SCHEDULE

Regulation 2(7)

NEW FORMS OF RETURN TO BE SUBSTITUTED IN SCHEDULE 3 TO THE PRINCIPAL REGULATIONS

| CEN 29 APR | count me in |
|--|--|
| This section to be completed by the Census Enum | nerator Communal Establishment Form CE4 |
| Name Address | CD ED |
| | Form |
| | /ostcode |
| To the manager or person in charge | |
| Dear Sir or Madam | What you have to do |
| The Census is a count every ten years of all people and households in the country. This is the first to be carried out for the Scottish Parliament, and will be used to improve the economic and social condition of Scotland. Central and local government, health authorities and many other organisations use Census information to allocate resources and plan services for everyone. | This form collects important information about your establishment. Complete this form using black or blue ink. Answer the questions about your establishment (page 2). Prepare, issue and collect forms for all usual residents in your |
| Your legal obligation | establishment using the instructions provided to help you. |
| I am seeking your help in conducting the 2001 Census. Completion of this Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. You are also required to distribute and collect forms for all usual residents in your establishment. If you refuse to comply, or give false information, you may be liable to a fine. | Sign the Declaration on this page. Return this form, and the <i>Individual Forms</i> completed by all the usual residents, as soon as possible after 29 April 2001 using the envelope provided. If you have not been left an envelope, the Census Enumerator will arrange to collect the completed forms. |
| Confidentiality | Census Helpline For extra forms or help in answering guestions: |
| The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes. Anyone using or disclosing Census information | Phone 0845 602 2001 (local rate number) Text phone for the Deaf 0845 303 2001 (local rate number) Website www.gro-scotland.gov.uk |
| improperly will be liable to prosecution. The information on your Census form will be treated as confidential for a period of 100 years. | Declaration I have completed this form, and the issue and collection of forms for usual residents in this establishment, to the best of my knowledge |
| Thank you for your co-operation. | and belief. |
| J.N. Randall | Number of Individual Forms Issued Collected |
| J N Randall REGISTRAR GENERAL FOR SCOTLAND Edinburgh | Signature Date |

| How to complete this form | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Remember to use black or blue ink. | | | | | | | | |
| ♦ Put a tick in the appropriate box like this 🗹 . If you mark the | e wrong box, fill in the box like this 🔳 and 🗹 the correct one. | | | | | | | |
| 1 Nature of Establishment | 3 Type of Management | | | | | | | |
| Please tick the box that best describes your establishment. | Who is responsible for the management of your establishment? | | | | | | | |
| 🔹 🖌 one box only | ✓ one box only National Health Service | | | | | | | |
| Medical and Care Establishments | Council (Local Authority) | | | | | | | |
| General Hospital | Housing Association | | | | | | | |
| Psychiatric Hospital/Home | Charity/Voluntary Organisation | | | | | | | |
| Other Hospital | Sole Proprietor/Partnership/Private Company | | | | | | | |
| Nursing Home | Other | | | | | | | |
| Residential Care Home | 4 Type of Resident | | | | | | | |
| Children's Home (including secure units) | Which of the following client groups does your establishment cater for? | | | | | | | |
| Other Medical and Care Home | ♦ ✓ at least one box in Section A and at least one in | | | | | | | |
| If you have ticked a box under 'Medical and Care Establishments' then 📂 Go to 2 | Section B below A: Age group of clients | | | | | | | |
| Other Establishments | Elderly | | | | | | | |
| Defence Establishment (including ships) | Adults | | | | | | | |
| Prison and Young Offenders' Institutions | Children | | | | | | | |
| Educational Establishment (including Halls of Residence) | B: Characteristics of clients | | | | | | | |
| Hotel, Boarding House, Guest House | Physical Disability | | | | | | | |
| Hostels (including youth hostels, hostels for the homeless) | Learning Disability Mental Health Problems | | | | | | | |
| Civilian Ship, Boat or Barge | Convalescent or Post-Operative Care | | | | | | | |
| Other | Drug/Alcohol Problems | | | | | | | |
| If you have ticked a box under 'Other Establishments' | Terminal Illness/Respite Care | | | | | | | |
| then 📂 Go to 4 | Chronic Illness Care | | | | | | | |
| 2 Registration Status | Acute Illness Care | | | | | | | |
| Is your establishment registered with a Health | Elderly | | | | | | | |
| Board or Council? | Students | | | | | | | |
| 🔶 🖌 one box only | Prisoners including Young Offenders | | | | | | | |
| Yes, with the Health Board | Nurses | | | | | | | |
| Yes, with the Council (Local Authority) | Armed Forces Personnel | | | | | | | |
| Yes, with both the Health Board and the Council (Local | Homeless | | | | | | | |
| Authority) | Other | | | | | | | |
| □ No | _ | | | | | | | |
| | Enumerator use only | | | | | | | |
| | Persons Sleeping Rough | | | | | | | |
| | | | | | | | | |

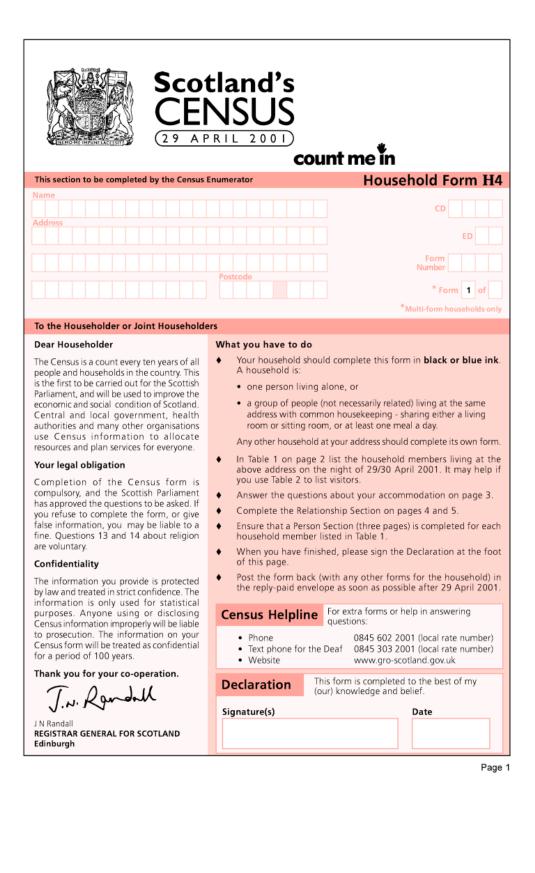


Table 1 Household Members

Using black or blue ink, list all members of your household who usually live at this address, including yourself.

- · Start with the householder or joint householders.
- Include anyone who is temporarily away from home on the night of 29/30 April 2001 and who usually lives at this address.
- Include any baby born before 30 April 2001, even if he or she is still in hospital.
- Include schoolchildren and students if they live at this address during the school, college or university term.
- Also include schoolchildren and students who are away from home during the school, college or university term if this is their normal vacation address. (Only basic information is required in the Person Section.)
- Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces if this is the family home.
- Include other people with more than one address if they live at this address for the majority of time.
- Include anyone who is staying with you if he or she has no other usual address.

An Individual Form is available with an envelope for anyone who wishes not to disclose information to others in the household. Please leave **blank** the three-page Person Section on this form (or any Continuation Form) for anyone who completed an Individual Form and
the box for the person in the column marked 'Individual Form'.

| Person No. | First name and surname of househol | d member | Individual Form | | | | | | | |
|-------------------------------|---|--|-----------------|--|--|--|--|--|--|--|
| Person 1 | | | | | | | | | | |
| Person 2 | | | | | | | | | | |
| Person 3 | | | | | | | | | | |
| Person 4 | | | | | | | | | | |
| Person 5 | | | | | | | | | | |
| 🔶 You will r | eed one or more Continuation Forms | if there are more than 5 household members | | | | | | | | |
| Person 6 | | | | | | | | | | |
| Person 7 | | | | | | | | | | |
| Person 8 | | | | | | | | | | |
| Person 9 | | | | | | | | | | |
| Person 10 | | | | | | | | | | |
| Table 2 | Visitors | | | | | | | | | |
| | ou to complete the form you may oril, who usually live elsewhere. | y use the Table below to list any visitors at this address, on t | he night of | | | | | | | |
| Note that | t visitors from elsewhere in the U | K must be included on a Census form at their usual address | | | | | | | | |
| | | at this address, please answer questions H1 to H5 on Pa the front page. No further information is required. | ge 3. | | | | | | | |
| First name | and surname of visitor | Usual address | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Please at | Please answer the questions about household accommodation on Page 3 opposite. | | | | | | | | | |

| Н | low to Complete the | Re | emaining Questions | | |
|----------------|--|---------------------------------------|--|-----|--|
| Pi lii b | emember to use black or blue ink. ut a tick in the appropriate box, ke this . If you mark the wrong ox, fill in the box and put a tick in the right one, like this . | like on Wi ans lea Sta | ou tick a box with an instruction box Go to H11 , you should move to the question indicated. here you are required to write in an swer please use CAPITAL LETTERS and we one space between each word. rt a new line if a word will not fit. e example on right. | _ | What is your country of birth? Elsewhere, please write in the present name of the country S O U T H A F R I C A |
| Н | lousehold Accommod | lat | ion | | |
| H1 | What type of accommodation does your household occupy? A <i>whole</i> house or bungalow that is: | H4 | Do you have a bath/shower and toilet for use only by your household? | H8 | Does your household own or rent the accommodation? |
| | Detached Semi-detached | HS | Yes No What is the lowest floor level | | Owns outright Go to H11 Owns with a metages or leap |
| | Terraced (including end-terrace) A flat, maisonette, or apartment that is: | | of your household's living accommodation? | | Owns with a mortgage or loan Go to H11 Pays part rent and part |
| | In a purpose-built block of flats or tenement Part of a converted or shared house (includes bed-sits) | | Ground floor (street level) First floor (floor above street level) Second floor | | mortgage (shared ownership) Go to H11 |
| | In a commercial building (for example, in an office building, or hotel, or over a shop) Mobile or temporary structure: | | Third or fourth floor Fifth floor or higher | | Go to H9 |
| | A caravan or other mobile or temporary structure | H6 | Does your accommodation have central heating? | | Lives here rent free Go to H9 |
| H2 | Is your household's accommodation self-contained? | • | If you have central heating available, 🗸 'Yes' whether or | H9 | Who is your landlord? |
| • | This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use. Yes, all the rooms are behind a door that only our household can use No | • | not you use it. Central heating includes: • gas, oil or solid fuel central heating • night storage heaters • warm air heating • underfloor heating | | Council (Local Authority) Scottish Homes Housing Association Housing Co-operative Charitable Trust Non-profit housing company Private landlord or letting agency Employer of a household member |
| | | H7 | How many cars or vans are | | Relative or friend of a |
| H3 | How many rooms do you have for use only by your household? <u>Do not count</u> bathrooms, toilets, halls or landings, or rooms that | • | owned, or available for use, by one or more members of your household? Include any company car or van if | | household member Other |
| • | can only be used for storage such as cupboards. <u>Do count</u> all other rooms, for | | available for private use. None One | H10 | Is the accommodation provided furnished or unfurnished? |
| • | example kitchens, living rooms, bedrooms, utility rooms and studies. | | | | Unfurnished |
| • | If two rooms have been converted into one, count them as one room. Number of rooms | | Three Four or more, please write in number | H11 | Please turn the page. |

| other. | erson 4) relationship to Person | | to reison z is son and to reis | 5011 5 13 |
|---|--|--|---|---|
| ne of Person 1 | Name of Person 2 | | Name of Person 3 | |
| JOHN SMITH | Surrame MARY | | Surname ALISON | |
| SMITH | Relationship of | | Relationship of | |
| | Person 2 to Person + 1 | _ | | 2 |
| ENTER NAME OF PERSON 1 | Husband or wife | _ | | |
| ABOVE | |] | Partner | |
| | |] | Step-child | |
| | Brother or sister | | Brother or sister | _ |
| ovide information on rela | ionship of each person to othe ationships for all household me reasons. | | - | n |
| ovide information on rela <i>dividual Form</i> for privacy e of Person 1 | ationships for all household me reasons. Name of Person 2 | | nether or not they are using an Name of Person 3 | 1 |
| | ationships for all household me reasons. | | ether or not they are using an | , |
| rovide information on rela <i>dividual Form</i> for privacy e of Person 1 me | ationships for all household me reasons. Name of Person 2 | | Name of Person 3 | 1 2 |
| ovide information on rela dividual Form for privacy e of Person 1 me | ationships for all household me reasons. Name of Person 2 First name Surname Relationship of | mbers wh | Name of Person 3 First name Surname Relationship of | |
| rovide information on rela dividual Form for privacy e of Person 1 me | ationships for all household me reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person → | mbers wh | Name of Person 3 First name Surname Relationship of Person 3 to Person → | |
| rovide information on rela idividual Form for privacy e of Person 1 ame me ENTER NAME | Ationships for all household me reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife | mbers wh | Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife | |
| rovide information on rela idividual Form for privacy e of Person 1 ame me ENTER NAME OF PERSON 1 | ationships for all household me reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner | 1 | Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner | |
| rovide information on rela idividual Form for privacy e of Person 1 ame me ENTER NAME OF PERSON 1 | ationships for all household me reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter | 1 | Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter | |
| rovide information on rela idividual Form for privacy e of Person 1 ame me ENTER NAME OF PERSON 1 | ationships for all household me reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child | 1 | Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child | |
| rovide information on rela idividual Form for privacy e of Person 1 ame me ENTER NAME OF PERSON 1 | Ationships for all household me reasons. Name of Person 2 First name Surname Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister | |
| rovide information on rela idividual Form for privacy e of Person 1 ame me ENTER NAME OF PERSON 1 | ationships for all household me reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Name of Person 3 First name Surname Relationship of Person 3 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father | |
| rovide information on rela idividual Form for privacy e of Person 1 ame me ENTER NAME OF PERSON 1 | Ationships for all household me reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fath | 1 | Name of Person 3 First name Surname Relationship of Person 3 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father | 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| e of Person 1 me ENTER NAME OF PERSON 1 | Ationships for all household me reasons. Name of Person 2 First name Surname Surname Relationship of Person 2 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild | 1 | Name of Person 3 First name Surname Surname Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild | 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

6

| Name of Person 4 | | Name of Person 5 | 5 | |
|---|---|--|--|--|
| Surname STEVEN | | First name JAME | | |
| Relationship of | | Relationship of | | |
| Person 4 to Person → 1 Husband or wife | 23 | Person 5 to Person Husband or wife | n → 1 2 3 4 | |
| Partner | | Partner | | |
| Son or daughter | | Son or daughter | | |
| Step-child | | Step-child | | |
| Brother or sister | | Brother or sister | | |
| Name of Person 4 | | Name of Perso | on 5 | |
| Name of Person 4 | | Name of Perso | on 5 | |
| | | | on 5 | |
| | 1 2 3 | First name Surname Relationship of | f | |
| First name Surname Relationship of | 1 2 3 | First name Surname Relationship of | f rson → 1 2 3 4 | |
| First name Surname Relationship of Person 4 to Person → | 1 2 3 | First name Surname Relationship of Person 5 to Person | f rson → 1 2 3 4 | |
| First name Surname Relationship of Person 4 to Person → Husband or wife Partner | 1 2 3 | First name Surname Relationship of Person 5 to Person Husband or wife | $f \\ \text{rson} \rightarrow 1 2 3 4 \\ \square \square \square \square \square \\ \square \square \square \\ \square \square \square \square \\ \square \square \square \\ \square \square \square \\ \square \square \square \\ \square \square \\ \square \square \square \\ \square \square \\ \square \square \square \square \\ \square \square \square \\ \square \square \square \square \square \\ \square \square \square \square \square \\ \square \square$ | |
| First name Surname Relationship of Person 4 to Person → Husband or wife | 1 2 3 0 0 0 0 0 0 0 0 0 0 0 0 | First name Surname Relationship of Person 5 to Pers Husband or wife Partner | $f \\ \text{rson} \rightarrow 1 2 3 4 \\ \square \square \square \square \square \\ \square \square \square \\ \square \square \square \square \\ \square \square \square \\ \square \square \square \\ \square \square \square \\ \square \square \\ \square \square \square \\ \square \square \\ \square \square \square \square \\ \square \square \square \\ \square \square \square \square \square \\ \square \square \square \square \square \\ \square \square$ | |
| First name Sumame Relationship of Person 4 to Person → Husband or wife Partner Son or daughter | | First name Surname Relationship of Person 5 to Pers Husband or wife Partner Son or daughter | $f \\ rson \rightarrow 1 2 3 4 \\ \square \square \square \square \square \\ \square \square \square \square \square \\ \square \square$ | |
| Erst name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child | | First name Surname Relationship of Person 5 to Pers Husband or wife Partner Son or daughter Step-child | $f \\ \text{rson} \rightarrow 1 2 3 4$ $\bigcirc \bigcirc $ | |
| First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister | | First name Surname Relationship of Person 5 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father | $f \\ \text{rson} \rightarrow 1 2 3 4$ $\bigcirc \bigcirc $ | |
| First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father | | First name Surname Relationship of Person 5 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father | f = 1 2 3 4 $(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c$ | |
| Erst name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fathe | | First name Surname Relationship of Person 5 to Pers Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or st | f = 1 2 3 4 $(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c$ | |
| First name Surname Relationship of Person 4 to Person → Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fathe Grandchild | | First name Surname Relationship of Person 5 to Pers Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or st Grandchild | f = 1 2 3 4 $(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c$ | |

| Person 1 • See top of page 3 for how to enter or amend answers to questions. Please use black or blue ink. • What is your name? (Person 1 in Table 1) • What is your sex? • Male • Male • What is your sex? • Male • What is your mark? (Person 1 in Table 1) • What is your sex? • Male • What is your marking the school college/inhyership term. • Male • What is your marking the school college/inhyership term. • Marking transmedel with a school college/inhyership term. • Marking torumarities • M | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------------------------------|------------|-------|-----|-------|----------|--------|-------|-------|-------|------|-------|------|------|------|-----|------|-------|------|-------|------|----------|-------|-------|
| 1 What is your name? (Person 1 in Table 1) 1 Protitiante and sumante 2 What is your sex? 9 1 Male Fernale 3 What is your date of birth? Day Menth Year Day Menth Year 4 What is your marital status For a child abora fate: 29 April 2000. Yea usual address one year ago. 2 What is your marital status For a child born after: 29 April 2000. Yeatcode 2 What is your marital status For a child born after: 29 April 2000. Yeatcode 2 What is your marital status For a child born after: 29 April 2001. For a child born after: 29 April 2001. For a child born after: 29 April 2001. 3 What is your marital status For a child born after: 29 April 2001. For a child born after: 29 April 2001. < | P | | | | | | | | | | | | | | | | | | | | | | | | |
| Pirst name and sumane 2 What is your sex? Male Female 3 What is your date of birth? Goy Mont Goy Mont 4 What is your date of birth? Goy Mont Goy Mont 9 What is your marial status 10 Married (first marriage) 9 Re-married 9 What address one year ago 10 What is your marial status 10 No usual address one year ago 11 Re-married 12 EBewhere, please write in below 13 What address one year ago 14 Widowed 15 Are you a schoolchild or studers 14 Work of the place where you spend most time for work or study. 15 Answer for the place where you spend most time for work or study. 16 Do you live at the address shore your sput of studers 17 Work on offshore installation, please use the address panel below to write 18 No fixed place 19 Work on offshore installation, please usert in | • | See top of page 3 for how to ent | ter o | or ar | ne | nda | answ | ers | to | que | sti | ion | is. P | lea | ise | use | e b | lac | k o | r b | lue | in | k. | | |
| 2 What is your sex? 9 What was your usual address one year ago? 3 Male Female Female 3 What is your date of birth? Over weel wind during the school creating school or a student one year ago. give the school creating school or a student one year ago. 4 What is your marital status (on 25 April 2001)? For a child boar after 23 April 2001, 4'' No usual address one year ago. 5 Bringle (neer marined) Beewhere, please write in below 6 What is your maring at status (including school)? Postode 7 We school child or student in full-time education? Postode 9 What address do you travel to for your main job or course of study (including school)? 9 Are you a schoolchild or student in full-time education? 9 Wat address do you travel to for your main job or course of study (including school)? 9 Are you a schoolchild or student in full-time education? 9 Work or study mainy at or from home be Go to 12 10 Work or study mainy at or from home be Go to 12 10 Work or offshore installation, please use the address panel below to write in school/college/university term 10 Yes, in the address during the school/college/university term 11 How | 1 | | i lable 1) | | | | | | | | | | | | | | | | | | | | | | |
| Male Female If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/collegy/unversity term. For a child at boarding school or a student one year ago, give the address at which are 29 April 2000, 4⁻ No usual address one year ago. What is your marital status (or 29 April 2001)? Single (never married) Married (first marriage) Re-married Separated (but stillegaly married) Divorced Widowed Are you a schoolchild or student in fulf-time education? Yes Go to 6 No Go to 7 Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. Not currently working or studying Go to 12 Work on offshore installation, please use the address panel below to write in where you travel for form home Go to 12 Work on offshore installation, please use the address panel below to write in where you travel for form form, for example "ABERDEEN" No, Live elsewhere during the school/college/university term Go to 35 Yoes I as to associate for a study married in where you travel for form form, for example "ABERDEEN" No is good? You spot the address to you travel to your main place of work or study in whete holes at the school/college/university term Go to 35 You spot the address to you usually travel to your usual journey to work or study in the diversity or daily at the school/college/university term How do you usually travel to your usual place of work or study in the box for the longet part, by distance, of your usual journey to work or study. I How do you usually travel to your usual journey to work or study. I How do you usually travel to your usual journey to work or study. I How do you usually travel to your usual journey to work or study. I How do y | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male Female Male Female Mat is your date of birth? Day Month Year What is your marital status (or 29 April 2001)? What is your marital status (or 29 April 2001)? What is your marital status (or 29 April 2001)? Single (never maried) Ber-maried Sepanded (but still legaly maried) Divorced Widowed Mare dates do you travel to for your main job or course of study (including school)? Are you a schoolchild or studert in full-time education? Yes For 6 to 6 No So to 7 Ou jue a the address shown on the form of this form during the school.college or university term? More address study mainly at or form home G to 12 Work on offshore installation, please use the address. No fixed place Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "AERDELM" No, live elsewhere during the school/college or university term Goto 7 Over the last twelve months would you say your health has on the whole been: Good? No to good? No fixe place or the longest part, by distance, of your usual joumey to work or study. I houde problems which are due to or log is any your daily at criming the school college or or work or study. I houde problems which are due to or log is any your daily at criming and the school? Yes, live at the address during the school college or many is the mode to good? No to good? So you have any long-term illows or work you can dog? Yes to good? No to good? No t | 2 | What is your sex? | 9 | Wł | nat | : wa | s you | r us | sua | al ad | ldr | es | s oi | ne : | yea | r a | go | ? | | | | | | | |
| 3 What is your due of birth? □ | | Male Female | Ľ | ado | lre | ss at | whic | h yo | u ۱ | were | e liv | vin | g di | urin | ig t | he s | sch | ool | col/ | leg | je/u | iniv | ersi | ity 1 | |
| 4 What is your marital status (on 29 April 2001)? □ 9 Single (never married) □ 10 Married (first marriage) □ 11 More dots and the status of t | 3 | | • | For | Т | he a | ddress | shov | wn | on t | hei | fro | nt o | | | | lai | ado | ires | is o | ne | yea | r ag | jo'. | |
| (on 29 April 2001)? Single (never married) Married (first marriage) Re-married Separated (but still legally married) Divorced Widowed Vidowed Answer for the place where you spend most time for work or study. ' Yes Go to 6 No Go to 7 Outjoin as the address of this form during the school, college or university term? · Yes, Live at the address do you travel of fshore installation, please use the address panel below to write in where you travel of fshore from, for example "ABERDEEN" Ohy answer this question if you have any long-term Mo, Live elsewhere during the school, college/university term - Go to 35 7 Over the last twelve months woold you say your health has on the whole been: Godo? Fairly good? * A the box for the longest part, by distance, of your usual journey to work or study. * J one box only: * J one box only: * J the box for the longest part, by distance, of your usual journey to work or study. I How do you usually travel to your main place of work or study. I How do you usually travel to your main place of work or study. I How do you usually travel to your main place of work or study. I How do | | | | | | | | | | | | 2 | | , | | | | | | | | | | | |
| Married (first marriage) Re-married Separated (but still legally married) Divorced Widowed Widowed What address do you travel to for your main job or course of study (including school)? Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. No be Go to 7 Oby you live at the address form during the school, college or university term? Only answer this question if you have answered 'Yes' to Question 5. Your the last twelve months would you say your health has on the whole been: Good? Fairly good? No tag god? Wo tag god? Wo tag od? | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| Re-married Separated (but still legally married) Divorced Widowed Are you a schoolchild or student in full-time education? Yes Goto 6 No Goto 7 Do you live at the address shown on the front of this form during the school, college or university term? Only answer this question if you have answered 'Yes' to Question 5. Yes, Live at this address during the school/college/university term Goto 7 Over the last twelve months would you say your health has on the whole been: Goto 7 Over the last twelve months would you say your health has on the whole been: Goto 7 Do you have any long-term illness, health problem or disability which limits you daily activities or the work you candof Include problems or diabability which limits you daily activities or the work you candof Include problems or diagability which limits you candof Include problems or the work you candof Include problems or diagability which limits you candof Include problems or diagability which limits you candof Include problems or the work you candof Include problems or diagability which in are due to Include problems or diagability which in are due to Include problems or diagability which in the dators Include problems or diagability which in the due to Include problems or the work you candof Include problems or the work you candof | | | | | | | | | | | | | | | | | | | | | | | | | |
| Separated (but stillegally married) Divorced Widowed 10 What address do you travel to for your main job or course of study (including school)? Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. No be Goto 7 Do you live at the address shown on the front of this form during the school/college/university term? Yes, Live at this address during the school/college/university term? Outy answer this question if you have any long-term in the work og or study: How do you usually travel to your main place of work or study (including school)? Work or study maining the school/college/university term? Goto 3 Over the last twelve months would you say your health has on the whole been: Goto 3 Over the last twelve months monther work and the longest part, by distance, of your usual journey to work or study (including school)? I How do you usually travel to your main place of work or study (including school)? I how good? Not good? Include problem or dialy activities or the work you candof Include problem or dialy activities or the work you candof Include problem or dialy activities or the work you candof Include problem or dialy activities or the work you candof Include problem or dialy activities or the work you candof Include problem or dialy activities or the work you candof Include problem or dialy activities or the work you candof Include problem schole activities or the work you candof Include problem schole activities or the work you candof Include problem schole activities or the work you candof Include problem schole activities or the work you candof Include problem schole activities or the work you candof Include problem schole activities or the work you candof In | | _ | | | | | | | | | | | | | | | | | | | | | | | |
| Divorced Divorced Widowed Market address do you travel to for your main job or course of study (including school)? Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. No is Go to 7 Do you live at the address form during the school, college or university term Go to 7 Only answer this question if you have answered Yes' to Question 5. Yes, I live at this address during the school/college/university term Go to 7 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? Not good? Pairly good? Not good? Include problems which are due to or disability which limits your daily activities or the work you candof Include problems which are due to or dia age. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Widowed Widowed What address do you travel to for your main job or course of study (including school)? A re you a schoolchild or student in full-time education? Yes Go to No Go to Only answer this question if you have answered Yes' to Question S. Yes, I live at this address during the school/college/university term Go to Yes, I live at this address during the school/college/university term Go to Yes, I live at this address during the school/college/university term Go to Yes, I live at the address quring the school/college/university term Go to Yes, I live at study the moths would you say your health has on the whole been: Go to Go you have any long-term illness, health problem or disability which limits your daily activities or the work you can day activities or the work you can day activities or the work you can day Include problems which are due to or days. | | _ | | | | | | | | | | | | | | | | Post | cod | e | | | | | |
| S Are you a schoolchild or study (including school)? A Are you a schoolchild or study including school)? A Are you a schoolchild or study including school)? A Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. No is Go to 7 Do you live at the address shown on the front of this form during the school, college or university term? Only answer this question if you have row to for your mainly at or from home is Go to 12 Only answer this question if you have answered Yes' to Question 5. Yes, I live at this address during the school/college/university term Go to 7 No, I live elsewhere during the school/college/university term Go to 35 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? Not good? Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Answer for the place where you spend most time for work or study. Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. No Go to 7 No Go to 7 No Go to 7 No fixed place Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN" No, I live elsewhere during the school/college/university term Go to 7 No, I live elsewhere during the school/college/university term Go to 35 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? Not good? I How do you usually travel to your main place of work or study. I how do you usually travel to your main place of work or study. I how do you do you do your health has on the whole been: Underground, tube, metro or light rail Passenger in a car or van Itain Motor cycle, scooter or moped Bus, minibus or coach (public or private) | | Widowed | 10 | | | | | | | u tra | ave | el 1 | to f | or | yoı | ır n | nai | n je | b | or | τοι | ırs | e of | st | udy |
| Yes Go to 6 No Go to 7 6 Do you live at the address shown on the front of this form during the school, college or university term? No fixed place Only answer this question if you have answered 'Yes' to Question 5. No fixed place Yes, I live at this address during the school/college/university term Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN" 7 Over the last twelve months would you say your health has on the whole been: The wood you usually travel to your main place of work or study (including school)? 8 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can dot 8 Do you have any long-term idla age. Include problems which are due to old age. | 5 | | 1. | Ans | sw | er fo | r the | plac | e v | | | · | | | | | | e f | or v | vor | rk o | r st | udy | | |
| No Go to 7 Work or study mainly at or from home Go to 12 Do you live at the address shown on the front of this form during the school, college or university term? Only answer this question if you have answered 'Yes' to Question 5. Yes, I live at this address during the school/college/university term Go to 7 No, I live elsewhere during the school/college/university term Go to 35 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? No t good? Bo you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. Work or study mainly at or from home Go to 12 Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN" Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN" The address below, please write in Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN" The address below, please write in Yes, I live at this address during the school/college/university term Go to 35 Potro at a twelve months would you usally travel to your main place of work or study (including school)? I how do you usually travel to your main place of work or study. I check on the longest part, by distance, of your usual journey to work or study. I check on the longest part, by distance, of your usual journey to work or study. I check on the work you can do? Include problems which are due to old age. Taxi or minicab On foot | | 🗌 Yes ► Go to 🧧 | • | | | | | | | | | | | | | | | to | 1 | 2 | | | | | |
| 6 Do you live at the address shown on the front of this form during the school, college or university term? Only answer this question if you have answered Yes' to Question 5. Yes, I live at this address during the school/college/university term Go to 7 No, I live elsewhere during the school/college/university term Go to 35 Postcode Postcode Postcode Postcode Postcode Indude problems which are due to old age. Indude problems which are due to old age. No fixed place No fixed place No fixed place No fixed place Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN" The address below, please write in The address below, please write in The address below, please write in Postcode Postcode Postcode Postcode How do you usually travel to your main place of work or study (including school)? I how do you usually travel to your main place of work or study. I how for the longest part, by distance, of your usual journey to work or study. Underground, tube, metro or light ral Passenger in a car or van Bus, minibus or coach (public or private) Bicycle Taxi or minicab On foot | | 🗌 No 🕨 Go to 🛛 7 | | | | | | - | | | | | | | | | | | | | | | | | |
| during the school, college or university term? Only answer this question if you have answered 'Yes' to Question 5. Yes, I live at this address during the school/college/university term Go to 7 No, I live elsewhere during the school/college/university term Go to 35 7 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? Not good? Bo you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? 8 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. Include problems which are due to old age. | 6 | | | | | | | - | | , | | | | | | | | | | | | | | | |
| Only answer this question if you have answered Yes' to Question 5. Yes, I live at this address during the school/college/university term Go to 7 No, I live elsewhere during the school/college/university term Go to 35 Postcode Postcode<th></th><th>during the school, college or</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>to</th><th>write</th> | | during the school, college or | | | | | | | | | | | | | | | | | | | | | | to | write |
| the school/college/university term Go to 7 No, I live elsewhere during the school/college/university term Go to 35 Postcode Postcode Postcode Postcode Postcode Include problems which are due to old age. Include problems which are d | ٠ | Only answer this question if you | | | | | - | | | | | | | | , fo | r e) | car | nple | 9 "'A | ABE | RD | EEI | <i>"</i> | | |
| Go to 7 No, I live elsewhere during the school/college/university term Go to 35 7 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? Not good? 11 How do you usually travel to your main place of work or study (including school)? I do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. Include problems which are due to old age. | | | | | | | | | | | | | | | | | | | | | | | | | |
| school/college/university term Go to 35 Postcode Postcode< | | | | | | | | | | | | | | | | | | | | | | | | | |
| Go to 35 7 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? 11 How do you usually travel to your main place of work or study (including school)? ✓ one box only. ✓ one box only. ✓ the box for the longest part, by distance, of your usual journey to work or study. Wot good? 8 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. Wot good? | | | | | | | | | | | | | | | | | | | | | | | | | |
| would you say your health has on the whole been: Good? Fairly good? Not good? Not good? O you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Underground, tube, metro or light rail Passenger in a car or van Train Motor cycle, scooter or moped Bus, minibus or coach (public or private) Bicycle Taxi or minicab On foot | | | | | | | | | | | | | | | | | | Post | cod | e | | | | | |
| on the whole been: Image: A state of the longest part, by distance, of your usual journey to work or study (including school)? Good? Fairly good? Not good? Image: A state of the longest part, by distance, of your usual journey to work or study. B Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. Image: D state of the longest part, by distance, of your usual journey to work or study. Include problems which are due to old age. Image: D state of the longest part, by distance, of your usual journey to work or study. | 7 | Over the last twelve months | | | | | | | | | | | | | | | | | | | | | | | |
| Good? Fairly good? Mot good? Mot good? Include problems which are due to old age. Mot good? Taxi or minicab On foot | | | 11 | | | | | | | trav | vel | l to | y yo | ur | ma | in (| pla | ce | of | wo | ork | or | stu | dy | |
| Not good? Very good? Train Wet or cycle, scooter or moped Bus, minibus or coach (public or private) Bicycle Taxi or minicab On foot | | Good? Fairly good? | | | | | | , | | | | | | | | | | | | | | | | | |
| b) you have any hord term of disability which limits your daily activities or the work you can do? Include problems which are due to old age. Include problems which are due to old age. Train Mator cycle, scooter or moped Bicycle Taxi or minicab On foot | | Not good? | L. | | | | | | nge | st pa | art, | by | dist | ano | e, o | f yo | uru | isua | l jou | Ime | ey te | o w | ork | or s | tudy. |
| disability which limits your daily activities or the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Include problems which are due to old age. Date of the work you can do? Incl | 8 | | | | U | Inder | ground | , tube | e, m | etro | or li | ight | rail | | | |] | Pass | eng | eri | in a | car | or v | an | |
| activities or the work you can do? Bus, minibus or coach (public or private) Bicycle Include problems which are due to old age. Taxi or minicab On foot | | | | | Ti | rain | | | | | | | | | | |] | Mot | or c | ycl | e, so | :00 | ter c | or m | oped |
| old age. | | activities or the work you can do? | | | В | us, m | inibus c | or coa | ich (| publi | cor | priv | vate) | | | |] | Bicy | cle | | | | | | |
| Yes No Driving a car or van Other | | | | | Ta | axi o | minic | ab | | | | | | | | |] | Dn f | oot | | | | | | |
| | | Yes No | | | D | rivin | g a car | orv | /an | | | | | | | |] (| Dthe | er | | | | | | |

