

FOR OFFICIAL USE



National Qualifications

Mark

X837/75/01

History Answer Booklet



Fill in these boxes and read what is printed below.

Full name of centre

Town

Forename(s)

Surname

Number of seat

Date of birth

Day

Month

Year

Scottish candidate number

Write your answers clearly in this answer booklet. You must clearly identify in the margin the question number you are attempting.

Please indicate, with a tick (✓) on page 02, which Part you have attempted in each Section.

Use blue or black ink.

Before leaving the examination room you must give this booklet to the Invigilator; if you do not you may lose all the marks for this paper.



|   |                 |
|---|-----------------|
| <b>SECTION 1 — SCOTTISH CONTEXTS</b>                      |                 |
| Attempt ONE part  |                 |
| <b>PARTS</b>  | <b>TICK (✓)</b> |
| A. The Wars of Independence, 1286–1328                    |                 |
| B. Mary Queen of Scots, and the Reformation, 1542–1587    |                 |
| C. The Treaty of Union, 1689–1715                         |                 |
| D. Migration and Empire, 1830–1939                        |                 |
| E. The Era of the Great War, 1900–1928                    |                 |
| <b>SECTION 2 — BRITISH CONTEXTS</b>                       |                 |
| Attempt ONE part  |                 |
| <b>PARTS</b>  | <b>TICK (✓)</b> |
| A. The Creation of the Medieval Kingdoms, 1066–1406       |                 |
| B. War of the Three Kingdoms, 1603–1651                   |                 |
| C. The Atlantic Slave Trade, 1770–1807                    |                 |
| D. Changing Britain, 1760–1914                            |                 |
| E. The Making of Modern Britain, 1880–1951                |                 |
| <b>SECTION 3 — EUROPEAN AND WORLD CONTEXTS</b>            |                 |
| Attempt ONE part  |                 |
| <b>PARTS</b>  | <b>TICK (✓)</b> |
| A. The Cross and the Crescent: the Crusades, 1071–1192    |                 |
| B. ‘Tea and Freedom,’: the American Revolution, 1774–1783 |                 |
| C. USA, 1850–1880   |                 |
| D. Hitler and Nazi Germany, 1919–1939                     |                 |
| E. Red Flag: Lenin and the Russian Revolution, 1894–1921  |                 |
| F. Mussolini and Fascist Italy, 1919–1939                 |                 |
| G. Free at Last? Civil Rights in the USA, 1918–1968       |                 |
| H. Appeasement and the Road to War, 1918–1939             |                 |
| I. World War II, 1939–1945                                |                 |
| J. The Cold War, 1945–1989                                |                 |

















| ENTER NUMBER OF QUESTION |  | DO NOT WRITE IN THIS MARGIN |
|--------------------------|--|-----------------------------|
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |







| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |





ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |





| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |





| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |



























| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |



| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |



| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |







| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |



ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |









| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |





| ENTER<br>NUMBER<br>OF<br>QUESTION |  | DO NOT<br>WRITE IN<br>THIS<br>MARGIN |
|-----------------------------------|--|--------------------------------------|
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |
|                                   |  |                                      |





| For marker's use |       |
|------------------|-------|
| Question         | Marks |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |
|                  |       |

