

#### **An Phríomh-Oifig Staidrimh**

Central Statistics Office

# Daonáireamh na hÉireann Census of Population of Ireland Sunday 24 April 2016

| Address | S          |        |            | For office use only  |
|---------|------------|--------|------------|--|
|         |            |        |            |  |
|         |            |        |            |  |
| County  | EA<br>Code | D. No. | SA<br>Code | Number of Pregrate RESENT ASSENT Males Remails Total persons |
|         |            |        |            |  |

#### 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 doclaration 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 RECE PTIONIST

#### Have your form ready for collection

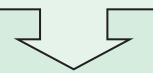
Your Enumerator will return between Monday 25 April and Monday 23 May to collect your completed form.

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.



## **START HERE**



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
- Terraced (including end of terrace)

A flat or apartment (including duplexes) that is self-contained:

- 4 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 outle?

Mark the year in which first built even in the building was subsequently converted extended or renovated.

- 1 Before 1919
- 2 1919 1945 inclusive
- 3 1946 1960 inclusiv
- 4 1961 > 1970 inclusive
- 5 1971 1980 inclusive
- 6 1981 1990 inclusive
- 7 1991 2000 inclusive
- 8 2001 2010 inclusive
- 9 2011 or later

H3 Does your household own or rent your accommodation?

Mark — one box only

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

If renting, who is your landlord?

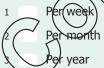
- Private landlord
- Local Authority
- Voluntary/Co-operative housing body

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

Enter amount to the near



Mark one box only



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 to storage such as cupboards

Do sount 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

- 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

- 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

What type of sewerage facility

What type of sewerage facility does your accommodation have?

Public sewerage scheme

- 2 Individual septic tank
  - 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

- One
- \_\_\_\_\_
- 2 Two
- 3 Three
- 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
- 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 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**

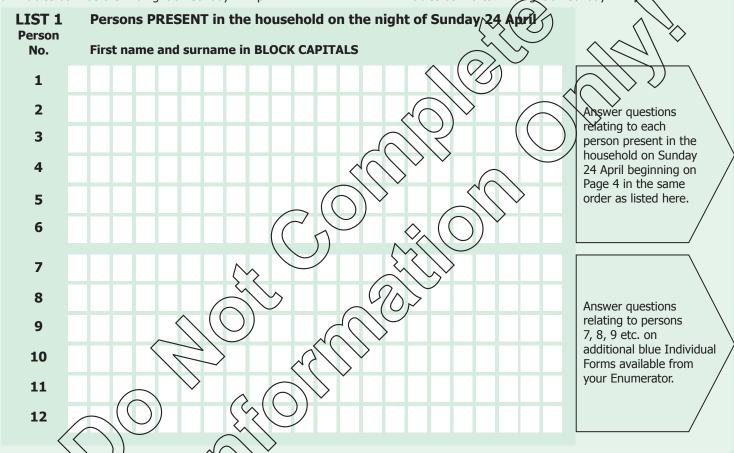
#### **INCLUDE** in List 1

- 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 2 Absent persons who usually live in the household

Person
No. First name and surname in BLOCK CAPITALS

1
2
3
4

Answer questions beginning on Page 22 in the same order as listed here for each usual resident absent from the household on the night of Sunday 24 April.

If there are more than 4 usual residents absent on the night of Sunday 24 April, please ask your Enumerator for assistance.





