Census 2016

The 2016 Census will take place on Sunday 24 April and will count all the people and households in the country on that night. It is the twenty-fifth census to be held since 1841. The census results will give a comprehensive picture of the social and living conditions of our people and will assist in planning for the future.

What you need to do

Please keep this form in a safe place and complete it on the night of Sunday 24 April, Census Night. You should consult the Explanatory Notes on the back page to assist you in completing the form. Remember to sign the declaration on page 23 and to have your completed form ready for collection by your Enumerator.

Legal obligation to participate

This is a Notice under Section 26 of the Statistics Act 1993. The Census is being taken under the Statistics Act 1993 and the Statistics (Census of Population) Order 2015. Under Sections 26 and 27 of the Statistics Act 1993 you are obliged by law to complete and return this form. Any person who fails or refuses to provide this information or who knowingly provides false information may be subject to a fine of up to €44,440.

Confidentiality is guaranteed

The confidentiality of your census return is legally guaranteed by the Statistics Act 1993. The Central Statistics Office will use the information you provide for statistical purposes only. This includes the production of statistical tables and analytical reports and the selection of samples for some of our surveys.

Your Census Enumerator

Your Census Enumerator will help you if you have any questions about the Census. Please co-operate fully with your Enumerator to help ensure the success of Census 2016.

Thank you for your co-operation.

Pádraig Dalton
Director General

Who should complete the Census Form?

The householder or any adult member of the household present on the night of Sunday 24 April should complete this form. A separate Household Form should be completed for every household.

A household is:
• one person living alone, or
• a group of related or unrelated people living at the same address with common housekeeping arrangements, meaning they share at least one meal a day or share a living or sitting room.

Do you need additional forms?

If there is more than one household at this address, ask your Enumerator for another Household Form.

If there are more than 6 persons in your household on Sunday 24 April, ask your Enumerator for a blue Individual Form for each additional person.

How to complete your Census Form

1. Use a Black or Blue pen
2. Mark boxes like this □
3. If you make a mistake, do this  and mark the correct box

Where you are required to write in an answer please use BLOCK CAPITAL LETTERS and leave one space between each word. Continue on to a new line if a word will not fit, for example:

HOTEL RECEPTIONIST

Have your form ready for collection

Your Enumerator will return between Monday 25 April and Monday 23 May to collect your completed form.

If your form has not been collected by 23 May, please return it fully completed to Central Statistics Office, PO Box 2016, Freepost 4726, Swords, Co. Dublin.

Féadfar leagan Béarla nó Gaeilge den fhoirm seo a chomhlánú.
### Questions about your accommodation

#### H1 What type of accommodation does your household occupy?

Mark **one box only**

- **A whole house or bungalow that is:**
  - Detached
  - Semi-detached
  - Terraced (including end of terrace)

- **A flat or apartment (including duplexes) that is self-contained:**
  - In a purpose-built block
  - Part of a converted house or commercial building

- **A bed-sit:**
  - Bed-sit (with some shared facilities e.g. toilet)

- **A mobile or temporary structure:**
  - A caravan or other mobile or temporary structure

#### H2 When was your house, flat or apartment first built?

Mark **one box only**

- Before 1919
- 1919 - 1945 inclusive
- 1946 - 1960 inclusive
- 1961 - 1970 inclusive
- 1971 - 1980 inclusive
- 1981 - 1990 inclusive
- 1991 - 2000 inclusive
- 2001 - 2010 inclusive
- 2011 or later

#### H3 Does your household own or rent your accommodation?

Mark **one box only**

- Own with mortgage or loan
- Own outright
- Rent
- Live here rent free

#### H4 If your accommodation is rented, how much rent does your household pay?

Enter amount to the nearest Euro:

Mark **one box only**

- Per week
- Per month
- Per year

#### H5 How many rooms do you have for use only by your household?

Do NOT count bathrooms, toilets, kitchenettes, utility rooms, consulting rooms, halls or landings, or rooms that can only be used for storage such as cupboards. Do count all other rooms such as bedrooms, living rooms, kitchens, studies you can sit in, and conservatories. If two rooms have been converted into one, count them as one room.

Number of rooms

#### H6 What is the main type of fuel used by the central heating in your accommodation?

Mark **one box only**

- No central heating
- Oil
- Natural Gas
- Electricity
- Coal (including anthracite)
- Peat (including turf)
- Liquid Petroleum Gas (LPG)
- Wood (including wood pellets)
- Other

#### H7 What type of piped water supply does your accommodation have?

Mark **one box only**

- Connection to a Public Main
- Connection to a Group Water Scheme with a Public source of supply
- Connection to a Group Water Scheme with a private source of supply (e.g. borehole, lake, etc.)
- Connection to other private source (e.g. well, lake, rainwater tank, etc.)
- No piped water supply

#### H8 What type of sewerage facility does your accommodation have?

Mark **one box only**

- Public sewerage scheme
- Individual septic tank
- Individual treatment system other than a septic tank
- Other sewerage facility
- No sewerage facility

#### H9 How many cars or vans are owned or are available for use by one or more members of your household?

Mark **one box only**

- One
- Two
- Three
- Four or more
- None

#### H10 Does your household have a personal computer (PC)?

Mark **one box only**

- Yes
- No

#### H11 Does your household have access to the Internet?

Mark **Yes** if you have access to the Internet in your home

Mark **one box only**

- Yes, Broadband connection
- Yes, other connection
- No
ALL PERSONS MUST BE ENUMERATED WHERE THEY SPEND CENSUS NIGHT

Below are two lists. List 1 is for persons present at this address on the night of Sunday 24 April, Census Night. List 2 is for persons who usually live at this address but who are temporarily away on the night of Sunday 24 April. See the Explanatory Notes relating to Question 7 on the back page for guidance in interpreting a person’s place of usual residence.

**PRESENT PERSONS**

**INCLUDE in List 1**

- All persons alive at midnight on Sunday 24 April who spent the night at this address.
- Persons who stayed temporarily in the household (i.e. visitors).
- Persons who arrived the following morning not having been enumerated elsewhere.
- Babies born before midnight on Sunday 24 April.

**DO NOT INCLUDE in List 1**

- Any person who usually lives at this address but who is temporarily absent on the night of Sunday 24 April. These persons should be listed as being absent in List 2 below.
- Students who were away from home on the night of Sunday 24 April. They should be listed as being absent in List 2 below.
- Babies born after midnight on Sunday 24 April.

**ABSENT PERSONS**

**INCLUDE in List 2**

- All persons who usually live at this address but who are temporarily absent on Sunday 24 April.
- Students away at school or college.

**DO NOT INCLUDE in List 2**

- Anyone included in List 1.

### List 1

**Persons PRESENT in the household on the night of Sunday 24 April**

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname in BLOCK CAPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
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<td>5</td>
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<td>7</td>
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<td>8</td>
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<td>10</td>
<td></td>
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<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

### List 2

**Absent persons who usually live in the household**

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname in BLOCK CAPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

If there are more than 4 usual residents absent on the night of Sunday 24 April, please ask your Enumerator for assistance.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your name? (Person 1)</td>
<td>First name and surname (BLOCK CAPITALS)</td>
</tr>
<tr>
<td>Sex</td>
<td>Male, Female</td>
</tr>
<tr>
<td>What is your date of birth?</td>
<td>Day, Month, Year</td>
</tr>
<tr>
<td>Relationship question does not apply to Person 1</td>
<td></td>
</tr>
<tr>
<td>What did you usually live one year ago?</td>
<td>SAME as now, Elsewhere in IRELAND (including Northern Ireland), write in the COUNTRY</td>
</tr>
<tr>
<td>Where do you usually live?</td>
<td>HERE at this address, Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS</td>
</tr>
<tr>
<td>Have you lived outside the Republic of Ireland for a continuous period of one year or more?</td>
<td>Yes, Elsewhere in IRELAND (including Northern Ireland), write in the COUNTRY</td>
</tr>
<tr>
<td>What is your current marital status?</td>
<td>Single, Married (first marriage), Re-married, In a registered same-sex civil partnership, Separated, Divorced, Widowed</td>
</tr>
<tr>
<td>What is your place of birth?</td>
<td>In Ireland (including Northern Ireland), write in the COUNTY, Elsewhere in Ireland (including Northern Ireland), write in the FULL ADDRESS, Elsewhere abroad, write in the COUNTRY</td>
</tr>
<tr>
<td>What is your religion?</td>
<td>Roman Catholic, Church of Ireland, Islam, Presbyterian, Orthodox, Other, write in your RELIGION</td>
</tr>
<tr>
<td>How many children have you given birth to?</td>
<td>None</td>
</tr>
<tr>
<td>Can you speak Irish?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If 'Yes', do you speak Irish?</td>
<td>Daily, within the education system, Daily, outside the education system, Weekly, Less often, Never</td>
</tr>
<tr>
<td>What is your nationality?</td>
<td>Irish, Other NATIONALITY, write in the COUNTRY, No nationality</td>
</tr>
</tbody>
</table>

See Explanatory Notes on back page
15. Do you speak a language other than English or Irish at home?
   1. Yes
   2. No → Go to Q16

What is this language?

(e.g. POLISH, GERMAN, IRISH SIGN LANGUAGE)

16. Do you have any of the following long-lasting conditions or difficulties?

(a) Blindness or a serious vision impairment
   1. Yes
   2. No

(b) Deafness or a serious hearing impairment
   1. Yes
   2. No

(c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
   1. Yes
   2. No

(d) An intellectual disability
   1. Yes
   2. No

(e) A difficulty with learning, remembering or concentrating
   1. Yes
   2. No

(f) A psychological or emotional condition
   1. Yes
   2. No

(g) A difficulty with pain, breathing, or any other chronic illness or condition
   1. Yes
   2. No

17. If ‘Yes’ to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?

(a) Dressing, bathing or getting around inside the home
   1. Yes
   2. No

(b) Going outside the home alone to shop or visit a doctor’s surgery
   1. Yes
   2. No

(c) Working at a job or business or attending school or college
   1. Yes
   2. No

(d) Participating in other activities, for example leisure or using transport
   1. Yes
   2. No

18. How is your health in general?
   Mark one box only
   1. Very good
   2. Good
   3. Fair
   4. Bad
   5. Very bad

19. How do you usually travel to work, school or college?
   Mark one box only, for the longest part, by distance, of your usual journey to work, school or college
   1. Not at work, school or college
   2. On foot
   3. Bicycle
   4. Bus, minibus or coach
   5. Train, DART or LUAS
   6. Motor cycle or scooter
   7. Driving a car
   8. Passenger in a car
   9. Van
   10. Other, including lorry
   11. Work mainly at or from home

20. What time do you usually leave home to go to work, school or college?

21. How long does your journey to work, school or college usually take?
   Write in minutes

22. Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?
   Include problems which are due to old age
   Personal help includes help with basic tasks such as feeding or dressing
   1. Yes
   2. No

If ‘Yes’, for how many hours per week?
   Write in hours

23. If you are aged under 16
   → Go to Q34

24. Have you ceased your full-time education?
   1. Yes
   2. No

If ‘Yes’, write in AGE at which it ceased

25. What is the highest level of education/training (full-time or part-time) which you have completed to date?
   Mark one box only
   1. No formal education/training
   2. Primary education
   3. FETAC Level 1 or 2 Cert. or equivalent
   4. Leaving Cert. (including Applied and Vocational programmes) or equivalent
   5. FETAC Level 1/2, FÁS Introductory Skills, NCVA Foundation Cert. or equivalent
   6. Lower Secondary
   7. FETAC Level 3 Cert., FÁS Advanced Cert., NCVA Level 3, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
   8. Upper Secondary
   9. FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
   10. Higher Certificate
   11. NCEA/HETAC National Cert. or equivalent
   12. Ordinary Bachelor Degree or National Diploma
   13. Honours Bachelor Degree or Professional qualification or both
   14. Postgraduate Diploma or Degree
   15. Postgraduate Diploma, Masters Degree or equivalent
   16. Doctorate (Ph.D) or higher
   17. NFQ Level 10
**Person 1**

26. What is the main field of study of the highest qualification you have completed to date?

*Exclude Secondary school qualifications*

Write in the field of study

(e.g. ACCOUNTANCY, BEAUTY THERAPY, FARMING, PLUMBING)

27. How would you describe your present principal status?

Mark one box only

1. Working for payment or profit
2. Looking for first regular job
3. Unemployed
4. Student or pupil
5. Looking after home/family
6. Retired from employment
7. Unable to work due to permanent sickness or disability
8. Other, write in

28. If you are working, unemployed or retired

Go to Q29

If you are a student

Go to Q34

Otherwise

Go to Q35

29. Do (did) you work as an employee or are (were) you self-employed in your main job?

*Your main job is the job in which you usually work(ed) the most hours*

Mark one box only

1. Employee
2. Self-employed, with paid employees
3. Self-employed, without paid employees
4. Assisting relative (not receiving a fixed wage or salary)

30. What is (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title

Use precise terms such as

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do NOT use general terms such as

- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main occupation

31. If you are retired

Go to Q35

32. What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business

Describe the main product or service provided by your employer

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT

33. If you are unemployed

Go to Q35

34. What is the FULL NAME and ADDRESS of your place of work, school or college?

**Full name**

**Address**

35. Answer questions for Person 2 starting on the next page.

If there is only one person present in the household on the night of 24 April

Go to page 22
**Person 2**

See Explanatory Notes on back page

Mark boxes like this —

<table>
<thead>
<tr>
<th>1</th>
<th>What is your name? (Person 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First name and surname (BLOCK CAPITALS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>What is your date of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td>Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>What is your relationship to Person 1?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark one box only</td>
</tr>
<tr>
<td></td>
<td>Relationship of Person 2 to Person 1</td>
</tr>
<tr>
<td></td>
<td>Husband or wife</td>
</tr>
<tr>
<td></td>
<td>Partner (incl. same-sex partner)</td>
</tr>
<tr>
<td></td>
<td>Son or daughter</td>
</tr>
<tr>
<td></td>
<td>Step-child</td>
</tr>
<tr>
<td></td>
<td>Brother or sister</td>
</tr>
<tr>
<td></td>
<td>Mother or father</td>
</tr>
<tr>
<td></td>
<td>Grandparent</td>
</tr>
<tr>
<td></td>
<td>Step-mother/-father</td>
</tr>
<tr>
<td></td>
<td>Son-/daughter-in-law</td>
</tr>
<tr>
<td></td>
<td>Grandchild</td>
</tr>
<tr>
<td></td>
<td>Other related (incl. foster child)</td>
</tr>
<tr>
<td></td>
<td>Unrelated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>What is your current marital status?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark one box only</td>
</tr>
<tr>
<td></td>
<td>Single (never married or never in a same-sex civil partnership)</td>
</tr>
<tr>
<td></td>
<td>Married (not in a same-sex civil partnership)</td>
</tr>
<tr>
<td></td>
<td>Re-married</td>
</tr>
<tr>
<td></td>
<td>In a registered same-sex civil partnership</td>
</tr>
<tr>
<td></td>
<td>Separated</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>What is your place of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Give the place where your mother lived at the time of your birth</td>
</tr>
<tr>
<td></td>
<td>If IRELAND (including Northern Ireland), write in the COUNTY</td>
</tr>
<tr>
<td></td>
<td>If elsewhere ABROAD, write in the COUNTRY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>Where do you usually live?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HERE at this address</td>
</tr>
<tr>
<td></td>
<td>Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS</td>
</tr>
<tr>
<td></td>
<td>Elsewhere ABROAD, write in the COUNTRY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>Where did you usually live one year ago?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SAME as now</td>
</tr>
<tr>
<td></td>
<td>Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY</td>
</tr>
<tr>
<td></td>
<td>Elsewhere ABROAD, write in the COUNTRY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>Have you lived outside the Republic of Ireland for a continuous period of one year or more?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Answer if aged 1 year or over and living in Ireland</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If ‘Yes’, write in the YEAR of last taking up residence in the Republic of Ireland AND the COUNTRY of last previous residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>What is your nationality?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If you have more than one nationality, please declare all of them</td>
</tr>
<tr>
<td></td>
<td>Mark the boxes that apply</td>
</tr>
<tr>
<td></td>
<td>Irish</td>
</tr>
<tr>
<td></td>
<td>Other NATIONALITY, write in</td>
</tr>
<tr>
<td></td>
<td>No nationality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>What is your ethnic or cultural background?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Choose ONE section from A to D, then mark the appropriate box</td>
</tr>
<tr>
<td></td>
<td>A White</td>
</tr>
<tr>
<td></td>
<td>Irish</td>
</tr>
<tr>
<td></td>
<td>Irish Traveller</td>
</tr>
<tr>
<td></td>
<td>Any other White background</td>
</tr>
<tr>
<td></td>
<td>B Black or Black Irish</td>
</tr>
<tr>
<td></td>
<td>African</td>
</tr>
<tr>
<td></td>
<td>Any other Black background</td>
</tr>
<tr>
<td></td>
<td>C Asian or Asian Irish</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td>Any other Asian background</td>
</tr>
<tr>
<td></td>
<td>D Other, including mixed background</td>
</tr>
<tr>
<td></td>
<td>Other, write in description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>What is your religion?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark one box only</td>
</tr>
<tr>
<td></td>
<td>Roman Catholic</td>
</tr>
<tr>
<td></td>
<td>Church of Ireland</td>
</tr>
<tr>
<td></td>
<td>Islam</td>
</tr>
<tr>
<td></td>
<td>Presbyterian</td>
</tr>
<tr>
<td></td>
<td>Orthodox</td>
</tr>
<tr>
<td></td>
<td>Other, write in your RELIGION</td>
</tr>
<tr>
<td></td>
<td>No religion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>How many children have you given birth to?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This question is for women only</td>
</tr>
<tr>
<td></td>
<td>Write in number of children born</td>
</tr>
<tr>
<td></td>
<td>1 None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>Can you speak Irish?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Answer if aged 3 years or over</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If ‘Yes’, do you speak Irish?</td>
</tr>
<tr>
<td></td>
<td>Mark the boxes that apply</td>
</tr>
<tr>
<td></td>
<td>Daily, within the education system</td>
</tr>
<tr>
<td></td>
<td>Daily, outside the education system</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Less often</td>
</tr>
<tr>
<td></td>
<td>Never</td>
</tr>
</tbody>
</table>

Household Form

Page 7

49913996
Person 2

15 Do you speak a language other than English or Irish at home?
1 ☐ Yes
2 ☐ No  ▶ Go to Q16

What is this language?

(e.g. POLISH, GERMAN, IRISH SIGN LANGUAGE)

How well do you speak English?
Mark one box only
1 ☐ Very well
2 ☐ Well
3 ☐ Not well
4 ☐ Not at all

16 Do you have any of the following long-lasting conditions or difficulties?
(a) Blindness or a serious vision impairment  Yes No
(b) Deafness or a serious hearing impairment  Yes No
(c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  Yes No
(d) An intellectual disability  Yes No
(e) A difficulty with learning, remembering or concentrating  Yes No
(f) A psychological or emotional condition  Yes No
(g) A difficulty with pain, breathing, or any other chronic illness or condition  Yes No

17 If ‘Yes’ to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?
(a) Dressing, bathing or getting around inside the home  Yes No
(b) Going outside the home alone to shop or visit a doctor’s surgery  Yes No
(c) Working at a job or business or attending school or college  Yes No
(d) Participating in other activities, for example leisure or using transport  Yes No

18 How is your health in general?
Mark one box only
1 ☐ Very good
2 ☐ Good
3 ☐ Fair
4 ☐ Bad
5 ☐ Very bad

19 How do you usually travel to work, school or college?
Mark one box only, for the longest part, by distance, of your usual journey to work, school or college
1 ☐ Not at work, school or college
2 ☐ On foot
3 ☐ Bicycle
4 ☐ Bus, minibus or coach
5 ☐ Train, DART or LUAS
6 ☐ Motor cycle or scooter
7 ☐ Driving a car
8 ☐ Passenger in a car
9 ☐ Van
10 ☐ Other, including lorry
11 ☐ Work mainly at or from home

20 What time do you usually leave home to go to work, school or college?
1 ☐ Not at work, school or college
2 ☐ Before 06.30
3 ☐ 06.30 - 07.00
4 ☐ 07.01 - 07.30
5 ☐ 07.31 - 08.00
6 ☐ 08.01 - 08.30
7 ☐ 08.31 - 09.00
8 ☐ 09.01 - 09.30
9 ☐ After 09.30

21 How long does your journey to work, school or college usually take?
Write in minutes

22 Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?
Mark boxes like this ▶
1 ☐ Yes
2 ☐ No
If ‘Yes’, for how many hours per week? Write in hours

23 If you are aged under 16  ▶
Go to Q34

24 Have you ceased your full-time education?
1 ☐ Yes
2 ☐ No
If ‘Yes’, write in AGE at which it ceased

25 What is the highest level of education/training (full-time or part-time) which you have completed to date?
Mark one box only
1 ☐ No formal education/training
2 ☐ Primary education
NFQ Levels 1 or 2
FETAC Level 1 or 2 Cert. or equivalent
3 ☐ Lower Secondary
NFQ Level 3
Junior/Inter/Group Cert., FETAC Level 3 Cert., FÁS Introductory Skills, NCVA Foundation Cert. or equivalent
4 ☐ Upper Secondary
NFQ Levels 4 or 5
Leaving Cert. (including Applied and Vocational programmes) or equivalent
5 ☐ Technical or Vocational
NFQ Levels 4 or 5
FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
6 ☐ Advanced Certificate/Completed Apprenticeship
NFQ Level 6
FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
7 ☐ Higher Certificate
NFQ Level 6
NCEA/NEATC National Cert. or equivalent
8 ☐ Ordinary Bachelor Degree or National Diploma
NFQ Level 7
9 ☐ Honours Bachelor Degree/ Professional qualification or both
NFQ Level 8
10 ☐ Postgraduate Diploma or Degree
NFQ Level 9
Postgraduate Diploma, Masters Degree or equivalent
11 ☐ Doctorate (Ph.D) or higher
NFQ Level 10
<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td><strong>What is the main field of study of the highest qualification you have completed to date?</strong></td>
<td>Exclude Secondary school qualifications. Write in the field of study. (e.g. ACCOUNTANCY, BEAUTY THERAPY, FARMING, PLUMBING)</td>
</tr>
<tr>
<td>27</td>
<td><strong>How would you describe your present principal status?</strong></td>
<td>Mark one box only. 1 Working for payment or profit, 2 Looking for first regular job, 3 Unemployed, 4 Student or pupil, 5 Looking after home/family, 6 Retired from employment, 7 Unable to work due to permanent sickness or disability, 8 Other, write in.</td>
</tr>
<tr>
<td>28</td>
<td><strong>If you are working, unemployed or retired</strong></td>
<td>Go to Q29. If you are a student, go to Q34. Otherwise, go to Q35.</td>
</tr>
<tr>
<td>29</td>
<td><strong>Do (did) you work as an employee or are (were) you self-employed in your main job?</strong></td>
<td>Your main job is the job in which you usually work(ed) the most hours. Mark one box only. 1 Employee, 2 Self-employed, with paid employees, 3 Self-employed, without paid employees, 4 Assisting relative (not receiving a fixed wage or salary).</td>
</tr>
<tr>
<td>30</td>
<td><strong>What is (was) your occupation in your main job?</strong></td>
<td>In all cases describe the occupation fully and precisely giving the full job title. Use precise terms such as RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Do NOT use general terms such as MANAGER, TEACHER, ENGINEER. Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE. Write in your main OCCUPATION.</td>
</tr>
<tr>
<td>31</td>
<td><strong>If you are retired</strong></td>
<td>Go to Q35.</td>
</tr>
<tr>
<td>32</td>
<td><strong>What is (was) the business of your employer at the place where you work(ed) in your main job?</strong></td>
<td>If you are (were) self-employed, answer in respect of your own business. Describe the main product or service provided by your employer. For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.</td>
</tr>
<tr>
<td>33</td>
<td><strong>If you are unemployed</strong></td>
<td>Go to Q35.</td>
</tr>
<tr>
<td>34</td>
<td><strong>What is the FULL NAME and ADDRESS of your place of work, school or college?</strong></td>
<td>Full name and address.</td>
</tr>
<tr>
<td>35</td>
<td><strong>Answer questions for Person 3 starting on the next page.</strong></td>
<td>If there are only two persons present in the household on the night of 24 April, go to page 22.</td>
</tr>
</tbody>
</table>
### Person 3

See Explanatory Notes on back page

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is your name? (Person 3)</strong></td>
<td>First name and surname (BLOCK CAPITALS)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>1 Male 2 Female</td>
</tr>
<tr>
<td><strong>What is your date of birth?</strong></td>
<td>Day Month Year</td>
</tr>
<tr>
<td><strong>What is your relationship to Persons 1 and 2?</strong></td>
<td>Mark one box only for each person</td>
</tr>
<tr>
<td><strong>What is your place of birth?</strong></td>
<td>Give the place where your mother lived at the time of your birth</td>
</tr>
<tr>
<td><strong>What is your current marital status?</strong></td>
<td>Mark one box only</td>
</tr>
<tr>
<td><strong>What is your ethnic or cultural background?</strong></td>
<td>Choose ONE section from A to D, then mark the appropriate box</td>
</tr>
<tr>
<td><strong>What do you usually live?</strong></td>
<td>HERE at this address</td>
</tr>
<tr>
<td><strong>Where did you usually live one year ago?</strong></td>
<td>SAME as now</td>
</tr>
<tr>
<td><strong>Have you lived outside the Republic of Ireland for a continuous period of one year or more?</strong></td>
<td>Yes No If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland AND the COUNTRY of last previous residence</td>
</tr>
<tr>
<td><strong>What is your nationality?</strong></td>
<td>Irish Irish Traveller Any other White background</td>
</tr>
<tr>
<td><strong>What is your religion?</strong></td>
<td>Roman Catholic Church of Ireland Islam Presbyterian Orthodox Other, write in your RELIGION</td>
</tr>
<tr>
<td><strong>Can you speak Irish?</strong></td>
<td>Yes No If 'Yes', do you speak Irish? Mark the boxes that apply</td>
</tr>
<tr>
<td><strong>How many children have you given birth to?</strong></td>
<td>This question is for women only Write in number of children born</td>
</tr>
<tr>
<td><strong>Where do you usually live?</strong></td>
<td>Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS</td>
</tr>
<tr>
<td><strong>What is your place of birth?</strong></td>
<td>Elsewhere ABROAD, write in the COUNTRY</td>
</tr>
</tbody>
</table>
| **What is your relationship to Persons 1 and 2?**                        | Husband or wife 1 2  
Partner (incl. same-sex partner) 2  
Son or daughter 3  
Step-child 4  
Brother or sister 5  
Mother or father 6  
Grandparent 7  
Step-mother/father 8  
Son-/daughter-in-law 9  
Grandchild 10  
Other related 11  
Unrelated (incl. foster child) 12  |
| **What is your place of birth?**                                         | If IRELAND (including Northern Ireland), write in the COUNTY            |
| **What is your place of birth?**                                         | If elsewhere ABROAD, write in the COUNTRY                                |
| **What is your place of birth?**                                         | If elsewhere ABROAD, write in the COUNTRY                                |
| **What is your place of birth?**                                         | If elsewhere ABROAD, write in the COUNTRY                                |
| **What is your place of birth?**                                         | If elsewhere ABROAD, write in the COUNTRY                                |
### Person 3

**15. Do you speak a language other than English or Irish at home?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**What is this language?**

(e.g. POLISH, GERMAN, IRISH SIGN LANGUAGE)

**How well do you speak English?**

Mark one box only

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Well</th>
<th>Not well</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**16. Do you have any of the following long-lasting conditions or difficulties?**

<table>
<thead>
<tr>
<th>(a)</th>
<th>Blindness or a serious vision impairment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>Deafness or a serious hearing impairment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(c)</td>
<td>A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(d)</td>
<td>An intellectual disability</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(e)</td>
<td>A difficulty with learning, remembering or concentrating</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(f)</td>
<td>A psychological or emotional condition</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(g)</td>
<td>A difficulty with pain, breathing, or any other chronic illness or condition</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### Person 3

**26 What is the main field of study of the highest qualification you have completed to date?**

Excluding Secondary school qualifications, write in the field of study:

<table>
<thead>
<tr>
<th>Box Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(e.g. ACCOUNTANCY, BEAUTY THERAPY, FARMING, PLUMBING)</td>
</tr>
</tbody>
</table>

**30 What is (was) your occupation in your main job?**

In all cases describe the occupation fully and precisely giving the full job title. Use precise terms such as

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do NOT use general terms such as

- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

---

**27 How would you describe your present principal status?**

Mark one box only:

1. Working for payment or profit
2. Looking for first regular job
3. Unemployed
4. Student or pupil
5. Looking after home/family
6. Retired from employment
7. Unable to work due to permanent sickness or disability
8. Other, write in

---

**28 If you are working, unemployed or retired**

If you are a student, Go to Q34.

Otherwise, Go to Q35.

**29 Do (did) you work as an employee or are (were) you self-employed in your main job?**

Your main job is the job in which you usually work(ed) the most hours.

Mark one box only:

1. Employee
2. Self-employed, with paid employees
3. Self-employed, without paid employees
4. Assisting relative (not receiving a fixed wage or salary)

---

**31 If you are retired**

Go to Q35.

**32 What is (was) the business of your employer at the place where you work(ed) in your main job?**

If you are (were) self-employed, answer in respect of your own business. Describe the main product or service provided by your employer. For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

---

**33 If you are unemployed**

Go to Q35.

**34 What is the FULL NAME and ADDRESS of your place of work, school or college?**

Full name

Address

---

**35 Answer questions for Person 4 starting on the next page.**

If there are only three persons present in the household on the night of 24 April, Go to page 22.

