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How to complete this form	
<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 like this <input type="checkbox"/> and <input checked="" type="checkbox"/> the correct one.</p>	
1 Nature of Establishment	3 Type of Management
<p><b>Please tick the box that best describes your establishment.</b></p> <p>◆ ✓ <i>one box only</i></p> <p><b>Medical and Care Establishments</b></p> <p><input type="checkbox"/> General Hospital</p> <p><input type="checkbox"/> Psychiatric Hospital/Home</p> <p><input type="checkbox"/> Other Hospital</p> <p><input type="checkbox"/> Nursing Home</p> <p><input type="checkbox"/> Residential Care Home</p> <p><input type="checkbox"/> Children's Home (including secure units)</p> <p><input type="checkbox"/> Other Medical and Care Home</p> <p>If you have ticked a box under 'Medical and Care Establishments' then ➤ Go to 2</p> <p><b>Other Establishments</b></p> <p><input type="checkbox"/> Defence Establishment (including ships)</p> <p><input type="checkbox"/> Prison and Young Offenders' Institutions</p> <p><input type="checkbox"/> Educational Establishment (including Halls of Residence)</p> <p><input type="checkbox"/> Hotel, Boarding House, Guest House</p> <p><input type="checkbox"/> Hostels (including youth hostels, hostels for the homeless)</p> <p><input type="checkbox"/> Civilian Ship, Boat or Barge</p> <p><input type="checkbox"/> Other</p> <p>If you have ticked a box under 'Other Establishments' then ➤ Go to 4</p>	<p><b>Who is responsible for the management of your establishment?</b></p> <p>◆ ✓ <i>one box only</i></p> <p><input type="checkbox"/> National Health Service</p> <p><input type="checkbox"/> Council (Local Authority)</p> <p><input type="checkbox"/> Housing Association</p> <p><input type="checkbox"/> Charity/Voluntary Organisation</p> <p><input type="checkbox"/> Sole Proprietor/Partnership/Private Company</p> <p><input type="checkbox"/> Other</p>
2 Registration Status	4 Type of Resident
<p><b>Is your establishment registered with a Health Board or Council?</b></p> <p>◆ ✓ <i>one box only</i></p> <p><input type="checkbox"/> Yes, with the Health Board</p> <p><input type="checkbox"/> Yes, with the Council (Local Authority)</p> <p><input type="checkbox"/> Yes, with both the Health Board and the Council (Local Authority)</p> <p><input type="checkbox"/> No</p>	<p><b>Which of the following client groups does your establishment cater for?</b></p> <p>◆ ✓ <i>at least one box in Section A and at least one in Section B below</i></p> <p><b>A: Age group of clients</b></p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Adults</p> <p><input type="checkbox"/> Children</p> <p><b>B: Characteristics of clients</b></p> <p><input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Mental Health Problems</p> <p><input type="checkbox"/> Convalescent or Post-Operative Care</p> <p><input type="checkbox"/> Drug/Alcohol Problems</p> <p><input type="checkbox"/> Terminal Illness/Respite Care</p> <p><input type="checkbox"/> Chronic Illness Care</p> <p><input type="checkbox"/> Acute Illness Care</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Students</p> <p><input type="checkbox"/> Prisoners including Young Offenders</p> <p><input type="checkbox"/> Nurses</p> <p><input type="checkbox"/> Armed Forces Personnel</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Other</p>
	Enumerator use only
	<p><input type="checkbox"/> Persons Sleeping Rough</p>

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# Scotland's CENSUS

29 APRIL 2001



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**This section to be completed by the Census Enumerator**
**Household Form H4**

**Name**

**Address**


**Postcode**

CD

ED

Form Number

\* Form **1** of

\* Multi-form households only

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**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

**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.

**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](http://www.gro-scotland.gov.uk)

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

<b>Signature(s)</b>	<b>Date</b>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

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Table 1 Household Members		
<ul style="list-style-type: none"> <li>◆ Using <b>black or blue ink</b>, list all members of your household who usually live at this address, including yourself.                             <ul style="list-style-type: none"> <li>• Start with the householder or joint householders.</li> <li>• Include anyone who is temporarily away from home on the night of 29/30 April 2001 and who usually lives at this address.</li> <li>• Include any baby born before 30 April 2001, even if he or she is still in hospital.</li> <li>• Include schoolchildren and students if they live at this address during the school, college or university term.</li> <li>• Also include schoolchildren and students who are away from home during the school, college or university term <b>if this is their normal vacation address</b>. (Only basic information is required in the Person Section.)</li> <li>• Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces <b>if this is the family home</b>.</li> <li>• Include other people with more than one address <b>if they live at this address for the majority of time</b>.</li> <li>• Include anyone who is staying with you <b>if he or she has no other usual address</b>.</li> </ul> </li> <li>◆ An <i>Individual Form</i> is available with an envelope for anyone who wishes not to disclose information to others in the household. Please leave <b>blank</b> the three-page Person Section on this form (or any <i>Continuation Form</i>) for anyone who completed an <i>Individual Form</i> and ✓ the box for the person in the column marked 'Individual Form'.</li> </ul>		
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		
<ul style="list-style-type: none"> <li>◆ 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.</li> <li>◆ Note that visitors from elsewhere in the UK must be included on a Census form at their usual address.</li> <li>◆ If there are <b>only</b> visitors in the household at this address, please answer questions <b>H1</b> to <b>H5</b> on Page 3. Afterwards, please sign the declaration on the front page. No further information is required.</li> </ul>		
First name and surname of visitor	Usual address	
◆ Please answer the questions about household accommodation on Page 3 opposite.		

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## 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?**

Elsewhere, please write in the present name of the country

S	O	U	T	H					
A	F	R	I	C	A				

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## 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

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

Yes

No

**H8 Does your household own or rent the accommodation?**

♦ **one box only.**

Owns outright **▶ Go to H11**

Owns with a mortgage or loan **▶ Go to H11**

Pays part rent and part mortgage (shared ownership) **▶ Go to H11**

Rents **▶ Go to H9**

Lives here rent free **▶ Go to H9**

**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

**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

**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

**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

**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

**H10 Is the accommodation provided furnished or unfurnished?**

Furnished

Unfurnished

**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

**H11 Please turn the page.**

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### Household Members and their Relationships within the Household

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

Name of Person 1	Name of Person 2	Name of Person 3												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">First name</td> <td><b>JOHN</b></td> </tr> <tr> <td style="font-size: small;">Surname</td> <td><b>SMITH</b></td> </tr> </table>	First name	<b>JOHN</b>	Surname	<b>SMITH</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">First name</td> <td><b>MARY</b></td> </tr> <tr> <td style="font-size: small;">Surname</td> <td><b>SMITH</b></td> </tr> </table>	First name	<b>MARY</b>	Surname	<b>SMITH</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">First name</td> <td><b>ALISON</b></td> </tr> <tr> <td style="font-size: small;">Surname</td> <td><b>SMITH</b></td> </tr> </table>	First name	<b>ALISON</b>	Surname	<b>SMITH</b>
First name	<b>JOHN</b>													
Surname	<b>SMITH</b>													
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Surname	<b>SMITH</b>													
First name	<b>ALISON</b>													
Surname	<b>SMITH</b>													
<div style="border: 1px solid #f8d7da; padding: 10px; background-color: #fff3f3;"> <p style="color: #f8d7da; font-weight: bold; margin: 0;">ENTER NAME OF PERSON 1 ABOVE</p> </div>	<p><b>Relationship of Person 2 to Person → 1</b></p> <p>Husband or wife <input checked="" type="checkbox"/></p> <p>Partner <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/></p>	<p><b>Relationship of Person 3 to Person → 1 2</b></p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/></p>												

- ◆ 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.

Name of Person 1	Name of Person 2	Name of Person 3												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">First name</td> <td></td> </tr> <tr> <td style="font-size: small;">Surname</td> <td></td> </tr> </table>	First name		Surname		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">First name</td> <td></td> </tr> <tr> <td style="font-size: small;">Surname</td> <td></td> </tr> </table>	First name		Surname		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">First name</td> <td></td> </tr> <tr> <td style="font-size: small;">Surname</td> <td></td> </tr> </table>	First name		Surname	
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<p><b>Name of Person 4</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px;">First name</td> <td><b>STEVEN</b></td> </tr> <tr> <td>Surname</td> <td><b>SMITH</b></td> </tr> </table> <p><b>Relationship of Person 4 to Person</b> → 1 2 3</p> <table style="width: 100%;"> <tr> <td>Husband or wife</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Son or daughter</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step-child</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brother or sister</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	First name	<b>STEVEN</b>	Surname	<b>SMITH</b>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Name of Person 5</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px;">First name</td> <td><b>JAMES</b></td> </tr> <tr> <td>Surname</td> <td><b>SMITH</b></td> </tr> </table> <p><b>Relationship of Person 5 to Person</b> → 1 2 3 4</p> <table style="width: 100%;"> <tr> <td>Husband or wife</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Son or daughter</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step-child</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brother or sister</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	First name	<b>JAMES</b>	Surname	<b>SMITH</b>	Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																						
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<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, leave <i>blank</i> his or her three-page Person Section on this form (or on any <i>Continuation Form</i>).</p>																																																																																																												



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## 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*  
  
  
  

Postcode

**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*  
  
  
  

Postcode

**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     Motor cycle, scooter or moped  
 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		
<p><b>12 What is your country of birth?</b></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, <i>please write in the present name of the country</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>15 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Other British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>B Mixed</b></p> <p><input type="checkbox"/> Any Mixed background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>C Asian, Asian Scottish or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>D Black, Black Scottish or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>E Other ethnic background</b></p> <p><input type="checkbox"/> Any other background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>16 Can you understand, speak, read, or write Scottish Gaelic?</b></p> <p>♦ ✓ all the boxes that apply.</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><b>17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ ✓ time spent in a typical week.</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>18 If you are aged 16 to 74</b></p> <p>▶ Go to <b>19</b></p> <p><b>If you are aged 15 and under, or 75 and over</b></p> <p>▶ Go to <b>35</b></p> <p><b>19 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee,</li> <li>• as self-employed/freelance,</li> <li>• in your own/family business, or</li> <li>• on a Government sponsored training scheme?</li> </ul> <p>♦ ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ▶ Go to <b>25</b></p> <p><input type="checkbox"/> No ▶ Go to <b>20</b></p> <p><b>20 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Please turn over		

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<b>Person 1 - continued</b>	
<p><b>21</b> 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><b>29</b> How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job?</p> <p>◆ Give average for last four weeks. Number of hours worked a week <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p><b>22</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>30</b> What is (was) the full title of your <i>main</i> job?</p> <p>◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>23</b> Last week, were you any of the following?</p> <p>◆ <i>✓ all the boxes that apply.</i></p> <p><input type="checkbox"/> Retired    <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><b>31</b> Describe what you do (did) in your <i>main</i> job.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>24</b> Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked <input style="width: 40px;" type="text"/></p> <p>▶ Go to <b>25</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>34</b></p>	<p><b>32</b> What is the full name of the organisation you work (worked) for in your <i>main</i> job?</p> <p>◆ Please write in or <i>✓</i> one box below as appropriate.</p> <p>◆ If you have your own business, write in the name.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance    <input type="checkbox"/> Work (worked) for a private individual</p>
<p><b>25</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>	<p><b>33</b> What is (was) the business of the organisation which you named above at Question 32?</p> <p>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.</p> <p>◆ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>26</b> 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><b>34</b> Which of these qualifications do you have?</p> <p>◆ <i>✓ all boxes that apply.</i></p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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"/> GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVQ/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><b>27</b> Do (did) you supervise any other employees?</p> <p>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>35</b> If there is only 1 household member please sign the Declaration on front page leaving the rest of the form blank. Otherwise go to questions for Person 2.</p>
<p><b>28</b> How many people work (worked) for your employer at the place where you work (worked)?</p> <p>◆ If you are (were) self-employed, <i>✓</i> to show how many people you employ (employed) including yourself.</p> <p><input type="checkbox"/> 1-9    <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499    <input type="checkbox"/> 500 or more</p>	

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<b>Person 2</b>	
<p>♦ See top of page 3 for how to enter or amend answers to questions. Please use black or blue ink.</p>	
<p><b>1 What is your name? (Person 2 in Table 1)</b>                      First name and surname  <input type="text"/></p>	<p><b>9 What was your usual address one year ago?</b>                      ♦ 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'.  <input type="checkbox"/> The address shown on the front of the form  <input type="checkbox"/> No usual address one year ago      <input type="checkbox"/> Same as Person 1  <input type="checkbox"/> Elsewhere, <i>please write in below</i>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>                      Postcode  <input type="text"/></p>
<p><b>2 What is your sex?</b>  <input type="checkbox"/> Male      <input type="checkbox"/> Female</p>	<p><b>10 What address do you travel to for your main job or course of study (including school)?</b>                      ♦ Answer for the place where you spend most time for work or study.                      ♦ If you report to a depot, write in depot address.  <input type="checkbox"/> Not currently working or studying      ▶ Go to <b>12</b>  <input type="checkbox"/> Work or study mainly at or from home      ▶ Go to <b>12</b>  <input type="checkbox"/> No fixed place  <input type="checkbox"/> Work on offshore installation, <i>please use the address panel below to write in where you travel offshore from, for example "ABERDEEN"</i>  <input type="checkbox"/> The address below, <i>please write in</i>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>                      Postcode  <input type="text"/></p>
<p><b>3 What is your date of birth?</b>                      Day      Month      Year  <input type="text"/>  <input type="text"/>  <input type="text"/></p>	<p><b>11 How do you usually travel to your main place of work or study (including school)?</b>                      ♦ ✓ <i>one box only.</i>                      ♦ ✓ <i>the box for the longest part, by distance, of your usual journey to work or study.</i>  <input type="checkbox"/> Underground, tube, metro or light rail      <input type="checkbox"/> Passenger in a car or van  <input type="checkbox"/> Train      <input type="checkbox"/> Motor cycle, scooter or moped  <input type="checkbox"/> Bus, minibus or coach (public or private)      <input type="checkbox"/> Bicycle  <input type="checkbox"/> Taxi or minicab      <input type="checkbox"/> On foot  <input type="checkbox"/> Driving a car or van      <input type="checkbox"/> Other</p>
<p><b>4 What is your marital status (on 29 April 2001)?</b>  <input type="checkbox"/> Single (never married)  <input type="checkbox"/> Married (first marriage)  <input type="checkbox"/> Re-married  <input type="checkbox"/> Separated (but still legally married)  <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed</p>	<p><b>Please turn over</b></p>
<p><b>5 Are you a schoolchild or student in full-time education?</b>  <input type="checkbox"/> Yes      ▶ Go to <b>6</b>  <input type="checkbox"/> No      ▶ Go to <b>7</b></p>	
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b>                      ♦ Only answer this question if you have answered 'Yes' to Question 5.  <input type="checkbox"/> Yes, I live at this address during the school/college/university term                      ▶ Go to <b>7</b>  <input type="checkbox"/> No, I live elsewhere during the school/college/university term                      ▶ Go to <b>35</b></p>	
<p><b>7 Over the last twelve months would you say your health has on the whole been:</b>  <input type="checkbox"/> Good?      <input type="checkbox"/> Fairly good?  <input type="checkbox"/> Not good?</p>	
<p><b>8 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b>                      ♦ Include problems which are due to old age.  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	

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Person 2 - continued		
<p><b>12 What is your country of birth?</b></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, <i>please write in the present name of the country</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>15 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Other British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>B Mixed</b></p> <p><input type="checkbox"/> Any Mixed background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>C Asian, Asian Scottish or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>D Black, Black Scottish or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>E Other ethnic background</b></p> <p><input type="checkbox"/> Any other background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>16 Can you understand, speak, read, or write Scottish Gaelic?</b></p> <p>♦ ✓ all the boxes that apply.</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><b>17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ ✓ time spent in a typical week.</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>18 If you are aged 16 to 74</b></p> <p>▶ Go to <b>19</b></p> <p><b>If you are aged 15 and under, or 75 and over</b></p> <p>▶ Go to <b>35</b></p> <p><b>19 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee,</li> <li>• as self-employed/freelance,</li> <li>• in your own/family business, or</li> <li>• on a Government sponsored training scheme?</li> </ul> <p>♦ ✓ "Yes" if you were away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>♦ ✓ "Yes" for any paid work, including casual or temporary work, even if only for one hour.</p> <p>♦ ✓ "Yes" if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ▶ Go to <b>25</b></p> <p><input type="checkbox"/> No ▶ Go to <b>20</b></p> <p><b>20 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>13 What religion, religious denomination or body do you belong to?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu <input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Another Religion, <i>please write in</i></p> <p><input type="text"/></p>	<p><b>14 What religion, religious denomination or body were you brought up in?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu <input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Another Religion, <i>please write in</i></p> <p><input type="text"/></p>	

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<b>Person 2 - continued</b>	
<p><b>21</b> 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><b>29</b> How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job?</p> <p>◆ Give average for last four weeks. Number of hours worked a week <input type="text"/> <input type="text"/></p>
<p><b>22</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>30</b> What is (was) the full title of your <i>main</i> job?</p> <p>◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>23</b> Last week, were you any of the following?</p> <p>◆ <i>all the boxes that apply.</i></p> <p><input type="checkbox"/> Retired    <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><b>31</b> Describe what you do (did) in your <i>main</i> job.</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>24</b> Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked <input type="text"/> <input type="text"/> <input type="text"/></p> <p>▶ Go to <b>25</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>34</b></p>	<p><b>32</b> What is the full name of the organisation you work (worked) for in your <i>main</i> job?</p> <p>◆ Please write in or <i>all</i> one box below as appropriate.</p> <p>◆ If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance    <input type="checkbox"/> Work (worked) for a private individual</p>
<p><b>25</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>	<p><b>33</b> What is (was) the business of the organisation which you named above at Question 32?</p> <p>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.</p> <p>◆ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>26</b> 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><b>34</b> Which of these qualifications do you have?</p> <p>◆ <i>all boxes that apply.</i></p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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"/> GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVQ/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><b>27</b> Do (did) you supervise any other employees?</p> <p>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>35</b> 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.</p>
<p><b>28</b> How many people work (worked) for your employer at the place where you work (worked)?</p> <p>◆ If you are (were) self-employed, <i>all</i> to show how many people you employ (employed) including yourself.</p> <p><input type="checkbox"/> 1-9    <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499    <input type="checkbox"/> 500 or more</p>	

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### 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*  
  
  
  
Postcode

**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*  
  
  
  
Postcode

**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     Motor cycle, scooter or moped  
 Bus, minibus or coach (public or private)     Bicycle  
 Taxi or minicab     On foot  
 Driving a car or van     Other



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Person 3 - continued		
<p><b>12 What is your country of birth?</b></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, <i>please write in the present name of the country</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>15 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Other British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>B Mixed</b></p> <p><input type="checkbox"/> Any Mixed background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>C Asian, Asian Scottish or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>D Black, Black Scottish or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>E Other ethnic background</b></p> <p><input type="checkbox"/> Any other background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>16 Can you understand, speak, read, or write Scottish Gaelic?</b></p> <p>♦ ✓ all the boxes that apply.</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><b>17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ ✓ time spent in a typical week.</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>18 If you are aged 16 to 74</b></p> <p>▶ Go to <b>19</b></p> <p><b>If you are aged 15 and under, or 75 and over</b></p> <p>▶ Go to <b>35</b></p> <p><b>19 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee,</li> <li>• as self-employed/freelance,</li> <li>• in your own/family business, or</li> <li>• on a Government sponsored training scheme?</li> </ul> <p>♦ ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ▶ Go to <b>25</b></p> <p><input type="checkbox"/> No ▶ Go to <b>20</b></p> <p><b>20 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Please turn over



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<b>Person 3 - continued</b>	
<p><b>21</b> 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><b>29</b> How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job?</p> <p>◆ Give average for last four weeks. Number of hours worked a week <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p><b>22</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>30</b> What is (was) the full title of your <i>main</i> job?</p> <p>◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>23</b> Last week, were you any of the following?</p> <p>◆ <i>✓ all the boxes that apply.</i></p> <p><input type="checkbox"/> Retired    <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><b>31</b> Describe what you do (did) in your <i>main</i> job.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>24</b> Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked <input style="width: 40px;" type="text"/></p> <p>▶ Go to <b>25</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>34</b></p>	<p><b>32</b> What is the full name of the organisation you work (worked) for in your <i>main</i> job?</p> <p>◆ Please write in or <i>✓</i> one box below as appropriate.</p> <p>◆ If you have your own business, write in the name.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance    <input type="checkbox"/> Work (worked) for a private individual</p>
<p><b>25</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>	<p><b>33</b> What is (was) the business of the organisation which you named above at Question 32?</p> <p>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.</p> <p>◆ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>26</b> 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><b>34</b> Which of these qualifications do you have?</p> <p>◆ <i>✓ all boxes that apply.</i></p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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"/> GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVQ/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><b>27</b> Do (did) you supervise any other employees?</p> <p>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>35</b> 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.</p>
<p><b>28</b> How many people work (worked) for your employer at the place where you work (worked)?</p> <p>◆ If you are (were) self-employed, <i>✓</i> to show how many people you employ (employed) including yourself.</p> <p><input type="checkbox"/> 1-9    <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499    <input type="checkbox"/> 500 or more</p>	

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Person 4	
<p>♦ See top of page 3 for how to enter or amend answers to questions. Please use black or blue ink.</p>	
<p><b>1 What is your name? (Person 4 in Table 1)</b>                      First name and surname  <input type="text"/></p>	<p><b>9 What was your usual address one year ago?</b>                      ♦ 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'.</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> No usual address one year ago      <input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> Elsewhere, <i>please write in below</i></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
<p><b>2 What is your sex?</b></p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>	<p><b>10 What address do you travel to for your main job or course of study (including school)?</b>                      ♦ Answer for the place where you spend most time for work or study.                      ♦ If you report to a depot, write in depot address.</p> <p><input type="checkbox"/> Not currently working or studying      ▶ Go to <b>12</b></p> <p><input type="checkbox"/> Work or study mainly at or from home      ▶ Go to <b>12</b></p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> Work on offshore installation, <i>please use the address panel below to write in where you travel offshore from, for example "ABERDEEN"</i></p> <p><input type="checkbox"/> The address below, <i>please write in</i></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
<p><b>3 What is your date of birth?</b>                      Day      Month      Year  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>11 How do you usually travel to your main place of work or study (including school)?</b>                      ♦ ✓ <i>one box only.</i>                      ♦ ✓ <i>the box for the longest part, by distance, of your usual journey to work or study.</i></p> <p><input type="checkbox"/> Underground, tube, metro or light rail      <input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Train      <input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)      <input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Taxi or minicab      <input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Driving a car or van      <input type="checkbox"/> Other</p>
<p><b>4 What is your marital status (on 29 April 2001)?</b></p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but still legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	
<p><b>5 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes      ▶ Go to <b>6</b></p> <p><input type="checkbox"/> No      ▶ Go to <b>7</b></p>	
<p><b>6 Do you live at the address shown on the front of this form during the school, college or university term?</b>                      ♦ Only answer this question if you have answered 'Yes' to Question 5.</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term                      ▶ Go to <b>7</b></p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term                      ▶ Go to <b>35</b></p>	
<p><b>7 Over the last twelve months would you say your health has on the whole been:</b></p> <p><input type="checkbox"/> Good?      <input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>	
<p><b>8 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</b>                      ♦ Include problems which are due to old age.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	

Please turn over

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Person 4 - continued		
<p><b>12 What is your country of birth?</b></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, <i>please write in the present name of the country</i></p> <p>_____</p> <p>_____</p>	<p><b>15 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Other British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write in</i></p> <p>_____</p> <p>_____</p> <p><b>B Mixed</b></p> <p><input type="checkbox"/> Any Mixed background, <i>please write in</i></p> <p>_____</p> <p>_____</p> <p><b>C Asian, Asian Scottish or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, <i>please write in</i></p> <p>_____</p> <p>_____</p> <p><b>D Black, Black Scottish or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write in</i></p> <p>_____</p> <p>_____</p> <p><b>E Other ethnic background</b></p> <p><input type="checkbox"/> Any other background, <i>please write in</i></p> <p>_____</p> <p>_____</p>	<p><b>16 Can you understand, speak, read, or write Scottish Gaelic?</b></p> <p>♦ ✓ all the boxes that apply.</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><b>17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ ✓ time spent in a typical week.</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>18 If you are aged 16 to 74</b></p> <p>▶ Go to <b>19</b></p> <p><b>If you are aged 15 and under, or 75 and over</b></p> <p>▶ Go to <b>35</b></p> <p><b>19 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee,</li> <li>• as self-employed/freelance,</li> <li>• in your own/family business, or</li> <li>• on a Government sponsored training scheme?</li> </ul> <p>♦ ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ▶ Go to <b>25</b></p> <p><input type="checkbox"/> No ▶ Go to <b>20</b></p> <p><b>20 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>13 What religion, religious denomination or body do you belong to?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian, <i>please write in</i></p> <p>_____</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu <input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Another Religion, <i>please write in</i></p> <p>_____</p> <p>_____</p>	<p><b>14 What religion, religious denomination or body were you brought up in?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian, <i>please write in</i></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu <input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Another Religion, <i>please write in</i></p> <p>_____</p> <p>_____</p>	

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<b>Person 4 - continued</b>	
<p><b>21</b> 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><b>29</b> How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job?</p> <p>◆ Give average for last four weeks. Number of hours worked a week <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>22</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>30</b> What is (was) the full title of your <i>main</i> job?</p> <p>◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>23</b> Last week, were you any of the following?</p> <p>◆ <i>✓ all the boxes that apply.</i></p> <p><input type="checkbox"/> Retired    <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><b>31</b> Describe what you do (did) in your <i>main</i> job.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>24</b> Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>▶ Go to <b>25</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>34</b></p>	<p><b>32</b> What is the full name of the organisation you work (worked) for in your <i>main</i> job?</p> <p>◆ Please write in or <i>✓</i> one box below as appropriate.</p> <p>◆ If you have your own business, write in the name.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance    <input type="checkbox"/> Work (worked) for a private individual</p>
<p><b>25</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>	<p><b>33</b> What is (was) the business of the organisation which you named above at Question 32?</p> <p>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.</p> <p>◆ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>26</b> 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><b>34</b> Which of these qualifications do you have?</p> <p>◆ <i>✓ all boxes that apply.</i></p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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"/> GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVQ/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><b>27</b> Do (did) you supervise any other employees?</p> <p>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>35</b> If there are only 4 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 5.</p>
<p><b>28</b> How many people work (worked) for your employer at the place where you work (worked)?</p> <p>◆ If you are (were) self-employed, <i>✓</i> to show how many people you employ (employed) including yourself.</p> <p><input type="checkbox"/> 1-9    <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499    <input type="checkbox"/> 500 or more</p>	

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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)  
 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*  
  
  
  
  
Postcode

**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*  
  
  
  
  
Postcode

**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     Motor cycle, scooter or moped  
 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		
<p><b>12 What is your country of birth?</b></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, <i>please write in the present name of the country</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>15 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Other British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>16 Can you understand, speak, read, or write Scottish Gaelic?</b></p> <p>♦ ✓ all the boxes that apply.</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><b>13 What religion, religious denomination or body do you belong to?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu    <input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim    <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Another Religion, <i>please write in</i></p> <p><input type="text"/></p>	<p><b>B Mixed</b></p> <p><input type="checkbox"/> Any Mixed background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>C Asian, Asian Scottish or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ ✓ time spent in a typical week.</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>14 What religion, religious denomination or body were you brought up in?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Hindu    <input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim    <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Another Religion, <i>please write in</i></p> <p><input type="text"/></p>	<p><b>D Black, Black Scottish or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>E Other ethnic background</b></p> <p><input type="checkbox"/> Any other background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>18 If you are aged 16 to 74</b></p> <p>▶ Go to <b>19</b></p> <p><b>If you are aged 15 and under, or 75 and over</b></p> <p>▶ Go to <b>35</b></p>
		<p><b>19 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee,</li> <li>• as self-employed/freelance,</li> <li>• in your own/family business, or</li> <li>• on a Government sponsored training scheme?</li> </ul> <p>♦ ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ▶ Go to <b>25</b></p> <p><input type="checkbox"/> No ▶ Go to <b>20</b></p>
		<p><b>20 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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<b>Person 5 - continued</b>	
<p><b>21</b> 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><b>29</b> How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job?</p> <p>◆ Give average for last four weeks. Number of hours worked a week <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p><b>22</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>30</b> What is (was) the full title of your <i>main</i> job?</p> <p>◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>23</b> Last week, were you any of the following?</p> <p>◆ <i>✓ all the boxes that apply.</i></p> <p><input type="checkbox"/> Retired    <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><b>31</b> Describe what you do (did) in your <i>main</i> job.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>24</b> Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked <input style="width: 40px;" type="text"/></p> <p>▶ Go to <b>25</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>34</b></p>	<p><b>32</b> What is the full name of the organisation you work (worked) for in your <i>main</i> job?</p> <p>◆ Please write in or <i>✓</i> one box below as appropriate.</p> <p>◆ If you have your own business, write in the name.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance    <input type="checkbox"/> Work (worked) for a private individual</p>
<p><b>25</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>	<p><b>33</b> What is (was) the business of the organisation which you named above at Question 32?</p> <p>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.</p> <p>◆ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p><b>26</b> 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><b>34</b> Which of these qualifications do you have?</p> <p>◆ <i>✓ all boxes that apply.</i></p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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"/> GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVQ/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><b>27</b> Do (did) you supervise any other employees?</p> <p>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>35</b> If there are only 5 household members, the householder(s) should now sign the Declaration on front page. Otherwise please continue with a <i>Continuation Form</i>. Contact Census Helpline if form required (see front page).</p>
<p><b>28</b> How many people work (worked) for your employer at the place where you work (worked)?</p> <p>◆ If you are (were) self-employed, <i>✓</i> to show how many people you employ (employed) including yourself.</p> <p><input type="checkbox"/> 1-9    <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499    <input type="checkbox"/> 500 or more</p>	




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# Scotland's CENSUS

29 APRIL 2001



**Individual Form I4**

**Name**

	CD
--	----

**Address**

	ED
--	----

**Postcode**

	Form 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 complete the form, or give false information, you may be liable to a fine. Questions 13 and 14 about your 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*

J.N. Randall  
REGISTRAR GENERAL FOR SCOTLAND  
Edinburgh

**What you have to do depends on whether you are completing this form in a Household or in a Communal Establishment (hotel, hospital, hall of residence, etc):**

**EITHER**

**If 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 of the *Household Form* 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 *Household Form*.

**OR**

**If in a Communal Establishment**

- ◆ Enter the name and address of establishment in the panel above.
- ◆ State your position in this establishment (tick one box).
  - Staff or owner
  - 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.

**Census Helpline** For 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](http://www.gro-scotland.gov.uk)

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

Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
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**How to complete this form** ♦ Use **black or blue ink**. If you mark the wrong box fill in the box like this  and  the right one. Use CAPITAL LETTERS for writing in answers and leave a space between words.

**1 What is your name?**  
 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*  
  
  
  
  
 Postcode

**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*  
  
  
  
  
 Postcode

**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  Motor cycle, scooter or moped  
 Bus, minibus or coach (public or private)  Bicycle  
 Taxi or minicab  On foot  
 Driving a car or van  Other

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<p><b>12 What is your country of birth?</b></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, <i>please write in the present name of the country</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>15 What is your ethnic group?</b></p> <p>♦ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.</p> <p><b>A White</b></p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Other British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>B Mixed</b></p> <p><input type="checkbox"/> Any Mixed background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>C Asian, Asian Scottish or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>D Black, Black Scottish or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><b>E Other ethnic background</b></p> <p><input type="checkbox"/> Any other background, <i>please write in</i></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><b>16 Can you understand, speak, read, or write Scottish Gaelic?</b></p> <p>♦ ✓ <i>all the boxes that 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><b>17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</b></p> <ul style="list-style-type: none"> <li>• long-term physical or mental ill-health or disability, or</li> <li>• problems related to old age?</li> </ul> <p>♦ Do not count anything you do as part of your paid employment.</p> <p>♦ ✓ <i>time spent in a typical week.</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>18 If you are aged 16 to 74</b></p> <p>▶ Go to <b>19</b></p> <p><b>If you are aged 15 and under, or 75 and over</b></p> <p>▶ Go to <b>35</b></p> <p><b>19 Last week, were you doing any work:</b></p> <ul style="list-style-type: none"> <li>• as an employee,</li> <li>• as self-employed/freelance,</li> <li>• in your own/family business, or</li> <li>• on a Government sponsored training scheme?</li> </ul> <p>♦ ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.</p> <p>♦ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.</p> <p>♦ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.</p> <p><input type="checkbox"/> Yes ▶ Go to <b>25</b></p> <p><input type="checkbox"/> No ▶ Go to <b>20</b></p> <p><b>20 Were you actively looking for any kind of paid work during the last 4 weeks?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Please turn over

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<p><b>21</b> 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><b>29</b> How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job?</p> <p>◆ Give average for last four weeks. Number of hours worked a week <input type="text"/> <input type="text"/></p>
<p><b>22</b> Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>30</b> What is (was) the full title of your <i>main</i> job?</p> <p>◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.</p> <p>◆ Civil Servants, Local Government Officers - give job title not grade or pay band.</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>23</b> Last week, were you any of the following?</p> <p>◆ <i>✓ all the boxes that apply.</i></p> <p><input type="checkbox"/> Retired    <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><b>31</b> Describe what you do (did) in your <i>main</i> job.</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>24</b> Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the year you last worked <input type="text"/></p> <p>▶ Go to <b>25</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>▶ Go to <b>34</b></p>	<p><b>32</b> What is the full name of the organisation you work (worked) for in your <i>main</i> job?</p> <p>◆ Please write in or <i>✓</i> one box below as appropriate.</p> <p>◆ If you have your own business, write in the name.</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Self-employed/freelance    <input type="checkbox"/> Work (worked) for a private individual</p>
<p><b>25</b> Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job.</p> <p>◆ Your <i>main</i> job is the job in which you usually work the most hours.</p>	<p><b>33</b> What is (was) the business of the organisation which you named above at Question 32?</p> <p>◆ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.</p> <p>◆ Civil Servants, Local Government Officers - please specify your Department.</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>26</b> 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><b>34</b> Which of these qualifications do you have?</p> <p>◆ <i>✓ all boxes that apply.</i></p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior 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"/> GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVQ/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><b>27</b> Do (did) you supervise any other employees?</p> <p>◆ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>35</b> Please sign the Declaration on page 1 and follow the instructions on that page about return of form.</p>
<p><b>28</b> How many people work (worked) for your employer at the place where you work (worked)?</p> <p>◆ If you are (were) self-employed, <i>✓</i> to show how many people you employ (employed) including yourself.</p> <p><input type="checkbox"/> 1-9    <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499    <input type="checkbox"/> 500 or more</p>	