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SCHEDULE 2

PART 4

Household Questionnaire (paper)



census
2021

Household Questionnaire
England

<p>FREEPOST Census 2021</p>	<p>Complete online www.census.gov.uk Your household access code is:</p> <input data-bbox="810 869 1267 965" type="text"/> <p>OR fill in this paper questionnaire.</p>																																																																																																																																																																																																							
<p>We need your help to run the census, which gathers vital information to help plan services such as transport, education and healthcare.</p> <p>All households should complete the census on 21 March 2021 or as soon as possible after.</p> <p>If you prefer, you can complete the questionnaire online:</p> <ol style="list-style-type: none"> 1. Go to www.census.gov.uk 2. Enter the household access code on the front of this questionnaire. 3. Answer the questions and select submit. <p>Thank you for taking part.</p>	<p>If your address is incorrect or missing, write in your correct address below:</p> <table border="1" data-bbox="810 1104 1267 1301"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p style="text-align: right;">Postcode</p>																																																																																																																																																																																																							
<p> Professor Sir Ian Diamond National Statistician</p>	<p>Declaration</p> <p>This questionnaire has been completed to the best of my knowledge and belief.</p> <table border="1" data-bbox="810 1440 1267 1518"> <tr> <td>Signature</td> <td>Date</td> </tr> </table> <p>If you have lost your envelope, please return your completed questionnaire to: FREEPOST Census 2021</p>	Signature	Date																																																																																																																																																																																																					
Signature	Date																																																																																																																																																																																																							
<p>Your information is protected by law. Find out more in the leaflet that comes with this questionnaire.</p>	<p>Where you can get help: www.census.gov.uk/help Contact Centre 0800 141 2021 NGT (18001) 0800 141 2021 Language helpline 0800 587 2021</p> <p> H1</p>																																																																																																																																																																																																							



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Before you start

The householder is responsible for ensuring that this questionnaire is completed and returned.

The householder is the person who lives, or is present, at this address who:

- owns/rents (or jointly owns/rents) the accommodation; and/or
- is responsible (or jointly responsible) for paying the household bills and expenses

A household is:

- one person living alone; or
- a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area

What should I complete on this questionnaire?

- Household questions on pages 3–6 about this household and its accommodation.
- Individual questions on pages 7–31 for every person who usually lives in this household. Every person who has been, or intends to be, in the UK for 3 months or more should be included in these questions at their usual UK address.
- Visitor questions on the back page (page 32) for all other people staying overnight in this household on 21 March 2021. It is important to include visitors staying overnight in this household to make sure no one is missed. Visitors who usually live elsewhere in the UK must also be included on a census questionnaire at their usual address.

You will find further information about who to include in this questionnaire in the accompanying leaflet.

Will I need extra questionnaires?

- If there are more than 5 people in this household, or more than 3 visitors staying overnight, you can choose either to complete the entire questionnaire online, or fill in this questionnaire and contact us to request one or more Continuation Questionnaires.
- If any member of this household does not want to disclose their information to others in the household, you can request an Individual Questionnaire. Remember to include these people in household questions (H1 to H14) on this questionnaire, but leave blank their individual questions (1 to 51).
- If there is more than one household at this address, contact us to request one or more additional Household Questionnaires.

You can request extra questionnaires online at www.census.gov.uk or by calling 0800 141 2021.

How should I complete my questionnaire correctly?

You should:

- use black or blue ink to answer
- tick your answers within the box, like this:
- print in capital letters within the boxes, one letter per box, like this:

S	M	I	T	H			
---	---	---	---	---	--	--	--
- correct any mistakes by filling in the box, like this:

S	M		I	T	H		
---	---	--	---	---	---	--	--

 or this:

S	M		I	T	H		
---	---	--	---	---	---	--	--
- continue onto the next line (if possible) when a word will not fit, like this:

P	A	D	D	I	N	G	T	O
N		S	T	R	E	E	T	
- follow the ➔ **GO TO** instructions and leave any questions or pages you do not need to answer completely blank; any marks or lines can be mistaken for answers



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Household questions

H1 Who usually lives here?

Tick all that apply. For more advice about who to include, see the accompanying leaflet

- Me, this is my permanent or family home
- Family members including partners, children, and babies born on or before 21 March 2021
- Students and/or schoolchildren who live away from home during term time
- Housemates, tenants or lodgers
- People who usually live outside the UK who are staying in the UK for 3 months or more
- People who work away from home within the UK, or are members of the armed forces, if this is their permanent or family home
- People who are temporarily outside the UK for less than 12 months
- People staying temporarily who usually live in the UK but do not have another UK address, for example, relatives, friends
- Other people who usually live here, including anyone temporarily away from home
- OR** no one usually lives here, for example, this is a second address or holiday home → **GO TO H4**

H2 Counting everyone you included in question H1, how many people usually live here?

H3 Starting with yourself, list the names of all the people counted in question H2 including children, babies and lodgers.

If a member of this household has requested an Individual Questionnaire, tick the box beside their name and leave blank the Individual questions 1 to 51 for that person

Individual
Questionnaire
requested?

	First name	Last name	
Yourself (Person 1)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

If there are more than 5 people, complete the entire questionnaire online or contact us to get a Continuation Questionnaire.

H4 Apart from everyone counted in question H2, who else is staying overnight here on 21 March 2021? These people are counted as visitors. Remember to include children and babies.

Tick all that apply

- People who usually live somewhere else in the UK, for example, boy/girlfriends, friends, relatives
- People staying here because it is their second address, for example, for work. Their permanent or family home is elsewhere
- People who usually live outside the UK who are staying in the UK for less than 3 months
- People here on holiday
- OR** there are no visitors staying overnight here on 21 March 2021 → **GO TO H6**

H5 Counting only the people included in question H4, how many visitors are staying overnight here on 21 March 2021?

- Remember to answer the Visitor questions on the back page (page 32) for these people
- If there is no one usually living here (there are only visitors staying here) → **GO TO H7**



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Household questions – continued

H6 How are members of this household related to each other? If members are not related, tick the "Unrelated" box.

- Using the same order you used in question H3 (page 3), write the name of everyone who usually lives here at the top of each column. Remember to include children, babies and people who have requested an Individual Questionnaire
- Tick a box to show the relationship of each person to each of the other members of this household
- If no one usually lives here and there are no visitors staying overnight here on 21 March 2021 ➔ **GO TO H7**

Example:

This shows how a household with 2 parents and 3 children are related to each other

DO NOT write in this section ➔

Provide details of members of the household in the section BELOW ↓

Name of Person 1	Name of Person 2
First name: <input type="text" value="MARY"/>	First name: <input type="text" value="ROBERT"/>
Last name: <input type="text" value="SMITH"/>	Last name: <input type="text" value="SMITH"/>
	How is Person 2 related to Person: 1
	Husband or wife <input checked="" type="checkbox"/>
	Legally registered civil partner <input type="checkbox"/>
	Partner <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>
	Stepchild <input type="checkbox"/>
	Brother or sister (including half-brother or half-sister) <input type="checkbox"/>

Name of Person 1	Name of Person 2	Name of Person 3
First name: <input type="text"/>	First name: <input type="text"/>	First name: <input type="text"/>
Last name: <input type="text"/>	Last name: <input type="text"/>	Last name: <input type="text"/>
<p style="text-align: center;">ENTER NAME OF PERSON 1 HERE AS IN QUESTION H3</p> <p style="text-align: center;">IF YOU LIVE ALONE GO TO H7</p>	How is Person 2 related to Person: 1	How is Person 3 related to Person: 1 2
	Husband or wife <input type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Legally registered civil partner <input type="checkbox"/>	Legally registered civil partner <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>	Son or daughter <input type="checkbox"/> <input type="checkbox"/>
	Stepchild <input type="checkbox"/>	Stepchild <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister (including half-brother or half-sister) <input type="checkbox"/>	Brother or sister (including half-brother or half-sister) <input type="checkbox"/> <input type="checkbox"/>
	Stepbrother or stepsister <input type="checkbox"/>	Stepbrother or stepsister <input type="checkbox"/> <input type="checkbox"/>
	Mother or father <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/>
	Stepmother or stepfather <input type="checkbox"/>	Stepmother or stepfather <input type="checkbox"/> <input type="checkbox"/>
	Grandchild <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/>
	Grandparent <input type="checkbox"/>	Grandparent <input type="checkbox"/> <input type="checkbox"/>
Relation – other <input type="checkbox"/>	Relation – other <input type="checkbox"/> <input type="checkbox"/>	
Unrelated (including foster child) <input type="checkbox"/>	Unrelated (including foster child) <input type="checkbox"/> <input type="checkbox"/>	




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Person 5 (James) is the son of Person 1 (Mary) and Person 2 (Robert), and the brother of Person 3 (Alison) and Person 4 (Stephen).

Name of Person 3	Name of Person 4	Name of Person 5
First name: <input type="text" value="ALISON"/>	First name: <input type="text" value="STEPHEN"/>	First name: <input type="text" value="JAMES"/>
Last name: <input type="text" value="SMITH"/>	Last name: <input type="text" value="SMITH"/>	Last name: <input type="text" value="SMITH"/>
How is Person 3 related to Person: 1 2	How is Person 4 related to Person: 1 2 3	How is Person 5 related to Person: 1 2 3 4
Husband or wife: <input type="checkbox"/> <input type="checkbox"/>	Husband or wife: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Legally registered civil partner: <input type="checkbox"/> <input type="checkbox"/>	Legally registered civil partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Legally registered civil partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner: <input type="checkbox"/> <input type="checkbox"/>	Partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Son or daughter: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Son or daughter: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stepchild: <input type="checkbox"/> <input type="checkbox"/>	Stepchild: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stepchild: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister (including half-brother or half-sister): <input type="checkbox"/> <input type="checkbox"/>	Brother or sister (including half-brother or half-sister): <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Brother or sister (including half-brother or half-sister): <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Name of Person 4	Name of Person 5
First name: <input type="text"/>	First name: <input type="text"/>
Last name: <input type="text"/>	Last name: <input type="text"/>
How is Person 4 related to Person: 1 2 3	How is Person 5 related to Person: 1 2 3 4
Husband or wife: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Legally registered civil partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Legally registered civil partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Partner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Son or daughter: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stepchild: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stepchild: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister (including half-brother or half-sister): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brother or sister (including half-brother or half-sister): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stepbrother or stepsister: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stepbrother or stepsister: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mother or father: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stepmother or stepfather: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stepmother or stepfather: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandchild: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandparent: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandparent: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Relation – other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Relation – other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unrelated (including foster child): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unrelated (including foster child): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 If there are more than 5 people, contact us to request a Continuation Questionnaire



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Household questions – continued

<p>H7 What type of accommodation is this?</p> <p>A whole house or bungalow that is:</p> <p><input type="checkbox"/> detached</p> <p><input type="checkbox"/> semi-detached</p> <p><input type="checkbox"/> terraced (including end-terrace)</p> <p>A flat, maisonette or apartment that is:</p> <p><input type="checkbox"/> in a purpose-built block of flats or tenement</p> <p><input type="checkbox"/> part of a converted or shared house (including bedsits)</p> <p><input type="checkbox"/> part of another converted building (for example, former school, church or warehouse)</p> <p><input type="checkbox"/> in a commercial building (for example, in an office building, hotel, or over a shop)</p> <p>A mobile or temporary structure:</p> <p><input type="checkbox"/> a caravan or other mobile or temporary structure</p>	<p>H11 If one or more people usually live here</p> <p>➔ GO TO H12</p> <p>OR if there is no one usually living here (only visitors staying here)</p> <p>➔ GO TO page 32</p> <p>OR if no one usually lives here and there are no visitors staying overnight on 21 March 2021</p> <p>➔ GO TO the Declaration on the front page</p>
<p>H8 Are all the rooms in this accommodation, including the kitchen, bathroom and toilet, behind a door that only this household can use?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, one or more rooms are shared with another household</p>	<p>H12 Does your household own or rent this accommodation?</p> <p>☞ Tick one box only</p> <p><input type="checkbox"/> Owns outright ➔ GO TO H14</p> <p><input type="checkbox"/> Owns with a mortgage or loan ➔ GO TO H14</p> <p><input type="checkbox"/> Part-owns and part-rents (shared ownership)</p> <p><input type="checkbox"/> Rents (with or without housing benefit)</p> <p><input type="checkbox"/> Lives here rent-free</p>
<p>H9 How many bedrooms are available for use only by this household?</p> <p>☞ Include all rooms built or converted for use as bedrooms</p> <p><input type="text" value=""/> <input type="text" value=""/> Number of bedrooms</p>	<p>H13 Who is your landlord?</p> <p>☞ Tick one box only</p> <p><input type="checkbox"/> Housing association, housing co-operative, charitable trust, registered social landlord</p> <p><input type="checkbox"/> Council or local authority</p> <p><input type="checkbox"/> Private landlord or letting agency</p> <p><input type="checkbox"/> Employer of a household member</p> <p><input type="checkbox"/> Relative or friend of a household member</p> <p><input type="checkbox"/> Other</p>
<p>H10 What type of central heating does this accommodation have?</p> <p>☞ Tick all that apply, whether or not you use it</p> <p>☞ Central heating is a central system that generates heat for multiple rooms</p> <p><input type="checkbox"/> No central heating</p> <p><input type="checkbox"/> Mains gas</p> <p><input type="checkbox"/> Tank or bottled gas</p> <p><input type="checkbox"/> Electric (including storage heaters)</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Wood (for example, logs, waste wood or pellets)</p> <p><input type="checkbox"/> Solid fuel (for example, coal)</p> <p><input type="checkbox"/> Renewable energy (for example, solar thermal or heat pumps)</p> <p><input type="checkbox"/> District or communal heat network</p> <p><input type="checkbox"/> Other</p>	<p>H14 In total, how many cars or vans are owned, or available for use, by members of this household?</p> <p>☞ Include any company cars or vans available for private use</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 or more, write in number <input type="text" value=""/></p>