---
**Person 4**  

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Details</th>
</tr>
</thead>
</table>
| 15 | Do you speak a language other than English or Irish at home? | 1: Yes, 2: No  
| | What is this language? | (e.g., Polish, German, Irish Sign Language) |
| 16 | Do you have any of the following long-lasting conditions or difficulties? | (a) Blindness or a serious vision impairment  
(b) Deafness or a serious hearing impairment  
(c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  
(d) An intellectual disability  
(e) A difficulty with learning, remembering or concentrating  
(f) A psychological or emotional condition  
(g) A difficulty with pain, breathing, or any other chronic illness or condition |
| 17 | If 'Yes' to any of the categories specified in Question 16, do you have any difficulty in doing any of the following? | (a) Dressing, bathing or getting around inside the home  
(b) Going outside the home alone to shop or visit a doctor's surgery  
(c) Working at a job or business or attending school or college  
(d) Participating in other activities, for example leisure or using transport |
| 18 | How is your health in general? | 1: Very good  
2: Good  
3: Fair  
4: Bad  
5: Very bad |
| 19 | How do you usually travel to work, school or college? | 1: Not at work, school or college  
2: On foot  
3: Bicycle  
4: Bus, minibus or coach  
5: Train, DART or LUAS  
6: Motor cycle or scooter  
7: Passenger in a car  
8: Van  
9: Other, including lorry  
10: Work mainly at or from home |
| 20 | What time do you usually leave home to go to work, school or college? | 1: Not at work, school or college  
2: Before 06.30  
3: 06.30 - 07.00  
4: 07.01 - 07.30  
5: 07.31 - 08.00  
6: 08.01 - 08.30  
7: 08.31 - 09.00  
8: 09.01 - 09.30  
9: After 09.30 |
| 21 | How long does your journey to work, school or college usually take? | Write in minutes |
| 22 | Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability? | 1: Yes  
2: No |
| 23 | If you are aged under 16 | Go to Q34 |
| 24 | Have you ceased your full-time education? | 1: Yes  
2: No |
| 25 | What is the highest level of education/training (full-time or part-time) which you have completed to date? | 1: No formal education/training  
2: Primary education, NFQ Levels 1 or 2  
3: Lower Secondary, NFQ Level 3, Junior/Intermediate/Higher Cert. or equivalent  
4: Upper Secondary, NFQ Levels 4 or 5, Leaving Cert. (including Applied and Vocational programmes) or equivalent  
5: Technical or Vocational, NFQ Levels 4 or 5, FETAC Level 4/5 Cert., NCVA Level 3, FÁS Introductory Skills, NCVA Foundation Cert. or equivalent  
6: Advanced Certificate/Completed Apprenticeship, NFQ Level 6, FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent  
7: Higher Certificate, NFQ Level 6, NCVA/HETAC National Cert. or equivalent  
8: Ordinary Bachelor Degree or National Diploma, NFQ Level 7  
9: Honours Bachelor Degree or Professional qualification or both, NFQ Level 8  
10: Postgraduate Diploma or Degree, NFQ Level 9, Postgraduate Diploma, Masters Degree or equivalent  
11: Doctorate (Ph.D) or higher, NFQ Level 10 |
26. What is the main field of study of the highest qualification you have completed to date?

*Exclude Secondary school qualifications*

Write in the field of study

- [ ] ACCOUNTANCY
- [ ] BEAUTY THERAPY
- [ ] FARMING
- [ ] PLUMBING
- [ ] [ ]
- [ ] [ ]

27. How would you describe your present principal status?

Mark one box only

1. Working for payment or profit
2. Looking for first regular job
3. Unemployed
4. Student or pupil
5. Looking after home/family
6. Retired from employment
7. Unable to work due to permanent sickness or disability
8. Other, write in

28. If you are working, unemployed or retired

   Go to Q29

If you are a student

Go to Q34

Otherwise

Go to Q35

29. Do (did) you work as an employee or are (were) you self-employed in your main job?

Your main job is the job in which you usually work(ed) the most hours

Mark one box only

1. Employee
2. Self-employed, with paid employees
3. Self-employed, without paid employees
4. Assisting relative (not receiving a fixed wage or salary)

30. What is (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title

Use precise terms such as

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do NOT use general terms such as

- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

31. If you are retired

Go to Q35

32. What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business

Describe the main product or service provided by your employer

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT

If you are retired

Go to Q35

If you are unemployed

Go to Q35

34. What is the FULL NAME and ADDRESS of your place of work, school or college?

Full name

Address

1. Work mainly at or from home
2. No fixed place of work

35. Answer questions for Person 5 starting on the next page.

If there are only four persons present in the household on the night of 24 April

Go to page 22

Do Not Complete Only!
## Person 5

**See Explanatory Notes on back page**

### What is your name? (Person 5)
First name and surname (BLOCK CAPITALS)

### Sex
1. Male
2. Female

### What is your date of birth?
Day Month Year

### What is your relationship to Persons 1, 2, 3 and 4?

<table>
<thead>
<tr>
<th>Relationship of Persons 5 to 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife (incl. same-sex partner)</td>
<td>1</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Partner</td>
<td>2</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Son or daughter</td>
<td>3</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Step-child</td>
<td>4</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Brother or sister</td>
<td>5</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Mother or father</td>
<td>6</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Grandparent</td>
<td>7</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Step-mother/father</td>
<td>8</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Son/daughter-in-law</td>
<td>9</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Grandchild</td>
<td>10</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other related (incl. foster child)</td>
<td>11</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Unrelated</td>
<td>12</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Where do you usually live?
1. HERE at this address
2. Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS

### Where did you usually live one year ago?
1. SAME as now
2. Elsewhere in IRELAND (including Northern Ireland), write in the COUNTRY

### Have you lived outside the Republic of Ireland for a continuous period of one year or more?
1. Yes
2. No
   - If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland AND the COUNTRY of last previous residence

### What is your ethnic or cultural background?

<table>
<thead>
<tr>
<th>A</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Irish</td>
</tr>
<tr>
<td>2</td>
<td>Irish Traveller</td>
</tr>
<tr>
<td>3</td>
<td>Any other White background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Black or Black Irish</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>African</td>
</tr>
<tr>
<td>5</td>
<td>Any other Black background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Asian or Asian Irish</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Chinese</td>
</tr>
<tr>
<td>7</td>
<td>Any other Asian background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Other, including mixed background</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Other, write in description</td>
</tr>
</tbody>
</table>

### What is your nationality?
If you have more than one nationality, please declare all of them

| 1  | Irish |

### What is your current marital status?
Mark one box only

| 1  | Single (never married or never in a same-sex civil partnership) |
| 2  | Married (first marriage) |
| 3  | Re-married |
| 4  | In a registered same-sex civil partnership |
| 5  | Separated |
| 6  | Divorced |
| 7  | Widowed |

### What is your place of birth?
Give the place where your mother lived at the time of your birth
If IRELAND (including Northern Ireland), write in the COUNTY

- If elsewhere ABROAD, write in the COUNTRY

### What is your religion?
Mark one box only

| 1  | Roman Catholic |
| 2  | Church of Ireland |
| 3  | Islam |
| 4  | Presbyterian |
| 5  | Orthodox |
| 6  | Other, write in your RELIGION |
| 7  | No religion |

### How many children have you given birth to?
This question is for women only
Write in number of children born

| 1  | None |

### Can you speak Irish?
Answer if aged 3 years or over

| 1  | Yes |
| 2  | No |

If 'Yes', do you speak Irish?
Mark the boxes that apply

| 1  | Daily, within the education system |
| 2  | Daily, outside the education system |
| 3  | Weekly |
| 4  | Less often |
| 5  | Never |
| 3  | No nationality |
Person 5

15. Do you speak a language other than English or Irish at home?
   1. Yes
   2. No  ▶ Go to Q16

What is this language?

