

SCHEDULE 2

Regulation 3(16)

Electronic Questionnaire – Household Individual Questions

(1) Question	(2) Instruction for respondent	(3)
What is your date of birth?	The respondent is required to use the format DD MM YYYY in the boxes provided.	
What is your sex?	<p>The respondent is required to select one option only.</p> <p>A voluntary question about trans status or history will follow if the respondent is aged 16 or over.</p>	<input type="checkbox"/> Female <input type="checkbox"/> Male
Do you consider yourself to be trans, or have a trans history?	<p>This question is voluntary.</p> <p>Trans is a term used to describe people whose gender is not the same as the sex they were registered at birth.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects “yes” to this question they may type how they describe their trans status in the box provided, for example, non-binary, trans man, trans woman.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman)

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<p>On 21 March 2021, what is your legal marital or registered civil partnership status?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Never married and never registered in a civil partnership</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Separated, but still legally in a civil partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Surviving partner from a civil partnership</p>
<p>Are you a schoolchild or student in full-time education?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>During term-time, do you live at [address]?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, during term-time I live at another address</p>
<p>Which of the following best describes your sexual orientation?</p>	<p>This question is voluntary.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects "Other sexual orientation" they may type how they describe their sexual orientation in the box provided.</p>	<p><input type="checkbox"/> Straight or Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation</p>

<p>What is your country of birth?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects “Elsewhere” they are required to provide the name of their country of birth in the box provided.</p>	<p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere</p>
<p>If you were not born in the United Kingdom, when did you most recently arrive to live here?</p>	<p>The respondent is not required to count short visits away from the UK.</p> <p>The respondent is required to use the format MM YYYY in the boxes provided.</p>	
<p>One year ago, what was your usual address?</p>	<p>If the respondent had no usual address one year ago, they are required to enter the address where they were staying on 21 March 2020 in the box provided.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> [Address]</p> <p><input type="checkbox"/> Student term-time / boarding school address in the UK</p> <p><input type="checkbox"/> Another address in the UK</p> <p><input type="checkbox"/> Outside the UK</p>
<p>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:</p> <ul style="list-style-type: none"> ● long term physical / mental ill-health / disability; or ● problems related to old age? 	<p>The respondent is not required to count anything they do as part of their paid employment.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1 to 19 hours a week</p> <p><input type="checkbox"/> Yes, 20 to 34 hours a week</p> <p><input type="checkbox"/> Yes, 35 to 49 hours a week</p> <p><input type="checkbox"/> Yes, 50 or more hours a week</p>

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<p>How well can you understand, speak, read and write English?</p>	<p>The respondent is required to select one option for each.</p>	<p>I understand spoken English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I speak English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I read English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all <p>I write English—</p> <ul style="list-style-type: none"> ● Very well ● Well ● Not well ● Not at all
<p>Can you understand, speak, read and write Scottish Gaelic?</p>	<p>The respondent is required to select all options that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Understand spoken Scottish Gaelic <input type="checkbox"/> Speak Scottish Gaelic <input type="checkbox"/> Read Scottish Gaelic <input type="checkbox"/> Write Scottish Gaelic or <input type="checkbox"/> No skills in Scottish Gaelic
<p>Can you understand, speak, read and write Scots?</p>	<p>The respondent is required to select all options that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Understand spoken Scots <input type="checkbox"/> Speak Scots <input type="checkbox"/> Read Scots <input type="checkbox"/> Write Scots or <input type="checkbox"/> No skills in Scots
<p>Can you use British Sign Language (BSL)?</p>	<p>The respondent is required to select one option only.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>What is your main language?</p>	<p>The respondent is required to select one option only.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Other (including BSL and Tactile BSL)
<p>How is your health in general?</p>	<p>The respondent is required to select one option only.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very bad

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<p>Do you have any of the following, which have lasted, or are expected to last, at least 12 months?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects “Other condition” they may enter their condition in the box provided.</p>	<p><input type="checkbox"/> Deafness or partial hearing loss</p> <p><input type="checkbox"/> Blindness or partial sight loss</p> <p><input type="checkbox"/> Full or partial loss of voice or difficulty speaking: a condition that requires you to use equipment to speak</p> <p><input type="checkbox"/> Learning disability: a condition that you have had since childhood that affects the way you learn, understand information and communicate</p> <p><input type="checkbox"/> Learning difficulty: a specific learning condition that affects the way you learn and process information</p> <p><input type="checkbox"/> Developmental disorder: a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language</p> <p><input type="checkbox"/> Physical disability: a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying</p> <p><input type="checkbox"/> Mental health condition: a condition that affects your emotional, physical and mental wellbeing</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Other condition</p> <p>or</p> <p><input type="checkbox"/> No condition</p>
<p>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?</p>	<p>The respondent is required to include problems related to old age.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes, limited a lot</p> <p><input type="checkbox"/> Yes, limited a little</p> <p><input type="checkbox"/> No</p>

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<p>What passports do you hold?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects "Other" they are required to enter their first passport and, if applicable, their second passport in the boxes provided.</p>	<p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>What religion, religious denomination or body do you belong to?</p>	<p>This question is voluntary.</p> <p>If the respondent chooses to respond to this question they are required to select one option only.</p> <p>If the respondent selects "Other Christian" they may enter their other Christian religion, religious denomination or body in the box provided.</p> <p>If the respondent selects "Muslim" they may enter their Muslim denomination or school in the box provided.</p> <p>If the respondent selects "Another religion or body" they may enter their religion, religious denomination or body in the box provided.</p>	<p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Other Christian</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Pagan</p> <p><input type="checkbox"/> Another religion or body</p>
<p>What do you feel is your national identity?</p>	<p>The respondent is required to select all options that apply.</p> <p>If the respondent selects "Other" they are required to enter their national identity in the box provided.</p>	<p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Northern Irish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> British</p>

		<input type="checkbox"/> Other
<p>What is your ethnic group?</p>	<p>The respondent is required to select one option only.</p> <p>The next question asks the respondent about their ethnic group in more detail.</p>	<input type="checkbox"/> White (including Gypsy, Traveller, Roma, Showman / Showwoman) <input type="checkbox"/> Mixed or multiple ethnic groups (including any mixed or multiple ethnic groups) <input type="checkbox"/> Asian, Scottish Asian or British Asian (including any Asian ethnic group) <input type="checkbox"/> African, Scottish African or British African (including any African ethnic group) <input type="checkbox"/> Caribbean or Black (including Scottish Caribbean, Black Scottish) <input type="checkbox"/> Other ethnic group (any other ethnic group, including Arab, Sikh, Jewish)
<p>Which one best describes your white ethnic group or background?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects "Other" they are required to enter their other white ethnic group in the box provided.</p>	<input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Gypsy / Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Showman / Showwoman <input type="checkbox"/> Other white ethnic group
<p>What are your mixed or multiple ethnic groups?</p>	<p>The respondent is required to provide their ethnic groups.</p>	
<p>Which one best describes your Asian, Scottish Asian or British Asian ethnic group or background?</p>	<p>The respondent is required to select one option only.</p> <p>If the respondent selects "Other" they are required to enter their other Asian ethnic group in the box provided.</p>	<input type="checkbox"/> Pakistani, Scottish Pakistani or British Pakistani <input type="checkbox"/> Indian, Scottish Indian or British Indian <input type="checkbox"/> Bangladeshi, Scottish <input type="checkbox"/> Bangladeshi or British Bangladeshi <input type="checkbox"/> Chinese, Scottish Chinese or British Chinese <input type="checkbox"/> Other
<p>What is your African, Scottish African or British African ethnic group or background?</p>	<p>The respondent is required to enter their African ethnic group or background (for example, "Nigerian", "Somali") in the box provided.</p>	

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<p>What is your Caribbean or Black ethnic group or background?</p>	<p>The respondent is required to enter their Caribbean or Black ethnic group or background (for example, “Scottish Caribbean”, “Black Scottish”) in the box provided.</p>	
<p>Which one best describes your other ethnic group or background?</p>	<p>The respondent is required to select one option only. If the respondent selects “Other” they are required to enter their other ethnic group (for example, “Sikh”, “Jewish”) in the box provided.</p>	<p><input type="checkbox"/> Arab, Scottish Arab or British Arab <input type="checkbox"/> Other (for example, “Sikh”, “Jewish”)</p>
<p>Which of these school (secondary or high school) qualifications do you have?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> O Grade, Standard Grade, National 3, 4 or 5, Intermediate 1 or 2, GCSE, CSE, or equivalent <input type="checkbox"/> Higher, Advanced Higher, SCE Higher Grade, CSYS, A Level, AS Level or equivalent <input type="checkbox"/> Other school qualifications not already mentioned (including foreign qualifications) or <input type="checkbox"/> No school qualifications</p>
<p>Have you completed a Registered Apprenticeship?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> No or <input type="checkbox"/> Yes, trade or equivalent <input type="checkbox"/> Yes, Foundation or equivalent <input type="checkbox"/> Yes, Modern or equivalent <input type="checkbox"/> Yes, Graduate or equivalent</p>
<p>Which of these Further Education, Higher Education or professional qualifications do you have?</p>	<p>The respondent is required to select all options that apply.</p>	<p><input type="checkbox"/> GSVQ Foundation or Intermediate, SVQ level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent <input type="checkbox"/> GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent <input type="checkbox"/> HNC, HND, SVQ level 4 or equivalent</p>

		<input type="checkbox"/> Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications) <input type="checkbox"/> Degree, Postgraduate qualifications, Masters, PhD, SVQ level 5 or equivalent <input type="checkbox"/> Professional qualifications (for example, teaching, nursing, accountancy) <input type="checkbox"/> Other Higher Education qualifications not already mentioned (including foreign qualifications) or <input type="checkbox"/> No Further Education, Higher Education, or professional qualifications
Have you previously served in the UK Armed Forces?	<p>If the respondent is a current serving member they should only select 'No'.</p> <p>The respondent is required to select all options that apply.</p>	<input type="checkbox"/> No or <input type="checkbox"/> Yes, previously served in Regular Armed Forces <input type="checkbox"/> Yes, previously served in Reserve Armed Forces
In the last seven days, were you doing any of the following?	<p>The respondent is required to include casual or temporary work, even if only for one hour.</p> <p>The respondent is required to select all options that apply.</p>	<input type="checkbox"/> Working as an employee <input type="checkbox"/> Self-employed or freelance <input type="checkbox"/> Temporarily away from work ill, on holiday or temporarily laid off <input type="checkbox"/> On maternity or paternity leave <input type="checkbox"/> Doing any other kind of paid work or <input type="checkbox"/> None of the above
Which of the following describes what you were doing in the last seven days?	The respondent is required to select all options that apply.	<input type="checkbox"/> Retired (whether receiving a pension or not) <input type="checkbox"/> Studying <input type="checkbox"/> Looking after home or family <input type="checkbox"/> Long-term sick or disabled <input type="checkbox"/> Other
In the last four weeks, were you actively looking for any kind of paid work?	The respondent is required to select one option only.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a job became available now, could you start it within two weeks?	The respondent is required to select one option only.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>In the last seven days, were you waiting to start a job already accepted?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever done any paid work?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes, in the last 12 months <input type="checkbox"/> Yes, but not in the last 12 months <input type="checkbox"/> No, have never worked</p>
<p>In your main job, what is (was) your employment status?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Employee <input type="checkbox"/> Self-employed or freelance without employees <input type="checkbox"/> Self-employed with employees</p>
<p>What is (was) the name of the organisation or business you work (worked) for?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>If the respondent is (was) self-employed in their own business, they are required to provide the business name.</p>	<p><input type="checkbox"/> or <input type="checkbox"/> No organisation or work (worked) for a private individual</p>

<p>What is (was) your full job title?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>For example, "Retail Assistant", "Office Cleaner", "District Nurse", "Primary School Teacher".</p> <p>The respondent is not required to state their grade or pay band</p>	
<p>Briefly describe what you do (did) in your main job.</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p>	
<p>What is (was) the main activity of your organisation, business or freelance work?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p>	

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	<p>For example, “Armed Forces”, “Women's Clothing Retailer”, “Hospital”, “Primary Education”, “Fish Wholesaler”</p> <p>If the respondent is (was) a civil servant, they are required to write “Government” and give the name of their department. For example, “Marine Scotland”.</p> <p>If the respondent is (was) a local government officer, they are required to write “Local Government” and give the name of their department. For example, “Social Services”, “Transport Department”.</p>	
<p>Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent’s main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

<p>In your main job, how many hours a week do (did) you usually work?</p>	<p>The respondent is required to answer this question for their main job, or, if not working, their last main job. The respondent's main job is the job in which they usually work (worked) the most hours.</p> <p>The respondent is required to include paid and unpaid overtime</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> 0 to 15</p> <p><input type="checkbox"/> 16 to 30</p> <p><input type="checkbox"/> 31 to 48</p> <p><input type="checkbox"/> 49 or more</p>
<p>Which do you spend more time doing?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Studying</p>
<p>Which do you spend more time doing?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Studying</p> <p><input type="checkbox"/> Neither, I don't work or study</p>
<p>What address do you travel to for your main job?</p>	<p>If the respondent reports to a depot, they are required to provide the depot address</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Work mainly at, or from, [address]</p> <p><input type="checkbox"/> No fixed place</p> <p><input type="checkbox"/> Work on an offshore installation</p> <p><input type="checkbox"/> Another address</p> <p><input type="checkbox"/> Work outside the UK</p>

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<p>What address do you travel to for your course of study (including school)?</p>	<p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Distance learning, home schooled or equivalent</p> <p><input type="checkbox"/> Another address</p> <p><input type="checkbox"/> Work outside the UK</p>
<p>How do you usually travel to your main job?</p>	<p>The respondent is required to answer for their usual travel to the place where they spend the most time.</p> <p>The respondent is required to select the option for the longest part of their journey by distance.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi or private hire</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Underground, subway, or tram</p> <p><input type="checkbox"/> Other</p>
<p>How do you usually travel to your course of study (including school)?</p>	<p>The respondent is required to answer for their usual travel to the place where they spend the most time.</p> <p>The respondent is required to select the option for the longest part of their journey by distance.</p> <p>The respondent is required to select one option only.</p>	<p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi or private hire</p> <p><input type="checkbox"/> Motorcycle, scooter or moped</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Bus, minibus or coach</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Underground, subway, or tram</p> <p><input type="checkbox"/> Other</p>