| Person 1   | See Explana                                    |   | ack page   |                           | boxes like this 🕳   |
|--|--|---|--|---------------------------|---|
|  | ur name? (Person 1) d surname (BLOCK CAPITALS) |   | address<br>IRELAND (including<br>and), write in your | Cho<br>ther               | at is your ethnic or cultural kground? ose ONE section from A to D, the appropriate box  White  |
| 2 Sex  | e 2 Female                                     |   |  | 1 2                       | Irish Irish Traveller   |
| 3 What is yo Day   | <b>ur date of birth?</b><br>Month Year         |   |  | 3<br><b>B E</b><br>4<br>5 | Any other White background  Black or Black Irish  African  Any other Black background   |
| 4 Relationsh apply to Po                                     | ip question does not<br>erson 1                | 3 Elsewhere AB<br>the COUNTRY   | RROAD, write in                                      |                           | Chinese  Any other Asian background  Other, including mixed background  Other, write in description   |
|  |  | Where did you usus year ago?  Answer if aged 1 year  SAME as now Elsewhere (in              | TOTO VOL   |                           |   |
|  |  | Northern Virela<br>COUNTY   | and), write in the                                   | 1                         | at is your religion?  k — one box only  Roman Catholic  Church of Ireland  Islam  Presbyterian  Orthodox  Other, write in your RELIGION           |
| Answer if as  Mark — o  Single (1)                           | pever married or never                         | Have you lived outs<br>of Ireland for a con<br>of one year or more<br>Answer if aged 1 year | tinuous period<br>e?                                 | 7                         | No religion   |
| 2 Married<br>3 Re-marr                                       | istered same-sex civil                         | Yes No If 'Yes', write in the Nup residence in the Re AN the COUNTRY of last                | epublic of Ireland                                   | give<br>This              | v many children have you en birth to? c question is for women only e in number of children born  1 None   |
| 6 Divorced   | $\langle / \rangle \bigcirc$                   |   |  |                           | you speak Irish?<br>wer if aged 3 years or over<br>Yes  |
| Give the pla<br>at the time of<br>If IRELAND<br>write in the | (including Northern Ireland),<br>COUNTY        | What is your nation If you have more than please declare all of to  I Irish Other NATION    | one nationality,                                     | Mar<br>1<br>2<br>3        | No  Yes', do you speak Irish?  **Example to the boxes that apply  Daily, within the education system  Daily, outside the education system  Weekly |
| If elsewhere   | ABROAD, write in the COUNTRY                   | 3 No nationality  |  | 5                         | Less often<br>Never   |



| F   | Person 1 Writ  |          | ı Bl        | LOCK CAPITALS  |             | Mark boxes like this 🕳   |
|-----|--|----------|-------------|--|-------------|--|
| 15  | Do you speak a language other that English or Irish at home?  1 Yes  2 No Go to Q16  What is this language?  (e.g. POLISH, GERMAN, IRISH SIGN LANGUATE How well do you speak English?  Mark one box only | GE)      | 18          | How is your health in general?  Mark one box only  Very good  Good  Fair  Bad  Very bad  How do you usually travel to work, school | 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  Yes No If 'Yes', for how many hours per week?  Write in hours |
|     | <ul><li>Very well</li><li>Well</li></ul>   |          |             | or college?  Mark — one box only, for the longest part, by distance, of your usual   | 23          | Go to Q34  |
|     | Not well  Not at all   |          |             | journey to work, school or college  Not at work, school or college   | <b>24</b> 3 | Have you ceased your full-time education?  |
| 16  | long-lasting conditions or difficultie   |          |             | 2 On foot<br>3 Bix/cle   |             | If <b>'Yes'</b> , write in AGE at which it ceased  |
|     | vision impairment  | No<br>No |             | Bus, minibus or coach  Frain, DART or LUAS   | 25          | What is the highest level of   |
| ,   | hearing impairment   | 10<br>10 | ((          | 6 Motor cycle or scooter 7 Driving a car   | ))          | education/training (full-time or part-time) which you have completed to date?  Mark — one box only   |
| (0) | activities such as walking, climbing stairs, reaching, lifting or carrying   |          | >           | 8 Passenger in a car 9 Van   | 1 2         | No formal education/training  Primary education  NFQ Levels 1 or 2  FETAC Level 1 or 2 Cert. or equivalent   |
|     | An intellectual disability  A difficulty with learning,  Yes  Yes  | No       |             | Work mainly at or from home  | 3           | Lower Secondary NFQ Level 3 Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation  |
|     | remembering or concentrating   | A /      | 20          | What time do you usually leave home to go to work, school or college?  | 4           | Cert. or equivalent  Upper Secondary  NFQ Levels 4 or 5  Leaving Cert. (including Applied and Vocational programmes) or equivalent   |
| (g) |  | ><br>//  | <i>&gt;</i> | Not at work, school or college  Before 06.30   | 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   |
| 17  | If 'Yes' to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?  |          |             | 3 06.30 - 07.00<br>4 07.01 - 07.30<br>5 07.31 - 08.00  | 6           | Advanced Certificate/Completed<br>Apprenticeship<br>NFQ Level 6<br>FETAC Advanced Cert., NCVA Level 3, FÁS<br>National Craft Cert., Teagasc Farming Cert.,<br>CERT Professional Cookery Cert. or equivalent  |
| (a) | Dressing, bathing or getting Yes Naround inside the home   | No       |             | 6 08.01 - 08.30<br>7 08.31 - 09.00   | 7           | Higher Certificate<br>NFQ Level 6<br>NCEA/HETAC National Cert. or equivalent   |
| (b) | Going outside the home Yes Nalone to shop or visit a doctor's surgery  | No       |             | 8 09.01 - 09.30<br>9 After 09.30   | 8           | Ordinary Bachelor Degree or<br>National Diploma<br>NFQ Level 7<br>Honours Bachelor Degree/   |
| (c) | Working at a job or business Yes or attending school or college  | No       | 21          | How long does your journey to work, school or college usually take?  | 10          | Professional qualification or both<br>NFQ Level 8<br>Postgraduate Diploma or Degree  |
| (d) | Participating in other Yes A activities, for example leisure or using transport  | No       |             | Write in minutes   |             | NFQ Level 9 Postgraduate Diploma, Masters Degree or equivalent   |
|     |  |          |             |  | 11          | Doctorate (Ph.D) or higher<br>NFQ Level 10   |