(e.g. POLISH, GERMAN, IRISH SIGN LANGUAGE)

How well do you speak English?
Mark one box only
   1. Very well
   2. Well
   3. Not well
   4. Not at all

16. Do you have any of the following long-lasting conditions or difficulties?
   (a) Blindness or a serious vision impairment
   (b) Deafness or a serious hearing impairment
   (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
   (d) An intellectual disability
   (e) A difficulty with learning, remembering or concentrating
   (f) A psychological or emotional condition
   (g) A difficulty with pain, breathing, or any other chronic illness or condition

17. If ‘Yes’ to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?
   (a) Dressing, bathing or getting around inside the home
   (b) Going outside the home alone to shop or visit a doctor’s surgery
   (c) Working at a job or business or attending school or college
   (d) Participating in other activities, for example leisure or using transport

18. How is your health in general?
Mark one box only
   1. Very good
   2. Good
   3. Fair
   4. Bad
   5. Very bad

19. How do you usually travel to work, school or college?
Mark one box only, for the longest part, by distance, of your usual journey to work, school or college
   1. On foot
   2. By bicycle
   3. Bus, minibus or coach
   4. Train, DART or LUAS
   5. Motor cycle or scooter
   6. Car, taxi or similar
   7. Carpool
   8. Passenger in a car
   9. Van
   10. Other, including lorry

20. What time do you usually leave home to go to work, school or college?
Mark one box only
   1. Not at work, school or college
   2. Before 06.30
   3. 06.30 - 07.00
   4. 07.01 - 07.30
   5. 07.31 - 08.00
   6. 08.01 - 08.30
   7. 08.31 - 09.00
   8. 09.01 - 09.30
   9. After 09.30

21. How long does your journey to work, school or college usually take?
Write in minutes

22. Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?
Mark boxes like this
   1. Yes
   2. No

If ‘Yes’, for how many hours per week? Write in hours

23. If you are aged under 16
   ▶ Go to Q34

24. Have you ceased your full-time education?
Mark one box only
   1. Yes
   2. No

If ‘Yes’, write in AGE at which it ceased

25. What is the highest level of education/training (full-time or part-time) which you have completed to date?
Mark one box only
   1. No formal education/training
   2. Primary education
      NFQ Levels 1 or 2
      FETAC Level 1 or 2 Cert. or equivalent
   3. Lower Secondary
      NFQ Level 3
      Junior/Inter/Group Cert., FETAC Level 3 Cert., FÁS Introductory Skills, NCVA Foundation Cert. or equivalent
   4. Upper Secondary
      NFQ Levels 4 or 5
      Leaving Cert. (including Applied and Vocational programmes) or equivalent
   5. Technical or Vocational
      NFQ Levels 4 or 5
      FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
   6. Advanced Certificate/Completed Apprenticeship
      NFQ Level 6
      FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
   7. Higher Certificate
      NFQ Level 6
      NCEA/HETAC National Cert. or equivalent
   8. Ordinary Bachelor Degree or National Diploma
      NFQ Level 7
   9. Honours Bachelor Degree/ Professional qualification or both
      NFQ Level 8
   10. Postgraduate Diploma or Degree
      NFQ Level 9
      Postgraduate Diploma, Masters Degree or equivalent
   11. Doctorate (Ph.D) or higher
      NFQ Level 10

Household Form  Page 17

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For information only!  EN17
26 What is the main field of study of the highest qualification you have completed to date?

Exclude Secondary school qualifications
Write in the field of study

(e.g. ACCOUNTANCY, BEAUTY THERAPY, FARMING, PLUMBING)

27 How would you describe your present principal status?

Mark \(\square\) one box only

1 □ Working for payment or profit
2 □ Looking for first regular job
3 □ Unemployed
4 □ Student or pupil
5 □ Looking after home/family
6 □ Retired from employment
7 □ Unable to work due to permanent sickness or disability
8 □ Other, write in

28 If you are working, unemployed or retired ▶ Go to Q29

If you are a student ▶ Go to Q34

Otherwise ▶ Go to Q35

29 Do (did) you work as an employee or are (were) you self-employed in your main job?

Your main job is the job in which you usually work(ed) the most hours

Mark \(\square\) one box only

1 □ Employee
2 □ Self-employed, with paid employees
3 □ Self-employed, without paid employees
4 □ Assisting relative (not receiving a fixed wage or salary)

30 What is (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title

Use precise terms such as

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do NOT use general terms such as

- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

If a farmer, write in the SIZE of the area farmed to the nearest hectare

31 If you are retired ▶ Go to Q35

32 What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business

Describe the main product or service provided by your employer

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT

33 If you are unemployed ▶ Go to Q35

34 What is the FULL NAME and ADDRESS of your place of work, school or college?

Full name

Address

1 □ Work mainly at or from home
2 □ No fixed place of work

35 Answer questions for Person 6 starting on the next page.
If there are only five persons present in the household on the night of 24 April ▶ Go to page 22
### Person 6

#### What is your name? (Person 6)
First name and surname (BLOCK CAPITALS)

#### Sex
1. Male
2. Female

#### What is your date of birth?
- Day
- Month
- Year

#### What is your relationship to Persons 1, 2, 3 and 4?
Mark one box only for each person

<table>
<thead>
<tr>
<th>Relationship of Person 6 to</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner (incl. same-sex partner)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother/father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son/daughter-in-law</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other related</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Where do you usually live?
- HERE at this address
- Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS
- Elsewhere ABROAD, write in the COUNTRY

#### Where did you usually live one year ago?
- SAME as now
- Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
- Elsewhere ABROAD, write in the COUNTRY

#### Have you lived outside the Republic of Ireland for a continuous period of one year or more?
- Yes
- No

#### What is your nationality?
- Irish
- Irish Traveller
- Other NATIONALITY, write in
- No nationality

#### What is your ethnic or cultural background?
Choose ONE section from A to D, then mark the appropriate box

- A White
  - Irish
  - Irish Traveller
  - Any other White background
- B Black or Black Irish
  - African
  - Any other Black background
- C Asian or Asian Irish
  - Chinese
  - Any other Asian background
- D Other, including mixed background
  - Other, write in description

#### How many children have you given birth to?
This question is for women only
- None

#### What is your religion?
Mark one box only
- Roman Catholic
- Church of Ireland
- Islam
- Presbyterian
- Orthodox
- Other, write in your RELIGION

#### Can you speak Irish?
Answer if aged 3 years or over
- Yes
- No

#### What is your relationship to Persons 1, 2, 3 and 4?
Mark one box only

- Husband or wife
- Partner (incl. same-sex partner)
- Son or daughter
- Step-child
- Brother or sister
- Grandparent
- Step-mother/father
- Son/daughter-in-law
- Grandchild
- Other related
- Unrelated

#### What is your place of birth?
Give the place where your mother lived at the time of your birth

If IRELAND (including Northern Ireland), write in the COUNTY
If elsewhere ABROAD, write in the COUNTRY

#### What is your current marital status?
Mark one box only
- Single (never married or never in a same-sex civil partnership)
- Married (first marriage)
- Re-married
- In a registered same-sex civil partnership
- Separated
- Divorced
- Widowed

#### What is your ethnic or cultural background?
Choose ONE section from A to D, then mark the appropriate box

- A White
  - Irish
  - Irish Traveller
  - Any other White background
- B Black or Black Irish
  - African
  - Any other Black background
- C Asian or Asian Irish
  - Chinese
  - Any other Asian background
- D Other, including mixed background
  - Other, write in description

#### How many children have you given birth to?
This question is for women only
Write in number of children born
- None

#### Can you speak Irish?
Answer if aged 3 years or over
- Yes
- No

If „Yes”, do you speak Irish?
Mark the boxes that apply
- Daily, within the education system
- Daily, outside the education system
- Weekly
- Less often
- Never
Person 6

15 Do you speak a language other than English or Irish at home?
   1 [ ] Yes
   2 [ ] No  ▶ Go to Q16

What is this language?
(e.g. POLISH, GERMAN, IRISH SIGN LANGUAGE)

16 Do you have any of the following long-lasting conditions or difficulties?
   (a) Blindness or a serious vision impairment [ ] Yes [ ] No
   (b) Deafness or a serious hearing impairment [ ] Yes [ ] No
   (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying [ ] Yes [ ] No
   (d) An intellectual disability [ ] Yes [ ] No
   (e) A difficulty with learning, remembering or concentrating [ ] Yes [ ] No
   (f) A psychological or emotional condition [ ] Yes [ ] No
   (g) A difficulty with pain, breathing, or any other chronic illness or condition [ ] Yes [ ] No

17 If 'Yes' to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?
   (a) Dressing, bathing or getting around inside the home [ ] Yes [ ] No
   (b) Going outside the home alone to shop or visit a doctor's surgery [ ] Yes [ ] No
   (c) Working at a job or business or attending school or college [ ] Yes [ ] No
   (d) Participating in other activities, for example leisure or using transport [ ] Yes [ ] No

18 How is your health in general?
   Mark [ ] one box only
   1 Very good
   2 Good
   3 Fair
   4 Bad
   5 Very bad

19 How do you usually travel to work, school or college?
   Mark [ ] one box only, for the longest part, by distance, of your usual journey to work, school or college
   1 Not at work, school or college
   2 On foot
   3 Bicycle
   4 Bus, minibus or coach
   5 Train, DART or LUAS
   6 Motor cycle or scooter
   7 Driving a car
   8 Passenger in a car
   9 Van
   10 Other, including lorry, work main at or from home

20 What time do you usually leave home to go to work, school or college?
   1 Not at work, school or college
   2 Before 06.30
   3 06.30 - 07.00
   4 07.01 - 07.30
   5 07.31 - 08.00
   6 08.01 - 08.30
   7 08.31 - 09.00
   8 09.01 - 09.30
   9 After 09.30

21 How long does your journey to work, school or college usually take?
   Write in minutes

22 Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?
   Include problems which are due to old age
   Personal help includes help with basic tasks such as feeding or dressing
   Mark [ ] one box only
   1 Yes
   2 No
   If 'Yes', for how many hours per week?
   Write in hours

23 If you are aged under 16 ▶ Go to Q34

24 Have you ceased your full-time education?
   1 Yes
   2 No
   If 'Yes', write in AGE at which it ceased

25 What is the highest level of education/training (full-time or part-time) which you have completed to date?
   Mark [ ] one box only
   No formal education/training
   Primary education NFQ Levels 1 or 2
   FETAC Level 1 or 2 Cert. or equivalent
   Lower Secondary NFQ Level 3
   Junior/Inter/Group Cert. , FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent
   Upper Secondary NFQ Levels 4 or 5
   Leaving Cert. (including Applied and Vocational programmes) or equivalent
   Technical or Vocational NFQ Levels 4 or 5
   FETAC Level 4/5 Cert., NCVA Level 1/2, FAS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
   Advanced Certificate/Completed Apprenticeship NFQ Level 6
   FETAC Advanced Cert., NCVA Level 3, FAS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
   Higher Certificate NFQ Level 7
   NCEA/HETAC National Cert. or equivalent
   Ordinary Bachelor Degree or National Diploma NFQ Level 8
   Honours Bachelor Degree or Professional qualification or both
   Postgraduate Diploma or Degree NFQ Level 9
   Postgraduate Diploma, Masters Degree or equivalent
   Doctorate (Ph.D) or higher NFQ Level 10

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Household Form
49913996
26 What is the main field of study of the highest qualification you have completed to date?

Exclude Secondary school qualifications

Write in the field of study

(e.g. ACCOUNTANCY, BEAUTY THERAPY, FARMING, PLUMBING)

27 How would you describe your present principal status?

Mark one box only

1. Working for payment or profit
2. Looking for first regular job
3. Unemployed
4. Student or pupil
5. Looking after home/family
6. Retired from employment
7. Unable to work due to permanent sickness or disability
8. Other, write in

28 If you are working, unemployed or retired

Go to Q29

If you are a student

Go to Q34

Otherwise

Go to Q35

29 Do (did) you work as an employee or are (were) you self-employed in your main job?

Your main job is the job in which you usually work(ed) the most hours

Mark one box only

1. Employee
2. Self-employed, with paid employees
3. Self-employed, without paid employees
4. Assisting relative (not receiving a fixed wage or salary)

30 What is (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title

Use precise terms such as RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Do NOT use general terms such as MANAGER, TEACHER, ENGINEER.

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

31 If you are retired

Go to Q35

32 What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business

Describe the main product or service provided by your employer

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT

33 If you are unemployed

Go to Q35

34 What is the FULL NAME and ADDRESS of your place of work, school or college?

Full name

Address

1. Work mainly at or from home
2. No fixed place of work

35 If there are more than 6 persons present in the household on the night of Sunday 24 April, you will need an Individual Form for each additional person. Please ask your Enumerator for additional forms.

Otherwise

Go to the next page
Absent Persons who usually live in the household

Answer questions A1 to A8 for all household members who usually live here at this address but who are NOT present on the night of Sunday 24 April. Include in particular all primary, secondary and third level students who are living away from home during term time who are NOT present at this address on the night of Sunday 24 April.

<table>
<thead>
<tr>
<th>Absent Person 1</th>
<th>Absent Person 2</th>
<th>Absent Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1</strong> What is this person’s name? First name and surname (BLOCK CAPITALS)</td>
<td><strong>A1</strong> What is this person’s name? First name and surname (BLOCK CAPITALS)</td>
<td><strong>A1</strong> What is this person’s name? First name and surname (BLOCK CAPITALS)</td>
</tr>
<tr>
<td><strong>A2</strong> Sex</td>
<td><strong>A2</strong> Sex</td>
<td><strong>A2</strong> Sex</td>
</tr>
<tr>
<td>1 Male</td>
<td>1 Male</td>
<td>1 Male</td>
</tr>
<tr>
<td>2 Female</td>
<td>2 Female</td>
<td>2 Female</td>
</tr>
<tr>
<td><strong>A3</strong> What is this person’s date of birth? Day Month Year</td>
<td><strong>A3</strong> What is this person’s date of birth? Day Month Year</td>
<td><strong>A3</strong> What is this person’s date of birth? Day Month Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A4</strong> What is the relationship of this person to Person 1 on page 4? Mark one box only</td>
<td><strong>A4</strong> What is the relationship of this person to Person 1 on page 4? Mark one box only</td>
<td><strong>A4</strong> What is the relationship of this person to Person 1 on page 4? Mark one box only</td>
</tr>
<tr>
<td>1 Husband or wife</td>
<td>1 Husband or wife</td>
<td>1 Husband or wife</td>
</tr>
<tr>
<td>2 Partner (including same-sex partner)</td>
<td>2 Partner (including same-sex partner)</td>
<td>2 Partner (including same-sex partner)</td>
</tr>
<tr>
<td>3 Son or daughter</td>
<td>3 Son or daughter</td>
<td>3 Son or daughter</td>
</tr>
<tr>
<td>11 Other related, write in the RELATIONSHIP</td>
<td>11 Other related, write in the RELATIONSHIP</td>
<td>11 Other related, write in the RELATIONSHIP</td>
</tr>
<tr>
<td>12 Unrelated (including foster child)</td>
<td>12 Unrelated (including foster child)</td>
<td>12 Unrelated (including foster child)</td>
</tr>
<tr>
<td><strong>A5</strong> What is this person’s current marital status? Answer if aged 15 years or over Mark one box only</td>
<td><strong>A5</strong> What is this person’s current marital status? Answer if aged 15 years or over Mark one box only</td>
<td><strong>A5</strong> What is this person’s current marital status? Answer if aged 15 years or over Mark one box only</td>
</tr>
<tr>
<td>1 Single (never married or never in a same-sex civil partnership)</td>
<td>1 Single (never married or never in a same-sex civil partnership)</td>
<td>1 Single (never married or never in a same-sex civil partnership)</td>
</tr>
<tr>
<td>2 Married (including re-married)</td>
<td>2 Married (including re-married)</td>
<td>2 Married (including re-married)</td>
</tr>
<tr>
<td>4 In a registered same-sex civil partnership</td>
<td>4 In a registered same-sex civil partnership</td>
<td>4 In a registered same-sex civil partnership</td>
</tr>
<tr>
<td>5 Separated</td>
<td>5 Separated</td>
<td>5 Separated</td>
</tr>
<tr>
<td>6 Divorced</td>
<td>6 Divorced</td>
<td>6 Divorced</td>
</tr>
<tr>
<td>7 Widowed</td>
<td>7 Widowed</td>
<td>7 Widowed</td>
</tr>
<tr>
<td><strong>A6</strong> How long altogether is this person away for?</td>
<td><strong>A6</strong> How long altogether is this person away for?</td>
<td><strong>A6</strong> How long altogether is this person away for?</td>
</tr>
<tr>
<td>1 Less than 12 months</td>
<td>1 Less than 12 months</td>
<td>1 Less than 12 months</td>
</tr>
<tr>
<td>2 12 months or more</td>
<td>2 12 months or more</td>
<td>2 12 months or more</td>
</tr>
<tr>
<td><strong>A7</strong> Was this person in the Republic of Ireland on Sunday 24 April?</td>
<td><strong>A7</strong> Was this person in the Republic of Ireland on Sunday 24 April?</td>
<td><strong>A7</strong> Was this person in the Republic of Ireland on Sunday 24 April?</td>
</tr>
<tr>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
<td>2 No</td>
<td>2 No</td>
</tr>
<tr>
<td><strong>A8</strong> Is this person a student away at school or college?</td>
<td><strong>A8</strong> Is this person a student away at school or college?</td>
<td><strong>A8</strong> Is this person a student away at school or college?</td>
</tr>
<tr>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
<td>2 No</td>
<td>2 No</td>
</tr>
</tbody>
</table>
Absent Person 4

A1 What is this person’s name?
First name and surname (BLOCK CAPITALS)

A2 Sex
1 Male 2 Female

A3 What is this person’s date of birth?
Day Month Year

A4 What is the relationship of this person to Person 1 on page 4?
Mark one box only
1 Husband or wife
2 Partner (including same-sex partner)
3 Son or daughter
11 Other related, write in the RELATIONSHIP
12 Unrelated (including foster child)

A5 What is this person’s current marital status?
Answer if aged 15 years or over
Mark one box only
1 Single (never married or never in a same-sex civil partnership)
2 Married (including re-married)
4 In a registered same-sex civil partnership
5 Separated
6 Divorced
7 Widowed

A6 How long altogether is this person away for?
1 Less than 12 months
2 12 months or more

A7 Was this person in the Republic of Ireland on Sunday 24 April?
1 Yes
2 No

A8 Is this person a student away at school or college?
1 Yes
2 No

If there are more than 4 persons temporarily absent from the household on the night of Sunday 24 April, please ask your Enumerator for assistance.

Declaration

Declaration to be completed by the person responsible for completing the form.

Before you sign the declaration please check:

- That you have completed the questions about your accommodation on page 2.
- That in List 1 on page 3, you have accounted for all persons (including visitors) who spent the night of Sunday 24 April at this address.
- That you have answered all questions which should have been answered for each person who spent the night of Sunday 24 April in the household (pages 4-21 and any additional Individual Forms).
- That in List 2 on page 3, you have accounted for all persons who usually live at this address but who were temporarily absent on Sunday 24 April.
- That you have answered all questions on pages 22-23 for all household members temporarily absent on the night of Sunday 24 April.
- That no person has been double-counted on the form.

I declare that this form is correct and complete to the best of my knowledge and belief.

Signature

You have now completed the Census Form.

Thank you for your co-operation.
Question H3 – Does your household own or rent your accommodation?
If you rent your accommodation (box 3), or live in it rent free (box 4), you should also answer the second part of the question ‘who is your landlord?’. When selecting your landlord, tenants of a ‘Private landlord’ or a ‘Local Authority’ should mark box 1 or 2 respectively, while tenants of a housing association should indicate ‘Voluntary/Co-operative housing body’ by marking box 3. This is regardless of whether or not you pay all or part of the rent yourself, or if it is paid on your behalf by the HSE or any other body.

Question H4 – If your accommodation is rented, how much rent does your household pay?
If the HSE or any other body pays part of the rent, only the portion paid by the household should be entered. Enter the amount to the nearest Euro and mark the box corresponding to the period covered e.g. if your household pays a weekly rent of €78.60 enter 79 and mark box 1. If all of your rent is paid on your behalf enter 0 and mark box 1.

Question 4 – Relationship
The relationship question is used to determine families within households, including where there are two or more families in the one household. Cohabiting couples who are not married should tick the category ‘Partner’.

The example below shows how the question should be answered for a grandchild, where the grandparents are Persons 1 and 2, their adult daughter is Person 3 and her child is Person 4.

Mark one box only (unless otherwise indicated)

Relationship of Persons

Mark one box only for each person

<table>
<thead>
<tr>
<th>Persons</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner (incl. same-sex partner)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or father</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother/-father</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son/-daughter-in-law</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other related</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated (incl. foster child)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Question 7 – Where do you usually live?
This question refers to your place of usual residence at the time of the Census. If you have lived at this address for a continuous period of at least 12 months before Census Night, or have arrived at this address in the 12 month period before Census Night with the intention of staying here for at least one year you should mark box 1 (HERE). If your usual residence is not here but is elsewhere in Ireland (including Northern Ireland) you should mark box 2 and write in your full address.

The general guideline is that a person’s place of usual residence is where he/she spends most of his/her daily night rest. The following specific guidelines should be used:

- Persons away from home during the week who return to the family home at weekends - the family home is their place of usual residence.
- Primary and secondary students who are boarding away from home, and third level students at college or university - the family home is their place of usual residence.
- Persons who regularly live in more than one residence during the year – the place where they live for the majority of the year is their place of usual residence.

Question 8 – Where did you usually live one year ago?
This question is for persons aged 1 year or over. The guidelines in relation to Question 7 also apply to this question. If your place of usual residence one year before the Census was the same as now you should mark box 1 (SAME as now).

Question 10 – What is your nationality?
If you have more than one nationality/citizenship, please declare both. If you have dual Irish citizenship (e.g. through participation in a citizenship ceremony), please mark boxes 1 and 2 and write in your second nationality. See below for example. If you have dual non-Irish nationalities, you should mark box 2 and write in both.

What is your nationality?
If you have more than one nationality, please declare all of them

<table>
<thead>
<tr>
<th></th>
<th>Irish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other NATIONALITY, write in description</td>
<td></td>
</tr>
<tr>
<td>No nationality</td>
<td>3</td>
</tr>
</tbody>
</table>

Question 11 – What is your ethnic or cultural background?
This question has both mark box categories and a write in section. If you do not feel that the options in sections A to C adequately describe your ethnic or cultural background, you should mark box 8 and write your ethnicity into the boxes provided. See below for example.

D Other, including mixed background

| Other, write in description |
| Roma |

Explanatory Notes

Question 22 – Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?
If you provide regular unpaid help as a carer, regardless of whether or not you are in receipt of Carer’s Allowance/Benefit, you should mark box 1 (Yes) and write in the weekly number of hours of caring.

Question 25 – What is the highest level of education/training (full-time or part-time) which you have completed to date?
The categories distinguished in this question follow the National Framework of Qualifications (NFQ). Further details can be found at www.QQI.ie

Further information on FETAC, HETAC, foreign qualifications and all other qualifications in general can be found at www.census.ie

Question 27 – How would you describe your present principal status?
You should mark one box only to select the category which you feel best describes your present principal status. If you are on sick leave or maternity leave and intend to return to work at some stage you should mark box 1 (Working for payment or profit).

Question 34 – Address of place of work, school, college or childcare
Persons who leave the household to attend work, school or college should supply the full name and address of this place.

For children who attend pre-school facilities (e.g. childcare, crèche, kindergarten) outside the home, the full name and address of this facility should be supplied by the person filling in the form.