

# 27 March 2011

Official Use	CD	ED	Line Number		If there is a <b>mistake</b> in the printed address, please write your correct address below
					House name / number
					Street / Town / City
					Postcode
Why the	census m	atters			Please fill in this questionnaire:
The census	is the officia	al count	of every persor	n and	

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.

household in Scotland. It is held every 10 years and

helps to plan our future public services.

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
Registrar General for Scotland

## Need help?



www.scotlandscensus.gov.uk



Helpline 0300 123 1702



Textphone 18001 0300 123 1703



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.

#### **Declaration**

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

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Date



# 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 guestions 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 Ouestionnaires**.

You can ask for extra guestionnaires 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:  $\checkmark$
- print your answers, in English, within Use capital letters - one per box SMITH the box like this:
- correct any mistakes like this: SMTITH or
- 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.



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Hou	lousehold 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, <b>if this is their permanent or family home</b>							
	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 <b>6 months or more</b>							
	People temporarily away from home on the night of 27 March 2011							
Пэ	Counting everyone you included in question H1, how many people usually live here?							
H2	Counting everyone you included in question <b>hi</b> , now many people usually live here?							
<b>H3</b>	Starting with the householder(s), list the names of the people counted in question H2, including children and							
	babies.							
	First name  Last name							
Pers	on 1							
Pers	on 2							
Doro	on 2							
Pers	ON 3							
Pers	on 4							
Pers	on 5							
1 613								
	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	4 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 <b>only</b> 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 <b>only</b> 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 <b>H6</b> to <b>H9</b> on page 5 and questions <b>V1</b> to <b>V4</b> on the back page.							

10u	senoid questions - accommodation		
<b>H6</b>	What type of accommodation is this?	H9	What type of central heating does this accommodation have?
	A whole house or bungalow that is:		♦ If the central heating is available, please tick the box whether or not you use it.
	detached		♦ Central heating is a central system that generates
	semi-detached		heat for multiple rooms.
	terraced (including end-terrace)		No central heating
	A flat, maisonette, or apartment that is:		Gas  Electric (including storage heaters)
	in a tenement or purpose-built block of flats (including '4-in-a-block')		Oil
	part of a converted or shared house (including bed-sits)		Solid fuel
	in a commercial building (for example, in an office building, hotel or over a shop)		Other central heating, please write in
	A mobile or temporary structure:	H10	Does your household own or rent this accommodation?
	a caravan or other mobile or temporary structure		♦ Tick one box only.
H7	Is this household's accommodation self-contained?		Owns outright → Go to H12
	♦ This means that all the rooms, including the kitchen, bathroom and toilet, are behind a door that only this household can use.		Owns with a mortgage or loan → Go to H12
			Part owns and part rents (shared ownership)
	Yes, all the rooms are behind a door that only this household can use		Rents (with or without housing benefit)
	No No		Lives here rent free
		H11	Who is your landlord?
H8	How many rooms are available for use only by this		Council (Local Authority)
	household?  ◆ Do NOT count:		Housing Association / Registered Social Landlord
	• bathrooms		Private landlord or letting agency
	<ul><li>toilets</li><li>halls or landings</li></ul>		Employer of a household member
	<ul> <li>rooms that can only be used for storage such as cupboards.</li> </ul>		Relative or friend of a household member
	◆ <b>Count</b> all other rooms, for example:		Other
	• kitchens	H12	In total, how many cars or vans are owned, or are available for use, by members of this household?
	<ul><li>living rooms</li><li>utility rooms</li><li>bedrooms</li></ul>		<ul> <li>Include any company car(s) or van(s) available for private use.</li> </ul>
	<ul><li>studies</li><li>conservatories.</li></ul>		None
			1
	If two rooms have been converted into one, count them as one room.		2
	Number of rooms		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). Name of Person 3 Name of Person 1 Name of Person 2 ш ROBERT MARY ALISON SMITH SMITH SMITH Relationship of Person 3 Relationship of Person 2 to to Persons: Person: NAME OF PERSON 1 Husband or wife Husband or wife Same-sex civil partner Same-sex civil partner PLEASE USE THE SAME × ORDER AS QUESTION H3 Partner Partner Son or daughter Son or daughter Ш Step-child Step-child Brother or sister Brother or sister Name of Person 1 Name of Person 2 Name of Person 3 Relationship of Person 2 Relationship of Person 3 to Person: to Persons: 1 2 Husband or wife Husband or wife NAME OF PERSON 1 Same-sex civil partner Same-sex civil partner PLEASE USE THE SAME Partner Partner ORDER AS QUESTION H3 Son or daughter Son or daughter Step-child Step-child Brother or sister Brother or sister Step-brother or step-sister Step-brother or step-sister Mother or father Mother or father Step-mother or step-father Step-mother or step-father Grandchild Grandchild Grandparent Grandparent Other relation Other relation Unrelated Unrelated (including foster child) (including foster child)

Name of Person 4	Name of Person 5
STEVEN SMITH	JAMES SMITH
Relationship of Person 4 to Persons:	Relationship of Person 5 to Persons: 1 2 3 4
Husband or wife	Husband or wife
Same-sex civil partner	Same-sex civil partner
Partner	Partner
Son or daughter ✓ ✓	Son or daughter ✓ ✓ ✓ Step-child
Step-child  Brother or sister ✓	Brother or sister ✓ ✓
biother of sister	brother of sister
Name of Person 4	Name of Person 5
Relationship of Person 4 to Persons:	Relationship of Person 5 to Persons:
1 2 3	1 2 3 4
Husband or wife	Husband or wife
Same-sex civil partner	Same-sex civil partner
Partner	Partner
Son or daughter	Son or daughter
Step-child	Step-child
Brother or sister	Brother or sister
Step-brother or step-sister	Step-brother or step-sister
Mother or father	Mother or father
Step-mother or step-father	Step-mother or step-father
Grandchild	Grandchild
Grandparent	Grandparent
Other relation	Other relation
Unrelated (including foster child)	Unrelated (including foster child)



Pers	on 1 - Individual questions	
1	What is your name? (Person 1 at H3 on page 4)  First name  Last name	<ul> <li>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:         <ul> <li>long-term physical / mental ill-health / disability; or</li> <li>problems related to old age?</li> <li>Do not count anything you do as part of your paid employment.</li> </ul> </li> </ul>
2	What is your sex?	No
	Male Female	Yes, 1 - 19 hours a week
3	What is your date of birth?	Yes, 20 - 34 hours a week
	Day Month Year	Yes, 35 - 49 hours a week
		Yes, 50 or more hours a week
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status?	One year ago, what was your usual address?  If you had no usual address one year ago, state the
	Never married and never registered a same-sex civil partnership	address where you were staying.
	Married In a registered same-sex civil partnership	The address on the front of this questionnaire
	Separated, but still still legally married legally in a same-sex civil partnership	Student term-time / boarding school address in the UK, please write in below
	Divorced Formerly in a same-sex	Another address in the UK, please write in
	civil partnership which is now legally dissolved	
	Widowed Surviving partner from a same-sex civil partnership	
5	Are you a schoolchild or student in full-time education?	Postcode
	Yes	
	No → Go to 7	Outside the UK, please write in country
6	During term-time, do you live:	
	at the address on the front of this questionnaire?	
	at another address? → Go to 38	What address do you travel to for your main job or course of study (including school)?
7	What is your country of birth?	◆ Answer for the place where you spend the most time.
	Scotland → Go to 9	If you report to a depot, please write in the depot address.
	England → Go to 9	Not currently working or studying → Go to 13
	Wales → Go to 9	Work or study mainly at, or from, home → Go to 13
	Northern Ireland → Go to 9	No fixed place
	Republic of Ireland	Work on an offshore installation - please use the
	Elsewhere, please write in the current name of the country	address panel below to write in where you travel offshore from, for example "ABERDEEN HARBOUR"  The address below, please write in
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	Postcode

rer	son 1 - Individual questions continued			
12	How do you usually travel to your main place of work or study (including school)?  ◆ Tick one box only.	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.	
	♦ Tick the box for the longest part, by distance, of your usual journey to work or study.	А	White	
	Driving a car or van		Scottish	
	Passenger in a car or van		Other British	
	On foot		Irish	
	Bus, minibus or coach		Gypsy / Traveller	
	Train		Polish	
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in	
	Taxi			
	Bicycle	В	Mixed or multiple ethnic groups	
	Motorcycle, scooter or moped	Ь	Any mixed or multiple ethnic groups, please write in	
	Other		Arry mixed of multiple ethnic groups, please write in	
13	What religion, religious denomination or body			
	do you belong to?  ♦ This question is voluntary.			
	None	С	Asian, Asian Scottish or Asian British	
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British	
	Roman Catholic		Indian, Indian Scottish or Indian British	
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	Muslim		Chinese, Chinese Scottish or Chinese British	
	Buddhist		Other, please write in	
	Sikh			
	Jewish	D	African	
	Hindu		African, African Scottish or African British	
	Another religion or body, please write in		Other, please write in	
			Guier, piedse witte in	
14	What do you feel is your national identity?			
	♦ Tick <b>ALL</b> that apply.	E	Caribbean or Black	
	Scottish		Caribbean, Caribbean Scottish or Caribbean British	
	English		Black, Black Scottish or Black British	
	Welsh		Other, please write in	
	Northern Irish			
	British	F	Other ethnic group	
	Other, please write in		Arab, Arab Scottish or Arab British	
			Other, please write in	