| Ρ | er | son 1 | - continued | 1 | | | | |
|----|-----|--------------|---|-----|------|---|----|--|
| 12 | Wh | at is your | country of birth? | 15 | | at is your ethnic group? ose ONE section from A to E, then | 16 | Can you understand, speak, read, or write Scottish Gaelic? |
| | | Scotland | | 1 | 1 | he appropriate box to indicate | • | ✓ all the boxes that apply. |
| | | England | | А | Whi | r cultural background. te | | Understand spoken Gaelic |
| | | Wales | | | | Scottish | | Speak Gaelic |
| | | Northern I | reland | | | Other British | | Read Gaelic |
| | | Republic o | f Ireland | | | Irish | | Write Gaelic |
| | | | please write in the ame of the country | | | Any other White background, | | None of these |
| | | preservering | | | | please write in | 17 | |
| | | | | | | | 17 | help or support to family |
| | | | | | | | | members, friends, neighbours or others because of: |
| 13 | | | n, religious n or body do you | в | Mix | ed | | long-term physical or mental ill-health or disability, or |
| | | ong to? | | | | Any Mixed background, | • | problems related to old age? Do not count anything you do as |
| | | None | | | | please write in | | part of your paid employment. |
| | | Church of S | Scotland | | | | • | ✓ time spent in a typical week. No |
| | | Roman Ca | tholic | | | | | Yes, 1-19 hours a week |
| | | Other Chri | istian, <i>please write in</i> | с | | an, Asian Scottish or Asian | | Yes, 20-49 hours a week |
| | | | | | Brit | Indian | | Yes, 50+ hours a week |
| | | | | | | Pakistani | | |
| | | Buddhist | | | | Bangladeshi | 18 | If you are aged 16 to 74 Go to 19 |
| | | Hindu | Jewish | | | Chinese | | If you are aged 15 and under, or |
| | | Muslim | Sikh | | | Any other Asian background, | | 75 and over |
| | | Another Re | eligion, <i>please write in</i> | | | please write in | | Go to 35 |
| | | | | | | | 19 | Last week, were you doing any |
| | | | | | | | | work: as an employee, |
| 14 | | | n, religious on or body were you | u D | Blac | k, Black Scottish or Black | | as self-employed/freelance, |
| | bro | ught up i | n? | - | Brit | | | in your own/family business, or on a Government sponsored |
| | | None | | | | Caribbean | | training scheme? |
| | | Church of S | | | | African | ľ | ill, on maternity leave, on holiday or |
| | | Roman Ca | | | | Any other Black background, please write in | • | temporarily laid off. ✓ 'Yes' for any paid work, including |
| | Ц | Other Chri | istian, please write in | | | | | casual or temporary work, even if only for one hour. |
| | | | | | | | • | 🖌 'Yes' if you worked, paid or |
| | | Buddhist | | | | | | unpaid, in your own/family business. |
| | | Hindu | Jewish | E | Oth | er ethnic background | | Yes ► Go to 25 |
| | | Muslim | Sikh | | | Any other background, please write in | L | |
| | | | eligion, please write in | | | | 20 | Were you actively looking for any kind of paid work during the last 4 weeks? |
| | | | | | | | | Yes No |
| | L | | | | | | | Please turn over |



| P | Person 1 - <i>continue</i> d | 1 | |
|----|---|---------|---|
| 21 | If a job had been available last week, could you have started it within 2 weeks? | 29 • | work in your main job? Give average for last four weeks. Number of hours |
| | Yes No | 30 | worked a week What is (was) the full title of your <i>main</i> job? |
| 22 | Last week, were you waiting to start a job already obtained? | • | For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. |
| | Yes No | • | Civil Servants, Local Government Officers - give job title not grade or pay band. |
| 23 | Last week, were you any of the following? | | |
| | Retired Student | 31 | Describe what you do (did) in your <i>main</i> job. |
| | Looking after home/family | 51 | |
| | Permanently sick/disabled | | |
| | None of the above | | |
| 24 | | 32 | What is the full name of the organisation you work (worked) for in your |
| 24 | Have you ever worked? Yes, please write in the year you last worked Go to 25 | * | main job? Please write in or ✓ one box below as appropriate. If you have your own business, write in the name. |
| | No, have never worked | | |
| • | Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job. Your <i>main</i> job is the job in which you usually work the most hours. | 33 | Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named above at Question 32? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department. |
| 26 | Do (did) you work as an employee or are (were) you self-employed? | ľ | |
| | Employee | | |
| | Self-employed with employees | _ | Which of these qualifications do you have? |
| | Self-employed/freelance without employees | • | all boxes that apply. 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent |
| | Do (did) you supervise any other employees? | | Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent |
| • | A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. | | GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent |
| | Yes No | | GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds |
| 28 | How many people work (worked) for your employer at | | Advanced Craft, RSA Advanced Diploma or equivalent HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent |
| | the place where you work (worked)? | | First Degree, Higher Degree |
| ٠ | If you are (were) self-employed, | | Professional Qualifications (for example, teaching, accountancy) |
| | ✓ to show how many people you employ (employed) including yourself. | | None of these |
| | 1-9 10-24 25-499 500 or more | 35 | If there is only 1 household member please sign the Declaration on front page leaving the rest of the form blank. Otherwise go to questions for Person 2. |



| F | Person 2 | | |
|---|--|-------|---|
| + | See top of page 3 for how to ent | ter d | or amend answers to questions. Please use black or blue ink. |
| 1 | | Tab | ble 1) |
| | First name and surname | | |
| | | | |
| 2 | What is your sex? | 9 | What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the |
| | Male Female | Ľ | address at which you were living during the school/college/university term. |
| 3 | What is your date of birth? | • | For a child born after 29 April 2000, ✓ 'No usual address one year ago'. The address shown on the front of the form |
| | Day Month Year | | |
| | | | |
| 4 | What is your marital status (on 29 April 2001)? | | Elsewhere, please write in below |
| | Single (never married) | | |
| | Married (first marriage) | | |
| | Re-married | | |
| | Separated (but still legally married) | | Postcode |
| | Divorced | | |
| | Widowed | 10 | What address do you travel to for your main job or course of study |
| 5 | Are you a schoolchild or student | | (including school)? |
| | in full-time education? | | Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. |
| | 🗌 Yes 🕨 Go to 🧧 | ľ | Not currently working or studying So to 12 |
| | 🗌 No 📂 Go to 🛛 7 | | Work or study mainly at or from home - Go to 12 |
| 6 | Do you live at the address | | No fixed place |
| | shown on the front of this form during the school, college or | | Work on offshore installation, please use the address panel below to write |
| • | university term? Only answer this question if you | | in where you travel offshore from, for example "ABERDEEN" |
| ľ | have answered 'Yes' to Question 5. | | The address below, please write in |
| | Yes, I live at this address during the school/college/university term | | |
| | Go to 7 | | |
| | No, I live elsewhere during the | | |
| | school/college/university term | | |
| | - Go to 35 | | Postcode |
| 7 | Over the last twelve months would you say your health has | | |
| | on the whole been: | 11 | How do you usually travel to your main place of work or study (including school)? |
| | Good? Fairly good? | • | ✓ one box only. |
| | Not good? | • | \checkmark the box for the longest part, <i>by distance</i> , of your usual journey to work or study. |
| 8 | Do you have any long-term | | Underground, tube, metro or light rail Passenger in a car or van |
| | illness, health problem or disability which limits your daily activities or the work you can do? | | Train Motor cycle, scooter or moped |
| • | | | Bus, minibus or coach (public or private) Bicycle |
| 1 | Include problems which are due to old age. | | Taxi or minicab On foot |
| | Yes No | | Driving a car or van |
| | | | Please turn over |



