SCOTTISH STATUTORY INSTRUMENTS

2020 No. 143

CENSUS

The Census (Scotland) Regulations 2020

Made - - - - 5th May 2020 Laid before the Scottish Parliament - - - 7th May 2020 Coming into force - - 16th June 2020

The Scottish Ministers make the following Regulations in exercise of the powers conferred by section 3(1) of the Census Act 1920(1) and all other powers enabling them to do so.

Citation, commencement and extent

- **1.**—(1) These Regulations may be cited as the Census (Scotland) Regulations 2020 and come into force on 16 June 2020.
 - (2) They extend to Scotland only.

Interpretation

2.—(1) In these Regulations—

"the Census Order" means the Census (Scotland) Order 2020(2),

"the Registrar General" means the Registrar General of Births, Deaths and Marriages for Scotland.

Methods of making a return

- **3.**—(1) A return mentioned in article 5(1) or (2) of the Census Order is to be made by submitting—
 - (a) an A1 submission,
 - (b) an A2 submission, or
 - (c) an A3 submission.
 - (2) A return mentioned in article 5(9) or (11) of the Census Order is to be made by submitting—

^{(1) 1920} c.41. Section 3(1) is relevantly amended by the Statute Law (Repeals) Act 1993 (c.50), schedule 1, Part 16, paragraph 1 and the Statistics and Registration Service Act 2007 (c.18), schedule 1, paragraph 3(2) and (3).

⁽²⁾ S.S.I. 2020/76.

- (a) an A1 submission or an A3 submission, each as modified by paragraph (3), or
- (b) an A2 submission as modified by paragraph (4).
- (3) In the case of an A1 submission or an A3 submission those modifications are that—
 - (a) in column (1) of the thirteenth row of the table set out in schedule 1 (electronic questionnaire household questions) the words "only this household can use" are to be read as "is only for use with this accommodation",
 - (b) in column (1) of the fourteenth row of the table set out in schedule 1 the words "only by this household" are to be read as "in this accommodation".
- (4) In the case of an A2 submission those modifications are that—
 - (a) in the section titled "Declaration" on the first page of the questionnaire the word "Signature(s)" is to be read as "Sign and print full name",
 - (b) the questionnaire is to be read as if questions H1, H2, H6, H11 to H15, and "individual questions person 1" to "individual questions person 5" were omitted,
 - (c) in question H8 of the questionnaire the words "only this household can use" are to be read as "is only for use with this accommodation",
 - (d) in question H9 of the questionnaire the words "only by this household" are to be read as "in this accommodation".
- (5) In paragraph (4) "the questionnaire" means the questionnaire set out in schedule 5 (paper household questionnaire).
 - (6) A return mentioned in article 5(5)(b) of the Census Order is to be made by submitting—
 - (a) a B1 submission,
 - (b) a B2 submission, or
 - (c) a B3 submission.
 - (7) A return mentioned in article 5(6) of the Census Order is to be made by submitting—
 - (a) a C1 submission,
 - (b) a C2 submission, or
 - (c) a C3 submission.
 - (8) A return mentioned in article 5(7) or (8) of the Census Order is to be made by submitting—
 - (a) a D1 submission,
 - (b) a D2 submission, or
 - (c) a D3 submission.
- (9) But sub-paragraphs (a) and (c) of paragraph (8) do not apply in relation to a person in Group V (within the meaning of the Census Order).
- (10) A person submitting an A1 submission, an A3 submission, a B1 submission, a B3 submission, a C1 submission, a C3 submission, a D1 submission, or a D3 submission in accordance with this regulation must comply with the instructions in column (2) of the table set out in (as the case may be) schedule 1, 2, 3, or 4.
- (11) A person submitting an A2 submission, a B2 submission, a C2 submission, or a D2 submission in accordance with this regulation must comply with the instructions contained in the questionnaire set out in (as the case may be) schedule 5, 6, 7, or 8.
- (12) A submission is submitted in accordance with this regulation, and the requirement to make a return under the Census Order is discharged, when the submission—
 - (a) states the particulars required by article 6 of the Census Order,

- (b) records the declaration of the person making the return as to the accuracy of the return, and
- (c) is received by the Registrar General.
- (13) A submission under any of paragraphs (1), (2), and (6) to (8) must be submitted to the Registrar General by 2 May 2021 or as soon thereafter as is reasonably practicable.
- (14) For the purpose of making it easier for a person submitting an A1 submission, an A3 submission, a B1 submission, a B3 submission, a C1 submission, a C3 submission, a D1 submission, or a D3 submission to understand the questions, instructions, and response options contained in the table set out in (as the case may be) schedule 1, 2, 3, or 4, the Registrar General may do either or both of the following—
 - (a) modify any of the questions, instructions, and response options set out in schedule 1, 2, 3, or 4,
 - (b) translate the questions, instructions and response options set out in schedule 1, 2, 3, or 4.
- (15) The Registrar General may modify a questionnaire set out in (as the case may be) schedule 5, 6, 7, or 8 for the purpose of making it easier for a person submitting an A2 submission, a B2 submission, a C2 submission, or a D2 submission to understand or use that questionnaire.
 - (16) In this regulation—
 - "A1 submission", means a submission made using an electronic system provided by the Registrar General responding to the relevant questions, instructions, and response options set out in schedule 1 and schedule 2 (electronic questionnaire household individual questions),
 - "A2 submission" means a submission made using the questionnaire set out in schedule 5 and, if relevant, a continuation questionnaire, and returned to the Registrar General using a prepaid, pre-addressed envelope provided by the Registrar General,
 - "A3 submission" means a submission made by telephone by providing responses to a telephone operator to the relevant questions, instructions, and response options set out in schedule 1 and schedule 2.
 - "B1 submission", means a submission made using an electronic system provided by the Registrar General, responding to the relevant questions, instructions, and response options set out in schedule 2.
 - "B2 submission" means a submission made using the questionnaire set out in schedule 6 (paper household individual questionnaire) and returned to the Registrar General using a pre-paid, pre-addressed envelope provided by the Registrar General,
 - "B3 submission" means a submission made by telephone by providing responses to a telephone operator to the relevant questions, instructions, and response options set out in schedule 2,
 - "C1 submission" means a submission made using an electronic system provided by the Registrar General, responding to the questions, instructions, and response options set out in schedule 3 (electronic questionnaire communal establishment),
 - "C2 submission" means a submission made using the questionnaire set out in schedule 7 (paper communal establishment questionnaire),
 - "C3 submission" means a submission made by telephone by providing responses to a telephone operator to the questions, instructions, and response options set out in the table in schedule 3,
 - "continuation questionnaire" means a booklet provided by the Registrar General to enable a return mentioned in article 5(2) of the Census Order to be made with respect to more than five persons in Group I (within the meaning of the Census Order),
 - "D1 submission", means a submission made using an electronic system provided by the Registrar General, responding to the relevant questions, instructions, and response options set out in schedule 4 (electronic questionnaire communal establishment individual questions),

"D2 submission" means a submission made using the questionnaire set out in schedule 8 (paper communal establishment individual questionnaire),

"D3 submission" means a submission made by telephone by providing responses to a telephone operator to the relevant questions, instructions, and response options set out in the table in schedule 4,

"relevant questions, instructions and response options" in relation to a numbered schedule means the questions in column (1) of the table in that schedule to which a person making a return is required to respond so as to state the particulars required by article 6 of the Census Order, together with the corresponding instructions in column (2) and response options in column (3) of that table,

"telephone operator" means a person employed for the purposes of the census directed to be taken by the Census Order to, among other things, record, in an electronic system provided by the Registrar General, the responses of a person making an A3 submission, a B3 submission, a C3 submission or a D3 submission.

Duties on persons in charge of communal establishments

- **4.**—(1) This regulation applies where a person ("P") is required to make a return under article 5(6) of the Census Order and has received access codes or paper questionnaires from the Registrar General in respect of returns to be made under article 5(7) of the Census Order.
- (2) P must issue an access code or paper questionnaire to every person within the premises required to make a return by article 5(7) of the Census Order.
 - (3) Paragraph (2) does not apply in respect of any person who appears to P to be—
 - (a) aged under 16 years, or
 - (b) for any other reason, incapable of making a return.
- (4) Where P has issued paper questionnaires under paragraph (2), P must collect the completed questionnaires and deliver them to the Registrar General by 2 May 2021 or as soon thereafter as is reasonably practicable.
 - (5) In this regulation—

"access code" means a code provided by the Registrar General for use by a person required to make a return under article 5(7) of the Census Order, other than a person within Group V (within the meaning of the Census Order), to access the electronic system provided by the Registrar General containing the questions, instructions, and response options set out in schedule 4.

"completed questionnaire" means a paper questionnaire which states the particulars required to be specified by article 6(1) and (5) of the Census Order in respect of the person making the return.

"paper questionnaire" means the questionnaire set out in schedule 8.

Giving of information

- **5.**—(1) Where a person ("A") is required by article 5(2), (6), (7), (8), (9), or (11) of the Census Order to make a return in respect of another person ("B"), B must give to A such information as A may reasonably require to make that return.
- (2) But A may not require B to give information with respect to B's age or sex for the purposes of A stating the particulars specified in paragraph 2 of schedule 3 of the Census Order in a return mentioned in article 5(6) of the Census Order.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Misuse of information

- **6.** A person to whom information is given pursuant to the Census Order or these Regulations must not, other than for the purposes of the Census Act 1920, the Census Order, or these Regulations—
 - (a) use that information,
 - (b) publish it, or
 - (c) communicate it to any other person.

Revocation

- 7. The following instruments are revoked—
 - (a) the Census (Scotland) Regulations 2010(3), and
 - (b) the Census (Scotland) Amendment Regulations 2010(4).

St Andrew's House, Edinburgh 5th May 2020

KATE FORBES A member of the Scottish Government

⁽³⁾ S.S.I. 2010/211 as amended by S.S.I. 2010/215.

⁽⁴⁾ S.S.I. 2010/215.

