



# 1991 Census England

## H form for Private Households

For office use  1  
 2  
 3

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

**Please read these instructions before filling in this form**

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

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

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

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

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

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

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

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

Thank you for your co-operation.  
*P. J. Wormald*  
P J Wormald  
Registrar General  
Office of Population Censuses and Surveys  
PO Box 100 Fareham PO16 0AL  
Telephone: 0329 844444

**To be completed by the Enumerator**

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

**H1 Rooms**

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

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

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

The total number of rooms is

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

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

**A caravan or other mobile or temporary structure**  1

**A whole house or bungalow that is**

{	detached	<input type="checkbox"/> 2
	semi-detached	<input type="checkbox"/> 3
	terraced (include end of terrace)	<input type="checkbox"/> 4

**The whole of a purpose built flat or maisonette**

{	in a commercial building (for example in an office building or hotel or over a shop)	<input type="checkbox"/> 5
	in a block of flats or tenement	<input type="checkbox"/> 6

**Part of a converted or shared house, bungalow or flat**

{	separate entrance into the building	<input type="checkbox"/> 7
	shared entrance into the building	<input type="checkbox"/> 8

**H2 Accommodation**  
If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies.

**A one roomed flatlet** with private bath or shower, WC and kitchen facilities.  1

**One room or bedsit, not self-contained** (to move from your room to bathroom, WC or kitchen facilities you have to use a hall, landing or stairway open to other household(s)).  2

**A self-contained flat or accommodation with 2 or more rooms,** having bath or shower, WC and kitchen facilities all behind its own private door.  3

**2 or more rooms, not self-contained** (to move between rooms or to bathroom, WC or kitchen facilities you have to use a hall, landing or stairway open to other household(s)).  4

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

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

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

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

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

**Person No. 1**

Name and surname

Sex Male  1  
 Female  2

Date of birth  
 Day  Month  Year

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

**Person No. 2**

Name and surname

Sex Male  1  
 Female  2

Date of birth  
 Day  Month  Year

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

**4 Marital status**

On the 21st April what is the person's marital status?  
 If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate.  
 Please tick one box.

**5 Relationship in household**

Please tick the box which indicates the relationship of each person to the person in the first column.  
 A step child or adopted child should be included as the son or daughter of the step or adoptive parent.  
 Write in relationship of 'Other relative' — for example, father, daughter-in-law, niece, uncle, cousin.

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

**Relationship to Person No.1**

Husband or wife  1  
 Living together as a couple  2  
 Son or daughter  3  
 Other relative   
*please specify*

Unrelated   
*please specify*

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

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

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

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

**7 Usual address**

If the person usually lives here, please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address.  
 For students and children away from home during term time, the home address should be taken as the usual address.  
 For any person who lives away from home for part of the week, the home address should be taken as the usual address.  
 Any person who is not a permanent member of the household should be asked what he or she considers to be his or her usual address.

This address  1  
 Elsewhere

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

Post-code

This address  1  
 Elsewhere

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

Post-code

**8 Term time address of students and schoolchildren**

If not a student or schoolchild, please tick first box.  
 For a student or schoolchild who lives here during term time, tick 'This address'.  
 If he or she does not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.

Not a student or schoolchild   
 This address  1  
 Elsewhere

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

Post-code

Not a student or schoolchild   
 This address  1  
 Elsewhere

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

Post-code

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

**Important:** please read the notes before answering the questions.

In answering the rest of the questions please include:

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

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

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

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

**9 Usual address one year ago**

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

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

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

Same as question 7	<input type="checkbox"/> 1
Different	<input type="checkbox"/>
Child under one	<input type="checkbox"/> 3
If different, please write the person's address and postcode on the 21st April 1990 below in <b>BLOCK CAPITALS</b>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Post-code	<input type="text"/>

Same as question 7	<input type="checkbox"/> 1
Different	<input type="checkbox"/>
Child under one	<input type="checkbox"/> 3
If different, please write the person's address and postcode on the 21st April 1990 below in <b>BLOCK CAPITALS</b>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Post-code	<input type="text"/>

**10 Country of birth**

Please tick the appropriate box.

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

England	<input type="checkbox"/> 1
Scotland	<input type="checkbox"/> 2
Wales	<input type="checkbox"/> 3
Northern Ireland	<input type="checkbox"/> 4
Irish Republic	<input type="checkbox"/> 5
Elsewhere	<input type="checkbox"/>
If elsewhere, please write in the present name of the country	
<input type="text"/>	

England	<input type="checkbox"/> 1
Scotland	<input type="checkbox"/> 2
Wales	<input type="checkbox"/> 3
Northern Ireland	<input type="checkbox"/> 4
Irish Republic	<input type="checkbox"/> 5
Elsewhere	<input type="checkbox"/>
If elsewhere, please write in the present name of the country	
<input type="text"/>	

**11 Ethnic group**

Please tick the appropriate box.

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

White	<input type="checkbox"/> 0
Black-Caribbean	<input type="checkbox"/> 1
Black-African	<input type="checkbox"/> 2
Black-Other	<input type="checkbox"/>
	<i>please describe</i>
<input type="text"/>	
Indian	<input type="checkbox"/> 3
Pakistani	<input type="checkbox"/> 4
Bangladeshi	<input type="checkbox"/> 5
Chinese	<input type="checkbox"/> 6
Any other ethnic group	<input type="checkbox"/>
	<i>please describe</i>
<input type="text"/>	

White	<input type="checkbox"/> 0
Black-Caribbean	<input type="checkbox"/> 1
Black-African	<input type="checkbox"/> 2
Black-Other	<input type="checkbox"/>
	<i>please describe</i>
<input type="text"/>	
Indian	<input type="checkbox"/> 3
Pakistani	<input type="checkbox"/> 4
Bangladeshi	<input type="checkbox"/> 5
Chinese	<input type="checkbox"/> 6
Any other ethnic group	<input type="checkbox"/>
	<i>please describe</i>
<input type="text"/>	

**12 Long-term illness**

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

Include problems which are due to old age.

Yes, has a health problem which limits activities	<input type="checkbox"/> 1
Has no such health problem	<input type="checkbox"/> 2

Yes, has a health problem which limits activities	<input type="checkbox"/> 1
Has no such health problem	<input type="checkbox"/> 2

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

**Important:** please read the notes before answering the questions.

In answering the rest of the questions please include:

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

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

**Person No. 1**

Name and surname

Sex Male  1  
Female  2

Date of birth

Day	Month	Year

**Person No. 2**

Name and surname

Sex Male  1  
Female  2

Date of birth

Day	Month	Year

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

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

Which of these things was the person doing last week?

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

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

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

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

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

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

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

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

Was self-employed, employing other people  3

Was self-employed, not employing other people  4

Was on a government employment or training scheme  5

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

Was unemployed and looking for a job  7

Was at school or in other full time education  8

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

Was retired from paid work  10

Was looking after the home or family  11

Other   
please specify


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

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

Was self-employed, employing other people  3

Was self-employed, not employing other people  4

Was on a government employment or training scheme  5

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

Was unemployed and looking for a job  7

Was at school or in other full time education  8

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

Was retired from paid work  10

Was looking after the home or family  11

Other   
please specify


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

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

Person No. 1	Person No. 2
<b>Name and surname</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<b>Name and surname</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
<b>Date of birth</b> Day    Month    Year <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	<b>Date of birth</b> Day    Month    Year <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

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

<p><b>A</b> Did the person have a paid job last week (any of the boxes 1, 2, 3 or 4 ticked at question 13)?</p>	<p>YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19</p> <p>NO <input type="checkbox"/> Answer B</p>
<p><b>B</b> Has the person had a paid job within the last 10 years?</p>	<p>YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19</p> <p>NO <input type="checkbox"/> Go on to question 19</p>	<p>YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19</p> <p>NO <input type="checkbox"/> Go on to question 19</p>
<p><b>14 Hours worked per week</b></p> <p>How many hours per week does or did the person usually work in his or her main job? Do not count overtime or meal breaks.</p>	<p>Number of hours worked per week <input style="width: 40px;" type="text"/></p>	<p>Number of hours worked per week <input style="width: 40px;" type="text"/></p>
<p><b>15 Occupation</b></p> <p>Please give the full title of the person's present or last job and describe the main things he/she does or did in the job.</p> <p>At <b>a</b>, give the full title by which the job is known, for example: 'packing machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk'; rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give rank or grade if the person has one.</p> <p>At <b>b</b>, write down the main things the person actually does or did in the job. If possible ask him/her to say what these things are and write them down.</p> <p><b>Armed Forces</b> — enter 'commissioned officer' or 'other rank' as appropriate at <b>a</b>, and leave <b>b</b> blank.</p> <p><b>Civil Servants</b> — give grade at <b>a</b> and discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at <b>b</b>.</p>	<p><b>a Full job title</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <p><b>b Main things done in job</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<p><b>a Full job title</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <p><b>b Main things done in job</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<p><b>16 Name and business of employer (if self-employed give the name and nature of the person's business)</b></p> <p>At <b>a</b>, please give the name of the employer. Give the trading name if one is used. Do not use abbreviations.</p> <p>At <b>b</b>, describe clearly what the employer (or the person if self-employed) makes or does (or did).</p> <p><b>Armed Forces</b> — write 'Armed Forces' at <b>a</b> and leave <b>b</b> blank. For a member of the Armed Forces of a country other than the UK — add the name of the country.</p> <p><b>Civil Servants</b> — give name of Department at <b>a</b> and write 'Government Department' at <b>b</b>.</p> <p><b>Local Government Officers</b> — give name of employing authority at <b>a</b> and department in which employed at <b>b</b>.</p>	<p><b>a Name of employer</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <p><b>b Description of employer's business</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<p><b>a Name of employer</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <p><b>b Description of employer's business</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

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**17 Address of place of work**

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

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

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

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

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

**Armed Forces** — leave blank.

**18 Daily journey to work**

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

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

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

**19 Degrees, professional and vocational qualifications**

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

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

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

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

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

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

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

Person No. 1	Person No. 2
<b>Name and surname</b> <input style="width: 100%; height: 40px;" type="text"/>	<b>Name and surname</b> <input style="width: 100%; height: 40px;" type="text"/>
<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	<b>Sex</b> Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<b>Date of birth</b> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
<b>Please write full address and postcode of workplace below in BLOCK CAPITALS</b> <input style="width: 100%; height: 40px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Please write full address and postcode of workplace below in BLOCK CAPITALS</b> <input style="width: 100%; height: 40px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2
British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input style="width: 100%; height: 20px;" type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input style="width: 100%; height: 20px;" type="text"/>
Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0
NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2
<b>1 Title</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Subject(s)</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Year</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Institution</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>1 Title</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Subject(s)</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Year</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Institution</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>2 Title</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Subject(s)</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Year</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Institution</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>2 Title</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Subject(s)</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Year</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Institution</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>3 Title</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Subject(s)</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Year</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Institution</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>3 Title</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Subject(s)</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Year</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Institution</b> <input style="width: 100%; height: 20px;" type="text"/>

### H3 Tenure

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

- If buying by stages from a Council, Housing Association or New Town (under shared ownership, co-ownership or equity sharing scheme), answer as an owner-occupier at box 1.
- As an owner-occupier:**  
-buying the property through mortgage or loan  1  
-owning the property outright (no loan)  2
- By renting, rent free or by lease:**  
-with a job, farm, shop or other business  3  
-from a local authority (Council)  4  
-from a New Town Development Corporation (or Commission) or from a Housing Action Trust  5  
-from a housing association or charitable trust  6  
-from a private landlord, furnished  7  
-from a private landlord, unfurnished  8
- A private landlord may be a person or a company or another organisation not mentioned at 3, 4, 5 or 6 above.
- In some other way:**  
-please give details below
- 

### Panel B

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

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

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

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

Name
Reason

Name
Reason

Name
Reason

### H4 Amenities

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

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

### H5 Cars and vans

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

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

### Panel C

Before you sign the form, will you please check:

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

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

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

Telephone number

### Declaration

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

Signature(s)

Date April 1991

◀ Please turn to the first inside page