Census of Population of Ireland
Sunday 10 April 2011

Address

Census 2011
The 2011 Census will take place on Sunday 10 April and will count all the people and households in the country on that night. It is the twenty-fourth 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 10 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 2010. 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 €25,000.

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 2011.

Thank you for your co-operation.

Gerard O’Hanlon
Director General

Who should complete the Census Form?
The householder or any adult member of the household present on the night of Sunday 10 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 10 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 11 April and Monday 9 May to collect your completed form.

If your form has not been collected by 9 May, please return it fully completed to Central Statistics Office, PO Box 2011, Freepost 4726, Swords, Co. Dublin.
Questions about your accommodation

H1 What type of accommodation does your household occupy?
Mark one box only.

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

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

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

A mobile or temporary structure:
7 A caravan or other mobile or temporary structure

H2 When was your house, flat or apartment first built?
Mark the year in which first built even if the building was subsequently converted, extended or renovated.
1 Before 1919
2 1919 - 1945 inclusive
3 1946 - 1960 inclusive
4 1961 - 1970 inclusive
5 1971 - 1980 inclusive
6 1981 - 1990 inclusive
7 1991 - 2000 inclusive
8 2001 - 2005 inclusive
9 2006 or later

H3 Does your household own or rent your accommodation?
Mark one box only.
1 Own with mortgage or loan
2 Own outright
3 Rent
4 Live here rent free

If renting, who is your landlord?
1 Private landlord
2 Local Authority
3 Voluntary/Co-operative housing body

H4 If your accommodation is rented, how much rent does your household pay?
Enter amount to the nearest Euro.

H5 How many rooms do you have for use only by your household?
Do NOT count bathrooms, toilets, kitchenettes, utility rooms, consulting rooms, offices, shops, halls or landings, or rooms that can only be used for storage such as cupboards.
Do count all other rooms such as kitchens, living rooms, bedrooms, conservatories you can sit in, and studies.
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.
1 No central heating
2 Oil
3 Natural Gas
4 Electricity
5 Coal (including anthracite)
6 Peat (including turf)
7 Liquid Petroleum Gas (LPG)
8 Wood (including wood pellets)
9 Other

H7 What type of piped water supply does your accommodation have?
Mark one box only.
1 Connection to a Public Main
2 Connection to a Group Water Scheme with a Local Authority source of supply
3 Connection to a Group Water Scheme with a private source of supply (e.g. borehole, lake, etc.)
4 Connection to other private source (e.g. well, lake, rainwater tank, etc.)
5 No piped water supply

H8 What type of sewerage facility does your accommodation have?
Mark one box only.
1 Public sewerage scheme
2 Individual septic tank
3 Individual treatment system other than a septic tank
4 Other sewerage facility
5 No sewerage facility

H9 How many cars or vans are owned or are available for use by one or more members of your household?
Include any company car or van if available for private use.
Mark one box only.
1 One
2 Two
3 Three
4 Four or more
5 None

H10 Does your household have a personal computer (PC)?
1 Yes
2 No

H11 Does your household have access to the Internet?
Mark ‘Yes’ if you have access to the Internet in your home.
1 Yes, Broadband connection
2 Yes, other connection
3 No

H12 Go to next page
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 10 April, Census Night. List 2 is for persons who usually live at this address but who are temporarily away on the night of Sunday 10 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 who were alive at midnight on Sunday 10 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.

**DO NOT INCLUDE in List 1**
- Any person who usually lives at this address but who is temporarily absent on the night of Sunday 10 April. These persons should be listed as being absent in List 2 below.
- Students who were away from home on the night of Sunday 10 April. They should be listed as being absent in List 2 below.
- Babies born after midnight on Sunday 10 April.

### LIST 1  Persons PRESENT in the household on the night of Sunday 10 April

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
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<td>9</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>

Answer questions relating to each person present in the household on Sunday 10 April beginning on Page 4 in the same order as listed here.

### LIST 2  Absent persons who usually live in the household

**INCLUDE in List 2**
- All persons who usually live at this address but who are temporarily absent on Sunday 10 April.
- Students away at school or college.

**DO NOT INCLUDE in List 2**
- Anyone included in List 1.

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname</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 10 April, please ask your Enumerator for guidance.

Answer questions beginning on Page 22 for each usual resident listed here as being absent from the household on the night of Sunday 10 April.
1. What is your name? (Person 1)
   First name and surname.

