



# 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 read these instructions before filling in this form**

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.

### 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.

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

People staying temporarily with the household are included.

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.

- If there is more than one household in this building, answer for your household only.

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 or enable you to complete the Census form.

- 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.

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 the individual form with an envelope.

- When you have answered the household questions, answer the questions on the inside pages about each member of your household.

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

- If a member of the households completing an Individual form please still enter name and answer questions 5 and 6 on this form.

Thank you form your co-operation.

- Then complete Panel B and Panel C on the back page.

*P J Wormald*

P J Wormald  
Registrar General

- Answer each question by ticking the appropriate box or boxes  where they are provided

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

- Please use ink or black ballpoint pen.

Telephone 0329 844444

### 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"/>		
<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  1

A whole house or bungalow that is  2  
detached  2  
semi-detached  3  
terraced include end of terrace  4

The whole of a purpose built flat or maisonette  5  
in a commercial building for example in an office building or hotel or over a shop  5  
in a block of flats or tenement  6

Part of a converted or shared house, bungalow or flat  7  
separate entrance into the building  7  
shared entrance into the building  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 flat with private bath or shower, WC and kitchen facilities  1

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))  2

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  3

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)).  4

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 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.

**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

**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.

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

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

**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.

**Relationship to Person No.1**

Husband or wife   
Living together as a couple   
Son or daughter   
Other relative   
*please specify*

Unrelated   
*please specify*

**6 Whereabouts on night of 21-22 April 1991**

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

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

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

**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.

This address  1  
Elsewhere

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

Post-code

This address  1  
Elsewhere

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

Post-code

**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.

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

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
<b>Name and surname</b> <input type="text"/>	<b>Name and surname</b> <input type="text"/>	<b>Name and surname</b> <input type="text"/>	<b>Name and surname</b> <input type="text"/>
<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

Single (never married) <input type="checkbox"/> 1	Single never married <input type="checkbox"/> 1	Single never married <input type="checkbox"/> 1	Single (never married) <input type="checkbox"/> 1
Married (first marriage) <input type="checkbox"/> 2	Married first marriage <input type="checkbox"/> 2	Married first marriage <input type="checkbox"/> 2	Married (first marriage) <input type="checkbox"/> 2
Re-married <input type="checkbox"/> 3	Re-married <input type="checkbox"/> 3	Re-married <input type="checkbox"/> 3	Re-married <input type="checkbox"/> 3
Divorced (decree absolute) <input type="checkbox"/> 4	Divorced (decree absolute) <input type="checkbox"/> 4	Divorced decree absolute <input type="checkbox"/> 4	Divorced (decree absolute) <input type="checkbox"/> 4
Widowed <input type="checkbox"/> 5	Widowed <input type="checkbox"/> 5	Widowed <input type="checkbox"/> 5	Widowed <input type="checkbox"/> 5
<b>Relationship to Person No.1</b>	<b>Relationship to Person No.1</b>	<b>Relationship to Person No.1</b>	<b>Relationship to Person No.1</b>
Husband or wife <input type="checkbox"/> 1	Husband or wife <input type="checkbox"/> 1	Husband or wife <input type="checkbox"/> 1	Husband or wife <input type="checkbox"/> 1
Living together as a couple <input type="checkbox"/> 2	Living together as a couple <input type="checkbox"/> 2	Living together as a couple <input type="checkbox"/> 2	Living together as a couple <input type="checkbox"/> 2
Son or daughter <input type="checkbox"/> 3	Son or daughter <input type="checkbox"/> 3	Son or daughter <input type="checkbox"/> 3	Son or daughter <input type="checkbox"/> 3
Other relative <input type="checkbox"/> <i>please specify</i>	Other relative <input type="checkbox"/> <i>please specify</i>	Other relative <input type="checkbox"/> <i>please specify</i>	Other relative <input type="checkbox"/> <i>please specify</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unrelated <input type="checkbox"/> <i>please specify</i>	Unrelated <input type="checkbox"/> <i>please specify</i>	Unrelated <input type="checkbox"/> <i>please specify</i>	Unrelated <input type="checkbox"/> <i>please specify</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
At this address, out on night work or travelling to this address <input type="checkbox"/> 0	At this address, out on night work or travelling to this address <input type="checkbox"/> 0	At this address, out on night work or travelling to this address <input type="checkbox"/> 0	At this address, out on night work or travelling to this address <input type="checkbox"/> 0
Elsewhere in England <input type="checkbox"/> 1	Elsewhere in England <input type="checkbox"/> 1	Elsewhere in England <input type="checkbox"/> 1	Elsewhere in England <input type="checkbox"/> 1
Scotland or Wales <input type="checkbox"/> 1	Scotland or Wales <input type="checkbox"/> 1	Scotland or Wales <input type="checkbox"/> 1	Scotland or Wales <input type="checkbox"/> 1
Outside Great Britain <input type="checkbox"/> 2	Outside Great Britain <input type="checkbox"/> 2	Outside Great Britain <input type="checkbox"/> 2	Outside Great Britain <input type="checkbox"/> 2

