



count me in

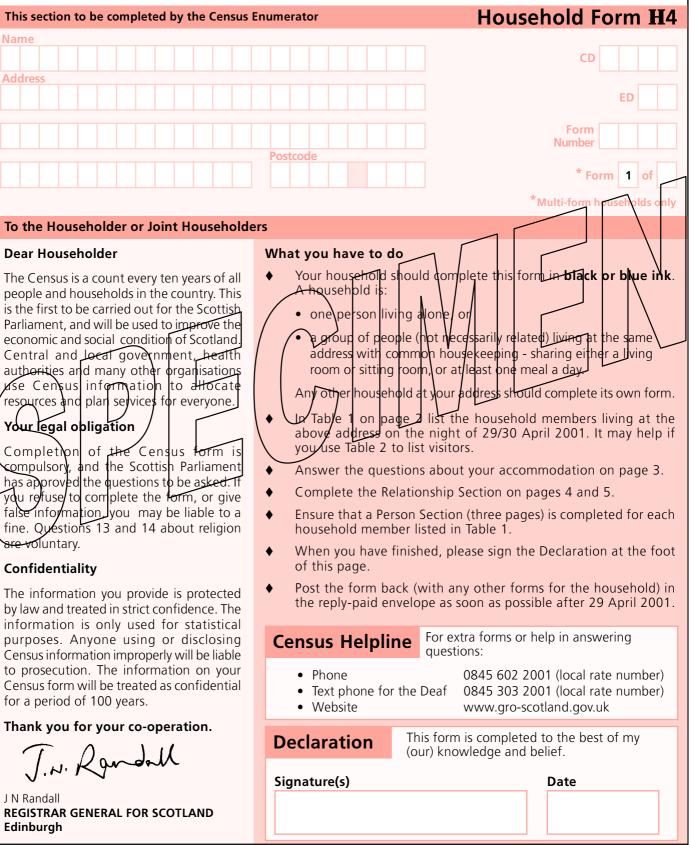


Table 1 Household Members

- 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 *s* 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			Ц Д					
Person 2								
Person 3								
Person 4								
Person 5								
• You will n	ead one or more Continuation Forms	if there are more than 5 household members						
Person 6								
Person								
Person 8								
Person 9								
Person 10								
Table 2	lisitors							
	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 th	ne night of					
• Note that	t visitors from elsewhere in the U	K must be included on a Census form at their usual address.						
 If there are only visitors in the household at this address, please answer questions H1 to H5 on Page 3. Afterwards, please sign the declaration on the front page. No further information is required. 								
First name a	and surname of visitor	Usual address						
 Please answer the questions about household accommodation on Page 3 opposite. 								

ŀ	low to Complete the	Re	emaining Questions		
R P li b	Remember to use black or blue ink. The appropriate box, ke this 1 . If you mark the wrong ox, fill in the box and put a tick in the right one, like this 1 .	If yo like on Wh ans leav Stai	ou tick a box with an instruction Go to H11, you should move to the question indicated. were you are required to write in an wer please use CAPITAL LETTERS and we one space between each word. rt a new line if a word will not fit. example on right.	[What is your country of birth? Elsewhere, please write in the present name of the country S O T H I
ŀ	Iousehold Accommod	lat	ion		
H1	What type of accommodation does your household occupy? A whole house or bungalow that is: Detached Semi-detached Terraced (including end-terrace) A flat, maisonette, or apartment that is: In a purpose-built block of flats or tenement Part of a converted or shared house (includes bed-sits)		Do you have a bath/shower and toilet for use only by your household? Yes No What is the lowest floor level of your household's living accommodation? Basement or semi-basement Ground floor (street level) First floor (floor above street level)	H8	Does your household own or rent the accommodation? ✓ one box only. Owns outright Go to H11 Owns with a mortgage or loan Go to H11 Pays part rent and part mortgage (shaled owneiship) Go to H11
H12	 In a commercial building (for example, in an office building, or hotel, or over a shop) Mobile or temporary structure: A caravan or other noble or temporary structure Is your household's accommodation self-contained? This means that all the rooms, including the kirchen, bathroom 	H6	Second floor Third or fourth floor Fifth floor or higher Does your accommodation have central heating? If you have central heating available, Yes' whether or rot you use it Central heating includes: • as, oil or solid fuel central	H9	Rents Go to H9 Lives here rent free Go to H9 Who is your landlord? Council (Local Authority) Scottish Homes
	 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 		 heating night storage heaters warm air heating underfloor heating Yes, in some or all rooms No 		 Housing Association Housing Co-operative Charitable Trust Non-profit housing company Private landlord or letting agency Employer of a household member
H3	How many rooms do you have for use only by your household? <u>Do not count</u> bathrooms, toilets,	H7	How many cars or vans are owned, or available for use, by one or more members of your household? Include any company car or van if		 Relative or friend of a household member Other
•	halls or landings, or rooms that can only be used for storage such as cupboards. <u>Do count</u> all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted	× ·	available for private use. None One Two	H10	Is the accommodation provided furnished or unfurnished?
	into one, count them as one room. Number of rooms		 Three Four or more, <i>please</i> write in number 	H11	Please turn the page.

Household Members and their Relationships within the Household

- The example below shows how to provide the relationship information for a household with John Smith, his wife (Mary) and their three children (Alison, Steven and James).
- In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

Name of Person 1	Name of Person 2			
First name JOHN			First name ALISON	
SMITH	SMITH		SMITH	
	Relationship of Person 2 to Person +	1	Relationship of Person 3 to Person	→ 1 2
ENTER NAME	Husband or wife		Husband or wife	
OF PERSON 1	Partner		Partner	
ABOVE	Son or daughter		Son or daughter	
	Step-child		Step-child	
	Brother or sister		Brother or sister	
Print the name of each hous ✓ a box to show the relatio Provide information on relatio	onship of each person to ot	her membe	rs of your household.	using an
Individual Form for privacy re				
	\neg		N V /I r	
me of Person 1	Name of Person 2		Name of Person	
	First name		First name	
rname	Surname			
	Relationship of Person 2 to Person		Relationship of Person 3 to Person	→ 1 2
		-7 I	reison 5 to reison	
		_		
ENTER NAME	Husband or wife		Husband or wife	
ENTER NAME OF PERSON 1	Partner		Partner	
	Partner		Partner	
	Partner Son or daughter		Partner Son or daughter	
	Partner Son or daughter Step-child		Partner Son or daughter Step-child	
	Partner Son or daughter Step-child Brother or sister		Partner Son or daughter Step-child Brother or sister	
	Partner Son or daughter Step-child Brother or sister Mother or father		Partner Son or daughter Step-child Brother or sister Mother or father	
	Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fat		Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-	
	Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fat Grandchild	L	Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step- Grandchild	

	Name of Person 4		Name of Person 5	
	SMITH		SMITH	
	Relationship of Person 4 to Person 🔸	1 2 3	Relationship of Person 5 to Person 🔺 1	2 3 4
ł	Husband or wife		Husband or wife	
ł	Partner		Partner	
	Son or daughter		Son or daughter	
	Step-child		Step-child	
ł	Brother or sister		Brother or sister	
	Name of Person 4 First name Sumame Relationship of Person 4 to Person		Name of Person 5 First name Burname Relationship of Person 5 to Person ->	
	Husband or wife		Husband or wife	
	Partner		Partner	
/	Son or daughter		Son or daughter	
	Step-child		Step-child	
	Brother or sister		Brother or sister	
	Mother or father		Mother or father	
	Step-mother or step-fath		Step-mother or step-father	
¢				
	Grandchild		Grandchild	
(Grandchild Grandparent		Grandchild Grandparent	
(Grandchild Grandparent Other related		Grandchild Grandparent Other related	

Where a household member is completing an *Individual Form* for privacy reasons, leave blank his or her three-page Person Section on this form (or on any *Continuation Form*).

Person 1							
See top of page 3 for how to enter or amend answers to questions. Please use black or blue ink.							
1 What is your name? (Person 1	able 1)						
First name and surname							
2 What is your sex?	-	ur usual address one	e year ago? ol or a student one year ago, give the				
Male Female	address at whi	ch you were living dur	ring the school/college/university term.				
3 What is your date of birth?		n after 29 April 2000, √ s shown on the front of	'No usual address one year ago'.				
Day Month Year							
		ddress 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 addres	do you travel to fo	r your main job or course of study				
5 Are you a schoolchild or studen	(including sch						
in full-time education?	\sim	a depot, write in dep	nd most time for work or study. of address.				
Yes Foo to 6	Not curren	tly working or studying	Go to 12				
No Go to Z	Work or st	udy mainly at or from ho	me 🕞 Go to 12				
6 Do you live at the address shown on the front of this for	→	ace					
during the school, college or	Work of o	ffshore installation pleas	se use the address panel below to write om, for example "ABERDEEN"				
University term? Only soswer this question if you		ypu travel offshore fro s below, please write ir					
have answered 'Yes' to Question		s beitary, piedse write i					
Yes, I live at this address during the school/college/university terr							
Go to 7							
1 No, I live elsewhere during the							
school/college/university term			Postcode				
7 Over the last twelve months would you say your health has	11 How do you	usually travel to you	ur main place of work or study				
on the whole been:	(including sch						
Good? Fairly good?	• J one box only						
Not good?			nce, of your usual journey to work or study.				
8 Do you have any long-term illness, health problem or		d, tube, metro or light rail	Passenger in a car or van				
disability which limits your dai activities or the work you can de	Train	or coach (au blic constants)	Motor cycle, scooter or moped				
• Include problems which are due t		or coach (public or private)	Bicycle				
old age.	Taxi or min		On foot				
Yes No	Driving a ca	ar or van	Other				

Ρ	erson 1 - continued				
12	What is your country of birth?	15	What is your ethnic group? Choose ONE section from A to E, then	16	Can you understand, speak, read, or write Scottish Gaelic?
	Scotland		✓ the appropriate box to indicate	٠	✓ 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
				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				
	Other Christian, <i>please write in</i>				Yes, 1-19 hours a week
		С	Asian, Asian Scottish or Asian British		Yes, 20-49 hours a week
					Yes, 50+ hours a week
	Buddhist	-1	Pakistani	18	If you are aged 16 to 74
	Hindu Jewish		Bangladesti	7	Go ta 19
		-	Chinese		If you are aged 15 and under, or
/	Another Religion) please write in		Any other Asian background,		75 and over Go to 35
ľ				10	Last week, were you doing any
					work:
14	What religion, religious				as an employee, as self-employed/freelance,
ſ	denomination or body were you brought up in?	D	Black, Black Scottish or Black British	•	in your own/family business, or
\land	U Vone		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. ✓ 'Yes' for any paid work, including
	Other Christian, <i>please write in</i>				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, 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, <i>please write in</i>				kind of paid work during the last 4 weeks?
					Yes No
					Please turn over

Ρ	erson 1 - continued	
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 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. Civil Servants, Local Government Officers - give job title not grade or pay band.
23	Yes No Last week, were you any of the following? ✓ all the boxes that apply.	
	 Retired Student Looking after home/family Permanently sick/disabled None of the above 	31 Describe what you do (did) in your main job. Image: Second
24	Have you ever worked? Yes, please write in the year you last worked Go to 25 No, have never worked Go to 34	 What is the full name of the organisation you work (worked) for in your main job? Please write in or ✓ one box below as appropriate. If you have your own business, write in the name
•	Answer the remaining questions for the main job you were soing last week, or if not working last week, your last main job. Your main job is the job in which you usually work the most hours. Do (did) you work as an employee or are (were) you self-employed?	 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, ECONDARY EDUCATION. Civil Servante, Local Government Officers prease specify your Department.
5	Self-employed with employees Self-employed/freelance without employees	 Which of these qualifications do you have? ✓ all boxes that apply. O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior
•	Do (did) you supervise any other employees? A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. Yes No	 Certificate or equivalent Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds
	How many people work (worked) for your employer at the place where you work (worked)? If you are (were) self-employed, to show how many people you employ (employed) including	 Advanced Craft, RSA Advanced Diploma or equivalent HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent First Degree, Higher Degree Professional Qualifications (for example, teaching, accountancy) None of these
	yourself. 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.

P	Person 2																		
٠	See top of page 3 for how to ent	ter o	or a	mei	nd a	ns	wer	's to	o q	ues	tic	ons	. Please	e u	se	black or l	blue in	k.	
1	What is your name? (Person 2 in	Tab	le 1)															
	First name and surname																		
2	What is your sex?	9				-							one ye		-	o? lent one y		الد مناد	
	Male Female	•	ad	dres	ss at	w	hich	you	w	ere	livi	ing	during	the	e sc	hool/colle	ege/univ	ersity t	
3	What is your date of birth?	•	For													l address	one yea	r a go' .	
	Day Month Year												of the f	orn	n				
							addr					-		L		Same as P	Person 1		
4	What is your marital status			El	sewh	here	e, ple	ease	W	rite	in I	belo	ow						
	(on 29 April 2001)?																		
	Single (never married)											-							
	Married (first marriage)																		
	Re-married											Г			Г				
	Separated (but still legally married)			-												Postcode			
	Divorced																		
	Widowed	10							ou	trav	ve	l to	for yo	ur	ma	in job o	r-course	e of stu	фy
5	Are you a schoolchild or student		-		-	-	choc he pl	-	w	here	v	ou e	bend m	105	t tii	ne for wo	ork or st	udv	N
	in full-time education?	•			-	-							depot a]	
	Yes Go to 6			/N	ot cu	irre	ntly	worl	king	or	stu	dyii	ng\/ /		G	to 12		`	\setminus
	□ No ► Go to 7		Ъ	Ŵ	/prk (ors	study	' ma	inly	at c	or f	rþn	n home		G	to 12			\square
6	Do you live at the address shown on the front of this form		ф	N	o fixe	ed p	place					\							
/	during the school, college or		Щ	W	prk (oŋ	off	ore	ins	talla	tio	n p	ease us	ie 1	the	address p mple "AB	oanel be	low to	write
	university term?	「	Д											or	exa	mple "AB	BERDEEN	! ″	
	have answered 'Yes' to Question 5		1	\bigvee	ie ac			eių	μp	ieas	eı		te in		_				
	Yes, I live at this address during the school/college/university term]																
	$\int \int Goto 7$																		
$\left \right $	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					ı usı choc		y t	rave	el ·	to	your m	air	ı pl	ace of w	ork or	study	
	Good? Fairly good?	•	-		e box	-		,,,,											
	Not good?	•	-				-	long	jest	t par	t, <i>l</i>	by d	listance, c	of y	our	usual jourr	ney to w	ork or st	udy.
8	Do you have any long-term			U	nderg	grou	und, ti	ube,	met	tro or	r lig	ht ra	ail	E		Passenger	r in a car	or van	
	illness, health problem or disability which limits your daily			Tr	ain									[Motor cyc	cle, scoot	er or mo	oped
	activities or the work you can do?			Bu	us, mi	nibı	us or o	coach	n (pi	ublic	orp	oriva	te)	Γ		Bicycle			
٠	Include problems which are due to old age.			Та	ixi or	mi	inical	С						Г	٦	On foot			
	Yes No			D	rivinc) a	car o	or va	n					Г		Other			
					-									L			Please	e turn o	over

Person 2 - continued	1			
12 What is your country of birth?	15	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, <i>please write in the</i>		Any other White background,		None of these
present name of the country		please write in		
			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 <i>not</i> count anything you do as part of your paid employment.
Church of Scotland			•	✓ time spent in a typical week.
Roman Catholic				
Other Christian, <i>please write in</i>	с	Asian, Asian Scottish or Asian	Г	Yes, 1-19 hours a week
		British		Yes, 2049 hours a week
				Yes, 50+ hours a week
Buddhist			18	If you are aged 16 to 74
Hindu Jewish		Baygladestr	•	
Moslim Sikh	-			If you are aged 15 and under, or 75 and over
Another Religion, please write in		Ahy other Asjan background, please jvrite in		Go to 35
			19	Last week, were you doing any
	ſ			work: as an employee,
14 What religion, religious	D	Black, Black Scottish or Black	•	as self-employed/freelance,
denomination or body were you brought up in?		British	•	in your own/family business, or on a Government sponsored
None L		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.
Other Christian, <i>please write in</i>			ľ	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, please write in		No ► Go to 20
Muslim Sikh			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

Ρ	erson 2 - 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 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	٠	For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
	start a job already obtained?	٠	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 <i>main</i> 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		n you have your own business, write in the name
	No, have never worked		
	Go to 34		
25	Answer the remaining questions for the <i>main</i> job you were doing	-	Self-employed/freelance
	last week, or if not working last	33	What is (was) the business of the organisation which you named
٠	week, your last main job. Your main 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 Servan's, Loca Government Officers please specify your Department.
26	employee or are (were) you		
$\left \right $	self-employed?		
	Empldyee	_	
r	Self-employed with employees	34	Which of these qualifications do you have?
$\left \right $	Self-employed/freelance without		'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 <i>or equivalent</i>
Ť	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 <i>or equivalent</i>
	Yes No		GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds
28	How many people work		Advanced Craft, RSA Advanced Diploma <i>or equivalent</i>
	(worked) for your employer at the place where you work (worked)?		 HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent First Degree, Higher Degree
٠	If you are (were) self-employed,		Professional Qualifications (for example, teaching, accountancy)
	✓ to show how many people you <i>employ (employed)</i> 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.

Person 3	
	er or amend answers to questions. Please use black or blue ink.
1 What is your name? (Person 3 in	
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	address at which you were living during the school/college/university term. ♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.
3 What is your date of birth? Day Month Year	The address shown on the front of the form
	No usual address one year ago Same as Person 1
4 What is your marital status	Elsewhere, <i>please write in below</i>
(on 29 April 2001)?	
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 (including school)?
5 Are you a schoolchild or student in full-time education?	 Answer for the place where you spend most time for work or study.
Yes > Go to 6	If you eport to a depot, write in depot address.
\square No \blacktriangleright Go to $_7$	Not currently working or studying 60 to 12
6 Do you live at the address	Work or study mainly at or from home - Go to 12
shown on the front of this form during the school, college or	No fixed place
university term?	Work on offshore installation please use the address panel below to write in where you travel offshore from, for example "ABERDEEN"
 Only answer this question if you have answered 'Yes' to Question 5 	The address below, please write in
Yes, I live at this address during	
the school/college/university term	
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?	◆ ✓ 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 illness, health problem or	Underground, tube, metro or light rail Passenger in a car or van
disability which limits your daily	Train Motor cycle, scooter or moped
 activities or the work you can do? Include problems which are due to 	Bus, minibus or coach (public or private) Bicycle
old age.	Taxi or minicab On foot
Yes No	Driving a car or van Other

Person 3 - continued		
12 What is your country of birth?	 15 What is your ethnic group? Choose ONE section from A to E, then 	16 Can you understand, speak, read, or write Scottish Gaelic?
England	the appropriate box to indicate your cultural background.	 Inderstand spoken Gaelic
Wales	A White	Speak Gaelic
Northern Ireland	Scottish	
Republic of Ireland	Other British	Read Gaelic
Elsewhere, <i>please write in the</i>	Irish	Write Gaelic
present name of the country	Any other White background, 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 denomination or body do you	B 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 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, <i>please write in</i>	C Asian, Asian Scottish or Asian British	Yes, 2049 hours a week
		Yes, 50+ hours a week
	Pakistani	18 If you are aged 16 to 74
Buddhist	Bangladeshi	$ \mathbf{G} \mathbf{G} $
Hindu Jewish	Chinese	If you are aged 15 and under, or
Muslim Sikh	Any other Asjan background,	75 and over
Another Religion, please write in	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
Roman Catholic	Any other Black background,	ill, on maternity leave, on holiday or 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		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

Ρ	Person 3 - continued				
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 worked a week		
	Yes No	30	What is (was) the full title of your <i>main</i> job?		
	Last week, were you waiting to start a job already obtained?		For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. 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 Looking after home/family Permanently sick/disabled None of the above	31	Describe what you do (did) in your <i>main</i> job.		
24	Have you ever worked?		What is the full name of the organisation you work (worked) for in your		
25	 Yes, please write in the year you last worked Go to 25 No, have never worked Go to 34 Answer the remaining questions.	•	main job? Please write in or \checkmark one box below as appropriate. If you have your own business, write in the name Self-employed/freelance Work (worked) for a private individual		
26	for the main job you were doing last week, or if not working last week, your last main job. Your main job is the job in which you usually work the most hours. Do (diel) you work as an employee or are (were) you self-employed?		What is (was) the business of the organisation which you named above at Question 32? For example, MAKING SHOES, REFAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers please specify your Department.		
$\left \right $	Self-employed with employees		Which of these qualifications do you have?		
$ \setminus$	Self-employed/freelance without	•	✓ all boxes that apply. 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior		
•	Do (did) you supervise any other employees? A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. Yes No How many people work (worked) for your employer at the place where you work		 Certificate <i>or equivalent</i> Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate <i>or equivalent</i> GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma <i>or equivalent</i> GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma <i>or equivalent</i> HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma <i>or equivalent</i> First Degree, Higher Degree 		
٠	(worked)? If you are (were) self-employed,		Professional Qualifications (for example, teaching, accountancy)		
	Image: to show how many people you employ (employed) including yourself. Image: total relation of the show how many people you employ (employed) including yourself. Image: total relation of the show how many people you employ (employed) including yourself. Image: total relation of the show how many people you employ (employed) including yourself. Image: total relation of the show how many people you employ (employed) including yourself. Image: total relation of the show how many people you employ (employed) including yourself. Image: total relation of the show how many people you employ (employed) including you employed) including you employ (employed) including you employed) including you employed you employed) including you employed you employ employed you employ employed you employed		None of these If there are only 3 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 4.		

Person 4				
See top of page 3 for how to ent	er oı	r amend answers to questions. Please use black or blue ink.		
1 What is your name? (Person 4 in	Tab	le 1)		
First name and surname				
2 What is your sex?		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'.		
Day Month Year		The address shown on the front of the form		
		No usual address one year ago Same as Person 1		
4 What is your marital status		Elsewhere, <i>please write in below</i>		
(on 29 April 2001)?				
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 (including school)?		
5 Are you a schoolchild or student in full-time education?	٠	Answer for the place where you spend most time for work or study.		
Yes F Go to 6		If you report to a depot, write in depot iddress.		
□ No ► Go to 7		Not currently working or studying Gd to 12		
6 Do you live at the address		Work of study mainly at or from home - Gd to 12		
shown on the front of this form		No fixed place		
during the school, college or university term?		Work on offinore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN"		
 Only answer this question if you have answered 'Yes' to Question 5 		The address below, please write in		
Yes, 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		
Good? Fairly good?		(including school)?		
Not good?	*	 ✓ one box only. ✓ the box for the longest part, by distance, of your usual journey to work or study. 		
		Underground, tube, metro or light rail Passenger in a car or van		
8 Do you have any long-term illness, health problem or		Train Motor cycle, scooter or moped		
disability which limits your daily activities or the work you can do?		Bus, minibus or coach (public or private)		
• Include problems which are due to				
old age.		Taxi or minicab On foot		
		Driving a car or van Other Please turn over		

Person 4 - continued				
12 What is your country of birth?	15 ♦	What is your ethnic group? Choose ONE section from A to E, then		Can you understand, speak, read, or write Scottish Gaelic?
Scotland		✓ the appropriate box to indicate your cultural background.	•	✓ all the boxes that apply.
England	Α	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, 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 denomination or body do you	в	Mixed		long-term physical or mental ill-health or disability, or
belong to?		Any Mixed background,	ŕ	problems related to old age?
None None		please write in		Do hor count anything you do as part of your paid employment.
Church of Scotland				✓ time spent in a typical week.
Roman Catholic	-	1 ()		
Other Christian, please write in	e	Asian, Asian Scottish or Asian		Yes, 1-19 hours a week
	_	British		Yes 50+ hours a week
		Pakistapi		
Buddhist		$\neg \bigcirc / \square$	18	If you are aged 16 to 74
Hindy Jewish	_	Bangladestri		Go to 19
Muslim Sikh				If you are aged 15 and under, or 75 and over
Another Religion, <i>please write in</i>		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?		British	•	in your own/family business, or on a Government sponsored
None None		Caribbean		training scheme?
Church of Scotland		African		✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.
Other Christian, <i>please write in</i>		Any other Black background, please write in	٠	✓ '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

P	Person 4 - 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 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.		
23	Last week, were you any of the following?				
٠	\checkmark 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 🗸 one box below as appropriate. If you have your own business, write in the name		
	Go to 25				
	No, have never worked				
25	Go to 34				
25	Answer the remaining questions for the main job you were doing		Self-employed/freelance		
	last week, or if not working last week, your last main job.	-33	What is (was) the business of the organisation which you named above at Question 32?		
/	Your main job is the job in which you usually work the most hours.		For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Ovil Servarits, Local Government Officer please specify your Department.		
26	Po (did) you work as an employee pr are (were) you				
	self-employed?	\square			
	Employee				
T	Self-employed with employees	34	Which of these qualifications do you have?		
\backslash	Self-embloyed/freelance without		'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior		
27	Do (did) you supervise any other employees?		 Certificate or equivalent Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, 		
٠	A supervisor or foreman is responsible		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 <i>or equivalent</i>		
	Yes No		GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma <i>or equivalent</i>		
28	How many people work (worked) for your employer at		HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma <i>or equivalent</i>		
	the place where you work (worked)?		First Degree, Higher Degree		
٠	If you are (were) self-employed, for show how many people		Professional Qualifications (for example, teaching, accountancy)		
	you employ (employed) including yourself.		None of these		
	1-9 10-24	35	If there are only 4 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 5.		

Person 5						
See top of page 3 for how to enter or amend answers to questions. Please use black or blue ink.						
1 What is your name? (Person 5 in	-					
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 term.					
3 What is your date of birth?	◆ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.					
Day Month Year	The address shown on the front of the form					
	No usual address one year ago Same as Person 1					
4 What is your marital status (on 29 April 2001)?	Elsewhere, <i>please write in below</i>					
Single (never married)						
Married (first marriage)						
Re-married						
Separated (but still legally married)	Postcode					
Divorced						
U 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)? Answer for the place where you spend most time for work or study.					
in full-time education?	♦ If you report to a depot write in depot address.					
Ves Gd to 6	Not currently working or studying - Go to 12					
Go to 7	Work or study mainly at or from home 📂 Go to 12					
6 Do you live at the address shown on the front of this form	No fixed place					
during the school, college or university term?	Work on offshore installation, <i>please use the address panel below to write</i>					
Only ariswer this question if you	in where you travel offshore from, for example "ABERDEEN" The address below, please write in					
have answered 'Yes' to Question 5.						
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					
Good? Fairly good?	<pre>(including school)? </pre> ✓ one box only.					
Not good?	 If the box for the longest part, by distance, 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	Train Motor cycle, scooter or moped					
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					
Yes No	Driving a car or van Other					

Person 5 - continued				
12 What is your country of birth?	15	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: 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	ſ	Do not count anything you do as
Church of Scotland				part of your paid employment. I tme spent in a typical week.
Roman Catholic				
Other Christian, <i>please w</i> fite in				Yes, 1-9 hours a week
	_ <u>C</u>	Asian, Asian Scottish or Asian		Yes, 20-49 hours a week
	/	1 Indian		Yes, 50+ hours a week
Buddhist	-	Pakistan ⁱ	18	If you are aged 16 to 74
		Bangladest		► Go to 19
Muslim Sikh		Chinese		If you are aged 15 and under, or 75 and over
Another Religion, <i>please write in</i>		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 on a Government sponsored
None 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, <i>please write in</i>				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 Fo to 25
Hindu Jewish		Any other background, please write in		No Foto 20
Muslim Sikh			20	Were you actively looking for any kind of paid work during the last
Another Religion, <i>please write in</i>				4 weeks?
				Yes No
				Please turn over

Ρ	Person 5 - 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 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. 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 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 Go to 25 No, have never worked 		main job? Please write in or ✓ one box below as appropriate. If you have your own business, write in the name.		
25	Answer the remaining questions for the <i>main</i> job you were doing	1	Self-employed/freelance Work (worked) for a private individual		
26	last week, or if net working last week, you last main job. Your main job is the job in which you usually work the most hours.	-33	What is (was) the business of the organisation which you named above at Question 32? For example, MAKING SHCES, REPAIRING CARS SECONDARY EDUCATION. Civil Servarts, Local Government Officers - please specify your Department.		
\mid	Self employed with employees	34	Which of these qualifications do you have?		
27	Do (did) you supervise any	•	 ✓ all boxes that apply. ^(O) Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent 		
•	other employees? A supervisor or foreman is responsible for overseeing the work of other		 Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First 		
	employees on a day-to-day basis.		 Diploma, City and Guilds Craft, RSA Diploma <i>or equivalent</i> GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds 		
28	How many people work (worked) for your employer at the place where you work (worked)?		 Advanced Craft, RSA Advanced Diploma or equivalent HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent First Degree, Higher Degree 		
•	If you are (were) self-employed, ✓ to show how many people you employ (employed) including yourself.		Professional Qualifications (for example, teaching, accountancy)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).		