

20 March 2022

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

Postcode

Help and support

The leaflet included has more information about how we can help you complete the census questionnaire.

You can also visit www.census.gov.scot/help for more help or call our helpline free on **0800 030 8308**.

Completing online

You can complete this questionnaire online. Visit www.census.gov.scot and use the code printed on your household questionnaire.

What you need to do

- answer questions **C1**, **C2** and **C3**
- answer individual questions **1** to **44** for each household member listed in question **C2**
- post this questionnaire back in the same freepost return envelope as your household questionnaire

C1 Write in the number of this continuation questionnaire.

- ◆ Households with more than 10 people must complete more than one continuation questionnaire. If you are only completing one, write in 1. If you are completing more than one, number them in order, for example, 1, 2, 3

Continuation questionnaire number

C2 List the names of the household members counted in question **H2** on page 3 of the household questionnaire, who are not listed in question **H3**. Include children and babies.

	First name(s)	Last name
Person 6	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Person 7	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Person 8	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Person 9	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Person 10	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

- ◆ If there are more than 10 people in this household, you will need to complete more than one continuation questionnaire. You can either complete the questionnaire online for the whole household or call our helpline free on **0800 030 8308** to request more continuation questionnaires

Household questions — relationships

C3 How are the members of this household related to each other?

- ◆ Using the same order you used in question **C2** (on **page 1**), write the name of everyone who usually lives here at the top of each column below and on **page 3**
- ◆ Include children, babies, and people who have requested an individual questionnaire
- ◆ Tick a box to show the relationship of each person listed in question **C2** to other members of this household
- ◆ Tick a box to show the relationship of each person listed in question **C2** to Person 1 and to the previous two household members. Refer to question **H3** (on page 3 of your household questionnaire) for Person 1 to Person 5

For example:

- for Person 6, tick the boxes to show their relationship to Person 1, Person 4, and Person 5 listed in question **H3** on page 3 of your household questionnaire
- for Person 7, tick the boxes to show their relationship to Person 1 and Person 5 listed in question **H3** on page 3 of your household questionnaire, and to Person 6 listed in question **C2** on **page 1** of this continuation questionnaire

Name of Person 6

First name(s)

Last name

Relationship of Person 6 to Persons:

1 4 5

Husband or wife

Registered civil partner

Partner

Son or daughter

Step-child

Brother or sister

Step-brother or step-sister

Mother or father

Step-mother or step-father

Grandchild

Grandparent

Other relation (including in-laws)

Unrelated (including foster child)

Name of Person 7

First name(s)

Last name

Relationship of Person 7 to Persons:

1 5 6

Husband or wife

Registered civil partner

Partner

Son or daughter

Step-child

Brother or sister

Step-brother or step-sister

Mother or father

Step-mother or step-father

Grandchild

Grandparent

Other relation (including in-laws)

Unrelated (including foster child)

Name of Person 8

First name(s)

Last name

Relationship of Person 8 to Persons:

1 6 7

Husband or wife

Registered civil partner

Partner

Son or daughter

Step-child

Brother or sister

Step-brother or step-sister

Mother or father

Step-mother or step-father

Grandchild

Grandparent

Other relation (including in-laws)

Unrelated (including foster child)

Name of Person 9
 First name(s)

 Last name

Relationship of Person 9 to Persons: **1 7 8**

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered 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 (including in-laws)	<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 10
 First name(s)

 Last name

Relationship of Person 10 to Persons: **1 8 9**

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered 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 (including in-laws)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual questions — Person 6

1 What is your name?
(Person 6 in C2 on page 1)

First name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
- ◆ Tick **one** box only

No

Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 20 March 2022, what is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a civil partnership

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

- Yes
- No ➔ go to 8

7 During term-time, do you live:

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

8 Which of the following best describes your sexual orientation?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Tick **one** box only

- Straight / Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, please write in:

9 What is your country of birth?

- Scotland ➔ go to 11
- England ➔ go to 11
- Northern Ireland ➔ go to 11
- Wales ➔ go to 11
- Republic of Ireland
- Elsewhere, please write in the current name of the country:

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

- ◆ Do not count short visits away from the UK

Month Year

11 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of the questionnaire
- Student term-time / boarding school address in the UK, please write in below:
- Another address in the UK, please write in:

Postcode

- Outside the UK, please write in country:

Individual questions — Person 6

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

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

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

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

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

◆ Tick **one** box in each column

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

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

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or				
<input type="checkbox"/> No skills in either language				

15 Can you use British Sign Language (BSL)?

- Yes No

16 What is your main language?

◆ Tick **one** box only

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

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17 How is your health in general?

- Very good Good Fair Bad Very bad
-

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

◆ Tick **all** that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:
- | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
- No condition

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

◆ Include problems related to old age

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

Individual questions — Person 6

20 What passports do you hold?

◆ Tick **all** that apply

United Kingdom

Ireland

Other, please write in:

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None

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

◆ This question is **voluntary**

None

Church of Scotland

Roman Catholic

Other Christian, please write in below:

Muslim, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

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22 What do you feel is your national identity?

◆ Tick **all** that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

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23 What is your ethnic group?

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

A White

Scottish

Other British

Irish

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

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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, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

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D African, Scottish African or British African

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

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E Caribbean or Black

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

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F Other ethnic group

Arab, Scottish Arab or British Arab

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

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Individual questions — Person 6

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

If you are aged 15 or under ➔ go to **41**

25 Which of these qualifications do you have?

◆ Tick **all** that apply

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

26 Have you previously served in the UK Armed Forces?

◆ **Current serving members** should only tick 'No'

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

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

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

- Working as an employee ➔ go to **33**
- Self-employed or freelance ➔ go to **33**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to **33**
- On maternity or paternity leave ➔ go to **33**
- Doing any other kind of paid work ➔ go to **33**
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick **all** that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

32 Have you ever done any paid work?

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

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

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

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

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

Individual questions — Person 6

35 What is (was) the name of the organisation or business you work (worked) for?

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

- or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

- ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER
- ◆ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?

- ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALE
- ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND
- ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

- Yes No

40 In your main job, how many hours a week do (did) you usually work?

- ◆ Include paid and unpaid overtime

0 to 15	16 to 30	31 to 48	49 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41 If you currently work or study (or both)

- ➡ go to 42

If you do not currently work or study, including if you are retired ➡ go to 44

42 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

- Work mainly at, or from, home ➡ go to 44
- Distance learning, home schooled or equivalent ➡ go to 44
- No fixed place ➡ go to 43
- Work on an offshore installation ➡ go to 43
- The address below, please write in:

Postcode

The address entered above is my place of:

- work study

43 How do you usually travel to your main job or course of study (including school)?

- ◆ Answer for your usual travel to the place where you spend the most time
- ◆ Tick the box for the longest part of your journey **by distance**
- ◆ Tick **one** box only

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

44 There are no more questions for Person 6.

- ◆ If there are no more people in your household leave the following pages blank. Otherwise, go to questions for **Person 7**
- ◆ Remember to sign the declaration on page 1 of the household questionnaire

Individual questions — Person 7

1 What is your name?
(Person 7 in C2 on page 1)

First name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
- ◆ Tick **one** box only

No
 Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 20 March 2022, what is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
 Married
 In a registered civil partnership
 Separated, but still legally married
 Separated, but still legally in a civil partnership
 Divorced
 Formerly in a civil partnership which is now legally dissolved
 Widowed
 Surviving partner from a civil partnership

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

- Yes
 No ➔ go to 8

7 During term-time, do you live:

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

8 Which of the following best describes your sexual orientation?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Tick **one** box only

- Straight / Heterosexual
 Gay or Lesbian
 Bisexual
 Other sexual orientation, please write in:

9 What is your country of birth?

- Scotland ➔ go to 11
 England ➔ go to 11
 Northern Ireland ➔ go to 11
 Wales ➔ go to 11
 Republic of Ireland
 Elsewhere, please write in the current name of the country:

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

- ◆ Do not count short visits away from the UK

Month Year

11 One year ago, what was your usual address?

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

- Same as Person 1
 The address on the front of the questionnaire
 Student term-time / boarding school address in the UK, please write in below:
 Another address in the UK, please write in:

Postcode

- Outside the UK, please write in country:

Individual questions — Person 7

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

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

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

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

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

◆ Tick **one** box in each column

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

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

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
or				
<input type="checkbox"/> No skills in either language				

15 Can you use British Sign Language (BSL)?

- Yes No

16 What is your main language?

◆ Tick **one** box only

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

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17 How is your health in general?

- Very good Good Fair Bad Very bad
-

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

◆ Tick **all** that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:
- | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
- No condition

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

◆ Include problems related to old age

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

Individual questions — Person 7

20 What passports do you hold?

◆ Tick **all** that apply

- United Kingdom
- Ireland
- Other, please write in:

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

- None

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

◆ This question is **voluntary**

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

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22 What do you feel is your national identity?

◆ Tick **all** that apply

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

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23 What is your ethnic group?

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

A White

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

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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, Scottish Asian or British Asian

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

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

D African, Scottish African or British African

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

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E Caribbean or Black

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

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F Other ethnic group

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

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Individual questions — Person 7

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

If you are aged 15 or under ➔ go to **41**

25 Which of these qualifications do you have?

◆ Tick **all** that apply

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

26 Have you previously served in the UK Armed Forces?

◆ **Current serving members** should only tick 'No'

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

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

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

- Working as an employee ➔ go to **33**
- Self-employed or freelance ➔ go to **33**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to **33**
- On maternity or paternity leave ➔ go to **33**
- Doing any other kind of paid work ➔ go to **33**
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick **all** that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

32 Have you ever done any paid work?

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

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

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

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

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

Individual questions — Person 7

35 What is (was) the name of the organisation or business you work (worked) for?

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

- or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

- ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER

- ◆ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?

- ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER

- ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND

- ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

- Yes No

40 In your main job, how many hours a week do (did) you usually work?

- ◆ Include paid and unpaid overtime

0 to 15	16 to 30	31 to 48	49 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41 If you currently work or study (or both)

- ➔ go to 42

If you do not currently work or study, including if you are retired ➔ go to 44

42 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

- Work mainly at, or from, home ➔ go to 44

- Distance learning, home schooled or equivalent ➔ go to 44

- No fixed place ➔ go to 43

- Work on an offshore installation ➔ go to 43

- The address below, please write in:

Postcode

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

The address entered above is my place of:

- work study

43 How do you usually travel to your main job or course of study (including school)?

- ◆ Answer for your usual travel to the place where you spend the most time

- ◆ Tick the box for the longest part of your journey by distance

- ◆ Tick **one** box only

- Driving a car or van

- Passenger in a car or van

- Taxi or private hire

- Motorcycle, scooter or moped

- On foot

- Bicycle

- Bus, minibus or coach

- Train

- Underground, subway or tram

- Other

44 There are no more questions for Person 7.

- ◆ If there are no more people in your household leave the following pages blank. Otherwise, go to questions for **Person 8**

- ◆ Remember to sign the declaration on page 1 of the household questionnaire

Individual questions — Person 8

1 What is your name?
(Person 8 in C2 on page 1)

First name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
- ◆ Tick **one** box only

No

Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 20 March 2022, what is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a civil partnership

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

- Yes
- No ➔ go to 8

7 During term-time, do you live:

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

8 Which of the following best describes your sexual orientation?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Tick **one** box only

- Straight / Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, please write in:

9 What is your country of birth?

- Scotland ➔ go to 11
- England ➔ go to 11
- Northern Ireland ➔ go to 11
- Wales ➔ go to 11
- Republic of Ireland
- Elsewhere, please write in the current name of the country:

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

- ◆ Do not count short visits away from the UK

Month Year

11 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of the questionnaire
- Student term-time / boarding school address in the UK, please write in below:
- Another address in the UK, please write in:

Postcode

- Outside the UK, please write in country:

Individual questions — Person 8

- 12** Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
- long-term physical / mental ill-health / disability; or
 - problems related to old age?
- ◆ Do not count anything you do as part of your paid employment

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

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

◆ Tick **one** box in each column

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

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

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or				
<input type="checkbox"/> No skills in either language				

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

- Yes No

- 16** What is your main language?

