

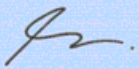
SCHEDULE 1

Regulation 2(7)



Household questionnaire <sup>(H0)</sup>

20 March 2022

	<p>If there is a <b>mistake</b> in the printed address, write your correct address below:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>Scotland's Census 2022</b></p> <p>Scotland's Census is the official count of every person and household in the country.</p> <p>The census usually takes place every 10 years. Your answers will help shape Scotland's future public services.</p> <p><b>What you need to do</b></p> <p>Complete this questionnaire on paper or online at <b>www.census.gov.scot</b></p> <p>Enter information that is correct as of Sunday 20 March 2022.</p> <p>Every household in Scotland must complete a census questionnaire.</p> <p>As a householder, you have a legal responsibility to complete this questionnaire. You may be prosecuted if you refuse to complete the questionnaire or neglect to answer a question (other than those shown to be voluntary), provide a false answer to a question, or if you sign a false document. In some cases, you may receive a criminal record and fine.</p> <p>Your responses do not otherwise affect your legal rights, obligations or status, or those of the people to whom the responses relate.</p> <p>The questions about trans status or history, sexual orientation, and religion are voluntary. You do not have to answer these questions if you do not want to.</p>	<p><b>Completing online</b></p> <p>You can complete this questionnaire online. Visit <b>www.census.gov.scot</b> and use the code below.</p> <p>Your Internet Access Code:</p> <p><input type="text"/></p>
<p><b>Your privacy</b></p> <p>Your census return will be kept secure and will be confidential for 100 years.</p> <p></p> <p>Paul Lowe, Registrar General for Scotland Thank you for helping to shape Scotland's future</p>	<p><b>Help and support</b></p> <p>The leaflet included has more information about how we can help you complete the census questionnaire.</p> <p>You can also visit <b>www.census.gov.scot/help</b> for more help or call our helpline free on <b>0800 030 8308</b>.</p> <p><b>Declaration</b></p> <p>The information provided in this questionnaire is full and accurate, as far as I know.</p> <p>Signature(s)</p> <p><input type="text"/></p> <p>Date</p> <p><input type="text"/></p>

H0v1.2

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## Important guidance — before you start

### Who should complete this questionnaire

The householder is responsible for completing the census questionnaire and posting it back in the freepost return envelope provided.

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

- owns / rents (or jointly owns / rents) the accommodation and / or
- is responsible (or jointly responsible) for paying the household bills and expenses

A household can be:

- one person living alone, or
- a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area

If there is no householder, or if no householder is able to complete the questionnaire, visit [www.census.gov.scot/asking-for-help](http://www.census.gov.scot/asking-for-help) or call our helpline free on **0800 030 8308** for more information.

If there is more than one household at this address, see the extra questionnaires section below.

### Extra questionnaires

**Individual questionnaire** – any member of your household who is aged 16 or over can request an individual questionnaire. They can use this if they want to provide their information in private. Request it online at [www.census.gov.scot/individual](http://www.census.gov.scot/individual) or call our helpline free on **0800 030 8308**. Include people who are completing an individual questionnaire in household questions **H1** to **H6** on this questionnaire. Leave individual questions **1** to **44** blank for these people.

**Household questionnaire** – if there is more than one household at this address, each household must complete a separate questionnaire online or on paper. Call our helpline free on **0800 030 8308** to request extra questionnaires.

**Continuation questionnaire** – if there are more than five people in the household, either complete the questionnaire online for the whole household or call our helpline free on **0800 030 8308** to request one or more continuation questionnaires.

### How to fill in this questionnaire

This questionnaire will be scanned by a computer. To help us make sure we record your answers correctly, please:

- use a **black** ink ballpoint pen
- tick your answers **within** the box like this:
- print your answers, in English, within the boxes like this: 

S	M	I	T	H															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- use capital letters – one per box
- correct any mistakes like this: 

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

 or 

S	M	<input type="checkbox"/>	I	T	H														
---	---	--------------------------	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- if a word will not fit on one line, continue on to the next line like this, if possible:

1	3	0		L	A	D	Y	W	E	L	L		C	R	E	S	C		
E	N	T																	

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

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## Household questions — people

### 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 20 March 2022
- 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 **six months or more**
- People temporarily away from home on the night of 20 March 2022

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

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

	First name(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 complete the questionnaire online for the whole household or call our helpline free on **0800 030 8308** to request one or more continuation questionnaires

### H4 Is there anyone staying at this address on the night of 20 March 2022 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 six months
- People here on holiday
- No-one else is staying at this address on the night of 20 March 2022 ➔ [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 20 March 2022 whose permanent or family home is elsewhere?

