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							

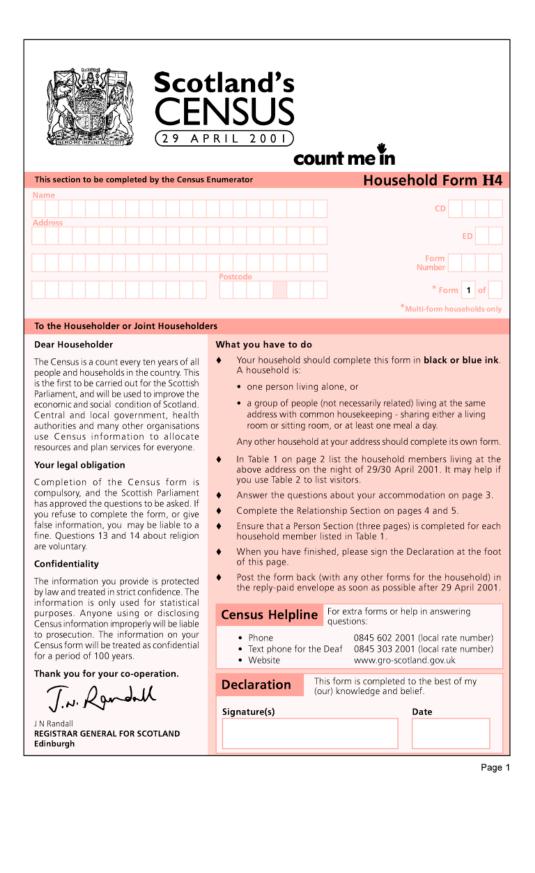


Table 1 Household Members

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

Page 10

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.									

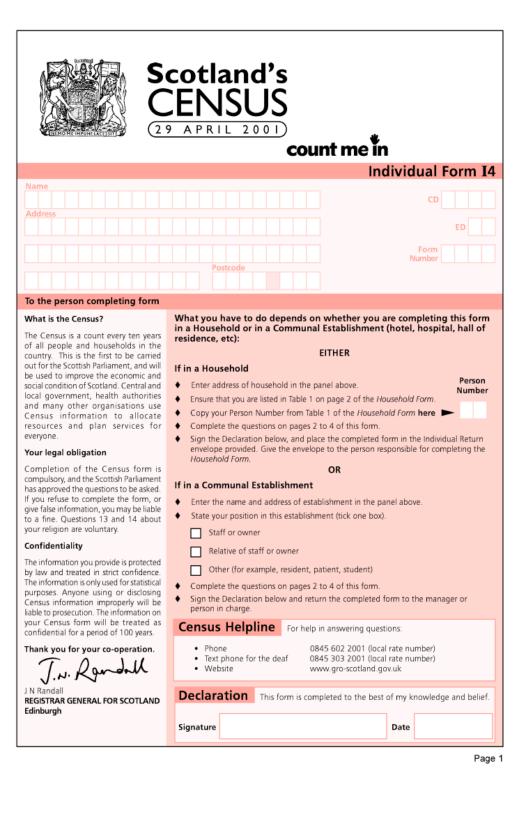
	larcan E			-																				
	erson 5																							
	See top of page 3 for how to ent				nd a	nsw	er	s to	qu	les	tio	ns.	. Ple	ease	e us	e b	lac	(01	r bl	ue	ink			
1	What is your name? (Person 5 in First name and surname	Tab	le 1)																				
2	What is your sex?	9				s yo								-		-								
	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.

