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SCOTTISH STATUTORY INSTRUMENTS

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**2010 No. 215**

**CENSUS**

**The Census (Scotland) Amendment Regulations 2010**

<i>Made</i>	- - - -	<i>2nd June 2010</i>
<i>Laid before the Scottish Parliament</i>	- - - -	<i>3rd June 2010</i>
<i>Coming into force</i>	- -	<i>25th June 2010</i>

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

**Citation and commencement**

1. These Regulations may be cited as the Census (Scotland) Amendment Regulations 2010 and come into force on 25th June 2010.

**Amendment of the Census (Scotland) Regulations 2010**

2.—(1) The Census (Scotland) Regulations 2010(2) are amended in accordance with paragraphs (2) to (6).

(2) In regulation 2 (interpretation)—

(a) after the definition of “Communal Establishment Enumeration Record Book” insert—

““Communal Establishment Form” means the Communal Establishment Questionnaire (CE) set out in Schedule 2;

“Communal Establishment Individual Form” means the Individual Questionnaire (CI) set out in Schedule 2;”;

(b) after the definition of “household” insert—

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(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. 2010/211.

““Household Form” means the Household Questionnaire (HO) set out in Schedule 2;”;

(c) after the definition of “householder” insert—

““Individual Form” means the Individual Questionnaire (HI) set out in Schedule 2;”;

(d) omit paragraph (2); and

(e) paragraph (1) becomes regulation 2.

(3) In regulation 10(1) (issue of forms within communal establishments) omit “, where requested,”.

(4) In regulation 15(4)(c) (follow-up action) for “reply-paid envelope” substitute “envelope”.

(5) In column (2) of Schedule 1 (title of form of return)—

(a) for entry (a) substitute “Household Questionnaire (HO)”;

(b) for entry (b) substitute “Individual Questionnaire (CI)”;

(c) for entry (c) substitute “Individual Questionnaire (HI)”;

(d) for entry (d) substitute “Communal Establishment Questionnaire (CE)”.

(6) For the last form set out in Schedule 2 (Individual Questionnaire (HI)) substitute the form set out in the Schedule to these Regulations.

St Andrew’s House,  
Edinburgh  
2nd June 2010


*JIM MATHER*  
Authorised to sign by the Scottish Ministers

SCHEDULE

Regulation 2(6)

Individual Household Form of Return for 2011 Census

Individual Questionnaire <sup>HI</sup>



## 27 March 2011

Official Use	CD	ED	Line Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	This section to be filled in by the Census Enumerator

House name / number

Street / Town / City

Postcode

### Why the census matters

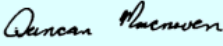
The census is the official count of every person and household in Scotland. It is held every 10 years and helps to plan our future public services.

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.

Your personal information is protected by law and we will keep it confidential for 100 years.

Thank you for helping to shape Scotland's future.



**Duncan Macniven**  
Registrar General for Scotland

### Please fill in this questionnaire

on, or around, 27 March 2011.

Post it back using the pre-paid envelope provided.

Start here




Please make sure you are listed as a household member either on:

- a Household Questionnaire - at question **H3** on page 4
- or
- a Continuation Questionnaire - at question **C1** on page 1

**Q1** Copy your person number, as given in **H3** or **C1**, here:

 Person number

### Need help?

-  [www.scotlandscensus.gov.uk](http://www.scotlandscensus.gov.uk)
-  **Helpline 0300 123 1702**
-  **Textphone 18001 0300 123 1703**

### Declaration

I have filled in this questionnaire fully and accurately, as far as I know.

Signature

Date



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## 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 the box like this: 

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

 Use capital letters - one per box
- correct any mistakes like this: 

■								
---	--	--	--	--	--	--	--	--

 or 

S	M	■	I	T	H			
---	---	---	---	---	---	--	--	--
- continue on to the next line (if possible) like this, if a word will not fit on to one line:  

1	3	0		L	A	D	Y	W	E	L	L		C	R	E	S
				C	E	N	T									

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





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**Individual questions continued**

**12** How do you usually travel to your main place of work or study (including school)?

- ◆ Tick one box only.
- ◆ Tick the box for the longest part, by distance, of your usual journey to work or study.

- Driving a car or van
- Passenger in a car or van
- On foot
- Bus, minibus or coach
- Train
- Underground, subway, metro, light rail or tram
- Taxi
- Bicycle
- Motorcycle, scooter or moped
- Other

**13** What religion, religious denomination or body do you belong to?

- ◆ This question is voluntary.

- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in below
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Another religion or body, please write in

**14** What do you feel is your national identity?

- ◆ Tick **ALL** that apply.

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

**15** What is your ethnic group?

- ◆ Choose **ONE** section from A to F, then tick **ONE** box which **best describes** your ethnic group or background.

**A White**

- Scottish
- Other British
- Irish
- Gypsy / Traveller
- Polish
- Other white ethnic group, please write in

**B Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups, please write in

**C Asian, Asian Scottish or Asian British**

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in

**D African**

- African, African Scottish or African British
- Other, please write in

**E Caribbean or Black**

- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in

**F Other ethnic group**

- Arab, Arab Scottish or Arab British
- Other, please write in



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**Individual questions continued**

**16** Which of these can you do?  
 ♦ Tick all that apply.

	English	Scottish Gaelic	Scots
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or  
 None of these

**17** How well can you speak English?  
 Very well    Well    Not well    Not at all

**18** Do you use a language other than English at home?  
 ♦ Tick all that apply.

No, English only  
 Yes, British Sign Language  
 Yes, other - please write in

**19** How is your health in general?  
 Very good    Good    Fair    Bad    Very bad

**20** Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?  
 ♦ Tick all that apply.

Deafness or partial hearing loss  
 Blindness or partial sight loss  
 Learning disability (for example, Down's Syndrome)  
 Learning difficulty (for example, dyslexia)  
 Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)  
 Physical disability  
 Mental health condition  
 Long-term illness, disease or condition  
 Other condition, please write in

or  
 No condition

**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.

Yes, limited a lot  
 Yes, limited a little  
 No

**22** If you are aged 16 or over → **Go to 23**  
 If you are aged 15 or under → **Go to 38**

**23** Which of these qualifications do you have?  
 ♦ Tick all that apply.

O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent  
 SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent  
 GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent  
 GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent  
 HNC, HND, SVQ level 4 or equivalent  
 Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent  
 Professional qualifications (for example, teaching, nursing, accountancy)  
 Other school qualifications not already mentioned (including foreign qualifications)  
 Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)  
 Other Higher Education qualifications not already mentioned (including foreign qualifications)  
 No qualifications

**24** Last week were you:  
 ♦ Tick all that apply.  
 ♦ Include any paid work, including casual or temporary work, even if only for one hour.

working as an employee? → **Go to 30**  
 on a Government sponsored training scheme? → **Go to 30**  
 self-employed or freelance? → **Go to 30**  
 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? → **Go to 30**  
 doing any other kind of paid work? → **Go to 30**  
 none of the above



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**Individual questions continued**

**25** Were you actively looking for any kind of paid work during the last 4 weeks?  
 Yes     No

**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

**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?  
 other

**29** Have you ever worked?  
 Yes, please write in the year you last worked  
 No, have never worked

**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.

**31** In your main job, are (were) you:  
 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.  
 ♦ Do not state your grade or pay band.

**33** Briefly describe what you do (did) in your main job.

**34** Do (did) you supervise any employees?  
 ♦ Supervision involves overseeing the work of other employees on a day-to-day basis.  
 Yes     No

**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

**36** 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 GOVERNMENT.  
 ♦ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.

**37** 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.  
 No organisation, for example, self-employed, freelance, or work (worked) for a private individual.

**38** There are no more questions.  
 ♦ Remember to sign the declaration on page 1.  
 ♦ Post the questionnaire back using the pre-paid envelope provided.





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## EXPLANATORY NOTE

*(This note is not part of the Regulations)*

These Regulations amend the Census (Scotland) Regulations 2010 to correct an omission in the forms to be used for the 2011 census in Scotland. They also clarify the forms and arrangements prescribed for the purposes of those Regulations.