


SCHEDULE

Regulation 2(6)

Individual Household Form of Return for 2011 Census

Individual Questionnaire ^{HI}



27 March 2011

Official Use CD ED Line Number

House name / number

Street / Town / City

Postcode

This section to be filled in by the Census Enumerator

Why the census matters

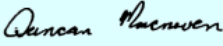
The census is the official count of every person and household in Scotland. It is held every 10 years and helps to plan our future public services.

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.

Signature

Date



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Important guidance - before you start

What you have to do

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

How to fill in this questionnaire

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

Please:

- use black or blue ink
- tick your answers **within** the box like this:
- print your answers, in English, within the box like this:

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

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

■							
---	--	--	--	--	--	--	--

 or

S	M	■	I	T	H		
---	---	---	---	---	---	--	--
- continue on to the next line (if possible) like this:

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

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



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Individual questions continued

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

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

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

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

- ◆ This question is voluntary.

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

14 What do you feel is your national identity?

- ◆ Tick **ALL** that apply.

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

15 What is your ethnic group?

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

A White

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

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

C Asian, Asian Scottish or Asian British

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

D African

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

E Caribbean or Black

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

F Other ethnic group

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



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Individual questions continued

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

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

or
 None of these

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

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

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

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

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

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

or
 No condition

21 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
 ♦ Include problems related to old age.

Yes, limited a lot
 Yes, limited a little
 No

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

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

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

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

working as an employee? → Go to 30
 on a Government sponsored training scheme? → Go to 30
 self-employed or freelance? → Go to 30
 working paid or unpaid for your own or your family's business? → Go to 30
 away from work ill, on maternity leave, on holiday or temporarily laid off? → Go to 30
 doing any other kind of paid work? → Go to 30
 none of the above



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Individual questions continued

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

26 If a job had been available last week, could you have started it within 2 weeks?
 Yes No

27 Last week, were you waiting to start a job already obtained?
 Yes No

28 Last week were you:
 ♦ Tick all that apply.
 retired (whether receiving a pension or not)?
 a student?
 looking after home or family?
 long-term sick or disabled?
 other

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

30 Answer the remaining questions for your main job or, if not working, your last main job.
 ♦ Your main job is the job in which you usually work (worked) the most hours.

31 In your main job, are (were) you:
 an employee?
 self-employed or freelance without employees?
 self-employed with employees?

32 What is (was) your full and specific job title?
 ♦ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.
 ♦ Do not state your grade or pay band.

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

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

35 How many hours (to the nearest full hour) a week do (did) you usually work in your main job?
 ♦ Include paid and unpaid overtime.
 Number of hours worked in a typical week

36 At your workplace, what is (was) the main activity of your employer or business?
 ♦ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.
 ♦ If you are (were) a civil servant, please write GOVERNMENT.
 ♦ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.

37 In your main job, what is (was) the name of the organisation you work (worked) for?
 ♦ If you are (were) self-employed in your own organisation, please write in the business name.
 No organisation, for example, self-employed, freelance, or work (worked) for a private individual.

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

