



Scotland's CENSUS

29 APRIL 2001

count me in

This section to be completed by the Census Enumerator

Household Form H4

Name

CD

Address

ED

Form Number

Postcode

* Form 1 of

* Multi-form households only

To the Householder or Joint Householders

Dear Householder

The Census is a count every ten years of all people and households in the country. This is the first to be carried out for the Scottish Parliament, and will be used to improve the economic and social condition of Scotland. Central and local government, health authorities and many other organisations use Census information to allocate resources and plan services for everyone.

Your legal obligation

Completion of the Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. If you refuse to complete the form, or give false information you may be liable to a fine. Questions 13 and 14 about religion are voluntary.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes. Anyone using or disclosing Census information improperly will be liable to prosecution. The information on your Census form will be treated as confidential for a period of 100 years.

Thank you for your co-operation.

J N Randall
REGISTRAR GENERAL FOR SCOTLAND
Edinburgh

What you have to do

- Your household should complete this form in **black or blue ink**. A household is:
 - one person living alone or
 - a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day.
 Any other household at your address should complete its own form.
- In Table 1 on page 2 list the household members living at the above address on the night of 29/30 April 2001. It may help if you use Table 2 to list visitors.
- Answer the questions about your accommodation on page 3.
- Complete the Relationship Section on pages 4 and 5.
- Ensure that a Person Section (three pages) is completed for each household member listed in Table 1.
- When you have finished, please sign the Declaration at the foot of this page.
- Post the form back (with any other forms for the household) in the reply-paid envelope as soon as possible after 29 April 2001.

Census Helpline

For extra forms or help in answering questions:

- Phone 0845 602 2001 (local rate number)
- Text phone for the Deaf 0845 303 2001 (local rate number)
- Website www.gro-scotland.gov.uk

Declaration

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

Signature(s)

Date

Table 1 Household Members

- ◆ Using **black or blue ink**, list all members of your household who usually live at this address, including yourself.
 - Start with the householder or joint householders.
 - Include anyone who is temporarily away from home on the night of 29/30 April 2001 and who usually lives at this address.
 - Include any baby born before 30 April 2001, even if he or she is still in hospital.
 - Include schoolchildren and students if they live at this address during the school, college or university term.
 - Also include schoolchildren and students who are away from home during the school, college or university term **if this is their normal vacation address**. (Only basic information is required in the Person Section.)
 - Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces **if this is the family home**.
 - Include other people with more than one address **if they live at this address for the majority of time**.
 - Include anyone who is staying with you **if he or she has no other usual address**.
- ◆ An *Individual Form* is available with an envelope for anyone who wishes not to disclose information to others in the household. Please leave **blank** the three-page Person Section on this form (or any *Continuation Form*) for anyone who completed an *Individual Form* and ✓ the box for the person in the column marked 'Individual Form'.

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

Table 2 Visitors

- ◆ To help you to complete the form you may use the Table below to list any visitors at this address, on the night of 29/30 April, who usually live elsewhere.
- ◆ Note that visitors from elsewhere in the UK must be included on a Census form at their usual address.
- ◆ If there are **only** visitors in the household at this address, please answer questions **H1** to **H5** on Page 3. Afterwards, please sign the declaration on the front page. No further information is required.

First name and surname of visitor	Usual address

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

How to Complete the Remaining Questions

Remember to use black or blue ink.

Put a tick in the appropriate box, like this . If you mark the wrong box, fill in the box and put a tick in the right one, like this

If you tick a box with an instruction like **▶ Go to H11**, you should move on to the question indicated.

Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit. See example on right.

12 What is your country of birth?

Elsewhere, please write in the present name of the country

S	O	U	T	H					
A	F	R	I	C	A				

Household Accommodation

H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

- Detached
- Semi-detached
- Terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- In a purpose-built block of flats or tenement
- Part of a converted or shared house (includes bed-sits)
- In a commercial building (for example, in an office building, or hotel, or over a shop)

Mobile or temporary structure:

- A caravan or other mobile or temporary structure

H2 Is your household's accommodation self-contained?

