

2010 No. 211

CENSUS

**The Census (Scotland) Regulations
2010**

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



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The Scottish Ministers make the following Regulations in exercise of the powers conferred upon them by section 3(1) of the Census Act 1920(a) 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(b)

“census team leader” means an officer appointed under regulation 4(1)(c);

“census region” means a region designated under regulation 3(2);

“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;

(a) 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.

(b) S.S.I. 2010/187.

“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(a); and
- (b) the Census (Scotland) Amendment Regulations 2000(b).

St Andrew's House,
Edinburgh
24th May 2010

JIM MATHER
Authorised to sign by the Scottish Ministers

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

SCHEDULE 1

Regulation 5

Form of return

<i>(1)</i> <i>Prescribed persons</i>	<i>(2)</i> <i>Title of form</i>
(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.	“Communal Establishment Form”

Forms of Return for 2011 Census

Household Questionnaire ^{HO}



27 March 2011

Official Use

CD: ED: Line Number:

If there is a **mistake** in the printed address, please write your correct address below

Household / Locality:

Street Name:

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. Please include everyone at this address. It shouldn't take long and you can fill it 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.

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
Duncan Macniven
Registrar General for Scotland

Please fill in this questionnaire:

 **online at**
www.scotlandscensus.gov.uk

Enter the Internet Questionnaire Access Code:

You can fill in this questionnaire online in English or Gaelic.

Or

Fill in this paper version and post it back using the pre-paid envelope provided.

Need help?

-  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:

HO (V1.0 14/05/10)

HO 01

Page 1

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 Use capital letters - one per box the box like this:
- correct any mistakes like this: or
- continue on to the next line (if possible) like this:

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.



Household 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?

H3 Starting with the householder(s), list the names of the people counted in question H2, including children and babies.

Person 1	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>

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.

H4 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**

H5 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.



Household questions - accommodation

H6 What type of accommodation is this?

A whole house or bungalow that is:

- detached
- semi-detached
- terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- in a tenement or purpose-built block of flats (including '4-in-a-block')
- part of a converted or shared house (including bed-sits)
- in a commercial building (for example, in an office building, hotel or over a shop)

A mobile or temporary structure:

- a caravan or other mobile or temporary structure

H7 Is this household's accommodation self-contained?

◆ 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

H8 How many rooms are available for use only by this household?

◆ Do NOT count:

- bathrooms
- toilets
- halls or landings
- rooms that can only be used for storage such as cupboards.

◆ Count all other rooms, for example:

- kitchens
- living rooms
- utility rooms
- bedrooms
- studies
- conservatories.

◆ If two rooms have been converted into one, count them as one room.

Number of rooms

H9 What type of central heating does this accommodation have?

◆ If the central heating is available, please tick the box whether or not you use it.

◆ Central heating is a central system that generates heat for multiple rooms.

- No central heating
- Gas
- Electric (including storage heaters)
- Oil
- Solid fuel
- Other central heating, please write in

H10 Does your household own or rent this accommodation?

◆ Tick one box only.

- Owns outright → Go to H12
- 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?

- Council (Local Authority)
- Housing Association / Registered Social Landlord
- Private landlord or letting agency
- Employer of a household member
- Relative or friend of a household member
- Other

H12 In total, how many cars or vans are owned, or are available for use, by members of this household?

◆ Include any company car(s) or van(s) available for private use.

- None
- 1
- 2
- 3
- 4 or more, please write in number



HO 05

Household questions - relationships

H13 How are the members of this household 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).

EXAMPLE

Name of Person 1

**ROBERT
SMITH**

**NAME OF PERSON 1
PLEASE USE THE SAME
ORDER AS QUESTION H3**

Name of Person 2

**MARY
SMITH**

Relationship of Person 2 to Person:

Husband or wife	<input checked="" type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>
Step-child	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>

Name of Person 3

**ALISON
SMITH**

Relationship of Person 3 to Persons:

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 1

**NAME OF PERSON 1
PLEASE USE THE SAME
ORDER AS QUESTION H3**

Name of Person 2

Relationship of Person 2 to Person:

Husband or wife	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>
Step-child	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>
Other relation	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>

Name of Person 3

Relationship of Person 3 to Persons:

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>
Other relation	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>



Name of Person 4

**STEVEN
SMITH**

Relationship of Person 4 to Persons:

	1	2	3
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 5

**JAMES
SMITH**

Relationship of Person 5 to Persons:

	1	2	3	4
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 4

Relationship of Person 4 to Persons:

	1	2	3
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 5

Relationship of Person 5 to Persons:

	1	2	3	4
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HO 07

Person 1 - Individual questions

1 What is your name? (Person 1 at H3 on page 4)

2 What is your sex?

Male Female

3 What is your date of birth?

4 On the 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally married |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |

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

- Yes
- No → Go to 7

6 During term-time, do you live:

- at the address on the front of this questionnaire?
- at another address? → Go to 38

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

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.

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.

- No
- Yes, 1 - 19 hours a week
- 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.

- 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

- Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?

- ◆ 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



Person 1 - 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



Person 1 - 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



Person 1 - 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

→ 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.

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 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.



Person 2 - Individual questions

1 What is your name? (Person 2 at H3 on page 4)

2 What is your sex?

Male Female

3 What is your date of birth?

4 On the 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

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

- Yes
 No → Go to 7

6 During term-time, do you live:

- at the address on the front of this questionnaire?
 at another address? → Go to 38

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

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.

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.

- No
 Yes, 1 - 19 hours a week
 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.

- Same as Person 1
 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

Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?

- Answer for the place where you spend the most time.
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 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



Person 2 - 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



Person 2 - 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

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Very well Well Not well Not at all

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- No, English only
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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
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- 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
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24 Last week were you:

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◆ Include any paid work, including casual or temporary work, even if only for one hour.

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- self-employed or freelance? → Go to **30**
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- 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



Person 2 - 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 → **Go to 30**

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 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.



Person 3 - Individual questions

1 What is your name? (Person 3 at H3 on page 4)

2 What is your sex?

Male Female

3 What is your date of birth?

4 On the 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally married |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

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

- Yes
- No → Go to 7

6 During term-time, do you live:

- at the address on the front of this questionnaire?
- at another address? → Go to 38

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

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.

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.

- No
- Yes, 1 - 19 hours a week
- 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.

- Same as Person 1
- 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

- Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?

- ◆ 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



Person 3 - 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



Person 3 - 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



Person 3 - 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

→ 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.

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 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.



Person 4 - Individual questions

1 What is your name? (Person 4 at H3 on page 4)

2 What is your sex?

Male Female

3 What is your date of birth?

4 On the 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

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

- Yes
- No → Go to 7

6 During term-time, do you live:

- at the address on the front of this questionnaire?
- at another address? → Go to 38

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

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.

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.

- No
- Yes, 1 - 19 hours a week
- 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.

- Same as Person 1
- 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

- Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?

- ◆ 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



Person 4 - 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



Person 4 - 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



Person 4 - 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
 → 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.

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 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.



Person 5 - Individual questions

1 What is your name? (Person 5 at H3 on page 4)

2 What is your sex?

Male Female

3 What is your date of birth?

4 On the 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally married |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |

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

- Yes
 No → Go to 7

6 During term-time, do you live:

- at the address on the front of this questionnaire?
 at another address? → Go to 38

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

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.

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.

- No
 Yes, 1 - 19 hours a week
 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.

- Same as Person 1
 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

- Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?

- 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



Person 5 - 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



Person 5 - 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**

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23 Which of these qualifications do you have?

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- 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
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- 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



Person 5 - 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

→ 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.

31 In your main job, are (were) you:

an employee?

self-employed or freelance without employees?

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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.

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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 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.



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

V1 What is this person's name?

First name
Last name

V2 What is this person's sex?

Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

House number or name
Street
Postcode

Outside the UK, please write in country

Country

Person B

V1 What is this person's name?

First name
Last name

V2 What is this person's sex?

Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

Same address as Person A

House number or name
Street
Postcode

Outside the UK, please write in country

Country

Person C

V1 What is this person's name?

First name
Last name

V2 What is this person's sex?

Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

Same address as Person A

House number or name
Street
Postcode

Outside the UK, please write in country

Country





**Scotland's
Census 2011**
Shaping our future

27 March 2011

Official Use CO ED Line Number

If there is a **mistake** in the printed address, please write the correct address below

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.

Duncan Macniven
Registrar General for Scotland

Need help?



www.scotlandscensus.gov.uk



Helpline 0300 123 1702



Textphone 18001 0300 123 1703

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.

Number of questionnaires issued

Number of questionnaires collected

Number of 'visitors'

Declaration

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

Signature

Date



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?

◆ Tick one box only.

Medical and care

- General hospital
- Psychiatric hospital / psychiatric home
- Other hospital
- Care home without nursing
- Care home with nursing
- Sheltered housing
- Children's home (including secure units)
- Other medical and care establishment

Education

- School
- Halls of residence / student accommodation
- Other educational establishment

Armed Forces

- Armed Forces base (including ships)
- Other Armed Forces establishment

Detention

- Prison or Young Offenders' Institution
- Immigration Removal Centre
- Other detention establishment

Travel

- Hotel, guest house, B&B, youth hostel
- Leisure / holiday establishment
- Other travel establishment

Hostel or shelter

- Hostel or shelter for the homeless
- Other hostel or shelter establishment

Other

- Religious establishment
- Staff / worker accommodation only
- Other establishment

2 Which groups does this establishment cater for?

◆ Tick all that apply.

- Physical disability
- Learning disability
- Psychiatric illness
- Terminal illness
- Chronic illness care
- Acute illness care
- Respite, convalescent or post-operative care
- Substance misuse
- Older people
- School children
- University / college students
- Armed Forces personnel
- Prisoners / offenders
- Asylum seekers
- Paying guests
- Homeless people
- Nurses / doctors
- Seasonal / temporary workers
- Staff
- Other

3 Who is responsible for the management of this establishment?

◆ Tick one box only.

- NHS
- Local Authority
- Government department / agency
- Housing Association / Registered Social Landlord
- Charity / voluntary organisation
- Private owner(s) / company
- Other

Enumerator use only

- Persons sleeping rough





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Why the census matters

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Please fill in this questionnaire on, or around, Sunday 27 March. It shouldn't take long.

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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.

Start here

If you are filling in this questionnaire for **someone else**, please make sure that you record answers for them at:

- question **R1** below and
- questions **1** to **38** on pages 3 to 6

R1 Do you stay here because you are:

- a resident (for example, patient, student, member of Armed Forces, inmate)?
- a member of staff or the owner?
- a family member / partner of a member of staff or the owner?

Need help?

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.



Important guidance - before you start

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: Use capital letters - one per box
- correct any mistakes like this: or
- continue on to the next line (if possible) like this, if a word will not fit on to one line:

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



Individual questions

1 What is your name?

2 What is your sex?

Male Female

3 What is your date of birth?

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	In a registered same-sex civil partnership
Married	Separated, but still legally in a same-sex civil partnership
Separated, but still legally married	Formerly in a same-sex civil partnership which is now legally dissolved
Divorced	Surviving partner from a same-sex civil partnership
Widowed	

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

Yes
No → Go to 7

6 During term-time, do you live:
at the address on the front of this questionnaire?
at another address? → Go to 38

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

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.

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.

No
Yes, 1 - 19 hours a week
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.

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

Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?

- ◆ 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



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



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



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

→ 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.

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.

◆ 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.





**Scotland's
Census 2011**
Shaping our future

27 March 2011

Official Use CD ED Line Number

This section to be filled in by the
Census Enumerator

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

Helpline 0300 123 1702

Textphone 18001 0300 123 1703

Declaration

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



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

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

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

S	M	■	I	T	H
---	---	---	---	---	---

 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.



Individual questions

1 What is your name?

2 What is your sex?

Male Female

3 What is your date of birth?

/ /

4 On the 27 March 2011, what is your legal marital or same-sex civil partnership status?

- | | |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated, but still legally married |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Surviving partner from a same-sex civil partnership |
| <input type="checkbox"/> Widowed | |

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

- Yes
 No → Go to 7

6 During term-time, do you live:

- at the address on the front of this questionnaire?
 at another address? → Go to 38

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

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.

/

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.

- No
 Yes, 1 - 19 hours a week
 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.

- 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

Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?

- 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



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



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



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.

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