, or give any help or support to family members,		
	No, I live sewhere during the school/college/university term				friends, neighbours or others		
	► Go to 35				because of:		
7	Can you understand, speak,		None		 long term physical or 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	•	✓ time spent in a typical week.		
	Speak Irish		Scotland Republic of		☐ No		
	Read Irish		Ireland 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 5 - <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 Same as Person 1		start a job already obtained?
	Elsewhere, <i>please write in below</i>		Yes No
		21	Last week, were you any of the following? all the axes that apply. Retired
	Postcode Postcode		Looking after home/family Permanently sick/disabled None of the above
15	If you are aged 16 to 74	22	
	If you are aged 15 and under, or 75 and over 60 to 35	22/	Have you ever worked? Yes, please write in the year you
16	Which of these qualifications do you have?		last worked
♦	✓ all the qualifications, or their equivalents and apply		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, GN Q Intermediate	23	Answer the remaining questions
	5+ CSEs (grade 1), 5+ GCSEs grades (2), NVQ Level 3, 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' Level, 1-3 AS Livels, Franced's prior NVQ Level 4, HNC, HND Certificate	*	Your <i>main</i> job is the job in which
	2+ 'A' Levels 4+ AS L Vs NVQ Level 5		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
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or 		Self-employed/freelance without employees
	• in your own/family business (including shop or farm)?	25	How many people work
*	✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.		(worked) for your employer at the place where you work
•	√'Yes' for any paid work, including casual or temporary work, even if only for one hour.	*	(worked)? If you are (were) self-employed,
•	√ 'Yes' if you worked, paid or unpaid, in your own/family business. Yes Go to 23		√ to show how many people you employ (employed).
	No Go to 18		1-9 10-24
	140 00 10		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					
*	For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	*	work? ✓ one box only.					
•	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					
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					
			Diving a car or van					
			Car or an pool, sharing driving					
28	Do (did) you supervise any other employees?		Passenger in a car or van					
♦	A supervisor or foreman is responsible for overseeing the work of oth a employees on a day-to-day basis.							
	Yes No		Bicycle					
29	What is (was) the business of your employer at the place who a you		On Foot					
*	work (worked)? For example, MAKING SHOES, REPAIRING CARS, SECON NATION)		Other					
•	FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR' (SURGE). If you are (were) self-employed/freelance or have read) your own business,	34	How many hours a week do you					
•	what is (was) the nature of your business?		usually work in your <i>main</i> job? Answer to nearest whole hour.					
•	Civil Servants, Local Government Office's - please spetty your Department.	*	Give average for last four weeks.					
			Number of hours worked a week					
		35	THERE ARE NO MORE					
30	If you were working last verk Go to 31		QUESTIONS FOR PERSON 5.					
	If you were poworking last work Go to 35	*	Go to questions for Person 6.					
31	What is the rall name of the organisation you work for in your <i>main</i> job? Write the name or box below as appropriate.	•	If there are no more people in					
*	If you have an expenses, write in the name.		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							
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 Offshore installation No fixed place or from home							

Pe	Person 6						
	What is your name? (Person 6 in irst name and surname	Tab	le 1)	10	To which of these ethnic groups do you consider you belong? ✓ one box only.		
2 W	Vhat is your sex? ☐ Male ☐ Female	8	Do you regard yourself as belonging to any particular	Y	White Chinese		
4 W	What is your date of birth? ay Month Year What is your marital status on 29 April 2001)? Single (never married) Married (first marriage) Re-married	8 a	religion? Yes Go to 8a No Go to 8b What religion, religious denomination or body do you belong to? Roman Catholic Presbyterian Church in Ireland Church of Ireland		Irish Traveller Indian Pakistani Bangladeshi Black Caribbean Black African Black Other		
	Separated (but still legally married) Divorced Widowed wre you a schoolchild or student		Methodist Church in Ireland Other, please write in		Any other ethnic group, write in		
in [res Go to 6 No Go to 7 No you live at the address	8b	Whathreligion religions denomination as body were ou brought up 12	11	Over the last twelve months		
sl d u	hown on the front of this form uring the school, college or niversity term? Inly answer this question if you are answered 'Yes' to a stion Yes, I live at this address oring the school/college onivers by term	\ \ \	Roman Catholic Presbyte an Church in Ireland Church of Ireland Methodist Church in Ireland Other, please write in		would you say your health has on the whole been: Good? Fairly good? Not good?		
	No, I we else the sturing the school/conege/unive tity term		None	12	Do you look after, or give any help or support to family members, friends, neighbours or others because of: Iong term physical or		
	an you understand, speak, ead or write Irish?	9	What is your country of birth?		mental ill-health or disability,problems related to old age?		
• •	all the boxes that apply. Understand spoken Irish Speak Irish Read Irish Write Irish None of the above		Northern Ireland England Wales Scotland Republic of Ireland Elsewhere, please write in the present name of the country	*	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		

P	erson 6 - <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?
14	Yes No What was your usual address one year ago?	19	If a job had been available last week, could you have started it
♦	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?
•	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, <i>please write in below</i>	21	Last week, were you any of the
			All the poxes st apply. Setired
			Student
	Postcode		Cooking after home/family
			Permanently sick/disabled None of the above
15	If you are aged 16 to 74	22	Have you ever worked?
	If you are aged 15 and under, or 75 and over 35	22	Yes, please write in the year you
16	Which of these qualifications do yo have?		last worked Go to 23
•	 ✓ all the qualifications, or their equivalents, that apply. GCSE (grades D-G), CSE (grades 2-5) 		No, have never worked
	GNVQ Foundation 1-4 CSEs (grade 1), 1-4 GCSL (grades A-C) NVQ Level 2,		Go to 35
	1-4 'O' Level Passa GNVQ Intermediate 5+ CSEs (grade 5+ GC Es (grade 1C), NVQ Level 3,	23	Answer the remaining questions for the <i>main</i> job you were doing
	5+ 'O' Level Passe Sepior Certificate GNVQ Advanced 1 'A' Vel, 13 AS Level Advanced Senior NVQ Level 4, HNC, HND		last week, or if not working last week, your last <i>main</i> job.
	Cert cate 2+ 'A NVQ Level 5	*	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
	 as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or 		Self-employed/freelance without employees
*	 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. 	25	How many people work (worked) for your employer at the place where you work (worked)?
•	✓ '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

Person 6 - continued	
26 What is (was) the full title of your <i>main</i> job?	33 How do you usually travel to
♦ For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.	work? ♦ ✓ one box only.
♦ Civil Servants, Local Government Officers - give job title not grade or pay band.	♦ √ the box for the longest part, <i>by</i> 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)
	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
♦ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.	Taxi
Yes No	☐ ? icycle
29 What is (was) the business of your employer at the place where you	On Plot
work (worked)? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCTION,	☐ Cher
FOOD WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY. ♦ If you are (were) self-employed/freelance or have (had) your own but inswhat is (was) the nature of your business?	ow many hours a week do you usually work in your main job?
what is (was) the nature of your business? Civil Servants, Local Government Officers - please specify) to arthurnt.	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 6.
If you were not working last week	If there are no more people in
31 What is the full name of the organisation you work for in your main job?	your household you do not need to answer any more
 Write in the name of one pox be with appropriate. If you have your own rusin as, write 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-employe Vfree ance Work for a private individual	Remember to sign the
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.
 ♦ If you report to a depot, write in the depot address. 	
Postcode	
Mainly work at Offshore installation No fixed place	