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Individual questions – Person 1 start here

<p>P Thinking about the people listed in question H3, are you Person 1?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – enter the details for Person 1 in this section</p>	<p>6 Do you stay at another address for more than 30 days a year?</p> <p>☞ These days could be in a row or separate</p> <p><input type="checkbox"/> No → GO TO 8</p> <p><input type="checkbox"/> Yes, write in other UK address below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p> <p><input type="checkbox"/> OR yes, outside the UK, write in country</p> <p>_____</p>
<p>1 What is your name? (Person 1 in question H3)</p> <p>First name</p> <p>_____</p> <p>Middle name(s)</p> <p>_____</p> <p>Last name</p> <p>_____</p>	<p>7 What is that address?</p> <p><input type="checkbox"/> Armed forces base address</p> <p><input type="checkbox"/> Another address when working away from home</p> <p><input type="checkbox"/> Student's home address</p> <p><input type="checkbox"/> Student's term-time address</p> <p><input type="checkbox"/> Another parent or guardian's address</p> <p><input type="checkbox"/> Partner's address</p> <p><input type="checkbox"/> Holiday home</p> <p><input type="checkbox"/> Other</p>
<p>2 What is your date of birth?</p> <p>Day Month Year</p> <p>____</p>	<p>8 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 10</p>
<p>3 What is your sex?</p> <p>☞ A question about gender identity will follow if you are aged 16 or over</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>9 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire</p> <p><input type="checkbox"/> At the address in question 6 → GO TO 51</p> <p><input type="checkbox"/> At another address → GO TO 51</p>
<p>4 On 21 March 2021, what is your legal marital or registered civil partnership status?</p> <p><input type="checkbox"/> Never married and never registered a civil partnership → GO TO 6</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a registered civil partnership</p>	<p>10 What is your country of birth?</p> <p><input type="checkbox"/> England → GO TO 13</p> <p><input type="checkbox"/> Wales → GO TO 13</p> <p><input type="checkbox"/> Scotland → GO TO 13</p> <p><input type="checkbox"/> Northern Ireland → GO TO 13</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in current name of the country</p> <p>_____</p>
<p>5 Who is (was) your legal marriage or registered civil partnership to?</p> <p><input type="checkbox"/> Someone of the opposite sex</p> <p><input type="checkbox"/> Someone of the same sex</p>	



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Individual questions – Person 1 continued

11 If you were not born in the United Kingdom, when did you most recently arrive to live here?

Do not count short visits away from the UK

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

If you arrived before 21 March 2020 → **GO TO 13**

If you arrived on or after 21 March 2020 → **GO TO 12**

12 Including the time you have already spent here, how long do you intend to stay in the United Kingdom?

- Less than 12 months
- 12 months or more

13 One year ago, what was your usual address?

If you had no usual address one year ago, state the address where you were staying

- The address on the front of this questionnaire
- Student term-time or boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below

<input type="text"/>	Postcode	<input type="text"/>
----------------------	----------	----------------------

OR outside the UK, write in country

14 How would you describe your national identity?

Tick all that apply

- British
- English
- Welsh
- Scottish
- Northern Irish
- Other, write in

15 What is your ethnic group?

Choose **one** section from A to E, then **tick one box** to best describe your ethnic group or background

A White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background, write in

B Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple background, write in

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in

D Black, Black British, Caribbean or African

- Caribbean
- African background, write in below
- Any other Black, Black British or Caribbean background, write in

E Other ethnic group

- Arab
- Any other ethnic group, write in



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Individual questions – Person 1 continued

<p>16 What is your religion?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, write in</p> <p>_____</p>	<p>22 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 24</p>
<p>17 This question is intentionally left blank ➔ GO TO 18</p>	<p>23 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?</p> <p><input type="checkbox"/> Yes, a lot</p> <p><input type="checkbox"/> Yes, a little</p> <p><input type="checkbox"/> Not at all</p>
<p>18 What is your main language?</p> <p><input type="checkbox"/> English ➔ GO TO 20</p> <p><input type="checkbox"/> Other, write in (including British Sign Language)</p> <p>_____</p>	<p>24 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?</p> <p>➤ Exclude anything you do as part of your paid employment</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 9 hours a week or less</p> <p><input type="checkbox"/> Yes, 10 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>
<p>19 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>25 If you are aged 16 or over ➔ GO TO 26</p> <p>If you are aged 15 or under ➔ GO TO 51</p>
<p>20 What passports do you hold?</p> <p>➤ Tick all that apply</p> <p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p>_____</p> <p><input type="checkbox"/> OR none</p>	<p>26 Which of the following best describes your sexual orientation?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p>_____</p>
<p>21 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>27 Is the gender you identify with the same as your sex registered at birth?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, write in gender identity</p> <p>_____</p>



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Individual questions – Person 1 continued

<p>28 The next set of questions is about your qualifications.</p> <p>➤ Record any qualifications you have ever achieved in England, Wales or worldwide, including equivalents, even if you are not using them now</p>	<p>33 In the last seven days, were you doing any of the following?</p> <p>➤ Tick all that apply</p> <p>➤ Include casual or temporary work, even if only for one hour</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 39</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 39</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 39</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 39</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 39</p> <p><input type="checkbox"/> OR none of the above</p>
<p>29 Have you completed an apprenticeship?</p> <p>➤ For example, trade, advanced, foundation, modern</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>34 Which of the following describes what you were doing in the last seven days?</p> <p>➤ Tick all that apply</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>30 Have you achieved a qualification at degree level or above?</p> <p>➤ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>31 Have you achieved any other qualifications?</p> <p>➤ Tick all that apply</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades) or Basic Skills course</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>OR other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>36 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>32 Have you previously served in the UK Armed Forces?</p> <p>➤ Current serving members should only tick "no"</p> <p><input type="checkbox"/> Yes, previously served in Regular Armed Forces</p> <p><input type="checkbox"/> Yes, previously served in Reserve Armed Forces</p> <p><input type="checkbox"/> OR no</p>	<p>37 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>38 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 51</p>
	<p>39 Answer the remaining questions for your main job or, if not working, your last main job.</p> <p>➤ Your main job is the job in which you usually work (worked) the most hours</p>



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Individual questions – Person 1 continued