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Pers	son 1 - Individual questions continued		
16	Which of these can you do?  ◆ Tick all that apply.  English Scottish Gaelic Scots	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
	Understand		Yes, limited a little
	Speak		No
	Read	22	
or	Write		If you are aged 15 or under → Go to 38
<u>.</u>	None of these	23	Which of these qualifications do you have?  ◆ Tick all that apply.
17	How well can you speak English?		O Grade, Standard Grade, Access 3 Cluster,
	Very well Well Not at all		Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
18	Do you use a language other than English at home?  • Tick all that apply.		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent
	No, English only		GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
	Yes, British Sign Language Yes, other - please write in		GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
			HNC, HND, SVQ level 4 or equivalent
19	How is your health in general?		Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
	Very good Good Fair Bad Very bad		Professional qualifications (for example, teaching, nursing, accountancy)
			Other school qualifications not already mentioned (including foreign qualifications)
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?		Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
	<ul><li>◆ Tick all that apply.</li><li>Deafness or partial hearing loss</li></ul>		Other Higher Education qualifications not already mentioned (including foreign qualifications)
	Blindness or partial sight loss		No qualifications
	Learning disability (for example, Down's Syndrome)	24	Last week were you:
	Learning difficulty (for example, dyslexia)		♦ Tick all that apply.
	Developmental disorder (for example, Autistic		<ul> <li>Include any paid work, including casual or temporary work, even if only for one hour.</li> </ul>
	Spectrum Disorder or Asperger's Syndrome)		working as an employee?
	Physical disability  Mental health condition		on a Government sponsored training scheme?  Go to 30
	Long-term illness, disease or condition		self-employed or freelance? → Go to 30
	Other condition, please write in		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?
			doing any other kind of paid work?
or	No condition		none of the above

rers	on 1 - Individual questions continued		
25	Were you actively looking for any kind of paid work during the last 4 weeks?	33	Briefly describe what you do (did) in your main job.
	Yes No		
26	If a job had been available last week, could you have started it within 2 weeks?		
	Yes No	24	2 (11)
27	Last week, were you waiting to start a job already	34	◆ Supervision involves overseeing the work of other
27	obtained?		employees on a day-to-day basis.
	Yes No	35	Yes No  How many hours (to the nearest full hour) a week do
28	Last week were you:	35	(did) you usually work in your main job?
	♦ Tick all that apply.		♦ Include paid and unpaid overtime.
	retired (whether receiving a pension or not)?		Number of hours worked in a typical week
	a student?  looking after home or family?	36	At your workplace, what is (was) the main activity of your employer or business?
	long-term sick or disabled?		♦ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER
	other		SERVICING, DOCTOR'S SURGERY.
29	Have you ever worked?		<ul> <li>If you are (were) a civil servant, please write GOVERNMENT.</li> </ul>
	Yes, please write in the year you last worked		♦ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.
	→ Go to 30		your department within the local authority.
	No, have never worked → Go to 38		
30	Answer the remaining questions for your main job or,		
	if not working, your last main job.		
	<ul> <li>Your main job is the job in which you usually work (worked) the most hours.</li> </ul>	37	In your main job, what is (was) the name of the organisation you work (worked) for?
31	In your main job, are (were) you:		♦ If you are (were) self-employed in your own
	an employee?		organisation, please write in the business name.
	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.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	♦ Do not state your grade or pay band.	38	There are no more questions for Person 1.
			♦ If there are no more people in your household, please leave the following pages blank. Otherwise go to questions for Person 2.
			<ul> <li>If you included anyone at question H5, remember to record their details on the back page.</li> </ul>
			• Remember to sign the declaration on page 1.



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Pers	on 2 - Individual questions	
	What is your name? (Person 2 at H3 on page 4)  First name  Last name	<ul> <li>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:         <ul> <li>long-term physical / mental ill-health / disability; or</li> <li>problems related to old age?</li> <li>Do not count anything you do as part of your paid employment.</li> </ul> </li> </ul>
2	What is your sex?	No
	Male Female	Yes, 1 - 19 hours a week
3	What is your date of birth?	Yes, 20 - 34 hours a week
	Day Month Year	Yes, 35 - 49 hours a week
		Yes, 50 or more hours a week
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status?	One year ago, what was your usual address?  If you had no usual address one year ago, state the
	Never married and never registered a same-sex civil partnership	address where you were staying.
	Married In a registered same-sex civil partnership	Same as Person 1
	Separated, but Separated, but still	The address on the front of this questionnaire
	still legally married legally in a same-sex civil partnership	Student term-time / boarding school address in the UK, please write in below
	Divorced Formerly in a same-sex civil partnership which is	Another address in the UK, please write in
	now legally dissolved	
	Widowed Surviving partner from a same-sex civil partnership	
5	Are you a schoolchild or student in full-time education?	
		Postcode
	Yes	
	No → Go to 7	Outside the UK, please write in country
6	During term-time, do you live:	
	at the address on the front of this questionnaire?	11 What address do you travel to for your main job or
	at another address? → Go to 38	course of study (including school)?
7	What is your country of birth?	<ul> <li>Answer for the place where you spend the most time.</li> <li>If you report to a depot, please write in the depot</li> </ul>
	Scotland → Go to 9	address.
	England → Go to 9	Not currently working or studying → Go to 13
	Wales → Go to 9	Work or study mainly at, or from, home → Go to 13
	Northern Ireland → Go to 9	No fixed place
	Republic of Ireland	Work on an offshore installation - please use the
	Elsewhere, please write in the current name of	address panel below to write in where you travel offshore from, for example "ABERDEEN HARBOUR"
	the country	The address below, please write in
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	Postcode
	Month Year	

rer	son 2 - Individual questions continued			
12	How do you usually travel to your main place of work or study (including school)?  ◆ Tick one box only.	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.	
	♦ Tick the box for the longest part, by distance, of your usual journey to work or study.	Α	White	
	Driving a car or van		Scottish	
	Passenger in a car or van		Other British	
	On foot		Irish	
	Bus, minibus or coach		Gypsy / Traveller	
	Train		Polish	
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in	
	Taxi			
	Bicycle	В	Mixed or multiple ethnic groups	
	Motorcycle, scooter or moped	Ь	Any mixed or multiple ethnic groups, please write in	
	Other		Any mixed of multiple ethnic groups, please write in	
13	What religion, religious denomination or body			
	do you belong to?  ♦ This question is voluntary.			
	None	С	Asian, Asian Scottish or Asian British	
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British	
	Roman Catholic		Indian, Indian Scottish or Indian British	
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	Muslim		Chinese, Chinese Scottish or Chinese British	
	Buddhist		Other, please write in	
	Sikh			
	Jewish	D	African	
	Hindu		African, African Scottish or African British	
	Another religion or body, please write in		Other, please write in	
			Guier, piedse write in	
14	What do you feel is your national identity?			
	♦ Tick <b>ALL</b> that apply.	E	Caribbean or Black	
	Scottish		Caribbean, Caribbean Scottish or Caribbean British	
	English		Black, Black Scottish or Black British	
	Welsh		Other, please write in	
	Northern Irish			
	British	F	Other ethnic group	
	Other, please write in		Arab, Arab Scottish or Arab British	
			Other, please write in	



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	on 2 - individual questions continued		
16	Which of these can you do?  ◆ Tick all that apply.	21	health problem or disability which has lasted, or is expected to last, at least 12 months?
	English Scottish Gaelic Scots		♦ Include problems related to old age.
	Understand		Yes, limited a lot
	Speak		Yes, limited a little
	Read		No
	Write	22	If you are aged 16 or over → Go to 23
or			If you are aged 15 or under → Go to 38
	None of these	23	·
17	How well can you speak English?		♦ Tick all that apply.
	Very well Well Not at all		O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
18	Do you use a language other than English at home?  • Tick all that apply.		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent
	No, English only		GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
	Yes, British Sign Language Yes, other - please write in		GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
			HNC, HND, SVQ level 4 or equivalent
19	How is your health in general?		Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
	Very good Good Fair Bad Very bad		Professional qualifications (for example, teaching, nursing, accountancy)
			Other school qualifications not already mentioned (including foreign qualifications)
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?		Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
	<ul><li>◆ Tick all that apply.</li><li>Deafness or partial hearing loss</li></ul>		Other Higher Education qualifications not already mentioned (including foreign qualifications)
	Blindness or partial sight loss		No qualifications
	Learning disability (for example, Down's Syndrome)	24	Last week were you:
			♦ Tick all that apply.
	Learning difficulty (for example, dyslexia)  Developmental disorder (for example, Autistic		<ul> <li>Include any paid work, including casual or temporary work, even if only for one hour.</li> </ul>
	Spectrum Disorder or Asperger's Syndrome)		working as an employee?  — Go to 30
	Physical disability		on a Government sponsored training scheme?  Go to 30
	Mental health condition		self-employed or freelance? → Go to 30
	Long-term illness, disease or condition		
	Other condition, please write in		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?
or			doing any other kind of paid work?
31	No condition		none of the above

Pers	on 2 - Individual questions continued		
25	Were you actively looking for any kind of paid work during the last 4 weeks?	33	Briefly describe what you do (did) in your main job.
	Yes No		
26	If a job had been available last week, could you have started it within 2 weeks?		
	Yes No	34	Do (did) you supervise any employees?
27	Last week, were you waiting to start a job already obtained?		<ul> <li>Supervision involves overseeing the work of other employees on a day-to-day basis.</li> </ul>
	Yes No		Yes No
28	Last week were you:	35	How many hours (to the nearest full hour) a week do (did) you usually work in your main job?
	♦ Tick all that apply.		♦ Include paid and unpaid overtime.
	retired (whether receiving a pension or not)?		Number of hours worked in a typical week
	a student?  looking after home or family?	36	At your workplace, what is (was) the main activity of your employer or business?
	long-term sick or disabled?		♦ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.
	other		♦ If you are (were) a civil servant, please write
29	Have you ever worked?		GÖVERNMENT.
	Yes, please write in the year you last worked		<ul> <li>If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.</li> </ul>
	→ 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.	37	In your main job, what is (was) the name of the organisation you work (worked) for?
31	In your main job, are (were) you:		♦ If you are (were) self-employed in your own
	an employee?		organisation, please write in the business name.
	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.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	♦ Do not state your grade or pay band.	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.
			<ul> <li>If you included anyone at question H5, remember to record their details on the back page.</li> </ul>
			Remember to sign the declaration on page 1.



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rers	on 3 - Individual questions	
1	What is your name? (Person 3 at H3 on page 4)  First name  Last name	<ul> <li>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:         <ul> <li>long-term physical / mental ill-health / disability; or</li> <li>problems related to old age?</li> </ul> </li> <li>Do not count anything you do as part of your paid employment.</li> </ul>
2	What is your sex?	No
	Male Female	Yes, 1 - 19 hours a week
3	What is your date of birth?	Yes, 20 - 34 hours a week
	Day Month Year	Yes, 35 - 49 hours a week
		Yes, 50 or more hours a week
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status?	One year ago, what was your usual address?  ♦ If you had no usual address one year ago, state the
	Never married and never registered a same-sex civil partnership	address where you were staying.
	Married In a registered same-sex civil partnership	Same as Person 1
	Separated, but Separated, but still	The address on the front of this questionnaire
	still legally married legally in a same-sex civil partnership	Student term-time / boarding school address in the UK, please write in below
	Divorced Formerly in a same-sex	Another address in the UK, please write in
	civil partnership which is now legally dissolved	
	Widowed Surviving partner from a same-sex civil partnership	
5	Are you a schoolchild or student in full-time	
	education?	Postcode
	Yes	
	No → Go to 7	Outside the UK, please write in country
6	During term-time, do you live:	
	at the address on the front of this questionnaire?	11 What address do you travel to for your main job or
	at another address? → Go to 38	course of study (including school)?
7	What is your country of birth?	<ul> <li>Answer for the place where you spend the most time.</li> <li>If you report to a depot, please write in the depot</li> </ul>
	Scotland → Go to 9	address.
	England → Go to 9	Not currently working or studying → Go to 13
	Wales → Go to 9	Work or study mainly at, or from, home → Go to 13
	Northern Ireland → Go to 9	No fixed place
	Republic of Ireland	Work on an offshore installation - please use the
	Elsewhere, please write in the current name of	address panel below to write in where you travel offshore from, for example "ABERDEEN HARBOUR"
	the country	The address below, please write in
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	Postcode

rer	son 3 - Individual questions continued		
12	How do you usually travel to your main place of work or study (including school)?  ◆ Tick one box only.	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.
	♦ Tick the box for the longest part, by distance, of your usual journey to work or study.	Α	White
	Driving a car or van		Scottish
	Passenger in a car or van		Other British
	On foot		Irish
	Bus, minibus or coach		Gypsy / Traveller
	Train		Polish
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in
	Taxi		
	Bicycle	В	Mixed or multiple ethnic groups
	Motorcycle, scooter or moped	Ь	Any mixed or multiple ethnic groups, please write in
	Other		Arry mixed of multiple ethnic groups, please write in
13	What religion, religious denomination or body do you belong to?		
	◆ This question is voluntary.		
	None	С	Asian, Asian Scottish or Asian British
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British
	Roman Catholic		Indian, Indian Scottish or Indian British
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British
	Muslim		Chinese, Chinese Scottish or Chinese British
	Buddhist		Other, please write in
	Sikh		
	Jewish	D	African
	Hindu		African, African Scottish or African British
	Another religion or body, please write in		Other, please write in
14	What do you feel is your national identity?		
	♦ Tick <b>ALL</b> that apply.	E	Caribbean or Black
	Scottish		Caribbean, Caribbean Scottish or Caribbean British
	English		Black, Black Scottish or Black British
	Welsh		Other, please write in
	Northern Irish		
	British	F	Other ethnic group
	Other, please write in		Arab, Arab Scottish or Arab British
			Other, please write in



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Pers	on 3 - Individual questions continued		
16	Which of these can you do?  ◆ Tick all that apply.  English Scottish Gaelic Scots	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
	Understand		Yes, limited a little
	Speak		
	Read	22	No
	Write	22	If you are aged 16 or over → Go to 23  If you are aged 15 or under → Go to 38
or	None of these	23	Which of these qualifications do you have?
17	How well can you speak English?		♦ Tick all that apply.
	Very well Well Not well Not at all		O Grade, Standard Grade, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
18	Do you use a language other than English at home?  • Tick all that apply.		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent
	No, English only		GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
	Yes, British Sign Language  Yes, other - please write in		GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
			HNC, HND, SVQ level 4 or equivalent
19	How is your health in general?		Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
	Very good Good Fair Bad Very bad		Professional qualifications (for example, teaching, nursing, accountancy)
			Other school qualifications not already mentioned (including foreign qualifications)
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		Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
			Other Higher Education qualifications not already mentioned (including foreign qualifications)
	Blindness or partial sight loss		No qualifications
	Learning disability (for example, Down's Syndrome)	24	Last week were you:
	Learning difficulty (for example, dyslexia)		♦ Tick all that apply.
	Developmental disorder (for example, Autistic		<ul> <li>Include any paid work, including casual or temporary work, even if only for one hour.</li> </ul>
	Spectrum Disorder or Asperger's Syndrome)  Physical disability		working as an employee?
	Mental health condition		on a Government sponsored training scheme?  Go to 30
	Long-term illness, disease or condition		self-employed or freelance? → Go to 30
	Other condition, please write in		working paid or unpaid for your → Go to 30
			away from work ill, on maternity leave, on holiday or temporarily laid off?
or			doing any other kind of paid work?
or	No condition		none of the above

