
SCOTTISH STATUTORY INSTRUMENTS

2020 No. 143

CENSUS

The Census (Scotland) Regulations 2020

<i>Made</i>	- - - -	<i>5th May 2020</i>
<i>Laid before the Scottish Parliament</i>	- - - -	<i>7th May 2020</i>
<i>Coming into force</i>	- -	<i>16th June 2020</i>

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

Citation, commencement and extent

1.—(1) These Regulations may be cited as the Census (Scotland) Regulations 2020 and come into force on 16 June 2020.

(2) They extend to Scotland only.

Interpretation

2.—(1) In these Regulations—

“the Census Order” means the Census (Scotland) Order 2020(2),

“the Registrar General” means the Registrar General of Births, Deaths and Marriages for Scotland.

Methods of making a return

3.—(1) A return mentioned in article 5(1) or (2) of the Census Order is to be made by submitting—

- (a) an A1 submission,
- (b) an A2 submission, or
- (c) an A3 submission.

(2) A return mentioned in article 5(9) or (11) of the Census Order is to be made by submitting—

(1) 1920 c.41. Section 3(1) is relevantly amended by the Statute Law (Repeals) Act 1993 (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).
(2) S.S.I. 2020/76.

- (a) an A1 submission or an A3 submission, each as modified by paragraph (3), or
 - (b) an A2 submission as modified by paragraph (4).
- (3) In the case of an A1 submission or an A3 submission those modifications are that—
- (a) in column (1) of the thirteenth row of the table set out in schedule 1 (electronic questionnaire – household questions) the words “only this household can use” are to be read as “is only for use with this accommodation”,
 - (b) in column (1) of the fourteenth row of the table set out in schedule 1 the words “only by this household” are to be read as “in this accommodation”.
- (4) In the case of an A2 submission those modifications are that—
- (a) in the section titled “Declaration” on the first page of the questionnaire the word “Signature(s)” is to be read as “Sign and print full name”,
 - (b) the questionnaire is to be read as if questions H1, H2, H6, H11 to H15, and “individual questions – person 1” to “individual questions – person 5” were omitted,
 - (c) in question H8 of the questionnaire the words “only this household can use” are to be read as “is only for use with this accommodation”,
 - (d) in question H9 of the questionnaire the words “only by this household” are to be read as “in this accommodation”.
- (5) In paragraph (4) “the questionnaire” means the questionnaire set out in schedule 5 (paper household questionnaire).
- (6) A return mentioned in article 5(5)(b) of the Census Order is to be made by submitting—
- (a) a B1 submission,
 - (b) a B2 submission, or
 - (c) a B3 submission.
- (7) A return mentioned in article 5(6) of the Census Order is to be made by submitting—
- (a) a C1 submission,
 - (b) a C2 submission, or
 - (c) a C3 submission.
- (8) A return mentioned in article 5(7) or (8) of the Census Order is to be made by submitting—
- (a) a D1 submission,
 - (b) a D2 submission, or
 - (c) a D3 submission.
- (9) But sub-paragraphs (a) and (c) of paragraph (8) do not apply in relation to a person in Group V (within the meaning of the Census Order).
- (10) A person submitting an A1 submission, an A3 submission, a B1 submission, a B3 submission, a C1 submission, a C3 submission, a D1 submission, or a D3 submission in accordance with this regulation must comply with the instructions in column (2) of the table set out in (as the case may be) schedule 1, 2, 3, or 4.
- (11) A person submitting an A2 submission, a B2 submission, a C2 submission, or a D2 submission in accordance with this regulation must comply with the instructions contained in the questionnaire set out in (as the case may be) schedule 5, 6, 7, or 8.
- (12) A submission is submitted in accordance with this regulation, and the requirement to make a return under the Census Order is discharged, when the submission—
- (a) states the particulars required by article 6 of the Census Order,

- (b) records the declaration of the person making the return as to the accuracy of the return, and
- (c) is received by the Registrar General.

(13) A submission under any of paragraphs (1), (2), and (6) to (8) must be submitted to the Registrar General by 2 May 2021 or as soon thereafter as is reasonably practicable.

(14) For the purpose of making it easier for a person submitting an A1 submission, an A3 submission, a B1 submission, a B3 submission, a C1 submission, a C3 submission, a D1 submission, or a D3 submission to understand the questions, instructions, and response options contained in the table set out in (as the case may be) schedule 1, 2, 3, or 4, the Registrar General may do either or both of the following—

- (a) modify any of the questions, instructions, and response options set out in schedule 1, 2, 3, or 4,
- (b) translate the questions, instructions and response options set out in schedule 1, 2, 3, or 4.

(15) The Registrar General may modify a questionnaire set out in (as the case may be) schedule 5, 6, 7, or 8 for the purpose of making it easier for a person submitting an A2 submission, a B2 submission, a C2 submission, or a D2 submission to understand or use that questionnaire.

(16) In this regulation—

“A1 submission”, means a submission made using an electronic system provided by the Registrar General responding to the relevant questions, instructions, and response options set out in schedule 1 and schedule 2 (electronic questionnaire – household individual questions),

“A2 submission” means a submission made using the questionnaire set out in schedule 5 and, if relevant, a continuation questionnaire, and returned to the Registrar General using a pre-paid, pre-addressed envelope provided by the Registrar General,

“A3 submission” means a submission made by telephone by providing responses to a telephone operator to the relevant questions, instructions, and response options set out in schedule 1 and schedule 2,

“B1 submission”, means a submission made using an electronic system provided by the Registrar General, responding to the relevant questions, instructions, and response options set out in schedule 2,

“B2 submission” means a submission made using the questionnaire set out in schedule 6 (paper household individual questionnaire) and returned to the Registrar General using a pre-paid, pre-addressed envelope provided by the Registrar General,

“B3 submission” means a submission made by telephone by providing responses to a telephone operator to the relevant questions, instructions, and response options set out in schedule 2,

“C1 submission” means a submission made using an electronic system provided by the Registrar General, responding to the questions, instructions, and response options set out in schedule 3 (electronic questionnaire - communal establishment),

“C2 submission” means a submission made using the questionnaire set out in schedule 7 (paper communal establishment questionnaire),

“C3 submission” means a submission made by telephone by providing responses to a telephone operator to the questions, instructions, and response options set out in the table in schedule 3,

“continuation questionnaire” means a booklet provided by the Registrar General to enable a return mentioned in article 5(2) of the Census Order to be made with respect to more than five persons in Group I (within the meaning of the Census Order),

“D1 submission”, means a submission made using an electronic system provided by the Registrar General, responding to the relevant questions, instructions, and response options set out in schedule 4 (electronic questionnaire - communal establishment - individual questions),

“D2 submission” means a submission made using the questionnaire set out in schedule 8 (paper communal establishment individual questionnaire),

“D3 submission” means a submission made by telephone by providing responses to a telephone operator to the relevant questions, instructions, and response options set out in the table in schedule 4,

“relevant questions, instructions and response options” in relation to a numbered schedule means the questions in column (1) of the table in that schedule to which a person making a return is required to respond so as to state the particulars required by article 6 of the Census Order, together with the corresponding instructions in column (2) and response options in column (3) of that table,

“telephone operator” means a person employed for the purposes of the census directed to be taken by the Census Order to, among other things, record, in an electronic system provided by the Registrar General, the responses of a person making an A3 submission, a B3 submission, a C3 submission or a D3 submission.

Duties on persons in charge of communal establishments

4.—(1) This regulation applies where a person (“P”) is required to make a return under article 5(6) of the Census Order and has received access codes or paper questionnaires from the Registrar General in respect of returns to be made under article 5(7) of the Census Order.

(2) P must issue an access code or paper questionnaire to every person within the premises required to make a return by article 5(7) of the Census Order.

(3) Paragraph (2) does not apply in respect of any person who appears to P to be—

- (a) aged under 16 years, or
- (b) for any other reason, incapable of making a return.

(4) Where P has issued paper questionnaires under paragraph (2), P must collect the completed questionnaires and deliver them to the Registrar General by 2 May 2021 or as soon thereafter as is reasonably practicable.

(5) In this regulation—

“access code” means a code provided by the Registrar General for use by a person required to make a return under article 5(7) of the Census Order, other than a person within Group V (within the meaning of the Census Order), to access the electronic system provided by the Registrar General containing the questions, instructions, and response options set out in schedule 4,

“completed questionnaire” means a paper questionnaire which states the particulars required to be specified by article 6(1) and (5) of the Census Order in respect of the person making the return,

“paper questionnaire” means the questionnaire set out in schedule 8.

Giving of information

5.—(1) Where a person (“A”) is required by article 5(2), (6), (7), (8), (9), or (11) of the Census Order to make a return in respect of another person (“B”), B must give to A such information as A may reasonably require to make that return.

(2) But A may not require B to give information with respect to B’s age or sex for the purposes of A stating the particulars specified in paragraph 2 of schedule 3 of the Census Order in a return mentioned in article 5(6) of the Census Order.

Misuse of information

6. A person to whom information is given pursuant to the Census Order or these Regulations must not, other than for the purposes of the Census Act 1920, the Census Order, or these Regulations—

- (a) use that information,
- (b) publish it, or
- (c) communicate it to any other person.

Revocation

7. The following instruments are revoked—

- (a) the Census (Scotland) Regulations 2010(3), and
- (b) the Census (Scotland) Amendment Regulations 2010(4).

St Andrew's House,
Edinburgh
5th May 2020

KATE FORBES
A member of the Scottish Government

(3) S.S.I. 2010/211 as amended by S.S.I. 2010/215.

(4) S.S.I. 2010/215.

Status: This is the original version (as it was originally made).

SCHEDULE 1

Regulation 3(16)

Electronic Questionnaire - Household Questions

(1) Question	(2) Instruction for respondent	(3) Response options
What is your name?	The respondent is required to state their first and last names in the boxes provided.	
Do you usually live at [address]?	The respondent is required to select one option only.	<input type="checkbox"/> Yes, this is my permanent or family home <input type="checkbox"/> No, I don't usually live here
Does anyone usually live at [address]?	The respondent is required to include: <ul style="list-style-type: none"> ✓ Family members including partners, children and babies born on or before 21 March 2021. ✓ Students and/or schoolchildren who live away from home during term-time. ✓ Housemates/flatmates or lodgers. ✓ 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. The respondent is required to select one option only.	<input type="checkbox"/> Yes <input type="checkbox"/> No, no-one counts this address as their permanent or family home
Does anyone else usually live at [address]?	The respondent is required to include: <ul style="list-style-type: none"> ✓ Family members including partners, children and babies born on or before 21 March 2021. ✓ Students and/or schoolchildren who live away from home during term-time. 	<input type="checkbox"/> Yes, I need to add someone else <input type="checkbox"/> No, there is no-one else living here

	<ul style="list-style-type: none"> ✓ Housemates/flatmates or lodgers. ✓ 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. <p>The respondent is required to select one option only.</p>	
Who do you need to add to [address]?	The respondent can add the first and last names of any other individuals who usually live at the address here.	
Does anyone else usually live at [address] who is temporarily away?	<p>The respondent is not required to add anyone who is temporarily away if they are listed under this question.</p> <p>The respondent is required to include:</p> <ul style="list-style-type: none"> ✓ 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 temporarily away from home on the night of 21 March 2021. <p>The respondent is required to select one option only.</p>	<input type="checkbox"/> Yes, I need to add someone else <input type="checkbox"/> No, there is no-one else living here
Who do you need to add to [address] who is temporarily away?	The respondent can add the first and last names of anyone who usually lives at the address but who are temporarily away here.	

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<p>Is there anyone staying at [address] on the night of 21 March 2021 whose permanent or family home is elsewhere?</p>	<p>The respondent is required to include:</p> <ul style="list-style-type: none"> ✓ 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. <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes, I need to add someone else</p> <p><input type="checkbox"/> No, there is no-one else staying here on the night of 21 March 2021</p>
<p>Who is staying on the night of 21 March 2021 at [address] whose permanent or family home is elsewhere?</p>	<p>The respondent can add the first and last names of anyone whose permanent or family home is elsewhere but who is staying at the address on the night of 21 March 2021 here.</p>	
<p>What are [person A's] relationships to the following people?</p>	<p>The respondent is required to select an option for each relationship.</p>	<p>Person A is—</p> <ul style="list-style-type: none"> ● the husband or wife of, ● the registered civil partner of, ● the partner of, ● the son or daughter of, ● a step-child of, ● brother or sister to, ● step-brother or step-sister to, ● mother or father of, ● step-mother or step-father of, ● the grandchild of, ● the grandparent of, ● another relation to (including in-laws), ● unrelated to (including foster child) <p>Person B</p>

<p>What type of accommodation is this?</p>	<p>The respondent is required to select one option only.</p>	<p>A whole house or bungalow that is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> detached <input type="checkbox"/> semi-detached <input type="checkbox"/> terraced (including end-terrace) <p>A flat, maisonette, or apartment that is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> in a tenement or purpose built block of flats (including '4-in-a-block') <input type="checkbox"/> part of a converted or shared house (including bed-sits) <input type="checkbox"/> in a commercial building (for example, in an office building, hotel or over a shop) <p>A mobile or temporary structure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a caravan or other mobile or temporary structure
<p>Are all the rooms in this accommodation behind a door that only this household can use?</p>	<p>The respondent is required to select one option only.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>How many bedrooms are available for use only by this household?</p>	<p>The respondent is required to include all rooms built or converted for use as bedrooms.</p>	
<p>What type of central heating does this accommodation have?</p>	<p>Central heating is a central system that generates heat for multiple rooms.</p> <p>If central heating is available, the respondent should select the option whether they use it or not.</p> <p>The respondent is required to select all options that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No central heating or <input type="checkbox"/> Mains Gas <input type="checkbox"/> Other gas (including liquid petroleum gas and biogas) <input type="checkbox"/> Electric (including storage heating) <input type="checkbox"/> Oil <input type="checkbox"/> Solid fuel (excluding wood)

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		<input type="checkbox"/> Wood or biomass (logs, pellets, chippings) <input type="checkbox"/> Other renewable energy source (including electric and air heat pump systems) <input type="checkbox"/> District or communal heat system <input type="checkbox"/> Other
Does your household own or rent this accommodation?	The respondent is required to select one option only.	<input type="checkbox"/> Owns with a mortgage or loan <input type="checkbox"/> Owns outright <input type="checkbox"/> Owns with shared equity (for example, LIFT, Help-to-Buy) <input type="checkbox"/> Rents (with or without housing benefit) <input type="checkbox"/> Part owns and part rents (shared ownership) <input type="checkbox"/> Lives here rent free
Who is your landlord?	The respondent is required to select one option only.	<input type="checkbox"/> Council (Local Authority) or Housing Association / Registered Social Landlord <input type="checkbox"/> Private landlord or letting agency <input type="checkbox"/> Other
In total, how many cars or vans are owned, or are available for use, by members of this household?	<p>The respondent is required to include any company car(s) or van(s) available for private use.</p> <p>The respondent is required to select one option only.</p> <p>If the respondent selects "4 or more" they may enter the number in the box provided.</p>	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
What is [visitor A]'s date of birth?	The respondent is required to use the format DD MM YYYY in the boxes provided.	
What is [visitor A]'s sex?	The respondent is required to select one option only.	<input type="checkbox"/> Female <input type="checkbox"/> Male
What is [visitor A]'s usual UK address?	<p>The respondent is required to select one option only.</p> <p>If [visitor A] has an address in the UK, the respondent should provide the address.</p> <p>If [visitor A] lives outside the UK, the respondent should provide the country in which [visitor A] usually lives.</p>	<input type="checkbox"/> An address in the UK <input type="checkbox"/> Outside the UK

SCHEDULE 2

Regulation 3(16)

Electronic Questionnaire – Household Individual Questions

(1) Question	(2) Instruction for respondent	(3)
What is your date of birth?	The respondent is required to use the format DD MM YYYY in the boxes provided.	
What is your sex?	<p>The respondent is required to select one option only.</p> <p>A voluntary question about trans status or history will follow if the respondent is aged 16 or over.</p>	<input type="checkbox"/> Female <input type="checkbox"/> Male
Do you consider yourself to be trans, or have a trans history?	<p>This question is voluntary.</p> <p>Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects “yes” to this question they may type how they describe their trans status in the box provided, for example, non-binary, trans man, trans woman.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman)

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<p>On 21 March 2021, what is your legal marital or registered civil partnership status?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Never married and never registered in a civil partnership</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a civil partnership</p>
<p>Are you a schoolchild or student in full-time education?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>During term-time, do you live at [address]?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, during term-time I live at another address</p>
<p>Which of the following best describes your sexual orientation?</p>	<p>This question is voluntary.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects "Other sexual orientation" they may type how they describe their sexual orientation in the box provided.</p>	<p><input type="checkbox"/> Straight or Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation</p>

<p>What is your country of birth?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects “Elsewhere” they are required to provide the name of their country of birth in the box provided.</p>	<p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere</p>
<p>If you were not born in the United Kingdom, when did you most recently arrive to live here?</p>	<p>The respondent is not required to count short visits away from the UK.</p> <p>The respondent is required to use the format MM YYYY in the boxes provided.</p>	
<p>One year ago, what was your usual address?</p>	<p>If the respondent had no usual address one year ago, they are required to enter the address where they were staying on 21 March 2020 in the box provided.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> [Address]</p> <p><input type="checkbox"/> Student term-time / boarding school address in the UK</p> <p><input type="checkbox"/> Another address in the UK</p> <p><input type="checkbox"/> Outside the UK</p>
<p>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:</p> <ul style="list-style-type: none"> ● long term physical / mental ill-health / disability; or ● problems related to old age? 	<p>The respondent is not required to count anything they do as part of their paid employment.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>

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<p>How well can you understand, speak, read and write English?</p>	<p>The respondent is required to select one option for each.</p>	<p>I understand spoken English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I speak English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I read English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I write English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all
<p>Can you understand, speak, read and write Scottish Gaelic?</p>	<p>The respondent is required to select all options that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Understand spoken Scottish Gaelic <input type="checkbox"/> Speak Scottish Gaelic <input type="checkbox"/> Read Scottish Gaelic <input type="checkbox"/> Write Scottish Gaelic or <input type="checkbox"/> No skills in Scottish Gaelic
<p>Can you understand, speak, read and write Scots?</p>	<p>The respondent is required to select all options that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Understand spoken Scots <input type="checkbox"/> Speak Scots <input type="checkbox"/> Read Scots <input type="checkbox"/> Write Scots or <input type="checkbox"/> No skills in Scots
<p>Can you use British Sign Language (BSL)?</p>	<p>The respondent is required to select one option only.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>What is your main language?</p>	<p>The respondent is required to select one option only.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Other (including BSL and Tactile BSL)
<p>How is your health in general?</p>	<p>The respondent is required to select one option only.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very bad

<p>Do you have any of the following, which have lasted, or are expected to last, at least 12 months?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects "Other condition" they may enter their condition in the box provided.</p>	<p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> Full or partial loss of voice or difficulty speaking: a condition that requires you to use equipment to speak</p> <p><input type="checkbox"/> Learning disability: a condition that you have had since childhood that affects the way you learn, understand information and communicate</p> <p><input type="checkbox"/> Learning difficulty: a specific learning condition that affects the way you learn and process information</p> <p><input type="checkbox"/> Developmental disorder: a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language</p> <p><input type="checkbox"/> Physical disability: a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying</p> <p><input type="checkbox"/> Mental health condition: a condition that affects your emotional, physical and mental wellbeing</p> <p><input type="checkbox"/> Long-term illness, disease or condition: a condition, not listed above, that you may have for life, which may be managed with treatment or medication</p> <p><input type="checkbox"/> Other condition</p> <p>or</p> <p><input type="checkbox"/> No condition</p>
<p>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?</p>	<p>The respondent is required to include problems related to old age.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes, limited a lot</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> No</p>

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<p>What passports do you hold?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects "Other" they are required to enter their first passport and, if applicable, their second passport in the boxes provided.</p>	<p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>What religion, religious denomination or body do you belong to?</p>	<p>This question is voluntary.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects "Other Christian" they may enter their other Christian religion, religious denomination or body in the box provided.</p> <p>If the respondent selects "Muslim" they may enter their Muslim denomination or school in the box provided.</p> <p>If the respondent selects "Another religion or body" they may enter their religion, religious denomination or body in the box provided.</p>	<p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Pagan</p> <p><input type="checkbox"/> Another religion or body</p>
<p>What do you feel is your national identity?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects "Other" they are required to enter their national identity in the box provided.</p>	<p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> British</p>

		<input type="checkbox"/> Other
<p>What is your ethnic group?</p>	<p>The respondent is required to select one option only.</p> <p>The next question asks the respondent about their ethnic group in more detail.</p>	<input type="checkbox"/> White (including Gypsy, Traveller, Roma, Showman / Showwoman) <input type="checkbox"/> Mixed or multiple ethnic groups (including any mixed or multiple ethnic groups) <input type="checkbox"/> Asian, Scottish Asian or British Asian (including any Asian ethnic group) <input type="checkbox"/> African, Scottish African or British African (including any African ethnic group) <input type="checkbox"/> Caribbean or Black (including Scottish Caribbean, Black Scottish) <input type="checkbox"/> Other ethnic group (any other ethnic group, including Arab, Sikh, Jewish)
<p>Which one best describes your white ethnic group or background?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects “Other” they are required to enter their other white ethnic group in the box provided.</p>	<input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Gypsy / Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Showman / Showwoman <input type="checkbox"/> Other white ethnic group
<p>What are your mixed or multiple ethnic groups?</p>	<p>The respondent is required to provide their ethnic groups.</p>	
<p>Which one best describes your Asian, Scottish Asian or British Asian ethnic group or background?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects “Other” they are required to enter their other Asian ethnic group in the box provided.</p>	<input type="checkbox"/> Pakistani, Scottish Pakistani or British Pakistani <input type="checkbox"/> Indian, Scottish Indian or British Indian <input type="checkbox"/> Bangladeshi, Scottish <input type="checkbox"/> Bangladeshi or British Bangladeshi <input type="checkbox"/> Chinese, Scottish Chinese or British Chinese <input type="checkbox"/> Other
<p>What is your African, Scottish African or British African ethnic group or background?</p>	<p>The respondent is required to enter their African ethnic group or background (for example, “Nigerian”, “Somali”) in the box provided.</p>	

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<p>What is your Caribbean or Black ethnic group or background?</p>	<p>The respondent is required to enter their Caribbean or Black ethnic group or background (for example, “Scottish Caribbean”, “Black Scottish”) in the box provided.</p>	
<p>Which one best describes your other ethnic group or background?</p>	<p>The respondent is required to select one option only. If the respondent selects “Other” they are required to enter their other ethnic group (for example, “Sikh”, “Jewish”) in the box provided.</p>	<p><input type="checkbox"/> Arab, Scottish Arab or British Arab <input type="checkbox"/> Other (for example, “Sikh”, “Jewish”)</p>
<p>Which of these school (secondary or high school) qualifications do you have?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE, or equivalent <input type="checkbox"/> Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent <input type="checkbox"/> Other school qualifications not already mentioned (including foreign qualifications) or <input type="checkbox"/> No school qualifications</p>
<p>Have you completed a Registered Apprenticeship?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> No or <input type="checkbox"/> Yes, trade or equivalent <input type="checkbox"/> Yes, Foundation or equivalent <input type="checkbox"/> Yes, Modern or equivalent <input type="checkbox"/> Yes, Graduate or equivalent</p>
<p>Which of these Further Education, Higher Education or professional qualifications do you have?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent <input type="checkbox"/> GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent <input type="checkbox"/> HNC, HND, SVQ level 4 or equivalent</p>

		<input type="checkbox"/> Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications) <input type="checkbox"/> Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent <input type="checkbox"/> Professional qualifications (for example, teaching, nursing, accountancy) <input type="checkbox"/> Other Higher Education qualifications not already mentioned (including foreign qualifications) or <input type="checkbox"/> No Further Education, Higher Education, or professional qualifications
Have you previously served in the UK Armed Forces?	<p>If the respondent is a current serving member they should only select 'No'.</p> <p>The respondent is required to select all options that apply.</p>	<input type="checkbox"/> No or <input type="checkbox"/> Yes, previously served in Regular Armed Forces <input type="checkbox"/> Yes, previously served in Reserve Armed Forces
In the last seven days, were you doing any of the following?	<p>The respondent is required to include casual or temporary work, even if only for one hour.</p> <p>The respondent is required to select all options that apply.</p>	<input type="checkbox"/> Working as an employee <input type="checkbox"/> Self-employed or freelance <input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off <input type="checkbox"/> On maternity or paternity leave <input type="checkbox"/> Doing any other kind of paid work or <input type="checkbox"/> None of the above
Which of the following describes what you were doing in the last seven days?	The respondent is required to select all options that apply.	<input type="checkbox"/> Retired (whether receiving a pension or not) <input type="checkbox"/> Studying <input type="checkbox"/> Looking after home or family <input type="checkbox"/> Long-term sick or disabled <input type="checkbox"/> Other
In the last four weeks, were you actively looking for any kind of paid work?	The respondent is required to select one option only.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a job became available now, could you start it within two weeks?	The respondent is required to select one option only.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>In the last seven days, were you waiting to start a job already accepted?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever done any paid work?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes, in the last 12 months <input type="checkbox"/> Yes, but not in the last 12 months <input type="checkbox"/> No, have never worked</p>
<p>In your main job, what is (was) your employment status?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Employee <input type="checkbox"/> Self-employed or freelance without employees <input type="checkbox"/> Self-employed with employees</p>
<p>What is (was) the name of the organisation or business you work (worked) for?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>If the respondent is (was) self-employed in their own business, they are required to provide the business name.</p>	<p><input type="checkbox"/> or <input type="checkbox"/> No organisation or work (worked) for a private individual</p>

<p>What is (was) your full job title?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent’s main job is the job in which they usually work (worked) the most hours.</p> <p>For example, “Retail Assistant”, “Office Cleaner”, “District Nurse”, “Primary School Teacher”.</p> <p>The respondent is not required to state their grade or pay band</p>	
<p>Briefly describe what you do (did) in your main job.</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent’s main job is the job in which they usually work (worked) the most hours.</p>	
<p>What is (was) the main activity of your organisation, business or freelance work?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent’s main job is the job in which they usually work (worked) the most hours.</p>	

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	<p>For example, “Armed Forces”, “Women's Clothing Retailer”, “Hospital”, “Primary Education”, “Fish Wholesaler”</p> <p>If the respondent is (was) a civil servant, they are required to write “Government” and give the name of their department. For example, “Marine Scotland”.</p> <p>If the respondent is (was) a local government officer, they are required to write “Local Government” and give the name of their department. For example, “Social Services”, “Transport Department”.</p>	
<p>Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent’s main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

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<p>In your main job, how many hours a week do (did) you usually work?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to include paid and unpaid overtime</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> 0 to 15</p> <p><input type="checkbox"/> 16 to 30</p> <p><input type="checkbox"/> 31 to 48</p> <p><input type="checkbox"/> 49 or more</p>
<p>Which do you spend more time doing?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Studying</p>
<p>Which do you spend more time doing?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Neither, I don't work or study</p>
<p>What address do you travel to for your main job?</p>	<p>If the respondent reports to a depot, they are required to provide the depot address</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Work mainly at, or from, [address]</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> Work on an offshore installation</p> <p><input type="checkbox"/> Another address</p> <p><input type="checkbox"/> Work outside the UK</p>

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<p>What address do you travel to for your course of study (including school)?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Distance learning, home schooled or equivalent</p> <p><input type="checkbox"/> Another address</p> <p><input type="checkbox"/> Work outside the UK</p>
<p>How do you usually travel to your main job?</p>	<p>The respondent is required to answer for their usual travel to the place where they spend the most time.</p> <p>The respondent is required to select the option for the longest part of their journey by distance.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi or private hire</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Underground, subway, or tram</p> <p><input type="checkbox"/> Other</p>
<p>How do you usually travel to your course of study (including school)?</p>	<p>The respondent is required to answer for their usual travel to the place where they spend the most time.</p> <p>The respondent is required to select the option for the longest part of their journey by distance.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi or private hire</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Underground, subway, or tram</p> <p><input type="checkbox"/> Other</p>

SCHEDULE 3

Regulation 3(16)

Electronic Questionnaire – Communal Establishment

(1) Question	(2) Instruction for respondent	(3) Response options
Identify all usual residents and visitors to your establishment	The respondent is required to enter the number of usual residents and the number of visitors in the boxes provided.	
What is the nature of this establishment?	The respondent is required to select one option only.	<input type="checkbox"/> Medical and care (including care homes, children's homes or hospitals) <input type="checkbox"/> Education (including halls of residence / student accommodation or schools) <input type="checkbox"/> Armed Forces (Defence establishment, including ships) <input type="checkbox"/> Detention (including prisons) <input type="checkbox"/> Travel (including hotels, B&B's, youth hostels or other travel establishments) <input type="checkbox"/> Hostel or shelter (including shelters for the homeless) <input type="checkbox"/> Other (including religious establishments or staff / worker accommodation)
What is the nature of this medical or care establishment?	The respondent is required to select one option only.	<input type="checkbox"/> General hospital <input type="checkbox"/> Mental health hospital (including inpatient units) <input type="checkbox"/> Other hospital <input type="checkbox"/> Care home without nursing <input type="checkbox"/> Care home with nursing <input type="checkbox"/> Children's home <input type="checkbox"/> Other medical and care establishment
What is the nature of this education establishment?	The respondent is required to select one option only.	<input type="checkbox"/> School <input type="checkbox"/> Halls of residence / student accommodation <input type="checkbox"/> Other educational establishment
What is the nature of this detention establishment?	The respondent is required to select one option only.	<input type="checkbox"/> Prison or young offenders' institution <input type="checkbox"/> Immigration removal centre
What is the nature of this travel establishment?	The respondent is required to select one option only.	<input type="checkbox"/> Hotel, guest house, B&B, youth hostel <input type="checkbox"/> Leisure / holiday establishment <input type="checkbox"/> Other travel establishment

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<p>What is the nature of this hostel or shelter establishment?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Hostel or shelter for the homeless <input type="checkbox"/> Other hostel or shelter establishment</p>
<p>What is the nature of this other establishment?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Religious establishment <input type="checkbox"/> Staff / worker accommodation only <input type="checkbox"/> Other establishment</p>
<p>How many residents usually reside at this establishment in each of the age ranges below?</p>	<p>The respondent is required to enter the number of females and the number of males in each age range in the boxes provided.</p> <p>If there are no residents, the respondent is required to enter 0 (zero) in the boxes provided.</p>	<p>0 to 15 years old 16 to 24 years old 25 to 34 years old 35 to 49 years old 50 to 64 years old 65 years old and over</p>
<p>Who is responsible for the management of this establishment?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> NHS <input type="checkbox"/> Local authority <input type="checkbox"/> Government department or agency <input type="checkbox"/> Registered social landlord or housing association <input type="checkbox"/> Charity or voluntary organisation <input type="checkbox"/> Private owner or company <input type="checkbox"/> Higher or further education institution <input type="checkbox"/> Other</p>

SCHEDULE 4

Regulation 3(16)

Electronic Questionnaire - Communal Establishment - Individual Questions

(1) Question	(2) Instruction for respondent	(3) Response options
Do you (or the person you are filling this in for) stay here because you are:	The respondent is required to select one option only.	<input type="checkbox"/> A resident (for example, patient, student, member of Armed Forces)? <input type="checkbox"/> A member of staff or the owner? <input type="checkbox"/> A family member, or partner, of a member of staff or the owner?
What is your date of birth?	The respondent is required to use the format DD MM YYYY in the boxes provided.	
What is your sex?	The respondent is required to select one option only. A voluntary question about trans status or history will follow if the respondent is aged 16 or over.	<input type="checkbox"/> Female <input type="checkbox"/> Male
Do you consider yourself to be trans, or have a trans history?	This question is voluntary. Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth. If the respondent chooses to respond to this question they are required to select one option only. If the respondent selects “yes” to this question they may type how they describe their trans status in the box provided, for example, non-binary, trans man, trans woman.	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman)

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<p>On 21 March 2021, what is your legal marital or registered civil partnership status?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Never married and never registered in a civil partnership</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a civil partnership</p>
<p>Are you a schoolchild or student in full-time education?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>During term-time, do you live at [address]?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, during term-time I live at another address</p>
<p>Which of the following best describes your sexual orientation?</p>	<p>This question is voluntary.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects "Other sexual orientation" they may type how they describe their sexual orientation in the box provided.</p>	<p><input type="checkbox"/> Straight or Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation</p>

<p>What is your country of birth?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere</p>
<p>If you were not born in the United Kingdom, when did you most recently arrive to live here?</p>	<p>The respondent is not required to count short visits away from the UK.</p> <p>The respondent is required to use the format MM YYYY in the boxes provided.</p>	
<p>One year ago, what was your usual address?</p>	<p>If the respondent had no usual address one year ago, they are required to enter the address where they were staying on 21 March 2020 in the box provided.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> [Address]</p> <p><input type="checkbox"/> Student term-time / boarding school address in the UK</p> <p><input type="checkbox"/> Another address in the UK</p> <p><input type="checkbox"/> Outside the UK</p>
<p>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:</p> <ul style="list-style-type: none"> ● long term physical / mental ill-health / disability; or ● problems related to old age? 	<p>The respondent is not required to count anything they do as part of their paid employment.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>

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<p>How well can you understand, speak, read and write English?</p>	<p>The respondent is required to select one option for each.</p>	<p>I understand spoken English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I speak English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I read English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I write English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all
<p>Can you understand, speak, read and write Scottish Gaelic?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> Understand spoken Scottish Gaelic</p> <p><input type="checkbox"/> Speak Scottish Gaelic</p> <p><input type="checkbox"/> Read Scottish Gaelic</p> <p><input type="checkbox"/> Write Scottish Gaelic</p> <p>or</p> <p><input type="checkbox"/> No skills in Scottish Gaelic</p>
<p>Can you understand, speak, read and write Scots?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> Understand spoken Scots</p> <p><input type="checkbox"/> Speak Scots</p> <p><input type="checkbox"/> Read Scots</p> <p><input type="checkbox"/> Write Scots</p> <p>or</p> <p><input type="checkbox"/> No skills in Scots</p>
<p>Can you use British Sign Language (BSL)?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>What is your main language?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Other (including BSL and Tactile BSL)</p>

<p>How is your health in general?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Bad</p> <p><input type="checkbox"/> Very bad</p>
<p>Do you have any of the following, which have lasted, or are expected to last, at least 12 months?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects “Other condition” they may enter their condition.</p>	<p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> Full or partial loss of voice or difficulty speaking: a condition that requires you to use equipment to speak</p> <p><input type="checkbox"/> Learning disability: a condition that you have had since childhood that affects the way you learn, understand information and communicate</p> <p><input type="checkbox"/> Learning difficulty: a specific learning condition that affects the way you learn and process information</p> <p><input type="checkbox"/> Developmental disorder: a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language</p> <p><input type="checkbox"/> Physical disability: a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying</p> <p><input type="checkbox"/> Mental health condition: a condition that affects your emotional, physical and mental wellbeing</p> <p><input type="checkbox"/> Long-term illness, disease or condition: a condition, not listed above, that you may have for life, which may be managed with treatment or medication</p> <p><input type="checkbox"/> Other condition or</p> <p><input type="checkbox"/> No condition</p>
<p>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?</p>	<p>The respondent is required to include problems related to old age.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes, limited a lot</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> No</p>

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<p>What passports do you hold?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects "Other" they are required to enter their first passport and, if applicable, their second passport in the boxes provided.</p>	<p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>What religion, religious denomination or body do you belong to?</p>	<p>This question is voluntary.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects "Other Christian" they may enter their other Christian religion, religious denomination or body in the box provided.</p> <p>If the respondent selects "Muslim" they may enter their Muslim denomination or school in the box provided.</p> <p>If the respondent selects "Another religion or body" they may enter their religion, religious denomination or body in the box provided.</p>	<p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Pagan</p> <p><input type="checkbox"/> Another religion or body</p>

<p>What do you feel is your national identity?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects "Other" they are required to enter their national identity in the box provided.</p>	<p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Other</p>
<p>What is your ethnic group?</p>	<p>The respondent is required to select one option only.</p> <p>The next question asks the respondent about their ethnic group in more detail.</p>	<p><input type="checkbox"/> White (including Gypsy, Traveller, Roma, Showman / Showwoman)</p> <p><input type="checkbox"/> Mixed or multiple ethnic groups (including any mixed or multiple ethnic groups)</p> <p><input type="checkbox"/> Asian, Scottish Asian or British Asian (including any Asian ethnic group)</p> <p><input type="checkbox"/> African, Scottish African or British African (including any African ethnic group)</p> <p><input type="checkbox"/> Caribbean or Black (including Scottish Caribbean, Black Scottish)</p> <p><input type="checkbox"/> Other ethnic group (any other ethnic group, including Arab, Sikh, Jewish)</p>
<p>Which one best describes your white ethnic group or background?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects "Other" they are required to enter their other white ethnic group in the box provided.</p>	<p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Other British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Gypsy / Traveller</p> <p><input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Showman / Showwoman</p> <p><input type="checkbox"/> Other white ethnic group</p>
<p>What are your mixed or multiple ethnic groups?</p>	<p>The respondent is required to provide their ethnic groups.</p>	

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<p>Which one best describes your Asian, Scottish Asian or British Asian ethnic group or background?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects "Other" they are required to enter their other Asian ethnic group in the box provided.</p>	<p><input type="checkbox"/> Pakistani, Scottish Pakistani or British Pakistani</p> <p><input type="checkbox"/> Indian, Scottish Indian or British Indian</p> <p><input type="checkbox"/> Bangladeshi, Scottish</p> <p><input type="checkbox"/> Bangladeshi or British Bangladeshi</p> <p><input type="checkbox"/> Chinese, Scottish Chinese or British Chinese</p> <p><input type="checkbox"/> Other</p>
<p>What is your African, Scottish African or British African ethnic group or background?</p>	<p>The respondent is required to enter their African ethnic group or background (for example, "Nigerian", "Somali") in the box provided.</p>	
<p>What is your Caribbean or Black ethnic group or background?</p>	<p>The respondent is required to enter their Caribbean or Black ethnic group or background (for example, "Scottish Caribbean", "Black Scottish") in the box provided.</p>	
<p>Which one best describes your other ethnic group or background?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects "Other" they are required to enter their other ethnic group (for example, "Sikh", "Jewish") in the box provided.</p>	<p><input type="checkbox"/> Arab, Scottish Arab or British Arab</p> <p><input type="checkbox"/> Other (for example, "Sikh", "Jewish")</p>
<p>Which of these school (secondary or high school) qualifications do you have?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE, or equivalent</p> <p><input type="checkbox"/> Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent</p> <p><input type="checkbox"/> Other school qualifications not already mentioned (including foreign qualifications) or</p> <p><input type="checkbox"/> No school qualifications</p>

<p>Have you completed a Registered Apprenticeship?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> No or <input type="checkbox"/> Yes, trade or equivalent <input type="checkbox"/> Yes, Foundation or equivalent <input type="checkbox"/> Yes, Modern or equivalent <input type="checkbox"/> Yes, Graduate or equivalent</p>
<p>Which of these Further Education, Higher Education or professional qualifications do you have?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent <input type="checkbox"/> GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent <input type="checkbox"/> HNC, HND, SVQ level 4 or equivalent <input type="checkbox"/> Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications) <input type="checkbox"/> Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent <input type="checkbox"/> Professional qualifications (for example, teaching, nursing, accountancy) <input type="checkbox"/> Other Higher Education qualifications not already mentioned (including foreign qualifications) or <input type="checkbox"/> No Further Education, Higher Education, or professional qualifications</p>
<p>Have you previously served in the UK Armed Forces?</p>	<p>If the respondent is a current serving member they should only select 'No'. The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> No or <input type="checkbox"/> Yes, previously served in Regular Armed Forces <input type="checkbox"/> Yes, previously served in Reserve Armed Forces</p>
<p>In the last seven days, were you doing any of the following?</p>	<p>The respondent is required to include casual or temporary work, even if only for one hour. The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> Working as an employee <input type="checkbox"/> Self-employed or freelance <input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off <input type="checkbox"/> On maternity or paternity leave <input type="checkbox"/> Doing any other kind of paid work or <input type="checkbox"/> None of the above</p>

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<p>Which of the following describes what you were doing in the last seven days?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> Retired (whether receiving a pension or not)</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Looking after home or family</p> <p><input type="checkbox"/> Long-term sick or disabled</p> <p><input type="checkbox"/> Other</p>
<p>In the last four weeks, were you actively looking for any kind of paid work?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If a job became available now, could you start it within two weeks?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>In the last seven days, were you waiting to start a job already accepted?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Have you ever done any paid work?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes, in the last 12 months</p> <p><input type="checkbox"/> Yes, but not in the last 12 months</p> <p><input type="checkbox"/> No, have never worked</p>
<p>In your main job, what is (was) your employment status?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed or freelance without employees</p> <p><input type="checkbox"/> Self-employed with employees</p>

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<p>What is (was) the name of the organisation or business you work (worked) for?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>If the respondent is (was) self-employed in their own business, they are required to provide the business name.</p>	<p><input type="checkbox"/></p> <p>or</p> <p><input type="checkbox"/> No organisation or work (worked) for a private individual</p>
<p>What is (was) your full job title?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours..</p> <p>For example, "Retail Assistant", "Office Cleaner", "District Nurse", "Primary School Teacher".</p> <p>The respondent is not required to state their grade or pay band.</p>	

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<p>Briefly describe what you do (did) in your main job.</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p>	
<p>What is (was) the main activity of your organisation, business or freelance work?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>For example, "Armed Forces", "Women's Clothing Retailer", "Hospital", "Primary Education", "Fish Wholesaler".</p> <p>If the respondent is (was) a civil servant, they are required to write "Government" and provide the name of their department. For example, "Marine Scotland".</p> <p>If the respondent is (was) a local government officer, they are required to write "Local Government" and provide the name of their department. For example, "Social Services", "Transport Department".</p>	

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<p>Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>In your main job, how many hours a week do (did) you usually work?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to include paid and unpaid overtime.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> 0 to 15</p> <p><input type="checkbox"/> 16 to 30</p> <p><input type="checkbox"/> 31 to 48</p> <p><input type="checkbox"/> 49 or more</p>
<p>Which do you spend more time doing?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Studying</p>
<p>Which do you spend more time doing?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Studying Neither,</p> <p><input type="checkbox"/> I don't work or study</p>

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<p>What address do you travel to for your main job?</p>	<p>If the respondent reports to a depot, they are required to give the depot address.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Work mainly at, or from, [address]</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> Work on an offshore installation</p> <p><input type="checkbox"/> Another address</p> <p><input type="checkbox"/> Work outside the UK</p>
<p>What address do you travel to for your course of study (including school)?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Distance learning, home schooled or equivalent</p> <p><input type="checkbox"/> Another address</p> <p><input type="checkbox"/> Work outside the UK</p>
<p>How do you usually travel to your main job?</p>	<p>The respondent is required to answer for their usual travel to the place where they spend the most time.</p> <p>The respondent is required to select the option for the longest part of their journey by distance.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi or private hire</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Underground, subway, or tram</p> <p><input type="checkbox"/> Other</p>
<p>How do you usually travel to your course of study (including school)?</p>	<p>The respondent is required to answer for their usual travel to the place where they spend the most time.</p> <p>The respondent is required to select the option for the longest part of their journey by distance.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi or private hire</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Underground, subway, or tram</p> <p><input type="checkbox"/> Other</p>

SCHEDULE 5

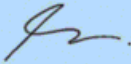
Regulation 3(16)

Paper Household Questionnaire



Household Questionnaire ^(H^Q)

21 March 2021

	<p>If there is a mistake in the printed address, please write your correct address below:</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: right;">Postcode</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																						
<p>Scotland's Census 2021</p> <p>Scotland's Census is the official count of every person and household in the country.</p> <p>The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.</p> <p>What we would like you to do</p> <p>Please complete this questionnaire on paper or online at www.census.gov.scot</p> <p>You should provide information that is correct as of Sunday, 21 March 2021.</p> <p>A census questionnaire must be completed for every household in Scotland.</p> <p>As a householder, you have a legal responsibility to complete this questionnaire. You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine.</p> <p>The questions about trans status or history, sexual orientation, and religion are voluntary. You do not have to answer these questions if you do not want to.</p> <p>Our pledge to you</p> <p>Your census return will be kept secure and will be kept confidential for 100 years.</p>	<p>Completing online</p> <p>You can complete this questionnaire online. Visit www.census.gov.scot and use the code below.</p> <p>Your Internet Access Code:</p>																																																																																																																																						
<p></p> <p>Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future</p>	<p>Help and support</p> <p>The leaflet included has more information about how we can help and support you to complete the census questionnaire.</p> <p>You can also visit www.census.gov.scot for more help or call our helpline FREEPHONE 0800 030 8308.</p>																																																																																																																																						
	<p>Declaration</p> <p>The information provided in this questionnaire is full and accurate, as far as I know.</p> <table border="1"> <tr> <td>Signature(s)</td> </tr> <tr> <td>Date</td> </tr> </table>	Signature(s)	Date																																																																																																																																				
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Status: This is the original version (as it was originally made).

Important guidance — before you start

Who should fill in this questionnaire

It is the responsibility of the householder to complete the census questionnaire and post it back in the pre-paid envelope.

The householder or joint householder is the person, resident or present at the address, who:

- owns / rents (or jointly owns / 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 extra questionnaires section below.

Extra questionnaires

Individual Questionnaire – any member of your household who is aged 16 or over can ask for an Individual Questionnaire online at www.census.gov.scot or by calling our helpline FREEPHONE 0800 030 8308. They can use this if they do not want to reveal their information to others in the household. Remember to include these people in household questions H1 to H6 on this questionnaire. Individual questions 1 to 44 for these people should be left blank.

Household Questionnaire – if there is more than one household at this address, each household will need to complete a separate questionnaire either online or on paper. If you need one or more extra Household Questionnaires, you can order these by calling our helpline FREEPHONE 0800 030 8308.

Continuation Questionnaire – if there are more than five people in the household, please fill in this questionnaire and a Continuation Questionnaire(s). If you need to order one or more Continuation Questionnaires, you can order these by calling our helpline FREEPHONE 0800 030 8308.

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 a **black** ink ballpoint pen
- tick your answers **within** the box like this:
- print your answers, in English, within the boxes like this:

S	M	I	T	H															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- use capital letters – one per box
- correct any mistakes like this:

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

 or

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

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.

HOV1.0

Household questions — people

H1 Who usually lives here?

- ◆ If you need more advice about who to include, see the extra guidance leaflet 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 21 March 2021
- 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 21 March 2021

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.

	First name(s)	Last name
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 five people in this household, either fill in the questionnaire online for the whole household or call our helpline FREEPHONE 0800 030 8308 to ask for a Continuation Questionnaire(s)

H4 Is there anyone staying at this address on the night of 21 March 2021 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 21 March 2021 ➔ [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 21 March 2021 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 21 March 2021 whose permanent or family home is elsewhere, please make sure you answer questions **H7 to H10** on **page 6** and questions **V1 to V4** on the back page

Status: This is the original version (as it was originally made).

Household questions — relationships

H6 How are the members of this household related to each other?

- ◆ If there are more than five people, contact us to request a Continuation Questionnaire(s)
- ◆ If you live alone → go to H7
- ◆ If no-one usually lives here and there are no visitors staying overnight here on 21 March 2021 → go to H7

Example:

This shows how to provide relationship information for Mary Smith, who is Person 1, her husband (Robert), their two children (Alison and Steven), and Robert's father (James)

DO NOT write in this section →

Write your household members' details in the section BELOW ↓

Name of Person 1	Name of Person 2
First name(s) M A R Y	First name(s) R O B E R T
Last name S M I T H	Last name S M I T H
	Relationship of Person 2 to Person: 1
	Husband or wife <input checked="" type="checkbox"/>
	Registered 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"/>

◆ Using the same order you used in question H3 (on page 3), write the name of everyone who usually lives here at the top of each column

◆ Remember to include children, babies and people who have requested an Individual Questionnaire

◆ Tick a box to show the relationship of each person to each of the other members of this household

◆ Select the 'Brother or sister' option for half-brothers and half-sisters.

Name of Person 1	Name of Person 2
First name(s) [] [] [] [] [] [] [] [] [] []	First name(s) [] [] [] [] [] [] [] [] [] []
Last name [] [] [] [] [] [] [] [] [] []	Last name [] [] [] [] [] [] [] [] [] []
	Relationship of Person 2 to Person: 1
	Husband or wife <input type="checkbox"/>
	Registered 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 (including in-laws) <input type="checkbox"/>
	Unrelated (including foster child) <input type="checkbox"/>

↑ Write in name of Person 1 here as in question H3

HOY1.0

Household questions — relationships

Name of Person 3		Name of Person 4		Name of Person 5	
First name(s) ALISON		First name(s) STEVEN		First name(s) JAMES	
Last name SMITH		Last name SMITH		Last name SMITH	
Relationship of Person 3 to Persons: 1 2		Relationship of Person 4 to Persons: 1 2 3		Relationship of Person 5 to Persons: 1 2 3 4	
Husband or wife	<input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered civil partner	<input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<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"/>
Partner	<input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Step-child	<input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	<input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
.....		
Name of Person 3		Name of Person 4		Name of Person 5	
First name(s)		First name(s)		First name(s)	
Last name		Last name		Last name	
Relationship of Person 3 to Persons: 1 2		Relationship of Person 4 to Persons: 1 2 3		Relationship of Person 5 to Persons: 1 2 3 4	
Husband or wife	<input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered civil partner	<input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	<input type="checkbox"/> <input type="checkbox"/>	Partner	<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"/>	Son or daughter	<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"/>	Step-child	<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"/>	Brother or sister	<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"/>	Step-brother or step-sister	<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"/>	Mother or father	<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"/>	Step-mother or step-father	<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"/>	Grandchild	<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"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/>	Unrelated (including foster child)	<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"/>

HOY1.0

Status: This is the original version (as it was originally made).

Household questions — accommodation

H7 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

H8 Are all the rooms in this accommodation behind a door that only this household can use?

- Yes
- No

H9 How many bedrooms are available for use only by this household?

- ◆ Include all rooms built or converted for use as bedrooms

Number of bedrooms

H10 What type of central heating does this accommodation have?

- ◆ Central heating is a central system that generates heat for **multiple** rooms
- ◆ If the central heating is available please tick the box, whether you use it or not
- ◆ Tick **all** that apply

- No central heating
- Mains gas
- Other gas (including liquid petroleum gas and biogas)
- Electric (including storage heating)
- Oil
- Solid fuel (excluding wood)
- Wood or biomass (logs, pellets, chippings)
- Other renewable energy source (including electric and air heat pump systems)
- District or communal heat system
- Other

H11 If there is no-one usually living here but there are people staying at this address whose permanent or family home is elsewhere

➔ **details for these people must be recorded on the back page**

If no-one usually lives here and no-one is staying at this address on the night of 21 March 2021, there are no more questions to answer

➔ **remember to sign the declaration on the front page**

H12 Does your household own or rent this accommodation?

◆ Tick **one** box only

- Owns with a mortgage or loan ➔ go to H14
- Owns outright ➔ go to H14
- Owns with shared equity (for example, LIFT, Help-to-Buy) ➔ go to H14
- Rents (with or without housing benefit)
- Part owns and part rents (shared ownership) ➔ go to H14
- Lives here rent free

H13 Who is your landlord?

- Council (Local Authority) or Housing Association / Registered Social Landlord
- Private landlord or letting agency
- Other

H14 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

H15 There are no more household questions.

➔ go to questions for **Person 1** on page 7

HOY1.0

Individual questions — Person 1

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

First name(s)

 Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
- ◆ Tick **one** box only

No
 Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 21 March 2021, what is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a civil partnership

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

Yes
 No ➔ go to 8

7 During term-time, do you live:

at the address on the front of this questionnaire?
 at another address? ➔ go to 44

8 Which of the following best describes your sexual orientation?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Tick **one** box only

Straight / Heterosexual
 Gay or Lesbian
 Bisexual
 Other sexual orientation, please write in:

9 What is your country of birth?

- Scotland ➔ go to 11
- England ➔ go to 11
- Northern Ireland ➔ go to 11
- Wales ➔ go to 11
- Republic of Ireland
- Elsewhere, please write in the current name of the country:

10 If you were not born in the United Kingdom, when did you most recently arrive to live here?

- ◆ Do not count short visits away from the UK

Month Year

11 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 the questionnaire
 Student term-time / boarding school address in the UK, please write in below:
 Another address in the UK, please write in:

 Postcode

Outside the UK, please write in country:

HOY1.0

Status: This is the original version (as it was originally made).

Individual questions — Person 1

12 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 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

13 How well can you understand, speak, read and write English?

◆ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Can you understand, speak, read and write Scottish Gaelic or Scots?

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

15 Can you use British Sign Language (BSL)?

Yes No

16 What is your main language?

◆ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

17 How is your health in general?

Very good Good Fair Bad Very bad

18 Do you have any of the following, 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

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)

Other condition, please write in:

No condition

19 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

Individual questions — Person 1

20 What passports do you hold?
 ◆ Tick all that apply

United Kingdom

Ireland

Other, please write in:

None

21 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, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

22 What do you feel is your national identity?
 ◆ Tick all that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

23 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

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

D African, Scottish African or British African

Please write in (for example, NIGERIAN, SOMALI):

E Caribbean or Black

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

HOY1.0

Status: This is the original version (as it was originally made).

Individual questions — Person 1

24 If you are aged 16 or over ➔ go to 25
If you are aged 15 or under ➔ go to 41

25 Which of these qualifications do you have?
◆ Tick all that apply

- O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
- Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
- Apprenticeship (trade or equivalent)
- Apprenticeship (Foundation or equivalent)
- Apprenticeship (Modern or equivalent)
- Apprenticeship (Graduate 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
- Other school qualifications not already mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

26 Have you previously served in the UK Armed Forces?
◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

27 In the last seven days, were you doing any of the following?

- ◆ Include casual or temporary work, even if only for one hour
- ◆ Tick all that apply
- Working as an employee ➔ go to 33
- Self-employed or freelance ➔ go to 33
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to 33
- On maternity or paternity leave ➔ go to 33
- Doing any other kind of paid work ➔ go to 33
- None of the above

28 Which of the following describes what you were doing in the last seven days?

- ◆ Tick all that apply
- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

29 In the last four weeks, were you actively looking for any kind of paid work?

- Yes No

30 If a job became available now, could you start it within two weeks?

- Yes No

31 In the last seven days, were you waiting to start a job already accepted?

- Yes No

32 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

33 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

34 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

HOV1.0

Individual questions — Person 2

1 What is your name?
(Person 2 in H3 on page 3)

First name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

◆ This question is **voluntary**
 ◆ Answer only if you are aged 16 or over
 ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
 ◆ Tick **one** box only

No
 Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 21 March 2021, what is your legal marital or registered civil partnership status?

Never married and never registered in a civil partnership
 Married
 In a registered civil partnership
 Separated, but still legally married
 Separated, but still legally in a civil partnership
 Divorced
 Formerly in a civil partnership which is now legally dissolved
 Widowed
 Surviving partner from a civil partnership

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

Yes
 No ➔ go to 8

7 During term-time, do you live:

at the address on the front of this questionnaire?
 at another address? ➔ go to 44

8 Which of the following best describes your sexual orientation?

◆ This question is **voluntary**
 ◆ Answer only if you are aged 16 or over
 ◆ Tick **one** box only

Straight / Heterosexual
 Gay or Lesbian
 Bisexual
 Other sexual orientation, please write in:

9 What is your country of birth?

Scotland ➔ go to 11
 England ➔ go to 11
 Northern Ireland ➔ go to 11
 Wales ➔ go to 11
 Republic of Ireland
 Elsewhere, please write in the current name of the country:

10 If you were not born in the United Kingdom, when did you most recently arrive to live here?

◆ Do not count short visits away from the UK

Month Year

11 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 the questionnaire
 Student term-time / boarding school address in the UK, please write in below:
 Another address in the UK, please write in:

Postcode

Outside the UK, please write in country:

Individual questions — Person 2

12 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 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

13 How well can you understand, speak, read and write English?

◆ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Can you understand, speak, read and write Scottish Gaelic or Scots?

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

15 Can you use British Sign Language (BSL)?

Yes No

16 What is your main language?

◆ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

17 How is your health in general?

Very good Good Fair Bad Very bad

18 Do you have any of the following, 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

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)

Other condition, please write in:

No condition

19 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

HOv1.0

Status: This is the original version (as it was originally made).

Individual questions — Person 2

20 What passports do you hold?
 ♦ Tick all that apply

United Kingdom

Ireland

Other, please write in:

None

21 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, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

22 What do you feel is your national identity?
 ♦ Tick all that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

23 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

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

D African, Scottish African or British African

Please write in (for example, NIGERIAN, SOMALI):

E Caribbean or Black

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

HOV1.0

Individual questions — Person 2

24 If you are aged 16 or over ➔ go to 25
If you are aged 15 or under ➔ go to 41

25 Which of these qualifications do you have?
◆ Tick all that apply

- O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
- Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
- Apprenticeship (trade or equivalent)
- Apprenticeship (Foundation or equivalent)
- Apprenticeship (Modern or equivalent)
- Apprenticeship (Graduate 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
- Other school qualifications not already mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

26 Have you previously served in the UK Armed Forces?
◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

27 In the last seven days, were you doing any of the following?

◆ Include casual or temporary work, even if only for one hour
◆ Tick all that apply

- Working as an employee ➔ go to 33
- Self-employed or freelance ➔ go to 33
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to 33
- On maternity or paternity leave ➔ go to 33
- Doing any other kind of paid work ➔ go to 33
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick all that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

29 In the last four weeks, were you actively looking for any kind of paid work?

- Yes No

30 If a job became available now, could you start it within two weeks?

- Yes No

31 In the last seven days, were you waiting to start a job already accepted?

- Yes No

32 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

33 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

34 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

HOY1.0

Status: This is the original version (as it was originally made).

Individual questions — Person 2

35 What is (was) the name of the organisation or business you work (worked) for?

◆ If you are (were) self-employed in your own business, please write in your business name:

or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER

◆ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?

◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALE

◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND

◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

40 In your main job, how many hours a week do (did) you usually work?

◆ Include paid and unpaid overtime

0 to 15 16 to 30 31 to 48 49 or more

41 If you currently work or study (or both)

➔ go to 42

If you do not currently work or study, including if you are retired ➔ go to 44

42 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

Work mainly at, or from, home ➔ go to 44

Distance learning, home schooled or equivalent ➔ go to 44

No fixed place ➔ go to 43

Work on an offshore installation ➔ go to 43

The address below, please write in:

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The address entered above is my place of

Work Study

43 How do you usually travel to your main job or course of study (including school)?

◆ Answer for your usual travel to the place where you spend the most time

◆ Tick the box for the longest part of your journey by distance

◆ Tick one box only

Driving a car or van

Passenger in a car or van

Taxi or private hire

Motorcycle, scooter or moped

On foot

Bicycle

Bus, minibus or coach

Train

Underground, subway or tram

Other

44 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 in question H5, record their details on the back page

◆ Remember to sign the declaration on page 1

HOY1.0

Individual questions — Person 3

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

First name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

♦ This question is **voluntary**
 ♦ Answer only if you are aged 16 or over
 ♦ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
 ♦ Tick **one** box only

No
 Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 21 March 2021, what is your legal marital or registered civil partnership status?

Never married and never registered in a civil partnership
 Married
 In a registered civil partnership
 Separated, but still legally married
 Separated, but still legally in a civil partnership
 Divorced
 Formerly in a civil partnership which is now legally dissolved
 Widowed
 Surviving partner from a civil partnership

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

Yes
 No ➔ go to 8

7 During term-time, do you live:

at the address on the front of this questionnaire?
 at another address? ➔ go to 44

8 Which of the following best describes your sexual orientation?

♦ This question is **voluntary**
 ♦ Answer only if you are aged 16 or over
 ♦ Tick **one** box only

Straight / Heterosexual
 Gay or Lesbian
 Bisexual
 Other sexual orientation, please write in:

9 What is your country of birth?

Scotland ➔ go to 11
 England ➔ go to 11
 Northern Ireland ➔ go to 11
 Wales ➔ go to 11
 Republic of Ireland
 Elsewhere, please write in the current name of the country:

10 If you were not born in the United Kingdom, when did you most recently arrive to live here?

♦ Do not count short visits away from the UK

Month Year

11 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 the questionnaire
 Student term-time / boarding school address in the UK, please write in below:
 Another address in the UK, please write in:

Postcode

Outside the UK, please write in country:

HOY1.0
Page 17

Status: This is the original version (as it was originally made).

Individual questions — Person 3

12 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 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

13 How well can you understand, speak, read and write English?

◆ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Can you understand, speak, read and write Scottish Gaelic or Scots?

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

15 Can you use British Sign Language (BSL)?

Yes No

16 What is your main language?

◆ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

17 How is your health in general?

Very good Good Fair Bad Very bad

18 Do you have any of the following, 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

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)

Other condition, please write in:

No condition

19 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

HOY1.0

Individual questions — Person 3

20 What passports do you hold?

◆ Tick **all** that apply

- United Kingdom
- Ireland
- Other, please write in:
- None

21 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, write in denomination or school below:
- Hindu
- Buddhist
- Sikh
- Jewish
- Pagan
- Another religion or body, please write in:

22 What do you feel is your national identity?

◆ Tick **all** that apply

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

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23 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
- Polish
- Gypsy / Traveller
- Roma
- Showman / Showwoman
- Other white ethnic group, please write in:

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in:

C Asian, Scottish Asian or British Asian

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

D African, Scottish African or British African

- Please write in (for example, NIGERIAN, SOMALI):

E Caribbean or Black

- Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

F Other ethnic group

- Arab, Scottish Arab or British Arab
- Other, please write in (for example, SIKH, JEWISH):

Status: This is the original version (as it was originally made).

Individual questions — Person 3

24 If you are aged 16 or over ➔ go to 25

If you are aged 15 or under ➔ go to 41

25 Which of these qualifications do you have?

◆ Tick all that apply

- O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
- Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
- Apprenticeship (trade or equivalent)
- Apprenticeship (Foundation or equivalent)
- Apprenticeship (Modern or equivalent)
- Apprenticeship (Graduate 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
- Other school qualifications not already mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

26 Have you previously served in the UK Armed Forces?

◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

27 In the last seven days, were you doing any of the following?

◆ Include casual or temporary work, even if only for one hour

◆ Tick all that apply

- Working as an employee ➔ go to 33
- Self-employed or freelance ➔ go to 33
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to 33
- On maternity or paternity leave ➔ go to 33
- Doing any other kind of paid work ➔ go to 33
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick all that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

29 In the last four weeks, were you actively looking for any kind of paid work?

- Yes No

30 If a job became available now, could you start it within two weeks?

- Yes No

31 In the last seven days, were you waiting to start a job already accepted?

- Yes No

32 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

33 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

34 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

HOY1.0

Individual questions — Person 3

35 What is (was) the name of the organisation or business you work (worked) for?

◆ If you are (were) self-employed in your own business, please write in your business name:

or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER

◆ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?

◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER

◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND

◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

40 In your main job, how many hours a week do (did) you usually work?

◆ Include paid and unpaid overtime

0 to 15 16 to 30 31 to 48 49 or more

41 If you currently work or study (or both)

➔ go to 42

If you do not currently work or study, including if you are retired ➔ go to 44

42 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

Work mainly at, or from, home ➔ go to 44

Distance learning, home schooled or equivalent ➔ go to 44

No fixed place ➔ go to 43

Work on an offshore installation ➔ go to 43

The address below, please write in:

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The address entered above is my place of

Work Study

43 How do you usually travel to your main job or course of study (including school)?

◆ Answer for your usual travel to the place where you spend the most time

◆ Tick the box for the longest part of your journey by distance

◆ Tick one box only

Driving a car or van

Passenger in a car or van

Taxi or private hire

Motorcycle, scooter or moped

On foot

Bicycle

Bus, minibus or coach

Train

Underground, subway or tram

Other

44 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 in question H5, record their details on the back page

◆ Remember to sign the declaration on page 1

HOY1.0

Individual questions — Person 4

12 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 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 or more hours a week

13 How well can you understand, speak, read and write English?

◆ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Can you understand, speak, read and write Scottish Gaelic or Scots?

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or				
<input type="checkbox"/> No skills in either language				

15 Can you use British Sign Language (BSL)?

- Yes
- No

16 What is your main language?

◆ Tick **one** box only

- English
- Other, please write in (including BSL and TACTILE BSL):

17 How is your health in general?

- Very good
- Good
- Fair
- Bad
- Very bad

18 Do you have any of the following, 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
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:
- No condition

19 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

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Individual questions — Person 4

20 What passports do you hold?
 ♦ Tick **all** that apply

United Kingdom

Ireland

Other, please write in:

None

21 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, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

22 What do you feel is your national identity?
 ♦ Tick **all** that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

23 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

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

D African, Scottish African or British African

Please write in (for example, NIGERIAN, SOMALI):

E Caribbean or Black

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

HOY1.0

Individual questions — Person 4

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If you are aged 15 or under ➔ go to 41

25 Which of these qualifications do you have?
◆ Tick all that apply

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- Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
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- Apprenticeship (Modern or equivalent)
- Apprenticeship (Graduate or equivalent)
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- HNC, HND, SVQ level 4 or equivalent
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- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
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◆ Include casual or temporary work, even if only for one hour
◆ Tick all that apply

- Working as an employee ➔ go to 33
- Self-employed or freelance ➔ go to 33
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to 33
- On maternity or paternity leave ➔ go to 33
- Doing any other kind of paid work ➔ go to 33
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick all that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

29 In the last four weeks, were you actively looking for any kind of paid work?

- Yes No

30 If a job became available now, could you start it within two weeks?

- Yes No

31 In the last seven days, were you waiting to start a job already accepted?

- Yes No

32 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

33 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

34 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

Status: This is the original version (as it was originally made).

Individual questions — Person 4

35 What is (was) the name of the organisation or business you work (worked) for?
 ♦ If you are (were) self-employed in your own business, please write in your business name:

 or No organisation or work (worked) for a private individual

36 What is (was) your full job title?
 ♦ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER
 ♦ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?
 ♦ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER
 ♦ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND
 ♦ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?
 Yes No

40 In your main job, how many hours a week do (did) you usually work?
 ♦ Include paid and unpaid overtime
 0 to 15 16 to 30 31 to 48 49 or more

41 If you currently work or study (or both) ➔ go to 42
 If you do not currently work or study, including if you are retired ➔ go to 44

42 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
 Work mainly at, or from, home ➔ go to 44
 Distance learning, home schooled or equivalent ➔ go to 44
 No fixed place ➔ go to 43
 Work on an offshore installation ➔ go to 43
 The address below, please write in:

 Postcode

The address entered above is my place of
 Work Study

43 How do you usually travel to your main job or course of study (including school)?
 ♦ Answer for your usual travel to the place where you spend the most time
 ♦ Tick the box for the longest part of your journey by distance
 ♦ Tick **one** box only
 Driving a car or van
 Passenger in a car or van
 Taxi or private hire
 Motorcycle, scooter or moped
 On foot
 Bicycle
 Bus, minibus or coach
 Train
 Underground, subway or tram
 Other

44 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 in question H5, record their details on the back page
 ♦ Remember to sign the declaration on **page 1**

HOV1.0

Individual questions — Person 5

1 What is your name?
(Person 5 in H3 on page 3)

First name(s)

 Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
- ◆ Tick **one** box only

No
 Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 21 March 2021, what is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a civil partnership

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

Yes
 No ➔ go to 8

7 During term-time, do you live:

at the address on the front of this questionnaire?
 at another address? ➔ go to 44

8 Which of the following best describes your sexual orientation?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Tick **one** box only

Straight / Heterosexual
 Gay or Lesbian
 Bisexual
 Other sexual orientation, please write in:

9 What is your country of birth?

Scotland ➔ go to 11
 England ➔ go to 11
 Northern Ireland ➔ go to 11
 Wales ➔ go to 11
 Republic of Ireland
 Elsewhere, please write in the current name of the country:

10 If you were not born in the United Kingdom, when did you most recently arrive to live here?

◆ Do not count short visits away from the UK
 Month Year

11 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 the questionnaire
 Student term-time / boarding school address in the UK, please write in below:
 Another address in the UK, please write in:

 Postcode

Outside the UK, please write in country:

HOY10

Status: This is the original version (as it was originally made).

Individual questions — Person 5

12 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 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

13 How well can you understand, speak, read and write English?
 ♦ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Can you understand, speak, read and write Scottish Gaelic or Scots?
 ♦ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

15 Can you use British Sign Language (BSL)?

Yes No

16 What is your main language?
 ♦ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

17 How is your health in general?

Very good Good Fair Bad Very bad

18 Do you have any of the following, 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

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)

Other condition, please write in:

No condition

19 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

Individual questions — Person 5

20 What passports do you hold?

◆ Tick **all** that apply

- United Kingdom
- Ireland
- Other, please write in:
- None

21 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, write in denomination or school below:
- Hindu
- Buddhist
- Sikh
- Jewish
- Pagan
- Another religion or body, please write in:

22 What do you feel is your national identity?

◆ Tick **all** that apply

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

23 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
- Polish
- Gypsy / Traveller
- Roma
- Showman / Showwoman
- Other white ethnic group, please write in:

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in:

C Asian, Scottish Asian or British Asian

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

D African, Scottish African or British African

- Please write in (for example, NIGERIAN, SOMALI):

E Caribbean or Black

- Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

F Other ethnic group

- Arab, Scottish Arab or British Arab
- Other, please write in (for example, SIKH, JEWISH):

HOv1.0

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Individual questions — Person 5

24 If you are aged 16 or over ➔ go to 25

If you are aged 15 or under ➔ go to 41

25 Which of these qualifications do you have?

◆ Tick all that apply

- O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
- Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
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- Apprenticeship (Foundation or equivalent)
- Apprenticeship (Modern or equivalent)
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- HNC, HND, SVQ level 4 or equivalent
- Other school qualifications not already mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

26 Have you previously served in the UK Armed Forces?

◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

27 In the last seven days, were you doing any of the following?

◆ Include casual or temporary work, even if only for one hour

◆ Tick all that apply

- Working as an employee ➔ go to 33
- Self-employed or freelance ➔ go to 33
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to 33
- On maternity or paternity leave ➔ go to 33
- Doing any other kind of paid work ➔ go to 33
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick all that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

29 In the last four weeks, were you actively looking for any kind of paid work?

- Yes No

30 If a job became available now, could you start it within two weeks?

- Yes No

31 In the last seven days, were you waiting to start a job already accepted?

- Yes No

32 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

33 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

34 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

HOY1.0

Status: This is the original version (as it was originally made).

Household questions — people (H5 continued)

Do not record details of household members here. Record details **only** for anyone counted in question **H5** on **page 3** (people whose permanent or family home is elsewhere).

- ◆ For more than three people, write their answers on a separate piece of paper and include it with this questionnaire. 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(s)

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Postcode

Outside the UK, please write in country:

Person B

V1 What is this person's name?

First name(s)

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Same as Person A

Postcode

Outside the UK, please write in country:

Person C

V1 What is this person's name?

First name(s)

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Same as Person A

Postcode

Outside the UK, please write in country:

HOV1.0

SCHEDULE 6

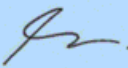
Regulation 3(16)

Paper Household Individual Questionnaire



Individual Questionnaire (H)

21 March 2021

	<p>If there is a mistake in the printed address, please write your correct address below:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/></p>
<p>Scotland's Census 2021</p> <p>Scotland's Census is the official count of every person and household in the country.</p> <p>The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.</p> <p>What we would like you to do</p> <p>Please complete this questionnaire on paper or online at www.census.gov.scot</p> <p>You should provide information that is correct as of Sunday, 21 March 2021.</p> <p>As you have requested to complete an individual census questionnaire, you have a legal responsibility to complete it. You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine.</p> <p>The questions about trans status or history, sexual orientation, and religion are voluntary. You do not have to answer these questions if you do not want to.</p> <p>Please make sure you are listed as a household member on the Household Questionnaire.</p> <p>Our pledge to you</p> <p>Your census return will be kept secure and will be kept confidential for 100 years.</p> <p></p> <p>Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future</p>	<p>Completing online</p> <p>You can complete this questionnaire online. Visit www.census.gov.scot and use the code below.</p> <p>Your Internet Access Code:</p> <p><input type="text"/></p> <p>Help and support</p> <p>The leaflet included has more information about how we can help and support you to complete the census questionnaire.</p> <p>You can also visit www.census.gov.scot for more help or call our helpline FREEPHONE 0800 030 8308.</p> <p>Start here</p> <p>Please make sure you are listed as a household member on the Household Questionnaire.</p> <p>Copy your person number, as given in question H3 on a Household Questionnaire, or in question C2 on a Continuation Questionnaire, here:</p> <p>Person number <input type="text"/></p> <p>Please refer to page 2 for full instructions.</p> <p>Declaration</p> <p>The information provided in this questionnaire is full and accurate, as far as I know.</p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>

HIV1.0



Status: This is the original version (as it was originally made).

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
 - **make sure you are included as a household member on the Household Questionnaire for the address on this questionnaire**
- If your Household Questionnaire was completed:
- ◆ **ONLINE**, make sure you are included as a household member in the online questionnaire, you will not need to write in a person number on **page 1** of this questionnaire
 - ◆ **ON PAPER**, make sure you are included as a household member in either:
 - question **H3** on page 3 of a Household Questionnaire; or
 - question **C2** on page 1 of a Continuation Questionnaire (this is used only if there are more than five people living in your household)
 - ➔ Copy your person number, from **H3** or **C2** on to **page 1** of this questionnaire
 - fill in questions **1** to **44** on **pages 3** to **7** 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 a **black** ink ballpoint pen
- tick your answers **within** the box like this:
- print your answers, in English, within the boxes like this:

S	M	I	T	H															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- use capital letters – one per box
- correct any mistakes like this:

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

 or

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

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.

Hiv1.0

Individual questions	
<p>1 What is your name?</p> <p>First name(s) <input type="text"/> <input type="text"/></p> <p>Last name <input type="text"/> <input type="text"/></p>	<p>8 Which of the following best describes your sexual orientation?</p> <p>◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Tick one box only</p> <p><input type="checkbox"/> Straight / Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other sexual orientation, please write in: <input type="text"/></p>
<p>2 What is your date of birth?</p> <p>Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>9 What is your country of birth?</p> <p><input type="checkbox"/> Scotland ➔ go to 11 <input type="checkbox"/> England ➔ go to 11 <input type="checkbox"/> Northern Ireland ➔ go to 11 <input type="checkbox"/> Wales ➔ go to 11 <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Elsewhere, please write in the current name of the country: <input type="text"/></p>
<p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>10 If you were not born in the United Kingdom, when did you most recently arrive to live here?</p> <p>◆ Do not count short visits away from the UK</p> <p>Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>4 Do you consider yourself to be trans, or have a trans history?</p> <p>◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth ◆ Tick one box only</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman): <input type="text"/></p>	<p>11 One year ago, what was your usual address?</p> <p>◆ If you had no usual address one year ago, state the address where you were staying</p> <p><input type="checkbox"/> The address on the front of the questionnaire <input type="checkbox"/> Student term-time / boarding school address in the UK, please write in below: <input type="checkbox"/> Another address in the UK, please write in: <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, please write in country: <input type="text"/></p>
<p>5 On 21 March 2021, what is your legal marital or registered civil partnership status?</p> <p><input type="checkbox"/> Never married and never registered in a civil partnership <input type="checkbox"/> Married <input type="checkbox"/> In a registered civil partnership <input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved <input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p>	
<p>6 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ➔ go to 8</p>	
<p>7 During term-time, do you live:</p> <p><input type="checkbox"/> at the address on the front of this questionnaire? <input type="checkbox"/> at another address? ➔ go to 44</p>	

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Status: This is the original version (as it was originally made).

Individual questions

12 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 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

13 How well can you understand, speak, read and write English?

◆ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Can you understand, speak, read and write Scottish Gaelic or Scots?

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

15 Can you use British Sign Language (BSL)?

Yes No

16 What is your main language?

◆ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

17 How is your health in general?

Very good Good Fair Bad Very bad

18 Do you have any of the following, 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

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)

Other condition, please write in:

No condition

19 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

Individual questions

20 What passports do you hold?

◆ Tick all that apply

United Kingdom

Ireland

Other, please write in:

None

21 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, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

22 What do you feel is your national identity?

◆ Tick all that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

Hlv1.0

23 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

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

D African, Scottish African or British African

Please write in (for example, NIGERIAN, SOMALI):

E Caribbean or Black

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

Status: This is the original version (as it was originally made).

Individual questions

24 If you are aged 16 or over ➔ go to 25
If you are aged 15 or under ➔ go to 41

25 Which of these qualifications do you have?
◆ Tick all that apply

- O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
- Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
- Apprenticeship (trade or equivalent)
- Apprenticeship (Foundation or equivalent)
- Apprenticeship (Modern or equivalent)
- Apprenticeship (Graduate 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
- Other school qualifications not already mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

26 Have you previously served in the UK Armed Forces?
◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

27 In the last seven days, were you doing any of the following?

- ◆ Include casual or temporary work, even if only for one hour
- ◆ Tick all that apply

- Working as an employee ➔ go to 33
- Self-employed or freelance ➔ go to 33
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to 33
- On maternity or paternity leave ➔ go to 33
- Doing any other kind of paid work ➔ go to 33
- None of the above

28 Which of the following describes what you were doing in the last seven days?

- ◆ Tick all that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

29 In the last four weeks, were you actively looking for any kind of paid work?

- Yes No

30 If a job became available now, could you start it within two weeks?

- Yes No

31 In the last seven days, were you waiting to start a job already accepted?

- Yes No

32 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

33 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

34 In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

Hiv1.0

Individual questions

35 What is (was) the name of the organisation or business you work (worked) for?

If you are (were) self-employed in your own business, please write in your business name:

Grid for writing business name

or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER

Do not state your grade or pay band

Grid for writing job title

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

Grid for describing main job

38 What is (was) the main activity of your organisation, business or freelance work?

For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER

If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND

If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

Grid for describing main activity

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

40 In your main job, how many hours a week do (did) you usually work?

Include paid and unpaid overtime

0 to 15 16 to 30 31 to 48 49 or more

41 If you currently work or study (or both)

go to 42

If you do not currently work or study, including if you are retired go to 44

42 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

Work mainly at, or from, home go to 44

Distance learning, home schooled or equivalent go to 44

No fixed place go to 43

Work on an offshore installation go to 43

The address below, please write in:

Grid for writing address

Postcode

Grid for writing postcode

The address entered above is my place of

Work Study

43 How do you usually travel to your main job or course of study (including school)?

Answer for your usual travel to the place where you spend the most time

Tick the box for the longest part of your journey by distance

Tick one box only

Driving a car or van

Passenger in a car or van

Taxi or private hire

Motorcycle, scooter or moped

On foot

Bicycle

Bus, minibus or coach

Train

Underground, subway or tram

Other

44 There are no more individual questions.

Remember to sign the declaration on page 1

Post the questionnaire back using the pre-paid envelope provided

Hlv1.0

Status: This is the original version (as it was originally made).

SCHEDULE 7


Regulation 3(16)

Paper Communal Establishment Questionnaire



Communal Establishment Questionnaire (CE)

21 March 2021

	<p>If there is a mistake in the printed address, please write your correct address below:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>Scotland's Census 2021</p> <p>Scotland's Census is the official count of every person in the country.</p> <p>The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.</p> <p>What we would like you to do</p> <p>Please complete this questionnaire on paper or online at www.census.gov.scot</p> <p>You should provide information that is correct as of Sunday, 21 March 2021.</p> <p>As the manager or person in charge, you have a legal duty to complete this questionnaire. You also have a legal responsibility to make arrangements for an individual questionnaire to be completed for any resident who is under 16 years of age or is incapable of doing so themselves.</p> <p>You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine.</p> <p>Our pledge to you</p> <p>Your census return will be kept secure and will be kept confidential for 100 years.</p> <p></p> <p>Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future</p>	<p>Completing online</p> <p>You can complete this questionnaire online. Visit www.census.gov.scot and use the code below.</p> <p>Your Internet Access Code:</p> <p><input type="text"/></p> <p>Help and support</p> <p>Refer to the Guidance Note for Managers for information on what you need to do and how to get help if you need it.</p> <p>You can also visit www.census.gov.scot for more help.</p> <p>What you have to do</p> <p>Identify all usual residents and visitors to your establishment</p> <p>Number of usual residents: <input type="text"/></p> <p>Number of visitors: <input type="text"/></p> <p>Refer to the Guidance Note for Managers for full instructions.</p> <p>Declaration</p> <p>The information provided in this questionnaire is full and accurate, as far as I know.</p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>

CEV1.0

Establishment questions

How to fill in this questionnaire

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

- use a **black** ink ballpoint pen
- tick your answers **within** the box like this: correct any mistakes like this:

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

1 What is the nature of this establishment?

◆ Tick **one** box only

Medical and care

- General hospital
- Mental health hospital (including inpatient units)
- Other hospital
- Care home without nursing
- Care home with nursing
- Children's home
- Other medical and care establishment

Education

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

Armed Forces

- Defence establishment (including ships)

Detention

- Prison or young offenders' institution
- Immigration removal centre

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 For questions 3 and 4 if there are no residents, write in number zero like this:

3 How many female residents usually reside at this establishment in each of the age ranges below?

- | | |
|-----------------------|---|
| 0 to 15 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 16 to 24 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 25 to 34 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 35 to 49 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 50 to 64 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 65 years old and over | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

4 How many male residents usually reside at this establishment in each of the age ranges below?

- | | |
|-----------------------|---|
| 0 to 15 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 16 to 24 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 25 to 34 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 35 to 49 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 50 to 64 years old | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 65 years old and over | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

5 Who is responsible for the management of this establishment?

◆ Tick **one** box only

- NHS
- Local Authority
- Government department or agency
- Registered social landlord or housing association
- Charity or voluntary organisation
- Private owner or company
- Higher or further education institution
- Other

CEV10

Status: This is the original version (as it was originally made).

SCHEDULE 8

Regulation 3(16)

Paper Communal Establishment Individual Questionnaire



Individual Questionnaire (C)

21 March 2021

Blank box for address correction.

Form for correcting address with grid boxes and Postcode label.

Scotland's Census 2021
Scotland's Census is the official count of every person in the country.
The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.
The census will count everyone in Scotland on 21 March 2021, whether they usually live here or not.
What we would like you to do
Please complete this questionnaire on paper or online at www.census.gov.scot
You should provide information that is correct as of Sunday, 21 March 2021.
You have a legal responsibility to complete this questionnaire. You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine.
The questions about trans status or history, sexual orientation, and religion are voluntary. You do not have to answer these questions if you do not want to.
Our pledge to you
Your census return will be kept secure and will be kept confidential for 100 years.
Paul Lowe, Registrar General for Scotland
Thank you for helping to shape Scotland's future

Completing online
You can complete this questionnaire online. Visit www.census.gov.scot and use the code below.
Your Internet Access Code:

Help and support
The leaflet included has more information about how we can help and support you to complete the census questionnaire.
You can also visit www.census.gov.scot for more help or call our helpline FREEPHONE 0800 030 8308.

Start here
R1 Do you (or the person you are filling this in for) stay here because you are:
[] a resident (for example, patient, student, member of Armed Forces)?
[] a member of staff or the owner?
[] a family member, or partner, of a member of staff or the owner?

Declaration
I am aged 16 years or over and the information in this questionnaire is full and accurate, as far as I know. The information in this questionnaire is about:
[] me
[] a person aged under 16 years or otherwise incapable of completing the questionnaire
Signature
Date

CIV10



Important guidance — before you start

What you have to do

- answer question **R1** on **page 1** of this questionnaire
- answer questions **1** to **44** on **pages 3** to **7** of this questionnaire
- if you need help to complete your questionnaire, you can ask a family member, carer or the person in charge of your establishment to help you fill it in
- sign the declaration on **page 1** and 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**, it is their information you need to write in.

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 a **black** ink ballpoint pen
- tick your answers **within** the box like this:
- print your answers, in English, within the boxes like this:

S	M	I	T	H											
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--
- use capital letters – one per box
- correct any mistakes like this:

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

 or

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

I	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	
<p>1 What is your name?</p> <p>First name(s) <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Last name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>2 What is your date of birth?</p> <p>Day Month Year <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>3 What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4 Do you consider yourself to be trans, or have a trans history?</p> <p>◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth ◆ Tick one box only</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman): <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>5 On 21 March 2021, what is your legal marital or registered civil partnership status?</p> <p><input type="checkbox"/> Never married and never registered in a civil partnership <input type="checkbox"/> Married <input type="checkbox"/> In a registered civil partnership <input type="checkbox"/> Separated, but still legally married <input type="checkbox"/> Separated, but still legally in a civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved <input type="checkbox"/> Widowed <input type="checkbox"/> Surviving partner from a civil partnership</p> <p>6 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ➔ go to 8</p> <p>7 During term-time, do you live:</p> <p><input type="checkbox"/> at the address on the front of this questionnaire? <input type="checkbox"/> at another address? ➔ go to 44</p>	<p>8 Which of the following best describes your sexual orientation?</p> <p>◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Tick one box only</p> <p><input type="checkbox"/> Straight / Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other sexual orientation, please write in: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>9 What is your country of birth?</p> <p><input type="checkbox"/> Scotland ➔ go to 11 <input type="checkbox"/> England ➔ go to 11 <input type="checkbox"/> Northern Ireland ➔ go to 11 <input type="checkbox"/> Wales ➔ go to 11 <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Elsewhere, please write in the current name of the country: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>10 If you were not born in the United Kingdom, when did you most recently arrive to live here?</p> <p>◆ Do not count short visits away from the UK</p> <p>Month Year <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>11 One year ago, what was your usual address?</p> <p>◆ If you had no usual address one year ago, state the address where you were staying</p> <p><input type="checkbox"/> The address on the front of the questionnaire <input type="checkbox"/> Student term-time / boarding school address in the UK, please write in below: <input type="checkbox"/> Another address in the UK, please write in: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Postcode <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Outside the UK, please write in country: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>

Individual questions

12 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 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

13 How well can you understand, speak, read and write English?
 ♦ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Can you understand, speak, read and write Scottish Gaelic or Scots?
 ♦ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

15 Can you use British Sign Language (BSL)?

Yes No

16 What is your main language?
 ♦ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

17 How is your health in general?

Very good Good Fair Bad Very bad

18 Do you have any of the following, 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

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)

Other condition, please write in:

No condition

19 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

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Individual questions

20 What passports do you hold?
 ♦ Tick **all** that apply

United Kingdom

Ireland

Other, please write in:

None

21 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, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

22 What do you feel is your national identity?
 ♦ Tick **all** that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

23 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

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

D African, Scottish African or British African

Please write in (for example, NIGERIAN, SOMALI):

E Caribbean or Black

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

CV1 0

Individual questions

24 If you are aged 16 or over ➔ go to **25**
 If you are aged 15 or under ➔ go to **41**

- 25 Which of these qualifications do you have?**
 ♦ Tick **all** that apply
- O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
 - Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent
 - Apprenticeship (trade or equivalent)
 - Apprenticeship (Foundation or equivalent)
 - Apprenticeship (Modern or equivalent)
 - Apprenticeship (Graduate 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
 - Other school qualifications not already mentioned (including foreign qualifications)
 - Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
 - Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
 - Professional qualifications (for example, teaching, nursing, accountancy)
 - Other Higher Education qualifications not already mentioned (including foreign qualifications)
 - No qualifications

- 26 Have you previously served in the UK Armed Forces?**
 ♦ **Current serving members** should only tick 'No'
- No
 - Yes, previously served in **Regular** Armed Forces
 - Yes, previously served in **Reserve** Armed Forces

- 27 In the last seven days, were you doing any of the following?**
 ♦ Include casual or temporary work, even if only for one hour
 ♦ Tick **all** that apply
- Working as an employee ➔ go to **33**
 - Self-employed or freelance ➔ go to **33**
 - Temporarily away from work ill, on holiday or temporarily laid off ➔ go to **33**
 - On maternity or paternity leave ➔ go to **33**
 - Doing any other kind of paid work ➔ go to **33**
 - None of the above

- 28 Which of the following describes what you were doing in the last seven days?**
 ♦ Tick **all** that apply
- Retired (whether receiving a pension or not)
 - Studying
 - Looking after home or family
 - Long-term sick or disabled
 - Other

29 In the last four weeks, were you actively looking for any kind of paid work?

Yes No

30 If a job became available now, could you start it within two weeks?

Yes No

31 In the last seven days, were you waiting to start a job already accepted?

Yes No

32 Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to **41**

33 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

- 34 In your main job, what is (was) your employment status?**
- Employee
 - Self-employed or freelance without employees
 - Self-employed with employees

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Individual questions

35 What is (was) the name of the organisation or business you work (worked) for?
 ♦ If you are (were) self-employed in your own business, please write in your business name:

or No organisation or work (worked) for a private individual

36 What is (was) your full job title?
 ♦ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER
 ♦ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?
 ♦ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER
 ♦ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND
 ♦ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

40 In your main job, how many hours a week do (did) you usually work?
 ♦ Include paid and unpaid overtime

0 to 15 16 to 30 31 to 48 49 or more

41 If you currently work or study (or both) ➡ go to 42
 If you do not currently work or study, including if you are retired ➡ go to 44

42 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

Work mainly at, or from, home ➡ go to 44

Distance learning, home schooled or equivalent ➡ go to 44

No fixed place ➡ go to 43

Work on an offshore installation ➡ go to 43

The address below, please write in:

Postcode

The address entered above is my place of
 Work Study

43 How do you usually travel to your main job or course of study (including school)?
 ♦ Answer for your usual travel to the place where you spend the most time
 ♦ Tick the box for the longest part of your journey by distance
 ♦ Tick **one** box only

Driving a car or van

Passenger in a car or van

Taxi or private hire

Motorcycle, scooter or moped

On foot

Bicycle

Bus, minibus or coach

Train

Underground, subway or tram

Other

44 There are no more individual questions.

♦ Remember to sign the declaration on **page 1**

♦ Post the questionnaire back using the pre-paid envelope provided

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are made under the Census Act 1920. They are made for the purpose of enabling the Census (Scotland) Order 2020 (“the Order”) to be carried into effect.

Regulation 3 sets out how a person required to make a return under the Order can make that return and when their obligation is discharged. It introduces schedules 1 to 4 which set out the questions, instructions and response options that a person making a return will be required to respond to if making a return online or by telephone, and schedules 5 to 8 which contain the questionnaires that a person making a return on paper will be required to use. The questions, instructions and response options in schedules 1 to 4 may be modified or translated for the purpose of making it easier for a person making a return to understand those questions, instructions and response options. The Registrar General may also modify the questionnaires in schedules 5 to 8 may for the purpose of making those questionnaires easier for a person making a return to understand or use.

Regulation 4 places duties on persons in charge of communal establishments to pass on access codes for online returns or paper questionnaires to those in their establishment required to make a return. (These access codes and questionnaires will have been provided by the Registrar General.) It also places a duty on those persons to collect completed paper questionnaires and deliver them to the Registrar General.

Regulation 5 imposes a duty to provide information reasonably required by the person obliged to make a census return to enable them to do so.

Regulation 6 provides that information given for census purposes must not be used, published or communicated other than for the purpose of the Census Act 1920, the Order or these Regulations.

Regulation 7 revokes the Census (Scotland) Regulations 2010 and the Census (Scotland) Amendment Regulations 2010.