|        | Person 2 See   |               | ry Notes on back page  |    | k boxes like this 🕳  |
|--------|--|---------------|--|----|--|
| 1      | What is your name? (Pers   |               | Where do you usually live?  HERE at this address Elsewhere in IRELAND (including Northern Ireland), write in your  |    | What is your ethnic or cultural background?  Choose ONE section from A to D, then the appropriate box  |
| 2      | <b>Sex</b> 1   | emale         | FULL ADDRESS   |    | A White  1 Irish  2 Irish Traveller  |
| 3      | What is your date of birth Day Month   | ?<br>Year     |  |    | Any other White background  B Black or Black Irish  African  Any other Black background  |
| (4)    | What is your relationship Person 1?  Mark one box only Relationship of PERSON 2 to 1 Husband or wife 1 Partner (incl. same-sex partner) 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 12 | son           | 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 COUNTRY  3 Elsewhere ABROAD, write in the COUNTRY | 12 | Chinese Any other Asian background  Dother, including mixed background  Other, write in description  What is your religion?  Mark — one box only  Roman Catholic  Church of Ireland  Islam  Presbyterian  Orthodox |
| 5      | what is your current mari<br>Answer if aged 15 years or o<br>Mark — one box of ly<br>Single (never married or<br>in a same-sex civil partner   | never (       | 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  Yes  |    | Other, write in your RELIGION  No religion   |
| 2 3 4  | Married (first marriage)  Re-married  In a registered same-sex partnership  Separated  | ((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  |    | How many children have you given birth to?  This question is for women only Write in number of children born  None   |
| 6<br>7 | Divorced<br>Widowed  |               |  |    | Can you speak Irish?  Answer if aged 3 years or over  Yes  |
| 6      | What is your place of birth Give the place where your mat the time of your birth If IRELAND (including Norther write in the COUNTY  If elsewhere ABROAD, write in the  | ern Ireland), | What is your nationality?  If you have more than one nationality, please declare all of them  1  |    | 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  |
|        |  |               | 3 No nationality   |    | 5 Never  |