<p>40 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>46 If you had a job last week → GO TO 47</p> <p>If you were temporarily away from work last week → GO TO 47</p> <p>If you did not have a job last week → GO TO 51</p>
<p>41 What is (was) the name of the organisation or business you work (worked) for?</p> <p>↻ If you are (were) self-employed in your own business, write in your business name</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> OR no organisation or work (worked) for a private individual</p>	<p>47 In your main job, how many hours a week do you usually work?</p> <p>↻ Include paid and unpaid overtime</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>42 What is (was) your full job title?</p> <p>↻ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER</p> <p>↻ Do not state your grade or pay band</p> <p>_____</p> <p>_____</p>	<p>48 How do you usually travel to work?</p> <p>↻ Tick one box only for the longest part, by distance, of your usual journey to work</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>43 Briefly describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	<p>49 Where do you mainly work?</p> <p><input type="checkbox"/> At a workplace or report to a depot</p> <p><input type="checkbox"/> At or from home → GO TO 51</p> <p><input type="checkbox"/> An offshore installation → GO TO 51</p> <p><input type="checkbox"/> No fixed place → GO TO 51</p>
<p>44 What is (was) the main activity of your organisation, business or freelance work?</p> <p>↻ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESAL</p> <p>↻ If you are (were) a civil servant, write CIVIL SERVICE</p> <p>↻ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of your department within the local authority</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>50 What is the address of your workplace or depot?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p>
<p>45 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>51 There are no more questions for Person 1.</p> <p>→ GO TO questions for Person 2</p> <p>OR if there are no more people in this household</p> <p>→ GO TO the Visitor questions on the back page</p> <p>OR if there are no visitors staying here overnight</p> <p>→ GO TO the Declaration on the front page</p>



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Individual questions – Person 2 start here

P Thinking about the people listed in question H3, are you Person 2?

Yes

No – enter the details for Person 2 in this section

1 What is your name? (Person 2 in question H3)

First name

Middle name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

A question about gender identity will follow if you are aged 16 or over

Female

Male

4 On 21 March 2021, what is your legal marital or registered civil partnership status?

Never married and never registered a civil partnership → GO TO 6

Married

In a registered civil partnership

Separated, but still legally married

Separated, but still legally in a civil partnership

Divorced

Formerly in a civil partnership which is now legally dissolved

Widowed

Surviving partner from a registered civil partnership

5 Who is (was) your legal marriage or registered civil partnership to?

Someone of the opposite sex

Someone of the same sex

6 Do you stay at another address for more than 30 days a year?

These days could be in a row or separate

No → GO TO 8

Yes, write in other UK address below

Postcode

OR yes, outside the UK, write in country

7 What is that address?

Armed forces base address

Another address when working away from home

Student's home address

Student's term-time address

Another parent or guardian's address

Partner's address

Holiday home

Other

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

Yes No → GO TO 10

9 During term time, where do you usually live?

At the address on the front of this questionnaire

At the address in question 6 → GO TO 51

At another address → GO TO 51

10 What is your country of birth?

England → GO TO 13

Wales → GO TO 13

Scotland → GO TO 13

Northern Ireland → GO TO 13

Republic of Ireland

Elsewhere, write in current name of the country



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Individual questions – Person 2 continued

11 If you were not born in the United Kingdom, when did you most recently arrive to live here?

Do not count short visits away from the UK

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

If you arrived before 21 March 2020 → **GO TO 13**

If you arrived on or after 21 March 2020 → **GO TO 12**

12 Including the time you have already spent here, how long do you intend to stay in the United Kingdom?

- Less than 12 months
- 12 months or more

13 One year ago, what was your usual address?

If you had no usual address one year ago, state the address where you were staying

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time or boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below

<input type="text"/>	Postcode
<input type="text"/>	<input type="text"/>

OR outside the UK, write in country

14 How would you describe your national identity?

Tick all that apply

- British
- English
- Welsh
- Scottish
- Northern Irish
- Other, write in

15 What is your ethnic group?

Choose **one** section from A to E, then **tick one box** to best describe your ethnic group or background

A White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background, write in

B Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple background, write in

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in

D Black, Black British, Caribbean or African

- Caribbean
- African background, write in below
- Any other Black, Black British or Caribbean background, write in

E Other ethnic group

- Arab
- Any other ethnic group, write in



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Individual questions – Person 2 continued

<p>16 What is your religion?</p> <p> This question is voluntary</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, write in</p> <p><input type="text"/></p>	<p>22 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 24</p>
<p>17 This question is intentionally left blank → GO TO 18</p>	<p>23 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?</p> <p><input type="checkbox"/> Yes, a lot</p> <p><input type="checkbox"/> Yes, a little</p> <p><input type="checkbox"/> Not at all</p>
<p>18 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 20</p> <p><input type="checkbox"/> Other, write in (including British Sign Language)</p> <p><input type="text"/></p>	<p>24 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?</p> <p> Exclude anything you do as part of your paid employment</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 9 hours a week or less</p> <p><input type="checkbox"/> Yes, 10 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>
<p>19 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>25 If you are aged 16 or over → GO TO 26 If you are aged 15 or under → GO TO 51</p>
<p>20 What passports do you hold?</p> <p> Tick all that apply</p> <p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text"/></p> <p><input type="checkbox"/> OR none</p>	<p>26 Which of the following best describes your sexual orientation?</p> <p> This question is voluntary</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text"/></p>
<p>21 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>27 Is the gender you identify with the same as your sex registered at birth?</p> <p> This question is voluntary</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, write in gender identity</p> <p><input type="text"/></p>



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Individual questions – Person 2 continued

<p>28 The next set of questions is about your qualifications.</p> <p>☞ Record any qualifications you have ever achieved in England, Wales or worldwide, including equivalents, even if you are not using them now</p>	<p>33 In the last seven days, were you doing any of the following?</p> <p>☞ Tick all that apply</p> <p>☞ Include casual or temporary work, even if only for one hour</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 39</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 39</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 39</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 39</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 39</p> <p><input type="checkbox"/> OR none of the above</p>
<p>29 Have you completed an apprenticeship?</p> <p>☞ For example, trade, advanced, foundation, modern</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>34 Which of the following describes what you were doing in the last seven days?</p> <p>☞ Tick all that apply</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>30 Have you achieved a qualification at degree level or above?</p> <p>☞ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>31 Have you achieved any other qualifications?</p> <p>☞ Tick all that apply</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades) or Basic Skills course</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>OR other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>36 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>32 Have you previously served in the UK Armed Forces?</p> <p>☞ Current serving members should only tick "no"</p> <p><input type="checkbox"/> Yes, previously served in Regular Armed Forces</p> <p><input type="checkbox"/> Yes, previously served in Reserve Armed Forces</p> <p><input type="checkbox"/> OR no</p>	<p>37 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>38 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 51</p>
	<p>39 Answer the remaining questions for your main job or, if not working, your last main job.</p> <p>☞ Your main job is the job in which you usually work (worked) the most hours</p>



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Individual questions – Person 2 continued

<p>40 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>46 If you had a job last week → GO TO 47</p> <p>If you were temporarily away from work last week → GO TO 47</p> <p>If you did not have a job last week → GO TO 51</p>
<p>41 What is (was) the name of the organisation or business you work (worked) for?</p> <p>☞ If you are (were) self-employed in your own business, write in your business name</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> OR no organisation or work (worked) for a private individual</p>	<p>47 In your main job, how many hours a week do you usually work?</p> <p>☞ Include paid and unpaid overtime</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>42 What is (was) your full job title?</p> <p>☞ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER</p> <p>☞ Do not state your grade or pay band</p> <p>_____</p> <p>_____</p>	<p>48 How do you usually travel to work?</p> <p>☞ Tick one box only for the longest part, by distance, of your usual journey to work</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>43 Briefly describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	<p>49 Where do you mainly work?</p> <p><input type="checkbox"/> At a workplace or report to a depot</p> <p><input type="checkbox"/> At or from home → GO TO 51</p> <p><input type="checkbox"/> An offshore installation → GO TO 51</p> <p><input type="checkbox"/> No fixed place → GO TO 51</p>
<p>44 What is (was) the main activity of your organisation, business or freelance work?</p> <p>☞ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE</p> <p>☞ If you are (were) a civil servant, write CIVIL SERVICE</p> <p>☞ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of your department within the local authority</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>50 What is the address of your workplace or depot?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>
<p>45 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>51 There are no more questions for Person 2.</p> <p>→ GO TO questions for Person 3</p> <p>OR if there are no more people in this household</p> <p>→ GO TO the Visitor questions on the back page</p> <p>OR if there are no visitors staying here overnight</p> <p>→ GO TO the Declaration on the front page</p>



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Individual questions – Person 3 start here

<p>P Thinking about the people listed in question H3, are you Person 3?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – enter the details for Person 3 in this section</p>	<p>6 Do you stay at another address for more than 30 days a year?</p> <p>➡ These days could be in a row or separate</p> <p><input type="checkbox"/> No ➡ GO TO 8</p> <p><input type="checkbox"/> Yes, write in other UK address below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p> <p><input type="checkbox"/> OR yes, outside the UK, write in country</p> <p>_____</p>
<p>1 What is your name? (Person 3 in question H3)</p> <p>First name _____</p> <p>Middle name(s) _____</p> <p>Last name _____</p>	<p>7 What is that address?</p> <p><input type="checkbox"/> Armed forces base address</p> <p><input type="checkbox"/> Another address when working away from home</p> <p><input type="checkbox"/> Student's home address</p> <p><input type="checkbox"/> Student's term-time address</p> <p><input type="checkbox"/> Another parent or guardian's address</p> <p><input type="checkbox"/> Partner's address</p> <p><input type="checkbox"/> Holiday home</p> <p><input type="checkbox"/> Other</p>
<p>2 What is your date of birth?</p> <p>Day _____ Month _____ Year _____</p>	<p>8 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ➡ GO TO 10</p>
<p>3 What is your sex?</p> <p>➡ A question about gender identity will follow if you are aged 16 or over</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>9 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire</p> <p><input type="checkbox"/> At the address in question 6 ➡ GO TO 51</p> <p><input type="checkbox"/> At another address ➡ GO TO 51</p>
<p>4 On 21 March 2021, what is your legal marital or registered civil partnership status?</p> <p><input type="checkbox"/> Never married and never registered a civil partnership ➡ GO TO 6</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a registered civil partnership</p>	<p>10 What is your country of birth?</p> <p><input type="checkbox"/> England ➡ GO TO 13</p> <p><input type="checkbox"/> Wales ➡ GO TO 13</p> <p><input type="checkbox"/> Scotland ➡ GO TO 13</p> <p><input type="checkbox"/> Northern Ireland ➡ GO TO 13</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in current name of the country</p> <p>_____</p>
<p>5 Who is (was) your legal marriage or registered civil partnership to?</p> <p><input type="checkbox"/> Someone of the opposite sex</p> <p><input type="checkbox"/> Someone of the same sex</p>	



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Individual questions – Person 3 continued

<p>16 What is your religion?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, write in</p> <p><input type="text"/></p>	<p>22 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 24</p>
<p>17 This question is intentionally left blank ➔ GO TO 18</p>	<p>23 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?</p> <p><input type="checkbox"/> Yes, a lot</p> <p><input type="checkbox"/> Yes, a little</p> <p><input type="checkbox"/> Not at all</p>
<p>18 What is your main language?</p> <p><input type="checkbox"/> English ➔ GO TO 20</p> <p><input type="checkbox"/> Other, write in (including British Sign Language)</p> <p><input type="text"/></p>	<p>24 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?</p> <p>➤ Exclude anything you do as part of your paid employment</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 9 hours a week or less</p> <p><input type="checkbox"/> Yes, 10 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>
<p>19 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>25 If you are aged 16 or over ➔ GO TO 26</p> <p>If you are aged 15 or under ➔ GO TO 51</p>
<p>20 What passports do you hold?</p> <p>➤ Tick all that apply</p> <p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text"/></p> <p><input type="checkbox"/> OR none</p>	<p>26 Which of the following best describes your sexual orientation?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text"/></p>
<p>21 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>27 Is the gender you identify with the same as your sex registered at birth?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, write in gender identity</p> <p><input type="text"/></p>



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Individual questions – Person 3 continued

<p>28 The next set of questions is about your qualifications.</p> <p>➤ Record any qualifications you have ever achieved in England, Wales or worldwide, including equivalents, even if you are not using them now</p>	<p>33 In the last seven days, were you doing any of the following?</p> <p>➤ Tick all that apply</p> <p>➤ Include casual or temporary work, even if only for one hour</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 39</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 39</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 39</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 39</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 39</p> <p><input type="checkbox"/> OR none of the above</p>
<p>29 Have you completed an apprenticeship?</p> <p>➤ For example, trade, advanced, foundation, modern</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>34 Which of the following describes what you were doing in the last seven days?</p> <p>➤ Tick all that apply</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>30 Have you achieved a qualification at degree level or above?</p> <p>➤ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>31 Have you achieved any other qualifications?</p> <p>➤ Tick all that apply</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades) or Basic Skills course</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>OR other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>36 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>32 Have you previously served in the UK Armed Forces?</p> <p>➤ Current serving members should only tick "no"</p> <p><input type="checkbox"/> Yes, previously served in Regular Armed Forces</p> <p><input type="checkbox"/> Yes, previously served in Reserve Armed Forces</p> <p><input type="checkbox"/> OR no</p>	<p>37 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>38 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 51</p>
	<p>39 Answer the remaining questions for your main job or, if not working, your last main job.</p> <p>➤ Your main job is the job in which you usually work (worked) the most hours</p>



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Individual questions – Person 3 continued