◆ This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.

- Yes, all the rooms are behind a door that only our household can use
- No

H3 How many rooms do you have for use only by your household?

- ◆ Do not count bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.
- ◆ Do count all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies.
- ◆ If two rooms have been converted into one, count them as one room.

Number of rooms

--	--

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

- Yes
- No

H5 What is the lowest floor level of your household's living accommodation?

- Basement or semi-basement
- Ground floor (street level)
- First floor (floor above street level)
- Second floor
- Third or fourth floor
- Fifth floor or higher

H6 Does your accommodation have central heating?

◆ If you have central heating available, tick 'Yes' whether or not you use it.

◆ Central heating includes:

- gas, oil or solid fuel central heating
- night storage heaters
- warm air heating
- underfloor heating

- Yes, in some or all rooms
- No

H7 How many cars or vans are owned, or available for use, by one or more members of your household?

◆ Include any company car or van if available for private use.

- None
- One
- Two
- Three
- Four or more, please write in number

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H8 Does your household own or rent the accommodation?

◆ **one box only.**

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

Pays part rent and part mortgage (shared ownership)

▶ Go to H11

Rents

▶ Go to H9

Lives here rent free

▶ Go to H9

H9 Who is your landlord?

- Council (Local Authority) Scottish Homes
- Housing Association Housing Co-operative Charitable Trust Non-profit housing company
- Private landlord or letting agency
- Employer of a household member
- Relative or friend of a household member
- Other

H10 Is the accommodation provided furnished or unfurnished?

- Furnished
- Unfurnished

H11 Please turn the page.

Household Members and their Relationships within the Household

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

Name of Person 1	Name of Person 2	Name of Person 3
First name JOHN Surname SMITH	First name MARY Surname SMITH	First name ALISON Surname SMITH
<p>ENTER NAME OF PERSON 1 ABOVE</p>	Relationship of Person 2 to Person → 1 Husband or wife <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Son or daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or sister <input type="checkbox"/>	Relationship of Person 3 to Person → 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/> Partner <input type="checkbox"/> <input type="checkbox"/> Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Step-child <input type="checkbox"/> <input type="checkbox"/> Brother or sister <input type="checkbox"/> <input type="checkbox"/>

- ◆ Use the same order and Person numbers as in Table 1 (page 2), starting with Person 1.
- ◆ Print the name of each household member in the space at the top of each column.
- ◆ ✓ a box to show the relationship of each person to other members of your household.
- ◆ Provide information on relationships for all household members whether or not they are using an *Individual Form* for privacy reasons.

SPENCER MEN

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

Name of Person 4

First name	STEVEN
Surname	SMITH

Relationship of

Person 4 to Person → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 5

First name	JAMES
Surname	SMITH

Relationship of

Person 5 to Person → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 4

First name	D
Surname	S

Relationship of

Person 4 to Person → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 5

First name	M
Surname	M

Relationship of

Person 5 to Person → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ◆ On the following pages a three-page Person Section should be completed for each member of your household using the same order and Person numbers as in Table 1 (page 2).
- ◆ Where a household member is completing an *Individual Form* for privacy reasons, leave **blank** his or her three-page Person Section on this form (or on any *Continuation Form*).

Person 1 - continued

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

- Yes No

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

- Yes No

23 Last week, were you any of the following?

♦ *✓ all the boxes that apply.*

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

24 Have you ever worked?

- Yes, *please write in the year you last worked*

▶ Go to **25**

- No, have never worked

▶ Go to **34**

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

♦ *Your main job is the job in which you usually work the most hours.*

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

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

27 Do (did) you supervise any other employees?

♦ *A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.*

- Yes No

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

♦ *If you are (were) self-employed, ✓ to show how many people you employ (employed) including yourself.*

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

29 How many hours (to the nearest full hour) a week do (did) you usually work in your main job?

♦ *Give average for last four weeks.* Number of hours worked a week

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

♦ *For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.*

♦ *Civil Servants, Local Government Officers - give job title not grade or pay band.*