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

- ◆ If there are **only** people staying at this address on the night of 20 March 2022 whose permanent or family home is elsewhere, you must answer questions **H7 to H10** on **page 6** and questions **V1 to V4** on the back page

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## Household questions — relationships

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

- ◆ If there are more than five people, contact us to request one or more continuation questionnaires
- ◆ If you live alone → go to H7
- ◆ If no-one usually lives here and there are no visitors staying overnight here on 20 March 2022 → 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 ↓

<p><b>Name of Person 1</b></p> <p>First name(s) M A R Y</p> <p>Last name S M I T H</p>	<p><b>Name of Person 2</b></p> <p>First name(s) R O B E R T</p> <p>Last name S M I T H</p> <p>Relationship of Person 2 to Person: <b>1</b></p> <p>Husband or wife <input checked="" type="checkbox"/></p> <p>Registered civil partner <input type="checkbox"/></p> <p>Partner <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/></p> <p>.....</p>
--	--

- ◆ Using the same order you used in question H3 (on page 3), write the name of everyone who usually lives here at the top of each column
- ◆ 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

<p><b>Name of Person 1</b></p> <p>First name(s) [ ]</p> <p>Last name [ ]</p>	<p><b>Name of Person 2</b></p> <p>First name(s) [ ]</p> <p>Last name [ ]</p> <p>Relationship of Person 2 to Person: <b>1</b></p> <p>Husband or wife <input type="checkbox"/></p> <p>Registered civil partner <input type="checkbox"/></p> <p>Partner <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/></p> <p>Step-brother or step-sister <input type="checkbox"/></p> <p>Mother or father <input type="checkbox"/></p> <p>Step-mother or step-father <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/></p> <p>Grandparent <input type="checkbox"/></p> <p>Other relation (including in-laws) <input type="checkbox"/></p> <p>Unrelated (including foster child) <input type="checkbox"/></p>
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↑  
Write in name of Person 1 here as in question H3

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### Household questions — relationships

Name of Person 3		Name of Person 4		Name of Person 5	
First name(s)		First name(s)		First name(s)	
ALISON		STEVEN		JAMES	
Last name		Last name		Last name	
SMITH		SMITH		SMITH	
Relationship of Person 3 to Persons:		Relationship of Person 4 to Persons:		Relationship of Person 5 to Persons:	
	1 2		1 2 3		1 2 3 4
Husband or wife	<input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered civil partner	<input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	<input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Step-child	<input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	<input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
.....		.....		.....	
Name of Person 3		Name of Person 4		Name of Person 5	
First name(s)		First name(s)		First name(s)	
Last name		Last name		Last name	
Relationship of Person 3 to Persons:		Relationship of Person 4 to Persons:		Relationship of Person 5 to Persons:	
	1 2		1 2 3		1 2 3 4
Husband or wife	<input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered civil partner	<input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Registered civil partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	<input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	<input type="checkbox"/> <input type="checkbox"/>	Son or daughter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Son or daughter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-child	<input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	<input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-brother or step-sister	<input type="checkbox"/> <input type="checkbox"/>	Step-brother or step-sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-brother or step-sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mother or father	<input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandchild	<input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandparent	<input type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other relation (including in-laws)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/>	Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unrelated (including foster child)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

HOY1.2

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## Household questions — accommodation

### 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 no-one usually lives here but there are people staying at this address whose permanent or family home is elsewhere

➔ record details for these people on the back page

If no-one usually lives here and no-one is staying at this address on the night of 20 March 2022, 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 cars or vans 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 7

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### Individual questions — Person 1

**1 What is your name?**  
(Person 1 in H3 on page 3)

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

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:

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**Individual questions — Person 1**

**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):

\_\_\_\_\_

**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



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### Individual questions — Person 1

#### 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:

#### 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:

##### 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):

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**Individual questions — Person 1**

**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

HOY12

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**Individual questions — Person 1**

**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

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

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 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 1

HOY12

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## Individual questions — Person 2

<p><b>1 What is your name?</b> (Person 2 in H3 on page 3)</p> <p>First name(s)  <input type="text"/>  <input type="text"/></p> <p>Last name  <input type="text"/>  <input type="text"/></p>	<p><b>8 Which of the following best describes your sexual orientation?</b></p> <p>◆ This question is <b>voluntary</b>                  ◆ Answer only if you are aged 16 or over                  ◆ Tick <b>one</b> box only</p> <p><input type="checkbox"/> Straight / Heterosexual  <input type="checkbox"/> Gay or Lesbian  <input type="checkbox"/> Bisexual  <input type="checkbox"/> Other sexual orientation, please write in:  <input type="text"/></p>
<p><b>2 What is your date of birth?</b></p> <p>Day    Month    Year  <input type="text"/><input type="text"/>    <input type="text"/><input type="text"/>    <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p><b>9 What is your country of birth?</b></p> <p><input type="checkbox"/> Scotland ➔ go to 11  <input type="checkbox"/> England ➔ go to 11  <input type="checkbox"/> Northern Ireland ➔ go to 11  <input type="checkbox"/> Wales ➔ go to 11  <input type="checkbox"/> Republic of Ireland  <input type="checkbox"/> Elsewhere, please write in the current name of the country:  <input type="text"/></p>
<p><b>3 What is your sex?</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p>	<p><b>10 If you were not born in the United Kingdom, when did you most recently arrive to live here?</b></p> <p>◆ Do not count short visits away from the UK</p> <p>Month    Year  <input type="text"/><input type="text"/>    <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p><b>4 Do you consider yourself to be trans, or have a trans history?</b></p> <p>◆ This question is <b>voluntary</b>                  ◆ 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 <b>one</b> box only</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman):  <input type="text"/></p>	<p><b>11 One year ago, what was your usual address?</b></p> <p>◆ If you had no usual address one year ago, state the address where you were staying</p> <p><input type="checkbox"/> Same as Person 1  <input type="checkbox"/> The address on the front of the questionnaire  <input type="checkbox"/> Student term-time / boarding school address in the UK, please write in below:  <input type="checkbox"/> Another address in the UK, please write in:  <input type="text"/>  <input type="text"/>  <input type="text"/>                  Postcode  <input type="text"/><input type="text"/><input type="text"/><input type="text"/>    <input type="text"/><input type="text"/>    <input type="text"/><input type="text"/></p> <p><input type="checkbox"/> Outside the UK, please write in country:  <input type="text"/></p>
<p><b>5 On 20 March 2022, what is your legal marital or registered civil partnership status?</b></p> <p><input type="checkbox"/> Never married and never registered in a civil partnership  <input type="checkbox"/> Married  <input type="checkbox"/> In a registered civil partnership  <input type="checkbox"/> Separated, but still legally married  <input type="checkbox"/> Separated, but still legally in a civil partnership  <input type="checkbox"/> Divorced  <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved  <input type="checkbox"/> Widowed  <input type="checkbox"/> Surviving partner from a civil partnership</p>	
<p><b>6 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No ➔ go to 8</p>	
<p><b>7 During term-time, do you live:</b></p> <p><input type="checkbox"/> at the address on the front of this questionnaire?  <input type="checkbox"/> at another address? ➔ go to 44</p>	

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### Individual questions — Person 2

**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):

--

HOV1.2

**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

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**Individual questions — Person 2**

**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:

**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):

HOY1.2

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## Individual questions — Person 2

**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

HOY1.2





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### Individual questions — Person 3

#### 1 What is your name? (Person 3 in H3 on page 3)

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:

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## Individual questions — Person 3

**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):

□□□□□□□□□□□□□□□□

**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

HO1/2

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

### Individual questions — Person 3

**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:

**22 What do you feel is your national identity?**

◆ Tick **all** that apply

Scottish

English

Northern Irish

Welsh

British

Other, please write in:

HOV1.2

**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):

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**Individual questions — Person 3**

**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

HOY12

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<b>Individual questions — Person 3</b>	
<p><b>35 What is (was) the name of the organisation or business you work (worked) for?</b></p> <p>◆ If you are (were) self-employed in your own business, please write in your business name:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>or <input type="checkbox"/> No organisation or work (worked) for a private individual</p>	<p><b>41</b> If you currently work or study (or both) ➔ <b>go to 42</b> If you do not currently work or study, including if you are retired ➔ <b>go to 44</b></p>
<p><b>36 What is (was) your full job title?</b></p> <p>◆ For example, RETAIL ASSISTANT, OFFICE CLEANER, DISTRICT NURSE, PRIMARY SCHOOL TEACHER</p> <p>◆ Do not state your grade or pay band</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>42 What address do you travel to for your main job or course of study (including school)?</b></p> <p>◆ Answer for the place where you spend the most time</p> <p>◆ If you report to a depot, please write in the depot address</p> <p><input type="checkbox"/> Work mainly at, or from, home ➔ <b>go to 44</b></p> <p><input type="checkbox"/> Distance learning, home schooled or equivalent ➔ <b>go to 44</b></p> <p><input type="checkbox"/> No fixed place ➔ <b>go to 43</b></p> <p><input type="checkbox"/> Work on an offshore installation ➔ <b>go to 43</b></p> <p><input type="checkbox"/> The address below, please write in:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode</p> <p>_____</p> <p>_____</p> <p>The address entered above is my place of:</p> <p><input type="checkbox"/> work                      <input type="checkbox"/> study</p>
<p><b>37 Briefly describe what you do (did) in your main job.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>43 How do you usually travel to your main job or course of study (including school)?</b></p> <p>◆ Answer for your usual travel to the place where you spend the most time</p> <p>◆ Tick the box for the longest part of your journey <b>by distance</b></p> <p>◆ Tick <b>one</b> box 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><b>38 What is (was) the main activity of your organisation, business or freelance work?</b></p> <p>◆ For example, ARMED FORCES, WOMEN'S CLOTHING RETAILER, HOSPITAL, PRIMARY EDUCATION, FISH WHOLESALER</p> <p>◆ If you are (were) a civil servant, please write GOVERNMENT and give the name of your department. For example, MARINE SCOTLAND</p> <p>◆ 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</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>44 There are no more questions for Person 3.</b></p> <p>◆ If there are no more people in your household leave the following pages blank. Otherwise, go to questions for <b>Person 4</b></p> <p>◆ If you included anyone in question <b>H5</b>, record their details on the back page</p> <p>◆ Remember to sign the declaration on <b>page 1</b></p>
<p><b>39 Do (did) you supervise or oversee the work of other employees on a day-to-day basis?</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>	
<p><b>40 In your main job, how many hours a week do (did) you usually work?</b></p> <p>◆ Include paid and unpaid overtime</p> <p>0 to 15      16 to 30      31 to 48      49 or more</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/></p>	

HOY12

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**Individual questions — Person 4**

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

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:

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**Individual questions — Person 4**

**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):

HOY1.2

**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

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**Individual questions — Person 4**

**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:

**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):

HOY1.2



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### Individual questions — Person 4

**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

HOY1.2

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### Individual questions — Person 4

**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

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

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 4.**

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

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

◆ Remember to sign the declaration on **page 1**

HOY1.2

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Individual questions — Person 5	
<p><b>1 What is your name?</b> (Person 5 in H3 on page 3)</p> <p>First name(s)  <input type="text"/>  <input type="text"/></p> <p>Last name  <input type="text"/>  <input type="text"/></p>	<p><b>8 Which of the following best describes your sexual orientation?</b>                      ♦ This question is <b>voluntary</b>                      ♦ Answer only if you are aged 16 or over                      ♦ Tick <b>one</b> box only</p> <p><input type="checkbox"/> Straight / Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other sexual orientation, please write in:  <input type="text"/>  <input type="text"/></p>
<p><b>2 What is your date of birth?</b></p> <p>Day    Month    Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>9 What is your country of birth?</b></p> <p><input type="checkbox"/> Scotland ➔ go to 11</p> <p><input type="checkbox"/> England ➔ go to 11</p> <p><input type="checkbox"/> Northern Ireland ➔ go to 11</p> <p><input type="checkbox"/> Wales ➔ go to 11</p> <p><input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Elsewhere, please write in the current name of the country:  <input type="text"/>  <input type="text"/></p>
<p><b>3 What is your sex?</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	<p><b>10 If you were not born in the United Kingdom, when did you most recently arrive to live here?</b>                      ♦ Do not count short visits away from the UK</p> <p>Month    Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>4 Do you consider yourself to be trans, or have a trans history?</b>                      ♦ This question is <b>voluntary</b>                      ♦ 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 <b>one</b> box only</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe your trans status (for example, non-binary, trans man, trans woman):  <input type="text"/>  <input type="text"/></p>	<p><b>11 One year ago, what was your usual address?</b>                      ♦ If you had no usual address one year ago, state the address where you were staying</p> <p><input type="checkbox"/> Same as Person 1</p> <p><input type="checkbox"/> The address on the front of the questionnaire</p> <p><input type="checkbox"/> Student term-time / boarding school address in the UK, please write in below:</p> <p><input type="checkbox"/> Another address in the UK, please write in:  <input type="text"/>  <input type="text"/>  <input type="text"/>                      Postcode  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, please write in country:  <input type="text"/>  <input type="text"/></p>
<p><b>5 On 20 March 2022, what is your legal marital or registered civil partnership status?</b></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><b>6 Are you a schoolchild or student in full-time education?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ➔ go to 8</p>	
<p><b>7 During term-time, do you live:</b></p> <p><input type="checkbox"/> at the address on the front of this questionnaire?</p> <p><input type="checkbox"/> at another address? ➔ go to 44</p>	

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**Individual questions — Person 5**

**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):

\_\_\_\_\_

**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

HOY1.2

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

### Individual questions — Person 5

**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:

**22 What do you feel is your national identity?**

◆ Tick all that apply

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

HOV1.2

**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):

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**Individual questions — Person 5**

**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

HOY12

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### Individual questions — Person 5

**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  
              

HOY1.2

**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 5.

◆ If there are more people in your household, call our helpline free on 0800 030 8308 to request one or more continuation questionnaires

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

◆ Remember to sign the declaration on page 1

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## Household questions — people (H5 continued)

**Do not record details of household members here.** Record details **only** for anyone counted in question **H5** on **page 3** (people whose permanent or family home is elsewhere). Include children and babies.

- ◆ For more than three people, write their answers on a separate piece of paper and include it with this questionnaire
- ◆ Make sure you have completed the rest of the questionnaire and signed the declaration on **page 1**

Person A	
<p><b>V1 What is this person's name?</b></p> <p>First name(s)  <input type="text"/>  <input type="text"/></p> <p>Last name  <input type="text"/>  <input type="text"/></p>	<p><b>V4 What is this person's usual UK address?</b></p> <p><input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, please write in country:  <input type="text"/>  <input type="text"/></p>
<p><b>V2 What is this person's date of birth?</b></p> <p>Day    Month    Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	
<p><b>V3 What is this person's sex?</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	
Person B	
<p><b>V1 What is this person's name?</b></p> <p>First name(s)  <input type="text"/>  <input type="text"/></p> <p>Last name  <input type="text"/>  <input type="text"/></p>	<p><b>V4 What is this person's usual UK address?</b></p> <p><input type="checkbox"/> Same as Person A</p> <p><input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, please write in country:  <input type="text"/>  <input type="text"/></p>
<p><b>V2 What is this person's date of birth?</b></p> <p>Day    Month    Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	
<p><b>V3 What is this person's sex?</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	
Person C	
<p><b>V1 What is this person's name?</b></p> <p>First name(s)  <input type="text"/>  <input type="text"/></p> <p>Last name  <input type="text"/>  <input type="text"/></p>	<p><b>V4 What is this person's usual UK address?</b></p> <p><input type="checkbox"/> Same as Person A</p> <p><input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p style="text-align: right;">Postcode</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Outside the UK, please write in country:  <input type="text"/>  <input type="text"/></p>
<p><b>V2 What is this person's date of birth?</b></p> <p>Day    Month    Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	
<p><b>V3 What is this person's sex?</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	

HOV1.2