

## **2006 Census Test Form February 2007**

1. This is an example of the Household form for the Census Test which was held in April 2006 in parts of Glasgow, West Dunbartonshire, Stirling, Perth & Kinross, Argyll & Bute and Highland Council areas.

2. The fact that we included a question in the 2006 Census Test does not mean that the topic or question will be included in the full Census in 2011. On the other hand, to make more space to allow us to evaluate new questions, we included in the Census Test form some questions which are strong candidates for 2011 - for example:

- The question on car ownership from the Household section of the form;
- The question on unpaid help or support (“care”) from the Person section of the form.

3. This example form only includes individual questions for Person 1. The full form used in the 2006 Census Test contained individual questions for 5 people.





# 2006 Census Test

## Scotland Counts

23 April 2006

### Household Form

	CO	<input type="text"/>
	ED	<input type="text"/>
	Line Number	<input type="text"/>
	Form	1 of <input type="text"/>

#### Dear Householder

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

Completing this Census Test form is very important. It will help shape the next full Census. Census information is vital for health, education, transport and other services. In this Census Test we will:

- ◆ try different ways of delivering and collecting Census forms – to make sure everyone gets a form and can easily return it to us;
- ◆ try new and revised questions to meet future needs for information;
- ◆ try to reduce the burden on the public; and
- ◆ try new cost effective ways of producing 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.
- ◆ When you have given the details for your household please complete the Visitors Page (page 19) for any visitors.
- ◆ We need your views about this form. Please complete the back page.
- ◆ When you have finished, please sign the Declaration below.
- ◆ Post the form back (with any other forms for the household) in the reply-paid envelope as soon as possible after 23 April 2006.

**If you have any problems completing this form, please contact us using the Helpline. If you do not return a form, an Enumerator will visit to offer help. All Census Enumerators carry official identification.**

#### 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/censushelp](http://www.gro-scotland.gov.uk/censushelp)

#### 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. Continue on a new line if a word **will not** fit. See the example on right.

## 6 What is your country of birth?

Elsewhere, please write in the present name of the country

S W I T Z E R L A N

D

## 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 24 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 the time.**
  - Include anyone who is staying with you **if he or she has no other usual address.**
- ◆ The Enumerator can provide a private **Individual Form** and envelope for anyone who doesn't want to disclose information to others in the household. When anyone completes an Individual Form, tick (✓) his or her box in the column below marked 'Individual Form' and leave his or her three-page Person Section on this form blank.

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 Individual Forms if there are more than 5 household members. If you do, please contact the Helpline.		
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 and then complete the **individual questions**, the **Visitors Page** (page 19) and **Your Views** on the back page.

Thank you

# Household

Refer to notes 1 - 3 on the Information Leaflet for guidance in completing these questions.

## 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 (including 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?

- ◆  all boxes that apply.
- 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 own or rent the accommodation?

- ◆  one box only.
- Owns outright  
    ▶ Go to H8
- Buying with a mortgage or loan  
    ▶ Go to H8
- Pays part rent and part mortgage (shared ownership)  
    ▶ Go to H7
- Rents (includes rent paid by housing benefits)  
    ▶ Go to H7
- Lives here rent free  
    ▶ Go to H7

## H7 Who is your landlord?

- Council (Local Authority)
- SEERAD (Scottish Executive Environment and Rural Affairs Department)
- Housing Association, Housing Co-operative, Charitable Trust or Non-profit housing company
- Private landlord or letting agency
- Employer of a household member
- Relative or friend of a household member
- Other

## H8 Does your household live on or work a registered croft?

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

## H9 Does your household have access to:

- An allotment?
- A shared green?
- A private garden?
- None of the above?

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

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

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

◆  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"/>	£26,000 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

Refer to notes 4 - 5 on the Information Leaflet for guidance in completing these questions.

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

- Good?     Not good?  
 Fairly 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 difficulty  
 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     Sometimes  
 Only when it is light  
 Only with others  
 No

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

◆ ✓ all boxes that apply.

- Accent     Ethnicity  
 Age     Language  
 Colour     Nationality  
 Disability     Sex  
 Religion/Faith/Belief  
 Sexual Orientation  
 Other     None

**17 What is your current religion, denomination, body or faith?**

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

     
     

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

     
     

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

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

     
     

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

     
     

**19 What do you consider your national identity to be?**

◆ ✓ the boxes you identify with most.

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

     
     

**20 What is your ethnic group?**

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

**European**

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

**Multiple ethnic groups**

- Any multiple background, write in

**Asian**

- Pakistani     Chinese  
 Indian     Bangladeshi  
 Sikh     Other, write in

**Arab**

- Middle East     North African  
 Other, write in

**African or Caribbean**

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

**Other ethnic group**

- Gypsy/Traveller     Jewish  
 Other, write in



# Visitors Page

**V1** How many visitors stayed here on Census Test night (22/23 April 2006)?

visitor(s)

**V2** Please complete the details of the first 4 visitors on Census Test night.

Visitor 1

First name

Date of birth

Surname

Male  Female

Address

No usual address

Postcode

Visitor 2

First name

Date of birth

Surname

Male  Female

Address

No usual address

Address same as visitor 1

Postcode

Visitor 3

First name

Date of birth

Surname

Male  Female

Address

No usual address

Address same as visitor 1

Address same as visitor 2

Postcode

Visitor 4

First name

Date of birth

Surname

Male  Female

Address

No usual address

Address same as visitor 1

Address same as visitor 2

Address same as visitor 3

Postcode

# Your Views

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

## 1 Were there any household questions you were unhappy with?

◆ ✓ all boxes that apply

- H1, Type of accommodation
- H2, Repairs
- H3, Central heating type
- H4, Number of rooms
- H5, Self-contained
- H6, Tenure
- H7, Landlord
- H8, Crofting
- H9, Access to garden or croft
- H10, Eating together
- H11, Income

## 2 Were there any personal questions you were unhappy with?

◆ ✓ all boxes that apply

- 1, Name
- 2, Sex
- 3, Date of birth
- 4, Full-time education
- 5, Term-time address
- 6, Country of birth
- 7, Marital or civil status
- 8, Have you another address
- 9, What is your other address
- 10, Nights at other address
- 11, Weeks at other address
- 12, General health
- 13, Health conditions
- 14, Number of children
- 15, Safety in your area
- 16, Discrimination
- 17, Current religion
- 18, Religion of upbringing
- 19, National identity
- 20, Ethnic group
- 21, Activities last week
- 22, Ever worked
- 23, Main work instruction
- 24, Supervision
- 25, Hours of work per week
- 26, Job title
- 27, Daily travel
- 28, Language

Please write in here if you have any particular comments on any aspects of the Census.

## Thank you

◆ Finally, please check the form and sign the Declaration on the front page.