



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

27 March 2011

Official Use
CD ED Line Number

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

House name / number

Street / Town / City

Postcode

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. Please include everyone at this address. It shouldn't take long and you can fill it in online.

As a householder, 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

Duncan Macniven
Registrar General for Scotland

Please fill in this questionnaire:



online at
www.scotlandscensus.gov.uk

Enter the Internet Questionnaire Access Code:

- -

You can fill in this questionnaire online in English or Gaelic.

Or

Fill in this paper version and post it back using the pre-paid envelope provided.

Need help?



www.scotlandscensus.gov.uk



Helpline 0300 123 1702



Textphone 18001 0300 123 1703

Declaration

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

Signature(s)

Date

H001

HO 01

Important guidance - before you start

Who should fill in this questionnaire?

The **householder or joint householder** is responsible for filling in this questionnaire for their household.

The **householder or joint householder** is the person who lives, or is present, at this address who:

- owns or rents (or jointly owns or 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 section below.

Will you need extra questionnaires?

- If there are more than 5 people in this household, either fill in the questionnaire online for the whole household or fill in this questionnaire and ask us for a **Continuation Questionnaire**.
- If any member of this household aged 16 or over does not want to reveal their information to others in the household, you can ask us for an **Individual Questionnaire** with an envelope. Remember to include these people in the answers to household questions H1 to H13 on this questionnaire, but leave the individual questions 1 to 38 blank for them.
- If there is more than one household at this address, you need to ask for one or more extra **Household Questionnaires**.

You can ask for extra questionnaires online at www.scotlandscensus.gov.uk or by calling 0300 123 1702.

How to fill in this questionnaire

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

Please:

- use black or blue ink
- tick your answers **within** the box like this:
- print your answers, in English, within the box like this: SMITH Use capital letters - one per box
- correct any mistakes like this: or SM ITH
- continue on to the next line (if possible) like this, if a word will not fit on to one line:
130 LADYWELL CRES
CENT

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

Extra guidance for household questions H1 to H5 (on page 4)

Children with parents who live apart

Children with parents who live apart must be included on the questionnaire at the address where they **spend the most time**, in household questions H1 to H3 and H13, and individual questions 1 to 38.

If they are staying at their other address on the night of 27 March 2011, they must also be included on the questionnaire at that other address in household questions H4 and H5, and the continuation of H5 on the back page.

If they spend their time equally between two addresses, they must only be included in household questions H1 to H3 and H13, and individual questions 1 to 38, at the address where they are staying on the night of 27 March 2011.

Students and schoolchildren who live away from home during term-time

All students and schoolchildren who live away from home during term-time must be included on a questionnaire at **both** their home and term-time addresses.

- At their home address they must be included in household questions H1 to H3 and H13, and individual questions 1 to 6.
- At their term-time address they must be included in household questions H1 to H3 and H13, and individual questions 1 to 38.

People from outside the UK

People from outside the UK whose total length of stay in the UK will be **6 months or more** must be included on the questionnaire at the address where they usually stay in the UK. They must be included in household questions H1 to H3 and H13, and individual questions 1 to 38.

If their total length of stay is **less than 6 months**, they must be included on the questionnaire at the address where they usually stay in the UK in household questions H4 and H5, and the continuation of H5 on the back page.

Households away on 27 March 2011

If this address is unoccupied on the night of 27 March 2011 because the whole household is away, the questionnaire must be **filled in as soon as possible when they return**.

If nobody lives in the property, please complete household questions H6 to H9 only.

People with more than one UK address

People with more than one address in the UK need to be included on a questionnaire at their permanent or family home address.

- At their **permanent or family home address** they must be included on the questionnaire in household questions H1 to H3 and H13, and individual questions 1 to 38.
- If they are staying at their **second address** on the night of 27 March 2011 they must also be included on the questionnaire at that second address, but only in household questions H4 and H5, and the continuation of H5 on the back page.
- If they **do not** have a permanent or family home address they must be included on the questionnaire at the address where they spend the most time, in household questions H1 to H3 and H13, and individual questions 1 to 38.

People temporarily away from home

If someone is temporarily away on the night of 27 March 2011 **and this is their permanent or family home**, include them in household questions H1 to H3 and H13 and individual questions 1 to 38. This includes people who are:

- staying, or expecting to stay, in a residential establishment such as a hospital, care home or hostel, for **less than 6 months**
- living away from home while working, on holiday or travelling (unless outside the UK for 12 months or more)
- members of the Armed Forces
- staying at their second address
- visiting friends or relatives; or
- in prison on remand (for any length of time), or **sentenced to less than 6 months** in prison

Do not include anyone who is:

- staying, or expecting to stay, in a residential establishment **for 6 months or more**; or
- in prison, convicted and **sentenced to 6 months or more**, or who is waiting to be sentenced

These people will be included at their establishment.

Household questions - people

H1 Who usually lives here?

If you need more advice about who to include, see the extra guidance on page 3 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 27 March 2011
- 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 27 March 2011

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	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 5 people in this household, either fill in the questionnaire online for the whole household or contact the Helpline on 0300 123 1702 to ask for a Continuation Questionnaire.

H4 Is there anyone staying at this address on the night of 27 March 2011 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 27 March 2011 → **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 27 March 2011 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 27 March 2011 whose permanent or family home is elsewhere, please make sure you answer questions H6 to H9 on page 5 and questions V1 to V4 on the back page.

Household questions - accommodation

H6 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

H7 Is this household's accommodation self-contained?

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

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

H8 How many rooms are available for use only by this household?

◆ **Do NOT count:**

- bathrooms
- toilets
- halls or landings
- rooms that can only be used for storage such as cupboards.

◆ **Count** all other rooms, for example:

- kitchens
- living rooms
- utility rooms
- bedrooms
- studies
- conservatories.

◆ If two rooms have been converted into one, count them as one room.

Number of rooms

H9 What type of central heating does this accommodation have?

- ◆ If the central heating is available, please tick the box whether or not you use it.
- ◆ Central heating is a central system that generates heat for multiple rooms.

- No central heating
- Gas
- Electric (including storage heaters)
- Oil
- Solid fuel
- Other central heating, please write in

H10 Does your household own or rent this accommodation?

◆ Tick one box only.

- Owns outright → Go to **H12**
- Owns with a mortgage or loan → Go to **H12**
- Part owns and part rents (shared ownership)
- Rents (with or without housing benefit)
- Lives here rent free

H11 Who is your landlord?

- Council (Local Authority)
- Housing Association / Registered Social Landlord
- Private landlord or letting agency
- Employer of a household member
- Relative or friend of a household member
- Other

H12 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

Household questions - relationships

H13 How are the members of this household related to each other?

- ◆ Tick a box to show the relationship of each person listed in question H3 (on page 4) to each of the other members of this household. Remember to include household members who are filling in an Individual Questionnaire.
- ◆ Use the same order you used in question H3 - you may find it helpful to write the name(s) of the household member(s) in the space provided. Remember to include children and babies.
- ◆ If there are more than 5 people in this household, contact the Helpline on 0300 123 1702 to ask for a Continuation Questionnaire.

This example shows how to provide relationship information for Robert Smith, who is Person 1, his wife (Mary) and their three children (Alison, Steven and James).

EXAMPLE

Name of Person 1

ROBERT
SMITH

NAME OF PERSON 1
PLEASE USE THE SAME
ORDER AS QUESTION H3

Name of Person 2

MARY
SMITH

Relationship of Person 2 to Person:

1

Husband or wife	<input checked="" type="checkbox"/>
Same-sex 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"/>

Name of Person 3

ALISON
SMITH

Relationship of Person 3 to Persons:

1

2

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<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"/>

Name of Person 1

NAME OF PERSON 1
PLEASE USE THE SAME
ORDER AS QUESTION H3

Name of Person 2

Relationship of Person 2 to Person:

1

Husband or wife	<input type="checkbox"/>
Same-sex 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	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>

Name of Person 3

Relationship of Person 3 to Persons:

1

2

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<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"/>
Step-brother or step-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 relation	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 4

STEVEN
SMITH

Relationship of Person 4 to
Persons:

	1	2	3
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<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

JAMES
SMITH

Relationship of Person 5
to Persons:

	1	2	3	4
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<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

Relationship of Person 4
to Persons:

	1	2	3
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<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"/>
Step-brother or step-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 relation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 5

Relationship of Person 5
to Persons:

	1	2	3	4
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex civil partner	<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"/>
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"/>	<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 relation	<input type="checkbox"/>	<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"/>

Person 1 - Individual questions

1 What is your name? (Person 1 at H3 on page 4)

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

Person 1 - Individual questions continued

12 How do you usually travel to your main place of work or study (including school)?

◆ Tick one box only.

◆ Tick the box for the longest part, by distance, of your usual journey to work or study.

- Driving a car or van
- Passenger in a car or van
- On foot
- Bus, minibus or coach
- Train
- Underground, subway, metro, light rail or tram
- Taxi
- Bicycle
- Motorcycle, scooter or moped
- Other

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

◆ This question is voluntary.

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

14 What do you feel is your national identity?

◆ Tick **ALL** that apply.

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

15 What is your ethnic group?

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

A White

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

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

C Asian, Asian Scottish or Asian British

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

D African

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

E Caribbean or Black

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

F Other ethnic group

- Arab, Arab Scottish or Arab British
- Other, please write in

Person 2 - Individual questions

1 What is your name? (Person 2 at H3 on page 4)

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.

- Same as Person 1
 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

Person 2 - Individual questions continued

12 How do you usually travel to your main place of work or study (including school)?

- ◆ Tick one box only.
- ◆ Tick the box for the longest part, by distance, of your usual journey to work or study.

- Driving a car or van
- Passenger in a car or van
- On foot
- Bus, minibus or coach
- Train
- Underground, subway, metro, light rail or tram
- Taxi
- Bicycle
- Motorcycle, scooter or moped
- Other

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

- ◆ This question is voluntary.
- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in below
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Another religion or body, please write in

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14 What do you feel is your national identity?

- ◆ Tick **ALL** that apply.
- Scottish
- English
- Welsh
- Northern Irish
- British
- Other, please write in

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15 What is your ethnic group?

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

A White

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

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B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C Asian, Asian Scottish or Asian British

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

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D African

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

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E Caribbean or Black

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

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F Other ethnic group

- Arab, Arab Scottish or Arab British
- Other, please write in

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Person 2 - 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

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

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19 How is your health in general?

Very good Good Fair Bad Very bad

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

◆ Tick all that apply.

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

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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

Person 2 - Individual questions continued

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

- Yes No

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

- Yes No

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

- Yes No

28 Last week were you:

- ◆ Tick all that apply.
- retired (whether receiving a pension or not)?
 - a student?
 - looking after home or family?
 - long-term sick or disabled?
 - other

29 Have you ever worked?

- Yes, please write in the year you last worked

→ Go to **30**

- No, have never worked → Go to **38**

30 Answer the remaining questions for your main job or, if not working, your last main job.

- ◆ Your main job is the job in which you usually work (worked) the most hours.

31 In your main job, are (were) you:

- an employee?
- self-employed or freelance without employees?
- self-employed with employees?

32 What is (was) your full and specific job title?

- ◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

- ◆ Do not state your grade or pay band.

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

34 Do (did) you supervise any employees?

- ◆ Supervision involves overseeing the work of other employees on a day-to-day basis.

- Yes No

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

- ◆ Include paid and unpaid overtime.

Number of hours worked in a typical week

36 At your workplace, what is (was) the main activity of your employer or business?

- ◆ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.

- ◆ If you are (were) a civil servant, please write GOVERNMENT.

- ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.

37 In your main job, what is (was) the name of the organisation you work (worked) for?

- ◆ If you are (were) self-employed in your own organisation, please write in the business name.