| Ρ | erson 2 - continued | | | | |
|----|---|---|---|----|--|
| 12 | What is your country of birth? | | What is your ethnic group? | 16 | Can you understand, speak, read, or write Scottish Gaelic? |
| | Scotland | • | Choose ONE section from A to E, then ✓ the appropriate box to indicate | • | ✓ all the boxes that apply. |
| | England | Δ | your cultural background. White | | Understand spoken Gaelic |
| | Wales | | Scottish | | Speak Gaelic |
| | Northern Ireland | | Other British | | Read Gaelic |
| | Republic of Ireland | | Irish | | Write Gaelic |
| | Elsewhere, please write in the | | Any other White background, | | None of these |
| | present name of the country | | please write in | | |
| | | | | 17 | Do you look after, or give any help or support to family |
| | | | | | members, friends, neighbours or others because of: |
| 13 | What religion, religious | в | Mixed | • | long-term physical or mental ill-health or disability, or |
| | denomination or body do you belong to? | | Any Mixed background, | L | problems related to old age? |
| | None | | please write in | • | Do not count anything you do as part of your paid employment. |
| | Church of Scotland | | | • | ✓ time spent in a typical week. |
| | Roman Catholic | | | | No No |
| | Other Christian, please write in | с | Asian, Asian Scottish or Asian | | Yes, 1-19 hours a week |
| | | | British | | Yes, 20-49 hours a week |
| | | | Indian | | Yes, 50+ hours a week |
| | Buddhist | | Pakistani | 18 | If you are aged 16 to 74 |
| | Hindu Jewish | | Bangladeshi | | - Go to 19 |
| | Muslim Sikh | | Chinese | | If you are aged 15 and under, or 75 and over |
| | Another Religion, please write in | | Any other Asian background, please write in | | ► Go to 35 |
| | | | | 19 | Last week, were you doing any |
| | | | | | work: as an employee, |
| 14 | What religion, religious denomination or body were you | D | Black, Black Scottish or Black | • | as self-employed/freelance, |
| | brought up in? | U | British | | in your own/family business, or on a Government sponsored |
| | None | | Caribbean | | training scheme? |
| | Church of Scotland | | African | • | ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or |
| | Roman Catholic | | Any other Black background, please write in | | temporarily laid off. ✓ 'Yes' for any paid work, including |
| | Other Christian, please write in | | | ľ | casual or temporary work, even if only for one hour. |
| | | | | • | ✔ 'Yes' if you worked, paid or |
| | Buddhist | | | | unpaid, in your own/family business. |
| | | E | Other ethnic background | | Yes Go to 25 |
| | | | Any other background, please write in | | No Go to 20 |
| | Muslim Sikh | | | 20 | Were you actively looking for any kind of paid work during the last |
| | Another Religion, please write in | | | | 4 weeks? |
| | | | | | Yes No |
| | | | | | |

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| P | erson 2 - continued | 1 | |
|----|--|---------|---|
| 21 | If a job had been available last week, could you have started it within 2 weeks? | 29 • | How many hours (to the nearest full hour) a week do (did) you usually work in your main job? Give average for last four weeks. Number of hours worked a week |
| | Yes No | 30 | What is (was) the full title of your <i>main</i> job? |
| 22 | Last week, were you waiting to | + | For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. |
| | start a job already obtained? | • | Civil Servants, Local Government Officers - give job title not grade or pay band. |
| 23 | Last week, were you any of the | | |
| | following? | | |
| • | ✓ all the boxes that apply. | | |
| | Retired Student | 31 | Describe what you do (did) in your <i>main</i> job. |
| | Looking after home/family | | |
| | Permanently sick/disabled | | |
| | None of the above | | |
| 24 | Have you ever worked? | 32 | What is the full name of the organisation you work (worked) for in your main job? |
| | Yes, please write in the year you last worked | • | Please write in or 🗸 one box below as appropriate. |
| | | • | If you have your own business, write in the name. |
| | Go to 25 No, have never worked | | |
| | Go to 34 | | |
| 25 | Answer the remaining questions | | Self-employed/freelance Work (worked) for a private individual |
| | for the <i>main</i> job you were doing last week, or if not working last | 33 | What is (was) the business of the organisation which you named |
| • | week, your last <i>main</i> job. Your <i>main</i> job is the job in which | | above at Question 32? |
| | you usually work the most hours. | : | For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department. |
| 26 | Do (did) you work as an employee or are (were) you | | |
| | self-employed? | | |
| | Employee | | |
| | Self-employed with employees | 34 | Which of these qualifications do you have? |
| | Self-employed/freelance without employees | • | ✓ all boxes that apply. |
| 27 | Do (did) you supervise any | | 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent |
| | other employees? A supervisor or foreman is responsible | | Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent |
| | for overseeing the work of other employees on a day-to-day basis. | | GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent |
| L | Yes No | | GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent |
| 28 | How many people work (worked) for your employer at | | HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent |
| | the place where you work (worked)? | | First Degree, Higher Degree |
| • | If you are (were) self-employed, | | Professional Qualifications (for example, teaching, accountancy) |
| | ✓ to show how many people you employ (employed) including yourself. | | None of these |
| | 1-9 10-24 | 35 | If there are only 2 household members, the householder(s) should now sign the Declaration on front page and the remaining pages |
| | 25-499 500 or more | | should be left blank. Otherwise go to questions for Person 3. |

| D | erson 3 | | | | | | | | | | _ | _ | _ | | _ | _ | | _ | | | | _ | _ | _ | _ | | |
|---|--|------|-------------|---|----------------|-------|--------|-------|------|-------|------|------|-------|------|------|-----|------|------|------|------|------|------|-----|------|------|----------|-------|
| - | See top of page 3 for how to ent | or c | | | nd - | ne | | | | | -+: | 0 | | DI | | | | ы | ach | | c h | luc | in | 4 | | | |
| | What is your name? (Person 3 in | | | | na a | ins | we | rs to | 0 q | ue | sti | or | 15. | PIE | as | eu | se | DI | аск | 0 | D | lue | In | κ. | | | |
| | First name and surname | 1410 | | <i>'</i> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | What is your sex? | 9 | | | t wa | | | | | | | | | | - | | - | | | | | | | | | | |
| | Male Female | • | | | ss a | | | | | | | | | | | | | | | | | | | | | | |
| 3 | What is your date of birth? | • | For | | chilo | | | | | | | | | | | | | al | ado | fre | ss o | ne | yea | ar a | go | ſ., | |
| | Day Month Year | | | | 'he a | | | | | | | | | of | the | fo | m | | | | | | | | | | |
| | | | | Ν | lo us | sual | add | ress | on | e ye | ear | ag | 0 | | | | | 5 | am | e a | s Pe | erso | n 1 | | | | |
| 4 | What is your marital status (on 29 April 2001)? | | | E | lsew | her | e, p | leas | e v | vrite | e ii | n b | elo | w | | | | | | | | | | | | | |
| | Single (never married) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Married (first marriage) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Re-married | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Separated (but still legally married) | | | | | | | | | | | | | | | | | | Post | cod | e | | | | | | |
| | Divorced | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Widowed | 10 | Wh | nat | t ad | dre | ss o | do v | voi | ı tr | av | rel | to | fo | r v | ou | r m | ai | n je | ob | or | co | urs | e o | of s | tud | dv |
| 5 | Are you a schoolchild or student in full-time education? | • | (ind Ans | (including school)? Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address. Not currently working or studying FG to 12 | | | | | | | | | | | | | | - | | | | | | | | | |
| | 🗌 Yes 🕨 Go to 🏼 6 | • | lf y | | | | | | | | | | | | ot | | | | | | | | | | | | |
| | No 🕨 Go to 7 | | | | | | | | | | | | 2 | | | | - 0 | | | - | 2 | | | | | | |
| 6 | Do you live at the address | | | | Vork | | | - | ain | ly at | 0 | r fr | om | i hc | me | | - 0 | 0 | to | 1 | 2 | | | | | | |
| | shown on the front of this form during the school, college or university term? | | | v | lo fix Vork | on | offs | hore | | | | | | | | | | | | | | | | | N t | ои | vrite |
| ٠ | Only answer this question if you have answered 'Yes' to Question 5. | | | | n wl he a | | - | | | | | | | | | to | r ex | an | nple | 9 "7 | ABI | ERD | EE | V" | | | |
| | Yes, I live at this address during the school/college/university term | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Go to 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | No, I live elsewhere during the school/college/university term | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Go to 35 | | | | | | | | | | | | | | | | | | Post | cod | e | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | would you say your health has on the whole been: | 11 | Ho | | do Idin | | | | | tra | ve | l t | 0) | /01 | ır n | nai | in p | la | ce | of | wo | ork | or | stı | ıdı | y | |
| | Good? Fairly good? | | v | | | | | 01) | | | | | | | | | | | | | | | | | | | |
| | Not good? | ÷. | | | bo | | × . | lon | ige | st p | art | , bj | y d | ista | nce, | of | you | ır u | sua | l jo | um | ey t | 0 V | /ork | 0 | stu | ıdy. |
| 8 | Do you have any long-term | | | ι | Inder | grou | ınd, | tube | , m | etro | or | ligh | nt ra | ul | | | | F | ass | eng | ger | in a | ca | or | var | ı | |
| | illness, health problem or disability which limits your daily | | | Т | rain | | | | | | | | | | | | | M | Лot | or | cycl | e, s | coc | ter | or | mop | ped |
| | activities or the work you can do? | | | В | lus, m | ninib | LIS 01 | coa | ch (| publi | ic o | rp | rivat | ie) | | | | E | licy | cle | | | | | | | |
| • | Include problems which are due to old age. | | | Т | axi o | r m | inica | ab | | | | | | | | | | 0 | Dn f | foot | t | | | | | | |
| | Yes No | | | C | Drivin | g a | car | or v | an | | | | | | | | | (| Dthe | er | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Page 12

