

5 Information on answering question 3

LIST 1 on page 3 is a list of all persons who are in the house on census night.

LIST 1	Persons PRESENT in the household on the night of Sunday 23 April
Person No.	First name and surname
1	
2	
3	
4	
5	
6	

Question 3 asks how people in the house are related to one another.

Person 1 on the form does not have to answer question 3.

3 Relationship question does not apply to Person 1.

If there are any other people in the house they must answer this question on their pages of the census form.

Person 2: Tick how Person 2 is related to Person 1.

3 What is your relationship to Person 1?

See example on back page.

✔ one box only.

Relationship of PERSON 2 to	Person 1
Husband or wife	1 <input type="checkbox"/>
Partner	2 <input type="checkbox"/>
Son or daughter	3 <input type="checkbox"/>
Step-child	4 <input type="checkbox"/>
Brother or sister	5 <input type="checkbox"/>
Mother or father	6 <input type="checkbox"/>
Step-mother/-father	7 <input type="checkbox"/>
Son-/daughter-in-law	8 <input type="checkbox"/>
Grandchild	9 <input type="checkbox"/>
Other related	10 <input type="checkbox"/>
Unrelated (including foster child)	11 <input type="checkbox"/>

Tick the box that describes how Person 2 is related to Person 1.

Person 3: Tick how Person 3 is related to Persons 1 and 2.

3 What is your relationship to Persons 1 and 2?
 See example on back page.
 ✓ one box only for each person.

Relationship of PERSON 3 to	Persons	
	1	2
Husband or wife	1 <input type="checkbox"/>	<input type="checkbox"/>
Partner	2 <input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	3 <input type="checkbox"/>	<input type="checkbox"/>
Step-child	4 <input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	5 <input type="checkbox"/>	<input type="checkbox"/>
Mother or father	6 <input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	7 <input type="checkbox"/>	<input type="checkbox"/>
Son-/daughter-in-law	8 <input type="checkbox"/>	<input type="checkbox"/>
Grandchild	9 <input type="checkbox"/>	<input type="checkbox"/>
Other related	10 <input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	11 <input type="checkbox"/>	<input type="checkbox"/>

Tick 1 box in the 1st column to describe how **Person 3 is related to Person 1.**

Then, tick 1 box in the 2nd column to describe how **Person 3 is related to Person 2.**

Person 4: Tick how Person 4 is related to Persons 1, 2 and 3.

3 What is your relationship to Persons 1, 2 and 3?
 See example on back page.
 ✓ one box only for each person.

Relationship of PERSON 4 to	Persons		
	1	2	3
Husband or wife	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son-/daughter-in-law	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick 1 box in the 1st column to describe how **Person 4 is related to Person 1.**

Then, tick 1 box in the 2nd column to describe how **Person 4 is related to Person 2.**

Then, tick 1 box in the 3rd column to describe how **Person 4 is related to Person 3.**

Person 5: Tick how Person 5 is related to Persons 1, 2, 3 and 4.

3 What is your relationship to Persons 1, 2, 3 and 4?
 See example on back page.
 ✓ one box only for each person.

Relationship of PERSON 5 to	Persons			
	1	2	3	4
Husband or wife	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son-/daughter-in-law	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick 1 box in the 1st column to describe how **Person 5 is related to Person 1.**

Then, tick 1 box in the 2nd column to describe how **Person 5 is related to Person 2.**

Then, tick 1 box in the 3rd column to describe how **Person 5 is related to Person 3.**

Then, tick 1 box in the 4th column to describe how **Person 5 is related to Person 4.**

Person 6: Tick how Person 6 is related to Persons 1, 2, 3 and 4.

3 What is your relationship to Persons 1, 2, 3 and 4?
 See example on back page.
 ✓ one box only for each person.

Relationship of PERSON 6 to	Persons			
	1	2	3	4
Husband or wife	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son-/daughter-in-law	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick 1 box in the 1st column to describe how **Person 6 is related to Person 1.**

Then, tick 1 box in the 2nd column to describe how **Person 6 is related to Person 2.**

Then, tick 1 box in the 3rd column to describe how **Person 6 is related to Person 3.**

Then, tick 1 box in the 4th column to describe how **Person 6 is related to Person 4.**