- No organisation, for example, self-employed, freelance, or work (worked) for a private individual.

38 There are no more questions for Person 2.

- ◆ If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 3.

- ◆ If you included anyone at question **H5**, remember to record their details on the back page.

- ◆ Remember to sign the declaration on page 1.

Person 3 - Individual questions

1 What is your name? (Person 3 at H3 on page 4)

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.

- Same as Person 1
 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

Person 3 - Individual questions continued

12 How do you usually travel to your main place of work or study (including school)?

◆ Tick one box only.

◆ Tick the box for the longest part, by distance, of your usual journey to work or study.

- Driving a car or van
- Passenger in a car or van
- On foot
- Bus, minibus or coach
- Train
- Underground, subway, metro, light rail or tram
- Taxi
- Bicycle
- Motorcycle, scooter or moped
- Other

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

◆ This question is voluntary.

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

14 What do you feel is your national identity?

◆ Tick **ALL** that apply.

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

15 What is your ethnic group?

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

A White

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

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

C Asian, Asian Scottish or Asian British

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

D African

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

E Caribbean or Black

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

F Other ethnic group

- Arab, Arab Scottish or Arab British
- Other, please write in

Person 3 - 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 3 - Individual questions continued

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

Yes No

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

Yes No

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

Yes No

28 Last week were you:

- ◆ Tick all that apply.
- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other

29 Have you ever worked?

Yes, please write in the year you last worked

→ Go to **30**

No, have never worked → Go to **38**

30 Answer the remaining questions for your main job or, if not working, your last main job.

◆ Your main job is the job in which you usually work (worked) the most hours.

31 In your main job, are (were) you:

- an employee?
- self-employed or freelance without employees?
- self-employed with employees?

32 What is (was) your full and specific job title?

◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

◆ Do not state your grade or pay band.

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

34 Do (did) you supervise any employees?

◆ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

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

◆ Include paid and unpaid overtime.

Number of hours worked in a typical week

36 At your workplace, what is (was) the main activity of your employer or business?

◆ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.

◆ If you are (were) a civil servant, please write GOVERNMENT.

◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.

37 In your main job, what is (was) the name of the organisation you work (worked) for?

◆ If you are (were) self-employed in your own organisation, please write in the business name.

No organisation, for example, self-employed, freelance, or work (worked) for a private individual.

38 There are no more questions for Person 3.

◆ If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 4.

◆ If you included anyone at question **H5**, remember to record their details on the back page.

◆ Remember to sign the declaration on page 1.

Person 4 - Individual questions

1 What is your name? (Person 4 at H3 on page 4)

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.

- Same as Person 1
 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

Person 4 - Individual questions continued

12 How do you usually travel to your main place of work or study (including school)?

- ◆ Tick one box only.
- ◆ Tick the box for the longest part, by distance, of your usual journey to work or study.

- Driving a car or van
- Passenger in a car or van
- On foot
- Bus, minibus or coach
- Train
- Underground, subway, metro, light rail or tram
- Taxi
- Bicycle
- Motorcycle, scooter or moped
- Other

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

- ◆ This question is voluntary.
- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in below
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Another religion or body, please write in

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14 What do you feel is your national identity?

- ◆ Tick **ALL** that apply.
- Scottish
- English
- Welsh
- Northern Irish
- British
- Other, please write in

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15 What is your ethnic group?

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

A White

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

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B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

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C Asian, Asian Scottish or Asian British

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

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D African

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

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E Caribbean or Black

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

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F Other ethnic group

- Arab, Arab Scottish or Arab British
- Other, please write in

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Person 4 - 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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

Person 4 - Individual questions continued

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

Yes No

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

Yes No

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

Yes No

28 Last week were you:

◆ Tick all that apply.

- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other

29 Have you ever worked?

Yes, please write in the year you last worked

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→ Go to **30**

No, have never worked → Go to **38**

30 Answer the remaining questions for your main job or, if not working, your last main job.

◆ Your main job is the job in which you usually work (worked) the most hours.