<p>40 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>46 If you had a job last week → GO TO 47</p> <p>If you were temporarily away from work last week → GO TO 47</p> <p>If you did not have a job last week → GO TO 51</p>
<p>41 What is (was) the name of the organisation or business you work (worked) for?</p> <p>➤ If you are (were) self-employed in your own business, write in your business name</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> OR no organisation or work (worked) for a private individual</p>	<p>47 In your main job, how many hours a week do you usually work?</p> <p>➤ Include paid and unpaid overtime</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>42 What is (was) your full job title?</p> <p>➤ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER</p> <p>➤ Do not state your grade or pay band</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>48 How do you usually travel to work?</p> <p>➤ Tick one box only for the longest part, by distance, of your usual journey to work</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>43 Briefly describe what you do (did) in your main job.</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>49 Where do you mainly work?</p> <p><input type="checkbox"/> At a workplace or report to a depot</p> <p><input type="checkbox"/> At or from home → GO TO 51</p> <p><input type="checkbox"/> An offshore installation → GO TO 51</p> <p><input type="checkbox"/> No fixed place → GO TO 51</p>
<p>44 What is (was) the main activity of your organisation, business or freelance work?</p> <p>➤ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESAL</p> <p>➤ If you are (were) a civil servant, write CIVIL SERVICE</p> <p>➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of your department within the local authority</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>50 What is the address of your workplace or depot?</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p>
<p>45 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>51 There are no more questions for Person 3.</p> <p>➤ GO TO questions for Person 4</p> <p>OR if there are no more people in this household</p> <p>➤ GO TO the Visitor questions on the back page</p> <p>OR if there are no visitors staying here overnight</p> <p>➤ GO TO the Declaration on the front page</p>



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Individual questions – Person 4 start here

<p>P Thinking about the people listed in question H3, are you Person 4?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – enter the details for Person 4 in this section</p>	<p>6 Do you stay at another address for more than 30 days a year?</p> <p><input checked="" type="checkbox"/> These days could be in a row or separate</p> <p><input type="checkbox"/> No → GO TO 8</p> <p><input type="checkbox"/> Yes, write in other UK address below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p> <p><input type="checkbox"/> OR yes, outside the UK, write in country</p> <p>_____</p>
<p>1 What is your name? (Person 4 in question H3)</p> <p>First name</p> <p>_____</p> <p>Middle name(s)</p> <p>_____</p> <p>Last name</p> <p>_____</p>	<p>7 What is that address?</p> <p><input type="checkbox"/> Armed forces base address</p> <p><input type="checkbox"/> Another address when working away from home</p> <p><input type="checkbox"/> Student's home address</p> <p><input type="checkbox"/> Student's term-time address</p> <p><input type="checkbox"/> Another parent or guardian's address</p> <p><input type="checkbox"/> Partner's address</p> <p><input type="checkbox"/> Holiday home</p> <p><input type="checkbox"/> Other</p>
<p>2 What is your date of birth?</p> <p>Day _____ Month _____ Year _____</p>	<p>8 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 10</p>
<p>3 What is your sex?</p> <p><input checked="" type="checkbox"/> A question about gender identity will follow if you are aged 16 or over</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>9 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire</p> <p><input type="checkbox"/> At the address in question 6 → GO TO 51</p> <p><input type="checkbox"/> At another address → GO TO 51</p>
<p>4 On 21 March 2021, what is your legal marital or registered civil partnership status?</p> <p><input type="checkbox"/> Never married and never registered a civil partnership → GO TO 6</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a registered civil partnership</p>	<p>10 What is your country of birth?</p> <p><input type="checkbox"/> England → GO TO 13</p> <p><input type="checkbox"/> Wales → GO TO 13</p> <p><input type="checkbox"/> Scotland → GO TO 13</p> <p><input type="checkbox"/> Northern Ireland → GO TO 13</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in current name of the country</p> <p>_____</p>
<p>5 Who is (was) your legal marriage or registered civil partnership to?</p> <p><input type="checkbox"/> Someone of the opposite sex</p> <p><input type="checkbox"/> Someone of the same sex</p>	



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Individual questions – Person 4 continued

11 If you were not born in the United Kingdom, when did you most recently arrive to live here?

Do not count short visits away from the UK

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

If you arrived before 21 March 2020 → **GO TO 13**

If you arrived on or after 21 March 2020 → **GO TO 12**

12 Including the time you have already spent here, how long do you intend to stay in the United Kingdom?

- Less than 12 months
- 12 months or more

13 One year ago, what was your usual address?

If you had no usual address one year ago, state the address where you were staying

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time or boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below

<input type="text"/>	Postcode
<input type="text"/>	<input type="text"/>

OR outside the UK, write in country

14 How would you describe your national identity?

Tick all that apply

- British
- English
- Welsh
- Scottish
- Northern Irish
- Other, write in

15 What is your ethnic group?

Choose **one** section from A to E, then **tick one box** to best describe your ethnic group or background

A White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background, write in

B Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple background, write in

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in

D Black, Black British, Caribbean or African

- Caribbean
- African background, write in below
- Any other Black, Black British or Caribbean background, write in

E Other ethnic group

- Arab
- Any other ethnic group, write in



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Individual questions – Person 4 continued

<p>16 What is your religion?</p> <p> This question is voluntary</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, write in</p> <p><input type="text"/></p>	<p>22 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO 24</p>
<p>17 This question is intentionally left blank → GO TO 18</p>	<p>23 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?</p> <p><input type="checkbox"/> Yes, a lot</p> <p><input type="checkbox"/> Yes, a little</p> <p><input type="checkbox"/> Not at all</p>
<p>18 What is your main language?</p> <p><input type="checkbox"/> English → GO TO 20</p> <p><input type="checkbox"/> Other, write in (including British Sign Language)</p> <p><input type="text"/></p>	<p>24 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?</p> <p> Exclude anything you do as part of your paid employment</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 9 hours a week or less</p> <p><input type="checkbox"/> Yes, 10 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>
<p>19 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>25 If you are aged 16 or over → GO TO 26</p> <p>If you are aged 15 or under → GO TO 51</p>
<p>20 What passports do you hold?</p> <p> Tick all that apply</p> <p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p><input type="text"/></p> <p><input type="checkbox"/> OR none</p>	<p>26 Which of the following best describes your sexual orientation?</p> <p> This question is voluntary</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p><input type="text"/></p>
<p>21 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>27 Is the gender you identify with the same as your sex registered at birth?</p> <p> This question is voluntary</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, write in gender identity</p> <p><input type="text"/></p>



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Individual questions – Person 4 continued

<p>28 The next set of questions is about your qualifications.</p> <p>☞ Record any qualifications you have ever achieved in England, Wales or worldwide, including equivalents, even if you are not using them now</p>	<p>33 In the last seven days, were you doing any of the following?</p> <p>☞ Tick all that apply</p> <p>☞ Include casual or temporary work, even if only for one hour</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 39</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 39</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 39</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 39</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 39</p> <p><input type="checkbox"/> OR none of the above</p>
<p>29 Have you completed an apprenticeship?</p> <p>☞ For example, trade, advanced, foundation, modern</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>34 Which of the following describes what you were doing in the last seven days?</p> <p>☞ Tick all that apply</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>30 Have you achieved a qualification at degree level or above?</p> <p>☞ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>31 Have you achieved any other qualifications?</p> <p>☞ Tick all that apply</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades) or Basic Skills course</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>OR other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>36 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>32 Have you previously served in the UK Armed Forces?</p> <p>☞ Current serving members should only tick "no"</p> <p><input type="checkbox"/> Yes, previously served in Regular Armed Forces</p> <p><input type="checkbox"/> Yes, previously served in Reserve Armed Forces</p> <p><input type="checkbox"/> OR no</p>	<p>37 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>38 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 51</p>
	<p>39 Answer the remaining questions for your main job or, if not working, your last main job.</p> <p>☞ Your main job is the job in which you usually work (worked) the most hours</p>



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Individual questions – Person 4 continued

<p>40 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>46 If you had a job last week → GO TO 47</p> <p>If you were temporarily away from work last week → GO TO 47</p> <p>If you did not have a job last week → GO TO 51</p>
<p>41 What is (was) the name of the organisation or business you work (worked) for?</p> <p>☞ If you are (were) self-employed in your own business, write in your business name</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> OR no organisation or work (worked) for a private individual</p>	<p>47 In your main job, how many hours a week do you usually work?</p> <p>☞ Include paid and unpaid overtime</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>42 What is (was) your full job title?</p> <p>☞ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER</p> <p>☞ Do not state your grade or pay band</p> <p>_____</p> <p>_____</p>	<p>48 How do you usually travel to work?</p> <p>☞ Tick one box only for the longest part, by distance, of your usual journey to work</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>43 Briefly describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	<p>49 Where do you mainly work?</p> <p><input type="checkbox"/> At a workplace or report to a depot</p> <p><input type="checkbox"/> At or from home → GO TO 51</p> <p><input type="checkbox"/> An offshore installation → GO TO 51</p> <p><input type="checkbox"/> No fixed place → GO TO 51</p>
<p>44 What is (was) the main activity of your organisation, business or freelance work?</p> <p>☞ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESALE</p> <p>☞ If you are (were) a civil servant, write CIVIL SERVICE</p> <p>☞ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of your department within the local authority</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>50 What is the address of your workplace or depot?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>
<p>45 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>51 There are no more questions for Person 4.</p> <p>→ GO TO questions for Person 5</p> <p>OR if there are no more people in this household</p> <p>→ GO TO the Visitor questions on the back page</p> <p>OR if there are no visitors staying here overnight</p> <p>→ GO TO the Declaration on the front page</p>



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Individual questions – Person 5 start here

<p>P Thinking about the people listed in question H3, are you Person 5?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – enter the details for Person 5 in this section</p>	<p>6 Do you stay at another address for more than 30 days a year?</p> <p>↻ These days could be in a row or separate</p> <p><input type="checkbox"/> No → GO TO 8</p> <p><input type="checkbox"/> Yes, write in other UK address below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p> <p><input type="checkbox"/> OR yes, outside the UK, write in country</p> <p>_____</p>
<p>1 What is your name? (Person 5 in question H3)</p> <p>First name _____</p> <p>Middle name(s) _____</p> <p>Last name _____</p>	<p>7 What is that address?</p> <p><input type="checkbox"/> Armed forces base address</p> <p><input type="checkbox"/> Another address when working away from home</p> <p><input type="checkbox"/> Student's home address</p> <p><input type="checkbox"/> Student's term-time address</p> <p><input type="checkbox"/> Another parent or guardian's address</p> <p><input type="checkbox"/> Partner's address</p> <p><input type="checkbox"/> Holiday home</p> <p><input type="checkbox"/> Other</p>
<p>2 What is your date of birth?</p> <p>Day _____ Month _____ Year _____</p>	<p>8 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO 10</p>
<p>3 What is your sex?</p> <p>↻ A question about gender identity will follow if you are aged 16 or over</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>9 During term time, where do you usually live?</p> <p><input type="checkbox"/> At the address on the front of this questionnaire</p> <p><input type="checkbox"/> At the address in question 6 → GO TO 51</p> <p><input type="checkbox"/> At another address → GO TO 51</p>
<p>4 On 21 March 2021, what is your legal marital or registered civil partnership status?</p> <p><input type="checkbox"/> Never married and never registered a civil partnership → GO TO 6</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a registered civil partnership</p>	<p>10 What is your country of birth?</p> <p><input type="checkbox"/> England → GO TO 13</p> <p><input type="checkbox"/> Wales → GO TO 13</p> <p><input type="checkbox"/> Scotland → GO TO 13</p> <p><input type="checkbox"/> Northern Ireland → GO TO 13</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, write in current name of the country</p> <p>_____</p>
<p>5 Who is (was) your legal marriage or registered civil partnership to?</p> <p><input type="checkbox"/> Someone of the opposite sex</p> <p><input type="checkbox"/> Someone of the same sex</p>	



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Individual questions – Person 5 continued

11 If you were not born in the United Kingdom, when did you most recently arrive to live here?

Do not count short visits away from the UK

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

If you arrived before 21 March 2020 → **GO TO 13**

If you arrived on or after 21 March 2020 → **GO TO 12**

12 Including the time you have already spent here, how long do you intend to stay in the United Kingdom?

- Less than 12 months
- 12 months or more

13 One year ago, what was your usual address?

If you had no usual address one year ago, state the address where you were staying

- Same as Person 1
- The address on the front of this questionnaire
- Student term-time or boarding school address in the UK, write in term-time address below
- Another address in the UK, write in below

<input type="text"/>	Postcode
<input type="text"/>	<input type="text"/>

OR outside the UK, write in country

14 How would you describe your national identity?

Tick all that apply

- British
- English
- Welsh
- Scottish
- Northern Irish
- Other, write in

15 What is your ethnic group?

Choose **one** section from A to E, then **tick one box** to best describe your ethnic group or background

A White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background, write in

B Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple background, write in

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in

D Black, Black British, Caribbean or African

- Caribbean
- African background, write in below
- Any other Black, Black British or Caribbean background, write in

E Other ethnic group

- Arab
- Any other ethnic group, write in



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Individual questions – Person 5 continued