| Ρ | erson 3 - continued | | | _ | |
|----|---|----|---|----|---|
| 12 | What is your country of birth? | 15 | What is your ethnic group? | 16 | Can you understand, speak, |
| | Scotland | ٠ | Choose ONE section from A to E, then the appropriate box to indicate | • | read, or write Scottish Gaelic? all the boxes that apply. |
| | England | | your cultural background. White | | Understand spoken Gaelic |
| | Wales | ^ | Scottish | | Speak Gaelic |
| | Northern Ireland | | Other British | | Read Gaelic |
| | Republic of Ireland | | | | Write Gaelic |
| | Elsewhere, please write in the | | Any other White background, | | |
| | present name of the country | | please write in | | None of these |
| | | | | 17 | Do you look after, or give any help or support to family |
| | | | | | members, friends, neighbours or others because of: |
| 13 | What religion, religious | в | Mixed | • | long-term physical or mental ill-health or disability, or |
| Γ | denomination or body do you belong to? | Б | Any Mixed background, | • | problems related to old age? |
| | None None | | please write in | • | Do not count anything you do as part of your paid employment. |
| | Church of Scotland | | | • | ✓ time spent in a typical week. |
| | Roman Catholic | | | | No No |
| | Other Christian, please write in | c | Asian, Asian Scottish or Asian | | Yes, 1-19 hours a week |
| | | - | British | | Yes, 20-49 hours a week |
| | | | Indian | | Yes, 50+ hours a week |
| | Buddhist | | Pakistani | 18 | If you are aged 16 to 74 |
| | ☐ Hindu ☐ Jewish | | Bangladeshi | | ► Go to 19 |
| | Muslim Sikh | | Chinese | | If you are aged 15 and under, or |
| | Another Religion, please write in | | Any other Asian background, please write in | | 75 and over Go to 35 |
| | | | | 10 | Last week, were veu deing anv |
| | | | | | Last week, were you doing any work: |
| 14 | What religion, religious | | | | as an employee, as self-employed/freelance, |
| Γ | denomination or body were you brought up in? | D | Black, Black Scottish or Black British | • | in your own/family business, or |
| | None None | | Caribbean | • | on a Government sponsored training scheme? |
| | Church of Scotland | | African | • | |
| | Roman Catholic | | Any other Black background, | | temporarily laid off. |
| | Other Christian, <i>please write in</i> | | please write in | • | 'Yes' for any paid work, including casual or temporary work, even if only |
| | | | | | for one hour. |
| | | | | * | 'Yes' if you worked, paid or unpaid, in your own/family business. |
| | Buddhist | E | Other ethnic background | | 🗌 Yes 📂 Go to 🛛 25 |
| | 🗌 Hindu 🗌 Jewish | | Any other background, | | 🗌 No 📂 Go to 20 |
| | Muslim Sikh | | please write in | 20 | Were you actively looking for any |
| | Another Religion, <i>please write in</i> | | | | kind of paid work during the last 4 weeks? |
| | | | | | Yes No |
| | | | | | Please turn over |
| | | _ | | 1 | rieuse turri over |

| P | Person 3 - continued | | |
|----|---|---------|---|
| 21 | If a job had been available last week, could you have started it within 2 weeks? | 29 • | How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job? Give average for last four weeks. Number of hours |
| | Yes No | 30 | Worked a week What is (was) the full title of your <i>main</i> job? |
| 22 | Last week, were you waiting to | • | For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. |
| | start a job already obtained? | • | Civil Servants, Local Government Officers - give job title not grade or pay band. |
| 23 | Last week, were you any of the following? | | |
| ٠ | ✓ all the boxes that apply. | | |
| | Retired Student | 31 | Describe what you do (did) in your <i>main</i> job. |
| | Looking after home/family | | |
| | Permanently sick/disabled | | |
| | None of the above | | |
| 24 | Have you ever worked? | 32 | What is the full name of the organisation you work (worked) for in your |
| | Yes, please write in the year you last worked | • | <i>main</i> job? Please write in or ✓ one box below as appropriate. If you have your own business, write in the name. |
| | 🕨 Go to 25 | | |
| | No, have never worked | | |
| 25 | Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last | 22 | Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named |
| | week, your last <i>main</i> job. Your <i>main</i> job is the job in which | 55 | above at Question 32? |
| | you usually work the most hours. | * | For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department. |
| 26 | Do (did) you work as an employee or are (were) you self-employed? | | |
| | Employee | | |
| | Self-employed with employees | 34 | Which of these qualifications do you have? |
| | Self-employed/freelance without | • | ✓ all boxes that apply. |
| 27 | employees Do (did) you supervise any | | 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent |
| • | other employees? A supervisor or foreman is responsible | | Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent |
| | for overseeing the work of other employees on a day-to-day basis. | | GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent |
| | Yes No | | GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent |
| 28 | How many people work (worked) for your employer at | | HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent |
| | the place where you work (worked)? | | First Degree, Higher Degree |
| • | If you are (were) self-employed, | | Professional Qualifications (for example, teaching, accountancy) |
| | to show how many people you employ (employed) including | | None of these |
| | yourself. | 35 | If there are only 3 household members, the householder(s) should |
| | 25-499 500 or more | | now sign the Declaration on front page and the remaining pages should be left blank. Otherwise go to questions for Person 4. |



| F | Person 4 | | | | | | | | | | | | | | | | | | | |
|---|--|------|--|-----------------|-------|--------|--------|-------|-------|-------|------|--------|-------|-------|------------------|--------|---------|---------|--------------|-------|
| ٠ | See top of page 3 for how to ente | er o | r am | end a | insv | vers | s to | que | sti | ion | s. P | lea | se ı | ise k | olack | or bl | ue ir | ık. | | |
| 1 | What is your name? (Person 4 in First name and surname | Tab | le 1) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 2 | What is your sex? | 9 | | at wa | - | | | | | | | | - | | | | | | | |
| | Male Female | • | add | ess a | t wh | ich | you | wer | re li | ivīn | g d | urir | ng ti | ne sc | lent o hool/o | olleg | je/un | ivers | ity te | |
| 3 | What is your date of birth? | • | | The a | | | | | | | | | | | l addı | ess o | ne ye | ear ag | j oʻ. | |
| | Day Month Year | | | No us | | | | | | | | 1 (1) | ie io | | Same | as Pe | erson | 1 | | |
| 4 | What is your marital status | | | Elsew | here, | ple | ase | writ | te i | n be | elov | N | | | | | | | | |
| - | (on 29 April 2001)? | | | | | | | | | | | | | | | | | | | |
| | Single (never married) | | | | | | | | | | | | | | | | | | | |
| | Married (first marriage) | | | | | | | | | | | | | | | | | | | |
| | Separated (but still legally married) | | | | | | | | | | | | | | Dente | | | | | |
| | Divorced | | | | | | | | | | | | | | Posto | | | | | |
| | Widowed | 10 | Wha | at ad | dres | s d | o yo | ou ti | rav | vel t | to f | for | you | r ma | ain jo | b or | cour | se o | f stu | dy |
| 5 | Are you a schoolchild or student | • | | ludin ver fo | | | - | whe | ere | vou | מפו | enc | d mo | st ti | me fo | r woi | k or : | studv | | |
| | in full-time education? | + | | u rep | | | | | | | | | | | | | | | | |
| | Yes Go to 6 | | | Not c | urrer | ntly v | work | ing (| or s | tudy | ying |] | | ► G | o to | 12 | | | | |
| | No ► Go to 7 | | | Work | or st | tudy | mai | nly a | t o | r fro | nn h | nom | ne 📂 | ► G | o to | 12 | | | | |
| 0 | Do you live at the address shown on the front of this form | | | No fix | ed p | lace | | | | | | | | | | | | | | |
| | during the school, college or university term? | | | | | | | | | | | | | | addre mple | | | | v to v | vrite |
| * | Only answer this question if you have answered 'Yes' to Question 5. | | | The a | ddre: | ss be | elow | ple | ase | e w | rite | in | | | | | | | | |
| | Yes, I live at this address during the school/college/university term | | | | | | | | | | | | | | | | | | | |
| | 🕨 Go to 🛛 7 | | | | | | | | | | | | | | | | | | | |
| | No, I live elsewhere during the school/college/university term | | | | | | | | | | | | | | | | | | | |
| | - Go to 35 | | | | | | | | | | | | | | Posto | ode | | | | |
| 7 | Over the last twelve months | | | | | | | | | | | | | | | | | | | |
| | would you say your health has on the whole been: | 11 | | | | | | / tra | ive | el to | o yo | our | ma | in p | ace o | fwo | ork o | r stu | dy | |
| | Good? Fairly good? | | • | ludin ne bo | | | 91)? | | | | | | | | | | | | | |
| | Not good? | ¥. | | | | | long | est p | art | t, by | dist | tanc | æ, of | your | usual | journ | ey to v | work | or stu | udy. |
| 8 | — Do you have any long-term | | | Under | grour | nd, tı | ube, r | netro | or | light | rail | | | | Passe | nger | in a ca | ar or v | /an | |
| | illness, health problem or disability which limits your daily | | | Train | | | | | | | | | | | Moto | r cycl | e, sco | oter (| or mo | ped |
| • | activities or the work you can do? | | bus, minibus or coacinguasic or private) | | | | | | | | | Bicycl | e | | | | | | | |
| | old age. | | | Taxi o | r mir | nicat | 0 | | | | | | | | On fo | ot | | | | |
| | Yes No | | | Drivin | g a c | ar o | r var | 1 | | | | | | | Other | | DI | | | |
| | | | | | | | | | | | | | | | | | Plea | se ti | ırn o | over |



| Ρ | erson 4 - continued | | | | |
|----|---|---|---|-----|--|
| 12 | What is your country of birth? | | What is your ethnic group? | 16 | Can you understand, speak, read, or write Scottish Gaelic? |
| | Scotland | • | Choose ONE section from A to E, then the appropriate box to indicate | • | ✓ all the boxes that apply. |
| | England | А | your cultural background. White | | Understand spoken Gaelic |
| | Wales | | Scottish | | Speak Gaelic |
| | Northern Ireland | | Other British | | Read Gaelic |
| | Republic of Ireland | | lrish | | Write Gaelic |
| | Elsewhere, please write in the present name of the country | | Any other White background, | | None of these |
| | | | please write m | 17 | Do you look after, or give any |
| | | | | | help or support to family members, friends, neighbours |
| | | | | | or others because of: long-term physical or mental |
| 13 | What religion, religious denomination or body do you | в | Mixed | | ill-health or disability, or problems related to old age? |
| | belong to? | | Any Mixed background, please write in | • | Do not count anything you do as |
| | Church of Scotland | | | • | part of your paid employment. ✓ time spent in a typical week. |
| | Roman Catholic | | | | No No |
| | Other Christian, please write in | _ | | | Yes, 1-19 hours a week |
| | | C | Asian, Asian Scottish or Asian British | | Yes, 20-49 hours a week |
| | | | Indian | | Yes, 50+ hours a week |
| | Buddhist | | Pakistani | 18 | If you are aged 16 to 74 |
| | 🗌 Hindu 🔲 Jewish | | Bangladeshi | | ► Go to 19 |
| | Muslim Sikh | | Chinese | | If you are aged 15 and under, or 75 and over |
| | Another Religion, please write in | | Any other Asian background, please write in | | ► Go to 35 |
| | | | | 19 | Last week, were you doing any |
| | | | | | work: as an employee, |
| 14 | What religion, religious denomination or body were you | _ | Riada Riada Casthiata an Riada | • | as self-employed/freelance, |
| | brought up in? | D | Black, Black Scottish or Black British | | in your own/family business, or on a Government sponsored |
| | None | | Caribbean | | training scheme? |
| | Church of Scotland | | African | • | ill, on maternity leave, on holiday or |
| | Roman Catholic | | Any other Black background, please write in | • | temporarily laid off. |
| | Other Christian, please write in | | | | casual or temporary work, even if only for one hour. |
| | | | | • | 🗸 'Yes' if you worked, paid or |
| | Buddhist | - | | | unpaid, in your own/family business. |
| | Hindu Jewish | E | Other ethnic background Any other background, | | No Go to 20 |
| | Muslim Sikh | | please write in | 2.5 | |
| | Another Religion, <i>please write in</i> | | | 20 | kind of paid work during the last |
| | | | | | 4 weeks? |
| | | | | | Yes No |
| | | | | | |