31 In your main job, are (were) you:

- an employee?
- self-employed or freelance without employees?
- self-employed with employees?

32 What is (was) your full and specific job title?

◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

◆ Do not state your grade or pay band.

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

34 Do (did) you supervise any employees?

◆ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

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

◆ Include paid and unpaid overtime.

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Number of hours worked in a typical week

36 At your workplace, what is (was) the main activity of your employer or business?

◆ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.

◆ If you are (were) a civil servant, please write GOVERNMENT.

◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.

37 In your main job, what is (was) the name of the organisation you work (worked) for?

◆ If you are (were) self-employed in your own organisation, please write in the business name.

No organisation, for example, self-employed, freelance, or work (worked) for a private individual.

38 There are no more questions for Person 4.

◆ If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 5.

◆ If you included anyone at question **H5**, remember to record their details on the back page.

◆ Remember to sign the declaration on page 1.

Person 5 - Individual questions

1 What is your name? (Person 5 at H3 on page 4)

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.

- Same as Person 1
 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

Person 5 - Individual questions continued

12 How do you usually travel to your main place of work or study (including school)?

- ◆ Tick one box only.
- ◆ Tick the box for the longest part, by distance, of your usual journey to work or study.

- Driving a car or van
- Passenger in a car or van
- On foot
- Bus, minibus or coach
- Train
- Underground, subway, metro, light rail or tram
- Taxi
- Bicycle
- Motorcycle, scooter or moped
- Other

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

- ◆ This question is voluntary.

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

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14 What do you feel is your national identity?

- ◆ Tick **ALL** that apply.

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

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15 What is your ethnic group?

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

A White

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

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B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

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C Asian, Asian Scottish or Asian British

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

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D African

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

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E Caribbean or Black

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

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F Other ethnic group

- Arab, Arab Scottish or Arab British
- Other, please write in

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Person 5 - 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"/>
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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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Person 5 - Individual questions continued

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

Yes No

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

Yes No

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

Yes No

28 Last week were you:

◆ Tick all that apply.

- retired (whether receiving a pension or not)?
- a student?
- looking after home or family?
- long-term sick or disabled?
- other

29 Have you ever worked?

Yes, please write in the year you last worked

→ Go to **30**

No, have never worked → Go to **38**

30 Answer the remaining questions for your main job or, if not working, your last main job.

◆ Your main job is the job in which you usually work (worked) the most hours.

31 In your main job, are (were) you:

- an employee?
- self-employed or freelance without employees?
- self-employed with employees?

32 What is (was) your full and specific job title?

◆ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.

◆ Do not state your grade or pay band.

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

34 Do (did) you supervise any employees?

◆ Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes No

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

◆ Include paid and unpaid overtime.

Number of hours worked in a typical week

36 At your workplace, what is (was) the main activity of your employer or business?

◆ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.

◆ If you are (were) a civil servant, please write GOVERNMENT.

◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.

37 In your main job, what is (was) the name of the organisation you work (worked) for?

◆ If you are (were) self-employed in your own organisation, please write in the business name.

No organisation, for example, self-employed, freelance, or work (worked) for a private individual.

38 There are no more questions for Person 5.

◆ If there are more people in your household, contact the Helpline on 0300 123 1702 to ask for a Continuation Questionnaire.

◆ If you included anyone at question **H5**, remember to record their details on the back page.

◆ Remember to sign the declaration on page 1.

Question H5 continued

DO NOT record details of household members here. Record details **only** for anyone counted in question H5 on page 4 (people whose permanent or family home is elsewhere).

- ◆ You only need to provide details for up to three people. 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

Last name

V2 What is this person's sex?

Male Female

V3 What is this person's date of birth?

Day Month Year

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

Last name

V2 What is this person's sex?

Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

Same address as Person A

Postcode

Outside the UK, please write in country

Person C

V1 What is this person's name?

First name

Last name

V2 What is this person's sex?

Male Female

V3 What is this person's date of birth?

Day Month Year

V4 What is this person's usual UK address?

Same address as Person A

Postcode

Outside the UK, please write in country