

POPULATION AND MIGRATION STATISTICS COMMITTEE
(SCOTLAND)

2011 Population bases, second homes and visitors

Presented are the 2006 Scottish Census Test Placeholder Form and Household Form. Questions 8 to 11 of the Household Form gather data on seconds homes while page 19 asks for visitor information.



2006 Census Test

Scotland Counts

23 April 2006

Please complete using black or blue ink

Placeholder Form

	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"/> <input type="text"/> <input type="text"/>
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CD

ED

Line Number

To the enumerator

◆ Choose one section below that describes the building space then tick one box to indicate why this form is required.

Part A: No form expected (NFE)

- Derelict Demolished Duplicate Address Doesn't Exist Non-residential
 Not completed Line number used in error
 Other, please write in reason

Part B: Residential but no usual residents - CTL Check

NFE

Household Spaces

- | | |
|--|-----------------|
| <input type="checkbox"/> Second residence, holiday accommodation | Complete Part D |
| <input type="checkbox"/> Vacant household space | Complete Part D |
| <input type="checkbox"/> New build but not yet occupied | Complete Part D |

Communal Establishment

- | | |
|---------------------------------|--------------------|
| <input type="checkbox"/> Vacant | Leave Part D blank |
|---------------------------------|--------------------|

Part C: Residential with usual residents

Form Desired

Household Spaces

- | | |
|---|-----------------|
| <input type="checkbox"/> Absent household | Complete Part D |
| <input type="checkbox"/> Refusal | Complete Part D |
| <input type="checkbox"/> No contact but household present | Complete Part D |

Communal Establishment

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Refusal | Complete questions 1 and 5 in Part D only |
| <input type="checkbox"/> Absent | Complete questions 1 and 5 in Part D only |



Part D

1 Estimated number of usual residents

◆ Absent households, Refusals, No contact and Communal Establishments only.

2 What type of accommodation does the household occupy?

A whole house or bungalow that is:

- 1 Detached
2 Semi-detached
3 Terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- 4 In a tenement
5 In a purpose-built block of flats (including a 4-in-a-block)
6 Part of a converted or shared house (includes bed-sits)
7 In a commercial building (for example, in an office building)

Mobile or temporary structure:

- 8 Mobile caravan
9 Static caravan
10 Other mobile or temporary structure

3 Is the household's accommodation self-contained?

- 1 Yes, all the rooms are behind a door that only the household can use
2 No

4 What is the lowest floor level of the household's living accommodation?

- 1 Basement or semi-basement
2 Ground floor (street level)
3 First floor (floor above street level)
4 Second floor
5 Third or fourth floor
6 Fifth floor or higher

5 What was the source of information for question 1 (if appropriate) and 3?

◆ Tick all that apply

- Householder
 Neighbour or other reliable source
 Enumerator

6 This is to confirm that the Team Leader has checked the information on this placeholder for properties referred to in Part B.

- Yes
 No
 Don't know

7 If the Team Leader changed the Enumerator record at Part B please note the change here.

Enumerator box number

Team Leader box number

8 If the Team Leader visit results in a completed form and the placeholder is no longer required, the placeholder must be completed but returned to the Census District Manager who will return it to HQ for evaluation purposes only.

- Team Leader determined that Census form completed





2006 Census Test

Scotland Counts

23 April 2006

Household Form

CD

ED

Form Number

Postcode

Form 1 of

Dear Householder

I am writing to ask you to fill in this form, as part of Scotland's Census Test.

Completion of this Census form is very important as it will help shape the next full Census. Census information is vital to getting health, education, transport and other services to everyone. In this Census Test we will,

- ◆ try different ways of delivering and collecting Census forms – to make sure everyone gets a form and can pass it back to us easily;
- ◆ try new and revised questions to meet future needs for information without increasing the form-filling burden on the public; and
- ◆ try more cost effective ways of translating the information into the final Census statistics.

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes. It is against the law to use or disclose Census information improperly.

Thank you for your help.

Duncan Macniven
REGISTRAR GENERAL FOR SCOTLAND

What you have to do

- ◆ Please complete this form for your household. A household is:
 - one person living alone, or
 - a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day.
- Any other household at your address should complete its own form.
- ◆ Please use Table 2 on page 19 to list visitors.
- ◆ When you have finished, please sign the Declaration at the foot of this page.
- ◆ Post the form back (with any other forms for the household) in the reply-paid envelope as soon as possible after 23 April 2006.

Helpline

For extra forms or help in answering questions:

- Phone 0845 603 1823 (local rate number)
- Text phone for deaf people 0845 603 1824 (local rate number)
- Website www.gro-scotland.gov.uk

Declaration

This form is completed to the best of my (our) knowledge and belief.

Signature(s)

Date

How to Complete the Form

Use **black or blue ink**.

Put a tick in the appropriate box, like this . If you mark the wrong box, fill in the box and put a tick in the right one, like this

If you tick a box with an instruction like **Go to H8**, you should move on to the question indicated.

Where you need to write in an answer please use **CAPITAL LETTERS** and leave one space between each word. Start a new line if a word **will not** fit. See example on right.

12 What is your country of birth?

Elsewhere, please write in the present name of the country

C Z E C H

R E P U B L I C

Table 1- Household Members

- ◆ List all members of your household who usually live at this address, including yourself. Please:
 - Start with the householder or joint householders.
 - Include anyone who is temporarily away from home on the night of 22/23 April 2006 and who usually lives at this address.
 - Include any baby born before 23 April 2006, even if he or she is still in hospital.
 - Include schoolchildren and students if they live at this address during the school, college or university term.
 - Also include schoolchildren and students who are away from home during the school, college or university term **if this is their normal vacation address**. (Only basic information is required.)
 - Include anyone who works away from home for part of the time, or is a member of the armed forces **if this is the family home**.
 - Include other people with more than one address **if they live at this address for the majority of time**.
 - Include anyone who is staying with you **if he or she has no other usual address**.
- ◆ An *Individual Form* is available with an envelope for anyone who doesn't want to disclose information to others in the household. Please leave the three-page Person Section on this form blank for anyone who completed an Individual Form and ✓ the box for the person in the column marked 'Individual Form'.

Person No.	First name and surname of household member	Individual Form
Person 1		<input type="checkbox"/>
Person 2		<input type="checkbox"/>
Person 3		<input type="checkbox"/>
Person 4		<input type="checkbox"/>
Person 5		<input type="checkbox"/>
◆ You will need one or more Individual Forms if there are more than 5 household members		
Person 6		<input type="checkbox"/>
Person 7		<input type="checkbox"/>
Person 8		<input type="checkbox"/>
Person 9		<input type="checkbox"/>
Person 10		<input type="checkbox"/>

- ◆ Please answer the questions about household accommodation on page 3 opposite.

Household

H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

- Detached
 Semi-detached
 Terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- In a tenement
 In a purpose-built block of flats (including '4-in-a-block')
 Part of a converted or shared house (includes bed-sits)
 In a commercial building (for example, in an office building)

Mobile or temporary structure:

- Mobile caravan
 Static caravan
 Other mobile or temporary structure

H2 Does your house need any repairs or adaptations?

- No, only **regular maintenance** is needed (painting, etc.)
 Yes, **minor repairs** are needed (missing or loose floor tiles, bricks, defective steps, etc.)
 Yes, **major repairs** are needed (bad plumbing or wiring, structural repairs etc.)
 Yes, **disability adaptations**. (disabled access to front door, bathroom, kitchen, stairs etc.)

H3 What type of central heating does your household have?

◆ If the central heating system is available, ✓ the box whether or not you use it.

- Electric Oil
 LPG/bottled gas Mains gas
 Solid fuel Other
 None

H4 How many rooms do you have for use only by your household?

- ◆ Do not count bathrooms, toilets, landings, utility rooms and cupboards.
 ◆ Please count all other rooms.

Number of rooms

H5 Is your household's accommodation self-contained?

- ◆ This means that all the rooms including the kitchen, bathroom and toilet are behind a door that only your household can use.
 Yes, all the rooms are behind a door that only our household can use.
 No

H6 Does your household live on or work a registered croft?

- Yes, lives on
 Yes, works
 Yes, both
 No, none of the above

H7 Does your household have access to:

- an Allotment?
 a Shared green?
 a Private garden?
 None of the above.

H8 Does your household own or rent the accommodation?

- ◆ ✓ one box only.
 Owns outright
 ▶ Go to **H10**
 Buying with a mortgage or loan
 ▶ Go to **H10**
 Pays part rent and part mortgage (shared ownership)
 ▶ Go to **H9**
 Rents (includes rent paid by housing benefits)
 ▶ Go to **H9**
 Lives here rent free
 ▶ Go to **H9**

H9 Who is your landlord?

- Council (Local Authority)
 S.E.E.R.A.D.
 Housing Association
 Housing Co-operative
 Charitable Trust
 Non-profit housing company
 Private landlord or letting agency
 Employer of a household member
 Relative or friend of a household member
 Other

H10 How many times last week did your household sit down at a table and eat a meal together?

- 1 person household
 None 1-2
 3-4 5 or more

H11 What is your household's total income from all sources?

Tick the box for the range into which your income falls. **Count all income.**

Do not deduct:

- Taxes
- National Insurance contributions
- Superannuation payments
- Health insurance payments

Per week	or	Per year (approximately)
Nil	<input type="checkbox"/>	Nil
Up to £99	<input type="checkbox"/>	Up to £5,199
£100 to £199	<input type="checkbox"/>	£5,200 to £10,399
£200 to £299	<input type="checkbox"/>	£10,400 to £15,599
£300 to £399	<input type="checkbox"/>	£15,600 to £20,799
£400 to £499	<input type="checkbox"/>	£20,800 to £25,999
£500 to £599	<input type="checkbox"/>	£25,999 to £31,199
£600 to £999	<input type="checkbox"/>	£31,200 to £51,999
£1000 or more	<input type="checkbox"/>	£52,000 or more

Person 1 See top of page 2 for how to complete the questions. Please use black or blue ink.

1 What is your name? (Person 1 in Table 1)

First name

Surname

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2 What is your sex?

Male Female

3 What is your date of birth?

Day

Month

Year

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

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

Yes ► Go to 5

No ► Go to 6

5 Do you live at the address shown on the front of this form during the school, college or university term?

◆ Only answer this question if you have answered 'Yes' to Question 4

Yes, I live at this address during the school/college/university term
► Go to 6

No, I live elsewhere during the school/college/university term
► Go to 28

6 What is your country of birth?

Scotland

England

Wales

Northern Ireland

Republic of Ireland

Elsewhere, please write in the present name of the country

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7 What is your marital or civil partnership status?

Single (never married nor in a civil partnership)

Married (first marriage)

In a same sex civil partnership

Re-married

Second or subsequent civil partnership

Separated (but still legally married)

Separated from a civil partner (but still in civil partnership)

Divorced

Dissolved from a civil partnership

Widowed

Surviving civil partner

8 Do you live at other addresses for part of the week or year?

◆ Choose all that apply to you.

No ► Go to 12

Yes, but I have no other fixed addresses ► Go to 12

Yes, where I stay when I work away from home ► Go to 9

Yes, where I stay on holidays or weekends ► Go to 9

Yes, where I stay because my parents/guardians are separated
► Go to 9

Yes, where I stay when I am not at university/ school ► Go to 9

Yes, but none of the above apply to me ► Go to 9

9 What is your other address?

◆ If you have more than two addresses, choose the one which you stay at most.

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

Postcode

10 In the past year, how many weeks a year did you live at this other address?

Up to 4 weeks per year

5 - 13 weeks per year

14 - 26 weeks per year

27 - 52 weeks per year

11 On average, how many nights a week do you stay at this other address?

1-2

3-4

5-6

7

I do not stay there every week

Person 1 – continued

12 Over the last twelve months would you say your health has on the whole been:

- Good? Fairly good?
 Not good?

13 Do you have any of the following conditions lasting 12 months or more?

- Deafness or severe hearing impairment
 Blindness or severe vision impairment
 A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
 A learning or intellectual disability
 A psychological or emotional condition
 Other, including any chronic illness
 None of the above

14 How many children have you given birth to?

◆ This question is for women only

Write in the number of children.

- None

15 Do you feel safe going out in the evening in your area?

- Yes
 Only when it is light
 Only with others
 No

16 Have you experience negative discrimination on any of the following grounds in the last twelve months?

◆ Tick all boxes that apply

- Accent Age
 Colour Disability
 Ethnicity Sex
 Language Nationality
 Religion/Faith/Belief
 Sexual Orientation

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

- None
 Church of Scotland
 Roman Catholic
 Other Christian, please write in

- Buddhist Jewish
 Hindu Muslim
 Sikh Pagan
 Another Religion, please write in

18 What religion, religious denomination or body were you brought up in?

- None
 Church of Scotland
 Roman Catholic
 Other Christian, please write in

- Buddhist Jewish
 Hindu Muslim
 Sikh Pagan
 Another Religion, please write in

19 What do you consider your national identity to be?

◆ Tick the boxes you identify with most

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

20 What is your ethnic group?

◆ ✓ one box which best describes your ethnic background or culture.

European

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

Multiple Ethnic groups

- Any multiple background, please write in

Asian

- Pakistani Chinese
 Indian Bangladeshi
 Sikh
 Other, please write in

Arab

- Middle East North African
 Other, please write in

African or Caribbean

- North African East African
 Southern African West African
 Central African Caribbean
 Other, please write in

Other Ethnic group

- Gypsy/Traveller Jewish
 Other, please write in

Table 2 - Visitors

- Please complete for all visitors on Census Test night (22nd/23rd April 2006)
- If more than 4 visitors please phone 0845 603 1823 to request extra individual forms.

Visitor 1

First name

Sex

Male Female

Surname

Date of birth

Address

No usual address

Postcode

Visitor 2

First name

Sex

Male Female

Surname

Date of birth

Address (If different from visitor 1)

No usual address

Postcode

Address same as visitor 1

Visitor 3

First name

Sex

Male Female

Surname

Date of birth

Address (if different from visitor 1 and 2)

No usual address

Postcode

Address same as visitor 1

Address same as visitor 2

Visitor 4

First name

Sex

Male Female

Surname

Date of birth

Address (if different from visitor 1,2 and 3)

No usual address

Postcode

Address same as visitor 1

Address same as visitor 2

Address same as visitor 3

Your Views

◆ Please help us by giving us your views on the questions.

1 Which household questions did you dislike?

◆ ✓ all boxes that apply

- H1, Type of accommodation
- H2, Repairs
- H3, Central heating type
- H4, Number of rooms
- H5, Self-contained
- H6, Croft
- H7, Garden
- H8, Accommodation owner
- H9, Landlord
- H10, Eating together
- H11, Income

2 Which personal questions did you dislike?

◆ ✓ all boxes that apply

- | | |
|---|--|
| <input type="checkbox"/> P1, Name | <input type="checkbox"/> P16, Discrimination |
| <input type="checkbox"/> P2, Sex | <input type="checkbox"/> P17, Current religion |
| <input type="checkbox"/> P3, Date of birth | <input type="checkbox"/> P18, Religion of upbringing |
| <input type="checkbox"/> P4, Full-time education | <input type="checkbox"/> P19, National identity |
| <input type="checkbox"/> P5, Term-time address | <input type="checkbox"/> P20, Ethnic group |
| <input type="checkbox"/> P6, Country of birth | <input type="checkbox"/> P21, Activities last week |
| <input type="checkbox"/> P7, Marital or civil status | <input type="checkbox"/> P22, Working age filter |
| <input type="checkbox"/> P8, Have you another address | <input type="checkbox"/> P23, Ever worked |
| <input type="checkbox"/> P9, What is other address | <input type="checkbox"/> P24, Main work instruction |
| <input type="checkbox"/> P10, Weeks at other address | <input type="checkbox"/> P25, Hours of work per week |
| <input type="checkbox"/> P11, Nights at other address | <input type="checkbox"/> P26, Title of job |
| <input type="checkbox"/> P12, General health | <input type="checkbox"/> P27, Daily Travel |
| <input type="checkbox"/> P13, Health conditions | <input type="checkbox"/> P28, Language |
| <input type="checkbox"/> P14, Number of children | |
| <input type="checkbox"/> P15, Safety in your area | |

Please write in here if you have any particular objections to any questions

Further comments

Are you happy for us to phone you in the future about your views on this form?

- Yes, please write in your telephone number
- No