| F   | Person 2  |          | n B     | LOCK CAPITALS   |        | Mark boxes like this 🕳   |
|-----|---|----------|---------|---|--------|--|
| 15  | Do you speak a language other English or Irish at home?  1 Yes 2 No Go to Q16                               | er than  | 18      | How is your health in general?  Mark — one box only  1 Very good      |        | 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 |
|     | What is this language?  |          |         | 2 Good  |        | Personal help includes help with basic tasks such as feeding or dressing   |
|     |   |          |         | 3 Fair  |        | 1 Yes  |
|     |   |          |         | 4 Bad   |        | 2 No   |
|     | (e.g. POLISH, GERMAN, IRISH SIGN L  | ANGUAGE) |         | 5 Very bad  |        | If 'Yes', for how many hours per week? Write in hours  |
|     | How well do you speak Englis  Mark — one box only   | h?       | 19      | How do you usually travel to work, school                             |        |  |
|     | 1 Very well   |          |         | or college?  Mark — one box only,                                     | 23     | If you are aged under 15   |
|     | 2 Well  |          |         | for the longest part, by  | $\sim$ | Go to Q34  |
|     | 3 Not well  |          |         | distance, of your usual journey to work, school                       | 243    | Have you ceased your full-time   |
|     | 4 Not at all  |          |         | or college  |        | education?   |
|     |   |          |         | Not at work, school or college  | >      | 1 Yes  |
| 16  | Do you have any of the follow long-lasting conditions or diff   |          |         | 2 On foot   |        | 2 (No)  If 'Yes', write in AGE at which it ceased  |
| (a) | Blindness or a serious vision impairment  | Yes No   |         | Bus, minibus or coach   | (      |  |
| (b) | Deafness or a serious hearing impairment  | Yes No   |         | 5 Frain, DART or LUAS  6 Motor cycle or scooter                       |        | What is the highest level of education/training (full-time or part-time) which you have completed to date?   |
| (c) | A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes Mo   | ·<br>>> | Driving a car  8 Passenger in a car  9 Van                            | 1 2    | Mark one box only  No formal education/training  Primary education   |
| (d) | An intellectual disability  | Yes No   |         | 10 Other, including lorry   | 3      | NFQ Levels 1 or 2 FETAC Level 1 or 2 Cert. or equivalent Lower Secondary   |
| (e) | A difficulty with learning, remembering or concentrating  | Yes No   | 6       | Work mainly at or<br>from home  |        | NFQ Level 3 Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent  |
| (f) | A psychological or emotional condition  | Yes No   | 20      | What time do you usually leave home to go to work, school or college? | 4      | Upper Secondary<br>NFQ Levels 4 or 5<br>Leaving Cert. (including Applied and<br>Vocational programmes) or equivalent   |
| (g) | A difficulty with pain,<br>breathing, or any other<br>chronic illness or condition                          | Yes No   | ·       | Not at work, school or college  Before 06.30                          | 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           |
| 17  | If 'Yes' to any of the categorie  | ~        |         | 3 06.30 - 07.00   | 6      | Advanced Certificate/Completed   |
| 11  | specified in Question 16, do y  | ou       |         | 4 07.01 - 07.30   |        | Apprenticeship<br>NFQ Level 6  |
|     | have any difficulty in doing ar of the following?   | ıy       |         | 5 07.31 - 08.00   |        | FETAC Advanced Cert., NCVA Level 3, FÁS<br>National Craft Cert., Teagasc Farming Cert.,<br>CERT Professional Cookery Cert. or equivalent                                     |
| (2) | \*\   | Voc. No. |         | 6 08.01 - 08.30   | 7      | Higher Certificate   |
| (a) | Dressing, bathing or getting around inside the home   | Yes No   |         | 7 08.31 - 09.00   |        | NFQ Level 6<br>NCEA/HETAC National Cert. or equivalent   |
| (b) | alone to shop or visit a  | Yes No   |         | 8 09.01 - 09.30   | 8      | Ordinary Bachelor Degree or<br>National Diploma<br>NFQ Level 7   |
|     | doctor's surgery  |          |         | 9 After 09.30   | 9      | Honours Bachelor Degree/   |
| (c) | Working at a job or business or attending school or college   | Yes No   | 21      | journey to work, school   | 10     | Professional qualification or both NFQ Level 8 Postgraduate Diploma or Degree  |
| (d) | activities, for example leisure   | Yes No   |         | or college usually take? Write in minutes                             | 10     | NFQ Level 9 Postgraduate Diploma, Masters Degree or equivalent   |
|     | or using transport  |          |         |   | 11     | Doctorate (Ph.D) or higher NFQ Level 10  |

| F  | Person 2 See Explanator  |      | otes on back page Mark boxes like this 🕳   |
|----|--|------|--|
| 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 | 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 Do NOT use general 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 |
|    | (e.g. ACCOUNTANCY, BEAUTY THERAPY, FARMING, PLUMBING)  |      |  |
| 27 | How would you describe your present principal status?  Mark one box only  Working for payment or profit  | 31   | If a farmer, write in the SIXE of the area farmed to the nearest hectare   |
|    | 2 Looking for first regular job 3 Unemployed   |      | If you are retired Go to Q35   |
|    | 4 Student or pupil   | 32   | What is (was) the business of your employer at the place where you work(ed) in your main job?  |
|    | Looking after home/family Retired from employment  Unable to work due to permanent sickness or disability  |      | If you are (were) self-employed answer in respect of your own business Describe the main productor service provided by your employer  For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT  |
|    | 8 Other, write in  |      |  |
|    |  | 3    |  |
| 28 | If you are working,  | 33   | If you are unemployed Go to Q35  |
|    | If you are a student  Go to Q29  Go to Q34   | 34   | What is the FULL NAME and ADDRESS of your place of work, school or college?  |
|    | Otherwise Go to Q35  | Full | name   |
| 29 | Do (did) you work as an employee or are (were) you self-employed in your main job?   | Add  | ress   |
|    | Your main job is the job in which you usually work(ex) the most hours  |      |  |
|    | Mark — one box only  1 Employee  |      |  |
|    | 2 Self-employed, with paid employees   |      |  |
|    | 3 Self-employed, without paid employees  |      | 1 Work mainly at or from home 2 No fixed place of work   |
|    | Assisting relative (not receiving a fixed wage or salary)  | 35   | Answer questions for Person 3 starting on the next page.  If there are only two persons present in the household on the night of 24 April Go to page 22  |
|    |  |      |  |