◆ Tick **one** box only

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

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

- 17** How is your health in general?

- Very good Good Fair Bad Very bad
-

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

◆ Tick **all** that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:
- | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
- No condition

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

◆ Include problems related to old age

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

Individual questions — Person 8

20 What passports do you hold?

◆ Tick **all** that apply

United Kingdom

Ireland

Other, please write in:

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

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None

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

◆ This question is **voluntary**

None

Church of Scotland

Roman Catholic

Other Christian, please write in below:

Muslim, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

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

22 What do you feel is your national identity?

◆ Tick **all** that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

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

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

23 What is your ethnic group?

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

A White

Scottish

Other British

Irish

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

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

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in:

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

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

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

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

D African, Scottish African or British African

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

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

E Caribbean or Black

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

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

F Other ethnic group

Arab, Scottish Arab or British Arab

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

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

Individual questions — Person 8

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

If you are aged 15 or under ➔ go to **41**

25 Which of these qualifications do you have?

◆ Tick **all** that apply

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

26 Have you previously served in the UK Armed Forces?

◆ **Current serving members** should only tick 'No'

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

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

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

- Working as an employee ➔ go to **33**
- Self-employed or freelance ➔ go to **33**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to **33**
- On maternity or paternity leave ➔ go to **33**
- Doing any other kind of paid work ➔ go to **33**
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick **all** that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

32 Have you ever done any paid work?

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

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

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

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

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

Individual questions — Person 8

35 What is (was) the name of the organisation or business you work (worked) for?

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

or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

- ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER
- ◆ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?

- ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER
- ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND
- ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

Yes No

40 In your main job, how many hours a week do (did) you usually work?

- ◆ Include paid and unpaid overtime

0 to 15	16 to 30	31 to 48	49 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41 If you currently work or study (or both)

➔ go to 42

If you do not currently work or study, including if you are retired ➔ go to 44

42 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

- Work mainly at, or from, home ➔ go to 44
- Distance learning, home schooled or equivalent ➔ go to 44
- No fixed place ➔ go to 43
- Work on an offshore installation ➔ go to 43
- The address below, please write in:

Postcode

The address entered above is my place of:

work study

43 How do you usually travel to your main job or course of study (including school)?

- ◆ Answer for your usual travel to the place where you spend the most time
- ◆ Tick the box for the longest part of your journey **by distance**
- ◆ Tick **one** box only

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

44 There are no more questions for Person 8.

- ◆ If there are no more people in your household leave the following pages blank. Otherwise, go to questions for **Person 9**
- ◆ Remember to sign the declaration on page 1 of the household questionnaire

Individual questions — Person 9

1 What is your name?
(Person 9 in C2 on page 1)

First name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
- ◆ Tick **one** box only

- No
- Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 20 March 2022, what is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a civil partnership

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

- Yes
- No ➔ go to 8

7 During term-time, do you live:

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

8 Which of the following best describes your sexual orientation?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Tick **one** box only

- Straight / Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, please write in:

9 What is your country of birth?

- Scotland ➔ go to 11
- England ➔ go to 11
- Northern Ireland ➔ go to 11
- Wales ➔ go to 11
- Republic of Ireland
- Elsewhere, please write in the current name of the country:

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

- ◆ Do not count short visits away from the UK

Month Year

11 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of the questionnaire
- Student term-time / boarding school address in the UK, please write in below:
- Another address in the UK, please write in:

Postcode

- Outside the UK, please write in country:

Individual questions — Person 9

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

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

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

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

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

◆ Tick **one** box in each column

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

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

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
or				
<input type="checkbox"/> No skills in either language				

15 Can you use British Sign Language (BSL)?

- Yes No

16 What is your main language?

◆ Tick **one** box only

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

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

17 How is your health in general?

- Very good Good Fair Bad Very bad
-

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

◆ Tick **all** that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:
- | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
- No condition

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

◆ Include problems related to old age

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

Individual questions — Person 9

20 What passports do you hold?

◆ Tick **all** that apply

- United Kingdom
- Ireland
- Other, please write in:

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- None

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

◆ This question is **voluntary**

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

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22 What do you feel is your national identity?

◆ Tick **all** that apply

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

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23 What is your ethnic group?

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

A White

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

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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, Scottish Asian or British Asian

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

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D African, Scottish African or British African

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

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E Caribbean or Black

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

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F Other ethnic group

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

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Individual questions — Person 9

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

If you are aged 15 or under ➔ go to **41**

25 Which of these qualifications do you have?

◆ Tick **all** that apply

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

26 Have you previously served in the UK Armed Forces?

◆ **Current serving members** should only tick 'No'

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

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

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

- Working as an employee ➔ go to **33**
- Self-employed or freelance ➔ go to **33**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to **33**
- On maternity or paternity leave ➔ go to **33**
- Doing any other kind of paid work ➔ go to **33**
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick **all** that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

32 Have you ever done any paid work?

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

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

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

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

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

Individual questions — Person 9

35 What is (was) the name of the organisation or business you work (worked) for?

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

- or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

- ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER
- ◆ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?

- ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER
- ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND
- ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

- Yes No

40 In your main job, how many hours a week do (did) you usually work?

- ◆ Include paid and unpaid overtime

0 to 15	16 to 30	31 to 48	49 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41 If you currently work or study (or both)

➔ go to 42

If you do not currently work or study, including if you are retired ➔ go to 44

42 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

- Work mainly at, or from, home ➔ go to 44
- Distance learning, home schooled or equivalent ➔ go to 44
- No fixed place ➔ go to 43
- Work on an offshore installation ➔ go to 43
- The address below, please write in:

Postcode

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The address entered above is my place of:

- work study

43 How do you usually travel to your main job or course of study (including school)?

- ◆ Answer for your usual travel to the place where you spend the most time
- ◆ Tick the box for the longest part of your journey **by distance**
- ◆ Tick **one** box only

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

44 There are no more questions for Person 9.

- ◆ If there are no more people in your household leave the following pages blank. Otherwise, go to questions for **Person 10**
- ◆ Remember to sign the declaration on page 1 of the household questionnaire

Individual questions — Person 10

1 What is your name?
(Person 10 in **C2** on page 1)

First name(s)

Last name

2 What is your date of birth?

Day Month Year

3 What is your sex?

Female Male

4 Do you consider yourself to be trans, or have a trans history?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth
- ◆ Tick **one** box only

No
 Yes, please describe your trans status (for example, non-binary, trans man, trans woman):

5 On 20 March 2022, what is your legal marital or registered civil partnership status?

- Never married and never registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a civil partnership

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

- Yes
- No ➔ go to **8**

7 During term-time, do you live:

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

8 Which of the following best describes your sexual orientation?

- ◆ This question is **voluntary**
- ◆ Answer only if you are aged 16 or over
- ◆ Tick **one** box only

- Straight / Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, please write in:

9 What is your country of birth?

- Scotland ➔ go to **11**
- England ➔ go to **11**
- Northern Ireland ➔ go to **11**
- Wales ➔ go to **11**
- Republic of Ireland
- Elsewhere, please write in the current name of the country:

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

- ◆ Do not count short visits away from the UK

Month Year

11 One year ago, what was your usual address?

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

- Same as Person 1
- The address on the front of the questionnaire
- Student term-time / boarding school address in the UK, please write in below:
- Another address in the UK, please write in:

Postcode

- Outside the UK, please write in country:

Individual questions — Person 10

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

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

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

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

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

◆ Tick **one** box in each column

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

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

◆ Tick **all** that apply

	Understand (spoken)	Speak	Read	Write
Scottish Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or				
<input type="checkbox"/> No skills in either language				

15 Can you use British Sign Language (BSL)?

- Yes No

16 What is your main language?

◆ Tick **one** box only

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

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

17 How is your health in general?

- Very good Good Fair Bad Very bad
-

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

◆ Tick **all** that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)
- Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)
- Learning difficulty (a specific learning condition that affects the way you learn and process information)
- Developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)
- Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- Other condition, please write in:
- | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
- No condition

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

◆ Include problems related to old age

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

Individual questions — Person 10

20 What passports do you hold?

◆ Tick **all** that apply

United Kingdom

Ireland

Other, please write in:

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

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None

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

◆ This question is **voluntary**

None

Church of Scotland

Roman Catholic

Other Christian, please write in below:

Muslim, write in denomination or school below:

Hindu

Buddhist

Sikh

Jewish

Pagan

Another religion or body, please write in:

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

22 What do you feel is your national identity?

◆ Tick **all** that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

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

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23 What is your ethnic group?

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

A White

Scottish

Other British

Irish

Polish

Gypsy / Traveller

Roma

Showman / Showwoman

Other white ethnic group, please write in:

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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, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other, please write in:

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

D African, Scottish African or British African

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

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E Caribbean or Black

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

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

F Other ethnic group

Arab, Scottish Arab or British Arab

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

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Individual questions — Person 10

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

If you are aged 15 or under ➔ go to **41**

25 Which of these qualifications do you have?

◆ Tick **all** that apply

- O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE or equivalent
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- Apprenticeship (Foundation or equivalent)
- Apprenticeship (Modern or equivalent)
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- 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
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- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent
- Professional qualifications (for example, teaching, nursing, accountancy)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications

26 Have you previously served in the UK Armed Forces?

◆ **Current serving members** should only tick 'No'

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

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

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

- Working as an employee ➔ go to **33**
- Self-employed or freelance ➔ go to **33**
- Temporarily away from work ill, on holiday or temporarily laid off ➔ go to **33**
- On maternity or paternity leave ➔ go to **33**
- Doing any other kind of paid work ➔ go to **33**
- None of the above

28 Which of the following describes what you were doing in the last seven days?

◆ Tick **all** that apply

- Retired (whether receiving a pension or not)
- Studying
- Looking after home or family
- Long-term sick or disabled
- Other

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

32 Have you ever done any paid work?

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

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

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

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

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

Individual questions — Person 10

35 What is (was) the name of the organisation or business you work (worked) for?

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

- or No organisation or work (worked) for a private individual

36 What is (was) your full job title?

- ◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER
- ◆ Do not state your grade or pay band

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

38 What is (was) the main activity of your organisation, business or freelance work?

- ◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER
- ◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND
- ◆ If you are (were) a local government officer, please write LOCAL GOVERNMENT and give the name of your department. For example, SOCIAL SERVICES, TRANSPORT DEPARTMENT

39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?

- Yes No

40 In your main job, how many hours a week do (did) you usually work?

- ◆ Include paid and unpaid overtime

0 to 15 16 to 30 31 to 48 49 or more

41 If you currently work or study (or both)

➔ go to 42

If you do not currently work or study, including if you are retired ➔ go to 44

42 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

- Work mainly at, or from, home ➔ go to 44
 Distance learning, home schooled or equivalent ➔ go to 44
 No fixed place ➔ go to 43
 Work on an offshore installation ➔ go to 43
 The address below, please write in:

Postcode

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The address entered above is my place of:

- work study

43 How do you usually travel to your main job or course of study (including school)?

- ◆ Answer for your usual travel to the place where you spend the most time
- ◆ Tick the box for the longest part of your journey **by distance**
- ◆ Tick **one** box only

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

44 There are no more questions for Person 10.

- ◆ If there are more people in your household, call our helpline free on **0800 030 8308** to request more continuation questionnaires
- ◆ Remember to sign the declaration on page 1 of the household questionnaire