

H1 Who usually lives here?

- ◆ If you need more advice about who to include, see the extra guidance leaflet 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 21 March 2021
- Students and / or schoolchildren who live away from home during term-time
- Housemates / flatmates or lodgers
- People who work away from home within the UK, or are members of the Armed Forces, **if this is their permanent or family home**
- People staying temporarily who usually live in the UK but do not have another UK address
- People who usually live outside the UK who are staying in the UK for **6 months or more**
- People temporarily away from home on the night of 21 March 2021

H2 Counting everyone you included in question H1, how many people usually live here?

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H3 Starting with the householder(s), list the names of the people counted in question H2, including children and babies.

	First name(s)	Last name
Person 1	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>

- ◆ If there are more than five people in this household, either fill in the questionnaire online for the whole household or call our helpline FREEPHONE 0800 030 8308 to ask for a Continuation Questionnaire(s)

H4 Is there anyone staying at this address on the night of 21 March 2021 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 21 March 2021 ➔ go to H6

H5 Counting only the people you included in question H4, how many people are staying at this address on the night of 21 March 2021 whose permanent or family home is elsewhere?

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➔ Details for these people must be recorded on the back page

- ◆ If there are **only** people staying at this address on the night of 21 March 2021 whose permanent or family home is elsewhere, please make sure you answer questions **H7 to H10** on **page X** and questions **V1 to V4** on the back page

H6 How are the members of this household related to each other?

- ◆ If there are more than five people, contact us to request a Continuation Questionnaire(s)
- ◆ If you live alone ➡ go to **H7**
- ◆ If no-one usually lives here and there are no visitors staying overnight here on 21 March 2021 ➡ go to **H7**

Example:

This shows how to provide relationship information for Mary Smith, who is Person 1, her husband (Robert), their two children (Alison and Steven), and Robert's father (James)

DO NOT write in this section ➡

Write your household members' details in the section BELOW ↓

Name of Person 1

First name(s)

M A R Y

Last name

S M I T H

Name of Person 2

First name(s)

R O B E R T

Last name

S M I T H

Relationship of Person 2 to Person:

1

- Husband or wife
- Registered civil partner
- Partner
- Son or daughter
- Step-child
- Brother or sister
-

Name of Person 1

First name(s)

Last name

Name of Person 2

First name(s)

Last name

Relationship of Person 2 to Person:

1

- 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)

↑
Write in name of Person 1 here as in question H3

- ◆ Using the same order you used in question **H3** (on page **X**), write the name of everyone who usually lives here at the top of each column
- ◆ Remember to include children, babies and people who have requested an Individual Questionnaire
- ◆ Tick a box to show the relationship of each person to each of the other members of this household
- ◆ Select the 'Brother or sister' option for half-brothers and half-sisters.

Name of Person 3
 First name(s)
 AL I S O N
 Last name
 S M I T H
 Relationship of Person 3 to Persons: **1 2**
 Husband or wife
 Registered civil partner
 Partner
 Son or daughter
 Step-child
 Brother or sister

Name of Person 4
 First name(s)
 S T E V E N
 Last name
 S M I T H
 Relationship of Person 4 to Persons: **1 2 3**
 Husband or wife
 Registered civil partner
 Partner
 Son or daughter
 Step-child
 Brother or sister

Name of Person 5
 First name(s)
 J A M E S
 Last name
 S M I T H
 Relationship of Person 5 to Persons: **1 2 3 4**

 Mother or father
 Step-mother or step-father
 Grandchild
 Grandparent
 Other relation (including in-laws)
 Unrelated (including foster child)

Name of Person 3
 First name(s)
 Last name
 Relationship of Person 3 to Persons: **1 2**
 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 4
 First name(s)
 Last name
 Relationship of Person 4 to Persons: **1 2 3**
 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 5
 First name(s)
 Last name
 Relationship of Person 5 to Persons: **1 2 3 4**
 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)

H7 What type of accommodation is this?**A whole house or bungalow that is:**

- detached
- semi-detached
- terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- in a tenement or purpose-built block of flats (including '4-in-a-block')
- part of a converted or shared house (including bed-sits)
- in a commercial building (for example, in an office building, hotel or over a shop)

A mobile or temporary structure:

- a caravan or other mobile or temporary structure

H8 Are all the rooms in this accommodation behind a door that only this household can use?

- Yes
- No

H9 How many bedrooms are available for use only by this household?

- ◆ Include all rooms built or converted for use as bedrooms

Number of bedrooms

H10 What type of central heating does this accommodation have?

- ◆ Central heating is a central system that generates heat for **multiple** rooms
- ◆ If the central heating is available please tick the box, whether you use it or not
- ◆ Tick **all** that apply
- No central heating
- Mains gas
- Other gas (including liquid petroleum gas and biogas)
- Electric (including storage heating)
- Oil
- Solid fuel (excluding wood)
- Wood or biomass (logs, pellets, chippings)
- Other renewable energy source (including electric and air heat pump systems)
- District or communal heat system
- Other

H11 If there is no-one usually living here but there are people staying at this address whose permanent or family home is elsewhere
➔ **details for these people must be recorded on the back page**

If no-one usually lives here and no-one is staying at this address on the night of 21 March 2021, there are no more questions to answer

➔ **remember to sign the declaration on the front page**

H12 Does your household own or rent this accommodation?

- ◆ Tick **one** box only

- Owns with a mortgage or loan ➔ go to **H14**
- Owns outright ➔ go to **H14**
- Owns with shared equity (for example, LIFT, Help-to-Buy) ➔ go to **H14**
- Rents (with or without housing benefit)
- Part owns and part rents (shared ownership) ➔ go to **H14**
- Lives here rent free

H13 Who is your landlord?

- Council (Local Authority) or Housing Association / Registered Social Landlord
- Private landlord or letting agency
- Other

H14 In total, how many cars or vans are owned, or are available for use, by members of this household?

- ◆ Include any company car(s) or van(s) available for private use

- None
- 1
- 2
- 3
- 4 or more, please write in number

H15 There are no more household questions.
➔ go to questions for **Person 1** on page **X**

Individual questions — Person 1

version v3.0, 10.07.2020

1 What is your name? (Person 1 in H3 on page X)

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 21 March 2021, 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:

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

- 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):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:
- | | | | | | | | | | | | | | | | | | | | |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
- 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

20 What passports do you hold?

◆ Tick **all** that apply

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

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:

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:

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 1

version v3.0, 10.07.2020

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 1

version v3.0, 10.07.2020

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 1.

- ◆ If there are no more people in your household please leave the following pages blank.

- ◆ Otherwise go to questions for **Person 2**

- ◆ If you included anyone in question **H5**, record their details on the back page

- ◆ Remember to sign the declaration on **page X**

Household questions — people (H5 continued) **version v3.0, 10.07.2020**

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

◆ For more than three people, write their answers on a separate piece of paper and include it with this questionnaire. Remember to include children and babies

◆ Please make sure you have filled in the rest of the questionnaire and signed the declaration on **page X**

Person A

V1 What is this person's name?

First name(s)

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

 Postcode

Outside the UK, please write in country:

Person B

V1 What is this person's name?

First name(s)

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Same as person A

 Postcode

Outside the UK, please write in country:

Person C

V1 What is this person's name?

First name(s)

Last name

V2 What is this person's date of birth?

Day Month Year

V3 What is this person's sex?

Female Male

V4 What is this person's usual UK address?

Same as person A

 Postcode

Outside the UK, please write in country: