What you have to do

- Your household should complete this form in black or blue ink.
- A household is:
  - one person living alone, or
  - a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day.
- Any other household at your address should complete its own form.
- In Table 1 on page 2 list the household members living at the above address on the night of 29/30 April 2001. It may help if you use Table 2 to list visitors.
- Answer the questions about your accommodation on page 3.
- Complete the Relationship Section on pages 4 and 5.
- Ensure that a Person Section (three pages) is completed for each household member listed in Table 1.
- When you have finished, please sign the Declaration at the foot of this page.
- Post the form back (with any other forms for the household) in the reply-paid envelope as soon as possible after 29 April 2001.

To the Householder or Joint Householders

Dear Householder

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.

Your legal obligation

Completion of the Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. If you refuse to complete the form, or give false information you may be liable to a fine. Questions 13 and 14 about religion are voluntary.

Confidentiality

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 improperly will be liable to prosecution. The information on your Census form will be treated as confidential for a period of 100 years.

Thank you for your co-operation.

J N Randall
REGISTRAR GENERAL FOR SCOTLAND
Edinburgh

Census Helpline

For extra forms or help in answering questions:

- Phone 0845 602 2001 (local rate number)
- Text phone for the Deaf 0845 303 2001 (local rate number)
- Website www.gro-scotland.gov.uk

Declaration

This form is completed to the best of my (our) knowledge and belief.

Signature(s) Date
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’.

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname of household member</th>
<th>Individual Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 6</td>
<td></td>
<td></td>
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<tr>
<td>Person 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need 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

To help you to complete the form you may use the Table below to list any visitors at this address, on the night of 29/30 April, who usually live elsewhere.

Note that visitors from elsewhere in the UK 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.

<table>
<thead>
<tr>
<th>First name and surname of visitor</th>
<th>Usual address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the questions about household accommodation on Page 3 opposite.
How to Complete the Remaining Questions

Remember to use black or blue ink.
Put a tick in the appropriate box, like this □. If you mark the wrong box, fill in the box and put a tick in the right one, like this □.

If you tick a box with an instruction like ➔ Go to H11, you should move on to the question indicated.

Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit. See example on right.

12 What is your country of birth?
eldom, please write in the present name of the country

South Africa

Household Accommodation

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)
□ In a commercial building (for example, in an office building, or hotel, or over a shop)

Mobile or temporary structure:

□ A caravan or other mobile or temporary structure

H2 Is your household’s accommodation self-contained?

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

H3 How many rooms do you have for use only by your household?

Do not count bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.

Do count all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies.

If two rooms have been converted into one, count them as one room.

Number of rooms □ □ □

H4 Do you have a bath/shower and toilet for use only by your household?

□ Yes
□ No

H5 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)
□ Second floor
□ Third or fourth floor
□ Fifth floor or higher

H6 Does your accommodation have central heating?

If you have central heating available, ‘Yes’ whether or not you use it.

Central heating includes:

• Gas, oil or solid fuel central heating
• Night storage heaters
• Warm air heating
• Underfloor heating

□ Yes, in some or all rooms
□ No

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 available for private use.

□ None
□ One
□ Two
□ Three
□ Four or more, please write in number □ □ □

H8 Does your household own or rent the accommodation?

□ Owns outright ➔ Go to H11
□ Owns with a mortgage or loan ➔ Go to H11
□ Pays part rent and part mortgage (shared ownership) ➔ Go to H11
□ Rents ➔ Go to H9
□ Lives here rent free ➔ Go to H9

H9 Who is your landlord?

□ 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
□ Relative or friend of a household member
□ Other

H10 Is the accommodation provided furnished or unfurnished?

□ Furnished
□ Unfurnished

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.

<table>
<thead>
<tr>
<th>Name of Person 1</th>
<th>Name of Person 2</th>
<th>Name of Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN</td>
<td>MARY SMITH</td>
<td>ALISON SMITH</td>
</tr>
</tbody>
</table>

- Use the same order and Person numbers as in Table 1 (page 2), starting with Person 1.
- Print the name of each household member in the space at the top of each column.
- ✓ a box to show the relationship of each person to other members of your household.
- Provide information on relationships for all household members whether or not they are using an Individual Form for privacy reasons.

**SPECIMEN**
On the following pages a three-page Person Section should be completed for each member of your household using the same order and Person numbers as in Table 1 (page 2). 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 in Table 1)
   First name and surname

2 What is your sex?
   □ Male  □ Female

3 What is your date of birth?
   Day  Month  Year

4 What is your marital status (on 29 April 2001)?
   □ Single (never married)
   □ Married (first marriage)
   □ Re-married
   □ Separated (but still legally married)
   □ Divorced
   □ Widowed

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

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.
   □ Yes  □ No

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 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’.
   □ The address shown on the front of the form
   □ No usual address one year ago
   □ Elsewhere, please write in below

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.
   □ Not currently working or studying  ▶ Go to 12
   □ Work or study mainly at or from home  ▶ Go to 12
   □ No fixed place
   □ Work or 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

11 How do you usually travel to your main place of work or study (including school)?
   □ Underground, tube, metro or light rail
   □ Train
   □ Bus, minibus or coach (public or private)
   □ Taxi or minicab
   □ Driving a car or van
   □ Passenger in a car or van
   □ Motor cycle, scooter or moped
   □ Bicycle
   □ On foot
   □ Other

Postcode

Page 6
### Person 1 - continued

**12 What is your country of birth?**
- [ ] Scotland
- [ ] England
- [ ] Wales
- [ ] Northern Ireland
- [ ] Republic of Ireland
- [ ] Elsewhere, please write in the present name of the country

**13 What religion, religious denomination or body do you belong to?**
- [ ] None
- [ ] Church of Scotland
- [ ] Roman Catholic
- [ ] Other Christian, please write in
- [ ] Buddhist
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] Another Religion, please write in

**14 What religion, religious denomination or body were you brought up in?**
- [ ] None
- [ ] Church of Scotland
- [ ] Roman Catholic
- [ ] Other Christian, please write in
- [ ] Buddhist
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] Another Religion, please write in

**15 What is your ethnic group?**
- **A White**
  - [ ] Scottish
  - [ ] Other British
  - [ ] Irish
  - [ ] Any other White background, please write in
- **B Mixed**
  - [ ] Any Mixed background, please write in
- **C Asian, Asian Scottish or Asian British**
  - [ ] Indian
  - [ ] Pakistani
  - [ ] Bangladeshi
  - [ ] Chinese
  - [ ] Any other Asian background, please write in
- **D Black, Black Scottish or Black British**
  - [ ] Caribbean
  - [ ] African
  - [ ] Any other Black background, please write in
- **E Other ethnic background**
  - [ ] Any other background, please write in

**16 Can you understand, speak, read, or write Scottish Gaelic?**
- [ ] Understand spoken Gaelic
- [ ] Speak Gaelic
- [ ] Read Gaelic
- [ ] Write Gaelic
- [ ] 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 ill-health or disability, or
- [ ] problems related to old age?
- [ ] Do not count anything you do as part of your paid employment.
- [ ] time spent in a typical week.
  - [ ] No
  - [ ] Yes, 1-19 hours a week
  - [ ] Yes, 20-49 hours a week
  - [ ] Yes, 50+ hours a week

**18 If you are aged 16 to 74**
- [ ] Go to 19
**If you are aged 15 and under, or 75 and over**
- [ ] Go to 35

**19 Last week, were you doing any work:**
- [ ] as an employee,
- [ ] as self-employed/freelance,
- [ ] in your own/family business, or
- [ ] on a Government sponsored training scheme?
- [ ] ‘Yes’ if you were away from work ill, on maternity leave, on holiday or temporarily laid off.
- [ ] ‘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.

  - [ ] Yes  ➤ Go to 25
  - [ ] No  ➤ Go to 20

**20 Were you actively looking for any 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?

- Yes
- No

22 Last week, were you waiting to start a job already obtained?

- Yes
- No

23 Last week, were you any of the following?
- Retired
- Student
- Looking after home/family
- Permanently sick/disabled
- None of the above

24 Have you ever worked?

- Yes, please write in the year you last worked
- No, have never worked

25 Answer the remaining questions 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.

26 Do (did) you work as an employee or are (were) you self-employed?
- Employee
- Self-employed with employees
- Self-employed/freelance without employees

27 Do (did) you supervise any other employees?
- Yes
- No

28 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 yourself.
- 1-9
- 10-24
- 25-499
- 500 or more

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

30 What is (was) the full title of your main job?
- 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.

31 Describe what you do (did) in your main job.

32 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.

33 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.

34 Which of these qualifications do you have?
- All boxes that apply.
- 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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 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

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.
**Person 2**

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 2 in Table 1)**
   - First name and surname

2. **What is your sex?**
   - Male
   - Female

3. **What is your date of birth?**
   - Day
   - Month
   - Year

4. **What is your marital status (on 29 April 2001)?**
   - Single (never married)
   - Married (first marriage)
   - Re-married
   - Separated (but still legally married)
   - Divorced
   - Widowed

5. **Are you a schoolchild or student in full-time education?**
   - 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?**
   - 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?

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.
   - Yes
   - No

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 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’.
   - The address shown on the front of the form
   - No usual address one year ago
   - Go to 7
   - Same as Person 1
   - Elsewhere, please write in below

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
    - Not currently working or studying
    - Go to 12
    - Work or study mainly at or from home
    - Go to 12
    - 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

11. **How do you usually travel to your main place of work or study (including school)?**
    - ✔ 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
    - Train
    - Bus, minibus or coach (public or private)
    - Taxi or minicab
    - Driving a car or van
    - Passenger in a car or van
    - Motor cycle, scooter or moped
    - Bicycle
    - On foot
    - Other

---

Please turn over
12 What is your country of birth?
- [ ] Scotland
- [ ] England
- [ ] Wales
- [ ] Northern Ireland
- [ ] Republic of Ireland
- [ ] Elsewhere, please write in the present name of the country

13 What religion, religious denomination or body do you belong to?
- [ ] None
- [ ] Church of Scotland
- [ ] Roman Catholic
- [ ] Other Christian, please write in
- [ ] Buddhist
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] Another Religion, please write in

14 What religion, religious denomination or body were you brought up in?
- [ ] None
- [ ] Church of Scotland
- [ ] Roman Catholic
- [ ] Other Christian, please write in
- [ ] Buddhist
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] Another Religion, please write in

15 What is your ethnic group?
- Choose ONE section from A to E, then ✔️ the appropriate box to indicate your cultural background.

A White
- [ ] Scottish
- [ ] Other British
- [ ] Irish
- [ ] Any other White background, please write in

B Mixed
- [ ] Any Mixed background, please write in

C Asian, Asian Scottish or Asian British
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Any other Asian background, please write in

D Black, Black Scottish or Black British
- [ ] Caribbean
- [ ] African
- [ ] Any other Black background, please write in

E Other ethnic background
- [ ] Any other background, please write in

16 Can you understand, speak, read, or write Scottish Gaelic?
- ✔️ all the boxes that apply.
- [ ] Understand spoken Gaelic
- [ ] Speak Gaelic
- [ ] Read Gaelic
- [ ] Write Gaelic
- [ ] 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 ill-health or disability, or
- problems related to old age?
- Do not count anything you do as part of your paid employment.
- ✔️ time spent in a typical week.
- [ ] No
- [ ] Yes, 1-19 hours a week
- [ ] Yes, 20-49 hours a week
- [ ] Yes, 50+ hours a week

18 If you are aged 16 to 74
- Go to 19
If you are aged 15 and under, or 75 and over
- Go to 35

19 Last week, were you doing any work:
- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?
- ✔️ ‘Yes’ if you were away from work ill, on maternity leave, on holiday or temporarily laid off.
- ✔️ ‘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.
- [ ] Yes ➤ Go to 25
- [ ] No ➤ Go to 20

20 Were you actively looking for any kind of paid work during the last 4 weeks?
- [ ] Yes
- [ ] No
If a job had been available last week, could you have started it within 2 weeks?

☐ Yes  ☐ No

Last week, were you waiting to start a job already obtained?

☐ Yes  ☐ No

Last week, were you any of the following?

☐ Retired  ☐ Student  ☐ Looking after home/family  ☐ Permanently sick/disabled  ☐ None of the above

Have you ever worked?

☐ Yes, please write in the year you last worked

Go to 25

☐ No, have never worked

Go to 34

Do (did) you work as an employee or are (were) you self-employed?

☐ Employee

☐ Self-employed with employees

☐ Self-employed/freelance without employees

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 (worked)?

If you are (were) self-employed, to show how many people you employ (employed) including yourself.

☐ 1-9  ☐ 10-24  ☐ 25-499  ☐ 500 or more

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

What is (was) the full title of your main job?

For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.

Describe what you do (did) in your main job.

Who works (worked) for a private individual

What is the full name of the organisation you work (worked) for in your main job?

If you have your own business, write in the name.

What is (was) the business of the organisation which you named above at Question 32?

For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.

Which of these qualifications do you have?

Not all boxes that apply.

‘O’ Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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 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

If there are only 2 household members, the householder(s) should now sign the Declaration on front page and the remaining pages should be left blank. Otherwise go to questions for Person 3.
Person 3

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 3 in Table 1)
First name and surname

2 What is your sex?
- Male
- Female

3 What is your date of birth?
Day
Month
Year

4 What is your marital status (on 29 April 2001)?
- Single (never married)
- Married (first marriage)
- Re-married
- Separated (but still legally married)
- Divorced
- Widowed

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

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.
- Yes
- No

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 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’.
- The address shown on the front of the form
- No usual address one year ago
- Same as Person 1
- Elsewhere, please write in below

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.
- Not currently working or studying ➔ Go to 12
- Work or study mainly at or from home ➔ Go to 12
- No fixed place
- Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example “ABERDEEN”

11 How do you usually travel to your main place of work or study (including school)?
- ✓ 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
- Train
- Bus, minibus or coach (public or private)
- Taxi or minicab
- Driving a car or van
- Passenger in a car or van
- Motor cycle, scooter or moped
- Bicycle
- On foot
- Other
12 What is your country of birth?
- Scotland
- England
- Wales
- Northern Ireland
- Republic of Ireland
- Elsewhere, please write in the present name of the country

13 What religion, religious denomination or body do you belong to?
- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Another Religion, please write in

14 What religion, religious denomination or body were you brought up in?
- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Another Religion, please write in

15 What is your ethnic group?
- Choose ONE section from A to E, then the appropriate box to indicate your cultural background.

A White
- Scottish
- Other British
- Irish
- Any other White background, please write in

B Mixed
- Any Mixed background, please write in

C Asian, Asian Scottish or Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please write in

D Black, Black Scottish or Black British
- Caribbean
- African
- Any other Black background, please write in

E Other ethnic background
- Any other background, please write in

16 Can you understand, speak, read, or write Scottish Gaelic?
- All the boxes that apply.
- Understand spoken Gaelic
- Speak Gaelic
- Read Gaelic
- Write Gaelic
- 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 ill-health or disability, or
- Problems related to old age?
- Do not count anything you do as part of your paid employment.
- ✔️ Time spent in a typical week.
- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50+ hours a week

18 If you are aged 16 to 74
- Go to 19
If you are aged 15 and under, or 75 and over
- Go to 35

19 Last week, were you doing any work:
- As an employee,
- As self-employed/freelance,
- In your own/family business, or
- On a Government sponsored training scheme?
- ✔️ ‘Yes’ if you were away from work ill, on maternity leave, on holiday or temporarily laid off.
- ✔️ ‘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.
- Yes ➤ Go to 25
- No ➤ Go to 20

20 Were you actively looking for any 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?
- Yes
- No

22 Last week, were you waiting to start a job already obtained?
- Yes
- No

23 Last week, were you any of the following?
- Retired
- Student
- Looking after home/family
- Permanently sick/disabled
- None of the above

24 Have you ever worked?
- Yes, please write in the year you last worked
- No, have never worked

25 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job.

26 Do (did) you work as an employee or are (were) you self-employed?
- Employee
- Self-employed with employees
- Self-employed/freelance without employees

27 Do (did) you supervise any other employees?
- Yes
- No

28 How many people work (worked) for your employer at the place where you work (worked)?
- 1-9
- 10-24
- 25-499
- 500 or more

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

30 What is (was) the full title of your main job?
- 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.

31 Describe what you do (did) in your main job.

32 What is the full name of the organisation you work (worked) for in your main job?
- Please write in or check one box below as appropriate.
- If you have your own business, write in the name.

33 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.

34 Which of these qualifications do you have?
- ✓ all boxes that apply.
- ‘O’ Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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 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

35 If there are only 3 household members, the householder(s) should now sign the Declaration on front page and the remaining pages should be left blank. Otherwise go to questions for Person 4.
### Person 4

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 4 in Table 1)**

First name and surname

**2 What is your sex?**

☐ Male  ☐ Female

**3 What is your date of birth?**

Day  Month  Year

**4 What is your marital status (on 29 April 2001)?**

☐ Single (never married)  ☐ Married (first marriage)  ☐ Re-married  ☐ Separated (but still legally married)  ☐ Divorced  ☐ Widowed

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

☐ 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?**

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?

**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.

☐ Yes  ☐ No

**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 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’.

☐ The address shown on the front of the form

☐ No usual address one year ago  ☐ Same as Person 1

☐ Elsewhere, please write in below

**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.

Not currently working or studying  ➤ Go to 12

Work or study mainly at or from home  ➤ Go to 12

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

**11 How do you usually travel to your main place of work or study (including school)?**

☐ 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

☐ Train

☐ Bus, minibus or coach (public or private)  ☐ Motor cycle, scooter or moped

☐ Taxi or minicab  ☐ Bicycle

☐ Driving a car or van  ☐ On foot

☐ Other

Please turn over
Person 4 - continued

12 What is your country of birth?

☐ Scotland
☐ England
☐ Wales
☐ Northern Ireland
☐ Republic of Ireland
☐ Elsewhere, please write in the present name of the country

13 What religion, religious denomination or body do you belong to?

☐ None
☐ Church of Scotland
☐ Roman Catholic
☐ Other Christian, please write in
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Another Religion, please write in

14 What religion, religious denomination or body were you brought up in?

☐ None
☐ Church of Scotland
☐ Roman Catholic
☐ Other Christian, please write in
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Another Religion, please write in

15 What is your ethnic group?

Choose ONE section from A to E, then ✔️ the appropriate box to indicate your cultural background.

A White

☐ Scottish
☐ Other British
☐ Irish
☐ Any other White background, please write in

B Mixed

☐ Any Mixed background, please write in

C Asian, Asian Scottish or Asian British

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background, please write in

D Black, Black Scottish or Black British

☐ Caribbean
☐ African
☐ Any other Black background, please write in

E Other ethnic background

☐ Any other background, please write in

16 Can you understand, speak, read, or write Scottish Gaelic?

✔️ all the boxes that apply.

☐ Understand spoken Gaelic
☐ Speak Gaelic
☐ Read Gaelic
☐ Write Gaelic
☐ 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 ill-health or disability, or
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Do not count anything you do as part of your paid employment.

☐ No
☐ Yes, 1-19 hours a week
☐ Yes, 20-49 hours a week
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18 If you are aged 16 to 74

Go to 19

If you are aged 15 and under, or 75 and over

Go to 35

19 Last week, were you doing any work:

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

✔️ ‘Yes’ if you were away from work ill, on maternity leave, on holiday or temporarily laid off.

✔️ ‘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.

☐ Yes ➤ Go to 25
☐ No ➤ Go to 20

20 Were you actively looking for any kind of paid work during the last 4 weeks?

☐ Yes ☐ No
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
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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 Table 1)

First name and surname

2 What is your sex?

- [ ] Male
- [ ] Female

3 What is your date of birth?

Day Month Year

4 What is your marital status (on 29 April 2001)?

- [ ] Single (never married)
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Person 5 - continued

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- ‘Yes’ if you worked, paid or unpaid, in your own/family business.
- Yes ➤ Go to 25
- No ➤ Go to 20

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- Yes
- No

Please turn over
### Person 5 - continued

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- Yes
- No

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26. Do (did) you work as an employee or are (were) you self-employed?
- Employee
- Self-employed with employees
- Self-employed/freelance without employees

27. 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

28. How many people work (worked) for your employer at the place where you work (worked)?
- If you are (were) self-employed, show how many people you employ (employed) including yourself.
- 1-9
- 10-24
- 25-499
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29. How many hours (to the nearest full hour) a week do (did) you usually work in your main job?
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- ‘O’ Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent
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- 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

35. If there are only 5 household members, the householder(s) should now sign the Declaration on front page. Otherwise please continue with a Continuation Form. Contact Census Helpline if form required (see front page).