Why the census matters

The census is the official count of every person and household in Scotland. It is held every 10 years and helps to plan our future public services.

Please fill in this questionnaire on, or around, Sunday 27 March. It shouldn’t take long.

You have a legal duty to fill in this questionnaire. If you don’t, or if you supply false information, you may be fined up to £1,000.

Your personal information is protected by law and we will keep it confidential for 100 years.

Thank you for helping to shape Scotland’s future.

Duncan Macniven
Registrar General for Scotland

Need help?

- www.scotlandscensus.gov.uk
- Helpline 0300 123 1702
- Textphone 18001 0300 123 1703

Declaration

I have filled in this questionnaire fully and accurately, as far as I know.

Signature

Date

27 March 2011

Start here

If you are filling in this questionnaire for someone else, please make sure that you record answers for them at:

- question R1 below and
- questions 1 to 38 on pages 3 to 6

R1 Do you stay here because you are:

- [ ] a resident (for example, patient, student, member of Armed Forces, inmate)?
- [ ] a member of staff or the owner?
- [ ] a family member / partner of a member of staff or the owner?

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Important guidance - before you start

What you have to do

♦ Fill in question R1 on page 1 of this questionnaire.

♦ Fill in questions 1 to 38 on pages 3 to 6 of this questionnaire.

♦ Sign the declaration on page 1 and then put your questionnaire in the envelope provided.

♦ Seal the envelope and give it to the establishment manager or person in charge of collecting the questionnaires.

Remember: if you are filling in this questionnaire for someone else, please make sure that you record answers for them at question R1 and questions 1 to 38.

How to fill in this questionnaire

This questionnaire will be scanned by a computer. To make sure we record your answers correctly, follow the instructions below.

Please:

• use black or blue ink

• tick your answers within the box like this: ☑

• print your answers, in English, within the box like this: SMITH

• correct any mistakes like this: ■ or SMITH

• continue on to the next line (if possible) like this, if a word will not fit on to one line: 130 LADYWELL CRESCENT

DO NOT draw a line through questions or pages. The computer may mistake this for an answer.
Individual questions

1 What is your name?
   First name
   Last name

2 What is your sex?
   [ ] Male  [ ] Female

3 What is your date of birth?
   Day    Month    Year

4 On the 27 March 2011, what is your legal marital or same-sex civil partnership status?
   [ ] Never married and never registered a same-sex civil partnership
   [ ] Married
   [ ] Separated, but still legally married
   [ ] Divorced
   [ ] Widowed
   [ ] In a registered same-sex civil partnership
   [ ] Separated, but still legally in a same-sex civil partnership
   [ ] Formerly in a same-sex civil partnership which is now legally dissolved
   [ ] Surviving partner from a same-sex civil partnership

5 Are you a schoolchild or student in full-time education?
   [ ] Yes
   [ ] No  ➔ Go to 7

6 During term-time, do you live:
   [ ] at the address on the front of this questionnaire?
   [ ] at another address?  ➔ Go to 38

7 What is your country of birth?
   [ ] Scotland  ➔ Go to 9
   [ ] England  ➔ Go to 9
   [ ] Wales  ➔ Go to 9
   [ ] Northern Ireland  ➔ Go to 9
   [ ] Republic of Ireland
   [ ] Elsewhere, please write in the current name of the country

8 If you were not born in the United Kingdom, when did you most recently arrive to live here?
   ♦ Do not count short visits away from the UK.
   Month    Year

9 Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
   • long-term physical / mental ill-health / disability; or
   • problems related to old age?
   ♦ Do not count anything you do as part of your paid employment.
   [ ] No
   [ ] Yes, 1 - 19 hours a week
   [ ] Yes, 20 - 34 hours a week
   [ ] Yes, 35 - 49 hours a week
   [ ] Yes, 50 or more hours a week

10 One year ago, what was your usual address?
   ♦ If you had no usual address one year ago, state the address where you were staying.
   [ ] The address on the front of this questionnaire
   [ ] Student term-time / boarding school address in the UK, please write in below
   [ ] Another address in the UK, please write in
   [ ] Outside the UK, please write in country

11 What address do you travel to for your main job or course of study (including school)?
   ♦ Answer for the place where you spend the most time.
   ♦ If you report to a depot, please write in the depot address.
   [ ] Not currently working or studying  ➔ Go to 13
   [ ] Work or study mainly at, or from, home  ➔ Go to 13
   [ ] No fixed place
   [ ] Work on an offshore installation - please use the address panel below to write in where you travel offshore from, for example “ABERDEEN HARBOUR”
   [ ] The address below, please write in
Individual questions continued

12 How do you usually travel to your main place of work or study (including school)?
   ♦ Tick one box only.
   ♦ Tick the box for the longest part, by distance, of your usual journey to work or study.
   - Driving a car or van
   - Passenger in a car or van
   - On foot
   - Bus, minibus or coach
   - Train
   - Underground, subway, metro, light rail or tram
   - Taxi
   - Bicycle
   - Motorcycle, scooter or moped
   - Other

13 What religion, religious denomination or body do you belong to?
   ♦ This question is voluntary.
   - None
   - Church of Scotland
   - Roman Catholic
   - Other Christian, please write in below
   - Muslim
   - Buddhist
   - Sikh
   - Jewish
   - Hindu
   - Another religion or body, please write in

14 What do you feel is your national identity?
   ♦ Tick ALL that apply.
   - Scottish
   - English
   - Welsh
   - Northern Irish
   - British
   - Other, please write in

15 What is your ethnic group?
   ♦ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background.

A White
   - Scottish
   - Other British
   - Irish
   - Gypsy / Traveller
   - Polish
   - Other white ethnic group, please write in

B Mixed or multiple ethnic groups
   - Any mixed or multiple ethnic groups, please write in

C Asian, Asian Scottish or Asian British
   - Pakistani, Pakistani Scottish or Pakistani British
   - Indian, Indian Scottish or Indian British
   - Bangladeshi, Bangladeshi Scottish or Bangladeshi British
   - Chinese, Chinese Scottish or Chinese British
   - Other, please write in

D African
   - African, African Scottish or African British
   - Other, please write in

E Caribbean or Black
   - Caribbean, Caribbean Scottish or Caribbean British
   - Black, Black Scottish or Black British
   - Other, please write in

F Other ethnic group
   - Arab, Arab Scottish or Arab British
   - Other, please write in
Individual questions continued

16 Which of these can you do?
   ♦ Tick all that apply.
   
   English    Scottish Gaelic    Scots
   Understand      [ ] [ ] [ ]
   Speak      [ ] [ ] [ ]
   Read      [ ] [ ] [ ]
   Write      [ ] [ ] [ ]

or
[ ] None of these

17 How well can you speak English?

Very well    Well    Not well    Not at all

18 Do you use a language other than English at home?
   ♦ Tick all that apply.
   
   No, English only
   Yes, British Sign Language
   Yes, other - please write in

19 How is your health in general?

Very good    Good    Fair    Bad    Very bad

20 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?
   ♦ Tick all that apply.
   
   Deafness or partial hearing loss
   Blindness or partial sight loss
   Learning disability (for example, Down’s Syndrome)
   Learning difficulty (for example, dyslexia)
   Developmental disorder (for example, Autistic Spectrum Disorder or Asperger’s Syndrome)
   Physical disability
   Mental health condition
   Long-term illness, disease or condition
   Other condition, please write in

or
[ ] No condition

21 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
   ♦ Include problems related to old age.
   
   [ ] Yes, limited a lot
   [ ] Yes, limited a little
   [ ] No

22 If you are aged 16 or over ➔ Go to 23
   If you are aged 15 or under ➔ Go to 38

23 Which of these qualifications do you have?
   ♦ Tick all that apply.
   
   O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
   SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent
   GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
   GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
   HNC, HND, SVQ level 4 or equivalent
   Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
   Professional qualifications (for example, teaching, nursing, accountancy)
   Other school qualifications not already mentioned (including foreign qualifications)
   Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
   Other Higher Education qualifications not already mentioned (including foreign qualifications)
   No qualifications

24 Last week were you:
   ♦ Tick all that apply.
   
   Include any paid work, including casual or temporary work, even if only for one hour.
   
   working as an employee? ➔ Go to 30
   on a Government sponsored training scheme? ➔ Go to 30
   self-employed or freelance? ➔ Go to 30
   working paid or unpaid for your own or your family’s business? ➔ Go to 30
   away from work ill, on maternity leave, on holiday or temporarily laid off? ➔ Go to 30
   doing any other kind of paid work? ➔ Go to 30
   none of the above
Individual questions continued

25 Were you actively looking for any kind of paid work during the last 4 weeks?
   [ ] Yes  [ ] No

26 If a job had been available last week, could you have started it within 2 weeks?
   [ ] Yes  [ ] No

27 Last week, were you waiting to start a job already obtained?
   [ ] Yes  [ ] No

28 Last week were you:
   - retired (whether receiving a pension or not)?
   - a student?
   - looking after home or family?
   - long-term sick or disabled?
   - other

29 Have you ever worked?
   [ ] Yes, please write in the year you last worked
   [ ] No, have never worked  ➔ Go to 30

30 Answer the remaining questions for your main job or, if not working, your last main job.
   - Your main job is the job in which you usually work (worked) the most hours.

31 In your main job, are (were) you:
   - an employee?
   - self-employed or freelance without employees?
   - self-employed with employees?

32 What is (was) your full and specific job title?
   - For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.
   - Do not state your grade or pay band.

33 Briefly describe what you do (did) in your main job.

34 Do (did) you supervise any employees?
   - Supervision involves overseeing the work of other employees on a day-to-day basis.

35 How many hours (to the nearest full hour) a week do (did) you usually work in your main job?
   - Include paid and unpaid overtime.
   [ ] Number of hours worked in a typical week

36 At your workplace, what is (was) the main activity of your employer or business?
   - For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR’S SURGERY.
   - If you are (were) a civil servant, please write GOVERNMENT.
   - If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.

37 In your main job, what is (was) the name of the organisation you work (worked) for?
   - If you are (were) self-employed in your own organisation, please write in the business name.
   [ ] No organisation, for example, self-employed, freelance, or work (worked) for a private individual.

38 There are no more questions.
   - Sign the declaration on page 1 and then put your questionnaire in the envelope provided.
   - Seal the envelope and give it to the establishment manager or person in charge of collecting the questionnaires.

25 26 27 28 29 30 31 32 33 34 35 36 37 38