This address <input type="checkbox"/>	This address <input type="checkbox"/> 1	This address <input type="checkbox"/> 1	This address <input type="checkbox"/> 1
Elsewhere <input type="checkbox"/>	Elsewhere <input type="checkbox"/>	Elsewhere <input type="checkbox"/>	Elsewhere <input type="checkbox"/>
If elsewhere, please write the person's usual address and postcode below in <b>BLOCK CAPITALS</b>	If elsewhere please write the person's usual address and postcode below in <b>BLOCK CAPITALS</b>	If elsewhere please write the person's usual address and postcode below in <b>BLOCK CAPITALS</b>	If elsewhere please write the person's usual address and postcode below in <b>BLOCK CAPITALS</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-code <input type="text"/>	Post-code <input type="text"/>	Post-code <input type="text"/>	Post-code <input type="text"/>

Not a student or schoolchild <input type="checkbox"/>	Not a student or schoolchild <input type="checkbox"/>	Not a student or schoolchild <input type="checkbox"/>	Not a student or schoolchild <input type="checkbox"/>
This address <input type="checkbox"/> 1	This address <input type="checkbox"/> 1	This address <input type="checkbox"/> 1	This address <input type="checkbox"/> 1
Elsewhere <input type="checkbox"/>	Elsewhere <input type="checkbox"/>	Elsewhere <input type="checkbox"/>	Elsewhere <input type="checkbox"/>
If elsewhere, please write the term time address and postcode below in <b>BLOCK CAPITALS</b>	If elsewhere, please write the term time address and postcode below in <b>BLOCK CAPITALS</b>	If elsewhere, please write the term time address and postcode below in <b>BLOCK CAPITALS</b>	If elsewhere, please write the term time address and postcode below in <b>BLOCK CAPITALS</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-code <input type="text"/>	Post-code <input type="text"/>	Post-code <input type="text"/>	Post-code <input type="text"/>

Please turn over ▶

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.**

**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		Name and surname		Name and surname		Name and surname	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
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		Date of birth		Date of birth		Date of birth	
Day	Month	Year	Day	Month	Year	Day	Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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  <input type="text"/> <input type="text"/>	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  <input type="text"/> <input type="text"/>	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  <input type="text"/> <input type="text"/>	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  <input type="text"/> <input type="text"/>
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>  <input type="text"/> <input type="text"/>	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>  <input type="text"/> <input type="text"/>	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>  <input type="text"/> <input type="text"/>	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>  <input type="text"/> <input type="text"/>
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>  <input type="text"/> <input type="text"/>	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>  <input type="text"/> <input type="text"/>	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>  <input type="text"/> <input type="text"/>	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>  <input type="text"/> <input type="text"/>
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

Please turn over ►

**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
- ▶ 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.

**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

**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 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 in 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.

<p>Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1</p> <p>Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2</p> <p>Was self-employed, employing other people <input type="checkbox"/> 3</p> <p>Was self-employed, not employing other people <input type="checkbox"/> 4</p> <p>Was on a government employment or training scheme <input type="checkbox"/> 5</p> <p>Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6</p> <p>Was unemployed and looking for a job <input type="checkbox"/> 7</p> <p>Was at school or in other full time education <input type="checkbox"/> 8</p> <p>Was unable to work because of long term sickness or disability <input type="checkbox"/> 9</p> <p>Was retired from paid work <input type="checkbox"/> 10</p> <p>Was looking after the home or family <input type="checkbox"/> 11</p> <p>Other <input type="checkbox"/> please specify</p>	<p>Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1</p> <p>Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2</p> <p>Was self-employed, employer other people <input type="checkbox"/> 3</p> <p>Was self-employed, not employing other people <input type="checkbox"/> 4</p> <p>Was on a government employment or training scheme <input type="checkbox"/> 5</p> <p>Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6</p> <p>Was unemployed and looking for a job <input type="checkbox"/> 7</p> <p>Was at school or in other full time education <input type="checkbox"/> 8</p> <p>Was unable to work because of long term sickness or disability <input type="checkbox"/> 9</p> <p>was retired from paid work <input type="checkbox"/> 10</p> <p>Was looking after home or family <input type="checkbox"/> 11</p> <p>Other <input type="checkbox"/> please specify</p>
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**Person No. 3**