Pers	on 3 - Individual questions continued		
25	Were you actively looking for any kind of paid work during the last 4 weeks?	33	Briefly describe what you do (did) in your main job.
	Yes No		
26	If a job had been available last week, could you have started it within 2 weeks?		
	Yes No	34	Do (did) you supervise any employees?
27	Last week, were you waiting to start a job already obtained?		<ul> <li>Supervision involves overseeing the work of other employees on a day-to-day basis.</li> </ul>
	Yes No		Yes No
28	Last week were you:	35	How many hours (to the nearest full hour) a week do (did) you usually work in your main job?
	♦ Tick all that apply.		♦ Include paid and unpaid overtime.
	retired (whether receiving a pension or not)?		Number of hours worked in a typical week
	a student?  looking after home or family?	36	At your workplace, what is (was) the main activity of your employer or business?
	long-term sick or disabled?		♦ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.
	other		♦ If you are (were) a civil servant, please write
29	Have you ever worked?		GÓVERNMENT.  • If you are (were) a local government officer, please
	Yes, please write in the year you last worked		write LOCAL GOVERNMENT and give the name of your department within the local authority.
	→ 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.	37	In your main job, what is (was) the name of the organisation you work (worked) for?
31	In your main job, are (were) you:		♦ If you are (were) self-employed in your own
	an employee?		organisation, please write in the business name.
	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.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	♦ Do not state your grade or pay band.	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.
			<ul> <li>If you included anyone at question H5, remember to record their details on the back page.</li> </ul>
			Remember to sign the declaration on page 1.



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rer	son 4 - Individual questions continued		
12	How do you usually travel to your main place of work or study (including school)?  ◆ Tick one box only.	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.
	♦ Tick the box for the longest part, by distance, of your usual journey to work or study.	Α	White
	Driving a car or van		Scottish
	Passenger in a car or van		Other British
	On foot		Irish
	Bus, minibus or coach		Gypsy / Traveller
	Train		Polish
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in
	Taxi		
	Bicycle		Missal ou moulding a otheric annua
	Motorcycle, scooter or moped	В	Mixed or multiple ethnic groups
	Other		Any mixed or multiple ethnic groups, please write in
13	What religion, religious denomination or body		
	do you belong to?  ♦ This question is voluntary.		
	None	С	Asian, Asian Scottish or Asian British
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British
	Roman Catholic		Indian, Indian Scottish or Indian British
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British
	Muslim		Chinese, Chinese Scottish or Chinese British
	Buddhist		Other, please write in
	Sikh		
	Jewish	D	African
	Hindu	U	African, African Scottish or African British
	Another religion or body, please write in		Other, please write in
			Other, piedse write in
14	What do you feel is your national identity?		
	♦ Tick <b>ALL</b> that apply.	Ε	Caribbean or Black
	Scottish		Caribbean, Caribbean Scottish or Caribbean British
	English		Black, Black Scottish or Black British
	Welsh		Other, please write in
	Northern Irish		
	British	F	Other ethnic group
	Other, please write in		Arab, Arab Scottish or Arab British
			Other, please write in



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Pers	son 4 - Individual questions continued		
16	Which of these can you do?  ◆ Tick all that apply.  English Scottish Gaelic Scots	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.
	Understand		Yes, limited a lot
	Speak		Yes, limited a little
	Read		No
	Write	22	If you are aged 16 or over → Go to 23
or			If you are aged 15 or under → Go to 38
	None of these	23	·
17	How well can you speak English?		<ul> <li>Tick all that apply.</li> <li>O Grade, Standard Grade, Access 3 Cluster,</li> </ul>
	Very well Well Not at all		Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
18	Do you use a language other than English at home?  • Tick all that apply.		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent
	No, English only		GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
	Yes, British Sign Language  Yes, other - please write in		GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
			HNC, HND, SVQ level 4 or equivalent
19	How is your health in general?		Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
	Very good Good Fair Bad Very bad		Professional qualifications (for example, teaching, nursing, accountancy)
			Other school qualifications not already mentioned (including foreign qualifications)
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?		Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
	<ul><li>◆ Tick all that apply.</li><li>Deafness or partial hearing loss</li></ul>		Other Higher Education qualifications not already mentioned (including foreign qualifications)
	Blindness or partial sight loss		No qualifications
	Learning disability (for example, Down's Syndrome)	24	Last week were you:
	Learning difficulty (for example, dyslexia)		♦ Tick all that apply.
	Developmental disorder (for example, Autistic		<ul> <li>Include any paid work, including casual or temporary work, even if only for one hour.</li> </ul>
	Spectrum Disorder or Asperger's Syndrome)		working as an employee? — Go to 30
	Physical disability		on a Government sponsored training scheme? — Go to 30
	Mental health condition		self-employed or freelance? → Go to 30
	Long-term illness, disease or condition		working paid or uppaid for your
	Other condition, please write in		own or your family's business? — Go to 30
			away from work ill, on maternity leave, on holiday or temporarily laid off?
Or.			doing any other kind of paid work?
or	No condition		none of the above

