



1991 Census England

H form for Private Households

For
office
use

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

To the Head or Joint Heads or members of the Household aged 16 or over

Please complete this form for all members of the household, including children, and have it ready for collection on Monday 22nd April. Your census enumerator will call to collect it then or soon afterwards and will help you with the form if you have any difficulties. The enclosed leaflet explains why the Census is necessary and how the information is used.

Completion of the form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

Your answers will be treated in strict confidence and used only to produce statistics. Names and addresses will not be put into the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

Anyone using or disclosing Census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else information which you had been given in confidence by a visitor to enable you to complete the Census form.

If any member of the household aged 16 or over does not wish you, or another member of the household, to see their information, please ask the enumerator for an individual form with an envelope.

After completing the form, please sign the declaration on the last page.

Thank you for your co-operation.

P J Wormald

P J Wormald
Registrar General

Office of Population Censuses and Surveys
PO Box 100 Farcham PO16 0AL

Telephone: 0329 844444

Please read these instructions before filling in this form

A Household:

A household comprises either one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping — that is, sharing at least one meal a day or sharing a living room or sitting room.

People staying temporarily with the household are included.

- If there is more than one household in this building, answer for your household only.
- First answer questions **H1** and **H2** on this page and **H3** to **H5** on the **back page** about your household and the rooms which it occupies.
- When you have answered the household questions, answer the questions on the **inside pages** about each member of your household.
- If a member of the household is completing an Individual form please still enter their name and answer questions 5 and 6 on this form.
- Then complete **Panel B** and **Panel C** on the back page.
- Answer each question by ticking the appropriate box or boxes ☒ where they are provided.
- Please use ink or ballpoint pen.

To be completed by the Enumerator

Census District	Enumeration District	Form Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <input type="text"/>		
Address <input type="text"/>		
Postcode <input type="text"/>		
		ABS <input type="text"/>

H1 Rooms

Please count the number of rooms your household has for its own use.

Do not count: small kitchens, under 2 metres (6 feet 6 inches) wide
bathrooms
toilets

Do count: living rooms
bedrooms
kitchens at least 2 metres (6 feet 6 inches) wide
all other rooms in your accommodation

The total number of rooms is

Panel A

To be completed by the Enumerator and amended, if necessary, by the person(s) signing this form.

Tick one box to show the type of accommodation which this household occupies.

A caravan or other mobile or temporary structure	<input type="checkbox"/>	1	
A whole house or bungalow that is	{ detached	<input type="checkbox"/>	2
	{ semi-detached	<input type="checkbox"/>	3
	{ terraced (include end of terrace)	<input type="checkbox"/>	4
	{ in a commercial building (for example in an office building or hotel or over a shop)	<input type="checkbox"/>	5
The whole of a purpose built flat or maisonette	{ in a block of flats or tenement	<input type="checkbox"/>	6
Part of a converted or shared house, bungalow or flat	{ separate entrance into the building	<input type="checkbox"/>	7
	{ shared entrance into the building	<input type="checkbox"/>	8

H2 Accommodation

If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies.

- ☐ **A one roomed flatlet**
with private bath or shower, WC and kitchen facilities.
- ☐ **One room or bedsit, not self-contained**
(to move from your room to bathroom, WC or kitchen facilities you have to use a hall, landing or stairway open to other household(s)).
- ☐ **A self-contained flat or accommodation with 2 or more rooms,**
having bath or shower, WC and kitchen facilities all behind its own private door.
- ☐ **2 or more rooms, not self-contained**
(to move between rooms or to bathroom, WC or kitchen facilities you have to use a hall, landing or stairway open to other household(s)).

Please turn to the back page and answer questions H3 to H5 ►

1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write **BABY** and the surname.

Write the names in **BLOCK CAPITALS** starting with the head or a joint head of household.

4 Marital status

On the 21st April what is the person's marital status?

If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate.

Please tick one box.

5 Relationship in household

Please tick the box which indicates the relationship of each person to the person in the first column.

A step child or adopted child should be included as the son or daughter of the step or adoptive parent.

Write in relationship of 'Other relative' — for example, father, daughter-in-law, niece, uncle, cousin.

Write in position in household of an 'Unrelated' person for example, boarder, housekeeper, friend, flatmate, foster child.

6 Whereabouts on night of 21-22 April 1991

Please tick the appropriate box to indicate where the person was on the night of 21-22 April 1991.

7 Usual address

If the person usually lives here, please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address.

For students and children away from home during term time, the home address should be taken as the usual address.

For any person who lives away from home for part of the week, the home address should be taken as the usual address.

Any person who is not a permanent member of the household should be asked what he or she considers to be his or her usual address.

8 Term time address of students and schoolchildren

If not a student or schoolchild, please tick first box.

For a student or schoolchild who lives here during term time, tick 'This address'.

If he or she does not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.

Person No. 1

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

Day Month Year

Single (never married) ☐ 1
Married (first marriage) ☐ 2
Re-married ☐ 3
Divorced (decree absolute) ☐ 4
Widowed ☐ 5

Person No. 2

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

Day Month Year

Single (never married) ☐ 1
Married (first marriage) ☐ 2
Re-married ☐ 3
Divorced (decree absolute) ☐ 4
Widowed ☐ 5

Relationship to Person No.1

Husband or wife ☐ 1
Living together as a couple ☐ 2
Son or daughter ☐ 3
Other relative ☐

please specify

Unrelated ☐

please specify

At this address, out on night work or travelling to this address ☐ 0
Elsewhere in England, Scotland or Wales ☐ 1
Outside Great Britain ☐ 2

This address ☐ 1
Elsewhere ☐

If elsewhere, please write the person's usual address and postcode below in **BLOCK CAPITALS**

Post-code

Not a student or schoolchild ☐
This address ☐ 1
Elsewhere ☐

If elsewhere, please write the term time address and postcode below in **BLOCK CAPITALS**

Post-code

At this address, out on night work or travelling to this address ☐ 0
Elsewhere in England, Scotland or Wales ☐ 1
Outside Great Britain ☐ 2

This address ☐ 1
Elsewhere ☐

If elsewhere, please write the person's usual address and postcode below in **BLOCK CAPITALS**

Post-code

Not a student or schoolchild ☐
This address ☐ 1
Elsewhere ☐

If elsewhere, please write the term time address and postcode below in **BLOCK CAPITALS**

Post-code

Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>

Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5
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Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Unrelated <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Unrelated <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Unrelated <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Unrelated <input type="checkbox"/> <i>please specify</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2
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This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
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Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
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1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname.

Person No. 1

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

Day Month Year

Person No. 2

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

Day Month Year

9 Usual address one year ago

If the person's usual address one year ago (on the 21st April 1990) was the same as his or her current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write in the usual address one year ago.

If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.

For a child born since the 21st April 1990, tick the 'Child under one' box.

Same as question 7 ☐ 1
Different ☐
Child under one ☐ 3

If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Post-code

Same as question 7 ☐ 1
Different ☐
Child under one ☐ 3

If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Post-code

10 Country of birth

Please tick the appropriate box.

If the 'Elsewhere' box is ticked, please write in the present name of the country in which the birthplace is now situated.

England ☐ 1
Scotland ☐ 2
Wales ☐ 3
Northern Ireland ☐ 4
Irish Republic ☐ 5
Elsewhere ☐

If elsewhere, please write in the present name of the country

England ☐ 1
Scotland ☐ 2
Wales ☐ 3
Northern Ireland ☐ 4
Irish Republic ☐ 5
Elsewhere ☐

If elsewhere, please write in the present name of the country

11 Ethnic group

Please tick the appropriate box.

If the person is descended from more than one ethnic or racial group, please tick the group to which the person considers he/she belongs, or tick the 'Any other ethnic group' box and describe the person's ancestry in the space provided.

White ☐ 0
Black-Caribbean ☐ 1
Black-African ☐ 2
Black-Other ☐
please describe

Indian ☐ 3
Pakistani ☐ 4
Bangladeshi ☐ 5
Chinese ☐ 6

Any other ethnic group ☐
please describe

White ☐ 0
Black-Caribbean ☐ 1
Black-African ☐ 2
Black-Other ☐
please describe

Indian ☐ 3
Pakistani ☐ 4
Bangladeshi ☐ 5
Chinese ☐ 6

Any other ethnic group ☐
please describe

12 Long-term illness

Does the person have any long-term illness, health problem or handicap which limits his/her daily activities or the work he/she can do?

Include problems which are due to old age.

Yes, has a health problem which limits activities ☐ 1
Has no such health problem ☐ 2

Yes, has a health problem which limits activities ☐ 1
Has no such health problem ☐ 2

Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	Name and surname <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div>	Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div>	Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div>	Date of birth Day Month Year <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 10px;"></div>

Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3 If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3 If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3 If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3 If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Post-code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> If elsewhere, please write in the present name of the country <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> If elsewhere, please write in the present name of the country <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> If elsewhere, please write in the present name of the country <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> If elsewhere, please write in the present name of the country <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2

1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.
In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname.

Person No. 1

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

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

Person No. 2

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

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

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

13 Whether working, retired, looking after the home etc last week

Which of these things was the person doing **last week**?

Please read carefully right through the list and **tick all the descriptions that apply.**

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike.

Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to unpaid work except in a family business.

Working for an employer is **part time** (box 2) if the hours worked, excluding any overtime and mealbreaks, are usually 30 hours or less per week.

Include any person wanting a job but prevented from looking by holiday or temporary sickness.

Do not count training given or paid for by an employer.

Was working for an employer full time (more than 30 hours a week) ☐ 1

Was working for an employer part time (one hour or more a week) ☐ 2

Was self-employed, employing other people ☐ 3

Was self-employed, not employing other people ☐ 4

Was on a government employment or training scheme ☐ 5

Was waiting to start a job he/she had already accepted ☐ 6

Was unemployed and looking for a job ☐ 7

Was at school or in other full time education ☐ 8

Was unable to work because of long term sickness or disability ☐ 9

Was retired from paid work ☐ 10

Was looking after the home or family ☐ 11

Other ☐
please specify

Was working for an employer full time (more than 30 hours a week) ☐ 1

Was working for an employer part time (one hour or more a week) ☐ 2

Was self-employed, employing other people ☐ 3

Was self-employed, not employing other people ☐ 4

Was on a government employment or training scheme ☐ 5

Was waiting to start a job he/she had already accepted ☐ 6

Was unemployed and looking for a job ☐ 7

Was at school or in other full time education ☐ 8

Was unable to work because of long term sickness or disability ☐ 9

Was retired from paid work ☐ 10

Was looking after the home or family ☐ 11

Other ☐
please specify

Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <div></div>	Name and surname <div></div>	Name and surname <div></div>	Name and surname <div></div>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1
Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2
Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3
Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4
Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5
Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6
Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7
Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8
Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9
Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10
Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11
Other <input type="checkbox"/> please specify <div></div> <div></div> <div></div> <div></div>	Other <input type="checkbox"/> please specify <div></div> <div></div> <div></div> <div></div>	Other <input type="checkbox"/> please specify <div></div> <div></div> <div></div> <div></div>	Other <input type="checkbox"/> please specify <div></div> <div></div> <div></div> <div></div>

1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily**.
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write **BABY** and the surname.

Person No. 1

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

Day Month Year

Person No. 2

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

Day Month Year

Please read A below, tick the box that applies and follow the instruction by the box ticked.

A Did the person have a paid job last week (any of the boxes 1, 2, 3 or 4 ticked at question 13)?

YES ☐ Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19

NO ☐ Answer B

YES ☐ Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19

NO ☐ Answer B

B Has the person had a paid job within the last 10 years?

YES ☐ Answer questions 14, 15 and 16 about the most recent job, then go on to question 19

NO ☐ Go on to question 19

YES ☐ Answer questions 14, 15 and 16 about the most recent job, then go on to question 19

NO ☐ Go on to question 19

14 Hours worked per week

How many hours per week does or did the person usually work in his or her main job?

Do not count overtime or meal breaks.

Number of hours worked per week

Number of hours worked per week

15 Occupation

Please give the full title of the person's present or last job and describe the main things he/she does or did in the job.

At a, give the full title by which the job is known, for example: 'packing machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk'; rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give rank or grade if the person has one.

At b, write down the main things the person actually does or did in the job. If possible ask him/her to say what these things are and write them down.

Armed Forces — enter 'commissioned officer' or 'other rank' as appropriate at **a**, and leave **b** blank.

Civil Servants — give grade at **a** and discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at **b**.

a Full job title

b Main things done in job

a Full job title

b Main things done in job

16 Name and business of employer (if self-employed give the name and nature of the person's business)

At a, please give the name of the employer. Give the trading name if one is used. Do not use abbreviations.

At b, describe clearly what the employer (or the person if self-employed) makes or does (or did).

Armed Forces — write 'Armed Forces' at **a** and leave **b** blank. For a member of the Armed Forces of a country other than the UK — add the name of the country.

Civil Servants — give name of Department at **a** and write 'Government Department' at **b**.

Local Government Officers — give name of employing authority at **a** and department in which employed at **b**.

a Name of employer

b Description of employer's business

a Name of employer

b Description of employer's business

Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <div></div>	Name and surname <div></div>	Name and surname <div></div>	Name and surname <div></div>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day Month Year <div></div> <div></div> <div></div>	Date of birth Day Month Year <div></div> <div></div> <div></div>	Date of birth Day Month Year <div></div> <div></div> <div></div>	Date of birth Day Month Year <div></div> <div></div> <div></div>

This will tell you which questions to answer for each person.

YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B
YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19
Number of hours worked per week <div></div>	Number of hours worked per week <div></div>	Number of hours worked per week <div></div>	Number of hours worked per week <div></div>
a Full job title <div></div> <div></div> <div></div> <div></div>	a Full job title <div></div> <div></div> <div></div> <div></div>	a Full job title <div></div> <div></div> <div></div> <div></div>	a Full job title <div></div> <div></div> <div></div> <div></div>
b Main things done in job <div></div> <div></div> <div></div> <div></div>	b Main things done in job <div></div> <div></div> <div></div> <div></div>	b Main things done in job <div></div> <div></div> <div></div> <div></div>	b Main things done in job <div></div> <div></div> <div></div> <div></div>
a Name of employer <div></div> <div></div> <div></div>	a Name of employer <div></div> <div></div> <div></div>	a Name of employer <div></div> <div></div> <div></div>	a Name of employer <div></div> <div></div> <div></div>
b Description of employer's business <div></div> <div></div> <div></div> <div></div>	b Description of employer's business <div></div> <div></div> <div></div> <div></div>	b Description of employer's business <div></div> <div></div> <div></div> <div></div>	b Description of employer's business <div></div> <div></div> <div></div> <div></div>

1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.
In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write **BABY** and the surname.

17 Address of place of work

Please give the full address of the person's place of work.

For a person employed on a site for a long period, give the address of the site.

For a person not working regularly at one place who reports daily to a depot or other fixed address, give that address.

For a person not reporting daily to a fixed address, tick box 1.

For a person working mainly at home, tick box 2.

Armed Forces — leave blank.

18 Daily journey to work

Please tick the appropriate box to show how the longest part, by distance, of the person's daily journey to work is normally made.

For a person using different means of transport on different days, show the means most often used.

Car or van includes three-wheeled cars and motor caravans.

19 Degrees, professional and vocational qualifications

Has the person obtained any qualifications after reaching the age of 18 such as:

- degrees, diplomas, HNC, HND,
- nursing qualifications,
- teaching qualifications (see * below),
- graduate or corporate membership of professional institutions,
- other professional, educational or vocational qualifications?

Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.

If box 2 is ticked, write in all qualifications even if they are not relevant to the person's present job or if the person is not working.

Please list the qualifications in the order in which they were obtained.

If more than three, please enter in a spare column and link with an arrow.

*For a person with **school teaching qualifications**, give the full title of the qualification, such as 'Certificate of Education' and the subject(s) which the person is qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.

Person No. 1

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

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

Person No. 2

Name and surname

Sex Male ☐ 1
Female ☐ 2

Date of birth

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

Please write full address and postcode of workplace below in BLOCK CAPITALS

Post-code

No fixed place ☐ 1
Mainly at home ☐ 2

- British Rail train ☐ 1
Underground, tube, metro ☐ 2
Bus, minibus or coach (public or private) ☐ 3
Motor cycle, scooter, moped ☐ 4
Driving a car or van ☐ 5
Passenger in car or van ☐ 6
Pedal cycle ☐ 7
On foot ☐ 8
Other ☐ 9
please specify

Works mainly at home ☐ 0

NO — no such qualifications ☐ 1
YES — give details ☐ 2

1 Title
Subject(s)
Year
Institution

2 Title
Subject(s)
Year
Institution

3 Title
Subject(s)
Year
Institution

Please write full address and postcode of workplace below in BLOCK CAPITALS

Post-code

No fixed place ☐ 1
Mainly at home ☐ 2

- British Rail train ☐ 1
Underground, tube, metro ☐ 2
Bus, minibus or coach (public or private) ☐ 3
Motor cycle, scooter, moped ☐ 4
Driving a car or van ☐ 5
Passenger in car or van ☐ 6
Pedal cycle ☐ 7
On foot ☐ 8
Other ☐ 9
please specify

Works mainly at home ☐ 0

NO — no such qualifications ☐ 1
YES — give details ☐ 2

1 Title
Subject(s)
Year
Institution

2 Title
Subject(s)
Year
Institution

3 Title
Subject(s)
Year
Institution

H3 Tenure

Please tick the box which best describes how you and your household occupy your accommodation.

If buying by stages from a Council, Housing Association or New Town (under shared ownership, co-ownership or equity sharing scheme), answer as an owner-occupier at box 1.

As an owner-occupier:

- buying the property through mortgage or loan ☐ 1
- owning the property outright (no loan) ☐ 2

By renting, rent free or by lease:

- with a job, farm, shop or other business ☐ 3
- from a local authority (Council) ☐ 4
- from a New Town Development Corporation (or Commission) or from a Housing Action Trust ☐ 5
- from a housing association or charitable trust ☐ 6
- from a private landlord, furnished ☐ 7
- from a private landlord, unfurnished ☐ 8

In some other way:

- please give details below ☐

A private landlord may be a person or a company or another organisation not mentioned at 3, 4, 5 or 6 above.

H4 Amenities

Does your household — that is, you and any people who usually live here with you — have the use of:

- a A bath or shower? **Yes** — for use only by this household ☐ 1
- Yes** — for use also by another household ☐ 2
- No** — no bath or shower available ☐ 3
- b A flush toilet (WC) with entrance inside the building? **Yes** — for use only by this household ☐ 0
- Yes** — for use also by another household ☐ 1
- No** — flush toilet with outside entrance only ☐ 2
- No** — no flush toilet indoors or outdoors ☐ 3
- c Central heating in living rooms and bedrooms (including night storage heaters, warm air or under-floor heating), whether actually used or not? **Yes** — all living rooms and bedrooms centrally heated ☐ 1
- Yes** — some (not all) living rooms and bedrooms centrally heated ☐ 2
- No** — no living rooms or bedrooms centrally heated ☐ 3

H5 Cars and vans

Please tick the appropriate box to indicate the number of cars and vans normally available for use by you or members of your household (other than visitors).

- Include** any car or van provided by employers if normally available for use by you or members of your household, but **exclude** vans used only for carrying goods.
- None ☐ 0
- One ☐ 1
- Two ☐ 2
- Three or more ☐ 3

Panel B

Was there anyone else (such as a visitor) here on the night of 21-22 April whom you have not included because there was no room on the form? No ☐ Yes ☐

If **yes** ticked, please ask the Enumerator for another form.

Have you left anyone out because you were not sure whether they should be included on the form? No ☐ Yes ☐

If **yes** ticked, please give their names and the reason why you were not sure about including them.

Name
Reason

Name
Reason

Name
Reason

Panel C

Before you sign the form, will you please check:

- ▶ that all questions which should have been answered have been answered for every member of your household
- ▶ that you have included everyone who spent the night of 21-22 April in your household
- ▶ that you have included everyone who usually lives here but was away from home on the night of 21-22 April
- ▶ that no visitors, boarders or newly born children, even if still in hospital, have been missed

It would help the Enumerator to be able to telephone you if there is a query on, or an omission from, your form.

If you have no objection, please write your telephone number here.

Telephone number

Declaration

This form is correctly completed to the best of my knowledge and belief.

Signature(s)

Date

April 1991