| 1     | Person 3 See Explar  | atory Notes on back page Mark boxes like this 🕳  |  |
|-------|--|--|--|
| 1     | What is your name? (Person 3) First name and surname (BLOCK CAPITALS)  | 7 Where do you usually live?  1 HERE at this address 2 Elsewhere in IRELAND (including Northern Ireland), write in your  ELLI ADDRESS  |  |
| 2     | Sex  1 Male 2 Female   | FULL ADDRESS  A White  1 Irish  2 Irish Traveller  |  |
| 3     | What is your date of birth?  Day Month Year  | 3 Any other White background  B Black or Black Irish  4 African  5 Any other Black background  |  |
| 4     | What is your relationship to Persons 1 and 2?  Mark one box only for each person Relationship of PERSON 3 to 1 2  Husband or wife 1  Partner 2 (incl. same-sex partner)  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 12 | 8 Where did you usually live one year ago?  Answer if aged 1 year er over  1 SAME as now 2 Elsewhere in TRELAND (including Northern Treland), write in the COUNTY  1 Roman Catholic 2 Church of Ireland 3 Islam 3 Elsewhere ABROAD, write in the COUNTRY  3 Elsewhere ABROAD, write in the COUNTRY  5 Orthodox |  |
| 5     | (incl. foster child)  What is your current marital status?  Answer if aged 15 years or over  Mark — one box only  Single pever married or never  | 9 Have you lived outside the Republic of Ireland for a continuous period of one year or more?  Ansyer if aged 1 year or over and living in Ireland 7 No religion   |  |
| 2 3 4 | in a same-sex civil partnership)  Married (fixst marriage)  Re-married  In a registered same-sex civil partnership  Separated  | 13 How many children have you given birth to?  This question is for women only Write in number of children born  AND  the COUNTRY of last previous residence   |  |
| 6 7   | Divorced<br>Widowed  | 14 Can you speak Irish?  Answer if aged 3 years or over  1 Yes   |  |
| 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  | 10 What is your nationality?  If you have more than one nationality, please declare all of them  1 Irish 2 Other NATIONALITY, write in  2 No  If 'Yes', do you speak Irish?  Mark — the boxes that apply  1 Daily, within the education syst  2 Daily, outside the education syst  3 Weekly  4 Less often      |  |
|       |  | No nationality   |  |

| F   | Person 3   |          | in B | BLOCK CAPITALS   |     | Mark boxes like this 🕳  |
|-----|--|----------|------|--|-----|---|
| 15  | Do you speak a language oth English or Irish at home?  1 Yes 2 No Go to Q16  What is this language?  (e.g. POLISH, GERMAN, IRISH SIGN  How well do you speak Engli | LANGUAGE | 18   | in general?  Mark — one box only  Very good  Good  Fair  Bad  Very bad | 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 |
|     | Mark — one box only  1 Very well   |          |      | or college?  | 23  | If you are aged under 15  |
|     | 2 Well   |          |      | Mark — one box only, for the longest part, by                          | £,  | Go to Q34   |
|     | 3 Not well   |          |      | distance, of your usual journey to work, school                        | 24) | Have you ceased your full-time  |
|     | 4 Not at all   |          |      | or college   |     | education?  |
|     |  |          |      | Not at work, school or college   | >   | 1 Yes   |
| 16  | Do you have any of the follow long-lasting conditions or dif   |          |      | 2 On foot  |     | 2 (No)  If 'Yes', write in AGE at which it ceased   |
| (2) | Blindness or a serious   | Yes No   |      | 3 Bicocle  |     | I Top wite in 7162 de willen le cedsed  |
| (a) | vision impairment  | 165 110  |      | 4 Bus, minibus or coach  | 20  |   |
| (b) | Deafness or a serious hearing impairment   | Yes No   |      | 5 Frain, DART or LUAS  6 Motor cycle or scooter                        | 25  | What is the highest level of education/training (full-time or part-time) which you have completed to date?  |
| (c) | A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  | Yes Mo   |      | Driving a car  8 Passeriger in a car  9 Van                            | 1 2 | Mark — one box only  No formal education/training  Primary education  NFQ Levels 1 or 2   |
| (d) | An intellectual disability   | Yes No   | /    | 10 Other, including lorry Work mainly at or                            | 3   | FETAC Level 1 or 2 Cert. or equivalent  Lower Secondary  NFQ Level 3  |
| (e) | A difficulty with learning, remembering or concentrating   | Yes No   | 66   | from home  |     | Junior/Inter/Group Cert., FETAC Level 3 Cert.,<br>FÁS Introductory Skills, NCVA Foundation<br>Cert. or equivalent   |
| (f) | A psychological or emotional condition   | Yes No   | 20   | What time do you usually leave home to go to work, school or college?  | 4   | Upper Secondary NFQ Levels 4 or 5 Leaving Cert. (including Applied and Vocational programmes) or equivalent   |
| (g) | A difficulty with pain,<br>breathing, or any other<br>chronic illness or condition   | Yes No   | >    | Not at work, school or college  Before 06.30                           | 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  |
| 17  | If 'Yes' to any of the categori  | ies      |      | 3 06.30 - 07.00  | 6   | Advanced Certificate/Completed  |
|     | specified in Question 16, do have any difficulty in doing a  | you      |      | 4 07.01 - 07.30  |     | Apprenticeship<br>NFQ Level 6<br>FETAC Advanced Cert., NCVA Level 3, FÁS<br>National Craft Cert., Teagasc Farming Cert.,  |
|     | of the following?  |          |      | 5 07.31 - 08.00  |     | CERT Professional Cookery Cert. or equivalent   |
| (a) | Dressing, bathing or getting around inside the home  | Yes No   |      | 6 08.01 - 08.30<br>7 08.31 - 09.00                                     | 7   | Higher Certificate<br>NFQ Level 6<br>NCEA/HETAC National Cert. or equivalent  |
| (b) | Going outside the home alone to shop or visit a  | Yes No   |      | 8 09.01 - 09.30<br>9 After 09.30                                       | 8   | Ordinary Bachelor Degree or<br>National Diploma<br>NFQ Level 7  |
| (c) | doctor's surgery  Working at a job or business or attending school or college  | Yes No   | 21   | How long does your   | 9   | Honours Bachelor Degree/<br>Professional qualification or both<br>NFQ Level 8   |
| (d) | Participating in other activities, for example leisure   | Yes No   |      | journey to work, school or college usually take? Write in minutes      | 10  | Postgraduate Diploma or Degree<br>NFQ Level 9<br>Postgraduate Diploma, Masters Degree<br>or equivalent  |
|     | or using transport   |          |      |  | 11  | Doctorate (Ph.D) or higher<br>NFQ Level 10  |



|        | Person 4 See Explan  | atory Notes on back page Mark boxes like this 🕳  |    |
|--------|--|--|----|
| 1      | What is your name? (Person 4) First name and surname (BLOCK CAPITALS)  | 7 Where do you usually live?  1 HERE at this address 2 Elsewhere in IRELAND (including Northern Ireland), write in your  THE ADDRESS.  |    |
| 2      | Sex  1 Male 2 Female   | FULL ADDRESS  A White  1 Irish  2 Irish Traveller  |    |
| 3      | What is your date of birth?  Day Month Year  | 3 Any other White backgroun  B Black or Black Irish  4 African  5 Any other Black background   |    |
| 4      | What is your relationship to Persons 1, 2 and 3?  Mark one box only for each person Relationship of PERSON 4 to 1 2 3  Husband or wife 1  Partner 2 (incl. same-sex partner)  Son or daughter 3  Step-child 4  Brother or sister 5 | 8 Where did you usually live one year ago? Answer if aged 1 year or over 1 SAME as now 2 Elsewhere in YRELAND (including Northern Yreland), write in the Market in the Mar | d  |
|        | Mother or father 6 Grandparent 7 Step-mother/-father 8 Son-/daughter-in-law 9 Grandchild 10 Other related 11 Unrelated 12 (incl. foster child)   | COUNTY  1 Roman Catholic 2 Church of Ireland 3 Islam 4 Presbyterian 5 Orthodox 6 Other, write in your RELIGIO  | ON |
| 1      | What is your current marital status?  Answer if aged 15 years or over  Mark one box only  Single pever married or never in a same-sex divil partnership)   | 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  7 No religion   |    |
| 2 3 4  | Married (fixst marriage)  Re-married  In a registered same-sex civil partnership  Separated  | 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  13 How many children have you given birth to?  This question is for women only Write in number of children born  1 None   |    |
| 6<br>7 | Divorced<br>Widowed  | 14 Can you speak Irish?  Answer if aged 3 years or over  1 Yes   |    |
| 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                            | 10 What is your nationality?  If you have more than one nationality, please declare all of them  1 Irish 2 Other NATIONALITY, write in 2 No 1 Tyes', do you speak Irish?  Mark — the boxes that apply 1 Daily, within the education sy 2 Daily, outside the education sy 3 Weekly 4 Less often   |    |
|        |  | No nationality 5 Never   |    |

| F   | Person 4  |           | n BL | OCK CAPITALS   |     | Mark boxes like this 👄   |
|-----|---|-----------|------|--|-----|--|
| 15  | Do you speak a language oth English or Irish at home?  1 Yes 2 No Go to Q16  What is this language?  (e.g. POLISH, GERMAN, IRISH SIGN)  How well do you speak English  Mark one box only  1 Very well | LANGUAGE) | 19 1 | How is your health in general?  Mark — one box only  Very good  Good  Fair  Bad  Very bad  How do you usually travel to work, school or college?  Mark — one box only, | 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  If you are aged under 15 |
|     | <ul><li>Well</li><li>Not well</li></ul>   |           | (    | for the longest part, by<br>distance, of your usual<br>iourney to work, school   |     |  |
|     | 4 Not at all  |           |      | or college   | 245 | Have you ceased your full-time education?  |
|     | The de dir  |           | 1    | Not at work, school or college   | >   | 1 Yes  |
| 16  | Do you have any of the follow long-lasting conditions or dif  |           | 2    | On foot  |     | If 'Yes', write in AGE at which it ceased  |
| (a) | Blindness or a serious vision impairment  | Yes No    | 3    |  | ~   |  |
| (b) | Deafness or a serious<br>hearing impairment   | Yes No    | 5    | Train, DART or LUAS  | 25  | What is the highest level of education/training (full-time or part-time) which you have completed to date?   |
| (c) | A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying   | Yes Mo    |      | 9/07   | 1 2 | Mark — one box only  No formal education/training  Primary education NFQ Levels 1 or 2   |
| (d) | An intellectual disability  | Yes No    | 10   | Other, including lorry Work mainly at or   | 3   | FETAC Level 1 or 2 Cert. or equivalent  Lower Secondary  NFQ Level 3   |
| (e) | A difficulty with learning, remembering or concentrating  | Yes No    | 20   | from home  What time do you usually  |     | Junior/Inter/Group Cert., FETAC Level 3 Cert.,<br>FAS Introductory Skills, NCVA Foundation<br>Cert. or equivalent  |
| (f) | A psychological or emotional condition  | Yes No    |      | leave home to go to work, school or college?   | 4   | Upper Secondary<br>NFQ Levels 4 or 5<br>Leaving Cert. (including Applied and<br>Vocational programmes) or equivalent   |
| (g) | A difficulty with pain,<br>breathing, or any other<br>chronic illness or condition  | Yes No    |      | Not at work, school or college  Before 06.30   | 5   | Technical or Vocational<br>NFQ Levels 4 or 5<br>FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS<br>Specific Skills, Teagasc Cert. in Agriculture,<br>CERT Craft Cert. or equivalent   |
| 17  | If 'Yes' to any of the categorispecified in Question 16, do y have any difficulty in doing a of the following?  | /ou       | 4    | 06.30 - 07.00<br>07.01 - 07.30<br>07.31 - 08.00  | 6   | Advanced Certificate/Completed<br>Apprenticeship<br>NFQ Level 6<br>FETAC Advanced Cert., NCVA Level 3, FