

SCHEDULE 1

Regulation 5

Form of Undertaking to be given by Officers

I,being a person appointed in accordance with the Census (Scotland) Regulations 2000 for the purpose of taking the census, hereby undertake and promise faithfully to perform the duties assigned to me under the Census Act 1920, and by the Census (Scotland) Regulations 2000 so far as applicable to me, and to fulfil all the obligations required of me under the Act and by those Regulations, and I hereby state that I have read and understood the provisions of section 8 of the Act^(a) and of regulation 16 of those Regulations, copies of which have been supplied to me.

Signed

..... (signature)

..... (full name)

at on

In the presence of:-

..... (signature of witness)

.....(full name)

..... (address)

..... (designation)

^(a) Section 8 was amended by the Criminal Justice Act 1967 (c.80), section 92(1) and Schedule 3, the Criminal Procedure (Scotland) Act 1975 (c.21), sections 289F and 289G (as inserted by the Criminal Justice Act 1982 (c.48), section 54), the Census (Confidentiality) Act 1991 (c.6), section 1 and the Criminal Procedure (Scotland) Act 1995 (c.46), section 225.

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SCHEDULE 2

Regulation 6


Form of return

<i>(1)</i> <i>Prescribed persons</i>	<i>(2)</i> <i>Title of form</i>
(a) (a) The householder or joint householders, or the person or persons for the time being acting as householder or joint householders of every household, or where there is no householder or acting householder and there are no joint householders or acting joint householders of that household, the members of that household who are aged 16 years or over on census day.	“Household Form”.
(b) (b) Any person mentioned in column (2) in Group II, III, IV, V, VI, VII or VIII in Schedule 1 to the Census Order.	“Individual Form”.
(c) (c) Any person making an individual return in accordance with article 5(5) of the Census Order.	“Individual Form”.
(d) (d) The manager, chief resident officer or other person for the time being in charge of any premises mentioned in Groups II, III or IV in Schedule 1 to the Census Order; the director or governor or other person for the time being in charge of any premises mentioned in Group V in that Schedule; the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule; and the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule.	“Communal Establishment Form”.

SCHEDULE 3

Regulation 6

Forms of Return for 2001 Census



Scotland's CENSUS

29 APRIL 2001

count me in

Communal Establishment Form CEA

To the manager or person in charge

Dear Sir or Madam

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.

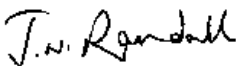
Your legal obligation

I am seeking your help in conducting the 2001 Census. Completion of this Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. You are also required to distribute and collect forms from all usual residents in your establishment. If you refuse to comply, or willfully give false information, you may be liable to a fine.

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 held securely for a period of 100 years.

Thank you for your co-operation.



J.N. Randall
REGISTRAR GENERAL
Edinburgh

What you have to do

This form collects important information about your establishment.

- ◆ Complete this form using **black or blue ink**.
- ◆ Answer the questions about your establishment (page 2).
- ◆ Prepare, issue and collect forms for all usual residents in your establishment using the instructions provided to help you.
- ◆ Sign the Declaration on this page.
- ◆ Return this form and the *individual forms* completed by all the usual residents, as soon as possible after 25 April 2001, using the envelope provided. If you have not been left an envelope, the Census Enumerator will arrange to collect the completed forms.

Census Helpline For extra forms or help in answering questions.

Phone	0845 602 2001
Text phone for the Deaf	0845 303 2001
Website	www.gro-scotland.gov.uk

Declaration I have completed this form, and the distribution and collection of forms for usual residents in this establishment, to the best of my knowledge and belief.

Number of Individual Forms Issued	Number of Individual Forms Collected
[]	[]
Signature	Date

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How to complete this form

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

1. Type of Establishment

Please tick the box that best describes your establishment.

✖ If unsure, tick *Other*

Medical and Care Establishments

- General Hospital
- Psychiatric Hospital/Home
- Other Hospital
- Nursing Home
- Residential Care Home
- Children's Home
- Other Home

Other Establishments

- Defence Establishment (including ships)
- Prison Service Establishment
- Educational Establishment (including Halls of Residence)
- Hotel, Boarding House, Guest House
- Hostels
- Civilian Ship, Boat or Barge
- Other

Enumerator use only

- Persons Sleeping Rough

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Scotland's CENSUS

29 APRIL 2001

count me in

This section to be completed by the Census Enumerator

Household Form H4

Area	
Local Authority	
Postcode	
Street Name	
House Number	
Apartment Number	
Page 1 of 1	

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 comply, or willfully give false information, you may be liable to a fine.

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 held securely for a period of 100 years.

Thank you for your co-operation.

J.N. Randall
REGISTRAR GENERAL
Edinburgh

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.
- List the household members living at the above address on the night of 29/30 April in Table 1 on page 2. It may help you complete the form 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.

Census Helpline

For extra forms or help in answering questions.

Phone	0845 602 2001
Text phone for the Deaf	0845 303 2001
Website	www.gro-scotland.gov.uk

Declaration

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

Signature(s)

Date

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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, but usually lives at this address.
 - Include any baby born before 30 April 2001, even if 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.)
 - 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 who 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. Let anyone completing an *Individual Form* know his or her Person number from the Table below, leave the three page Person Section on this form blank and ✓ a box in the column marked 'Individual Form'

Person No.	First name and surname of household member	Individual Form
Person 1		<input type="checkbox"/>
Person 2		<input type="checkbox"/>
Person 3		<input type="checkbox"/>
Person 4		<input type="checkbox"/>
Person 5		<input type="checkbox"/>
➤ You will need one or more <i>Continuation Forms</i> if there are more than 5 household members		
Person 6		<input type="checkbox"/>
Person 7		<input type="checkbox"/>
Person 8		<input type="checkbox"/>
Person 9		<input type="checkbox"/>
Person 10		<input type="checkbox"/>

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.

First name and surname of visitor	Address

➤ Please answer the questions about household accommodation on Page 3 opposite.

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How to Complete the Remaining Questions																		
<p>Remember to use black or blue ink.</p> <p>Put a tick in the appropriate box, like this <input checked="" type="checkbox"/>. If you mark the wrong box, fill in the box and put a tick in the right one, like this <input checked="" type="checkbox"/></p>	<p>If you tick a box with an instruction like fill in, you should move on to the question indicated.</p> <p>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.</p>	<p>H4 What is your country of birth?</p> <p><input checked="" type="checkbox"/> Elsewhere</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">S</td><td style="width: 20px;">O</td><td style="width: 20px;">U</td><td style="width: 20px;">T</td><td style="width: 20px;">H</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td>A</td><td>F</td><td>R</td><td>I</td><td>C</td><td>A</td><td> </td><td> </td> </tr> </table>	S	O	U	T	H				A	F	R	I	C	A		
S	O	U	T	H														
A	F	R	I	C	A													
Household Accommodation																		
<p>H1 What type of accommodation does your household occupy?</p> <p>A whole house or bungalow that is:</p> <p><input type="checkbox"/> Detached</p> <p><input type="checkbox"/> Semi-detached</p> <p><input type="checkbox"/> Terraced (including end-terrace)</p> <p>A flat, maisonette, or apartment that is:</p> <p><input type="checkbox"/> In a purpose-built block of flats or tenement</p> <p><input type="checkbox"/> Part of a converted or shared house (includes bed-sits)</p> <p><input type="checkbox"/> In a commercial building (for example, in an office building, or hotel, or over a shop)</p> <p>Mobile or temporary structure:</p> <p><input type="checkbox"/> A caravan or other mobile or temporary structure</p>	<p>H2 Do you have a bath/shower and toilet for use only by your household?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>H5 What is the lowest floor level of your household's living accommodation?</p> <p><input type="checkbox"/> Basement or semi-basement</p> <p><input type="checkbox"/> Ground floor (street level)</p> <p><input type="checkbox"/> First floor (floor above street level)</p> <p><input type="checkbox"/> Second floor</p> <p><input type="checkbox"/> Third or fourth floor</p> <p><input type="checkbox"/> Fifth floor or higher</p>	<p>H3 Does your household own or rent the accommodation?</p> <p><i>If none of these apply</i></p> <p><input type="checkbox"/> Owns outright H11</p> <p><input type="checkbox"/> Owns with a mortgage or loan H11</p> <p><input type="checkbox"/> Pays part rent and part mortgage (shared ownership) H11</p> <p><input type="checkbox"/> Rents H11</p> <p><input type="checkbox"/> Lives here rent free H11</p>																
<p>H2 Is your household's accommodation self-contained?</p> <p><i>* Note: rooms that are behind a locked door, behind a partition, or behind a door that only your household can use</i></p> <p><input type="checkbox"/> Yes, all the rooms are behind a door that only our household can use</p> <p><input type="checkbox"/> No</p>	<p>H6 Does your accommodation have central heating?</p> <p><i>* If you have central heating, please indicate if this includes all the rooms in your house.</i></p> <p><i>* Central heating includes:</i></p> <ul style="list-style-type: none"> - gas or oil or solid fuel central heating - night storage heaters - electric air heating - wood-burner heating <p><input type="checkbox"/> Yes, in some or all rooms</p> <p><input type="checkbox"/> No</p>	<p>H9 Who is your landlord?</p> <p><input type="checkbox"/> Council (Local Authority) Scottish Homes</p> <p><input type="checkbox"/> Housing Association Housing Co-operative Charitable Trust Non-profit housing company</p> <p><input type="checkbox"/> Private landlord or letting agency</p> <p><input type="checkbox"/> Employer of a household member</p> <p><input type="checkbox"/> Relative or friend of a household member</p> <p><input type="checkbox"/> Other</p>																
<p>H3 How many rooms do you have for use only by your household?</p> <p><i>* Do not count hallways, kitchen, toilet or washings, or rooms that can only be used for storage such as cupboards.</i></p> <p><i>* Do not include rooms for company purposes, living rooms, bedrooms, study rooms and studios.</i></p> <p><i>* If you cannot find the right number, write in the box below.</i></p> <p>Number of rooms <input style="width: 40px;" type="text"/></p>	<p>H7 How many cars or vans are owned, or available for use, by one or more members of your household?</p> <p><i>* Do not include company cars or vans available for use only.</i></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three</p> <p><input type="checkbox"/> Four or more, please write in number</p>	<p>H10 Is the accommodation provided furnished or unfurnished?</p> <p><input type="checkbox"/> Furnished</p> <p><input type="checkbox"/> Unfurnished</p> <p>H11 Please turn the page.</p>																

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Household Members and their Relationships within the Household

- ◆ The example below shows how to provide the relationship information for 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	Name of Person 3
JOHN SMITH	MARY SMITH	ALISON SMITH
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person → 1	Relationship of Person 3 to Person → 1 2
	Husband or wife <input checked="" type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>	Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	Step-child <input type="checkbox"/>	Step-child <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>

- ◆ 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 each of the 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.

Name of Person 1	Name of Person 2	Name of Person 3
ENTER NAME OF PERSON 1 ABOVE		
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person → 1	Relationship of Person 3 to Person → 1 2
	Husband or wife <input type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>	Son or daughter <input type="checkbox"/> <input type="checkbox"/>
	Step-child <input type="checkbox"/>	Step-child <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>
	Mother or father <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/>
	Step-mother or step-father <input type="checkbox"/>	Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/>
	Grandchild <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/>
	Grandparent <input type="checkbox"/>	Grandparent <input type="checkbox"/> <input type="checkbox"/>
	Other related <input type="checkbox"/>	Other related <input type="checkbox"/> <input type="checkbox"/>
	Unrelated <input type="checkbox"/>	Unrelated <input type="checkbox"/> <input type="checkbox"/>

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<p>Name of Person 4</p> <p style="text-align: center;">STEVEN SMITH</p> <p>Relationship of Person 4 to Person → 1 2 3</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>Name of Person 5</p> <p style="text-align: center;">JAMES SMITH</p> <p>Relationship of Person 5 to Person → 1 2 3 4</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
<p>Name of Person 4</p> <p style="border: 1px dashed black; height: 40px; margin: 5px 0;"></p> <p>Relationship of Person 4 to Person → 1 2 3</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandparent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other related <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Name of Person 5</p> <p style="border: 1px dashed black; height: 40px; margin: 5px 0;"></p> <p>Relationship of Person 5 to Person → 1 2 3 4</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandparent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other related <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>◆ 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).</p> <p>◆ Where a household member is completing an <i>Individual form</i> for privacy reasons, the Person Section (three pages) for this person later on this form (or on a <i>Continuation Form</i>) should be left blank.</p>	

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Person 1

See top of page 3 for how to enter answers to questions. Please use black or blue ink

1 What is your name? (Person 1 in Table 1)
 Full name in block letters
 SURNAME FIRSTNAME

2 What is your sex?
 Male Female

3 What is your date of birth?
 Day Month Year
 01 01 2000

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 (see Code 6)
 No (see Code 2)

6 Do you live at the address shown on the front of this form during the school, college or university term?
 Only answer this question if you have answered 'Yes' or 'Mostly Yes'.
 Yes, I live at this address during the school/college/university term (see Code 7)
 No, I live elsewhere during the school/college/university term (see Code 35)

7 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 you lived in away from home during the official/regular vacancy term. For example from 15 April 2000, if you had school every 6 weeks.
 The address shown on the front of the form
 No usual address one year ago
 Elsewhere, please write in below
 SURNAME FIRSTNAME
 ADDRESS
 POSTCODE

8 What address do you travel to for your main job or course of study (including school)?
 Answer this question with a your usual place for work or study. If you do not go to school, college or university.
 Not currently working or studying (see Code 10)
 Work or study mainly at home (see Code 10)
 No fixed place
 Work on offshore installation, platform, vessel, rig, well, vessel or wellhead or in an offshore installation, vessel, platform or vessel (see Code 10)
 The address below
 SURNAME FIRSTNAME
 ADDRESS
 POSTCODE

9 How do you usually travel to your main place of work or study (including school)?
 On foot
 By bus for the journey, partly by other means of public transport for part
 Underground, tube, metro or light rail Passenger in a car or van
 Motor cycle, scooter or moped Train
 Bus, minibus or coach (public or private) Bicycle
 Taxi or minicab On foot
 Driving a car or van Other

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Person 1 - continued

10 Over the last twelve months would you say your health has on the whole been:

Good? Fairly good?
 Not good?

11 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

Yes No

12 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?

No
 Yes, 1-19 hours a week
 Yes, 20-49 hours a week
 Yes, 50+ hours a week

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

Understand spoken Gaelic
 Speak Gaelic
 Read Gaelic
 Write Gaelic
 None of these

14 What is your country of birth?

Scotland
 England
 Wales
 Northern Ireland
 Republic of Ireland
 Elsewhere, (please write in the space provided)

15 What is your ethnic group?

A White

Any White background

B Mixed

Any Mixed background, (please write in the space provided)

C Asian, Asian Scottish or Asian British

Indian
 Pakistani
 Bangladeshi
 Any other Asian background, (please write in the space provided)

D Black, Black Scottish or Black British

Caribbean
 African
 Any other Black background, (please write in the space provided)

E Chinese or other ethnic group

Chinese
 Any other, (please write in the space provided)

16 If you are aged 16 to 74

Go to **17**

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

Go to **23**

17 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 No

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

Yes No

19 If a job had been available last week, could you have started it within 2 weeks?

Yes No

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

Yes No

21 Last week, were you any of the following?

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

Please turn over

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Person 1 - continued

22. Have you ever worked?

Yes, please write in the previous question box.

No, have never worked

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

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

Employee

Self-employed with employees

Self-employed/freelance without employees

25. Do (did) you supervise any other employees?

Yes

No

26. How many people work (worked) for your employer at the place where you work (worked)?

1-9

10-24

25-499

500 or more

27. How many hours a week do (did) you usually work in your main job?

Number of hours worked a week

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

Self-employed/freelance Work (worked) for a private individual

29. What is (was) the business of your employer at the place where you work (worked)?

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

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

32. Which of these qualifications do you have?

'D' 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 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

33. There are no more questions for Person 1. Go to questions for Person 2. If there are no more people in the household, you should now sign the Declaration on the front page.

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Person 2

See top of page 3 for how to enter 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 (see Question 6)
 No (see Question 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 (see Question 7)
 No, I live elsewhere during the school/college/university term (see Question 7)

7 What was your usual address one year ago?
 If you were a child or young person, you must not give your usual address at school or college. Please put in the address of your usual home.
 The 2001 Census (April 2001) of the United Kingdom is used.
 The address shown on the front of the form
 No usual address one year ago Same as Person 1
 Elsewhere, please write in full name

8 What address do you travel to for your main job or course of study (including school)?
 Answer this question if you spend most time for work or study.
 If you spend less than half the time for work or study:
 Not currently working or studying (see Question 10)
 Work or study mainly at home (see Question 10)
 No fixed place
 Work on offshore installation, offshore oil or offshore petrol business, or work on a vessel or other floating structure, or on a mobile offshore drilling unit (see Question 10)
 The address below

9 How do you usually travel to your main place of work or study (including school)?
 See question 7
 Not applicable to those aged 16 or over, if you have a job or are at work
 Underground, tube, metro or light rail Passenger in a car or van
 Motor cycle, scooter or moped Train
 Bus, minibus or coach (public or private) Bicycle
 Taxi or minicab On foot
 Driving a car or van Other

Please turn over

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Person 2 - continued

10 Over the last twelve months would you say your health has on the whole been:

Good? Fairly good?

Not good?

11 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

Indicate problems within the last 12 months.

Yes No

12 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?

For pensioners completing this form as part of your state employment, if you work on a typical week:

No

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50+ hours a week

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

Tick all that apply.

Understand spoken Gaelic

Speak Gaelic

Read Gaelic

Write Gaelic

None of these

14 What is your country of birth?

Scotland

England

Wales

Northern Ireland

Republic of Ireland

Elsewhere, please write in the space below in the given order: *Country, City/Town/Village*

15 What is your ethnic group?

Choose a full section from A to E. Tick the one you are most likely to describe your ethnic background.

A White

Any White background

B Mixed

Any Mixed background, please write in:

C Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in:

D Black, Black Scottish or Black British

Caribbean

African

Any other Black background, please write in:

E Chinese or other ethnic group

Chinese

Any other, please write in:

16 If you are aged 16 to 74

See Q10 to Q12

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

See Q10 to Q12

17 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?

Tick all that apply. Tick 'None of the above' if you were not doing any work last week.

Yes No None of the above

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

Yes No

19 If a job had been available last week, could you have started it within 2 weeks?

Yes No

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

Yes No

21 Last week, were you any of the following?

Tick all that apply.

Retired

Student

Looking after home/family

Permanently sick/disabled

None of the above

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Person 2 – continued

27. Have you ever worked?

Yes, please write in the previous text box(es)

No, have never worked

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

For example, Enterprise 1234 Ltd, ABC Bank, XYZ plc, appropriate if you were a part time business, state in the notes.

Self-employed/freelance Work (worked) for a private individual

29. What is (was) the business of your employer at the place where you work (worked)?

For example, BARBERS, BAKERS, BOUTIQUE, RESTAURANT, RETAIL STORE, CARPENTRY, BOOK BINDER, CLEANING SERVICE, DOCTOR'S SURGERY.

If you are a sole trader/sole-proprietor please do state that you have satisfied the conditions of the nature of your business.

Civil Service, Local Government, Police, Prison, Health Service, Government

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

For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CARPENTER, CIVIL SERVICE, HEALTH CARE SERVICE, SECURITY GUARD, CIVIL SERVICE, Local Government, Police, Health Service, Prison, etc.

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

32. How many people work (worked) for your employer at the place where you work (worked)?

If you are (worked) self-employed, do not include yourself or any other employees working for you.

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

33. How many hours a week do (did) you usually work in your main job?

As a sole trader/sole-proprietor do not include yourself or any other employees working for you.

Number of hours worked a week

34. Which of these qualifications do you have?

All qualifications 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 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. There are no more questions for Person 2. Go to questions for Person 3. If there are no more people in the household, you should now sign the Declaration on the front page.

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Person 3

See top of page 3 for how to enter answers to questions. Please use black or blue ink

1 What is your name? (Person 3 in Table 1)

Family name and initials

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 (see question 6) No (see question 7)

6 Do you live at the address shown on the front of this form during the school, college or university term?

Early answer: Was question 4 just now answered 'Yes' to Question 5?

Yes, I live at this address during the school/college/university term (see Q5) No, I live elsewhere during the school/college/university term (see Q5)

7 What was your usual address one year ago?

If you were a child at the time, give the usual address one year ago, give the address at which you were living during your school/college/university term. For a child born after 29 April 2001, give two usual addresses 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 as follows

8 What address do you travel to for your main job or course of study (including school)?

Answer for the place which you spend most time to work or study if you cannot be a school, work or depot address.

Not currently working or studying (see Q5) Work or study mainly at home (see Q5)
 No fixed place
 Work on offshore installation, mine or sea bed without power cables or without power cables attached to sea, for example, "100/2000" etc.
 The address below

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

If possible, only:
✓ the way for the longest part, by distance, of your usual journey to work

Underground, tube, metro or light rail Passenger in a car or van
 Motor cycle, scooter or moped Train
 Bus, minibus or coach (public or private) Bicycle
 Taxi or minicab On foot
 Driving a car or van Other

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Person 2 continued

10 Over the last twelve months would you say your health has on the whole been:

Good? Fairly good?
 Not good?

11 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

Include problems with one side of the body

Yes No

12 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

Include unpaid family work

No
 Yes, 1-19 hours a week
 Yes, 20-49 hours a week
 Yes, 50+ hours a week

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

Tick in the relevant tick space

Understand spoken Gaelic
 Speak Gaelic
 Read Gaelic
 Write Gaelic
 None of these

14 What is your country of birth?

Scotland
 England
 Wales
 Northern Ireland
 Republic of Ireland
 Elsewhere, please write in the space below with the country

15 What is your ethnic group?

Tick one ONLY in the space to the left of the appropriate tick space and write your ethnic group in the space below

A White

Any White background

B Mixed

Any Mixed background, please write in

C Asian, Asian Scottish or Asian British

Indian
 Pakistani
 Bangladeshi
 Any other Asian background, please write in

D Black, Black Scottish or Black British

Caribbean
 African
 Any other Black background, please write in

E Chinese or other ethnic group

Chinese
 Any other, please write in

16 If you are aged 16 to 74

Yes No

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

Yes No

17 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?

Tick YES if you were doing any form of work or activity to earn, or intend to earn, money for yourself

Tick YES for unpaid work, including education, voluntary work, unpaid work for your wife

Tick YES if you worked, paid or unpaid, in your own family business

Yes No

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

Yes No

19 If a job had been available last week, could you have started it within 2 weeks?

Yes No

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

Yes No

21 Last week, were you any of the following?

Tick all the boxes that apply

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

Please turn over

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Person 3 - continued

22 Have you ever worked?

Yes, please write in the box the year you last worked:

No, have never worked

23 Answer five questions separately for the main job you were doing last week, or if not working last week, your last paid job.

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

Employee

Self-employed with employees

Self-employed/freelance without employees

25 Do (did) you supervise any other employees?

Yes

No

26 How many people work (worked) for your employer at the place where you work (worked)?

If you don't know, don't attempt to tick a square. Tick a square if you know the answer.

1-9

10-24

25-499

500 or more

27 How many hours a week do (did) you usually work in your main job?

If you don't know, don't tick a box.

If unsure, if working, give the average for the last four weeks.

Number of hours worked a week

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

Please write in the box the full name of the organisation. If you have to write in more than one box, write in the first box.

Self employed/freelance Work (worked) for a private individual

29 What is (was) the business of your employer at the place where you work (worked)?

Please write, BRANCO ON-DEE, BROADWAY, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

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

Please write in the box the full title of your main job. If you have to write in more than one box, write in the first box.

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

32 Which of these qualifications do you have?

If you have more than one, tick all 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

GSVC/SVC Level 1 or 2, SCOTVEC Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent

GSVC/SVC 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

33 There are no more questions for Person 3. Go to questions for Person 4. If there are no more people in the household, you should now sign the Declaration on the front page.

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Person 4

See top of page 3 for how to enter 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 No

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
 No, I live elsewhere during the school/college/university term

7 What was your usual address one year ago?
 This question only applies to children who have moved home or to those who have the same address as Person 1 but have changed the school's registration by term. For a child who is aged 14 April 2001 or the age of children over your own:
 The address shown on the front of the form
 No usual address one year ago Same as Person 1
 Elsewhere, please write address

8 What address do you travel to for your main job or course of study (including school)?
 An address for the place where you go at least three times a week to study or to work should be displayed below in the following order:
 Not currently working or studying Work or study mainly at home
 No fixed place
 Work on offshore installation, if there was one at the time of your last job or course of study, please write the name of the installation in the space 'ABOVE'
 The address below

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

Please turn over

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Person 4 - continued

10. Over the last twelve months would you say your health has on the whole been:

Good? Fairly good?
 Not good?

11. 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

12. 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 include helping you to do your usual job or errands.

✓ If you spend less than 1 hour a week.

No
 Yes, 1-19 hours a week
 Yes, 20-49 hours a week
 Yes, 50+ hours a week

13. Can you understand, speak, read, or write Scottish Gaelic?

✓ If the basis that apply.

Understand spoken Gaelic
 Speak Gaelic
 Read Gaelic
 Write Gaelic
 None of these

14. What is your country of birth?

Scotland
 England
 Wales
 Northern Ireland
 Republic of Ireland
 Elsewhere, please write in the space below.

15. What is your ethnic group?

Use only one of the boxes A to E. What if the respondent has more than one ethnic background?

A White

Any White background

B Mixed

Any Mixed background, please write in

C Asian, Asian Scottish or Asian British

Indian
 Pakistani
 Bangladeshi
 Any other Asian background, please write in

D Black, Black Scottish or Black British

Caribbean
 African
 Any other Black background, please write in

E Chinese or other ethnic group

Chinese
 Any other, please write in

16. If you are aged 16 to 74

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

17. 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?

✓ If you did your work even if you were ill or unable to do it normally or had to do it differently or temporarily.

✓ If they were unpaid work, including volunteer or voluntary work, such as for a charity or club.

✓ If you did your work, unpaid or unpaid in part, even if it was for a friend.

Yes See Qs to **23**
 No See Qs to **18**

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

Yes No

19. If a job had been available last week, could you have started it within 2 weeks?

Yes No

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

Yes No

21. Last week, were you any of the following?

✓ If you were not working.

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

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Person 4 - continued	
<p>22. Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year(s) you worked <input type="text"/></p> <p>See page 33</p> <p><input type="checkbox"/> No, have never worked</p> <p>See page 33</p>	<p>28. What is the full name of the organisation you work (worked) for in your main job?</p> <p>Write the name of the organisation, company or business, in full, in the space below. If you work for a business, write its full name.</p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work (worked) for a private individual</p>
<p>23. Answer the remaining questions for the main job you chose (4 of 10) last week or the working last week, or for the main job.</p> <p>* This is the job - the job in which you are currently working or most recent.</p>	<p>29. What is (was) the business of your employer at the place where you work (worked)?</p> <p>For example: CARPENTRY, BAKING, RESTAURANT, SHOP, WHOLESALE RETAIL, HOTEL, PUB, FOOD SHOP, GARDEN, CLEANING SERVICE, GOLFING, GOLFING BUSINESS.</p> <p>* If you are doing self-employment, please write in the (SIC) code and business activities of the nature of your business.</p> <p>* Give business code (Government Office) - please specify your Main job.</p>
<p>24. Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>	<p>30. What is (was) the full title of your main job?</p> <p>For example: PRIMARY SCHOOL TEACHER, HOME DEPARTMENT ASSISTANT, LEAD ASSISTANT, TAXI DRIVER, SERVICE ENGINEER, RESTAURANT ASSISTANT.</p> <p>* Give business code (Government Office) - give job code and grade in your hand.</p>
<p>25. Do (did) you supervise any other employees?</p> <p>* A supervisor or supervisor is responsible for supervising the work of other employees and a person who helps.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>31. Describe what you do (did) in your main job.</p>
<p>26. How many people work (worked) for your employer at the place where you work (worked)?</p> <p>* If you are doing self-employment, if possible, how many people your employer employs (not including yourself).</p> <p><input type="checkbox"/> 1-9</p> <p><input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499</p> <p><input type="checkbox"/> 500 or more</p>	<p>32. Which of these qualifications do you have?</p> <p>* If all apply, tick all that apply.</p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Sen or Certificate or equivalent</p> <p><input type="checkbox"/> Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent</p> <p><input type="checkbox"/> GSVO/SVQ Level 1 or 2, SCOTVEC Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVO/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent</p> <p><input type="checkbox"/> HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent</p> <p><input type="checkbox"/> First Degree, Higher Degree</p> <p><input type="checkbox"/> Professional Qualifications (for example, teaching, accountancy)</p> <p><input type="checkbox"/> None of these</p>
<p>27. How many hours a week do (did) you usually work in your main job?</p> <p>* Answer in hours or 1/2 hour.</p> <p>* This is only working, give the average for the last four weeks.</p> <p>Number of hours worked a week <input type="text"/></p>	<p>33. There are no more questions for Person 4. Go to questions for Person 5. If there are no more people in the household, you should now sign the Declaration on the front page.</p>

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Person 5

See top of page 3 for how to enter 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)
 Married (first marriage)
 Re-married
 Separated (but still legally married)
 Divorced
 Widowed

5 Are you a schoolchild or student in full-time education?
 Yes (see question 6)
 No (see question 7)

6 Do you live at the address shown on the front of this form during the school, college or university term?
 Using question 5 as a guide, if you have answered "Yes" to question 5:
 Yes, I live at this address during the school/college/university term (see question 7)
 No, I live elsewhere during the school/college/university term (see question 8)

7 What was your usual address one year ago?
 If you were a schoolchild, boarding school child or student, give your usual home address of which you were living during the school/college/university term, not a child's home. After 19 April 2001, if you have address since you were:
 The address shown on the front of the form
 No usual address one year ago Same as Person 1
 Elsewhere, please write it below

8 What address do you travel to for your main job or course of study (including school)?
 If you are not a schoolchild, what is your school, main place of work or study? If you are a schoolchild, what is the school address?
 Not currently working or studying (see question 10)
 Work or study mainly at home (see question 10)
 No fixed place
 Work on offshore installation, please write your address, please do not use remote area codes (for example 01472 444444)
 The address below

9 How do you usually travel to your main place of work or study (including school)?
 see question 10
 see question 10
 Underground, tube, metro or light rail Passenger in a car or van
 Motor cycle, scooter or moped Train
 Bus, minibus or coach (public or private) Bicycle
 Taxi or minicab On foot
 Driving a car or van Other

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Person 5 - continued

10 Over the last twelve months would you say your health has on the whole been:

Good? Fairly good?

Not good?

11 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 an age

Yes No

12 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 include anyone who you do not regard as your usual responsibility

Include support on a typical week

No

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50+ hours a week

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

Tick all the boxes that apply

Understand spoken Gaelic

Speak Gaelic

Read Gaelic

Write Gaelic

None of these

14 What is your country of birth?

Scotland

England

Wales

Northern Ireland

Republic of Ireland

Elsewhere, please write in the space below and bring country

.....

.....

15 What is your ethnic group?

Choose ONE option from A to E, then tick the appropriate box to indicate your current best answer

A White

Any White background

B Mixed

Any Mixed background, please write in

.....

.....

C Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in

.....

.....

D Black, Black Scottish or Black British

Caribbean

African

Any other Black background, please write in

.....

.....

E Chinese or other ethnic group

Chinese

Any other, please write in

.....

.....

16 If you are aged 16 to 74

see Qs to **17**

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

see Qs to **22**

17 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?

Tick all that apply

Yes No

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

Yes No

19 If a job had been available last week, could you have started it within 2 weeks?

Yes No

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

Yes No

21 Last week, were you any of the following?

Tick all the things that apply

Retired

Student

Looking after home/family

Permanently sick/disabled

None of the above

Please turn over

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Person 5 - continued

22 Have you ever worked?

Yes, please write or draw in the box how long you worked for.

Start date to **23**

No, have never worked

See Q 22

23 Answer the following question for the main job you were doing last week. Or if not working last week, your last work job.

You were in a job in which you usually work this week.

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

Employee

Self-employed with employees

Self-employed/freelance without employees

25 Do (did) you supervise any other employees?

A supervisor or foreman is responsible for organising the work of other employees in a factory or office.

Yes

No

26 How many people work (worked) for your employer at the place where you work (worked)?

If you are the only self-employed person, tick this box, many people are employed part-time or full-time.

1-9

10-24

25-499

500 or more

27 How many hours a week do (did) you usually work in your main job?

Answer in nearest whole hour.

If currently working, tick the average for last four weeks.

Number of hours worked a week

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

Please write or name or draw the name below or type out the name. Please keep your handwriting clear. Write in this space.

Sell-employed/freelance Work (worked) for a private individual

29 What is (was) the business of your employer at the place where you work (worked)?

For example, WHOLESALE FOOD, FURNITURE OR A SECONDARY industry, FOOD SHOP, FISH & CHICKEN RESTAURANT, BREAD & BUTTER.

If you are (were) self-employed, describe in brief what your business is (was) the nature of your business.

Job involves some supervision of others. Please specify your Department.

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

For example, PRIMARY SCHOOL TEACHER, TEACHER, SENIOR PROJECT MANAGER, SENIORMAN SERVICE ENGINEER, SENIOR PLASTERER.

Job involves some supervision of others. Please specify your Department.

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

32 Which of these qualifications do you have?

Tick qualifications 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 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

33 THERE ARE NO MORE QUESTIONS FOR PERSON 5. Go to questions for Person 6 on your Continuation Form. If you don't have a Continuation Form, contact the Census Helpline - see box on front page. If there are no more people in the household, you should now sign the Declaration on the front page.



Scotland's CENSUS

29 APRIL 2001

count me in

Individual Form I4

Name of establishment
 Street
 Town
 Postcode
 Census Number

To the person completing form

What is the Census?

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 comply, or willfully give false information, you may be liable to a fine.

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 held securely for a period of 100 years.

Thank you for your co-operation.

J.N. Randall

J.N. Randall
REGISTRAR GENERAL
Edinburgh

What you have to do if you are in a Communal Establishment

- ◆ Enter name and address of establishment (hotel, hospital, hall of residence, etc.) on the panel above.
- ◆ State your position in this establishment (tick one box):
 - Staff or worker
 - Relative of staff or owner
 - Other (for example, resident, patient, student)
- ◆ Complete the questions on pages 2 to 4 of this form.
- ◆ Sign the declaration below and return the completed form to the manager or person in charge.

What you have to do if you are in a Household

- ◆ Enter address of household in the panel above.
- ◆ Ensure that you are listed in Table 1 on page 2 of the Household form.
- ◆ Copy your Person Number from Table 1 here.
- ◆ Complete the questions on pages 2 to 4 of this form.
- ◆ Sign the Declaration below, and place the completed form in the individual Return envelope provided. Give the envelope to the person responsible for completing the main Household form.

Census Helpline

For help in answering questions.

Phone	0845 602 2001
Text phone for the deaf	0845 303 2001
Website	www.gro-scotland.gov.uk

Declaration

This form is completed to the best of my knowledge and belief

Signature

Date

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<p>10 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good? <input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>	<p>15 What is your ethnic group?</p> <p>Choose ONE option from the list then tick the appropriate box to indicate your ethnic background</p>	<p>16 If you are aged 16 to 74</p> <p>Go to 17</p> <p>If you are aged 15 and under, or 75 and over</p> <p>Go to 18</p>
<p>11 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p><i>includes problems which are due to 1.3(a)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A White</p> <p><input type="checkbox"/> Any White background</p>	<p>17 Last week, were you doing any work:</p> <ul style="list-style-type: none">• as an employee,• as self-employed/freelance,• in your own/family business, or• on a Government sponsored training scheme?
<p>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none">• long-term physical or mental ill-health or disability, or• problems related to old age? <p><i>Do not count anything you do as part of your paid employment.</i></p> <p><i>If these are not a big time commitment</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1-19 hours a week</p> <p><input type="checkbox"/> Yes, 20-49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>	<p>B Mixed</p> <p><input type="checkbox"/> Any Mixed background, please write in</p>	<p><i>If any of your wages/paid for work, or a company bonus, or holiday or transport allowances off</i></p> <p><i>If you are self-employed, including yourself, your partner or children, but not other family members</i></p> <p><i>If you are a government sponsored trainee</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13 Can you understand, speak, read, or write Scottish Gaelic?</p> <p><i>If all the boxes are not apply</i></p> <p><input type="checkbox"/> Understand spoken Gaelic</p> <p><input type="checkbox"/> Speak Gaelic</p> <p><input type="checkbox"/> Read Gaelic</p> <p><input type="checkbox"/> Write Gaelic</p> <p><input type="checkbox"/> None of these</p>	<p>C Asian, Asian Scottish or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p>	<p>18 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14 What is your country of birth?</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the crossed circle of the survey</p>	<p>D Black, Black Scottish or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p>	<p>19 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the crossed circle of the survey</p>	<p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p>	<p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other, please write in</p>	<p>21 Last week, were you any of the following?</p> <p><i>If all the boxes are not apply</i></p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p> <p style="text-align: right;">Please turn over</p>

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22 Have you ever worked?

Yes, please write in the space provided the name of the organisation you worked for.

Yes - Go to **23**

No, have never worked

No - Go to **28**

23 Answer the remaining questions for the main job you worked during 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.

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

Employee

Self-employed with employees

Self-employed/freelance without employees

25 Do (did) you supervise any other employees?

* In an organisation, supervising is responsible for and seeing to the work of other employees in a regular way.

Yes

No

26 How many people work (worked) for your employer at the place where you work (worked)?

* This includes (you) self-employed if you employ other people and include (yourself) including yourself.

1-9

10-24

25-499

500 or more

27 How many hours a week do (did) you usually work in your main job?

* Answer for last week unless you are currently working, give the average for the last four weeks.

Number of hours worked a week

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

* Please write in block capitals and use initials as appropriate. If you have your own business, write in the name.

Self-employed/freelance Work (worked) for a private individual

29 What is (was) the business of your employer at the place where you work (worked)?

* For example, in a shop, SELLING OF GOODS; in a car, MANUFACTURE OF CARS; in a bank, BANKING; in a school, TEACHING; in a retail, RETAIL; in a factory, MANUFACTURE.

* If you are working self-employed/freelance or have (had) your own business, what is (was) the nature of your business?

* Tick (or ticks) Local Government Officer - if also specify your Department.

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

* For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, POLICE OFFICER, RETAIL ASSISTANT, LEADERSHIP ASSISTANT, CAR DRIVER, Local Government Officer - please tick if a paid or unpaid job.

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

32 Which of these qualifications do you have?

* Tick (or ticks) all that apply.

'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent

Higher Grade, CSYS, Scottish Group Award or Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent

SSVQ/SVQ Level 1 or 2, SCOTVEC 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

33 THERE ARE NO MORE QUESTIONS

* Please sign the Declaration on page 1 and follow the instructions there about return of form.