Regulation 3(16)

Electronic Questionnaire - Household Questions

(1)	(2)	(3)	
Question	Instruction for respondent	Resp	onse options
What is your name?	The respondent is required to state their first and last names in the boxes provided.		
Do you usually live at [address]?	The respondent is required to select one option only.		Yes, this is my permanent or fa
			No, I don't usually live here
Does anyone usually live at	The respondent is required to include:		Yes
[address]?	✓ Family members including partners, children and babies born on or before 21 March 2021. ✓ Students and/or schoolchildren who live away from home during term-time. ✓ Housemates/flatmates or lodgers. ✓ People staying temporarily who usually live in the UK but do not have another UK address. ✓ People who usually live outside the UK who are staying in the UK for 6 months or more. The respondent is required to select one option only.		No, no-one counts this address their permanent or family hom
Does anyone else	The respondent is required to		Yes, I need to add someone els
usually live at [address]?	include: 6 ✓ Family members including partners, children and babies		No, there is no-one else living

born on or before 21

Regulation 3(16)

Electronic Questionnaire – Household Individual Questions

	(1)	(2)	(3)	
ı	Question	Instruction for respondent		
	What is your date of birth?	The respondent is required to use the format DD MM YYYY in the boxes provided.		
	What is your sex?	The respondent is required to select one option only.		Female Male
		A voluntary question about trans status or history will follow if the respondent is aged 16 or over.		
I	Do you consider yourself to be	This question is voluntary.		No
	trans, or have a trans history?	Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.		Yes, please describe your trans status (for example, non-binary, trans man, trans w
		If the respondent chooses to respond to this question they are required to select one option only.		
		If the respondent selects "yes" to this question they may type how they describe their frans status in the box provided, for example, non-binary,		

trans man, trans

Regulation 3(16)

Electronic Questionnaire – Communal Establishment

- 1								
	(1)	(2)	(3)					
	Question	Instruction for respondent	Response options					
	Identify all usual residents and visitors to your establishment	The respondent is required to enter the number of usual residents and the number of visitors in the boxes provided						
	What is the nature of this establishment?	The respondent is required to select one option only.		Medical and care (including care hor children's homes or hospitals) Education (including halls of resident student accommodation or schools) Armed Forces (Defence establishment including ships) Detention (including prisons) Travel (including hotels, B&B's, you hostels or other travel establishments Hostel or shelter (including shelters thomeless) Other (including religious establishment staff / worker accommodation)				
	What is the nature of this medical or care establishment?	The respondent is required to select one option only.		General hospital Mental health hospital (including inpunits) Other hospital Care home without nursing Care home with nursing Children's home Other medical and care establishmen				
	What is the nature of this education establishment?	The respondent is required to select one option only.		School Halls of residence / student accommodation Other educational establishment				
	What is the nature of this detention establishment?	The respondent is required to select one option only.		Prison or young offenders' institution Immigration removal centre				
	What is the nature	The respondent is		Hotel, guest house, B&B, youth host				

Regulation 3(16)

Electronic Questionnaire - Communal Establishment - Individual Questions

I	(1)	(2)	(3)	
	Question	Instruction for respondent	Respo	ense options
	Do you (or the person you are filling this in for) stay here because you are:	The respondent is required to select one option only.		A resident (for example, patient, studer member of Armed Forces)? A member of staff or the owner? A family member, or partner, of a mem
	What is your date of birth?	The respondent is required to use the format DD MM YYYY in the boxes provided.		staff or the owner?
	What is your sex?	The respondent is required to select one option only.		Female Male
		A voluntary question about trans status or history will follow if the respondent is aged 16 or over.		
	Do you consider yourself to be	This question is voluntary.		No
	trans, or have a trans history?	Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.		Yes, please describe your trans status (example, non-binary, trans man, trans woman)
		If the respondent chooses to respond to this question they are required to select one option only.		
		If the respondent selects "yes" to this question they may type how they describe their trans		

Regulation 3(16)

Paper Household Questionnaire



Household Questionnaire (HO)

21 March 2021

	If there is a mistake in the printed address, please write your correct address below: Postcode
Scotland's Census 2021	Completing online
Scotland's Census is the official count of every person and household in the country.	You can complete this questionnaire online. Visit www.census.gov.scot and use the code below.
The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.	Your Internet Access Code:
What we would like you to do	
Please complete this questionnaire on paper or online at www.census.gov.scot	
You should provide information that is correct as of Sunday, 21 March 2021.	
A census questionnaire must be completed for every household in Scotland. As a householder, you have a legal responsibility to complete this questionnaire. You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine.	Help and support The leaflet included has more information about how we can help and support you to complete the census questionnaire. You can also visit www.census.gov.scot for more help or call our helpline FREEPHONE 0800 030 8308.
The questions about trans status or history, sexual orientation, and religion are voluntary. You do not have to answer these questions if you do not want to.	Declaration
	The information provided in this questionnaire is
Our pledge to you Your census return will be kent secure and will be	full and accurate, as far as I know.
Your census return will be kept secure and will be kept confidential for 100 years.	full and accurate, as far as I know. Signature(s)
Your census return will be kept secure and will be	

Important	guidance -	before	you start
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Who should fill in this questionnaire

It is the responsibility of the householder to complete the census questionnaire and post it back in the pre-paid envelope.

The householder or joint householder is the person, resident or present at the address, who:

- owns / rents (or jointly owns / rents) the accommodation and / or
- is responsible (or jointly responsible) for paying the household bills and expenses

A household is:

- · one person living alone, or
- a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area

If there is more than one household at this address, please see the extra questionnaires section below.

Extra questionnaires

Individual Questionnaire – any member of your household who is aged 16 or over can ask for an Individual Questionnaire online at www.census.gov.scot or by calling our helpline FREEPHONE 0800 030 8308. They can use this if they do not want to reveal their information to others in the household. Remember to include these people in household questions H1 to H6 on this questionnaire. Individual questions 1 to 44 for these people should be left blank.

Household Questionnaire – if there is more than one household at this address, each household will need to complete a separate questionnaire either online or on paper. If you need one or more extra Household Questionnaires, you can order these by calling our helpline FREEPHONE 0800 030 8308.

Continuation Questionnaire – if there are more than five people in the household, please fill in this questionnaire and a Continuation Questionnaire(s). If you need to order one or more Continuation Questionnaires, you can order these by calling our helpline FREEPHONE 0800 030 8308.

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 a black ink ballpoint pen
- tick your answers within the box like this:
- print your answers, in English, within the boxes like this: SMITH
- · use capital letters one per box
- correct any mistakes like this:

 or SM I T H
- if a word will not fit on one line, continue on to the next line like this, if possible:

1	3	0	L	Α	D	У	W	Ε	L	L	С	R	Ε	s	С
Е	Ν	Т													

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

	Н	ousehold questions — people								
	H1 + +	Who usually lives here? If you need more advice about who to include, see the extra guidance leaflet or contact us Tick all that apply								
		Me, this is my permanent or family home								
		Family members including partners, children and babies born on or before 21 March 2021								
		Students and / or schoolchildren who live away from home during term-time								
		Housemates / flatmates or lodgers								
		People who work away from home within the UK, or are members of the Armed Forces, if this is their permanent or family home								
		People staying temporarily who usually live in the UK but do not have another UK address								
		People who usually live outside the UK who are staying in the UK for 6 months or more								
		People temporarily away from home on the night of 21 March 2021								
	H2	Counting everyone you included in question H1, how many people usually live here?								
	Н3	Starting with the householder(s), list the names of the people counted in question H2,								
		including children and babies. First name(s) Last name								
	Per	son 1								
	Per	son 2								
	Per	son 3								
	Per	son 4								
	Pers	son 5								
	٠	If there are more than five people in this household, either fill in the questionnaire online for the whole household or call our helpline FREEPHONE 0800 030 8308 to ask for a Continuation Questionnaire(s)								
	H4	Is there anyone staying at this address on the night of 21 March 2021 whose permanent or								
	*	family home is elsewhere? Do not include anyone counted in question H2								
		Tick all that apply People staying here because it is their second address, for example, for work or a holiday home. Their permanent or family home is elsewhere								
		People who usually live somewhere else in the UK, for example, boy / girlfriends, friends, relatives								
		People who usually live outside the UK who are staying in the UK for less than 6 months								
		People here on holiday								
		No-one else is staying at this address on the night of 21 March 2021 → go to H6								
	H5									
		address on the night of 21 March 2021 whose permanent or family home is elsewhere? ➡ Details for these people must be recorded on the back page								
HOv1.0		If there are only people staying at this address on the night of 21 March 2021 whose permanent or family home is elsewhere, please make sure you answer questions H7 to H10 on page 6 and questions V1 to V4 on the back page								
		Page 3								

Household questions — relationships					
 If there are more than five peo If you live alone → go to H7 	his household related to each oth ple, contact us to request a Continual d there are no visitors staying overning	tion Questionnaire(s)			
This shows how to provide relationship information for Mary Smith, who is Person 1, her husband (Robert), their two children (Alison and Steven), and Robert's father (James) DO NOT write in this section Write your household members' details in the section BELOW	Name of Person 1 First name(s) M A R Y Last name S M I T H	Name of Person 2 First name(s) ROBERT Last name SMITH Relationship of Person 2 to Person: Husband or wife Registered civil partner Partner Son or daughter Step-child Brother or sister	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Using the same order you used in question H3 (on page 3), write the name of everyone who usually lives here at the top of each column Remember to include children, babies and people who have requested an Individual Questionnaire Tick a box to show the relationship of each person to each of the other members of this household Select the 'Brother or sister' option for half-brothers and half-sisters.	Name of Person 1 First name(s) Last name Write in name of Person 1 here as in question H3	Husband or wife Registered civil partner Partner Son or daughter Step-child Brother or sister Step-brother or step-sister Mother or father Step-mother or step-father Grandchild Grandparent		HOM.0	
Page 4					

	Household questions — relationships					
	Name of Person 3		Name of Person 4		Name of Person 5	
	First name(s)		First name(s)		First name(s)	
	ALISON		STEVEN		JAMES	
	Last name	4,	Last name	4,	Last name	
	SMITH	\perp	SMITH	M	SMITH	
	Relationship of Person to Persons:	1 2	Relationship of Perso to Persons:	1 2 3	Relationship of Person 5 to Persons: 1 2 3 4	
	Husband or wife		Husband or wife		Mother or father 🔲 🗹 🗌	
	Registered civil partner		Registered civil partner		Step-mother or	
	Partner		Partner		Grandchild	
	Son or daughter	\square	Son or daughter		Grandparent	
	Step-child		Step-child		Other relation 🗸 🗌 🗎 📗	
	Brother or sister		Brother or sister		(including in-laws)	
	•••••				Unrelated	
	Name of Person 3		Name of Person 4		Name of Person 5	
	First name(s)		First name(s)		First name(s)	
	Last name		Last name		Last name	
	Relationship of Person 3	3	Relationship of Perso	on 4	Relationship of Person 5	
	to Persons:	1 2	to Persons:	1 2 3	to Persons: 1 2 3 4	
	Husband or wife		Husband or wife		Husband or wife	
	Registered civil partner		Registered civil partner		Registered civil	
	Partner		Partner		Partner	
	Son or daughter		Son or daughter		Son or daughter	
	Step-child		Step-child		Step-child	
	Brother or sister		Brother or sister		Brother or sister	
	Step-brother or step-sister		Step-brother or step-sister		Step-brother or	
	Mother or father		Mother or father		Mother or father	
	Step-mother or step-father		Step-mother or step-father		Step-mother or	
	Grandchild		Grandchild		Grandchild	
	Grandparent		Grandparent		Grandparent	
0	Other relation (including in-laws)		Other relation (including in-laws)		Other relation	
HOv1.0	Unrelated (including foster child)		Unrelated (including foster child)		Unrelated (including foster child)	

Household questions — accommodation					
H7 What type of accommodation is this? A whole house or bungalow that is: detached	H11 If there is no-one usually living here but there are people staying at this address whose permanent or family home is elsewhere				
semi-detached terraced (including end-terrace) A flat, maisonette, or apartment that is:	details for these people must be recorded on the back page If no-one usually lives here and no-one is staying at this address on the night of				
in a tenement or purpose-built block of flats (including '4-in-a-block') part of a converted or shared house (including bed-sits)	21 March 2021, there are no more questions to answer → remember to sign the declaration on the front page				
in a commercial building (for example, in an office building, hotel or over a shop) A mobile or temporary structure:	H12 Does your household own or rent this accommodation? ♦ Tick one box only Owns with a mortgage or loan go to H14				
a caravan or other mobile or temporary structure H8 Are all the rooms in this accommodation behind a door that only this household	Owns outright → go to H14 Owns with shared equity (for example, LIFT,				
can use? Yes No	Help-to-Buy) → go to H14 Rents (with or without housing benefit) Part owns and part rents (shared ownership) → go to H14				
H9 How many bedrooms are available for use only by this household? ◆ Include all rooms built or converted for use as bedrooms	Lives here rent free H13 Who is your landlord?				
H10 What type of central heating does this accommodation have? Central heating is a central system that generates heat for multiple rooms If the central heating is available please tick the box, whether you use it or not	Council (Local Authority) or Housing Association / Registered Social Landlord Private landlord or letting agency Other				
Tick all that apply No central heating Mains gas Other gas (including liquid petroleum gas and	H14 In total, how many cars or vans are owned, or are available for use, by members of this household? ◆ Include any company car(s) or van(s) available for private use None				
biogas) Electric (including storage heating) Oil Solid fuel (excluding wood) Wood or biomass (logs, pellets, chippings) Other renewable energy source (including	1 2 3 4 or more, please write in number				
electric and air heat pump systems) District or communal heat system Other	H15 There are no more household questions. → go to questions for Person 1 on page 7				

Individual questions — Person 1	□
1 What is your name? (Person 1 in H3 on page 3) First name(s) Last name 2 What is your date of birth? Day Month Year	8 Which of the following best describes your sexual orientation? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Tick one box only □ Straight / Heterosexual □ Gay or Lesbian □ Bisexual □ Other sexual orientation, please write in:
3 What is your sex?	
Female Male	9 What is your country of birth?
4 Do you consider yourself to be trans, or have a trans history? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth ◆ Tick one box only	Scotland → go to 11 England → go to 11 Northern Ireland → go to 11 Wales → go to 11 Republic of Ireland
□ No.	Elsewhere, please write in the current name of
Yes, please describe your trans status (for example, non-binary, trans man, trans woman):	the country:
5 On 21 March 2021, what is your legal marital or registered civil partnership status? Never married and never registered in a civil partnership	10 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
Married	11 One year ago, what was your usual
☐ In a registered civil partnership ☐ Separated, but still legally married	address? ♦ If you had no usual address one year ago, state the address where you were staying
Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a civil partnership	☐ The address on the front of the questionnaire ☐ Student term-time / boarding school address in the UK, please write in below: ☐ Another address in the UK, please write in:
6 Are you a schoolchild or student in	
6 Are you a schoolchild or student in full-time education? ☐ Yes ☐ No → go to 8	Postcode
7 During term-time, do you live:	Outside the UK, please write in country:
at the address on the front of this questionnaire? at another address? go to 44	Salado di Siri, picaso villo il codility.
	Page 7

Individual questions — Person 1	┐
12 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	17 How is your health in general? Very good Good Fair Bad Very bad
 problems related to old age? Do not count anything you do as part of your paid employment 	18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
□ No	Tick all that apply Deafness or partial hearing loss
Yes, 1 to 19 hours a week Yes, 20 to 34 hours a week	Blindness or partial sight loss
Yes, 35 to 49 hours a week Yes, 50 or more hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
13 How well can you understand, speak, read and write English? ◆ Tick one box in each column	Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process information)
Very well	Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
Not at all	Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
 14 Can you understand, speak, read and write Scottish Gaelic or Scots? Tick all that apply 	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand (spoken) Speak Read Write Scottish Gaelic	Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
Scots	Other condition, please write in:
15 Can you use British Sign Language (BSL)?	☐ No condition
☐ Yes ☐ No	19 Are your day-to-day activities limited
16 What is your main language? ◆ Tick one box only	because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ English	♦ Include problems related to old age Yes, limited a lot
Other, please write in (including BSL and TACTILE BSL):	Yes, limited a lot
	□ No
Page 8	

Individual questions — Person 1	
20 What passports do you hold? Tick all that apply	23 What is your ethnic group? ◆ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
☐ United Kingdom	background
☐ Ireland	A White Scottish
Other, please write in:	Other British
	☐ Irish
	Polish
None	Gypsy / Traveller
Notice	Roma
21 What religion, religious denomination or	☐ Showman / Showwoman
body do you belong to? This question is voluntary	Other white ethnic group, please write in:
None	
☐ Church of Scotland	B Mixed or multiple ethnic groups
Roman Catholic	Any mixed or multiple ethnic groups, please write in:
Other Christian, please write in below:	wine ii.
Muslim, write in denomination or school below:	
Hindu	C Asian, Scottish Asian or British Asian Pakistani, Scottish Pakistani or British
Buddhist	Pakistani
Sikh	☐ Indian, Scottish Indian or British Indian
☐ Jewish	Bangladeshi, Scottish Bangladeshi or British Bangladeshi
☐ Pagan	☐ Chinese, Scottish Chinese or British Chinese
Another religion or body, please write in:	Other, please write in:
(22)	D African, Scottish African or British African
22 What do you feel is your national identity? Tick all that apply	Please write in (for example, NIGERIAN, SOMALI):
Scottish	
☐ English	E Caribbean or Black
☐ Northern Irish	Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):
☐ Welsh	CANADEAN, BLACK GOOT HOLD.
☐ British	- 04
Other, please write in:	F Other ethnic group Arab, Scottish Arab or British Arab
	Other, please write in (for example, SIKH,
2	JEWISH):
HOWID	

Individual questions — Person 1
24 If you are aged 16 or over ⇒ go to 25 If you are aged 15 or under ⇒ go to 41 27 In the last seven days, were you doing any of the following? Include casual or temporary work, even if only
for one hour 25 Which of these qualifications do you have? ↑ Tick all that apply Working as an employee → go to 33
 O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent Apprenticeship (trade or equivalent) Self-employed or freelance → go to 33 Temporarily away from work ill, on holiday or temporarily laid off → go to 33 On maternity or paternity leave → go to 33 Doing any other kind of paid work → go to 33 None of the above
□ Apprenticeship (Poundation of equivalent) □ Apprenticeship (Modern or equivalent) □ Apprenticeship (Graduate or equivalent) □ Apprenticeship (Graduate or equivalent) □ Apprenticeship (Graduate or equivalent)
GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent Retired (whether receiving a pension or not) Studying Looking after home or family
GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
HNC, HND, SVQ level 4 or equivalent SVQ level 4 or equivalent Proceedings Procedes Proce
Other school qualifications not already mentioned (including foreign qualifications) Yes No 30 If a job became available now, could you
☐ Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications) start it within two weeks? ☐ Yes ☐ No
Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent 31 In the last seven days, were you waiting to start a job already accepted?
Professional qualifications (for example, teaching, nursing, accountancy) Yes No 32 Have you ever done any paid work?
 Other Higher Education qualifications not already mentioned (including foreign qualifications) Yes, in the last 12 months Yes, but not in the last 12 months No, have never worked ⇒ go to 41
No qualifications 33 Answer the remaining questions for your
26 Have you previously served in the UK Armed Forces? ◆ Current serving members should only tick 'No' 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
□ No 34 In your main job, what is (was) your employment status?
 Yes, previously served in Regular Armed Forces Yes, previously served in Reserve Armed Forces Self-employed or freelance without employees Self-employed with employees
Page 10

Individual questions — Person 1	I
35 What is (was) the name of the organisation or business you work (worked) for? ◆ If you are (were) self-employed in your own business, please write in your business name:	41 If you currently work or study (or both) → go to 42 If you do not currently work or study, including if you are retired → go to 44
or No organisation or work (worked) for a private individual	42 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 Work mainly at, or from, home
36 What is (was) your full job title? ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER ◆ Do not state your grade or pay band	Distance learning, home schooled or equivalent → go to 44 No fixed place → go to 43 Work on an offshore installation → go to 43 The address below, please write in:
37 Briefly describe what you do (did) in your main job.	Postcode The address entered above is my place of Work Study
38 What is (was) the main activity of your organisation, business or freelance work?	43 How do you usually travel to your main job
 ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name 	or course of study (including school)? Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance
CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER	 Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey
CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT	Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire
CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT 39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?	Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach Train Underground, subway or tram Other
CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT 39 Do (did) you supervise or oversee the work	Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach Train Underground, subway or tram

Individual questions — Person 2	□
1 What is your name? (Person 2 in H3 on page 3) First name(s) Last name 2 What is your date of birth? Day Month Year	8 Which of the following best describes your sexual orientation? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Tick one box only □ Straight / Heterosexual □ Gay or Lesbian □ Bisexual □ Other sexual orientation, please write in:
3 What is your sex?	
Female Male	9 What is your country of birth?
4 Do you consider yourself to be trans, or have a trans history? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth ◆ Tick one box only No Yes, please describe your trans status (for example, non-binary, trans man, trans woman):	Scotland → go to 11 □ England → go to 11 □ Northern Ireland → go to 11 □ Wales → go to 11 □ Republic of Ireland □ Elsewhere, please write in the current name of the country:
On 21 March 2021, what is your legal marital or registered civil partnership status? Never married and never registered in a civil partnership	10 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
Married In a registered civil partnership Separated, but still legally married Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved	11 One year ago, what was your usual address? ♦ If you had no usual address one year ago, state the address where you were staying Same as Person 1 The address on the front of the questionnaire Student term-time / boarding school address in the UK, please write in below:
☐ Widowed	☐ Another address in the UK, please write in:
Surviving partner from a civil partnership	
6 Are you a schoolchild or student in full-time education? ☐ Yes ☐ No → go to 8	Postcode
7 During term-time, do you live: at the address on the front of this questionnaire?	Outside the UK, please write in country:
☐ at another address? → go to 44	
Page 12	

Individual questions — Person 2	\neg
12 Do you look after, or give any help or support to family members, friends,	17 How is your health in general?
neighbours or others because of either: • long-term physical / mental ill-health /	Very good Good Fair Bad Very bad
disability; or	
problems related to old age? Do not count anything you do as part of your	18 Do you have any of the following, which have lasted, or are expected to last, at least
paid employment	12 months? Tick all that apply
□ No	Deafness or partial hearing loss
Yes, 1 to 19 hours a week	
Yes, 20 to 34 hours a week	Blindness or partial sight loss
Yes, 35 to 49 hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment
Yes, 50 or more hours a week	to speak)
13 How well can you understand, speak, read and write English?	Learning disability (a condition that you have had since childhood that affects the way you
♦ Tick one box in each column	learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process
Very well	information)
Well	Developmental disorder (a condition that you have had since childhood which affects motor,
Not well	cognitive, social and emotional skills, and speech and language)
Not at all	Physical disability (a condition that substantially
14 Can you understand, speak, read and write	limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
Scottish Gaelic or Scots? Tick all that apply	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand Speak Read Write	Long-term illness, disease or condition (a
(spoken)	condition, not listed above, that you may have for life, which may be managed with treatment
Scottish Gaelic	or medication)
Scots	Other condition, please write in:
or	
☐ No skills in either language	
15 Can you use British Sign Language (BSL)?	☐ No condition
Yes No	19 Are your day-to-day activities limited
16 What is your main language? Tick one box only	because of a health problem or disability which has lasted, or is expected to last, at
□ English	least 12 months? ♦ Include problems related to old age
Other, please write in (including BSL and	Yes, limited a lot
TACTILE BSL):	Yes, limited a little
\$	□ No
L	Page 13

Individual questions — Person 2	コ
20 What passports do you hold? Tick all that apply	23 What is your ethnic group? ◆ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
United Kingdom	background A White
☐ Ireland	Scottish
Other, please write in:	Other British
	☐ Irish
	Polish
None	Gypsy / Traveller
Note	Roma
21 What religion, religious denomination or	☐ Showman / Showwoman
body do you belong to? This question is voluntary	Other white ethnic group, please write in:
None	
☐ Church of Scotland	B Mixed or multiple ethnic groups
Roman Catholic	Any mixed or multiple ethnic groups, please write in:
Other Christian, please write in below:	
☐ Muslim, write in denomination or school below:	
Hindu	C Asian, Scottish Asian or British Asian
☐ Buddhist	Pakistani, Scottish Pakistani or British
☐ Sikh	Pakistani Indian, Scottish Indian or British Indian
☐ Jewish	Bangladeshi, Scottish Bangladeshi or British
☐ Pagan	Bangladeshi Chinese, Scottish Chinese or British Chinese
Another religion or body, please write in:	Other, please write in:
	D African, Scottish African or British African
22 What do you feel is your national identity? Tick all that apply	Please write in (for example, NIGERIAN, SOMALI):
☐ Scottish	
☐ English	E Caribbean or Black
☐ Northern Irish	Please write in (for example, SCOTTISH
Welsh	CARIBBEAN, BLACK SCOTTISH):
☐ British	E Other other energy
Other, please write in:	F Other ethnic group Arab, Scottish Arab or British Arab
	Other, please write in (for example, SIKH,
	JEWISH):
	Σ Σ
Page 14	

Individual questions — Person 2	
24 If you are aged 16 or over ⇒ go to 25	27 In the last seven days, were you doing any of the following?
If you are aged 15 or under → go to 41	 Include casual or temporary work, even if only for one hour
25 Which of these qualifications do you have? Tick all that apply	↑ Tick all that apply Working as an employee → go to 33
O Grade, Standard Grade, National 3, 4 or 5,	☐ Self-employed or freelance → go to 33
Intermediate 1 or 2, GCSE, CSE or equivalent	☐ Temporarily away from work ill, on holiday or
Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent	temporarily laid off → go to 33 On maternity or paternity leave → go to 33
Apprenticeship (trade or equivalent)	☐ Doing any other kind of paid work ⇒ go to 33
Apprenticeship (Foundation or equivalent)	☐ None of the above
Apprenticeship (Modern or equivalent)	28 Which of the following describes what you
Apprenticeship (Graduate or equivalent)	were doing in the last seven days? ♦ Tick all that apply
GSVQ Foundation or Intermediate, SVQ level 1	Retired (whether receiving a pension or not)
or 2, SCOTVEC Module, City and Guilds Craft or equivalent	Studying Looking after home or family
GSVQ Advanced, SVQ level 3, ONC, OND,	Long-term sick or disabled
SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent	Other
HNC, HND, SVQ level 4 or equivalent	29 In the last four weeks, were you actively looking for any kind of paid work?
Other school qualifications not already mentioned (including foreign qualifications)	Yes No
Other post-school but pre-Higher Education	30 If a job became available now, could you start it within two weeks?
qualifications not already mentioned (including foreign qualifications)	Yes No
Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent	31 In the last seven days, were you waiting to start a job already accepted?
Professional qualifications (for example,	Yes No
teaching, nursing, accountancy)	32 Have you ever done any paid work?
Other Higher Education qualifications not already mentioned (including foreign	Yes, in the last 12 months Yes, but not in the last 12 months
qualifications)	No, have never worked ⇒ go to 41
☐ No qualifications	33 Answer the remaining questions for your
26 Have you previously served in the UK	main job or, if not working, your last main job.
Armed Forces? ◆ Current serving members should only tick 'No'	Your main job is the job in which you usually work (worked) the most hours
□ No	34 In your main job, what is (was) your employment status?
No	☐ Employee
Yes, previously served in Regular Armed Forces	Self-employed or freelance without employees
Yes, previously served in Reserve Armed Forces	Self-employed with employees
	Page 15

35 What is (was) the name of the organisation or business you work (worked) for? If you are (were) self-employed in your own business, please write in your business name:	Individual questions — Person 2	コ
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 Work mainly at, or from, home you to 44 Distance learning, home schooled or equivalent you roganisation, business or freelance work? For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY SCHOOL, TEACHER The address below, please write in: Work mainly at, or from, home you to 44 Distance learning, home schooled or equivalent you to 44 No fixed place you to 43 The address below, please write in: Work Study Stud	35 What is (was) the name of the organisation or business you work (worked) for? ♦ If you are (were) self-employed in your own	→ go to 42 If you do not currently work or study, including
For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER Do not state your grade or pay band	private individual	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
main job. Postcode	◆ For example, RÉTAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER	→ go to 44 No fixed place → go to 43 Work on an offshore installation → go to 43
organisation, business or freelance work? For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT On foot Bicycle Bus, minibus or coach Train Underground, subway or tram Other Other There are no more questions for Person 2. If there are no more people in your household please leave the following pages blank. Otherwise go to questions for Person 3 If there are no government of study (including school)? Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your journey by distance Tick the box for the longest part of your specific part of your journey by distance Tick t		The address entered above is my place of
40 In your main job, how many hours a week do (did) you usually work? ♦ Include paid and unpaid overtime 44 There are no more questions for Person 2. If there are no more questions for Person 2. Otherwise go to questions for Person 3.	organisation, business or freelance work? For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT DEPARTMENT 39 Do (did) you supervise or oversee the work	or course of study (including school)? Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach Train Underground, subway or tram
	Yes No 40 In your main job, how many hours a week do (did) you usually work? ◆ Include paid and unpaid overtime	44 There are no more questions for Person 2. ♦ If there are no more people in your household please leave the following pages blank. Otherwise go to questions for Person 3.

	Individual questions — Person 3	□
2	What is your name? (Person 3 in H3 on page 3) irst name(s) ast name What is your date of birth? Day Month Year	8 Which of the following best describes your sexual orientation? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Tick one box only □ Straight / Heterosexual □ Gay or Lesbian □ Bisexual □ Other sexual orientation, please write in:
(3	What is your sex?	
	Female Male	9 What is your country of birth?
	Do you consider yourself to be trans, or have a trans history? This question is voluntary Answer only if you are aged 16 or over Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth Tick one box only	Scotland → go to 11 England → go to 11 Northern Ireland → go to 11 Wales → go to 11 Republic of Ireland
	No service and the service and	Elsewhere, please write in the current name of
	Yes, please describe your trans status (for example, non-binary, trans man, trans woman):	the country:
5	On 21 March 2021, what is your legal marital or registered civil partnership status? Never married and never registered in a civil partnership	10 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
	Married	11 One year ago, what was your usual
	In a registered civil partnership Separated, but still legally married	address? ♦ If you had no usual address one year ago, state the address where you were staying
	Separated, but still legally in a civil partnership	Same as Person 1
	Divorced	☐ The address on the front of the questionnaire
	Formerly in a civil partnership which is now legally dissolved	Student term-time / boarding school address in the UK, please write in below:
Г	Widowed	Another address in the UK, please write in:
	Surviving partner from a civil partnership	
6		
	Yes	Postcode
	No ⇒ go to 8	
7	During term-time, do you live:	
9	at the address on the front of this questionnaire?	Outside the UK, please write in country:
HOWIS	at another address? → go to 44	
		Page 17

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Individual questions — Person 3	
12 Do you look after, or give any help or support to family members, friends,	17 How is your health in general?
neighbours or others because of either: Iong-term physical / mental ill-health / disability; or problems related to old age?	Very good Good Fair Bad Very bad
Do not count anything you do as part of your paid employment	18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
□ No	♦ Tick all that apply
Yes, 1 to 19 hours a week	Deafness or partial hearing loss
Yes, 20 to 34 hours a week	Blindness or partial sight loss
Yes, 35 to 49 hours a week Yes, 50 or more hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
13 How well can you understand, speak, read and write English? Tick one box in each column	Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process information)
Very well	Developmental disorder (a condition that you
Well	have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
Not at all	Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
14 Can you understand, speak, read and write Scottish Gaelic or Scots? ◆ Tick all that apply	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand Speak Read Write (spoken)	Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
Scots	Other condition, please write in:
or	
No skills in either language	
15 Can you use British Sign Language (BSL)?	☐ No condition
Yes No	19 Are your day-to-day activities limited
16 What is your main language? ◆ Tick one box only	because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ English	♦ Include problems related to old age ☐ Yes, limited a lot
Other, please write in (including BSL and TACTILE BSL):	☐ Yes limited a little
	No
Page 18	

Individual questions — Person 3	
20 What passports do you hold? Tick all that apply	23 What is your ethnic group? ♦ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
☐ United Kingdom	background
☐ Ireland	A White
Other, please write in:	Scottish
	Other British
	☐ Irish
	☐ Polish☐ Gypsy / Traveller
None	Roma
21 What religion, religious denomination or	Showman / Showwoman
body do you belong to?	Other white ethnic group, please write in:
♦ This question is voluntary	Guidi Willio Guillio group, picace Wille Wi
None	
☐ Church of Scotland	B Mixed or multiple ethnic groups
Roman Catholic	Any mixed or multiple ethnic groups, please write in:
Other Christian, please write in below:	
Muslim, write in denomination or school below:	
Hindu	C Asian, Scottish Asian or British Asian
☐ Buddhist	Pakistani, Scottish Pakistani or British
☐ Sikh	Pakistani Indian, Scottish Indian or British Indian
☐ Jewish	Bangladeshi, Scottish Bangladeshi or British Bangladeshi
☐ Pagan	Chinese, Scottish Chinese or British Chinese
Another religion or body, please write in:	Other, please write in:
	D African, Scottish African or British African
22 What do you feel is your national identity?	Please write in (for example, NIGERIAN,
♦ Tick all that apply	SOMALI):
☐ Scottish	
☐ English	E Caribbean or Black
☐ Northern Irish	Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):
☐ Welsh	
☐ British	
Other, please write in:	F Other ethnic group Arab, Scottish Arab or British Arab
	Other, please write in (for example, SIKH,
	JEWISH):
Нои 10	
L	Page 19

Individual questions — Person 3	٦
24 If you are aged 16 or over ⇒ go to 25 If you are aged 15 or under ⇒ go to 41	27 In the last seven days, were you doing any of the following? ◆ Include casual or temporary work, even if only for one hour
25 Which of these qualifications do you have? ♦ Tick all that apply	
O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent Apprenticeship (trade or equivalent) Apprenticeship (Foundation or equivalent)	 Self-employed or freelance → go to 33 Temporarily away from work ill, on holiday or temporarily laid off → go to 33 On maternity or paternity leave → go to 33 Doing any other kind of paid work → go to 33 None of the above
Apprenticeship (Modern or equivalent) Apprenticeship (Graduate or equivalent) GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent	28 Which of the following describes what you were doing in the last seven days? ♦ Tick all that apply Retired (whether receiving a pension or not) Studying Looking after home or family Long-term sick or disabled
GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent HNC, HND, SVQ level 4 or equivalent Other school qualifications not already	Other 29 In the last four weeks, were you actively looking for any kind of paid work? Yes No
mentioned (including foreign qualifications) Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)	30 If a job became available now, could you start it within two weeks? Yes No
Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent	31 In the last seven days, were you waiting to start a job already accepted?
Professional qualifications (for example, teaching, nursing, accountancy)	32 Have you ever done any paid work?
Other Higher Education qualifications not already mentioned (including foreign qualifications) No qualifications	Yes, in the last 12 months Yes, but not in the last 12 months No, have never worked go to 41
26 Have you previously served in the UK Armed Forces? Current serving members should only tick 'No'	33 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
□ No	34 In your main job, what is (was) your employment status? Employee
Yes, previously served in Regular Armed Forces Yes, previously served in Reserve Armed Forces	Self-employed or freelance without employees Self-employed with employees
Page 20	

Individual questions — Person 3	
35 What is (was) the name of the organisation or business you work (worked) for? ◆ If you are (were) self-employed in your own business, please write in your business name:	41 If you currently work or study (or both) → go to 42 If you do not currently work or study, including if you are retired → go to 44
or ☐ No organisation or work (worked) for a private individual	42 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 Work mainly at, or from, home go to 44
36 What is (was) your full job title? ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER ◆ Do not state your grade or pay band	Distance learning, home schooled or equivalent → go to 44 No fixed place → go to 43 Work on an offshore installation → go to 43 The address below, please write in:
37 Briefly describe what you do (did) in your main job.	Postcode The address entered above is my place of Work Study
38 What is (was) the main activity of your organisation, business or freelance work? ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT	43 How do you usually travel to your main job or course of study (including school)? ♦ Answer for your usual travel to the place where you spend the most time • Tick the box for the longest part of your journey by distance • Tick one box only □ Driving a car or van □ Passenger in a car or van □ Taxi or private hire □ Motorcycle, scooter or moped
39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?	On foot Bicycle Bus, minibus or coach Train Underground, subway or tram Other
39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis? ☐ Yes ☐ No 40 In your main job, how many hours a week do (did) you usually work? ♦ Include paid and unpaid overtime 0 to 15 16 to 30 31 to 48 49 or more ☐ ☐ ☐ ☐ ☐	Bicycle Bus, minibus or coach Train Underground, subway or tram

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Individual questions — Person 4	7
1 What is your name? (Person 4 in H3 on page 3) First name(s) Last name 2 What is your date of birth?	8 Which of the following best describes your sexual orientation? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Tick one box only □ Straight / Heterosexual □ Gay or Lesbian
Day Month Year 3 What is your sex?	☐ Bisexual ☐ Other sexual orientation, please write in:
☐ Female ☐ Male	9 What is your country of birth?
4 Do you consider yourself to be trans, or have a trans history? ♦ This question is voluntary ♦ Answer only if you are aged 16 or over ▼ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth ▼ Tick one box only No Yes, please describe your trans status (for example, non-binary, trans man, trans woman):	Scotland → go to 11 England → go to 11 Northern Ireland → go to 11 Wales → go to 11 Republic of Ireland Elsewhere, please write in the current name of the country:
5 On 21 March 2021, what is your legal marital or registered civil partnership status? Never married and never registered in a civil partnership Married	10 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 11 One year ago, what was your usual
In a registered civil partnership Separated, but still legally married	address? ♦ If you had no usual address one year ago, state the address where you were staying
Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now	Same as Person 1 The address on the front of the questionnaire Student term-time / boarding school address in
legally dissolved Widowed Surviving partner from a civil partnership	the UK, please write in below: Another address in the UK, please write in:
6 Are you a schoolchild or student in full-time education?	
☐ Yes☐ No ➡ go to 8	Postcode
7 During term-time, do you live: ☐ at the address on the front of this questionnaire? ☐ at another address? → go to 44	Outside the UK, please write in country:
Page 22	

Individual questions — Person 4	I
12 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	17 How is your health in general? Very good Good Fair Bad Very bad
 problems related to old age? Do not count anything you do as part of your paid employment 	18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
□ No	♦ Tick all that apply
Yes, 1 to 19 hours a week	Deafness or partial hearing loss
Yes, 20 to 34 hours a week	Blindness or partial sight loss
Yes, 35 to 49 hours a week Yes, 50 or more hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
13 How well can you understand, speak, read and write English? Tick one box in each column	Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process information)
Very well	Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
Not at all	Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
14 Can you understand, speak, read and write Scottish Gaelic or Scots? ◆ Tick all that apply	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand Speak Read Write (spoken) Scottish Gaelic	Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
Scots	Other condition, please write in:
or	
☐ No skills in either language	
15 Can you use British Sign Language (BSL)?	☐ No condition
Yes No	19 Are your day-to-day activities limited
16 What is your main language? ◆ Tick one box only	because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ English	Include problems related to old age
Other, please write in (including BSL and TACTILE BSL):	Yes, limited a lot
TACTILE BSL).	Yes, limited a little
	Page 23

Individual questions — Person 4	コ
20 What passports do you hold? Tick all that apply	23 What is your ethnic group? ♦ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
United Kingdom	background
☐ Ireland	A White Scottish
Other, please write in:	Other British
	☐ Irish
	☐ Polish
D News	Gypsy / Traveller
None	Roma
21 What religion, religious denomination or	Showman / Showwoman
body do you belong to? ♦ This question is voluntary	Other white ethnic group, please write in:
None	
Church of Scotland	B Mixed or multiple ethnic groups
Roman Catholic	Any mixed or multiple ethnic groups, please
Other Christian, please write in below:	write in:
Muslim, write in denomination or school below:	
Hindu	C Asian, Scottish Asian or British Asian
☐ Buddhist	Pakistani, Scottish Pakistani or British
	Pakistani Pakistani
Sikh	Indian, Scottish Indian or British Indian
☐ Jewish	Bangladeshi, Scottish Bangladeshi or British Bangladeshi
☐ Pagan	Chinese, Scottish Chinese or British Chinese
Another religion or body, please write in:	Other, please write in:
22 What do you feel is your national identity?	D African, Scottish African or British African
Tick all that apply	Please write in (for example, NIGERIAN, SOMALI):
☐ Scottish	
☐ English	E Caribbean or Black
☐ Northem Irish	Please write in (for example, SCOTTISH
Welsh	CARIBBEAN, BLACK SCOTTISH):
☐ British	
Other, please write in:	F Other ethnic group
Calci, piease white in.	Arab, Scottish Arab or British Arab
	Other, please write in (for example, SIKH, JEWISH):
	The state of the s
Page 24	

Individual question	ns — Person 4	コーニー コーニー コーニー コーニー コーニー コーニー コーニー コーニー
24 If you are aged 16 or ov		27 In the last seven days, were you doing any of the following?
If you are aged 15 or un	der go to 41	 Include casual or temporary work, even if only for one hour
25 Which of these qualific	cations do you have?	♦ Tick all that apply
♦ Tick all that apply		Working as an employee → go to 33
O Grade, Standard Grad Intermediate 1 or 2, GCS		 Self-employed or freelance → go to 33 Temporarily away from work ill, on holiday or
Higher, Advanced Higher CSYS, A Level, AS Level	r, SCE Higher Grade, I or equivalent	temporarily laid off → go to 33 ☐ On maternity or paternity leave → go to 33
Apprenticeship (trade or	equivalent)	☐ Doing any other kind of paid work → go to 33
Apprenticeship (Foundat	tion or equivalent)	☐ None of the above
Apprenticeship (Modern	or equivalent)	28 Which of the following describes what you were doing in the last seven days?
Apprenticeship (Graduat	e or equivalent)	↑ Tick all that apply Retired (whether receiving a pension or not)
GSVQ Foundation or Int		Studying
or 2, SCOTVEC Module or equivalent		Looking after home or family
	aval 2 ONC OND	Long-term sick or disabled
GSVQ Advanced, SVQ I SCOTVEC National Dipl Advanced Craft or equiv	oma, City and Guilds	Other
☐ HNC, HND, SVQ level 4	or equivalent	29 In the last four weeks, were you actively looking for any kind of paid work?
Other school qualification mentioned (including for		Yes No
Other post-school but pro	e-Higher Education	30 If a job became available now, could you start it within two weeks?
qualifications not already foreign qualifications)		☐ Yes ☐ No
Degree, Postgraduate que PhD, SVQ level 5 or equ	ualifications, Masters, ivalent	31 In the last seven days, were you waiting to start a job already accepted?
☐ Professional qualification	ns (for example.	Yes No
teaching, nursing, accou	ntancy)	32 Have you ever done any paid work?
Other Higher Education		Yes, in the last 12 months
already mentioned (inclu qualifications)	ung loreign	Yes, but not in the last 12 months
☐ No qualifications		No, have never worked → go to 41
		33 Answer the remaining questions for your main job or, if not working, your last main
26 Have you previously s Armed Forces?	erved in the UK	job. ♦ Your main job is the job in which you usually
Current serving members	ers should only tick 'No'	work (worked) the most hours
□ No		34 In your main job, what is (was) your employment status?
□ No		Employee
	n Regular Armed Forces	Self-employed or freelance without employees
Yes, previously served in	Reserve Armed Forces	Self-employed with employees
L		Page 25

Individual questions — Person 4	コ
35 What is (was) the name of the organisation or business you work (worked) for? ◆ If you are (were) self-employed in your own business, please write in your business name:	41 If you currently work or study (or both) → go to 42 If you do not currently work or study, including if you are retired → go to 44
or ☐ No organisation or work (worked) for a private individual	42 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 Work mainly at, or from, home • go to 44
36 What is (was) your full job title? ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER ◆ Do not state your grade or pay band	Distance learning, home schooled or equivalent → go to 44 No fixed place → go to 43 Work on an offshore installation → go to 43 The address below, please write in:
37 Briefly describe what you do (did) in your main job.	Postcode The address entered above is my place of Work Study
38 What is (was) the main activity of your organisation, business or freelance work? ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER ♦ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND ♦ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT 39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?	43 How do you usually travel to your main job or course of study (including school)? ◆ Answer for your usual travel to the place where you spend the most time ◆ Tick the box for the longest part of your journey by distance ◆ Tick one box only □ Driving a car or van □ Passenger in a car or van □ Taxi or private hire □ Motorcycle, scooter or moped □ On foot □ Bicycle □ Bus, minibus or coach □ Train □ Underground, subway or tram □ Other
Yes	44 There are no more questions for Person 4. If there are no more people in your household please leave the following pages blank. Otherwise go to questions for Person 5 If you included anyone in question H5, record their details on the back page Remember to sign the declaration on page 1
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Individual questions — Person 5	\neg
1 What is your name? (Person 5 in H3 on page 3) First name(s) Last name 2 What is your date of birth? Day Month Year	8 Which of the following best describes your sexual orientation? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Tick one box only □ Straight / Heterosexual □ Gay or Lesbian □ Bisexual □ Other sexual orientation, please write in:
3 What is your sex?	
☐ Female ☐ Male	9 What is your country of birth?
4 Do you consider yourself to be trans, or have a trans history? ◆ This question is voluntary ◆ Answer only if you are aged 16 or over ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth ◆ Tick one box only	Scotland → go to 11 England → go to 11 Northern Ireland → go to 11 Wales → go to 11 Republic of Ireland
No No	Elsewhere, please write in the current name of
Yes, please describe your trans status (for example, non-binary, trans man, trans woman):	the country:
5 On 21 March 2021, what is your legal marital or registered civil partnership status? Never married and never registered in a civil partnership	10 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
Married In a registered civil partnership Separated, but still legally married	11 One year ago, what was your usual address? If you had no usual address one year ago, state the address where you were staying
Separated, but still legally in a civil partnership Divorced	Same as Person 1 The address on the front of the questionnaire Student term-time / boarding school address in
Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a civil partnership	the UK, please write in below: Another address in the UK, please write in:
6 Are you a schoolchild or student in	
full time education?	
full-fime education? ☐ Yes ☐ No → go to 8	Postcode
Yes No → go to 8 7 During term-time, do you live:	
☐ Yes☐ No ➡ go to 8	Postcode Outside the UK, please write in country:

Individual questions — Person 5	\neg
12 Do you look after, or give any help or support to family members, friends,	17 How is your health in general?
neighbours or others because of either: • long-term physical / mental ill-health / disability; or	Very good Good Fair Bad Very bad
problems related to old age? Do not count anything you do as part of your paid employment	18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
□ No	♦ Tick all that apply
Yes, 1 to 19 hours a week	Deafness or partial hearing loss
Yes, 20 to 34 hours a week	☐ Blindness or partial sight loss
Yes, 35 to 49 hours a week Yes, 50 or more hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
13 How well can you understand, speak, read and write English? Tick one box in each column	Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process information)
Very well	Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
Not well	Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
14 Can you understand, speak, read and write Scottish Gaelic or Scots? ◆ Tick all that apply	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand Speak Read Write (spoken)	Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
Scots \square \square \square	Other condition, please write in:
or	
No skills in either language	
15 Can you use British Sign Language (BSL)?	☐ No condition
Yes No	19 Are your day-to-day activities limited
16 What is your main language? ♦ Tick one box only	because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ English	♦ Include problems related to old age ☐ Yes, limited a lot
Other, please write in (including BSL and TACTILE BSL):	☐ Yes limited a little
	□ No
Page 28	

	Individual questions — Person 5	コーニー コーニー
	20 What passports do you hold? ◆ Tick all that apply	23 What is your ethnic group? ♦ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
	☐ United Kingdom	background
	☐ Ireland	A White
	Other, please write in:	Scottish
	Guidi, picase while in:	Other British
		☐ Irish
		Polish
	None	Gypsy / Traveller
	21 What religion, religious denomination or	Showman / Showwoman
	body do you belong to? This question is voluntary	Other white ethnic group, please write in:
	None	P. Miyad or multiple athroic groups
	Church of Scotland	Mixed or multiple ethnic groups Any mixed or multiple ethnic groups, please
	Roman Catholic	write in:
	Other Christian, please write in below:	
	☐ Muslim, write in denomination or school below:	
	Hindu	C Asian, Scottish Asian or British Asian
	☐ Buddhist	Pakistani, Scottish Pakistani or British
	Sikh	☐ Indian, Scottish Indian or British Indian
	☐ Jewish	Bangladeshi, Scottish Bangladeshi or British Bangladeshi
	☐ Pagan	Chinese, Scottish Chinese or British Chinese
	Another religion or body, please write in:	Other, please write in:
		D African, Scottish African or British African
	22 What do you feel is your national identity? Tick all that apply	Please write in (for example, NIGERIAN, SOMALI):
	Scottish	
	☐ English	E Caribbean or Black
	☐ Northern Irish	☐ Please write in (for example, SCOTTISH
	Welsh	CARIBBEAN, BLACK SCOTTISH):
	☐ British	
	Other, please write in:	F Other ethnic group
	Outer, prease write in.	Arab, Scottish Arab or British Arab
-		Other, please write in (for example, SIKH, JEWISH):
HOV1.0		
		Page 29

Individual questions — Person 5	□
24 If you are aged 16 or over ⇒ go to 25 If you are aged 15 or under ⇒ go to 41	27 In the last seven days, were you doing any of the following? ♦ Include casual or temporary work, even if only for one hour
25 Which of these qualifications do you have? Tick all that apply	♦ Tick all that apply Working as an employee → go to 33
O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent Apprenticeship (trade or equivalent)	 Self-employed or freelance → go to 33 Temporarily away from work ill, on holiday or temporarily laid off → go to 33 On maternity or paternity leave → go to 33 Doing any other kind of paid work → go to 33 None of the above
Apprenticeship (Foundation or equivalent) Apprenticeship (Modern or equivalent) Apprenticeship (Graduate or equivalent)	28 Which of the following describes what you were doing in the last seven days? ◆ Tick all that apply ☐ Retired (whether receiving a pension or not)
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	Studying Looking after home or family Long-term sick or disabled Other
☐ HNC, HND, SVQ level 4 or equivalent ☐ Other school qualifications not already	29 In the last four weeks, were you actively looking for any kind of paid work? Yes No
mentioned (including foreign qualifications) Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)	30 If a job became available now, could you start it within two weeks? Yes No
Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent	31 In the last seven days, were you waiting to start a job already accepted?
Professional qualifications (for example, teaching, nursing, accountancy)	Yes No 32 Have you ever done any paid work?
Other Higher Education qualifications not already mentioned (including foreign qualifications)	Yes, in the last 12 months Yes, but not in the last 12 months No, have never worked go to 41
No qualifications 26 Have you previously served in the UK	33 Answer the remaining questions for your main job or, if not working, your last main
Armed Forces?	job. ♦ Your main job is the job in which you usually work (worked) the most hours
Current serving members should only tick 'No'	
◆ Current serving members should only tick 'No' No Yes, previously served in Regular Armed Forces Yes, previously served in Reserve Armed Forces	34 In your main job, what is (was) your employment status? ☐ Employee ☐ Self-employed or freelance without employees

Individual questions — Person 5	I
35 What is (was) the name of the organisation or business you work (worked) for? ♦ If you are (were) self-employed in your own business, please write in your business name:	41 If you currently work or study (or both) → go to 42 If you do not currently work or study, including if you are retired → go to 44
or No organisation or work (worked) for a private individual	42 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 Work mainly at, or from, home • go to 44
36 What is (was) your full job title? ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER ◆ Do not state your grade or pay band	Distance learning, home schooled or equivalent → go to 44 No fixed place → go to 43 Work on an offshore installation → go to 43 The address below, please write in:
37 Briefly describe what you do (did) in your main job.	Postcode The address entered above is my place of Work Study
38 What is (was) the main activity of your	43 How do you usually travel to your main job
organisation, business or freelance work? For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT Organization, Werel and Services or oversee the work of other employees on a day-to-day basis?	or course of study (including school)? Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach Train Underground, subway or tram Other
 ♦ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER ♦ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND ♦ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT 39 Do (did) you supervise or oversee the work 	or course of study (including school)? Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach Train Underground, subway or tram

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Household questions — people (H5 continued)		
Do not record details of household members here. Record details only for anyone counted in question H5 on page 3 (people whose permanent or family home is elsewhere). For more than three people, write their answers on a separate piece of paper and include it with this questionnaire. Remember to include children and babies Please make sure you have filled in the rest of the questionnaire and signed the declaration on page 1		
Person A		
V1 What is this person's name?	V4 What is this person's usual UK address?	
First name(s) Last name		
V2 What is this person's date of birth?		
Day Month Year	Postcode	
V3 What is this person's sex?	Outside the UK, please write in country:	
Female Male		
Person B		
V1 What is this person's name?	V4 What is this person's usual UK address?	
First name(s)	Same as Person A	
Last name		
(1/2) Milest in this respect to date of high 2		
V2 What is this person's date of birth? Day Month Year	Postcode	
V3 What is this person's sex?	Outside the UK, please write in country:	
Female Male		
Person C		
V1 What is this person's name?	V4 What is this person's usual UK address?	
First name(s)	Same as Person A	
Lastrona		
Last name		
V2 What is this person's date of birth?		
V2 What is this person's date of birth? Day Month Year	Postcode	
V3 What is this person's sex?	Outside the UK, please write in country:	
Female Male	Outside the Or, please write in country.	

SCHEDULE 6

Regulation 3(16)

Paper Household Individual Questionnaire



Individual Questionnaire (HI)

21 March 2021

		If there is a mistake in the printed address, please write your correct address below: Postcode
	Scotland's Census 2021	Completing online
	Scotland's Census is the official count of every person and household in the country.	You can complete this questionnaire online. Visit www.census.gov.scot and use the code below.
	The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.	Your Internet Access Code:
	What we would like you to do	Help and support
	Please complete this questionnaire on paper or online at www.census.gov.scot	The leaflet included has more information about
	You should provide information that is correct as of Sunday, 21 March 2021.	how we can help and support you to complete the census questionnaire.
	As you have requested to complete an individual census questionnaire, you have a	You can also visit www.census.gov.scot for more help or call our helpline FREEPHONE 0800 030 8308.
	legal responsibility to complete it. You may be prosecuted if you refuse to complete the	Start here
	questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and	Please make sure you are listed as a household member on the Household Questionnaire.
	fine. The questions about trans status or history,	Copy your person number, as given in question H3 on a Household Questionnaire, or in question C2 on a Continuation Questionnaire, here:
	sexual orientation, and religion are voluntary. You do not have to answer these questions if you do not want to.	Person number
	Please make sure you are listed as a household	Please refer to page 2 for full instructions.
	member on the Household Questionnaire.	Declaration
	Our pledge to you	The information provided in this questionnaire is
	Your census return will be kept secure and will be kept confidential for 100 years.	full and accurate, as far as I know.
		Signature
	Ja.	
0.5	Paul Lowe, Registrar General for Scotland	Date
흪	Thank you for helping to shape Scotland's future	[

Important guidance — before you start		
What you have to do		
please check that the household address recorded on page 1 of this questionnaire is correct		
make sure you are included as a household member on the Household Questionnaire for the address on this questionnaire		
If your Household Questionnaire was completed:		
 ONLINE, make sure you are included as a household member in the online questionnaire, you will not need to write in a person number on page 1 of this questionnaire 		
ON PAPER, make sure you are included as a household member in either:		
 question H3 on page 3 of a Household Questionnaire; or question C2 on page 1 of a Continuation Questionnaire (this is used only if there are more than five people living in your household) 		
Copy your person number, from H3 or C2 on to page 1 of this questionnaire		
fill in questions 1 to 44 on pages 3 to 7 of this questionnaire		
sign the declaration on page 1 of this questionnaire and post it back using the pre-paid envelope provided		
How to fill in this questionnaire		
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 a black ink ballpoint pen		
tick your answers within the box like this:		
print your answers, in English, within the boxes like this: SMITH		

Page 2

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

use capital letters - one per box

ENT

correct any mistakes like this:
or SM ITH

130 LADYWELL CRESC

if a word will not fit on one line, continue on to the next line like this, if possible:

Individual questions	
1 What is your name?	8 Which of the following best describes your sexual orientation?
First name(s)	This question is voluntary Answer only if you are aged 16 or over
Last name	◆ Tick one box only
	Straight / Heterosexual
2 What is your date of birth?	Gay or Lesbian
Day Month Year	Bisexual
	Other sexual orientation, please write in:
3 What is your sex?	
Female Male	9 What is your country of birth?
4 Do you consider yourself to be trans, or	☐ Scotland → go to 11
have a trans history? This question is voluntary	☐ England → go to 11
 Answer only if you are aged 16 or over 	☐ Northern Ireland → go to 11
 Trans is a term used to describe people whose gender is not the same as the sex they were 	☐ Wales → go to 11
registered at birth Tick one box only	Republic of Ireland
□ No	Elsewhere, please write in the current name of
Yes, please describe your trans status (for	the country:
example, non-binary, trans man, trans woman):	
	10 If you were not born in the United Kingdom, when did you most recently arrive to live
5 On 21 March 2021, what is your legal	here?
marital or registered civil partnership status?	Do not count short visits away from the UK Month Year
Never married and never registered in a civil partnership	
Married	11 One year ago, what was your usual
☐ In a registered civil partnership	address? If you had no usual address one year ago, state
Separated, but still legally married	the address where you were staying
Separated, but still legally in a civil partnership	
Divorced	The address on the front of the questionnaire
Formerly in a civil partnership which is now legally dissolved	Student term-time / boarding school address in the UK, please write in below:
Widowed	Another address in the UK, please write in:
Surviving partner from a civil partnership	
full-time education?	
Yes	Postcode
□ No ⇒ go to 8	
7 During term-time, do you live:	Outside the LIK please write is sounter
at the address on the front of this questionnaire?	Outside the UK, please write in country:
at another address? → go to 44	
	Page 3

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Individual questions	\neg
12 Do you look after, or give any help or support to family members, friends,	17 How is your health in general?
neighbours or others because of either: • long-term physical / mental ill-health / disability; or	Very good Good Fair Bad Very bad
problems related to old age? Do not count anything you do as part of your paid employment	18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
□ No	♦ Tick all that apply
Yes, 1 to 19 hours a week	Deafness or partial hearing loss
Yes, 20 to 34 hours a week	Blindness or partial sight loss
Yes, 35 to 49 hours a week Yes, 50 or more hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
13 How well can you understand, speak, read and write English? Tick one box in each column	Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process information)
Very well	Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
Not at all	Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
14 Can you understand, speak, read and write Scottish Gaelic or Scots? ◆ Tick all that apply	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand (spoken) Speak Read Write Scottish Gaelic	Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
Scots \square \square \square	Other condition, please write in:
or	
☐ No skills in either language	
15 Can you use British Sign Language (BSL)?	☐ No condition
Yes No	19 Are your day-to-day activities limited
16 What is your main language? ◆ Tick one box only	because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ English	 ♦ Include problems related to old age ☐ Yes, limited a lot
Other, please write in (including BSL and TACTILE BSL):	Yes, limited a little
	□ No
Page 4	

Individual questions	
20 What passports do you hold? Tick all that apply	23 What is your ethnic group? ◆ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
☐ United Kingdom	background
☐ Ireland	A White Scottish
Other, please write in:	Other British
	☐ Irish
	Polish
None	Gypsy / Traveller
Notice	Roma
21 What religion, religious denomination or	☐ Showman / Showwoman
body do you belong to? ◆ This question is voluntary	Other white ethnic group, please write in:
☐ None	
☐ Church of Scotland	B Mixed or multiple ethnic groups
Roman Catholic	Any mixed or multiple ethnic groups, please write in:
Other Christian, please write in below:	
Muslim, write in denomination or school below:	
Hindu	C Asian, Scottish Asian or British Asian
☐ Buddhist	Pakistani, Scottish Pakistani or British Pakistani
Sikh	☐ Indian, Scottish Indian or British Indian
☐ Jewish	Bangladeshi, Scottish Bangladeshi or British Bangladeshi
☐ Pagan	☐ Chinese, Scottish Chinese or British Chinese
Another religion or body, please write in:	Other, please write in:
22 What do you feel is your national identity?	D African, Scottish African or British African
Tick all that apply	Please write in (for example, NIGERIAN, SOMALI):
Scottish	
☐ English	E Caribbean or Black
☐ Northern Irish	Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):
☐ Welsh	
☐ British	F Other ethnic group
Other, please write in:	Arab, Scottish Arab or British Arab
	Other, please write in (for example, SIKH,
2	JEWISH):
HIVI.O	

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Individual questions	
24 If you are aged 16 or over ⇒ go to 25 If you are aged 15 or under ⇒ go to 41	27 In the last seven days, were you doing any of the following? ♦ Include casual or temporary work, even if only
25 Which of these qualifications do you have? Tick all that apply	for one hour ♦ Tick all that apply Working as an employee go to 33
O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent Apprenticeship (trade or equivalent)	 Self-employed or freelance → go to 33 Temporarily away from work ill, on holiday or temporarily laid off → go to 33 On maternity or paternity leave → go to 33 Doing any other kind of paid work → go to 33
Apprenticeship (Foundation or equivalent)	☐ None of the above
Apprenticeship (Modern or equivalent) Apprenticeship (Graduate or equivalent)	28 Which of the following describes what you were doing in the last seven days? Tick all that apply
GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent	Retired (whether receiving a pension or not) Studying Looking after home or family
GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent	Long-term sick or disabled Other
☐ HNC, HND, SVQ level 4 or equivalent	29 In the last four weeks, were you actively looking for any kind of paid work?
Other school qualifications not already mentioned (including foreign qualifications)	Yes No
Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)	30 If a job became available now, could you start it within two weeks? Yes No
Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent	31 In the last seven days, were you waiting to start a job already accepted?
Professional qualifications (for example, teaching, nursing, accountancy)	Yes No 32 Have you ever done any paid work?
Other Higher Education qualifications not already mentioned (including foreign qualifications)	Yes, in the last 12 months Yes, but not in the last 12 months
☐ No qualifications	No, have never worked → go to 41 33 Answer the remaining questions for your
26 Have you previously served in the UK Armed Forces? Current serving members should only tick 'No'	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
□ No □ Yes, previously served in Regular Armed Forces □ Yes, previously served in Reserve Armed Forces	34 In your main job, what is (was) your employment status? □ Employee □ Self-employed or freelance without employees
Yes, previously served in Reserve Armed Forces	Self-employed with employees
Page 6	

Individual questions	□
35 What is (was) the name of the organisation or business you work (worked) for? ◆ If you are (were) self-employed in your own business, please write in your business name:	41 If you currently work or study (or both) → go to 42 If you do not currently work or study, including if you are retired → go to 44
or No organisation or work (worked) for a private individual	42 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 Work mainly at, or from, home ◆ go to 44
36 What is (was) your full job title? ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER ◆ Do not state your grade or pay band	Distance learning, home schooled or equivalent → go to 44 No fixed place → go to 43 Work on an offshore installation → go to 43 The address below, please write in:
37 Briefly describe what you do (did) in your main job.	Postcode The address entered above is my place of Work Study
38 What is (was) the main activity of your organisation, business or freelance work? For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT 39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?	43 How do you usually travel to your main job or course of study (including school)? Answer for your usual travel to the place where you spend the most time Tick the box for the longest part of your journey by distance Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach Train Underground, subway or tram Other
☐ Yes ☐ No	44 There are no more individual questions.
40 In your main job, how many hours a week do (did) you usually work? ♦ Include paid and unpaid overtime 0 to 15 16 to 30 31 to 48 49 or more	 Remember to sign the declaration on page 1 Post the questionnaire back using the pre-paid envelope provided
	Page 7

SCHEDULE 7

Regulation 3(16)

Paper Communal Establishment Questionnaire



Communal Establishment Questionnaire (CE)

21 March 2021

		If there is a mistake in the printed address, please write your correct address below: Postcode
	Scotland's Census 2021	Completing online
	Scotland's Census is the official count of every person in the country.	You can complete this questionnaire online. Visit www.census.gov.scot and use the code below.
	The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.	Your Internet Access Code:
H	What we would like you to do	Help and support
	Please complete this questionnaire on paper or online at www.census.gov.scot	Refer to the Guidance Note for Managers for information on what you need to do and how to get help if you need it.
	You should provide information that is correct as of Sunday, 21 March 2021.	You can also visit www.census.gov.scot for more help.
	As the manager or person in charge, you have a legal duty to complete this questionnaire. You also have a legal responsibility to make arrangements for an individual questionnaire to be completed for any resident who is under 16 years of age or is incapable of doing so themselves.	What you have to do Identify all usual residents and visitors to your establishment Number of usual residents:
	You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to	Number of visitors:
	a question, or if you sign a false document. In some cases, you may receive a criminal record and fine.	Refer to the Guidance Note for Managers for full instructions.
	Our pledge to you	Declaration
	Your census return will be kept secure and will be kept confidential for 100 years.	The information provided in this questionnaire is full and accurate, as far as I know. Signature
v1.0	Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future	Date

	Establishment questions		
Ħ	How to fill in this questionnaire		
	This questionnaire will be scanned by a computer. To make sure we record your answers correctly, please follow the instructions below:		
	use a black ink ballpoint pen		
	 tick your answers within the box like this:	correct any mistakes like this:	
	DO NOT draw a line through questions or pages. T	he computer may mistake this for an answer.	
	1 What is the nature of this establishment? ♦ Tick one box only	2 For questions 3 and 4 if there are no residents, write in number zero like this: 0	
	Medical and care	3 How many female residents usually reside	
	General hospital	at this establishment in each of the age ranges below?	
	Mental health hospital (including inpatient units)	0 to 15 years old	
	Other hospital		
	Care home without nursing	16 to 24 years old	
	Care home with nursing	25 to 34 years old	
	Children's home	35 to 49 years old	
	Other medical and care establishment	50 to 64 years old	
	Education	65 years old and over	
	School	4 How many male residents usually reside	
	Halls of residence / student accommodation	at this establishment in each of the age	
	Other educational establishment	ranges below?	
	Armed Forces	0 to 15 years old	
	Defence establishment (including ships)	16 to 24 years old	
	Detention	25 to 34 years old	
	Prison or young offenders' institution	35 to 49 years old	
	Immigration removal centre	50 to 64 years old	
	Travel	65 years old and over	
	Hotel, guest house, B&B, youth hostel	5 Who is responsible for the management of	
	Leisure / holiday establishment	this establishment? Tick one box only	
	Other travel establishment	_	
	Hostel or shelter	NHS	
	Hostel or shelter for the homeless	Local Authority	
	Other hostel or shelter establishment	Government department or agency	
		Registered social landlord or housing association	
	Other	Charity or voluntary organisation	
	Religious establishment	Private owner or company	
	Staff / worker accommodation only	Higher or further education institution	0
	Other establishment	☐ Other	CEVI
	Page 2		

SCHEDULE 8

Regulation 3(16)

Paper Communal Establishment Individual Questionnaire



Individual Questionnaire (CI)

