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SCOTTISH STATUTORY INSTRUMENTS

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**2020 No. 143**

**CENSUS**

**The Census (Scotland) Regulations 2020**

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

The Scottish Ministers make the following Regulations in exercise of the powers conferred by section 3(1) of the Census Act 1920<sup>(1)</sup> 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<sup>(2)</sup>,

“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—

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(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 pre-paid, 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.

### **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

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

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## SCHEDULE 1

Regulation 3(16)

## Electronic Questionnaire - Household Questions

(1) Question	(2) Instruction for respondent	(3) Response 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.	<input type="checkbox"/> Yes, this is my permanent or family home  <input type="checkbox"/> No, I don't usually live here
Does anyone usually live at [address]?	The respondent is required to include: <ul style="list-style-type: none"> <li>✓ Family members including partners, children and babies born on or before 21 March 2021.</li> <li>✓ Students and/or schoolchildren who live away from home during term-time.</li> <li>✓ Housemates/flatmates or lodgers.</li> <li>✓ People staying temporarily who usually live in the UK but do not have another UK address.</li> <li>✓ People who usually live outside the UK who are staying in the UK for 6 months or more.</li> </ul> The respondent is required to select one option only.	<input type="checkbox"/> Yes  <input type="checkbox"/> No, no-one counts this address as their permanent or family home
Does anyone else usually live at [address]?	The respondent is required to include: <ul style="list-style-type: none"> <li>✓ Family members including partners, children and babies born on or before 21</li> </ul>	<input type="checkbox"/> Yes, I need to add someone else  <input type="checkbox"/> No, there is no-one else living

SCHEDULE 2

Regulation 3(16)

Electronic Questionnaire – Household Individual Questions

(1) Question	(2) Instruction for respondent	(3)
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?	<p>The respondent is required to select one option only.</p> <p>A voluntary question about trans status or history will follow if the respondent is aged 16 or over.</p>	<input type="checkbox"/> Female <input type="checkbox"/> Male
Do you consider yourself to be trans, or have a trans history?	<p>This question is voluntary.</p> <p>Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects “yes” to this question they may type how they describe their trans status in the box provided, for example, non-binary, trans man, trans</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman)

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## SCHEDULE 3

Regulation 3(16)

## Electronic Questionnaire – Communal Establishment

(1) Question	(2) Instruction for respondent	(3) 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.	<input type="checkbox"/> Medical and care (including care homes, children's homes or hospitals) <input type="checkbox"/> Education (including halls of residence, student accommodation or schools) <input type="checkbox"/> Armed Forces (Defence establishments including ships) <input type="checkbox"/> Detention (including prisons) <input type="checkbox"/> Travel (including hotels, B&B's, youth hostels or other travel establishments) <input type="checkbox"/> Hostel or shelter (including shelters for the homeless) <input type="checkbox"/> Other (including religious establishments or staff / worker accommodation)
What is the nature of this medical or care establishment?	The respondent is required to select one option only.	<input type="checkbox"/> General hospital <input type="checkbox"/> Mental health hospital (including inpatient units) <input type="checkbox"/> Other hospital <input type="checkbox"/> Care home without nursing <input type="checkbox"/> Care home with nursing <input type="checkbox"/> Children's home <input type="checkbox"/> Other medical and care establishments
What is the nature of this education establishment?	The respondent is required to select one option only.	<input type="checkbox"/> School <input type="checkbox"/> Halls of residence / student accommodation <input type="checkbox"/> Other educational establishments
What is the nature of this detention establishment?	The respondent is required to select one option only.	<input type="checkbox"/> Prison or young offenders' institution <input type="checkbox"/> Immigration removal centre
What is the nature of this accommodation establishment?	The respondent is required to select one option only.	<input type="checkbox"/> Hotel, guest house, B&B, youth hostels



SCHEDULE 4

Regulation 3(16)

