



**Scotland's  
Census 2011**  
Shaping our future

# 27 March 2011

Official  
Use

CD

ED

Line Number

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If there is a **mistake** in the printed address, please write the correct address below

Establishment name / number

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Street / Town / City

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Postcode

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## Why the census matters

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

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

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

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

Thank you for helping to shape Scotland's future.

Duncan Macniven  
**Registrar General for Scotland**

**Please fill in this questionnaire**  
on, or around, 27 March 2011.

**Start here**

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

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

**R1** Do you stay here because you are:

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

## Need help?



[www.scotlandscensus.gov.uk](http://www.scotlandscensus.gov.uk)



Helpline 0300 123 1702



Textphone 18001 0300 123 1703

## Declaration

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

Signature

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Date

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## Important guidance - before you start

### What you have to do

- ◆ Fill in question **R1** on page 1 of this questionnaire.
- ◆ Fill in questions **1** to **38** on pages 3 to 6 of this questionnaire.
- ◆ Sign the declaration on page 1 and then put your questionnaire in the envelope provided.
- ◆ Seal the envelope and give it to the establishment manager or person in charge of collecting the questionnaires.

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

### How to fill in this questionnaire

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

Please:

- use black or blue ink
- tick your answers **within** the box like this:
- print your answers, in English, within the box like this: 

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

■						
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 or 

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

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.



## Individual questions

**1** What is your name?

First name

Last name

**2** What is your sex?

Male  Female

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

Day Month Year

**4** On the 27 March 2011, what is your legal marital or same-sex civil partnership status?

- |  |  |
|--|--|
| <input type="checkbox"/> Never married and never registered a same-sex civil partnership | <input type="checkbox"/> In a registered same-sex civil partnership                              |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership            |
| <input type="checkbox"/> Separated, but still legally married                            | <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved |
| <input type="checkbox"/> Divorced  | <input type="checkbox"/> Surviving partner from a same-sex civil partnership                     |
| <input type="checkbox"/> Widowed   |  |

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

- Yes  
 No → **Go to 7**

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

- at the address on the front of this questionnaire?  
 at another address? → **Go to 38**

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

- Scotland → **Go to 9**  
 England → **Go to 9**  
 Wales → **Go to 9**  
 Northern Ireland → **Go to 9**  
 Republic of Ireland  
 Elsewhere, please write in the current name of the country

**8** If you were not born in the United Kingdom, when did you most recently arrive to live here?

- ◆ Do not count short visits away from the UK.

Month Year

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

- long-term physical / mental ill-health / disability; or
  - problems related to old age?
- ◆ Do not count anything you do as part of your paid employment.

- No  
 Yes, 1 - 19 hours a week  
 Yes, 20 - 34 hours a week  
 Yes, 35 - 49 hours a week  
 Yes, 50 or more hours a week

**10** One year ago, what was your usual address?

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

- The address on the front of this questionnaire  
 Student term-time / boarding school address in the UK, please write in below  
 Another address in the UK, please write in





Postcode

- Outside the UK, please write in country

**11** What address do you travel to for your main job or course of study (including school)?

- ◆ Answer for the place where you spend the most time.  
 ◆ If you report to a depot, please write in the depot address.

- Not currently working or studying → **Go to 13**  
 Work or study mainly at, or from, home → **Go to 13**  
 No fixed place  
 Work on an offshore installation - please use the address panel below to write in where you travel offshore from, for example "ABERDEEN HARBOUR"  
 The address below, please write in





Postcode





## Individual questions continued

**16** Which of these can you do?

◆ Tick all that apply.

	English	Scottish Gaelic	Scots
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

None of these

**17** How well can you speak English?

Very well	Well	Not well	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18** Do you use a language other than English at home?

◆ Tick all that apply.

- No, English only
- Yes, British Sign Language
- Yes, other - please write in

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**19** How is your health in general?

Very good	Good	Fair	Bad	Very bad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

◆ Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Learning disability (for example, Down's Syndrome)
- Learning difficulty (for example, dyslexia)
- Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)
- Physical disability
- Mental health condition
- Long-term illness, disease or condition
- Other condition, please write in

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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or

No condition

**21** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

◆ Include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

**22** If you are aged 16 or over → Go to **23**

If you are aged 15 or under → Go to **38**

**23** Which of these qualifications do you have?

◆ Tick all that apply.

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

**24** Last week were you:

◆ Tick all that apply.

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

- working as an employee? → Go to **30**
- on a Government sponsored training scheme? → Go to **30**
- self-employed or freelance? → Go to **30**
- working paid or unpaid for your own or your family's business? → Go to **30**
- away from work ill, on maternity leave, on holiday or temporarily laid off? → Go to **30**
- doing any other kind of paid work? → Go to **30**
- none of the above