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

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

♦ *Please write in or ✓ one box below as appropriate.*

♦ *If you have your own business, write in the name*

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

33 What is (was) the business of the organisation which you named above at Question 32?

♦ *For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.*

♦ *Civil Servants, Local Government Officers please specify your Department.*

34 Which of these qualifications do you have?

♦ *✓ all boxes that apply.*

- 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent
 Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent
 GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent
 GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
 HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent
 First Degree, Higher Degree
 Professional Qualifications (for example, teaching, accountancy)
 None of these

35 If there is only 1 household member please sign the Declaration on front page leaving the rest of the form blank. Otherwise go to questions for Person 2.

Person 2 - continued

12 What is your country of birth?

- Scotland
- England
- Wales
- Northern Ireland
- Republic of Ireland
- Elsewhere, *please write in the present name of the country*

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

- None
- Church of Scotland
- Roman Catholic
- Other Christian, *please write in*

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- Buddhist
- Hindu
- Muslim
- Another Religion, *please write in*
- Jewish
- Sikh

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14 What religion, religious denomination or body were you brought up in?

- None
- Church of Scotland
- Roman Catholic
- Other Christian, *please write in*

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- Buddhist
- Hindu
- Muslim
- Another Religion, *please write in*
- Jewish
- Sikh

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15 What is your ethnic group?

◆ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.

A White

- Scottish
- Other British
- Irish
- Any other White background, *please write in*

--

B Mixed

- Any Mixed background, *please write in*

--

C Asian, Asian Scottish or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, *please write in*

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D Black, Black Scottish or Black British

- Caribbean
- African
- Any other Black background, *please write in*

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E Other ethnic background

- Any other background, *please write in*

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

◆ ✓ all the boxes that apply.

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

17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

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

◆ ✓ time spent in a typical week.

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

18 If you are aged 16 to 74

▶ Go to **19**

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

▶ Go to **35**

19 Last week, were you doing any work:

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

◆ ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

- Yes ▶ Go to **25**
- No ▶ Go to **20**

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

- Yes
- No

Person 3 - continued

12 What is your country of birth?

- Scotland
- England
- Wales
- Northern Ireland
- Republic of Ireland
- Elsewhere, *please write in the present name of the country*

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

- None
- Church of Scotland
- Roman Catholic
- Other Christian, *please write in*

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- Buddhist
- Hindu
- Muslim
- Another Religion, *please write in*
- Jewish
- Sikh

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- Church of Scotland
- Roman Catholic
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- Sikh

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- Scottish
- Other British
- Irish
- Any other White background, *please write in*

B Mixed

- Any Mixed background, *please write in*

C Asian, Asian Scottish or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, *please write in*

D Black, Black Scottish or Black British

- Caribbean
- African
- Any other Black background, *please write in*

E Other ethnic background

- Any other background, *please write in*

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◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

- Yes ▶ Go to **25**
- No ▶ Go to **20**

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

- Yes
- No

Please turn over

Person 4 - continued

12 What is your country of birth?

- Scotland
- England
- Wales
- Northern Ireland
- Republic of Ireland
- Elsewhere, *please write in the present name of the country*

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

- None
- Church of Scotland
- Roman Catholic
- Other Christian, *please write in*

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◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

Yes ▶ Go to **25**

No ▶ Go to **20**

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- Yes
- No

Person 5 - continued

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- England
- Wales
- Northern Ireland
- Republic of Ireland

Elsewhere, *please write in the present name of the country*

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- Buddhist
- Hindu
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- Another Religion, *please write in*
- Jewish
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- Buddhist
- Hindu
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- Indian
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D Black, Black Scottish or Black British

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- Any other Black background, *please write in*

E Other ethnic background

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- Write Gaelic
- None of these

17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

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

◆ ✓ *time spent in a typical week.*

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

18 If you are aged 16 to 74

▶ Go to **19**

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

▶ Go to **35**

19 Last week, were you doing any work:

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

◆ ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

Yes ▶ Go to **25**

No ▶ Go to **20**

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

- Yes
- No

Please turn over