Electronic Questionnaire - Communal Establishment - Individual Questions

(1) Question	(2) Instruction for respondent	(3) Response 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.	<input type="checkbox"/> A resident (for example, patient, student member of Armed Forces)? <input type="checkbox"/> A member of staff or the owner? <input type="checkbox"/> A family member, or partner, of a member of staff or the owner?
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.  A voluntary question about trans status or history will follow if the respondent is aged 16 or over.	<input type="checkbox"/> Female <input type="checkbox"/> Male
Do you consider yourself to be trans, or have a trans history?	This question is voluntary.  Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.  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 status in the box	<input type="checkbox"/> No  <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman)



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## Important guidance — before you start

### 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](http://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: 

S	M	I	T	H															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- use capital letters – one per box
- correct any mistakes like this: 

S	M	<del>E</del>	I	T	H														
---	---	--------------	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 or 

S	M	E	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	A	D	Y	W	E	L	L		C	R	E	S	C		
				E	N	T													

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

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## Household 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?

### H3 Starting with the householder(s), list the names of the people counted in question H2, including children and babies.

	First name(s)	Last name
Person 1	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>

- ◆ 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 Counting only the people you included in question H4, how many people are staying at this 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**

- ◆ 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

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## Household questions — relationships

**H6 How are the members of this household related to each other?**

- ◆ If there are more than five people, contact us to request a Continuation Questionnaire(s)
- ◆ If you live alone → go to H7
- ◆ If no-one usually lives here and there are no visitors staying overnight here on 21 March 2021 → go to H7

**Example:**

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 ↓

<b>Name of Person 1</b>	<b>Name of Person 2</b>
First name(s) M A R Y	First name(s) R O B E R T
Last name S M I T H	Last name S M I T H
	Relationship of Person 2 to Person: <b>1</b>
	Husband or wife <input checked="" type="checkbox"/>
	Registered civil partner <input type="checkbox"/>
	Partner <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>
	Step-child <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>
	.....

- ◆ 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.

<b>Name of Person 1</b>	<b>Name of Person 2</b>
First name(s) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	First name(s) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Last name [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Last name [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
	Relationship of Person 2 to Person: <b>1</b>
	Husband or wife <input type="checkbox"/>
	Registered civil partner <input type="checkbox"/>
	Partner <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>
	Step-child <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>
	Step-brother or step-sister <input type="checkbox"/>
	Mother or father <input type="checkbox"/>
	Step-mother or step-father <input type="checkbox"/>
	Grandchild <input type="checkbox"/>
	Grandparent <input type="checkbox"/>
	Other relation (including in-laws) <input type="checkbox"/>
	Unrelated (including foster child) <input type="checkbox"/>

↑  
**Write in name of Person 1 here as in question H3**



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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		Last name		Last name	
SMITH		SMITH		SMITH	
Relationship of Person 3 to Persons:		Relationship of Person 4 to Persons:		Relationship of Person 5 to Persons:	
	1 2		1 2 3		1 2 3 4
Husband or wife	<input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered civil partner	<input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	<input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Step-child	<input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	<input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
.....		.....		.....	
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 to Persons:		Relationship of Person 4 to Persons:		Relationship of Person 5 to Persons:	
	1 2		1 2 3		1 2 3 4
Husband or wife	<input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered civil partner	<input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	<input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	<input type="checkbox"/> <input type="checkbox"/>	Son or daughter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Son or daughter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-child	<input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	<input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/> <input type="checkbox"/>	Step-brother or step-sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-brother or step-sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mother or father	<input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandchild	<input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandparent	<input type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/>	Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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## Household questions — accommodation

### H7 What type of accommodation is this?

#### A whole house or bungalow that is:

- detached
- semi-detached
- terraced (including end-terrace)

#### A flat, maisonette, or apartment that is:

- in a tenement or purpose-built block of flats (including '4-in-a-block')
- part of a converted or shared house (including bed-sits)
- in a commercial building (for example, in an office building, hotel or over a shop)

#### A mobile or temporary structure:

- a caravan or other mobile or temporary structure

### H8 Are all the rooms in this accommodation behind a door that only this household can use?

- Yes
- No

### H9 How many bedrooms are available for use only by this household?

- ◆ Include all rooms built or converted for use as bedrooms

Number of bedrooms

### 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
- ◆ Tick **all** that apply

- No central heating
- Mains gas
- Other gas (including liquid petroleum gas and biogas)
- Electric (including storage heating)
- Oil
- Solid fuel (excluding wood)
- Wood or biomass (logs, pellets, chippings)
- Other renewable energy source (including electric and air heat pump systems)
- District or communal heat system
- Other

**H11** If there is no-one usually living here but there are people staying at this address whose permanent or family home is elsewhere

➔ **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 21 March 2021, there are no more questions to answer

➔ **remember to sign the declaration on the front page**

### H12 Does your household own or rent this accommodation?

◆ Tick **one** box only

- Owns with a mortgage or loan ➔ go to H14
- Owns outright ➔ go to H14
- Owns with shared equity (for example, LIFT, Help-to-Buy) ➔ go to H14
- Rents (with or without housing benefit)
- Part owns and part rents (shared ownership) ➔ go to H14
- Lives here rent free

### H13 Who is your landlord?

- Council (Local Authority) or Housing Association / Registered Social Landlord
- Private landlord or letting agency
- Other

### 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
- 1
- 2
- 3
- 4 or more, please write in number

### H15 There are no more household questions.

➔ go to questions for **Person 1** on page 7

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### Individual questions — Person 1

<p><b>1 What is your name?</b> (Person 1 in H3 on page 3)</p> <p>First name(s)  <input type="text"/>  <input type="text"/></p> <p>Last name  <input type="text"/>  <input type="text"/></p>	<p><b>8 Which of the following best describes your sexual orientation?</b>                  ♦ This question is <b>voluntary</b>                  ♦ Answer only if you are aged 16 or over                  ♦ Tick <b>one</b> box only</p> <p><input type="checkbox"/> Straight / Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, please write in:  <input type="text"/></p>
<p><b>2 What is your date of birth?</b></p> <p>Day    Month    Year  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>9 What is your country of birth?</b></p> <p><input type="checkbox"/> Scotland ➔ go to 11</p> <p><input type="checkbox"/> England ➔ go to 11</p> <p><input type="checkbox"/> Northern Ireland ➔ go to 11</p> <p><input type="checkbox"/> Wales ➔ go to 11</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the current name of the country:  <input type="text"/></p>
<p><b>3 What is your sex?</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	<p><b>10 If you were not born in the United Kingdom, when did you most recently arrive to live here?</b>                  ♦ Do not count short visits away from the UK</p> <p>Month    Year  <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>4 Do you consider yourself to be trans, or have a trans history?</b>                  ♦ This question is <b>voluntary</b>                  ♦ 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 <b>one</b> box only</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman):  <input type="text"/></p>	<p><b>11 One year ago, what was your usual address?</b>                  ♦ If you had no usual address one year ago, state the address where you were staying</p> <p><input type="checkbox"/> The address on the front of the questionnaire</p> <p><input type="checkbox"/> Student term-time / boarding school address in the UK, please write in below:</p> <p><input type="checkbox"/> Another address in the UK, please write in:  <input type="text"/>  <input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, please write in country:  <input type="text"/></p>
<p><b>5 On 21 March 2021, what is your legal marital or registered civil partnership status?</b></p> <p><input type="checkbox"/> Never married and never registered in a civil partnership</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a civil partnership</p>	
<p><b>6 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ go to 8</p>	
<p><b>7 During term-time, do you live:</b></p> <p><input type="checkbox"/> at the address on the front of this questionnaire?</p> <p><input type="checkbox"/> at another address? ➔ go to 44</p>	

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### Individual questions — Person 1

**20 What passports do you hold?**  
 ♦ Tick **all** that apply

United Kingdom

Ireland

Other, please write in:

None

---

**21 What religion, religious denomination or body do you belong to?**  
 ♦ This question is **voluntary**

None

Church of Scotland

Roman Catholic

Other Christian, please write in below:

Muslim, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

---

**22 What do you feel is your national identity?**  
 ♦ Tick **all** that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

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

**A White**

Scottish

Other British

Irish

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

**B Mixed or multiple ethnic groups**

Any mixed or multiple ethnic groups, please write in:

**C Asian, Scottish Asian or British Asian**

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

**D African, Scottish African or British African**

Please write in (for example, NIGERIAN, SOMALI):