Name and surname

Sex Male  1  
Female  2

Date of Month  
Day  Month  Year

**Person No. 4**

Name and surname

Sex Male  1  
Female  2

Date of birth  
Day  Month  Year

**Person No. 5**

Name and surname

Sex Male  1  
Female  2

Date of birth  
Day  Month  Year

**Person No. 6**

Name and surname

Sex Male  1  
Female  2

Date of birth  
Day  Month  Year

**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)  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


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


Please turn over ▶

**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.**

**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

Answer B

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

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

Go on to question 19

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

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 none 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 Officer** - 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
<b>Name and surname</b> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<b>Name and surname</b> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<b>Name and surname</b> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<b>Name and surname</b> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
<b>Date of birth</b> Day    Month    Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	<b>Date of birth</b> Day    Month    Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	<b>Date of birth</b> Day    Month    Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	<b>Date of birth</b> Day    Month    Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></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 <input style="width: 40px;" type="text"/>	Number of hours worked per week <input style="width: 40px;" type="text"/>	Number of hours worked per week <input style="width: 40px;" type="text"/>	Number of hours worked per week <input style="width: 40px;" type="text"/>
<b>a Full job title</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>a Full job title</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>a Full job title</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>a Full job title</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>b Main things done in job</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>b Main things done in job</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>b Main things done in job</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>b Main things done in job</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>a Name of employer</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>a Name of employer</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>a Name of employer</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>a Name of employer</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>b Description of employer's business</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>b Description of employer's business</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>b Description of employer's business</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>b Description of employer's business</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Please turn over ►

**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 qualifications, 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
[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]

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 a 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

**Person No. 2**

Name and surname

--

Sex Male  1  
Female  2

Date of birth

Day	Month	Year
[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]

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 a 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

Person No. 3	Person No. 4	Person No. 5	Person No. 6
<b>Name and surname</b> <input type="text"/>	<b>Name and surname</b> <input type="text"/>	<b>Name and surname</b> <input type="text"/>	<b>Name and surname</b> <input type="text"/>
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
<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>
Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2
British Rail train <input type="checkbox"/> 1 Underground tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>
Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0
NO - no such qualifications <input type="checkbox"/> 1 YES - give details <input type="checkbox"/> 2	NO - no such qualifications <input type="checkbox"/> 1 YES - give details <input type="checkbox"/> 2	NO - no such qualifications <input type="checkbox"/> 1 YES - give details <input type="checkbox"/> 2	NO - no such qualifications <input type="checkbox"/> 1 YES - give details <input type="checkbox"/> 2
1 Title <input type="text"/>	1 Title <input type="text"/>	1 Title <input type="text"/>	1 Title <input type="text"/>
Subject(s) <input type="text"/>	Subject(s) <input type="text"/>	Subject(s) <input type="text"/>	Subject(s) <input type="text"/>
Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>
Institution <input type="text"/>	Institution <input type="text"/>	Institution <input type="text"/>	Institution <input type="text"/>
2 Title <input type="text"/>	2 Title <input type="text"/>	2 Title <input type="text"/>	2 Title <input type="text"/>
Subject(s) <input type="text"/>	Subject(s) <input type="text"/>	Subject(s) <input type="text"/>	Subject(s) <input type="text"/>
Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>
Institution <input type="text"/>	Institution <input type="text"/>	Institution <input type="text"/>	Institution <input type="text"/>
3 Title <input type="text"/>	3 Title <input type="text"/>	3 Title <input type="text"/>	3 Title <input type="text"/>
Subject(s) <input type="text"/>	Subject(s) <input type="text"/>	Subject(s) <input type="text"/>	Subject(s) <input type="text"/>
Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>
Institution <input type="text"/>	Institution <input type="text"/>	Institution <input type="text"/>	Institution <input type="text"/>

Please turn over and complete Panels B and C ►

### H3 Tenure

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

If buying 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

**Buy 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

If your accommodation is occupied by lease originally granted for, or extended to, more than 21 years, answer as an owner-occupier. For shorter leases, answer 'By renting'.

**In some other way:**  
 -please give details below

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

### 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

### 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

### Panel C

**Before you sign the form, will you please check:**

- ▶ that all questions which should have been answered have been answered for every members of you 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 ther is a query on, or an omission from, your form.**

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

Telephone number

#### Declaration

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

Signatures(s)

Date  April 1991

### 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

◀ Please turn to the first inside page