| P | erson 4 - continuea | 1 | | | | | | | | | | |
|----|--|---------|---|--|--|--|--|--|--|--|--|--|
| 21 | If a job had been available last week, could you have started it within 2 weeks? | 29 • | How many hours (to the nearest full hour) a week do (did) you usually work in your main job? Give average for last four weeks. Number of hours worked a week | | | | | | | | | |
| | Yes No | 30 | What is (was) the full title of your <i>main</i> job? | | | | | | | | | |
| 22 | Last week, were you waiting to start a job already obtained? | • | For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. | | | | | | | | | |
| | Yes No | • | Civil Servants, Local Government Officers - give job title not grade or pay band. | | | | | | | | | |
| | Last week, were you any of the following? | | | | | | | | | | | |
| • | ✓ all the boxes that apply. | | | | | | | | | | | |
| | Retired Student | 31 | Describe what you do (did) in your <i>main</i> job. | | | | | | | | | |
| | Looking after home/family | | | | | | | | | | | |
| | Permanently sick/disabled | | | | | | | | | | | |
| | None of the above | | | | | | | | | | | |
| 24 | Have you ever worked? | 32 | What is the full name of the organisation you work (worked) for in your <i>main</i> job? | | | | | | | | | |
| | Yes, please write in the year you last worked | • | Please write in or \checkmark one box below as appropriate. If you have your own business, write in the name. | | | | | | | | | |
| | 🕨 Go to 25 | | | | | | | | | | | |
| | No, have never worked | | | | | | | | | | | |
| 25 | Answer the remaining questions for the <i>main</i> job you were doing | | Self-employed/freelance Work (worked) for a private individual | | | | | | | | | |
| | last week, or if not working last week, your last <i>main</i> job. | 33 | What is (was) the business of the organisation which you named | | | | | | | | | |
| • | Your main job is the job in which | • | above at Question 32? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. | | | | | | | | | |
| | you usually work the most hours. | ¥. | Civil Servants, Local Government Officers - please specify your Department. | | | | | | | | | |
| 26 | Do (did) you work as an employee or are (were) you self-employed? | | | | | | | | | | | |
| | Employee | | | | | | | | | | | |
| | Self-employed with employees | 34 | Which of these qualifications do you have? | | | | | | | | | |
| | Self-employed/freelance without | • | 🖌 all boxes that apply. | | | | | | | | | |
| 27 | employees | | 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent | | | | | | | | | |
| • | Do (did) you supervise any other employees? A supervisor or foreman is responsible | | Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent | | | | | | | | | |
| | for overseeing the work of other employees on a day-to-day basis. | | GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent | | | | | | | | | |
| | Yes No | | GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent | | | | | | | | | |
| 28 | How many people work (worked) for your employer at | | HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent | | | | | | | | | |
| | (worked)? | | First Degree, Higher Degree | | | | | | | | | |
| • | If you are (were) self-employed, to show how many people you employ (employed) including | | Professional Qualifications (for example, teaching, accountancy) None of these | | | | | | | | | |
| | yourself. | 35 | If there are only 4 household members, the householder(s) should | | | | | | | | | |
| | 25-499 500 or more | | now sign the Declaration on front page and the remaining pages should be left blank. Otherwise go to questions for Person 5. | | | | | | | | | |

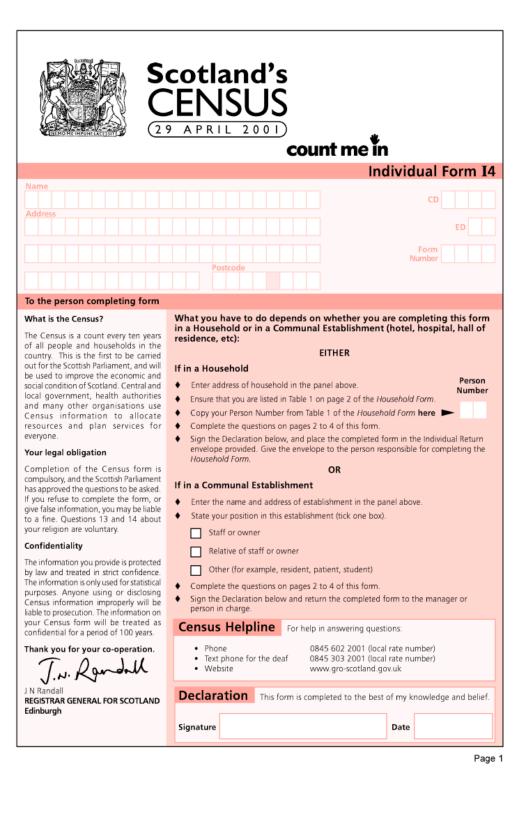
| | larcan E | | | - | | | | | | | | | | | | | | | | | | | | |
|---|--|-----|----------------------------|-----|--------|------------------------------|-------|-------|-------|-------|--------------|-------|-------|-------|-------|-----|------|-------|-------|-------|------|-------|------------------|------|
| | erson 5 | | | | | | | | | | | | | | | | | | | | | | | |
| | See top of page 3 for how to ent | | | | nd a | nsw | er | s to | qu | les | tio | ns. | . Ple | ease | e us | e b | lac | (01 | r bl | ue | ink | | | |
| 1 | What is your name? (Person 5 in First name and surname | Tab | le 1 |) | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | What is your sex? | 9 | | | | s yo | | | | | | | | - | | - | | | | | | | | |
| | Male Female | • | ado | Ire | ss af | t whi | ch | you | I W | ere | liv | ing | du | ring | the | scl | lool | /co | lleg | je/u | niv | ersi | re the ty ter | |
| 3 | What is your date of birth? | • | For | | | l <mark>borı</mark> ddres | | | | | | | | | | | ado | dres | is o | ne | yea | r ag | oʻ. | |
| | Day Month Year | | | | | | | | | | | | | the | 10111 | _ | c | | - D- | | | | | |
| | | | | | | ual a | | | | - | | - | | | L | | Sam | ie a: | s re | ersor | 11 | | | |
| 4 | What is your marital status (on 29 April 2001)? | | | E | .Isew | here, | ple | ease | e wi | nte | In | bel | ow | | | | | | | | | | | |
| | Single (never married) | | | | | | | | | | | | | | | | | | | | | | | |
| | Married (first marriage) | | | | | | | | | | | | | | | | | | | | | | | |
| | Re-married | | | | | | | | | | | | | | | | | | | | | | | |
| | Separated (but still legally married) | | | | | | | | | | | | | | | | Post | tcod | e | | | | | |
| | Divorced | | | | | | | | | | | | | | | | | | | | | | | |
| | Widowed | 10 | | | | | | | | tra | ve | l to | o fo | r y | our | ma | in j | ob | or | τοι | irse | e of | stud | y |
| 5 | Are you a schoolchild or student in full-time education? | ٠ | An | sw | er fo | g sch or the | e pl | lace | wł | | | | | | | | | or v | vor | 'k o | r st | udy. | | |
| | Yes 🕨 Go to 🛛 6 | • | If y | | | ort to | | | | | | | | ot | | | | | - | | | | | |
| | No 🕨 Go to 7 | | | | | urren | | | | | | | | | | | | - 2 | 2 | | | | | |
| 6 | Do you live at the address | | | | | or sti | - | | inly | at | ort | ron | n ho | me | | G |) to | 1 | 2 | | | | | |
| | shown on the front of this form during the school, college or university term? | | | v | Nork | | ffsh | ore | | | | | | | | | | | | | | | to w | rite |
| • | Only answer this question if you have answered 'Yes' to Question 5. | | | | | ddres | | | | | | | | | for | exa | mpl | e "/ | ABE | RD | EEN | | | |
| | Yes, I live at this address during the school/college/university term | | | | | | | | | | | | | | | | | | | | | | | |
| | Go to 7 | | | | | | | | | | | | | | | | | | | | | | | |
| | No, I live elsewhere during the | | | | | | | | | | | | | | | | | | | | | | | |
| | school/college/university term | | | | | | | | | | | | | | | | Post | tcod | e | | | | | |
| - | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Over the last twelve months would you say your health has on the whole been: | 11 | | | | you g scł | | | | rav | el | to | you | ır n | nair | pl | ace | of | wo | ork | or | stuc | ły | |
| | Good? Fairly good? | | - | | | g scr x onh | | 51)? | | | | | | | | | | | | | | | | |
| | Not good? | ¥. | · · | | | | | long | gest | t pa | rt, <i>I</i> | by d | lista | nce, | of y | our | usua | l jo | ume | ey to | o w | ork d | or stu | dy. |
| 8 | Do you have any long-term | | | ι | Jnder | groun | d, ti | ube, | met | tro c | or lig | iht r | ail | | Ľ | | Pass | eng | ler i | in a | car | or va | n | |
| | illness, health problem or disability which limits your daily | | Train Motor cycle, scooter | | | | | | | | | | er o | r mop | ed | | | | | | | | | |
| | activities or the work you can do? | | | В | Bus, m | inibus | ord | coad | h (pi | Jplic | orp | oriva | ite) | | Γ | | Bicy | cle | | | | | | |
| • | Include problems which are due to old age. | | | т | āxi o | r min | ical | b | | | | | | | Г | | On | foot | t | | | | | |
| | Yes No | | | C | Drivin | g a ca | ar c | or va | n | | | | | | | | Oth | er | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Page 18