**E Caribbean or Black**

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

**F Other ethnic group**

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

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### 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

**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)
- 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
- 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 mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

**26** Have you previously served in the UK Armed Forces?  
◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

**27** In the last seven days, were you doing any of the following?

◆ Include casual or temporary work, even if only for one hour  
◆ Tick all that apply

- Working as an employee ➔ go to 33
- 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

**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
- Other

**29** In the last four weeks, were you actively looking for any kind of paid work?

- Yes       No

**30** If a job became available now, could you start it within two weeks?

- Yes       No

**31** In the last seven days, were you waiting to start a job already accepted?

- Yes       No

**32** Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

**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

**34** In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

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### Individual questions — Person 2

**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
- problems related to old age?

◆ Do not count anything you do as part of your paid employment

No

Yes, 1 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

**13 How well can you understand, speak, read and write English?**

◆ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14 Can you understand, speak, read and write Scottish Gaelic or Scots?**

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

**15 Can you use British Sign Language (BSL)?**

Yes       No

**16 What is your main language?**

◆ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

**17 How is your health in general?**

Very good      Good      Fair      Bad      Very bad

**18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?**

◆ Tick **all** that apply

Deafness or partial hearing loss

Blindness or partial sight loss

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

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:

No condition

**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?**

◆ Include problems related to old age

Yes, limited a lot

Yes, limited a little

No

HOv1.0
Page 13





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

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### Individual questions — Person 3

**1 What is your name?**  
(Person 3 in H3 on page 3)

First name(s)

Last name

**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:

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

Day    Month    Year

**9 What is your country of birth?**

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:

**3 What is your sex?**

Female     Male

**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

**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):

**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:

Another address in the UK, please write in:

Postcode

Outside the UK, please write in 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

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

Widowed

Surviving partner from a civil partnership

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

Yes

No ➔ go to 8

**7 During term-time, do you live:**

at the address on the front of this questionnaire?

at another address? ➔ go to 44

HOY1.0
Page 17





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Individual questions — Person 3

20 What passports do you hold?

Tick all that apply

United Kingdom

Ireland

Other, please write in:

Two rows of 12 empty boxes for writing.

None

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

This question is voluntary

None

Church of Scotland

Roman Catholic

Other Christian, please write in below:

Muslim, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

One row of 12 empty boxes for writing.

22 What do you feel is your national identity?

Tick all that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

Two rows of 12 empty boxes for writing.

HOV1.0

23 What is your ethnic group?

Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background

A White

Scottish

Other British

Irish

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

One row of 12 empty boxes for writing.

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

One row of 12 empty boxes for writing.

One row of 12 empty boxes for writing.

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

One row of 12 empty boxes for writing.

D African, Scottish African or British African

Please write in (for example, NIGERIAN, SOMALI):

One row of 12 empty boxes for writing.

E Caribbean or Black

Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

One row of 12 empty boxes for writing.

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please write in (for example, SIKH, JEWISH):

One row of 12 empty boxes for writing.

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### Individual questions — Person 3

**24** If you are aged 16 or over ➔ go to 25  
If you are aged 15 or under ➔ go to 41

**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)
- 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
- 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 mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

**26** Have you previously served in the UK Armed Forces?  
◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

**27** In the last seven days, were you doing any of the following?

◆ Include casual or temporary work, even if only for one hour  
◆ Tick all that apply

- Working as an employee ➔ go to 33
- 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

**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
- Other

**29** In the last four weeks, were you actively looking for any kind of paid work?

- Yes       No

**30** If a job became available now, could you start it within two weeks?

- Yes       No

**31** In the last seven days, were you waiting to start a job already accepted?

- Yes       No

**32** Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

**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

**34** In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

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### Individual questions — Person 4

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





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### Individual questions — Person 4

**20 What passports do you hold?**

◆ Tick **all** that apply

- United Kingdom
- Ireland
- Other, please write in:
- None

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

◆ This question is **voluntary**

- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in below:
- Muslim, write in denomination or school below:
- Hindu
- Buddhist
- Sikh
- Jewish
- Pagan
- Another religion or body, please write in:

**22 What do you feel is your national identity?**

◆ Tick **all** that apply

- Scottish
- English
- Northern Irish
- Welsh
- British
- Other, please write in:

**23 What is your ethnic group?**

◆ Choose **ONE** section from A to F, then tick **ONE** box which **best describes** your ethnic group or background

**A White**

- Scottish
- Other British
- Irish
- Polish
- Gypsy / Traveller
- Roma
- Showman / Showwoman
- Other white ethnic group, please write in:

**B Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups, please write in:

**C Asian, Scottish Asian or British Asian**

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

**D African, Scottish African or British African**

- Please write in (for example, NIGERIAN, SOMALI):

**E Caribbean or Black**

- Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

**F Other ethnic group**

- Arab, Scottish Arab or British Arab
- Other, please write in (for example, SIKH, JEWISH):

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**Individual questions — Person 4**

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

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### Individual questions — Person 5

**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

**3 What is your sex?**

Female     Male

**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):

**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  
 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  
 Widowed  
 Surviving partner from a civil partnership

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

Yes  
 No ➔ go to 8

**7 During term-time, do you live:**

at the address on the front of this questionnaire?  
 at another address? ➔ go to 44

**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:

**9 What is your country of birth?**

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:

**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 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:  
 Another address in the UK, please write in:  
  
  
  
Postcode

Outside the UK, please write in country:

HOY1 0

Page 27







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### 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

**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)
- 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
- 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 mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

**26** Have you previously served in the UK Armed Forces?  
◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

**27** In the last seven days, were you doing any of the following?

◆ Include casual or temporary work, even if only for one hour  
◆ Tick all that apply

- Working as an employee ➔ go to 33
- 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

**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
- Other

**29** In the last four weeks, were you actively looking for any kind of paid work?

- Yes       No

**30** If a job became available now, could you start it within two weeks?

- Yes       No

**31** In the last seven days, were you waiting to start a job already accepted?

- Yes       No

**32** Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

**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

**34** In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

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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?**

First name(s)

Last name

**V2 What is this person's date of birth?**

Day Month Year

**V3 What is this person's sex?**

Female  Male

**V4 What is this person's usual UK address?**





Postcode



Outside the UK, please write in country:

#### Person B

**V1 What is this person's name?**

First name(s)

Last name

**V2 What is this person's date of birth?**

Day Month Year

**V3 What is this person's sex?**

Female  Male

**V4 What is this person's usual UK address?**

Same as Person A





Postcode



Outside the UK, please write in country:

#### Person C

**V1 What is this person's name?**

First name(s)

Last name

**V2 What is this person's date of birth?**

Day Month Year

**V3 What is this person's sex?**

Female  Male

**V4 What is this person's usual UK address?**

Same as Person A





Postcode



Outside the UK, please write in country:

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SCHEDULE 6

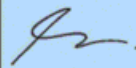
Regulation 3(16)

Paper Household Individual Questionnaire



Individual Questionnaire (H1)

21 March 2021

	<p>If there is a <b>mistake</b> in the printed address, please write your correct address below:</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: right;">Postcode</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p><b>Scotland's Census 2021</b></p> <p>Scotland's Census is the official count of every person and household in the country.</p> <p>The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.</p> <p><b>What we would like you to do</b></p> <p>Please complete this questionnaire on paper or online at <a href="http://www.census.gov.scot">www.census.gov.scot</a></p> <p>You should provide information that is correct as of Sunday, 21 March 2021.</p> <p>As you have requested to complete an individual census questionnaire, you have a legal responsibility to complete it. 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.</p> <p>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.</p> <p>Please make sure you are listed as a household member on the Household Questionnaire.</p>	<p><b>Completing online</b></p> <p>You can complete this questionnaire online. Visit <a href="http://www.census.gov.scot">www.census.gov.scot</a> and use the code below.</p> <p>Your Internet Access Code:</p>																																																																																																				
<p><b>Our pledge to you</b></p> <p>Your census return will be kept secure and will be kept confidential for 100 years.</p>  <p>Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future</p>	<p><b>Help and support</b></p> <p>The leaflet included has more information about how we can help and support you to complete the census questionnaire.</p> <p>You can also visit <a href="http://www.census.gov.scot">www.census.gov.scot</a> for more help or call our helpline FREEPHONE 0800 030 8308.</p>																																																																																																				
	<p><b>Start here</b></p> <p>Please make sure you are listed as a household member on the Household Questionnaire.</p> <p>Copy your person number, as given in question <b>H3</b> on a Household Questionnaire, or in question <b>C2</b> on a Continuation Questionnaire, here:</p> <p>Person number <input type="text"/> <input type="text"/></p> <p>Please refer to <b>page 2</b> for full instructions.</p>																																																																																																				
	<p><b>Declaration</b></p> <p>The information provided in this questionnaire is full and accurate, as far as I know.</p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>																																																																																																				

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## 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

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: 

S	M	I	T	H															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- use capital letters – one per box
- correct any mistakes like this: 

S	M	<del>E</del>	I	T	H														
---	---	--------------	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 or 

S	M	<del>E</del>	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	A	D	Y	W	E	L	L		C	R	E	S	C		
E	N	T																	

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

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### Individual questions

**1 What is your name?**

First name(s)  
  
 Last name

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

Day    Month    Year

**3 What is your sex?**

Female     Male

**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):

**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
- 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
- Widowed
- Surviving partner from a civil partnership

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

Yes  
 No ➔ go to 8

**7 During term-time, do you live:**

at the address on the front of this questionnaire?  
 at another address? ➔ go to 44

**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:

**9 What is your country of birth?**

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:

**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 address?**

- ◆ If you had no usual address one year ago, state the address where you were staying

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:  
  
  
 Postcode

Outside the UK, please write in country:



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### Individual questions

**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
- problems related to old age?

◆ Do not count anything you do as part of your paid employment

No

Yes, 1 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 or more hours a week

**13 How well can you understand, speak, read and write English?**

◆ Tick **one** box in each column

	Understand (spoken)	Speak	Read	Write
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14 Can you understand, speak, read and write Scottish Gaelic or Scots?**

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

No skills in either language

**15 Can you use British Sign Language (BSL)?**

Yes  No

**16 What is your main language?**

◆ Tick **one** box only

English

Other, please write in (including BSL and TACTILE BSL):

\_\_\_\_\_

**17 How is your health in general?**

Very good    Good    Fair    Bad    Very bad

**18 Do you have any of the following, which have lasted, or are expected to last, at least 12 months?**

◆ Tick **all** that apply

Deafness or partial hearing loss

Blindness or partial sight loss

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)

Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

Mental health condition (a condition that affects your emotional, physical and mental wellbeing)

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:

\_\_\_\_\_

\_\_\_\_\_

No condition

**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?**

◆ Include problems related to old age

Yes, limited a lot

Yes, limited a little

No

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### Individual questions

**20 What passports do you hold?**

◆ Tick **all** that apply

- United Kingdom
- Ireland
- Other, please write in:
- None

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

◆ This question is **voluntary**

- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in below:
- Muslim, write in denomination or school below:
- Hindu
- Buddhist
- Sikh
- Jewish
- Pagan
- Another religion or body, please write in:

**22 What do you feel is your national identity?**

◆ Tick **all** that apply

- Scottish
- English
- Northern Irish
- Welsh
- British
- Other, please write in:

**23 What is your ethnic group?**

◆ Choose **ONE** section from A to F, then tick **ONE** box which **best describes** your ethnic group or background

**A White**

- Scottish
- Other British
- Irish
- Polish
- Gypsy / Traveller
- Roma
- Showman / Showwoman
- Other white ethnic group, please write in:

**B Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups, please write in:

**C Asian, Scottish Asian or British Asian**

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

**D African, Scottish African or British African**

- Please write in (for example, NIGERIAN, SOMALI):

**E Caribbean or Black**

- Please write in (for example, SCOTTISH CARIBBEAN, BLACK SCOTTISH):

**F Other ethnic group**

- Arab, Scottish Arab or British Arab
- Other, please write in (for example, SIKH, JEWISH):

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### Individual questions

**24** If you are aged 16 or over ➔ go to 25  
If you are aged 15 or under ➔ go to 41

**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)
- 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
- 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 mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

**26** Have you previously served in the UK Armed Forces?  
◆ Current serving members should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

**27** In the last seven days, were you doing any of the following?

◆ Include casual or temporary work, even if only for one hour  
◆ Tick all that apply

- Working as an employee ➔ go to 33
- 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

**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
- Other

**29** In the last four weeks, were you actively looking for any kind of paid work?

- Yes       No

**30** If a job became available now, could you start it within two weeks?

- Yes       No

**31** In the last seven days, were you waiting to start a job already accepted?

- Yes       No

**32** Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to 41

**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

**34** In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

Hiv1.0







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SCHEDULE 7


Regulation 3(16)

Paper Communal Establishment Questionnaire



Communal Establishment Questionnaire (CE)

21 March 2021

	<p>If there is a <b>mistake</b> in the printed address, please write your correct address below:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>Scotland's Census 2021</b></p> <p>Scotland's Census is the official count of every person in the country.</p> <p>The census is held every ten years and the answers you give to the questions will help shape Scotland's future public services.</p> <p><b>What we would like you to do</b></p> <p>Please complete this questionnaire on paper or online at <a href="http://www.census.gov.scot">www.census.gov.scot</a></p> <p>You should provide information that is correct as of Sunday, 21 March 2021.</p> <p>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.</p> <p>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.</p>	<p><b>Completing online</b></p> <p>You can complete this questionnaire online. Visit <a href="http://www.census.gov.scot">www.census.gov.scot</a> and use the code below.</p> <p>Your Internet Access Code:</p>
<p><b>Our pledge to you</b></p> <p>Your census return will be kept secure and will be kept confidential for 100 years.</p> <p></p> <p>Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future</p>	<p><b>Help and support</b></p> <p>Refer to the Guidance Note for Managers for information on what you need to do and how to get help if you need it.</p> <p>You can also visit <a href="http://www.census.gov.scot">www.census.gov.scot</a> for more help.</p> <p><b>What you have to do</b></p> <p>Identify all usual residents and visitors to your establishment</p> <p>Number of usual residents: <input type="text"/></p> <p>Number of visitors: <input type="text"/></p> <p>Refer to the Guidance Note for Managers for full instructions.</p> <p><b>Declaration</b></p> <p>The information provided in this questionnaire is full and accurate, as far as I know.</p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p>

CEV1.0



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## Establishment questions

### 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. The computer may mistake this for an answer.

#### 1 What is the nature of this establishment?

◆ Tick **one** box only

##### Medical and care

- General hospital
- Mental health hospital (including inpatient units)
- Other hospital
- Care home without nursing
- Care home with nursing
- Children's home
- Other medical and care establishment

##### Education

- School
- Halls of residence / student accommodation
- Other educational establishment

##### Armed Forces

- Defence establishment (including ships)

##### Detention

- Prison or young offenders' institution
- Immigration removal centre

##### Travel

- Hotel, guest house, B&B, youth hostel
- Leisure / holiday establishment
- Other travel establishment

##### Hostel or shelter

- Hostel or shelter for the homeless
- Other hostel or shelter establishment

##### Other

- Religious establishment
- Staff / worker accommodation only
- Other establishment

#### 2 For questions 3 and 4 if there are no residents, write in number zero like this:

#### 3 How many female residents usually reside at this establishment in each of the age ranges below?

- |                       |   |
|-----------------------|---|
| 0 to 15 years old     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 16 to 24 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 25 to 34 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 35 to 49 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 50 to 64 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 65 years old and over | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

#### 4 How many male residents usually reside at this establishment in each of the age ranges below?

- |                       |   |
|-----------------------|---|
| 0 to 15 years old     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 16 to 24 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 25 to 34 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 35 to 49 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 50 to 64 years old    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 65 years old and over | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

#### 5 Who is responsible for the management of this establishment?

◆ Tick **one** box only

- NHS
- Local Authority
- Government department or agency
- Registered social landlord or housing association
- Charity or voluntary organisation
- Private owner or company
- Higher or further education institution
- Other

CEV10



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## 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: 

S	M	I	T	H													
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--
- use capital letters – one per box
- correct any mistakes like this: 

S	M	<del>E</del>	I	T	H												
---	---	--------------	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

 or 

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

I	3	0		L	A	D	Y	W	E	L	L		C	R	E	S	C
E	N	T															

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

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<b>Individual questions</b>	
<p><b>1 What is your name?</b></p> <p>First name(s)  <input type="text"/>  <input type="text"/></p> <p>Last name  <input type="text"/>  <input type="text"/></p>	<p><b>8 Which of the following best describes your sexual orientation?</b></p> <p>◆ This question is <b>voluntary</b>                      ◆ Answer only if you are aged 16 or over                      ◆ Tick <b>one</b> box only</p> <p><input type="checkbox"/> Straight / Heterosexual  <input type="checkbox"/> Gay or Lesbian  <input type="checkbox"/> Bisexual  <input type="checkbox"/> Other sexual orientation, please write in:  <input type="text"/></p>
<p><b>2 What is your date of birth?</b></p> <p>Day    Month    Year  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>9 What is your country of birth?</b></p> <p><input type="checkbox"/> Scotland ➔ go to 11  <input type="checkbox"/> England ➔ go to 11  <input type="checkbox"/> Northern Ireland ➔ go to 11  <input type="checkbox"/> Wales ➔ go to 11  <input type="checkbox"/> Republic of Ireland  <input type="checkbox"/> Elsewhere, please write in the current name of the country:  <input type="text"/></p>
<p><b>3 What is your sex?</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	<p><b>10 If you were not born in the United Kingdom, when did you most recently arrive to live here?</b></p> <p>◆ Do not count short visits away from the UK</p> <p>Month    Year  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>4 Do you consider yourself to be trans, or have a trans history?</b></p> <p>◆ This question is <b>voluntary</b>                      ◆ 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 <b>one</b> box only</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman):  <input type="text"/></p>	<p><b>11 One year ago, what was your usual address?</b></p> <p>◆ If you had no usual address one year ago, state the address where you were staying</p> <p><input type="checkbox"/> The address on the front of the questionnaire  <input type="checkbox"/> Student term-time / boarding school address in the UK, please write in below:  <input type="text"/>  <input type="text"/>                      Postcode  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="checkbox"/> Outside the UK, please write in country:  <input type="text"/></p>
<p><b>5 On 21 March 2021, what is your legal marital or registered civil partnership status?</b></p> <p><input type="checkbox"/> Never married and never registered in a civil partnership  <input type="checkbox"/> Married  <input type="checkbox"/> In a registered civil partnership  <input type="checkbox"/> Separated, but still legally married  <input type="checkbox"/> Separated, but still legally in a civil partnership  <input type="checkbox"/> Divorced  <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved  <input type="checkbox"/> Widowed  <input type="checkbox"/> Surviving partner from a civil partnership</p>	
<p><b>6 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No ➔ go to 8</p>	
<p><b>7 During term-time, do you live:</b></p> <p><input type="checkbox"/> at the address on the front of this questionnaire?  <input type="checkbox"/> at another address? ➔ go to 44</p>	

CIV1 0





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### Individual questions

**24** If you are aged 16 or over ➔ go to **25**  
If you are aged 15 or under ➔ go to **41**

**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)
- 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
- 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 mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

**26** Have you previously served in the UK Armed Forces?  
◆ **Current serving members** should only tick 'No'

- No
- Yes, previously served in **Regular** Armed Forces
- Yes, previously served in **Reserve** Armed Forces

**27** In the last seven days, were you doing any of the following?

- ◆ Include casual or temporary work, even if only for one hour
- ◆ Tick **all** that apply
- Working as an employee ➔ go to **33**
- 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

**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
- Other

**29** In the last four weeks, were you actively looking for any kind of paid work?

- Yes  No

**30** If a job became available now, could you start it within two weeks?

- Yes  No

**31** In the last seven days, were you waiting to start a job already accepted?

- Yes  No

**32** Have you ever done any paid work?

- Yes, in the last 12 months
- Yes, but not in the last 12 months
- No, have never worked ➔ go to **41**

**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

**34** In your main job, what is (was) your employment status?

- Employee
- Self-employed or freelance without employees
- Self-employed with employees

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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.