2. Sex
   1 Male  2 Female

3. What is your date of birth?
   Day  Month  Year

4. Relationship question does not apply to Person 1.

5. What is your current marital status?
   Answer if aged 15 years or over.
   Mark one box only.
   1 Single (never married)
   2 Married (first marriage)
   3 Re-married (following widowhood)
   4 Re-married (following divorce/annulment)
   5 Separated (including deserted)
   6 Divorced
   7 Widowed

6. 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.

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

8. Where did you usually live one year ago?
   Answer if aged 1 year or over.
   1 SAME as now
   2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   3 Elsewhere ABROAD, write in the COUNTRY

9. Have you lived outside the Republic of Ireland for a continuous period of one year or more?
   Answer if aged 1 year or over and living in Ireland.
   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.

10. What is your nationality?
    If you have more than one nationality, please declare all of them.
    1 Irish
    2 Other NATIONALITY, write in
    3 No nationality

11. What is your ethnic or cultural background?
    Choose ONE section from A to D, then the appropriate box.
    A White
    1 Irish
    2 Irish Traveller
    3 Any other White background
    B Black or Black Irish
    4 African
    5 Any other Black background
    C Asian or Asian Irish
    6 Chinese
    7 Any other Asian background
    D Other, including mixed background
    8 Other, write in description

12. 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

13. How many children have you given birth to?
    This question is for women only.
    Write in number of children born alive.
    1 None

14. 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
### Person 1

15. Do you speak a language other than English or Irish at home?
- [ ] Yes
- [x] 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?**

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Dressing, bathing or getting around inside the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Going outside the home alone to shop or visit a doctor’s surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Working at a job or business or attending school or college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Participating in other activities, for example leisure or using transport</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. **How is your health in general?**

Mark [ ] one box only.
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Bad
- [ ] 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.
- [ ] Not at work, school or college
- [ ] On foot
- [ ] Bicycle
- [ ] Bus, trams or coach
- [ ] DART or LUAS
- [ ] Motor cycle or scooter
- [ ] Driving a car
- [ ] Passenger in a car
- [ ] Yes
- [ ] Other, including lorry
- [ ] Work mainly at or from home

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

- [ ] Not at work, school or college
- [ ] Before 06.30
- [ ] 06.30 - 07.00
- [ ] 07.01 - 07.30
- [ ] 07.31 - 08.00
- [ ] 08.01 - 08.30
- [ ] 08.31 - 09.00
- [ ] 09.01 - 09.30
- [ ] 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 [ ] one box only.
- [ ] Yes
- [ ] No

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

23. **If you are aged under 15**

Go to Q34

24. **Have you ceased your full-time education?**

- [ ] Yes
- [ ] 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/Intermediate 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, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
- [ ] Higher Certificate
  - [ ] NFQ Level 6
  - [ ] NCVA/HETAC National Cert. or equivalent
- [ ] Ordinary Bachelor Degree or National Diploma
  - [ ] NFQ Level 7
- [ ] Honours Bachelor Degree / Professional qualification or both
  - [ ] NFQ Level 8
- [ ] 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 Page 5
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)

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 worked 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 2 starting on the next page.
If there is only one person present in the household on the night of 10 April
Go to page 22
### Person 2

1. **What is your name (Person 2)?**
   - First name and surname.

2. **Sex**
   - 1 Male
   - 2 Female

3. **What is your date of birth?**
   - Day
   - Month
   - Year

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

5. **What is your current marital status?**
   - Mark one box only.
   - Single (never married)
   - Married (first marriage)
   - Re-married (following widowhood)
   - Re-married (following divorce/annulment)
   - Separated (including deserted)
   - Divorced
   - Widowed

6. **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.

7. **Where do you usually live?**
   - Mark boxes like this.
   - HERE at this address
   - Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS
   - Elsewhere ABROAD, write in the COUNTRY

8. **Where did you usually live one year ago?**
   - Answer if aged 1 year or over.
   - Mark one box only.
   - SAME as now
   - Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   - Elsewhere ABROAD, write in the COUNTRY

9. **Have you lived outside the Republic of Ireland for a continuous period of one year or more?**
   - Answer if aged 1 year or over and living in Ireland.
   - Mark one box only.
   - 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.

10. **What is your nationality?**
    - If you have more than one nationality, please declare all of them.
    - Mark boxes like this.
    - Irish
    - Other NATIONALITY, write in
    - No nationality

11. **What is your ethnic or cultural background?**
    - Choose ONE section from A to D, then 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

12. **What is your religion?**
    - Mark one box only.
    - Roman Catholic
    - Church of Ireland
    - Islam
    - Presbyterian
    - Orthodox
    - Other, write in your RELIGION
    - No religion

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

14. **Can you speak Irish?**
    - Answer if aged 3 years or over.
    - Mark the boxes that apply.
    - Yes
    - No
    - Daily, within the education system
    - Daily, outside the education system
    - Weekly
    - Less often
    - Never
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

How is your health in general?

Mark one box only.

1  Very good
2  Good
3  Fair
4  Bad
5  Very bad

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

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

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

Write in minutes.

How long does your journey to work, school or college usually take?

Write in minutes.

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  NFQ Levels 1 or 2, FETAC Level 1 or 2 Cert. or equivalent
4  Lower Secondary
5  NFQ Level 3, Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent
6  Upper Secondary
7  NFQ Levels 4 or 5, Leaving Cert. (including Applied and Vocational programmes) or equivalent
8  Technical or Vocational
9  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
10  Advanced Certificate/Completed Apprenticeship
11  NFQ Level 6, FETAC Advanced Cert., NCVA Level 3, FAS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
12  Higher Certificate
13  NFQ Level 6, NCEA/HETAC National Cert. or equivalent
14  Ordinary Bachelor Degree or National Diploma
15  NFQ Level 7
16  Honours Bachelor Degree/Professional qualification or both
17  NFQ Level 8
18  Postgraduate Diploma or Degree
19  NFQ Level 9, Postgraduate Diploma, Masters Degree or equivalent
20  Doctorate (Ph.D) or higher
21  NFQ Level 10

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.

If you are aged under 15

Go to Q34

Have you ceased your full-time education?

1  Yes
2  No

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

15
16
17
18
19
20
21
22
23
24
25
**Person 2**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the main field of study of the highest qualification you have</td>
<td></td>
</tr>
<tr>
<td>completed to date?</td>
<td>Exclude Secondary school qualifications.</td>
</tr>
<tr>
<td>Write in the field of study.</td>
<td>(e.g. ACCOUNTANCY, BEAUTY THERAPY, FARMING, PLUMBING)</td>
</tr>
<tr>
<td>How would you describe your present principal status?</td>
<td>Mark one box only.</td>
</tr>
<tr>
<td>1 Working for payment or profit</td>
<td></td>
</tr>
<tr>
<td>2 Looking for first regular job</td>
<td></td>
</tr>
<tr>
<td>3 Unemployed</td>
<td></td>
</tr>
<tr>
<td>4 Student or pupil</td>
<td></td>
</tr>
<tr>
<td>5 Looking after home/family</td>
<td></td>
</tr>
<tr>
<td>6 Retired from employment</td>
<td></td>
</tr>
<tr>
<td>7 Unable to work due to permanent sickness or disability</td>
<td></td>
</tr>
<tr>
<td>8 Other, write in</td>
<td></td>
</tr>
<tr>
<td>What is (was) your occupation in your main job?</td>
<td>In all cases describe the occupation fully and precisely giving the full job title.</td>
</tr>
<tr>
<td>Use precise terms such as</td>
<td>Do NOT use general terms such as</td>
</tr>
<tr>
<td>RETAIL STORE MANAGER</td>
<td>MANAGER</td>
</tr>
<tr>
<td>SECONDARY TEACHER</td>
<td>TEACHER</td>
</tr>
<tr>
<td>ELECTRICAL ENGINEER</td>
<td>ENGINEER</td>
</tr>
<tr>
<td>Civil servants and local government employees should state their grade</td>
<td>Members of the Gardaí or Army should state their rank. Teachers should state the branch of</td>
</tr>
<tr>
<td>e.g. SENIOR ADMINISTRATIVE OFFICER.</td>
<td>teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description</td>
</tr>
<tr>
<td>e.g. NUN, REGISTERED GENERAL NURSE.</td>
<td></td>
</tr>
<tr>
<td>If a farmer, write in the size of the area farmed to the nearest hectare</td>
<td>Hectares</td>
</tr>
<tr>
<td>If you are retired</td>
<td>Go to Q35</td>
</tr>
<tr>
<td>If you are a student</td>
<td>Go to Q34</td>
</tr>
<tr>
<td>Otherwise</td>
<td>Go to Q35</td>
</tr>
<tr>
<td>What is (was) the business of your employer at the place where you</td>
<td>In all cases describe the occupation fully and precisely giving the full job title.</td>
</tr>
<tr>
<td>work(ed) in your main job?</td>
<td>Do NOT use general terms such as</td>
</tr>
<tr>
<td>If you are (were) self-employed, answer in respect of your own business.</td>
<td></td>
</tr>
<tr>
<td>Describe the main product or service provided by your employer.</td>
<td>For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE,</td>
</tr>
<tr>
<td>CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.</td>
<td></td>
</tr>
<tr>
<td>What is the FULL NAME and ADDRESS of your place of work, school or</td>
<td></td>
</tr>
<tr>
<td>college?</td>
<td></td>
</tr>
<tr>
<td>Full name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>1 Work mainly at or from home</td>
<td>2 No fixed place of work</td>
</tr>
<tr>
<td>35 Answer questions for Person 3 starting on the next page.</td>
<td>If there are only two persons present in the household on the night of 10 April Go to page 22</td>
</tr>
</tbody>
</table>
**Person 3**

1. **What is your name? (Person 3)**
   - First name and surname.

2. **Sex**
   - 1 Male
   - 2 Female

3. **What is your date of birth?**
   - Day
   - Month
   - Year

4. **What is your relationship to Persons 1 and 2?**
   - Mark one box only for each person.
   - Relationship of Persons PERSON 3 to 1 2
     - Husband or wife 1
     - 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 (incl. foster child) 11
     - Unrelated 12

5. **What is your current marital status?**
   - Answer if aged 15 years or over.
   - Mark one box only.
   - 1 Single (never married)
   - 2 Married (first marriage)
   - 3 Re-married (following widowhood)
   - 4 Re-married (following divorce/annulment)
   - 5 Separated (including deserted)
   - 6 Divorced
   - 7 Widowed

6. **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.

7. **Where do you usually live?**
   - 1 HERE at this address
   - 2 Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS
   - 3 Elsewhere ABROAD, write in the COUNTRY

8. **Where did you usually live one year ago?**
   - Answer if aged 1 year or over.
   - 1 SAME as now
   - 2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   - 3 Elsewhere ABROAD, write in the COUNTRY

9. **Have you lived outside the Republic of Ireland for a continuous period of one year or more?**
   - Answer if aged 1 year or over and living in Ireland.
   - 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.

10. **What is your nationality?**
    - If you have more than one nationality, please declare all of them.
    - 1 Irish
    - 2 Other NATIONALITY, write in
    - 3 No nationality

11. **What is your ethnic or cultural background?**
    - Choose ONE section from A to D, then mark the appropriate box.
    - A White
      - 1 Irish
      - 2 Irish Traveller
      - 3 Any other White background
    - B Black or Black Irish
      - 4 African
      - 5 Any other Black background
    - C Asian or Asian Irish
      - 6 Chinese
      - 7 Any other Asian background
    - D Other, including mixed background
      - 8 Other, write in description

12. **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

13. **How many children have you given birth to?**
    - This question is for women only.
    - Write in number of children born alive.
    - 1 None

14. **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
Person 3

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
(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 Not at work, school or college
2 On foot
3 Bicycle
4 Bus, minibus or coach
5 Dart, DART or LUAS
6 Motor cycle or scooter
7 Driving a car
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 15

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 NFQ Levels 1 or 2
4 FETAC Level 1 or 2 Cert. or equivalent
5 Lower Secondary
6 NFQ Level 3
7 Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent
8 Upper Secondary
9 NFQ Levels 4 or 5
10 Leaving Cert. (including Applied and Vocational programmes) or equivalent
11 Technical or Vocational
12 NFQ Levels 4 or 5
13 FETAC Level 4/5 Cert., NCVA Level 1/2, FAS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
14 Advanced Certificate/Completed Apprenticeship
15 NFQ Level 6
16 FETAC Advanced Cert., NCVA Level 3, FAS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
17 Higher Certificate
18 NFQ Level 6
19 NCFA/HETAC National Cert. or equivalent
20 Ordinary Bachelor Degree or National Diploma
21 NFQ Level 7
22 Honours Bachelor Degree/Professional qualification or both
23 NFQ Level 8
24 Postgraduate Diploma or Degree
25 NFQ Level 9
26 Postgraduate Diploma, Masters Degree or equivalent
27 Doctorate (Ph.D) or higher
28 NFQ Level 10

Household Form Page 11
Person 3

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 worked 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.

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 worked (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 4 starting on the next page.
If there are only three persons present in the household on the night of 10 April
Go to page 22
### Person 4

**What is your name? (Person 4)**

First name and surname.

**Sex**

1. Male
2. Female

**What is your date of birth?**

Day

Month

Year

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

Mark one box only for each person.

Relationship of Persons 4 to 1 2 3

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

1. Single (never married)
2. Married (first marriage)
3. Re-married (following widowhood)
4. Re-married (following divorce/annulment)
5. Separated (including deserted)
6. Divorced
7. Widowed

**What is your date of birth?**

Day

Month

Year

**What is your ethnicity or cultural background?**

Choose ONE section from A to D, then mark the appropriate box.

A. White
1. Irish
2. Irish Traveller
3. Any other White background

B. Black or Black Irish
4. African
5. Any other Black background

C. Asian or Asian Irish
6. Chinese
7. Any other Asian background

D. Other, including mixed background
8. Other, write in description

**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

**Have you lived outside the Republic of Ireland for a continuous period of one year or more?**

Answer if aged 1 year or over and living in Ireland.

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 nationality?**

If you have more than one nationality, please declare all of them.

1. Irish
2. Other NATIONALITY, write in
3. No nationality

**Where do you usually live?**

1. HERE at this address
2. Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS
3. Elsewhere ABROAD, write in the COUNTRY

**Where did you usually live one year ago?**

Answer if aged 1 year or over.

1. SAME as now
2. Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
3. Elsewhere ABROAD, write in the COUNTRY

**How many children have you given birth to?**

This question is for women only. Write in number of children born alive.

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
Person 4

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, minibuses 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?

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 ☐ one box only, include problems which are due to old age.

1 ☐ Yes
2 ☐ No

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

23 If you are aged under 15  ▶ 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
3 ☐ Lower Secondary NFQ Level 3
4 ☐ Upper Secondary NFQ Levels 4 or 5
5 ☐ Technical or Vocational NFQ Levels 4 or 5
6 ☐ Advanced Certificate/Completed Apprenticeship NFQ Level 6
7 ☐ Higher Certificate NFQ Level 6
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
11 ☐ Doctorate (Ph.D) or higher NFQ Level 10

Page 14
Household Form
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 worked 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 MANAGER
- SECONDARY TEACHER TEACHER
- ELECTRICAL ENGINEER 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 worked 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 5 starting on the next page.
If there are only four persons present in the household
on the night of 10 April ▶ Go to page 22
<table>
<thead>
<tr>
<th>Person 5</th>
<th>See Explanatory Notes on back page</th>
</tr>
</thead>
</table>
| 1 | **What is your name? (Person 5)**  
First name and surname. |
| 2 | **Sex**  
1 Male  2 Female |
| 3 | **What is your date of birth?**  
Day Month Year |
| 4 | **What is your relationship to Persons 1, 2, 3 and 4?**  
Mark one box only for each person.  
Relationship of Person 5 to 1 2 3 4  
Husband or wife  1  2  
Partner (incl. same-sex partner)  2  3  
Son or daughter  3  4  5  6  7  8  9  10  11  12  
Step-child  3  4  5  6  7  8  9  10  11  12  
Brother or sister  3  4  5  6  7  8  9  10  11  12  
Mother or father  3  4  5  6  7  8  9  10  11  12  
Grandparent  3  4  5  6  7  8  9  10  11  12  
Step-mother/-father  3  4  5  6  7  8  9  10  11  12  
Son/-daughter-in-law  3  4  5  6  7  8  9  10  11  12  
Grandchild  3  4  5  6  7  8  9  10  11  12  
Other related  3  4  5  6  7  8  9  10  11  12  
Unrelated (incl. foster child)  3  4  5  6  7  8  9  10  11  12  |
| 5 | **What is your current marital status?**  
Answer if aged 15 years or over.  
Mark one box only.  
1 Single (never married)  1  2  3  4  5  6  7  8  9  10  11  12  
2 Married (first marriage)  1  2  3  4  5  6  7  8  9  10  11  12  
3 Re-married (following widowhood)  1  2  3  4  5  6  7  8  9  10  11  12  
4 Re-married (following divorce/annulment)  1  2  3  4  5  6  7  8  9  10  11  12  
5 Separated (including deserted)  1  2  3  4  5  6  7  8  9  10  11  12  
6 Divorced  1  2  3  4  5  6  7  8  9  10  11  12  
7 Widowed  1  2  3  4  5  6  7  8  9  10  11  12  |
| 6 | **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. |
| 7 | **Where do you usually live?**  
1 HERE at this address  1  2  3  4  5  6  7  8  9  10  11  12  
2 Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS  1  2  3  4  5  6  7  8  9  10  11  12  
3 Elsewhere ABROAD, write in the COUNTRY  1  2  3  4  5  6  7  8  9  10  11  12  |
| 8 | **Where did you usually live one year ago?**  
Answer if aged 1 year or over.  
1 SAME as now  1  2  3  4  5  6  7  8  9  10  11  12  
2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY  1  2  3  4  5  6  7  8  9  10  11  12  
3 Elsewhere ABROAD, write in the COUNTRY  1  2  3  4  5  6  7  8  9  10  11  12  |
| 9 | **Have you lived outside the Republic of Ireland for a continuous period of one year or more?**  
Answer if aged 1 year or over and living in Ireland.  
1 Yes  1  2  3  4  5  6  7  8  9  10  11  12  
2 No  1  2  3  4  5  6  7  8  9  10  11  12  
If ‘Yes’, write in the YEAR of last taking up residence in the Republic of Ireland AND the COUNTRY of last previous residence. |
| 10 | **What is your nationality?**  
If you have more than one nationality, please declare all of them.  
1 Irish  1  2  3  4  5  6  7  8  9  10  11  12  
2 Other NATIONALITY, write in  1  2  3  4  5  6  7  8  9  10  11  12  
3 No nationality  1  2  3  4  5  6  7  8  9  10  11  12  |
| 11 | **What is your ethnic or cultural background?**  
Choose ONE section from A to D, then the appropriate box.  
A White  1  2  3  4  5  6  7  8  9  10  11  12  
B Black or Black Irish  1  2  3  4  5  6  7  8  9  10  11  12  
C Asian or Asian Irish  1  2  3  4  5  6  7  8  9  10  11  12  
D Other, including mixed background  1  2  3  4  5  6  7  8  9  10  11  12  |
| 12 | **What is your religion?**  
Mark one box only.  
1 Roman Catholic  1  2  3  4  5  6  7  8  9  10  11  12  
2 Church of Ireland  1  2  3  4  5  6  7  8  9  10  11  12  
3 Islam  1  2  3  4  5  6  7  8  9  10  11  12  
4 Presbyterian  1  2  3  4  5  6  7  8  9  10  11  12  
5 Orthodox  1  2  3  4  5  6  7  8  9  10  11  12  
6 Other, write in your RELIGION  1  2  3  4  5  6  7  8  9  10  11  12  
7 No religion  1  2  3  4  5  6  7  8  9  10  11  12  |
| 13 | **How many children have you given birth to?**  
This question is for women only.  
Write in number of children born alive.  
1 None  1  2  3  4  5  6  7  8  9  10  11  12  
2  1  2  3  4  5  6  7  8  9  10  11  12  
3  1  2  3  4  5  6  7  8  9  10  11  12  
4  1  2  3  4  5  6  7  8  9  10  11  12  
5  1  2  3  4  5  6  7  8  9  10  11  12  |
| 14 | **Can you speak Irish?**  
Answer if aged 3 years or over.  
1 Yes  1  2  3  4  5  6  7  8  9  10  11  12  
2 No  1  2  3  4  5  6  7  8  9  10  11  12  
If ‘Yes’, do you speak Irish?  
Mark the boxes that apply.  
1 Daily, within the education system  1  2  3  4  5  6  7  8  9  10  11  12  
2 Daily, outside the education system  1  2  3  4  5  6  7  8  9  10  11  12  
3 Weekly  1  2  3  4  5  6  7  8  9  10  11  12  
4 Less often  1  2  3  4  5  6  7  8  9  10  11  12  
5 Never  1  2  3  4  5  6  7  8  9  10  11  12  |

