SCHEDULE 8

Regulation 3(16)

Paper Communal Establishment Individual Questionnaire



Individual Questionnaire (CI)

21 March 2021

	If there is a mistake in the printed address, please write your correct address below: Postcode
Scotland's Census 2021	Completing online
Scotland's Census is the official count of every person in the country. The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.	You can complete this questionnaire online. Visit www.census.gov.scot and use the code below. Your Internet Access Code:
The census will count everyone in Scotland on 21 March 2021, whether they usually live here or not. What we would like you to do Please complete this questionnaire on paper or online at www.census.gov.scot	Help and support The leaflet included has more information about how we can help and support you to complete the census questionnaire. You can also visit www.census.gov.scot for more help or call our helpline FREEPHONE 0800 030 8308.
You should provide information that is correct as of Sunday, 21 March 2021. You have a legal responsibility to complete this questionnaire. You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine. The questions about trans status or history, sexual orientation, and religion are voluntary. You do not have to answer these questions if you do	Start here R1 Do you (or the person you are filling this in for) stay here because you are: a resident (for example, patient, student, member of Armed Forces)? a member of staff or the owner? a family member, or partner, of a member of staff or the owner?
Our pledge to you Your census return will be kept secure and will be kept confidential for 100 years. Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future	Declaration I am aged 16 years or over and the information in this questionnaire is full and accurate, as far as I know. The information in this questionnaire is about: me a person aged under 16 years or otherwise incapable of completing the questionnaire Signature Date

Page 1

	Important guidance — before you start]	
	What you have to do		
	answer question R1 on page 1 of this questionnaire		
	answer questions 1 to 44 on pages 3 to 7 of this questionnaire		
	if you need help to complete your questionnaire, you can ask a family member, carer or the person in charge of your establishment to help you fill it in		
	sign the declaration on page 1 and put your questionnaire in the envelope provided		
	seal the envelope and give it to the establishment manager or person in charge of collecting the questionnaires		
	Remember: if you are filling in this questionnaire for someone else, it is their information you need to write in.		
	How to fill in this questionnaire		
	This questionnaire will be scanned by a computer. To make sure we record your answers correctly, follow the instructions below.		
Please:			
	use a black ink ballpoint pen		
tick your answers within the box like this:			
print your answers, in English, within the boxes like this: SMITH			
	use capital letters – one per box		
	correct any mistakes like this: or SM ITH		
	if a word will not fit on one line, continue on to the next line like this, if possible:		
	130 LADYWELL CRESC		
Service And			
	DO NOT draw a line through questions or pages. The computer may mistake this for an answer.	CIVI.0	

Page 2

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

Individual questions	\neg
12 Do you look after, or give any help or support to family members, friends,	17 How is your health in general?
neighbours or others because of either: Iong-term physical / mental ill-health / disability; or	Very good Good Fair Bad Very bad
 problems related to old age? Do not count anything you do as part of your paid employment 	18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
□ No	◆ Tick all that apply
Yes, 1 to 19 hours a week	Deafness or partial hearing loss
Yes, 20 to 34 hours a week	☐ Blindness or partial sight loss
Yes, 35 to 49 hours a week Yes, 50 or more hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
13 How well can you understand, speak, read and write English? Tick one box in each column	Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process information)
Very well	Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
Not at all	Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
14 Can you understand, speak, read and write Scottish Gaelic or Scots? ◆ Tick all that apply	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand Speak Read Write (spoken)	Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
	Other condition, please write in:
Scots	Carlot Condition, picase write in.
or No skills in either language	
15 Can you use British Sign Language (BSL)?	
Yes No	No condition
16 What is your main language? ◆ Tick one box only	19 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ English	♦ Include problems related to old age
Other, please write in (including BSL and	Yes, limited a lot
TACTILE BSL):	Yes, limited a little
	No Section 1
Page 4	

Individual questions	コ
20 What passports do you hold? Tick all that apply	23 What is your ethnic group? ◆ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
☐ United Kingdom	background
☐ Ireland	A White
Other, please write in:	Other British
	☐ Cities British
	Polish
	Gypsy / Traveller
None	Roma
21 What religion, religious denomination or	Showman / Showwoman
body do you belong to? This question is voluntary	Other white ethnic group, please write in:
□ None	
☐ Church of Scotland	B Mixed or multiple ethnic groups
Roman Catholic	Any mixed or multiple ethnic groups, please write in:
Other Christian, please write in below:	
☐ Muslim, write in denomination or school below:	
Hindu	C Asian, Scottish Asian or British Asian
☐ Buddhist	Pakistani, Scottish Pakistani or British
☐ Sikh	Pakistani Indian, Scottish Indian or British Indian
☐ Jewish	☐ Bangladeshi, Scottish Bangladeshi or British
☐ Pagan	Bangladeshi Chinese, Scottish Chinese or British Chinese
Another religion or body, please write in:	Other, please write in:
	D African, Scottish African or British African
22 What do you feel is your national identity? Tick all that apply	Please write in (for example, NIGERIAN, SOMALI):
☐ Scottish	
☐ English	E Caribbean or Black
☐ Northem Irish	☐ Please write in (for example, SCOTTISH
Welsh	CARIBBEAN, BLACK SCOTTISH):
British	
Other, please write in:	F Other ethnic group
Outer, please write in.	Arab, Scottish Arab or British Arab
	Other, please write in (for example, SIKH, JEWISH):
	Page 5

Individual questions	
24 If you are aged 16 or over ⇒ go to 25 If you are aged 15 or under ⇒ go to 41	27 In the last seven days, were you doing any of the following? ♦ Include casual or temporary work, even if only for one hour
25 Which of these qualifications do you have? Tick all that apply	◆ Tick all that apply ☐ Working as an employee → go to 33
O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent	 Self-employed or freelance → go to 33 Temporarily away from work ill, on holiday or temporarily laid off → go to 33 On maternity or paternity leave → go to 33
Apprenticeship (trade or equivalent) Apprenticeship (Foundation or equivalent)	□ Doing any other kind of paid work ⇒ go to 33□ None of the above
Apprenticeship (Modern or equivalent)	28 Which of the following describes what you were doing in the last seven days? Tick all that apply
Apprenticeship (Graduate or equivalent) GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent	Retired (whether receiving a pension or not) Studying Looking after home or family
GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent	Long-term sick or disabled Other
HNC, HND, SVQ level 4 or equivalent	29 In the last four weeks, were you actively looking for any kind of paid work?
Other school qualifications not already mentioned (including foreign qualifications)	30 If a job became available now, could you
Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)	start it within two weeks? Yes No
Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent	31 In the last seven days, were you waiting to start a job already accepted?
Professional qualifications (for example, teaching, nursing, accountancy)	Yes No 32 Have you ever done any paid work?
Other Higher Education qualifications not already mentioned (including foreign qualifications)	Yes, in the last 12 months Yes, but not in the last 12 months
☐ No qualifications	No, have never worked → go to 41 33 Answer the remaining questions for your
26 Have you previously served in the UK Armed Forces? ◆ Current serving members should only tick 'No'	main job or, if not working, your last main job. Your main job is the job in which you usually work (worked) the most hours
□ No	34 In your main job, what is (was) your employment status?
 ☐ Yes, previously served in Regular Armed Forces ☐ Yes, previously served in Reserve Armed Forces 	☐ Employee ☐ Self-employed or freelance without employees ☐ Self-employed with employees
Page 6	1

Individual questions	
35 What is (was) the name of the organisation or business you work (worked) for? ♦ If you are (were) self-employed in your own business, please write in your business name:	41 If you currently work or study (or both) → go to 42 If you do not currently work or study, including if you are retired → go to 44
or □ No organisation or work (worked) for a private individual 36 What is (was) your full job title? ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER ◆ Do not state your grade or pay band 37 Briefly describe what you do (did) in your main job.	42 What address do you travel to for your main job or course of study (including school)? ◆ Answer for the place where you spend the most time ◆ If you report to a depot, please write in the depot address □ Work mainly at, or from, home ⇒ go to 44 □ Distance learning, home schooled or equivalent ⇒ go to 44 □ No fixed place ⇒ go to 43 □ Work on an offshore installation ⇒ go to 43 □ The address below, please write in: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	The address entered above is my place of Work Study
38 What is (was) the main activity of your organisation, business or freelance work? ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT	43 How do you usually travel to your main job or course of study (including school)? ◆ Answer for your usual travel to the place where you spend the most time ◆ Tick the box for the longest part of your journey by distance ◆ Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach
	☐ Train ☐ Underground, subway or tram
39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?	Other
Yes No 40 In your main job, how many hours a week	44 There are no more individual questions.
do (did) you usually work? ♦ Include paid and unpaid overtime 0 to 15 16 to 30 31 to 48 49 or more	 Remember to sign the declaration on page 1 Post the questionnaire back using the pre-paid envelope provided
L	Page 7