SCOTTISH STATUTORY INSTRUMENTS

2010 No. 211

CENSUS

The Census (Scotland) Regulations 2010

Made - - - - 24th May 2010
Laid before the Scottish
Parliament - - - 25th May 2010
Coming into force - - 16th June 2010

The Scottish Ministers make the following Regulations in exercise of the powers conferred upon them by section 3(1) of the Census Act 1920(1) and all other powers enabling them to do so.

Citation, commencement and extent

- 1.—(1) These Regulations may be cited as the Census (Scotland) Regulations 2010 and come into force on 16th June 2010.
 - (2) These Regulations extend to Scotland only.

Interpretation

- 2.—(1) In these Regulations—
 - "the Act" means the Census Act 1920;
 - "the census" means the census directed to be taken by the Census Order;
 - "census day" means 27th March 2011;
 - "census district" means a census district referred to in regulation 3;
 - "census district manager" means an officer appointed under regulation 4(1)(b);
 - "census enumerator" means an officer appointed under regulation 4(1)(d);
 - "the Census Order" means the Census (Scotland) Order 2010(2)
 - "census team leader" means an officer appointed under regulation 4(1)(c);
 - "census region" means a region designated under regulation 3(2);

^{(1) 1920} c. 41. Section 3(1) was amended by the Statute Law (Repeals) Act 1973 (c.50), Schedule 1, Part 16, paragraph 1 and the Statistics and Registration Service Act 2007 (c. 18), Schedule 1, paragraph 3(2) and (3). By virtue of section 9(3) of the Census Act 1920, (which was inserted by paragraph 11(b) of Schedule 2 to the Scotland Act 1998 (Consequential Modifications) (No. 2) Order 1999 (S.I. 1999/1820)), the Scottish Parliament is substituted for references in that Act to Parliament or either House of Parliament.

⁽²⁾ S.S.I. 2010/187.

- "census regional manager" means an officer appointed under regulation 4(1)(a);
- "communal establishment" means any establishment specified in Groups II to VI of column (1) of Schedule 1 to the Census Order;
- "Communal Establishment Enumeration Record Book" means the document in which census team leaders or other officers record information about the delivery and collection of Communal Establishment Forms and Communal Establishment Individual Forms;
- "dwelling" has the meaning given in article 2(1) of the Census Order;
- "enumeration district" means an enumeration district referred to in regulation 3;
- "Enumeration Record Book" means the document in which census enumerators or other officers record information about the delivery and receipt of Household Forms and Individual Forms;
- "household" has the meaning given in article 2(1) of the Census Order;
- "householder" has the meaning given in article 2(1) of the Census Order;
- "officer" means a person appointed under regulation 4;
- "prescribed person" means a person required by the Census Order to make a return;
- "Registrar General" means the Registrar General of Births, Deaths and Marriages for Scotland;
- "reply-paid envelope" means a pre-addressed envelope in which Household Forms may be posted which does not require payment by the sender;
- "reply-paid individual envelope" means a pre-addressed envelope in which Individual Forms may be posted which does not require payment by the sender;
- "return envelope" means an envelope in which a completed Communal Establishment Individual Form may be placed and sealed; and
- "visitor" has the meaning given in article 2(1) of the Census Order;.
- (2) In these Regulations, a reference to a named form is a reference to the form of return which is identified by that name and set out in Schedule 2.

Census districts, enumeration districts and census regions

- **3.**—(1) For the purpose of the census, the Registrar General must divide Scotland into census districts and must divide each census district into enumeration districts.
- (2) The Registrar General may designate any number of adjoining census districts as a census region.

Appointment of officers

- **4.**—(1) For the purpose of the census—
 - (a) the Registrar General may appoint a census regional manager for each census region;
 - (b) the Registrar General or the census regional manager may appoint a census district manager for each census district;
 - (c) the Registrar General, the census regional manager or the census district manager may appoint as many census team leaders for a census district as the Registrar General may specify as being necessary; and
 - (d) the Registrar General, the census regional manager or the census district manager may appoint—
 - (i) a census enumerator for each enumeration district; and
 - (ii) such other persons as may be necessary for taking the census.

- (2) The persons appointed under paragraph (1) must perform the duties assigned to them under the Act and by these Regulations.
 - (3) A census enumerator may work in more than one enumeration district with the agreement of—
 - (a) the census district manager of the district for which the enumerator is appointed; or
 - (b) where the other enumeration district is in a different census region, the census regional manager of the region of the enumeration district for which the enumerator is appointed.

Forms of return

- **5.**—(1) Subject to paragraph (2), the form of return to be made by a prescribed person mentioned in column (1) of Schedule 1, or by any person making a return on behalf of a prescribed person under article 5(7) or (8) of the Census Order, is the form which—
 - (a) has the title specified in the corresponding entry in column (2) of Schedule 1; and
 - (b) is set out under that title in Schedule 2.
- (2) Notwithstanding paragraph (1) a prescribed person mentioned in entry (a) of column (1) of Schedule 1 may make a return electronically using the electronic system provided by the Registrar General for that purpose.
- (3) The form of return provided by the Registrar General in the electronic system referred to in paragraph (2) must be the Household Form or as near as may be to that form.
- (4) Any person making a return under paragraph (1) or (2) must comply with the instructions contained in the form of return.
- (5) The requirement to make a return is discharged when a complete form of return is received by the Registrar General.

Supply of forms and other documents

- **6.**—(1) The Registrar General must issue to every census district manager a sufficient number of forms of return, envelopes, record books and such other forms or documents as may be necessary for the purpose of the census.
- (2) Every census district manager must issue to every census team leader and every census enumerator a sufficient number of forms of return, envelopes, record books and such other forms or documents as may be necessary for the purpose of the census.

Delivery of Household Forms

- 7.—(1) Subject to paragraph (2), the census enumerator must deliver, prior to census day, the Household Form and a reply-paid envelope—
 - (a) to the householder (or the person or persons for the time being acting as householder) of each household occupying a dwelling;
 - (b) where the householder is not present in a dwelling, to any person the enumerator reasonably believes to act on behalf of the householder; or
 - (c) where the dwelling is occupied only by visitors, to a visitor.
 - (2) A form and envelope are delivered for the purpose of paragraph (1)—
 - (a) if the census enumerator hands them to the person specified in paragraph (1); or
 - (b) where they cannot be handed to that person, if the census enumerator leaves them at the dwelling.
- (3) The census enumerator must make a record in the Enumeration Record Book of the delivery of each form of return delivered in accordance with paragraphs (1) and (2).

(4) The Registrar General may make arrangements for the delivery of the forms of return and reply-paid envelopes referred to in paragraph (1) to be made by post.

Issue of Individual Forms

- **8.**—(1) Any person who satisfies the conditions prescribed in article 5(4) of the Census Order and who elects to make an individual return or a person acting on behalf of that person must, where requested, be supplied with an Individual Form and reply-paid individual envelope.
- (2) The census enumerator must make a record in the Enumeration Record Book of the supply of an individual form in accordance with this regulation.

Delivery of Communal Establishment Forms and Communal Establishment Individual Forms

- **9.**—(1) Subject to paragraph (2), the census team leader must deliver, prior to census day, the Communal Establishment Form and the number of Communal Establishment Individual Forms and return envelopes which are necessary for the purpose of the census by handing them to—
 - (a) the manager, chief resident officer or other person for the time being in charge of any premises mentioned in Groups II, III or IV in Schedule 1 to the Census Order;
 - (b) the director or governor or other person for the time being in charge of any premises mentioned in Group V in Schedule 1 to the Census Order; and
 - (c) the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule.
- (2) The census team leader must make a record in the Communal Establishment Enumeration Record Book of the delivery of the forms of return delivered in accordance with paragraph (1).
 - (3) The Registrar General must make arrangements for the delivery of—
 - (a) a Communal Establishment Individual Form and where requested a reply-paid envelope to every person mentioned in Group VII in Schedule 1 to the Census Order; and
 - (b) prior to census day, the number of Communal Establishment Forms and Communal Establishment Individual Forms which are necessary for the purpose of the census to any person appointed under regulation 4(1)(d) to enumerate persons mentioned in Group VII in Schedule 1 to the Census Order.

Issue of forms of return within communal establishments

- **10.**—(1) The manager or other person in charge of any premises to which forms have been delivered in accordance with regulation 9(1) must issue a Communal Establishment Individual Form and, where requested, a return envelope, to every prescribed person on the premises who appears to that manager or other person to be capable of completing the form.
- (2) Where the manager or other person in charge has arranged for a return to be made with respect to an incapable person by a relative or person accompanying that person, the manager or other person in charge must issue a Communal Establishment Individual Form and a return envelope to the relative or accompanying person.

Particulars to be completed by census officers

11.—(1) When the census enumerator delivers a Household Form in accordance with regulation 7(1), or issues an Individual Form in accordance with regulation 8, which does not contain the address of the dwelling the enumerator must insert that address and complete the section headed "Official use" on the first page.

- (2) When the census team leader delivers a Communal Establishment Form or Communal Establishment Individual Form in accordance with regulation 9(1) which does not contain the address of the communal establishment, the census team leader must complete the section headed "Official use" on the first page.
- (3) When a Communal Establishment Form and Communal Establishment Individual Forms are delivered in accordance with regulation 9(3), the person appointed under regulation 9(3)(b) must complete the section headed "Official use" on the first page

Return of completed Household Forms and Individual Forms

- **12.**—(1) Every person who must make a return in accordance with article 5(1), (2) or (5) of the Census Order must by 28th March 2011 or as soon thereafter as is reasonably practicable—
 - (a) return the completed form, together with any completed Individual Form given to that person under paragraph (2)(a), by placing it in the reply-paid envelope and—
 - (i) handing it to the census enumerator; or
 - (ii) posting it; or
 - (b) complete the form electronically using the electronic system provided by the Registrar General.
- (2) Every person to whom an Individual Form has been issued in accordance with regulation 8 must by 28th March 2011 or as soon as reasonably practicable thereafter return the completed form by placing it in the reply-paid individual envelope and—
 - (a) giving it to the person who must make a return in accordance with article 5(1), (2) or (5) of the Census Order (unless the Household Form has been returned or is to be submitted online);
 - (b) posting it; or
 - (c) handing it to the census enumerator.
- (3) The Registrar General may make such other arrangements for the collection of the particulars to be provided in Household Forms or Individual forms as the Registrar General thinks fit.
- (4) The census enumerator must make a record in the Enumeration Record Book of the receipt of a form of return returned in accordance with this regulation.

Return of Communal Establishment Forms and Communal Establishment Individual Forms

- 13.—(1) Where in accordance with regulation 10, Communal Establishment Individual Forms and return envelopes have been issued, the manager or other person in charge of the premises must collect the completed returns on 28th March 2011 or as soon thereafter as is reasonably practicable.
- (2) Every person to whom a Communal Establishment Form has been delivered in accordance with regulation 9(1), must return the completed form and any completed Communal Establishment Individual Forms collected in accordance with paragraph (1), by handing them to the census team leader.
- (3) The Registrar General must make arrangements for the collection of completed forms of return from every communal establishment to which forms of return have been delivered in accordance with regulation 9(3).
- (4) The Registrar General may make such other arrangements for the collection of the particulars to be provided in Communal Establishment Forms or Communal Establishment Individual Forms as the Registrar General thinks fit.
- (5) The census team leader must make a record in the Communal Establishment Enumeration Record Book of the receipt of a form of return collected under this regulation.

Giving of information

- **14.**—(1) Every prescribed person must give to the census team leader or the census enumerator such information as they may reasonably require for the performance of duties under these Regulations.
 - (2) Every person in respect of whom it is the duty of a prescribed person to make a return must—
 - (a) give to that prescribed person such information as the prescribed person may reasonably require for that purpose; and
 - (b) give to the census enumerator, census team leader, census district manager or other officer such information as that officer may reasonably require for the performance of duties under these Regulations.

Follow-up action

- **15.**—(1) The census team leader, the census enumerator or any other officer as directed by the census district manager must examine each form of return returned in accordance with regulations 12 and 13 to ascertain if all entries are properly and sufficiently made.
- (2) Where any of the entries on the forms of return are not properly and sufficiently made, the census team leader, the census enumerator or any other officer directed by the census district manager may make any enquiries of the persons concerned in completing that form, or the persons with respect to whom the return is made, as are reasonably necessary to obtain a proper and sufficient form of return.
- (3) If by 6th April 2011, the Registrar General has not received a form of return which should have been returned in accordance with these Regulations, the census team leader, census enumerator or any other officer directed by the census district manager may make any enquiries of the persons concerned in completing that form, or the persons with respect to whom the return is to be made, as are reasonably necessary to obtain a proper and sufficient return.
- (4) Where the census team leader, the census enumerator or any other officer directed by the census district manager has made enquiries in accordance with paragraph (3), that officer must where appropriate—
 - (a) collect the completed form of return;
 - (b) arrange to collect the completed form of return on a specified future date;
 - (c) agree that a completed Household Form or Individual Form may be returned by posting it in the reply-paid envelope provided;
 - (d) deliver any additional forms of return of the type and number necessary for the purpose of obtaining a completed form of return;
 - (e) where it has not been possible to contact the persons by whom returns are to be made or if those persons have refused to co-operate, report that fact—
 - (i) in the case of a census enumerator or other officer appointed by the census district manager, to the census team leader or the census district manager; and
 - (ii) in the case of a census team leader, to the census district manager.
- (5) The census team leader, census enumerator or other officer directed by the census district manager must make a record in the Enumeration Record Book or the Communal Establishment Enumeration Record Book of the action taken in accordance with paragraphs (2) to (4).

Transmission of returns etc to the Registrar General

16.—(1) When directed to do so by the census district manager, the census enumerator must deliver to the census district manager or to the census team leader all forms of return the enumerator

has collected and any other written record in the enumerator's possession that contains personal census information, together with any other documents the enumerator is instructed to return.

- (2) When directed to do so by the census district manager, the census team leader must deliver to the census district manager all forms of return and any other written record in the team leader's possession that contains personal census information, together with any other documents the team leader is instructed to return.
- (3) When directed to do so by the Registrar General, the census district manager must send to the Registrar General all forms of return and other written records or documents delivered to the manager in accordance with paragraphs (1) and (2) and any other written record in the manager's possession that contains personal census information, together with any other documents the manager is instructed to return.
- (4) When directed to do so by the Registrar General, the census regional manager must send to the Registrar General any written record in the manager's possession that contains personal census information, together with any other documents the manager is instructed to return.

Record keeping

17. Officers must make or maintain any report or record the Registrar General instructs be made or maintained, and must use the documents issued under regulation 6 for that purpose.

Prevention of unauthorised access to personal census information

18. Any person having the custody, on their own behalf or on behalf of another person, of any form of return or other document (including electronic documents) containing personal census information must keep said forms and documents in such manner as to prevent any unauthorised person having access to them.

Misuse of information

- **19.** A person to whom information is given pursuant to the Census Order and these Regulations must not, other than for the purposes of the Act or these Regulations,—
 - (a) make use of that information; or
 - (b) publish it or communicate it to any other person.

Revocation

- **20.** The following instruments are revoked—
 - (a) the Census (Scotland) Regulations 2000(3)); and
 - (b) the Census (Scotland) Amendment Regulations 2000(4).

St Andrew's House, Edinburgh 24th May 2010

JIM MATHER
Authorised to sign by the Scottish Ministers

⁽³⁾ S.I. 2000/102, amended by S.I. 2000/194.

⁽⁴⁾ S.I. 2000/194.

SCHEDULE 1

Regulation 5

Form of return

(1)		(2)
Pre	scribed persons	Title of form
(a)	The householder, or the person or persons for the time being acting as householder of every household, or where there is no householder or acting householder of that household (or the householder is unable to make the return), the members of that household who are aged 16 years or over on census day or a visitor making a return in accordance with article 5(5) of the Census Order.	"Household Form"
(b)	Any person mentioned in column (2) in Groups II, III, IV, V, VI or VII in Schedule 1 to the Census Order.	"Communal Establishment Individual Form"
(c)	Any person making an individual return in accordance with article 5(4) of the Census Order.	"Individual Form"
(d)	The manager, chief resident officer or other person for the time being in charge of any premises mentioned in Groups II, III or IV in Schedule 1 to the Census Order; the director or governor or other person for the time being in charge of any premises mentioned in Group V in that Schedule; and the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule.	

SCHEDULE 2

Regulations 2(2) and 5

Forms of Return for 2011 Census

Household Questionnaire HO Scotland's 27 March 2011 Census 2011 haping our future Line Number Official CD ED If there is a mistake in the printed address, please write your correct address below Why the census matters Please fill in this questionnaire: The census is the official count of every person and **♂** online at household in Scotland. It is held every 10 years and www.scotlandscensus.gov.uk helps to plan our future public servicés. Please fill in this questionnaire on, or around, Sunday 27 March. Please include everyone at this address. It shouldn't take long and you can fill it Enter the Internet Questionnaire Access Code: in online. As a householder, you have a legal duty to fill in this questionnaire. If you don't, or if you supply false information, you may be fined up to £1,000. You can fill in this questionnaire online in English or Gaelic. Your personal information is protected by law and we will keep it confidential for 100 years. Or Thank you for helping to shape Scotland's future. Macroven Fill in this paper version and post it back using the pre-paid envelope provided. Duncan Macniven **Registrar General for Scotland** Need help? **Declaration** I have filled in this questionnaire fully and www.scotlandscensus.gov.uk accurately, as far as I know. Helpline 0300 123 1702 Textphone 18001 0300 123 1703

HO 01

Important guidance - before you start

Who should fill in this questionnaire?

The householder or joint householder is responsible for filling in this questionnaire for their household.

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

- · owns or rents (or jointly owns or 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.

If there is more than one household at this address, please see the section below.

Will you need extra questionnaires?

- If there are more than 5 people in this household, either fill in the questionnaire online for the whole household or fill in this questionnaire and ask us for a Continuation Questionnaire.
- If any member of this household aged 16 or over does not want to reveal their information
 to others in the household, you can ask us for an Individual Questionnaire with an envelope.
 Remember to include these people in the answers to household questions H1 to H13 on this
 questionnaire, but leave the individual questions 1 to 38 blank for them.
- If there is more than one household at this address, you need to ask for one or more extra Household Questionnaires.

You can ask for extra questionnaires online at www.scotlandscensus.gov.uk or by calling 0300 123 1702.

How to fill in this questionnaire

This questionnaire will be scanned by a computer. To make sure we record your answers correctly, follow the instructions below.

Please:

- · use black or blue ink
- tick your answers within the box like this:
- print your answers, in English, within the box like this:
 SMITH
 Use capital letters - one per box
- correct any mistakes like this:

 or SMITH
- continue on to the next line (if possible) like this, if a word will not fit on to one line:

 130 LADYWELL CRES
 CENT

DO NOT draw a line through questions or pages. The computer may mistake this for an answer.



Extra guidance for household questions H1 to H5 (on page 4)

Children with parents who live apart

Children with parents who live apart must be included on the questionnaire at the address where they **spend the most time**, in household questions H1 to H3 and H13, and individual questions 1 to 38.

If they are staying at their other address on the night of 27 March 2011, they must also be included on the questionnaire at that other address in household questions H4 and H5, and the continuation of H5 on the back page.

If they spend their time equally between two addresses, they must only be included in household questions H1 to H3 and H13, and individual questions 1 to 38, at the address where they are staying on the night of 27 March 2011.

Students and schoolchildren who live away from home during term-time

All students and schoolchildren who live away from home during term-time must be included on a questionnaire at **both** their home and term-time addresses.

- At their home address they must be included in household questions H1 to H3 and H13, and individual questions 1 to 6.
- At their term-time address they must be included in household questions H1 to H3 and H13, and individual questions 1 to 38.

People from outside the UK

People from outside the UK whose total length of stay in the UK will be **6 months or more** must be included on the questionnaire at the address where they usually stay in the UK. They must be included in household questions H1 to H3 and H13, and individual questions 1 to 38.

If their total length of stay is less than 6 months, they must be included on the questionnaire at the address where they usually stay in the UK in household questions H4 and H5, and the continuation of H5 on the back page.

Households away on 27 March 2011

If this address is unoccupied on the night of 27 March 2011 because the whole household is away, the questionnaire must be filled in as soon as possible when they return.

If nobody lives in the property, please complete household questions H6 to H9 only.

People with more than one UK address

People with more than one address in the UK need to be included on a questionnaire at their permanent or family home address.

- At their permanent or family home address they must be included on the questionnaire in household questions H1 to H3 and H13, and individual questions 1 to 38.
- If they are staying at their second address on the night of 27 March 2011 they must also be included on the questionnaire at that second address, but only in household questions H4 and H5, and the continuation of H5 on the back page.
- If they do not have a permanent or family home address they must be included on the questionnaire at the address where they spend the most time, in household questions H1 to H3 and H13, and individual questions 1 to 38.

People temporarily away from home

If someone is temporarily away on the night of 27 March 2011 and this is their permanent or family home, include them in household questions H1 to H3 and H13 and individual questions 1 to 38. This includes people who are:

- staying, or expecting to stay, in a residential establishment such as a hospital, care home or hostel, for less than 6 months
- living away from home while working, on holiday or travelling (unless outside the UK for 12 months or more)
- · members of the Armed Forces
- · staying at their second address
- visiting friends or relatives; or
- in prison on remand (for any length of time), or sentenced to less than 6 months in prison

Do not include anyone who is:

- staying, or expecting to stay, in a residential establishment for 6 months or more; or
- in prison, convicted and sentenced to 6 months or more, or who is waiting to be sentenced

These people will be included at their establishment.

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Hou	lousehold questions - people					
H1	Who usually lives here?					
	If you need more advice about who to include, see the extra guidance on page 3 or contact us.					
	♦ Tick all that apply.					
	Me, this is my permanent or family home					
	Family members including partners, children and babies born on or before 27 March 2011					
	Students and / or schoolchildren who live away from home during term-time					
Housemates / flatmates or lodgers						
	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 staying temporarily who usually live in the UK but do not have another UK address					
	People who usually live outside the UK who are staying in the UK for 6 months or more					
	People temporarily away from home on the night of 27 March 2011					
H2	Counting everyone you included in question H1, how many people usually live here?					
Н3	Starting with the householder(s), list the names of the people counted in question H2, including children and babies.					
Pers	on 1					
Pers	on 2					
reis	0112					
Pers	Person 3					
Pers	Person 4					
Pers	on5					
	If there are more than 5 people in this household, either fill in the questionnaire online for the whole household or contact the Helpline on 0300 123 1702 to ask for a Continuation Questionnaire.					
Н4	Is there anyone staying at this address on the night of 27 March 2011 whose permanent or family home is					
	elsewhere? ◆ Do not include anyone counted in question H2.					
	◆ Tick all that apply.					
	People staying here because it is their second address, for example, for work or a holiday home. Their					
	permanent or family home is elsewhere.					
	People who usually live somewhere else in the UK, for example, boy / girlfriends, friends, relatives					
	People who usually live outside the UK who are staying in the UK for less than 6 months					
	People here on holiday					
	No-one else is staying at this address on the night of 27 March 2011 → Go to H6					
Н5	Counting only the people you included in question H4, how many people are staying at this address on the night of 27 March 2011 whose permanent or family home is elsewhere?					
	→ Details for these people must be recorded on the back page.					
	If there are only people staying at this address on the night of 27 March 2011 whose permanent or family home is elsewhere, please make sure you answer questions H6 to H9 on page 5 and questions V1 to V4 on the back page.					



Hou	sehold questions - accommodation		
Н6	What type of accommodation is this?	Н9	What type of central heating does this accommodation have?
	A whole house or bungalow that is:		♦ If the central heating is available, please tick the
	detached		box whether or not you use it. Central heating is a central system that generates
	semi-detached		heat for multiple rooms.
	terraced (including end-terrace)		No central heating
	A flat, maisonette, or apartment that is:		Gas
			Electric (including storage heaters)
	in a tenement or purpose-built block of flats (including '4-in-a-block')		Oil
	part of a converted or shared house (including		Solid fuel
	bed-sits) in a commercial building (for example, in an office		Other central heating, please write in
	building, hotel or over a shop)		
	A mobile or temporary structure:	H10	Does your household own or rent this
	a caravan or other mobile or temporary structure		accommodation? Tick one box only.
_	 This means that all the rooms, including the kitchen, bathroom and toilet, are behind a door that only this household can use. Yes, all the rooms are behind a door that only this household can use No 		Owns outright → Go to H12
H7			Owns with a mortgage or loan → Go to H12
			Part owns and part rents (shared ownership)
			Rents (with or without housing benefit) Lives here rent free
		H11	Who is your landlord?
		۳.	Council (Local Authority)
Н8			Housing Association / Registered Social Landlord
			Private landlord or letting agency
	bathrooms toilets		Employer of a household member
	 halls or landings rooms that can only be used for storage 		Relative or friend of a household member
	such as cupboards.		Other
	◆ Count all other rooms, for example:	H12	In total, how many cars or vans are owned, or are
	kitchensliving rooms		available for use, by members of this household? • Include any company car(s) or van(s) available
	utility roomsbedrooms		for private use.
	studiesconservatories.		None
	♦ If two rooms have been converted into one, count		1
	them as one room.		2
	Number of rooms		3
			4 or more, please write in number

HO 05

Household questions - relationships						
H13	How are the members of this ho	usehold related to each other?				
	 Tick a box to show the relationship of each person listed in question H3 (on page 4) to each of the other members of this household. Remember to include household members who are filling in an Individual Questionnaire. 					
	 Use the same order you used in question H3 - you may find it helpful to write the name(s) of the household member(s) in the space provided. Remember to include children and babies. If there are more than 5 people in this household, contact the Helpline on 0300 123 1702 to ask for a Continuation Questionnaire. 					
	This example shows how to provide relationship information for Robert Smith, who is Person 1, his wife (Mary) and their three children (Alison, Steven and James).					
Name of Person 1		Name of Person 2	Name of Person 3			
L	ROBERT	MARY SMITH 4.	ALISON SMITH			
۵		Relationship of Person 2 to Person:	Relationship of Person 3 to Persons:			
Σ	NAME OF PERSON 1	Husband or wife ✓	1 2 Husband or wife			
×	PLEASE USE THE SAME	Same-sex civil partner Partner	Same-sex civil partner Partner			
ш		Son or daughter	Son or daughter ✓ ✓			
		Step-child Brother or sister	Step-child Brother or sister			
Name of Person 1		Name of Felson 2	Thanks of telephone			
		Relationship of Person 2 to Person:	Relationship of Person 3 to Persons:			
	NAME OF PERSON 1	Husband or wife	Husband or wife			
	PLEASE USE THE SAME	Same-sex civil partner	Same-sex civil partner			
C	ORDER AS QUESTION H3	Partner	Partner			
		Son or daughter	Son or daughter			
		Step-child	Step-child Step-child			
		Brother or sister	Brother or sister			
		Step-brother or step-sister	Step-brother or step-sister			
		Mother or father	Mother or father			
		Step-mother or step-father	Step-mother or step-father			
		Grandchild	Grandchild			
		Grandparent	Grandparent			
		Other relation	Other relation			
		Unrelated (including foster child)	Unrelated (including foster child)			

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Name of Person 4	Name of Person 5
STEVEN SMITH	JAMES SMITH
Relationship of Person 4 to	Relationship of Person 5
Persons:	to Persons:
Husband or wife	Husband or wife
Same-sex civil partner	Same-sex civil partner
Partner Son or Asympton	Partner Son or distributor
Son or daughter ✓ ✓ Step-child	Son or daughter ✓ ✓ Step-child
Brother or sister ✓	Brother or sister
Name of Person 4	Name of Person 5
Relationship of Person 4 to Persons:	Relationship of Person 5 to Persons:
1 2 3	1 2 3 4
Husband or wife	Husband or wife
Same-sex civil partner	Same-sex civil partner
Partner	Partner
Son or daughter	Son or daughter
Step-child Step-child	Step-child
Brother or sister	Brother or sister
Step-brother or step-sister	Step-brother or step-sister
Mother or father	Mother or father
Step-mother or step-father	Step-mother or step-father
Grandchild	Grandchild
Grandparent	Grandparent
Other relation	Other relation
Unrelated (including foster child)	Unrelated (including foster child)



Page 7

Per	Person 1 - Individual questions					
1	What is your name? (Person 1 at H3 on page 4) First name Last name	 Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical / mental ill-health / disability; or problems related to old age? Do not count anything you do as part of your paid 				
2	What is your sex?	employment.				
_						
	Male Female	Yes, 1 - 19 hours a week				
3	What is your date of birth?	Yes, 20 - 34 hours a week				
		Yes, 35 - 49 hours a week				
-	0. 1. 2714 1. 2014	Yes, 50 or more hours a week				
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status? Never married and never registered a same-sex civil partnership Married In a registered same-sex	 One year ago, what was your usual address? ♦ If you had no usual address one year ago, state the address where you were staying. 				
	civil partnership	The address on the front of this questionnaire				
	Separated, but still legally married Separated, but still legally in a same-sex civil partnership	Student term-time / boarding school address in the UK, please write in below				
	Divorced Formerly in a same-sex civil partnership which is now legally dissolved	Another address in the UK, please write in				
	Widowed Surviving partner from a same-sex civil partnership					
5	Are you a schoolchild or student in full-time education?					
	Yes					
	No → Go to 7	Outside the UK, please write in country				
6	During term-time, do you live:					
	at the address on the front of this questionnaire?					
	at another address? → Go to 38	11 What address do you travel to for your main job or course of study (including school)? Appear for the place where you spend the part time.				
7	What is your country of birth?	 Answer for the place where you spend the most time. If you report to a depot, please write in the depot 				
	Scotland → Go to 9	address.				
	England → Go to 9	Not currently working or studying → Go to 13				
	Wales → Go to 9	Work or study mainly at, or from, home → Go to 13				
	Northern Ireland → Go to 9	No fixed place				
	Republic of Ireland	Work on an offshore installation - please use the address panel below to write in where you travel				
	Elsewhere, please write in the current name of the country	offshore from, for example "ABERDEEN HARBOUR" The address below, please write in				
8	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.					

Page 8



Per	Person 1 - Individual questions continued				
12	How do you usually travel to your main place of	15	Wha	at is your ethnic group?	
	work or study (including school)? Tick one box only.			hoose ONE section from A to F, then tick ONE box hich best describes your ethnic group or background.	
	Tick the box for the longest part, by distance, of			, , , ,	
	your usual journey to work or study.	Α	Whi		
	Driving a car or van			Scottish	
	Passenger in a car or van			Other British	
	On foot			Irish	
	Bus, minibus or coach			Gypsy / Traveller	
	Train			Polish	
	Underground, subway, metro, light rail or tram			Other white ethnic group, please write in	
	Taxi				
	Bicycle	В	Mix	ed or multiple ethnic groups	
	Motorcycle, scooter or moped			Any mixed or multiple ethnic groups, please write in	
	Other				
13	What religion, religious denomination or body do you belong to?				
	♦ This question is voluntary.				
	None	С	Asia	n, Asian Scottish or Asian British	
	Church of Scotland			Pakistani, Pakistani Scottish or Pakistani British	
	Roman Catholic			Indian, Indian Scottish or Indian British	
	Other Christian, please write in below			Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	Muslim			Chinese, Chinese Scottish or Chinese British	
	Buddhist			Other, please write in	
	Sikh				
	Jewish	_			
	Hindu	D	Afri		
	Another religion or body, please write in			African, African Scottish or African British	
				Other, please write in	
14	What do you feel is your national identity?				
	♦ Tick ALL that apply.	E	Cari	bbean or Black	
	Scottish			Caribbean, Caribbean Scottish or Caribbean British	
	English			Black, Black Scottish or Black British	
	Welsh			Other, please write in	
	Northern Irish				
	British	F	Oth	er ethnic group	
	Other, please write in			Arab, Arab Scottish or Arab British	
				Other, please write in	



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Pe	Person 1 - Individual questions continued			
16	Which of these can you do? ◆ Tick all that apply. English Scottish Gaelic Scots	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? ◆ Include problems related to old age.		
	Understand	Yes, limited a lot		
	Speak	Yes, limited a little		
	Read	No		
	Write	22 If you are aged 16 or over → Go to 23		
o	•	If you are aged 15 or under → Go to 38		
	None of these	23 Which of these qualifications do you have? ◆ Tick all that apply.		
17	How well can you speak English? Very well Well Not well Not at all	O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent		
18		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent		
	◆ Tick all that apply. No, English only	GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent		
	Yes, British Sign Language Yes, other - please write in	GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent		
		HNC, HND, SVQ level 4 or equivalent		
19	How is your health in general?	Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent		
	Very good Good Fair Bad Very bad	Professional qualifications (for example, teaching, nursing, accountancy)		
20	Do you have any of the following conditions	Other school qualifications not already mentioned (including foreign qualifications)		
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?	Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)		
	 ◆ Tick all that apply. Deafness or partial hearing loss 	Other Higher Education qualifications not already mentioned (including foreign qualifications)		
	Blindness or partial sight loss	No qualifications		
	Learning disability (for example, Down's Syndrome)	24 Last week were you:		
	Learning difficulty (for example, dyslexia)	 ◆ Tick all that apply. ◆ Include any paid work, including casual or 		
	Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)	temporary work, even if only for one hour. working as an employee? → Go to 30		
	Physical disability	on a Government spensored		
	Mental health condition	training scheme?		
	Long-term illness, disease or condition	self-employed or freelance? → Go to 30		
	Other condition, please write in	working paid or unpaid for your own or your family's business?		
		away from work ill, on maternity leave, on holiday or temporarily laid off?		
O		doing any other kind of paid work? → Go to 30		
	No condition	none of the above		

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Pers	on 1 - Individual questions continued		
	Were you actively looking for any kind of paid work during the last 4 weeks? Yes No		Briefly describe what you do (did) in your main job.
26	If a job had been available last week, could you have started it within 2 weeks? Yes No		Do (did) you supervise any employees?
27	Last week, were you waiting to start a job already obtained? Yes No		Do (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No No
28	Last week were you: ◆ Tick all that apply. retired (whether receiving a pension or not)?	35	How many hours (to the nearest full hour) a week do (did) you usually work in your main job? Include paid and unpaid overtime. Number of hours worked in a typical week
	a student? looking after home or family? long-term sick or disabled? other		At your workplace, what is (was) the main activity of your employer or business? • For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY. • If you are (were) a civil servant, please write
29	Have you ever worked? Yes, please write in the year you last worked → Go to 30 No, have never worked → Go to 38		If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.
30	Answer the remaining questions for your main job or, if not working, your last main job. • Your main job is the job in which you usually work (worked) the most hours.		In your main job, what is (was) the name of the
31	In your main job, are (were) you: an employee? self-employed or freelance without employees? self-employed with employees?		organisation you work (worked) for? ◆ If you are (were) self-employed in your own organisation, please write in the business name.
32	What is (was) your full and specific job title? ◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	♦ Do not state your grade or pay band.	38	There are no more questions for Person 1. If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 2. If you included anyone at question H5, remember to record their details on the back page. Remember to sign the declaration on page 1.



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Pers	son 2 - Individual questions		
1	What is your name? (Person 2 at H3 on page 4) First name Last name	9	Do you look after, or give any help or support to family members, friends, neighbours or others because of either: • long-term physical / mental ill-health / disability; or • problems related to old age? • Do not count anything you do as part of your paid employment.
2	What is your sex?		No
	Male Female		
6			Yes, 1 - 19 hours a week
3	What is your date of birth?		Yes, 20 - 34 hours a week
			Yes, 35 - 49 hours a week
4	On the 27 March 2011, what is your legal marital or		Yes, 50 or more hours a week
ľ	same-sex civil partnership status? Never married and never registered a same-sex civil partnership Married In a registered same-sex	10	 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
	civil partnership		The address on the front of this questionnaire
	Separated, but still legally married Separated, but still legally in a same-sex civil partnership		Student term-time / boarding school address in the UK, please write in below
	Divorced Formerly in a same-sex civil partnership which is now legally dissolved		Another address in the UK, please write in
	Widowed Surviving partner from a same-sex civil partnership		
5	Are you a schoolchild or student in full-time education?		
	Yes		
	No → Go to 7		Outside the UK, please write in country
6	During term-time, do you live:		
	at the address on the front of this questionnaire? at another address? Go to 38		MI . II
			What address do you travel to for your main job or course of study (including school)?
7	What is your country of birth?		Answer for the place where you spend the most time.
	Scotland → Go to 9 England → Go to 9		 If you report to a depot, please write in the depot address.
			Not currently working or studying → Go to 13
	Wales → Go to 9		Work or study mainly at, or from, home → Go to 13
	Northern Ireland → Go to 9		No fixed place
	Republic of Ireland		Work on an offshore installation - please use the
	Elsewhere, please write in the current name of the country		address panel below to write in where you travel offshore from, for example "ABERDEEN HARBOUR" The address below, please write in
8	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.		

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Per	Person 2 - Individual questions continued			
12	How do you usually travel to your main place of	15	What is your ethnic group?	
	work or study (including school)? Tick one box only.		 Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background. 	
	Tick the box for the longest part, by distance, of			
	your usual journey to work or study.	Α	White	
	Driving a car or van		Scottish	
	Passenger in a car or van		Other British	
	On foot		Irish	
	Bus, minibus or coach		Gypsy / Traveller	
	Train		Polish	
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in	
	Taxi			
	Bicycle	В	Mixed or multiple ethnic groups	
	Motorcycle, scooter or moped		Any mixed or multiple ethnic groups, please write in	
	Other			
13	What religion, religious denomination or body do you belong to?			
	This question is voluntary.			
	None	С	Asian, Asian Scottish or Asian British	
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British	
	Roman Catholic		Indian, Indian Scottish or Indian British	
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	Muslim		Chinese, Chinese Scottish or Chinese British	
	Buddhist		Other, please write in	
	Sikh			
	Jewish	_		
	Hindu	D	African	
	Another religion or body, please write in		African, African Scottish or African British	
			Other, please write in	
14	What do you feel is your national identity?			
۳	♦ Tick ALL that apply.	E	Caribbean or Black	
	Scottish		Caribbean, Caribbean Scottish or Caribbean British	
	English		Black, Black Scottish or Black British	
	Welsh		Other, please write in	
	Northern Irish			
	British	F	Other ethnic group	
	Other, please write in		Arab, Arab Scottish or Arab British	
			Other, please write in	



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Pe	Person 2 - Individual questions continued			
16	Which of these can you do? ◆ Tick all that apply. English Scottish Gaelic Scots	 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? ♦ Include problems related to old age. 		
	Understand	Yes, limited a lot		
	Speak	Yes, limited a little		
	Read	No		
	Write	22 If you are aged 16 or over → Go to 23		
OI		If you are aged 15 or under → Go to 38		
	None of these	23 Which of these qualifications do you have? ◆ Tick all that apply.		
17	How well can you speak English? Very well Well Not well Not at all	O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent		
18		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent		
	Tick all that apply. No, English only	GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent		
	Yes, British Sign Language Yes, other - please write in	GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent		
		HNC, HND, SVQ level 4 or equivalent		
19	How is your health in general?	Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent		
	Very good Good Fair Bad Very bad	Professional qualifications (for example, teaching, nursing, accountancy)		
L		Other school qualifications not already mentioned (including foreign qualifications)		
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?	Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)		
	Tick all that apply.	Other Higher Education qualifications not already mentioned (including foreign qualifications)		
	Deafness or partial hearing loss	No qualifications		
	Blindness or partial sight loss	24 Last week were you:		
	Learning disability (for example, Down's Syndrome) Learning difficulty (for example, dyslexia)	Tick all that apply.		
	Developmental disorder (for example, Autistic	 Include any paid work, including casual or temporary work, even if only for one hour. 		
	Spectrum Disorder or Asperger's Syndrome)	working as an employee? → Go to 30		
	Physical disability	on a Government sponsored		
	Mental health condition	training scheme? → Go to 30		
	Long-term illness, disease or condition	working paid or uppaid for your		
	Other condition, please write in	own or your family's business? — Go to 30		
		away from work ill, on maternity leave, on holiday or temporarily laid off?		
10		doing any other kind of paid work? — Go to 30		
	No condition	none of the above		

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HO 1

Pers	Person 2 - Individual questions continued			
25	Were you actively looking for any kind of paid work during the last 4 weeks? Yes No	33	Briefly describe what you do (did) in your main job.	
26	If a job had been available last week, could you have started it within 2 weeks? Yes No	24	Do (did) you supervise any employees?	
27	Last week, were you waiting to start a job already obtained? Yes No		 Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No 	
28	Last week were you: ◆ Tick all that apply. retired (whether receiving a pension or not)? a student? looking after home or family? long-term sick or disabled?		How many hours (to the nearest full hour) a week do (did) you usually work in your main job? ◆ Include paid and unpaid overtime. Number of hours worked in a typical week At your workplace, what is (was) the main activity of your employer or business? ◆ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER	
29	other Have you ever worked? Yes, please write in the year you last worked		SERVICING, DOCTOR'S SURGERY. If you are (were) a civil servant, please write GOVERNMENT. If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of	
	→ Go to 30 No, have never worked → Go to 38		your department within the local authority.	
30	Answer the remaining questions for your main job or, if not working, your last main job. Your main job is the job in which you usually work (worked) the most hours.		In your main job, what is (was) the name of the organisation you work (worked) for?	
31	In your main job, are (were) you: an employee? self-employed or freelance without employees? self-employed with employees?		If you are (were) self-employed in your own organisation, please write in the business name.	
32	What is (was) your full and specific job title? ◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.	
	◆ Do not state your grade or pay band.	38	There are no more questions for Person 2. ◆ If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 3. ◆ If you included anyone at question H5, remember to record their details on the back page.	
			 Remember to sign the declaration on page 1. 	



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Per	son 3 - Individual questions		
1	What is your name? (Person 3 at H3 on page 4) First name Last name	9	Do you look after, or give any help or support to family members, friends, neighbours or others because of either: • long-term physical / mental ill-health / disability; or • problems related to old age? • Do not count anything you do as part of your paid employment.
2	What is your sex?		No
	Male Female		Yes, 1 - 19 hours a week
3	What is your date of birth?		Yes, 20 - 34 hours a week
	Day Month Year		Yes, 35 - 49 hours a week
			Yes, 50 or more hours a week
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status?	10	One year ago, what was your usual address? If you had no usual address one year ago, state the
	Never married and never registered a same-sex civil partnership		address where you were staying.
	Married In a registered same-sex civil partnership		Same as Person 1
	Separated, but Separated, but still		The address on the front of this questionnaire
	still legally married legally in a same-sex civil partnership		Student term-time / boarding school address in the UK, please write in below
	Divorced Formerly in a same-sex civil partnership which is now legally dissolved		Another address in the UK, please write in
	Widowed Surviving partner from a same-sex civil partnership		
5	Are you a schoolchild or student in full-time education?		
	Yes		
	No → Go to 7		Outside the UK, please write in country
6	During term-time, do you live:		
	at the address on the front of this questionnaire?		
	at another address? → Go to 38	11	What address do you travel to for your main job or course of study (including school)?
7	What is your country of birth?		Answer for the place where you spend the most time.
	Scotland → Go to 9		 If you report to a depot, please write in the depot address.
	England → Go to 9		Not currently working or studying → Go to 13
	Wales → Go to 9		Work or study mainly at, or from, home → Go to 13
	Northern Ireland → Go to 9		No fixed place
	Republic of Ireland		Work on an offshore installation - please use the address panel below to write in where you travel
	Elsewhere, please write in the current name of the country		offshore from, for example "ABERDEEN HARBOUR" The address below, please write in
8	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.		

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Per	Person 3 - Individual questions continued		
12	How do you usually travel to your main place of	15	What is your ethnic group?
	work or study (including school)? Tick one box only.		 Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background.
	◆ Tick the box for the longest part, by distance, of		
	your usual journey to work or study.	Α	White
	Driving a car or van		Scottish
	Passenger in a car or van		Other British
	On foot		Irish
	Bus, minibus or coach		Gypsy / Traveller
	Train		Polish
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in
	Taxi		
	Bicycle	В	Mixed or multiple ethnic groups
	Motorcycle, scooter or moped		Any mixed or multiple ethnic groups, please write in
	Other		
13	What religion, religious denomination or body do you belong to?		
	♦ This question is voluntary.		
	None	С	Asian, Asian Scottish or Asian British
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British
	Roman Catholic		Indian, Indian Scottish or Indian British
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British
	Muslim		Chinese, Chinese Scottish or Chinese British
	Buddhist		Other, please write in
	Sikh		
	Jewish		
	Hindu	D	African
	Another religion or body, please write in		African, African Scottish or African British
			Other, please write in
14	What do you feel is your national identity?		
۳	♦ Tick ALL that apply.	E	Caribbean or Black
	Scottish		Caribbean, Caribbean Scottish or Caribbean British
	English		Black, Black Scottish or Black British
	Welsh		Other, please write in
	Northern Irish		
	British	F	Other ethnic group
	Other, please write in		Arab, Arab Scottish or Arab British
			Other, please write in
			Catery predict time in



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Pers	son 3 - Individual questions continued		
16	Which of these can you do? ◆ Tick all that apply. English Scottish Gaelic Scots	21	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? • Include problems related to old age.
	Understand		Yes, limited a lot
	Speak		Yes, limited a little
	Read		No
	Write	22	If you are aged 16 or over → Go to 23
or			If you are aged 15 or under → Go to 38
	None of these	23	Which of these qualifications do you have? ◆ Tick all that apply.
17	How well can you speak English? Very well Well Not well Not at all		O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
18	Do you use a language other than English at home?		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent
	◆ Tick all that apply. No, English only		GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
	Yes, British Sign Language Yes, other - please write in		GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
			HNC, HND, SVQ level 4 or equivalent
19	How is your health in general?		Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
	Very good Good Fair Bad Very bad		Professional qualifications (for example, teaching, nursing, accountancy)
20	Daves have any of the fallowing and itims		Other school qualifications not already mentioned (including foreign qualifications)
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?		Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
	 Tick all that apply. Deafness or partial hearing loss 		Other Higher Education qualifications not already mentioned (including foreign qualifications)
	Blindness or partial sight loss		No qualifications
	Learning disability (for example, Down's Syndrome)	24	Last week were you:
	Learning difficulty (for example, dyslexia)		Tick all that apply. Include any paid work, including casual or
	Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)		temporary work, even if only for one hour. working as an employee? → Go to 30
	Physical disability		on a Government sponsored Go to 30
	Mental health condition		training scheme?
	Long-term illness, disease or condition		self-employed or freelance? → Go to 30
	Other condition, please write in		working paid or unpaid for your own or your family's business? Go to 30
			away from work ill, on maternity leave, on holiday or temporarily laid off?
or			doing any other kind of paid work?
	No condition		none of the above

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Per	Person 3 - Individual questions continued			
25	Were you actively looking for any kind of paid work during the last 4 weeks? Yes No	33	Briefly describe what you do (did) in your main job.	
26	If a job had been available last week, could you have started it within 2 weeks? Yes No		Do (did) you was is a suy and suggest	
27	Last week, were you waiting to start a job already obtained? Yes No	34	 O (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No 	
28	Last week were you: ◆ Tick all that apply. retired (whether receiving a pension or not)? a student? looking after home or family?		How many hours (to the nearest full hour) a week do (did) you usually work in your main job? ◆ Include paid and unpaid overtime. Number of hours worked in a typical week At your workplace, what is (was) the main activity of your employer or business?	
	long-term sick or disabled? other		For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY. If you are (were) a civil servant, please write	
29	Yes, please write in the year you last worked → Go to 30 No, have never worked → Go to 38		If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.	
30	Answer the remaining questions for your main job or, if not working, your last main job. • Your main job is the job in which you usually work (worked) the most hours.	37	In your main job, what is (was) the name of the	
31			organisation you work (worked) for? ◆ If you are (were) self-employed in your own organisation, please write in the business name.	
32	What is (was) your full and specific job title? ◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.	
	◆ Do not state your grade or pay band.	38	There are no more questions for Person 3. ◆ If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 4. ◆ If you included anyone at question H5, remember to record their details on the back page.	
			♦ Remember to sign the declaration on page 1.	



Per	Person 4 - Individual questions				
1	What is your name? (Person 4 at H3 on page 4) First name Last name	 Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical / mental ill-health / disability; problems related to old age? Do not count anything you do as part of your paid employment. 	or		
2	What is your sex?	No			
	Male Female	Yes, 1 - 19 hours a week			
3	What is your date of birth?	Yes, 20 - 34 hours a week			
	Day Month Year	Yes, 35 - 49 hours a week			
		Yes, 50 or more hours a week			
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status? Never married and never registered a same-sex civil partnership Married In a registered same-sex	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			
	civil partnership Separated, but Separated, but still	The address on the front of this questionnaire			
	still legally married legally in a same-sex civil partnership	Student term-time / boarding school address in the UK, please write in below			
	Divorced Formerly in a same-sex civil partnership which is now legally dissolved	Another address in the UK, please write in			
	Widowed Surviving partner from a same-sex civil partnership				
5	Are you a schoolchild or student in full-time education?				
	Yes				
	No → Go to 7	Outside the UK, please write in country			
6	During term-time, do you live:				
	at the address on the front of this questionnaire?	11 What address do you travel to for your main job or	\prec		
	at another address? → Go to 38	11 What address do you travel to for your main job or course of study (including school)?			
7	What is your country of birth?	 Answer for the place where you spend the most time If you report to a depot, please write in the depot 	ž.		
	Scotland → Go to 9	address.			
	England → Go to 9	Not currently working or studying → Go to 13			
	Wales → Go to 9	Work or study mainly at, or from, home → Go to	13		
	Northern Ireland → Go to 9	No fixed place			
	Republic of Ireland	Work on an offshore installation - please use the address panel below to write in where you travel			
	Elsewhere, please write in the current name of the country	offshore from, for example "ABERDEEN HARBOUR The address below, please write in	н		
8	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.				



Pers	Person 4 - Individual questions continued			
12	How do you usually travel to your main place of	15	What is your ethnic group?	
	work or study (including school)? Tick one box only.		 Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background. 	
	♦ Tick the box for the longest part, by distance, of			
	your usual journey to work or study.	Α	White	
	Driving a car or van		Scottish	
	Passenger in a car or van		Other British	
	On foot		Irish	
	Bus, minibus or coach		Gypsy / Traveller	
	Train		Polish	
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in	
	Taxi			
	Bicycle	В	Mixed or multiple ethnic groups	
	Motorcycle, scooter or moped	Ь		
	Other		Any mixed or multiple ethnic groups, please write in	
13	What religion, religious denomination or body			
	do you belong to? This question is voluntary.			
	None	С	Asian, Asian Scottish or Asian British	
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British	
	Roman Catholic		Indian, Indian Scottish or Indian British	
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi	
	Muslim		British	
	Buddhist		Chinese, Chinese Scottish or Chinese British	
	Sikh		Other, please write in	
	Jewish			
	Hindu	D	African	
	Another religion or body, please write in		African, African Scottish or African British	
			Other, please write in	
14	What do you feel is your national identity? Tick ALL that apply.	E	Caribbean or Black	
	Scottish		Caribbean, Caribbean Scottish or Caribbean British	
	English		Black, Black Scottish or Black British	
	Welsh		Other, please write in	
	Northern Irish			
	British			
	Other, please write in	F	Other ethnic group	
	Other, piease write iii		Arab, Arab Scottish or Arab British	
			Other, please write in	



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Per	son 4 - Individual questions continued		
16	Which of these can you do? ◆ Tick all that apply. English Scottish Gaelic Scots	 Are your day-to-day activities limited because of health problem or disability which has lasted, or expected to last, at least 12 months? Include problems related to old age. 	
	Understand	Yes, limited a lot	
	Speak	Yes, limited a little	
	Read	No	
	Write	22 If you are aged 16 or over → Go to 23	
or		If you are aged 15 or under → Go to 38	
	None of these	Which of these qualifications do you have? ◆ Tick all that apply.	
17	How well can you speak English? Very well Well Not well Not at all	O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificat equivalent	e or
18		SCE Higher Grade, Higher, Advanced Higher, CS A Level, AS Level, Advanced Senior Certificate or equivalent	
	◆ Tick all that apply. No, English only	GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent	
	Yes, British Sign Language Yes, other - please write in	GSVQ Advanced, SVQ level 3, ONC, OND, SCOT National Diploma, City and Guilds Advanced Cra equivalent	VEC ft or
		HNC, HND, SVQ level 4 or equivalent	
19	How is your health in general?	Degree, Postgraduate qualifications, Masters, Phl SVQ level 5 or equivalent	D,
	Very good Good Fair Bad Very bad	Professional qualifications (for example, teaching nursing, accountancy)	,
		Other school qualifications not already mentione (including foreign qualifications)	d
20	which have lasted, or are expected to last, at least 12 months?	Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)	
	 Tick all that apply. Deafness or partial hearing loss 	Other Higher Education qualifications not already mentioned (including foreign qualifications)	′
	Blindness or partial sight loss	No qualifications	
	Learning disability (for example, Down's Syndrome)	24 Last week were you:	
	Learning difficulty (for example, dyslexia)	Tick all that apply. I had a proposed work including control or	
	Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)	 Include any paid work, including casual or temporary work, even if only for one hour. working as an employee? → Go to 30 	
	Physical disability		
	Mental health condition	on a Government sponsored training scheme? Go to 30	
	Long-term illness, disease or condition	self-employed or freelance? → Go to 30	
	Other condition, please write in	working paid or unpaid for your own or your family's business? — Go to 3	0
		away from work ill, on maternity leave, on holiday or temporarily laid off?	
or		doing any other kind of paid work? Go to	30
	No condition	none of the above	

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Pers	son 4 - Individual questions continued		
25	Were you actively looking for any kind of paid work during the last 4 weeks? Yes No	33	Briefly describe what you do (did) in your main job.
26	If a job had been available last week, could you have started it within 2 weeks? Yes No		
	165	34	Do (did) you supervise any employees?
27	Last week, were you waiting to start a job already obtained?		 Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No
	Yes No	35	How many hours (to the nearest full hour) a week do
28	Last week were you:	-	(did) you usually work in your main job?
	♦ Tick all that apply.		Include paid and unpaid overtime.
	retired (whether receiving a pension or not)?		Number of hours worked in a typical week
	a student?	36	At your workplace, what is (was) the main activity of your employer or business?
	looking after home or family?		◆ For example, ARMED FORCES, PRIMARY EDUCATION,
	long-term sick or disabled?		REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.
	other		If you are (were) a civil servant, please write
29	Have you ever worked?		GÖVERNMENT.
	Yes, please write in the year you last worked		 If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.
	→ Go to 30		
	No, have never worked → Go to 38		
30	Answer the remaining questions for your main job or,		
	if not working, your last main job.		
	 Your main job is the job in which you usually work (worked) the most hours. 	37	In your main job, what is (was) the name of the organisation you work (worked) for?
31	In your main job, are (were) you:		 If you are (were) self-employed in your own organisation, please write in the business name.
	an employee?		organisation, please write in the business name.
	self-employed or freelance without employees?		
	self-employed with employees?		
32	What is (was) your full and specific job title?		
	 For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER. 		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	Do not state your grade or pay band.	38	There are no more questions for Person 4.
			 If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 5.
			 If you included anyone at question H5, remember to record their details on the back page.
			Remember to sign the declaration on page 1.



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Per	Person 5 - Individual questions				
1	What is your name? (Person 5 at H3 on page 4) First name Last name	 Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical / mental ill-health / disability; problems related to old age? Do not count anything you do as part of your paid employment. 			
2	What is your sex?	No			
	Male Female	Yes, 1 - 19 hours a week			
3	What is your date of birth?	Yes, 20 - 34 hours a week			
	Day Month Year	Yes, 35 - 49 hours a week			
		Yes, 50 or more hours a week			
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status? Never married and never registered a same-sex civil partnership Married In a registered same-sex civil partnership	 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 			
	Separated, but Separated, but still	The address on the front of this questionnaire			
	still legally married legally in a same-sex civil	Student term-time / boarding school address in the UK, please write in below			
	Divorced Formerly in a same-sex civil partnership which is now legally dissolved	Another address in the UK, please write in			
	Widowed Surviving partner from a same-sex civil partnership				
5	Are you a schoolchild or student in full-time education?				
	Yes				
	No → Go to 7	Outside the UK, please write in country			
6	During term-time, do you live:				
	at the address on the front of this questionnaire?				
	at another address? → Go to 38	11 What address do you travel to for your main job or course of study (including school)?			
7	What is your country of birth?	Answer for the place where you spend the most time			
	Scotland → Go to 9	 If you report to a depot, please write in the depot address. 			
	England → Go to 9	Not currently working or studying → Go to 13			
	Wales → Go to 9	Work or study mainly at, or from, home → Go to			
	Northern Ireland → Go to 9	No fixed place			
	Republic of Ireland	Work on an offshore installation - please use the address panel below to write in where you travel			
	Elsewhere, please write in the current name of the country	offshore from, for example "ABERDEEN HARBOUR" The address below, please write in			
8	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.				

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Per	Person 5 - Individual questions continued		
12	How do you usually travel to your main place of	15	What is your ethnic group?
	work or study (including school)? Tick one box only.		 Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background.
	◆ Tick the box for the longest part, by distance, of		, , , , ,
	your usual journey to work or study.	Α	White
	Driving a car or van		Scottish
	Passenger in a car or van		Other British
	On foot		Irish
	Bus, minibus or coach		Gypsy / Traveller
	Train		Polish
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in
	Taxi		
	Bicycle	В	Mixed or multiple ethnic groups
	Motorcycle, scooter or moped	_	Any mixed or multiple ethnic groups, please write in
	Other		Any mixed of matuple earline groups, please write in
13	What religion, religious denomination or body		
	do you belong to? This question is voluntary.		
	None	С	Asian, Asian Scottish or Asian British
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British
	Roman Catholic		Indian, Indian Scottish or Indian British
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi
	Muslim		British Chinese, Chinese Scottish or Chinese British
	Buddhist		Other, please write in
	Sikh		Other, please write in
	Jewish		
	Hindu	D	African
	Another religion or body, please write in		African, African Scottish or African British
			Other, please write in
14	What do you feel is your national identity? ◆ Tick ALL that apply.	Е	Caribbean or Black
	Scottish		Caribbean, Caribbean Scottish or Caribbean British
	English		Black, Black Scottish or Black British
	Welsh		Other, please write in
	Northern Irish		
	British	F	Other ethnic group
	Other, please write in	F	Other ethnic group
			Arab, Arab Scottish or Arab British
			Other, please write in



Per	Person 5 - Individual questions continued			
16	Which of these can you do? ◆ Tick all that apply. English Scottish Gaelic Scots	 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. 		
	Understand	Yes, limited a lot		
	Speak	Yes, limited a little		
	Read	No		
	Write	22 If you are aged 16 or over → Go to 23		
or		If you are aged 15 or under → Go to 38		
	None of these	23 Which of these qualifications do you have? • Tick all that apply.		
17	How well can you speak English? Very well Well Not well Not at all	O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent		
18		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent		
	◆ Tick all that apply. No, English only	GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent		
	Yes, British Sign Language Yes, other - please write in	GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent		
		HNC, HND, SVQ level 4 or equivalent		
19	How is your health in general?	Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent		
	Very good Good Fair Bad Very bad	Professional qualifications (for example, teaching, nursing, accountancy)		
20	Development of the fall out to a sentition	Other school qualifications not already mentioned (including foreign qualifications)		
20	which have lasted, or are expected to last, at least 12 months?	Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)		
	 Tick all that apply. Deafness or partial hearing loss 	Other Higher Education qualifications not already mentioned (including foreign qualifications)		
	Blindness or partial sight loss	No qualifications		
	Learning disability (for example, Down's Syndrome)	24 Last week were you:		
	Learning difficulty (for example, dyslexia)	Tick all that apply. Include any paid work, including casual or		
	Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)	temporary work, even if only for one hour. working as an employee? Go to 30		
	Physical disability			
	Mental health condition	on a Government sponsored training scheme? Go to 30		
	Long-term illness, disease or condition	self-employed or freelance? → Go to 30		
	Other condition, please write in	working paid or unpaid for your own or your family's business? → Go to 30		
		away from work ill, on maternity leave, on holiday or temporarily laid off?		
or		doing any other kind of paid work? → Go to 30		
	No condition	none of the above		

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Pers	Person 5 - Individual questions continued				
25	Were you actively looking for any kind of paid work during the last 4 weeks? Yes No	33	Briefly describe what you do (did) in your main job.		
26	If a job had been available last week, could you have started it within 2 weeks?				
	Yes No	34	Do (did) you supervise any employees?		
27	Last week, were you waiting to start a job already obtained?		 Supervision involves overseeing the work of other employees on a day-to-day basis. 		
	Yes No	35	Yes No How many hours (to the nearest full hour) a week do		
28	Last week were you:		(did) you usually work in your main job? • Include paid and unpaid overtime.		
	 Tick all that apply. retired (whether receiving a pension or not)? 		Number of hours worked in a typical week		
	a student? looking after home or family?	36	At your workplace, what is (was) the main activity of your employer or business?		
	long-term sick or disabled?		♦ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER		
20	other		SERVICING, DOCTOR'S SURGERY. If you are (were) a civil servant, please write GOVERNMENT.		
29	Have you ever worked? Yes, please write in the year you last worked		If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of		
	→ Go to 30		your department within the local authority.		
	No, have never worked → Go to 38				
30	Answer the remaining questions for your main job or, if not working, your last main job.				
	 Your main job is the job in which you usually work (worked) the most hours. 	37	In your main job, what is (was) the name of the organisation you work (worked) for?		
31	In your main job, are (were) you:		If you are (were) self-employed in your own organisation, please write in the business name.		
	an employee? self-employed or freelance without employees?				
	self-employed with employees?				
32	What is (was) your full and specific job title? ◆ For example, PRIMARY SCHOOL TEACHER,				
	CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.		
	♦ Do not state your grade or pay band.	38	There are no more questions for Person 5.		
			 If there are more people in your household, contact the Helpline on 0300 123 1702 to ask for a Continuation Questionnaire. 		
			 If you included anyone at question H5, remember to record their details on the back page. 		
			♦ Remember to sign the declaration on page 1.		



Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Question H5 continued				
DO NOT record details of household members here. Record details only for anyone counted in question H5 on page 4 (people whose permanent or family home is elsewhere).				
 You only need to provide details for up to three people. Remember to include children and babies. Please make sure you have filled in the rest of the questionnaire and signed the declaration on page 1. 				
Person A				
What is this person's name? First name Last name	V4 What is this person's usual UK address?			
What is this person's sex? Male Female				
What is this person's date of birth? Day Month Year	Outside the UK, please write in country			
Person B				
What is this person's name? First name Last name	V4 What is this person's usual UK address? Same address as Person A			
What is this person's sex? Male Female				
What is this person's date of birth? Day Month Year	Outside the UK, please write in country			
Person C				
V1 What is this person's name? First name Last name	V4 What is this person's usual UK address? Same address as Person A			
What is this person's sex? Male Female				
What is this person's date of birth? Day Month Year	Outside the UK, please write in country			



Scotland's Census 2011 Shaping our future	Communal Establishment Questionnaire CE 27 March 2011
Official CD ED Line Number Use	If there is a mistake in the printed address, please write the correct address below Establishment name / number Street / Town / City Postcode
Why the census matters The census is the official count of every person and household in Scotland. It is held every 10 years and helps to plan our future public services. Please fill in this questionnaire on, or around, Sunday 27 March. It shouldn't take long. You have a legal duty to fill in this questionnaire. If you don't, or if you supply false information, you may be fined up to £1,000. All personal information is protected by law and we will keep it confidential for 100 years. Thank you for helping to shape Scotland's future.	 What you have to do Answer the establishment questions on page 2. Use the definitions in the Guidance Notes to distinguish between 'usual residents' and 'visitors' in this establishment. Record the number of 'visitors' in the box below. Issue and collect Individual Questionnaires for all 'usual residents' and record the number issued and collected in the boxes below. Sign the declaration below and give all the completed questionnaires (including this one) to the enumerator when they return.
Duncan Macniven Registrar General for Scotland Need help?	Number of questionnaires issued Number of questionnaires collected Number of 'visitors' Declaration I have filled in this questionnaire fully and
 www.scotlandscensus.gov.uk Helpline 0300 123 1702 Textphone 18001 0300 123 1703 	accurately, as far as I know. Signature Date

CE (V1.0 14/05/10)



Establishment questions		
This questionnaire will be scanned by a computer. To make sure we record your answers correctly, please:		
use black or blue ink		
tick your answers within the box like this: ✓	Correct any mistakes like this:	
1 What is the nature of this establishment?	2 Which groups does this establishment cater for?	
♦ Tick one box only.	♦ Tick all that apply.	
Medical and care	Physical disability	
General hospital	Learning disability	
Psychiatric hospital / psychiatric home	Psychiatric illness	
Other hospital	Terminal illness	
Care home without nursing	Chronic illness care	
Care home with nursing	Acute illness care	
Sheltered housing	Respite, convalescent or post-operative care	
Children's home (including secure units)	Substance misuse	
Other medical and care establishment	Older people	
Education	School children	
School	University / college students	
Halls of residence / student accommodation	Armed Forces personnel	
Other educational establishment	Prisoners / offenders	
Armed Forces	Asylum seekers	
Armed Forces base (including ships)	Paying guests	
Other Armed Forces establishment	Homeless people	
Detention	Nurses / doctors	
Prison or Young Offenders' Institution	Seasonal / temporary workers	
Immigration Removal Centre	Staff	
Other detention establishment	Other	
Travel	Who is responsible for the management of this establishment?	
Hotel, guest house, B&B, youth hostel	♦ Tick one box only.	
Leisure / holiday establishment	NHS	
Other travel establishment	Local Authority	
Hostel or shelter	Government department / agency	
Hostel or shelter for the homeless	Housing Association / Registered Social Landlord	
Other hostel or shelter establishment	Charity / voluntary organisation	
Other	Private owner(s) / company	
Religious establishment	Other	
Staff / worker accommodation only	Enumerator use only	
Other establishment	Persons sleeping rough	

Page 2



Individual Questionnaire CI Scotland's Census 2011 27 March 2011 CD ED Line Number Official If there is a mistake in the printed address, please write the correct address below Why the census matters Please fill in this questionnaire on, or around, 27 March 2011. The census is the official count of every person and household in Scotland. It is held every 10 years and helps to plan our future public services. Start here Please fill in this questionnaire on, or around, If you are filling in this questionnaire for Sunday 27 March. It shouldn't take long. someone else, please make sure that you record answers for them at: You have a legal duty to fill in this questionnaire. If you don't, or if you supply false information, you question R1 below and may be fined up to £1,000. questions 1 to 38 on pages 3 to 6 Your personal information is protected by law and we will keep it confidential for 100 years. R1 Do you stay here because you are: Thank you for helping to shape Scotland's future. a resident (for example, patient, student, member of Armed Forces, inmate)? Quican Macriven a member of staff or the owner? a family member / partner of a member Duncan Macniven of staff or the owner? **Registrar General for Scotland** Need help? Declaration I have filled in this questionnaire fully and www.scotlandscensus.gov.uk accurately, as far as I know. Helpline 0300 123 1702 Textphone 18001 0300 123 1703



What you have to do

- Fill in question R1 on page 1 of this questionnaire.
- ♦ Fill in questions 1 to 38 on pages 3 to 6 of this questionnaire.
- Sign the declaration on page 1 and then put your questionnaire in the envelope provided.
- Seal the envelope and give it to the establishment manager or person in charge of collecting the questionnaires.

Remember: if you are filling in this questionnaire for **someone else**, please make sure that you record answers for them at question **R1** and questions **1** to **38**.

How to fill in this questionnaire

This questionnaire will be scanned by a computer. To make sure we record your answers correctly, follow the instructions below.

Please:

- · use black or blue ink
- tick your answers within the box like this:
- print your answers, in English, within the box like this:
 SMITH
 Use capital letters - one per box
- correct any mistakes like this:

 or SM ITH
- continue on to the next line (if possible) like this, if a word will not fit on to one line:

 130 LADYWELL CRES

DO NOT draw a line through questions or pages. The computer may mistake this for an answer.



Ind	Individual questions					
	What is your name? First name Last name What is your sex?	 Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical / mental ill-health / disability; or problems related to old age? Do not count anything you do as part of your paid employment. 				
	Male Female	Yes, 1 - 19 hours a week				
4	What is your date of birth? Day Month Year On the 27 March 2011, what is your legal marital or same-sex civil partnership status? Never married and never registered a same-sex civil partnership	Yes, 20 - 34 hours a week Yes, 35 - 49 hours a week Yes, 50 or more hours a week 10 One year ago, what was your usual address? If you had no usual address one year ago, state the address where you were staying.				
	Married In a registered same-sex civil partnership Separated, but still legally married Separated, but still legally in a same-sex civil partnership Divorced Formerly in a same-sex civil partnership which is now legally dissolved Widowed Surviving partner from a same-sex civil partnership	The address on the front of this questionnaire Student term-time / boarding school address in the UK, please write in below Another address in the UK, please write in				
5	Are you a schoolchild or student in full-time education? Yes No —— Go to 7	Postcode Outside the UK, please write in country				
6	During term-time, do you live: at the address on the front of this questionnaire? at another address? → Go to 38	11 What address do you travel to for your main job or course of study (including school)?				
7	What is your country of birth? Scotland → Go to 9 England → Go to 9 Wales → Go to 9 Northern Ireland → Go to 9 Republic of Ireland Elsewhere, please write in the current name of the country	 Answer for the place where you spend the most time. If you report to a depot, please write in the depot address. Not currently working or studying → Go to 13 Work or study mainly at, or from, home → Go to 13 No fixed place Work on an offshore installation - please use the address panel below to write in where you travel offshore from, for example "ABERDEEN HARBOUR" The address below, please write in 				
8	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					



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Individual questions continued			
12	How do you usually travel to your main place of	15	What is your ethnic group?
	work or study (including school)? Tick one box only.		◆ Choose ONE section from A to F, then tick ONE box
	Tick the box only. Tick the box for the longest part, by distance, of		which best describes your ethnic group or background.
	your usual journey to work or study.	Α	White
	Driving a car or van		Scottish
	Passenger in a car or van		Other British
	On foot		Irish
	Bus, minibus or coach		Gypsy / Traveller
	Train		Polish
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in
	Taxi		
	Bicycle		Mirrod or multiple otheric groups
	Motorcycle, scooter or moped	В	Mixed or multiple ethnic groups
	Other		Any mixed or multiple ethnic groups, please write in
13	What religion, religious denomination or body		
	do you belong to? This question is voluntary.		
	None	c	Asian, Asian Scottish or Asian British
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British
	Roman Catholic		Indian, Indian Scottish or Indian British
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi
	Muslim		British
	Buddhist		Chinese, Chinese Scottish or Chinese British
	Sikh		Other, please write in
	Jewish		
	Hindu	D	African
	Another religion or body, please write in		African, African Scottish or African British
	, and the religion of body, predict white an		Other, please write in
14	What do you feel is your national identity?	E	Caribbean or Black
	♦ Tick ALL that apply. Scottish	ľ	Caribbean, Caribbean Scottish or Caribbean British
			Black, Black Scottish or Black British
	English		Other, please write in
	Welsh		Other, please write in
	Northern Irish		
	British	F	Other ethnic group
	Other, please write in		Arab, Arab Scottish or Arab British
			Other, please write in



Inc	Individual questions continued				
16	Which of these can you do? ◆ Tick all that apply. English Scottish Gaelic Scots	21	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? • Include problems related to old age.		
	Understand Speak		Yes, limited a lot Yes, limited a little		
	Read		No		
	Write	22	If you are aged 16 or over → Go to 23		
or			If you are aged 15 or under → Go to 38		
	None of these	23	Which of these qualifications do you have? ◆ Tick all that apply.		
17	How well can you speak English? Very well Well Not well Not at all		O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent		
18	Do you use a language other than English at home?		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent		
	 Tick all that apply. No, English only 		GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent		
	Yes, British Sign Language Yes, other - please write in		GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent		
			HNC, HND, SVQ level 4 or equivalent		
19	How is your health in general?		Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent		
	Very good Good Fair Bad Very bad		Professional qualifications (for example, teaching, nursing, accountancy)		
20	Do you have any of the following conditions		Other school qualifications not already mentioned (including foreign qualifications)		
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?		Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)		
	 Tick all that apply. Deafness or partial hearing loss 		Other Higher Education qualifications not already mentioned (including foreign qualifications)		
	Blindness or partial sight loss	24	No qualifications		
	Learning disability (for example, Down's Syndrome)		Last week were you:		
	Learning difficulty (for example, dyslexia)		Tick all that apply. Include any paid work, including casual or		
	Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)		temporary work, even if only for one hour. working as an employee?		
	Physical disability				
	Mental health condition		on a Government sponsored training scheme?		
	Long-term illness, disease or condition		self-employed or freelance? → Go to 30		
	Other condition, please write in		working paid or unpaid for your own or your family's business?		
			away from work ill, on maternity leave, on holiday or temporarily laid off?		
or			doing any other kind of paid work? → Go to 30		
	No condition		none of the above		



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Ind	ividual questions continued		
25	Were you actively looking for any kind of paid work during the last 4 weeks? Yes No		Briefly describe what you do (did) in your main job.
26	If a job had been available last week, could you have started it within 2 weeks? Yes No		
27	Last week, were you waiting to start a job already obtained? Yes No	34	Do (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No
28	Last week were you: ◆ Tick all that apply. retired (whether receiving a pension or not)? a student? looking after home or family?		How many hours (to the nearest full hour) a week do (did) you usually work in your main job? ◆ Include paid and unpaid overtime. Number of hours worked in a typical week At your workplace, what is (was) the main activity of your employer or business?
	long-term sick or disabled?		For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY. If you are (were) a civil servant, please write
29	Have you ever worked? Yes, please write in the year you last worked → Go to 30 No, have never worked → Go to 38		GÓVERNMENT. ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.
30	Answer the remaining questions for your main job or, if not working, your last main job. • Your main job is the job in which you usually		
31	work (worked) the most hours. In your main job, are (were) you: an employee? self-employed or freelance without employees? self-employed with employees?		In your main job, what is (was) the name of the organisation you work (worked) for? • If you are (were) self-employed in your own organisation, please write in the business name.
32	What is (was) your full and specific job title? ◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	♦ Do not state your grade or pay band.	38	There are no more questions. Sign the declaration on page 1 and then put your questionnaire in the envelope provided. Seal the envelope and give it to the establishment manager or person in charge of collecting the questionnaires.



	Individual Questionnaire ^{HI}
Scotland's Census 2011 Shaping our future	27 March 2011
Official CD ED Line Number Use	This section to be filled in by the Census Enumerator
Why the census matters	Please fill in this questionnaire on, or around, 27 March 2011.
The census is the official count of every person and household in Scotland. It is held every 10 years and helps to plan our future public services.	Post it back using the pre-paid envelope provided.
Please fill in this questionnaire on, or around, Sunday 27 March. It shouldn't take long.	Start here
You have a legal duty to fill in this questionnaire. If you don't, or if you supply false information, you may be fined up to £1,000. Your personal information is protected by law and we will keep it confidential for 100 years.	Please make sure you are listed as a household member either on: • a Household Questionnaire - at question H3 on page 4
Thank you for helping to shape Scotland's future.	 a Continuation Questionnaire at question C1 on page 1
Duncan Macniven Registrar General for Scotland	Q1 Copy your person number, as given in H3 or C1, here: Person number
Need help?	Declaration
www.scotlandscensus.gov.uk	I have filled in this questionnaire fully and accurately, as far as I know.
Helpline 0300 123 1702	
EXECUTE: Textphone 18001 0300 123 1703	

HI (V1.0 14/05/10)

Important guidance - before you start

What you have to do

- Please check that the household address recorded on page 1 of this questionnaire is correct. If it is not correct, please contact the Helpline on 0300 123 1702.
- Make sure you are listed as a household member at either:
 - question H3 on page 4 of a Household Questionnaire; or
 - question c1 on page 1 of a Continuation Questionnaire.
- Copy your person number, from H3 or C1, to Q1 on page 1 of this questionnaire.
- Fill in questions 1 to 38 on pages 3 to 6 of this questionnaire.
- Sign the declaration on page 1 of this questionnaire and post it back using the pre-paid envelope provided.

How to fill in this questionnaire

This questionnaire will be scanned by a computer. To make sure we record your answers correctly, follow the instructions below.

Please:

- · use black or blue ink
- tick your answers within the box like this:
- print your answers, in English, within SMITH Use capital letters - one per box the box like this:
- correct any mistakes like this: or SMTITH
- continue on to the next line (if possible) like this, if a word will not fit on to one line:

130 LADYWELL CRES CENT

DO NOT draw a line through questions or pages. The computer may mistake this for an answer.



Individual questions				
1	What is your name? First name Last name	 Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical / mental ill-health / disability; or problems related to old age? Do not count anything you do as part of your paid 		
	Milest in views and	employment.		
2	What is your sex? Male Female	No Yes, 1 - 19 hours a week		
3	What is your date of birth?	Yes, 20 - 34 hours a week		
		Yes, 35 - 49 hours a week		
4	On the 27 March 2011, what is your legal marital or	Yes, 50 or more hours a week		
ľ	same-sex civil partnership status? Never married and never registered a same-sex civil partnership	 One year ago, what was your usual address? ◆ If you had no usual address one year ago, state the address where you were staying. 		
	Married In a registered same-sex civil partnership Separated, but Separated, but still	The address on the front of this questionnaire		
	still legally married legally in a same-sex civil partnership	Student term-time / boarding school address in the UK, please write in below		
	Divorced Formerly in a same-sex civil partnership which is now legally dissolved	Another address in the UK, please write in		
	Widowed Surviving partner from a same-sex civil partnership			
5	Are you a schoolchild or student in full-time education?			
	Yes			
	No → Go to 7	Outside the UK, please write in country		
6	During term-time, do you live:			
	at the address on the front of this questionnaire? at another address? → Go to 38	11 What address do you travel to for your main job or course of study (including school)?		
7		 Answer for the place where you spend the most time. 		
	Scotland → Go to 9	 If you report to a depot, please write in the depot address. 		
	England → Go to 9	Not currently working or studying → Go to 13		
	Wales → Go to 9	Work or study mainly at, or from, home → Go to 13		
	Northern Ireland → Go to 9	No fixed place		
	Republic of Ireland	Work on an offshore installation - please use the address panel below to write in where you travel offshore from, for example "ABERDEEN HARBOUR"		
	Elsewhere, please write in the current name of the country	The address below, please write in		
8	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.			



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Indi	Individual questions continued		
12	How do you usually travel to your main place of	15	What is your ethnic group?
	work or study (including school)? Tick one box only.		 Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background.
	◆ Tick the box for the longest part, by distance, of		White
	your usual journey to work or study.	A	Scottish
	Driving a car or van		Other British
	Passenger in a car or van		
	On foot		Irish
	Bus, minibus or coach		Gypsy / Traveller
	Train		Polish
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in
	Taxi		
	Bicycle	В	Mixed or multiple ethnic groups
	Motorcycle, scooter or moped		Any mixed or multiple ethnic groups, please write in
	Other		
13	What religion, religious denomination or body do you belong to?		
	♦ This question is voluntary.		
	None	c	Asian, Asian Scottish or Asian British
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British
	Roman Catholic		Indian, Indian Scottish or Indian British
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British
	Muslim		Chinese, Chinese Scottish or Chinese British
	Buddhist		Other, please write in
	Sikh		
	Jewish		
	Hindu	D	African
	Another religion or body, please write in		African, African Scottish or African British
			Other, please write in
14	What do you feel is your national identity?		
14	Tick ALL that apply.	E	Caribbean or Black
	Scottish		Caribbean, Caribbean Scottish or Caribbean British
	English		Black, Black Scottish or Black British
	Welsh		Other, please write in
	Northern Irish		
	British	F	Other ethnic group
	Other, please write in		Arab, Arab Scottish or Arab British
			Other, please write in



Individual questions continued				
16	Which of these can you do? ◆ Tick all that apply. English Scottish Gaelic Scots	21 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? ◆ Include problems related to old age.		
	Understand	Yes, limited a lot		
	Speak	Yes, limited a little		
	Read	No		
	Write	22 If you are aged 16 or over → Go to 23		
or		If you are aged 15 or under → Go to 38		
	None of these	 Which of these qualifications do you have? Tick all that apply. 		
17	How well can you speak English? Very well Well Not well Not at all	O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent		
18	Do you use a language other than English at home?	SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent		
	◆ Tick all that apply. No, English only	GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent		
	Yes, British Sign Language Yes, other - please write in	GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent		
		HNC, HND, SVQ level 4 or equivalent		
19	How is your health in general?	Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent		
	Very good Good Fair Bad Very bad	Professional qualifications (for example, teaching, nursing, accountancy)		
20	Down how any of the fall suite and distance	Other school qualifications not already mentioned (including foreign qualifications)		
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?	Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)		
	 Tick all that apply. Deafness or partial hearing loss 	Other Higher Education qualifications not already mentioned (including foreign qualifications)		
	Blindness or partial sight loss	No qualifications		
	Learning disability (for example, Down's Syndrome)	24 Last week were you:		
	Learning difficulty (for example, dyslexia)	Tick all that apply. Include any paid work, including casual or		
	Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)	temporary work, even if only for one hour. working as an employee? Go to 30		
	Physical disability	on a Covernment spectared		
	Mental health condition	on a Government sponsored training scheme? — Go to 30		
	Long-term illness, disease or condition	self-employed or freelance? → Go to 30		
	Other condition, please write in	working paid or unpaid for your own or your family's business? Go to 30		
		away from work ill, on maternity leave, on holiday or temporarily laid off?		
or		doing any other kind of paid work?		
3.	No condition	none of the above		



EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations provide for the detailed arrangements necessary for the conduct of the census directed to be taken by the Census (Scotland) Order 2010. That Order identifies the persons about whom returns must be made and the persons who must submit returns. It also sets out the information which must be provided in returns.

Regulation 3 provides for the division of Scotland into census districts, enumeration districts and census regions.

Regulation 4 provides for the appointment of officers for census purposes.

Regulation 5 provides that the forms of return to be completed (manually or electronically) are those identified in Schedule 1 and set out in Schedule 2.

Regulation 6 deals with the supply of forms of return and other documentation for census purposes.

Regulations 7 and 8 provide for the delivery of forms of return to households.

Regulation 9 provides for the delivery of forms of return to communal establishments and regulation 10 provides that persons in charge of communal establishments must issue individual forms to persons in the premises who are required to make a return.

Regulation 11 provides for the insertion of addresses and other information by officers where this is not pre-printed on forms.

Regulation 12 deals with the return of completed forms of return from households, and regulation 13 with the collection of completed forms of return from communal establishments.

Regulation 14 imposes obligations to provide information on request.

Regulation 15 deals with the action to be taken after census day, including the checking of returns and the making of inquiries where proper returns have not been made.

Regulation 16 provides for the delivery of completed returns and other documents by census officers to the Registrar General.

Regulation 17 provides that records must be kept.

Regulation 18 deals with prevention of unauthorised access to personal census information.

Regulation 19 provides that information given for census purposes must not be used, published or communicated other than for the purpose of the Act.

Regulation 20 revokes the Census (Scotland) Regulations 2000 and the Census (Scotland) Amendment Regulations 2000.