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**Household Form**

**Page 16**
Person 5

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

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, minibuses or coach
   5 Rail, 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?
   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 15  ▶ 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 NFQ Levels 1 or 2, FETAC Level 1 or 2 Cert. or equivalent
   4 Lower Secondary
   5 NFQ Level 3, Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent
   6 Upper Secondary
   7 NFQ Levels 4 or 5, Leaving Cert. (including Applied and Vocational programmes) or equivalent
   8 Technical or Vocational
   9 NFQ Levels 4 or 5, FETAC Level 4/5 Cert., FETAC Level 1/2, FAS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
   10 Advanced Certificate/Completed Apprenticeship
   11 NFQ Level 6, FETAC Advanced Cert., FETAC Level 3 Cert., FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
   12 Higher Certificate
   13 NFQ Level 6, NCEA/HETAC National Cert. or equivalent
   14 Ordinary Bachelor Degree or National Diploma
   15 NFQ Level 7
   16 Honours Bachelor Degree/Professional qualification or both
   17 NFQ Level 8
   18 Postgraduate Diploma or Degree
   19 NFQ Level 9, Postgraduate Diploma, Masters Degree or equivalent
   20 Doctorate (Ph.D) or higher
   21 NFQ Level 10
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)  

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  

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

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 Garda 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.  

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 working, unemployed or retired Go to Q29  
If you are a student Go to Q34  
Otherwise Go to Q35  

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 worked 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)  

If you are retired Go to Q35  
If you are unemployed Go to Q35  

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

If you work mainly at or from home  
2 No fixed place of work  

Answer questions for Person 6 starting on the next page.  
If there are only five persons present in the household on the night of 10 April Go to page 22
Person 6

What is your name? (Person 6)
First name and surname.

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.

Relationship of Persons
PERSON 6 to
1 2 3 4
Husband or wife 1
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 current marital status?
Mark one box only.

1 Single (never married) 2 Married (first marriage) 3 Re-married (following widowhood)
4 Re-married (following divorce/annulment) 5 Separated (including deserted) 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.

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

Where did you usually live one year ago?
Answer if aged 1 year or over.
1 SAME as now 2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY

Have you lived outside the Republic of Ireland for a continuous period of one year or more?
Answer if aged 1 year or over and living in Ireland.
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 nationality?
If you have more than one nationality, please declare all of them.
1 Irish 2 Other NATIONALITY, write in
3 No nationality

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

A White
1 Irish 2 Irish Traveller 3 Any other White background

B Black or Black Irish
4 African 5 Any other Black background

C Asian or Asian Irish
6 Chinese 7 Any other Asian background

D Other, including mixed background
8 Other, write in description

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 alive.
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
Person 6

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
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, trams, or coach
5 ☐ Rail, 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?
Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing.

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

23 If you are aged under 15

24 Have you ceased your full-time education?

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 ☐ Lower Secondary
4 ☐ Upper Secondary
5 ☐ Technical or Vocational
6 ☐ Advanced Certificate/Completed Apprenticeship
7 ☐ Higher Certificate
8 ☐ Ordinary Bachelor Degree or National Diploma
9 ☐ Honours Bachelor Degree or Professional qualification or both
10 ☐ Postgraduate Diploma or Degree
11 ☐ Doctorate (Ph.D) or higher

26 If you are aged under 15

Go to Q34

For information only

Do not complete

Page 20

Household Form
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 worked 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.

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 worked (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 10 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 10 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 10 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></td>
<td><strong>A1</strong></td>
<td><strong>A1</strong></td>
</tr>
<tr>
<td>What is this person’s name?</td>
<td>What is this person’s name?</td>
<td>What is this person’s name?</td>
</tr>
<tr>
<td>First name and surname.</td>
<td>First name and surname.</td>
<td>First name and surname.</td>
</tr>
<tr>
<td><strong>A2</strong></td>
<td><strong>A2</strong></td>
<td><strong>A2</strong></td>
</tr>
<tr>
<td>Sex</td>
<td>Sex</td>
<td>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></td>
<td><strong>A3</strong></td>
<td><strong>A3</strong></td>
</tr>
<tr>
<td>What is this person’s date of birth?</td>
<td>What is this person’s date of birth?</td>
<td>What is this person’s date of birth?</td>
</tr>
<tr>
<td>Day</td>
<td>Day</td>
<td>Day</td>
</tr>
<tr>
<td>Month</td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td>Year</td>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td><strong>A4</strong></td>
<td><strong>A4</strong></td>
<td><strong>A4</strong></td>
</tr>
<tr>
<td>What is the relationship of this person to Person 1 on page 4?</td>
<td>What is the relationship of this person to Person 1 on page 4?</td>
<td>What is the relationship of this person to Person 1 on page 4?</td>
</tr>
<tr>
<td>Mark one box only.</td>
<td>Mark one box only.</td>
<td>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 RELATIONSHIP</td>
<td>11 Other related, write in RELATIONSHIP</td>
<td>11 Other related, write in 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></td>
<td><strong>A5</strong></td>
<td><strong>A5</strong></td>
</tr>
<tr>
<td>What is this person’s current marital status?</td>
<td>What is this person’s current marital status?</td>
<td>What is this person’s current marital status?</td>
</tr>
<tr>
<td>Answer if aged 15 years or over.</td>
<td>Answer if aged 15 years or over.</td>
<td>Answer if aged 15 years or over.</td>
</tr>
<tr>
<td>Mark one box only.</td>
<td>Mark one box only.</td>
<td>Mark one box only.</td>
</tr>
<tr>
<td>1 Single (never married)</td>
<td>1 Single (never married)</td>
<td>1 Single (never married)</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>5 Separated (including deserted)</td>
<td>5 Separated (including deserted)</td>
<td>5 Separated (including deserted)</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></td>
<td><strong>A6</strong></td>
<td><strong>A6</strong></td>
</tr>
<tr>
<td>How long altogether is this person away for?</td>
<td>How long altogether is this person away for?</td>
<td>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></td>
<td><strong>A7</strong></td>
<td><strong>A7</strong></td>
</tr>
<tr>
<td>Was this person in the Republic of Ireland on Sunday 10 April?</td>
<td>Was this person in the Republic of Ireland on Sunday 10 April?</td>
<td>Was this person in the Republic of Ireland on Sunday 10 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></td>
<td><strong>A8</strong></td>
<td><strong>A8</strong></td>
</tr>
<tr>
<td>Is this person a student away at school or college?</td>
<td>Is this person a student away at school or college?</td>
<td>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.

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 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)
2 Married (including re-married)
5 Separated (including deserted)
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 10 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 10 April, please ask your Enumerator for guidance.
Explanatory Notes

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?’. Select the appropriate box (1, 2 or 3) to indicate whether your landlord is a ‘Private landlord’, a ‘Local Authority’ or a ‘Voluntary/Co-operative housing body’, 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 amount 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 designed to determine families within households. This includes where there are two or more families in the one household. For example, a household consisting of an adult daughter living with her two parents and her own child would be counted as a two family household.

The example given below shows how the question should be answered for the child in this situation, where the parents are Person 1 and 2 on the form, the adult daughter is Person 3 and the child is Person 4.

Mark one box only for each person.

Relationship of PERSON 4 to
Person 3
Husband or wife
Partner (incl. same-sex partner)
Son or daughter
Step-child
Brother or sister
Mother or father
Grandparent
Step-mother/father
Son/daughter-in-law
Grandchild
Other related
Unrelated (incl. foster child)

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. If your usual residence is elsewhere abroad you should mark box 3 and give the country of usual residence.

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:

- Those away from home during the week who return to the family home at weekends should consider the family home as their place of usual residence.
- Primary and secondary students who are boarding away from home, and those at a level where students attend college or university, should consider the family home as their place of usual residence.
- If a person has spent or intends to spend 12 months or more in an institution then the institution is that person’s place of usual residence.
- If a person regularly lives in more than one residence during the year then the place where he/she spends the majority of the year should be chosen as his/her 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 9 – Have you lived outside the Republic of Ireland for a continuous period of one year or more? This question is for persons aged 1 year or over. If your place of usual residence is in the Republic of Ireland and you were either:

- born in this country and lived outside it for a continuous period of one year or more, or
- born abroad and lived outside Ireland for a continuous period of one year or more,

then you should mark box 1 (Yes). You should also write in the year of last taking up residence in this country and the country of last previous residence.

Question 15 – Do you speak a language other than English or Irish at home? If you do not speak a language other than English or Irish at home you should mark box 2 (No) and proceed to Question 16. This means those who speak only English and/or Irish at home do not have to report on their ability to speak the English language.

Question 16 – Do you have any of the following long-lasting conditions or difficulties? For the purpose of this question a long lasting condition or difficulty is one which has lasted or is expected to last 6 months or longer, or that regularly re-occurs.

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.nfq.ie

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

Question 26 – What is the main field of study of the highest qualification you have completed to date? This question is to capture post-secondary school qualifications only. If you have a number of qualifications, the field of study relating to the highest qualification only should be listed.

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).

Question 34 – Address of place of work, school or college. Persons who live 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. crèche, kindergarten) outside the home, the full name and address of this facility should be supplied by the person filling in the form.