<p>16 What is your religion?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Any other religion, write in</p> <p>_____</p>	<p>22 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ GO TO 24</p>
<p>17 This question is intentionally left blank ➔ GO TO 18</p>	<p>23 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?</p> <p><input type="checkbox"/> Yes, a lot</p> <p><input type="checkbox"/> Yes, a little</p> <p><input type="checkbox"/> Not at all</p>
<p>18 What is your main language?</p> <p><input type="checkbox"/> English ➔ GO TO 20</p> <p><input type="checkbox"/> Other, write in (including British Sign Language)</p> <p>_____</p>	<p>24 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?</p> <p>➤ Exclude anything you do as part of your paid employment</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 9 hours a week or less</p> <p><input type="checkbox"/> Yes, 10 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>
<p>19 How well can you speak English?</p> <p>Very well Well Not well Not at all</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>25 If you are aged 16 or over ➔ GO TO 26</p> <p>If you are aged 15 or under ➔ GO TO 51</p>
<p>20 What passports do you hold?</p> <p>➤ Tick all that apply</p> <p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other, write in</p> <p>_____</p> <p><input type="checkbox"/> OR none</p>	<p>26 Which of the following best describes your sexual orientation?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, write in</p> <p>_____</p>
<p>21 How is your health in general?</p> <p>Very good Good Fair Bad Very bad</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>27 Is the gender you identify with the same as your sex registered at birth?</p> <p>➤ This question is voluntary</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, write in gender identity</p> <p>_____</p>



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Individual questions – Person 5 continued

<p>28 The next set of questions is about your qualifications.</p> <p>☞ Record any qualifications you have ever achieved in England, Wales or worldwide, including equivalents, even if you are not using them now</p>	<p>33 In the last seven days, were you doing any of the following?</p> <p>☞ Tick all that apply</p> <p>☞ Include casual or temporary work, even if only for one hour</p> <p><input type="checkbox"/> Working as an employee ➔ GO TO 39</p> <p><input type="checkbox"/> Self-employed or freelance ➔ GO TO 39</p> <p><input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off ➔ GO TO 39</p> <p><input type="checkbox"/> On maternity or paternity leave ➔ GO TO 39</p> <p><input type="checkbox"/> Doing any other kind of paid work ➔ GO TO 39</p> <p><input type="checkbox"/> OR none of the above</p>
<p>29 Have you completed an apprenticeship?</p> <p>☞ For example, trade, advanced, foundation, modern</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>34 Which of the following describes what you were doing in the last seven days?</p> <p>☞ Tick all that apply</p> <p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>30 Have you achieved a qualification at degree level or above?</p> <p>☞ For example, degree, foundation degree, HND or HNC, NVQ level 4 and above, teaching or nursing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 In the last four weeks, were you actively looking for any kind of paid work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>31 Have you achieved any other qualifications?</p> <p>☞ Tick all that apply</p> <p>GCSEs or equivalent</p> <p><input type="checkbox"/> 5 or more GCSEs (A*-C, 9-4), O levels (passes) or CSEs (grade 1)</p> <p><input type="checkbox"/> Any other GCSEs, O levels or CSEs (any grades) or Basic Skills course</p> <p>AS, A level or equivalent</p> <p><input type="checkbox"/> 2 or more A levels, 4 or more AS levels</p> <p><input type="checkbox"/> 1 A level, 2-3 AS levels</p> <p><input type="checkbox"/> 1 AS level</p> <p>NVQ or equivalent</p> <p><input type="checkbox"/> NVQ level 3, BTEC National, OND or ONC, City and Guilds Advanced Craft</p> <p><input type="checkbox"/> NVQ level 2, BTEC General, City and Guilds Craft</p> <p><input type="checkbox"/> NVQ level 1</p> <p>OR other or no qualifications</p> <p><input type="checkbox"/> Any other qualifications, equivalent unknown</p> <p><input type="checkbox"/> No qualifications</p>	<p>36 If a job became available now, could you start it within two weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>32 Have you previously served in the UK Armed Forces?</p> <p>☞ Current serving members should only tick "no"</p> <p><input type="checkbox"/> Yes, previously served in Regular Armed Forces</p> <p><input type="checkbox"/> Yes, previously served in Reserve Armed Forces</p> <p><input type="checkbox"/> OR no</p>	<p>37 In the last seven days, were you waiting to start a job already accepted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>38 Have you ever done any paid work?</p> <p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked ➔ GO TO 51</p>
	<p>39 Answer the remaining questions for your main job or, if not working, your last main job.</p> <p>☞ Your main job is the job in which you usually work (worked) the most hours</p>



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Individual questions – Person 5 continued

<p>40 In your main job, what is (was) your employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>	<p>46 If you had a job last week → GO TO 47</p> <p>If you were temporarily away from work last week → GO TO 47</p> <p>If you did not have a job last week → GO TO 51</p>
<p>41 What is (was) the name of the organisation or business you work (worked) for?</p> <p>➤ If you are (were) self-employed in your own business, write in your business name</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> OR no organisation or work (worked) for a private individual</p>	<p>47 In your main job, how many hours a week do you usually work?</p> <p>➤ Include paid and unpaid overtime</p> <p>0 to 15 16 to 30 31 to 48 49 or more</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>42 What is (was) your full job title?</p> <p>➤ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER</p> <p>➤ Do not state your grade or pay band</p> <p>_____</p> <p>_____</p>	<p>48 How do you usually travel to work?</p> <p>➤ Tick one box only for the longest part, by distance, of your usual journey to work</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Underground, metro, light rail, tram</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>43 Briefly describe what you do (did) in your main job.</p> <p>_____</p> <p>_____</p>	<p>49 Where do you mainly work?</p> <p><input type="checkbox"/> At a workplace or report to a depot</p> <p><input type="checkbox"/> At or from home → GO TO 51</p> <p><input type="checkbox"/> An offshore installation → GO TO 51</p> <p><input type="checkbox"/> No fixed place → GO TO 51</p>
<p>44 What is (was) the main activity of your organisation, business or freelance work?</p> <p>➤ For example, CLOTHING RETAIL, GENERAL HOSPITAL, PRIMARY EDUCATION, FOOD WHOLESAL</p> <p>➤ If you are (were) a civil servant, write CIVIL SERVICE</p> <p>➤ If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of your department within the local authority</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>50 What is the address of your workplace or depot?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p>
<p>45 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>51 There are no more questions for Person 5.</p> <p>If there are more people in your household, you will need to request a Continuation Questionnaire.</p> <p>➤ GO TO the Visitor questions on the back page</p> <p>OR if there are no visitors staying here overnight</p> <p>➤ GO TO the Declaration on the front page</p>



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Visitor questions

V How many visitors did you include in question H5?

One to three visitors – answer questions V1 to V4 below for each visitor

Four or more visitors – answer questions V1 to V4 below for the first three visitors, then go to www.census.gov.uk or call 0800 141 2021 to request a Continuation Questionnaire

Visitor A

V1 What is this person's name?

First name

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Postcode

OR outside the UK, write in country

Visitor B

V1 What is this person's name?

First name

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Same address as Visitor A

Postcode

OR outside the UK, write in country

Visitor C

V1 What is this person's name?

First name

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Same address as Visitor A

Postcode

OR outside the UK, write in country

Now → GO TO the Declaration on the front page