rers	on 4 - Individual questions continued		
25	Were you actively looking for any kind of paid work during the last 4 weeks?	33	Briefly describe what you do (did) in your main job.
	Yes No		
26	If a job had been available last week, could you have started it within 2 weeks?		
	Yes	34	Do (did) you supervise any employees?
27	Last week, were you waiting to start a job already	34	<ul> <li>Supervision involves overseeing the work of other employees on a day-to-day basis.</li> </ul>
	obtained?  Yes No		Yes No
		35	How many hours (to the nearest full hour) a week do (did) you usually work in your main job?
28	Last week were you:  Tick all that apply.		♦ Include paid and unpaid overtime.
	retired (whether receiving a pension or not)?		Number of hours worked in a typical week
	a student?	36	At your workplace, what is (was) the main activity of your employer or business?
	looking after home or family?  long-term sick or disabled?		♦ For example, ARMED FORCES, PRIMARY EDUCATION,
	other		REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING, DOCTOR'S SURGERY.
29	Have you ever worked?		<ul> <li>If you are (were) a civil servant, please write GOVERNMENT.</li> </ul>
	Yes, please write in the year you last worked		◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.
	→ Go to 30		your department within the local authority.
	No, have never worked → Go to 38		
30	Answer the remaining questions for your main job or, if not working, your last main job.		
	<ul> <li>Your main job is the job in which you usually work (worked) the most hours.</li> </ul>	37	In your main job, what is (was) the name of the
31	In your main job, are (were) you:		organisation you work (worked) for?  ◆ If you are (were) self-employed in your own
	an employee?		organisation, please write in the business name.
	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.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	♦ Do not state your grade or pay band.	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.
			<ul> <li>If you included anyone at question H5, remember to record their details on the back page.</li> </ul>
			• Remember to sign the declaration on page 1.



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Pers	on 5 - Individual questions	
1	What is your name? (Person 5 at H3 on page 4)  First name  Last name	<ul> <li>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:         <ul> <li>long-term physical / mental ill-health / disability; or</li> <li>problems related to old age?</li> <li>Do not count anything you do as part of your paid employment.</li> </ul> </li> </ul>
2	What is your sex?	No
	Male Female	Yes, 1 - 19 hours a week
3	What is your date of birth?  Day Month Year	Yes, 20 - 34 hours a week
		Yes, 35 - 49 hours a week
4	On the 27 March 2011, what is your legal marital or same-sex civil partnership status?	Yes, 50 or more hours a week  10 One year ago, what was your usual address?
	Never married and never registered a same-sex civil partnership	<ul> <li>If you had no usual address one year ago, state the address where you were staying.</li> </ul>
	Married In a registered same-sex civil partnership	Same as Person 1
	Separated, but Separated, but still	The address on the front of this questionnaire
	still legally married legally in a same-sex civil partnership	Student term-time / boarding school address in the UK, please write in below
	Divorced Formerly in a same-sex civil partnership which is now legally dissolved	Another address in the UK, please write in
	Widowed Surviving partner from a same-sex civil partnership	
5	Are you a schoolchild or student in full-time	
	education?	Postcode
	Yes	
	No → Go to 7	Outside the UK, please write in country
6	During term-time, do you live:  at the address on the front of this questionnaire?	
	at another address? → Go to 38	11 What address do you travel to for your main job or
7		course of study (including school)?  • Answer for the place where you spend the most time.
	What is your country of birth?  Scotland → Go to 9	<ul> <li>If you report to a depot, please write in the depot address.</li> </ul>
	England → Go to 9	Not currently working or studying → Go to 13
	Wales → Go to 9	Work or study mainly at, or from, home → Go to 13
	Northern Ireland → Go to 9	No fixed place
	Republic of Ireland	Work on an offshore installation - please use the address panel below to write in where you travel
	Elsewhere, please write in the current name of the country	offshore from, for example "ABERDEEN HARBOUR"  The address below, please write in
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	Postcode

rer	son 5 - Individual questions continued		
12	How do you usually travel to your main place of work or study (including school)?  ◆ Tick one box only.	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.
	◆ Tick the box for the longest part, by distance, of your usual journey to work or study.	Α	White
	Driving a car or van		Scottish
	Passenger in a car or van		Other British
	On foot		Irish
	Bus, minibus or coach		Gypsy / Traveller
	Train		Polish
	Underground, subway, metro, light rail or tram		Other white ethnic group, please write in
	Taxi		
	Bicycle	В	Mixed or multiple ethnic groups
	Motorcycle, scooter or moped	Ь	Any mixed or multiple ethnic groups, please write in
	Other		Any mixed of multiple ethnic groups, please write in
13	What religion, religious denomination or body		
	<ul><li>do you belong to?</li><li>This question is voluntary.</li></ul>		
	None	С	Asian, Asian Scottish or Asian British
	Church of Scotland		Pakistani, Pakistani Scottish or Pakistani British
	Roman Catholic		Indian, Indian Scottish or Indian British
	Other Christian, please write in below		Bangladeshi, Bangladeshi Scottish or Bangladeshi British
	Muslim		Chinese, Chinese Scottish or Chinese British
	Buddhist		Other, please write in
	Sikh		
	Jewish	D	African
	Hindu		African, African Scottish or African British
	Another religion or body, please write in		Other, please write in
14	What do you feel is your national identity?		
	♦ Tick <b>ALL</b> that apply.	E	Caribbean or Black
	Scottish		Caribbean, Caribbean Scottish or Caribbean British
	English		Black, Black Scottish or Black British
	Welsh		Other, please write in
	Northern Irish		
	British	F	Other ethnic group
	Other, please write in		Arab, Arab Scottish or Arab British
			Other, please write in