21 March 2021

	If there is a mistake in the printed address, please write your correct address below: Postcode
Scotland's Census 2021	Completing online
Scotland's Census is the official count of every person in the country. The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.	You can complete this questionnaire online. Visit www.census.gov.scot and use the code below. Your Internet Access Code:
The census will count everyone in Scotland on 21 March 2021, whether they usually live here or not. What we would like you to do Please complete this questionnaire on paper or online at www.census.gov.scot	Help and support The leaflet included has more information about how we can help and support you to complete the census questionnaire. You can also visit www.census.gov.scot for more help or call our helpline FREEPHONE 0800 030 8308.
You should provide information that is correct as of Sunday, 21 March 2021. You have a legal responsibility to complete this questionnaire. You may be prosecuted if you refuse to complete the questionnaire, provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine. The questions about trans status or history, sexual orientation, and religion are voluntary. You do not have to answer these questions if you do	Start here R1 Do you (or the person you are filling this in for) stay here because you are: a resident (for example, patient, student, member of Armed Forces)? a member of staff or the owner? a family member, or partner, of a member of staff or the owner?
Our pledge to you Your census return will be kept secure and will be kept confidential for 100 years. Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future	Declaration I am aged 16 years or over and the information in this questionnaire is full and accurate, as far as I know. The information in this questionnaire is about: me a person aged under 16 years or otherwise incapable of completing the questionnaire Signature Date

Important guidance — before you start]
What you have to do	
answer question R1 on page 1 of this questionnaire	
answer questions 1 to 44 on pages 3 to 7 of this questionnaire	
if you need help to complete your questionnaire, you can ask a family member, carer or the person in charge of your establishment to help you fill it in	
sign the declaration on page 1 and 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, it is their information you need to write in.	
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 a black ink ballpoint pen	
tick your answers within the box like this:	
print your answers, in English, within the boxes like this: SMITH	
use capital letters – one per box	
correct any mistakes like this:	
if a word will not fit on one line, continue on to the next line like this, if possible:	
130 LADYWELL CRESC	
ENT	
DO NOT draw a line through questions or pages. The computer may mistake this for an answer.	CIV1.0
Page 2	

	Individual questions	コ
	1 What is your name? First name(s)	8 Which of the following best describes your sexual orientation? This question is voluntary Answer only if you are aged 16 or over Tick one box only
	2 What is your date of birth? Day Month Year	□ Straight / Heterosexual □ Gay or Lesbian □ Bisexual □ Other sexual orientation, please write in:
((3 What is your sex?	
	Female Male	9 What is your country of birth?
	4 Do you consider yourself to be trans, or have a trans history? ♦ This question is voluntary ♦ Answer only if you are aged 16 or over • Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth	Scotland → go to 11 England → go to 11 Northern Ireland → go to 11 Wales → go to 11 Republic of Ireland
	◆ Tick one box only No	Elsewhere, please write in the current name of
	Yes, please describe your trans status (for example, non-binary, trans man, trans woman):	the country:
	5 On 21 March 2021, what is your legal marital or registered civil partnership status? Never married and never registered in a civil	10 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
	partnership	(11 One year ago, what was your usual
		One year ago, what was your usual address? If you had no usual address one year ago, state the address where you were staying
	Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a civil partnership	The address on the front of the questionnaire Student term-time / boarding school address in the UK, please write in below: Another address in the UK, please write in:
	6 Are you a schoolchild or student in full-time education?	
	☐ Yes ☐ No ➡ go to 8	Postcode
	7 During term-time, do you live:	
	at the address on the front of this aventionneiro?	Outside the UK, please write in country:
6.	at the address on the front of this questionnaire?	
CIVI.0	at another address? → go to 44	Page 3

Individual questions	
12 Do you look after, or give any help or support to family members, friends,	17 How is your health in general?
neighbours or others because of either: • long-term physical / mental ill-health / disability; or	Very good Good Fair Bad Very bad
 problems related to old age? Do not count anything you do as part of your paid employment 	18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
□ No	♦ Tick all that apply
Yes, 1 to 19 hours a week	Deafness or partial hearing loss
Yes, 20 to 34 hours a week	☐ Blindness or partial sight loss
Yes, 35 to 49 hours a week Yes, 50 or more hours a week	Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
13 How well can you understand, speak, read and write English? ◆ Tick one box in each column	Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
Understand Speak Read Write (spoken)	Learning difficulty (a specific learning condition that affects the way you learn and process information)
Very well	Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
Not at all	Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
14 Can you understand, speak, read and write Scottish Gaelic or Scots? ◆ Tick all that apply	Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
Understand Speak Read Write (spoken)	Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
	Other condition, please write in:
Scots	
□ No skills in either language	
15 Can you use British Sign Language (BSL)?	☐ No condition
☐ Yes ☐ No	
16 What is your main language? ♦ Tick one box only	19 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?
☐ English	♦ Include problems related to old age
Other, please write in (including BSL and TACTILE BSL):	Yes, limited a lot
	☐ Yes, limited a little☐ No
Page 4	

Individual questions	コ
20 What passports do you hold? Tick all that apply	23 What is your ethnic group? ◆ Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or
☐ United Kingdom	background
☐ Ireland	A White
Other, please write in:	Other British
	☐ Irish
	Polish
	Gypsy / Traveller
None	Roma
21 What religion, religious denomination or	Showman / Showwoman
body do you belong to? This question is voluntary	Other white ethnic group, please write in:
□ None	
☐ Church of Scotland	B Mixed or multiple ethnic groups
Roman Catholic	Any mixed or multiple ethnic groups, please write in:
Other Christian, please write in below:	
☐ Muslim, write in denomination or school below:	
Hindu	C Asian, Scottish Asian or British Asian
☐ Buddhist	Pakistani, Scottish Pakistani or British
☐ Sikh	Pakistani Indian, Scottish Indian or British Indian
☐ Jewish	☐ Bangladeshi, Scottish Bangladeshi or British
☐ Pagan	Bangladeshi Chinese, Scottish Chinese or British Chinese
Another religion or body, please write in:	Other, please write in:
	D African, Scottish African or British African
22 What do you feel is your national identity? Tick all that apply	Please write in (for example, NIGERIAN, SOMALI):
☐ Scottish	
☐ English	E Caribbean or Black
☐ Northem Irish	☐ Please write in (for example, SCOTTISH
Welsh	CARIBBEAN, BLACK SCOTTISH):
British	
Other, please write in:	F Other ethnic group
Outer, please write in.	Arab, Scottish Arab or British Arab
	Other, please write in (for example, SIKH, JEWISH):
L	Page 5

Individual questions	
24 If you are aged 16 or over ⇒ go to 25 If you are aged 15 or under ⇒ go to 41	27 In the last seven days, were you doing any of the following? ♦ Include casual or temporary work, even if only
25 Which of these qualifications do you have? ♦ Tick all that apply	for one hour ◆ Tick all that apply ☐ Working as an employee go to 33
O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent Apprenticeship (trade or equivalent) Apprenticeship (Foundation or equivalent)	Self-employed or freelance → go to 33 Temporarily away from work ill, on holiday or temporarily laid off → go to 33 On maternity or paternity leave → go to 33 Doing any other kind of paid work → go to 33 None of the above
Apprenticeship (Modern or equivalent) Apprenticeship (Graduate or equivalent)	28 Which of the following describes what you were doing in the last seven days? ♦ Tick all that apply ☐ Retired (whether receiving a pension or not)
GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent GSVQ Advanced, SVQ level 3, ONC, OND,	Studying Looking after home or family Long-term sick or disabled
SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent HNC, HND, SVQ level 4 or equivalent	Other 29 In the last four weeks, were you actively looking for any kind of paid work?
Other school qualifications not already mentioned (including foreign qualifications)	Yes No 30 If a job became available now, could you
Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)	start it within two weeks? Yes No
Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent	31 In the last seven days, were you waiting to start a job already accepted?
Professional qualifications (for example, teaching, nursing, accountancy)	32 Have you ever done any paid work?
Other Higher Education qualifications not already mentioned (including foreign qualifications)	Yes, in the last 12 months Yes, but not in the last 12 months No, have never worked go to 41
No qualifications	33 Answer the remaining questions for your main job or, if not working, your last main
26 Have you previously served in the UK Armed Forces? ◆ Current serving members should only tick 'No'	job. ♦ Your main job is the job in which you usually work (worked) the most hours
 No Yes, previously served in Regular Armed Forces Yes, previously served in Reserve Armed Forces 	34 In your main job, what is (was) your employment status? Employee Self-employed or freelance without employees Self-employed with employees
Page 6	

Individual questions	
35 What is (was) the name of the organisation or business you work (worked) for? ♦ If you are (were) self-employed in your own business, please write in your business name:	41 If you currently work or study (or both) → go to 42 If you do not currently work or study, including if you are retired → go to 44
or □ No organisation or work (worked) for a private individual 36 What is (was) your full job title? ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER ◆ Do not state your grade or pay band 37 Briefly describe what you do (did) in your main job.	42 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 □ Work mainly at, or from, home ⇒ go to 44 □ Distance learning, home schooled or equivalent ⇒ go to 44 □ No fixed place ⇒ go to 43 □ Work on an offshore installation ⇒ go to 43 □ The address below, please write in: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	The address entered above is my place of Work Study
38 What is (was) the main activity of your organisation, business or freelance work? ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT	43 How do you usually travel to your main job or course of study (including school)? ◆ Answer for your usual travel to the place where you spend the most time ◆ Tick the box for the longest part of your journey by distance ◆ Tick one box only Driving a car or van Passenger in a car or van Taxi or private hire Motorcycle, scooter or moped On foot Bicycle Bus, minibus or coach
	☐ Train ☐ Underground, subway or tram
39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?	Other
Yes No 40 In your main job, how many hours a week	44 There are no more individual questions.
do (did) you usually work? ♦ Include paid and unpaid overtime 0 to 15 16 to 30 31 to 48 49 or more	 Remember to sign the declaration on page 1 Post the questionnaire back using the pre-paid envelope provided
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EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are made under the Census Act 1920. They are made for the purpose of enabling the Census (Scotland) Order 2020 ("the Order") to be carried into effect.

Regulation 3 sets out how a person required to make a return under the Order can make that return and when their obligation is discharged. It introduces schedules 1 to 4 which set out the questions, instructions and response options that a person making a return will be required to respond to if making a return online or by telephone, and schedules 5 to 8 which contain the questionnaires that a person making a return on paper will be required to use. The questions, instructions and response options in schedules 1 to 4 may be modified or translated for the purpose of making it easier for a person making a return to understand those questions, instructions and response options. The Registrar General may also modify the questionnaires in schedules 5 to 8 may for the purpose of making those questionnaires easier for a person making a return to understand or use.

Regulation 4 places duties on persons in charge of communal establishments to pass on access codes for online returns or paper questionnaires to those in their establishment required to make a return. (These access codes and questionnaires will have been provided by the Registrar General.) It also places a duty on those persons to collect completed paper questionnaires and deliver them to the Registrar General.

Regulation 5 imposes a duty to provide information reasonably required by the person obliged to make a census return to enable them to do so.

Regulation 6 provides that information given for census purposes must not be used, published or communicated other than for the purpose of the Census Act 1920, the Order or these Regulations.

Regulation 7 revokes the Census (Scotland) Regulations 2010 and the Census (Scotland) Amendment Regulations 2010.