| Ρ | erson 5 - continued | _ | | _ | |
|----|---|----|---|----|--|
| 12 | What is your country of birth? | 15 | What is your ethnic group? | 16 | Can you understand, speak, |
| | Scotland | • | Choose ONE section from A to E, then the appropriate box to indicate | ٠ | read, or write Scottish Gaelic? all the boxes that apply. |
| | England | | your cultural background. White | | Understand spoken Gaelic |
| | Wales | î | Scottish | | Speak Gaelic |
| | Northern Ireland | | Other British | | Read Gaelic |
| | Republic of Ireland | | Irish | | Write Gaelic |
| | Elsewhere, please write in the | | Any other White background, | | None of these |
| | present name of the country | | please write in | | In the of these |
| | | | | 17 | help or support to family |
| | | | | | members, friends, neighbours or others because of: |
| 13 | What religion, religious | в | Mixed | • | long-term physical or mental ill-health or disability, or |
| | denomination or body do you belong to? | | Any Mixed background, | | problems related to old age? |
| | None None | | please write in | • | Do not count anything you do as part of your paid employment. |
| | Church of Scotland | | | • | ✓ time spent in a typical week. |
| | Roman Catholic | | | | No |
| | Other Christian, please write in | с | Asian, Asian Scottish or Asian | | Yes, 1-19 hours a week |
| | | | British | | Yes, 20-49 hours a week |
| | | | Indian | | Yes, 50+ hours a week |
| | Buddhist | | Pakistani | 18 | If you are aged 16 to 74 |
| | 🗌 Hindu 📄 Jewish | | Bangladeshi | | Go to 19 |
| | Muslim Sikh | | Chinese | | If you are aged 15 and under, or 75 and over |
| | Another Religion, please write in | | Any other Asian background, please write in | | Go to 35 |
| | | | | 19 | Last week, were you doing any |
| | | | | | work: |
| 14 | What religion, religious | | | | as an employee, as self-employed/freelance, |
| | denomination or body were you brought up in? | D | Black, Black Scottish or Black British | | in your own/family business, or |
| | None None | | Caribbean | • | on a Government sponsored training scheme? |
| | Church of Scotland | | African | • | ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or |
| | Roman Catholic | | Any other Black background, | | temporarily laid off. |
| | Other Christian, <i>please write in</i> | | please write in | • | 'Yes' for any paid work, including casual or temporary work, even if only |
| | | | | | for one hour. √ 'Yes' if you worked, paid or |
| | | | | ľ | unpaid, in your own/family business. |
| | Buddhist | Е | Other ethnic background | | 🗌 Yes 📂 Go to 🛛 25 |
| | 🗌 Hindu 📄 Jewish | | Any other background, | | 🗌 No 📂 Goto 20 |
| | Muslim Sikh | | please write in | 20 | Were you actively looking for any |
| | Another Religion, please write in | | | | kind of paid work during the last 4 weeks? |
| | | | | | Yes No |
| | | | | | Please turn over |
| _ | | | | | |

| P | erson 5 - <i>continue</i> d | 1 | |
|----|---|---------|---|
| 21 | If a job had been available last week, could you have started it within 2 weeks? | 29 • | work in your main job? Give average for last four weeks. Number of hours |
| | Yes No | 30 | worked a week What is (was) the full title of your <i>main</i> job? |
| 22 | Last week, were you waiting to start a job already obtained? | • | For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. |
| | Yes No | • | Civil Servants, Local Government Officers - give job title not grade or pay band. |
| 23 | Last week, were you any of the following? | | |
| | Retired Student | 31 | Describe what you do (did) in your main job. |
| | Looking after home/family | | |
| | Permanently sick/disabled | | |
| | None of the above | | |
| 24 | Have you ever worked? | 32 | What is the full name of the organisation you work (worked) for in your |
| | Yes, please write in the year you last worked | * | main job? Please write in or ✓ one box below as appropriate. If you have your own business, write in the name. |
| | No, have never worked | | |
| • | Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job. Your <i>main</i> job is the job in which you usually work the most hours. | • | Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named above at Question 32? |
| 26 | Do (did) you work as an employee or are (were) you self-employed? | * | Civil Servants, Local Government Officers - please specify your Department. |
| | Employee | | |
| | Self-employed with employees | _ | Which of these qualifications do you have? |
| | Self-employed/freelance without employees | • | all boxes that apply. 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent |
| | Do (did) you supervise any other employees? | | Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent |
| * | A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. | | GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent |
| | Yes No | | GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent |
| 28 | How many people work (worked) for your employer at | | HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent |
| | the place where you work (worked)? | | First Degree, Higher Degree |
| ٠ | If you are (were) self-employed, | | Professional Qualifications (for example, teaching, accountancy) |
| | ✓ to show how many people you employ (employed) including yourself. | | None of these |
| | 1-9 10-24 25-499 500 or more | 35 | If there are only 5 household members, the householder(s) should now sign the Declaration on front page. Otherwise please continue with a <i>Continuation Form</i> . Contact Census Helpline if form required (see front page) |





| How to complete this | | like |
|--|---|----------|
| 1 What is your name? | APITAL LETTERS for writing in answers and leave a space between words. | |
| First name and surname | | |
| 2 What is your sex? | 9 What was your usual address one year ago? | |
| 🗌 Male 📄 Female | If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university to | |
| 3 What is your date of birth? | For a child born after 29 April 2000, ✓ 'No usual address one year ago'. The address shown on the front of the form | |
| Day Month Year | No usual address one year ago | |
| | | |
| 4 What is your marital status (on 29 April 2001)? | Elsewhere, please write in below | |
| Single (never married) | | |
| Married (first marriage) | | |
| Re-married | | |
| Separated (but still legally married) | Postcode | |
| Divorced | | |
| Widowed | 10 What address do you travel to for your main job or course of stu | dy |
| 5 Are you a schoolchild or stude in full-time education? | Answer for the place where you spend most time for work or study. | |
| 🗌 Yes 📂 Go to 🛛 6 | If you report to a depot, write in depot address. Not currently working or studying Go to 12 | |
| 🗌 No 📂 Goto 7 | Not currently working or studying Go to 12 Work or study mainly at or from home Go to 12 | |
| 6 Do you live at the address | | |
| shown on the front of this for during the school, college or | Work on offshore installation, please use the address panel below to be | write |
| university term? Only answer this question if you | in where you travel offshore from, for example "ABERDEEN" | write |
| have answered 'Yes' to Question | The address below, <i>please write in</i> | |
| Yes, I live at this address during the school/college/university te | | |
| Go to 7 | | |
| No, I live elsewhere during the | | |
| school/college/university term | Postcode | |
| | | |
| would you say your health ha | 11 How do you usually travel to your main place of work or study | |
| on the whole been: Good? Fairly good? | (including school)? | |
| Not good? | In the box only. In the box for the longest part, by distance, of your usual journey to work or st | to color |
| | | uuy. |
| 8 Do you have any long-term illness, health problem or | | oped |
| disability which limits your da activities or the work you can d | | |
| Include problems which are due to old age. | | |
| Yes No | Driving a car or van Other | |
| | | |



| 12 | What is your country of birth? | | What is your ethnic group? | 16 | Can you understand, speak, read, or write Scottish Gaelic? |
|----|---|---|---|----|---|
| [| Scotland | • | Choose ONE section from A to E, then ✓ the appropriate box to indicate | • | ✓ all the boxes that apply. |
| [| England | A | your cultural background. White | | Understand spoken Gaelic |
| (| Wales | | Scottish | | Speak Gaelic |
| (| Northern Ireland | | Other British | | Read Gaelic |
| (| Republic of Ireland | | Irish | | Write Gaelic |
| (| Elsewhere, please write in the present name of the country | | Any other White background, | | None of these |
| | | | please write in | 17 | Do you look after, or give any |
| | | | | ., | help or support to family members, friends, neighbours |
| | | | | | or others because of: |
| | What religion, religious denomination or body do you | в | Mixed | | long-term physical or mental ill-health or disability, or |
| | belong to? | | Any Mixed background, | • | problems related to old age? Do not count anything you do as |
| [| None | | please write in | | part of your paid employment. |
| (| Church of Scotland | | | • | ✓ time spent in a typical week. □ No |
| [| Roman Catholic | | | | Yes, 1-19 hours a week |
| | Other Christian, please write in | c | Asian, Asian Scottish or Asian British | | Yes, 20-49 hours a week |
| | | | Indian | | Yes, 50+ hours a week |
| | | | Pakistani | | |
| [| Buddhist | | Bangladeshi | 18 | If you are aged 16 to 74 Go to 19 |
| (| Hindu Jewish | | Chinese | | If you are aged 15 and under, or |
| [| Muslim Sikh | | Any other Asian background, | | 75 and over |
| [| Another Religion, please write in | | please write in | | Go to 35 |
| | | | | 19 | Last week, were you doing any work: |
| | | | | • | as an employee, |
| | What religion, religious denomination or body were you | D | Black, Black Scottish or Black | | as self-employed/freelance, in your own/family business, or |
| | brought up in? | | British | | on a Government sponsored |
| | None | | Caribbean | | training scheme? |
| | Church of Scotland | | African | ľ | ill, on maternity leave, on holiday or |
| | Roman Catholic | | Any other Black background, please write in | | temporarily laid off. ✓ 'Yes' for any paid work, including |
| | Other Christian, please write in | | | | casual or temporary work, even if only for one hour. |
| | | | | • | ✓ 'Yes' if you worked, paid or unpaid, in your own/family business. |
| | Buddhist | - | Other atheris hash arrows d | | Yes Go to 25 |
| | Hindu Jewish | E | Other ethnic background Any other background, | | No Go to 20 |
| | Muslim Sikh | | please write in | 20 | |
| 1 | Another Religion, please write in | | | 20 | kind of paid work during the last 4 weeks? |
| | | | | | Yes No |
| | | | | | Please turn over |



| _ | | | |
|----|---|----|---|
| | | | |
| 21 | If a job had been available last week, could you have started it within 2 weeks? | | How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job? Give average for last four weeks. Number of hours |
| | Yes No | - | worked a week |
| | | | What is (was) the full title of your <i>main</i> job? |
| 22 | Last week, were you waiting to start a job already obtained? | | For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. |
| | Yes No | • | Civil Servants, Local Government Officers - give job title not grade or pay band. |
| 23 | Last week, were you any of the following? | | |
| • | ✓ all the boxes that apply. | | |
| | Retired Student | 31 | Describe what you do (did) in your <i>main</i> job. |
| | Looking after home/family | | |
| | Permanently sick/disabled | | |
| | None of the above | | |
| 24 | Have you ever worked? | | What is the full name of the organisation you work (worked) for in your |
| | Yes, please write in the year you last worked | • | <i>main</i> job? Please write in or ✓ one box below as appropriate. If you have your own business, write in the name. |
| | ► Go to 25 | | |
| | No, have never worked Go to 34 | | |
| | Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job. | | Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named above at Question 32? |
| * | Your <i>main</i> job is the job in which you usually work the most hours. | | For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. |
| 26 | Do (did) you work as an employee or are (were) you self-employed? | Ĭ | Civil Servants, Local Government Officers - please specify your Department. |
| | Employee | | |
| | Self-employed with employees | 34 | Which of these qualifications do you have? |
| | Self-employed/freelance without employees | • | ✓ all boxes that apply. 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior |
| 27 | Do (did) you supervise any | | Certificate or equivalent |
| • | other employees? A supervisor or foreman is responsible | | Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent |
| | for overseeing the work of other employees on a day-to-day basis. | | GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent |
| | Yes No | | GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent |
| 28 | How many people work (worked) for your employer at | | HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent |
| | the place where you work (worked)? | | First Degree, Higher Degree |
| ٠ | If you are (were) self-employed, | | Professional Qualifications (for example, teaching, accountancy) |
| | ✓ to show how many people you employ (employed) including yourself. | | None of these |
| | 1-9 10-24 | | Please sign the Declaration on page 1 and follow the instructions |
| | 25-499 500 or more | | on that page about return of form. |