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reis	son 5 - Individual questions continued		
16	Which of these can you do?  ◆ Tick all that apply.	21	health problem or disability which has lasted, or is expected to last, at least 12 months?
	English Scottish Gaelic Scots		♦ Include problems related to old age.
	Understand		Yes, limited a lot
	Speak		Yes, limited a little
	Read		No
	Write	22	If you are aged 16 or over → Go to 23
or			If you are aged 15 or under → Go to 38
	None of these	23	Which of these qualifications do you have?  ◆ Tick all that apply.
17	How well can you speak English?		O Grade, Standard Grade, Access 3 Cluster,
	Very well Well Not at all		Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
18	Do you use a language other than English at home?		SCE Higher Grade, Higher, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent
	<ul><li>◆ Tick all that apply.</li><li>No, English only</li></ul>		GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
	Yes, British Sign Language  Yes, other - please write in		GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
			HNC, HND, SVQ level 4 or equivalent
19	How is your health in general?		Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
	Very good Good Fair Bad Very bad		Professional qualifications (for example, teaching, nursing, accountancy)
			Other school qualifications not already mentioned (including foreign qualifications)
20	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?		Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
	<ul><li>◆ Tick all that apply.</li><li>Deafness or partial hearing loss</li></ul>		Other Higher Education qualifications not already mentioned (including foreign qualifications)
	Blindness or partial sight loss		No qualifications
		24	Last week were you:
	Learning disability (for example, Down's Syndrome)		♦ Tick all that apply.
	Learning difficulty (for example, dyslexia)  Developmental disorder (for example, Autistic		<ul> <li>Include any paid work, including casual or temporary work, even if only for one hour.</li> </ul>
	Spectrum Disorder or Asperger's Syndrome)		working as an employee?
	Physical disability  Mental health condition		on a Government sponsored training scheme?  Go to 30
			self-employed or freelance? → Go to 30
	Long-term illness, disease or condition		working paid or uppaid for your
	Other condition, please write in		own or your family's business? — Go to 30
			away from work ill, on maternity leave, on holiday or temporarily laid off?
or			doing any other kind of paid work?
JI	No condition		none of the above

Pers	on 5 - Individual questions continued		
25	Were you actively looking for any kind of paid work during the last 4 weeks?	33	Briefly describe what you do (did) in your main job.
	Yes No		
26	If a job had been available last week, could you have		
	started it within 2 weeks?  Yes  No		
		34	Do (did) you supervise any employees?
27	Last week, were you waiting to start a job already obtained?		<ul> <li>Supervision involves overseeing the work of other employees on a day-to-day basis.</li> </ul>
	Yes No	35	Yes No  How many hours (to the nearest full hour) a week do
28	Last week were you:	33	(did) you usually work in your main job?
	♦ Tick all that apply.		♦ Include paid and unpaid overtime.
	retired (whether receiving a pension or not)?		Number of hours worked in a typical week
	a student? looking after home or family?	36	At your workplace, what is (was) the main activity of your employer or business?
	long-term sick or disabled?		♦ For example, ARMED FORCES, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER
	other		SERVICING, DOCTOR'S SURGERY.  If you are (were) a civil servant, please write
29	Have you ever worked?		GOVERNMENT.
	Yes, please write in the year you last worked		<ul> <li>If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department within the local authority.</li> </ul>
	→ Go to 30		your department within the local authority.
	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.	37	In your main job, what is (was) the name of the
31	In your main job, are (were) you:		organisation you work (worked) for?  ◆ If you are (were) self-employed in your own
	an employee?		organisation, please write in the business name.
	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.		No organisation, for example, self-employed, freelance, or work (worked) for a private individual.
	♦ Do not state your grade or pay band.	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.



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Que	stion H5 continued							
	OO 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).							
	<ul> <li>You only need to provide details for up to three people. Remember to include children and babies.</li> <li>Please make sure you have filled in the rest of the questionnaire and signed the declaration on page 1.</li> </ul>							
Pe	erson A							
V1	What is this person's name?  First name  Last name	V4	Wh	at is this person's usual UK address?				
V2	What is this person's sex?  Male Female			Postcode				
V3	What is this person's date of birth?  Day Month Year			Outside the UK, please write in country				
Pe	erson B							
V1	What is this person's name?  First name  Last name	V4	Wh	at is this person's usual UK address?  Same address as Person A				
V2	What is this person's sex?  Male Female			Postcode				
V3	What is this person's date of birth?  Day Month Year			Outside the UK, please write in country				
Pe	erson C							
V1	What is this person's name?  First name  Last name	V4	Wh	at is this person's usual UK address?  Same address as Person A				
V2	What is this person's sex?  Male Female  What is this person's date of birth?			Postcode				
43	Day Month Year			Outside the UK, please write in country				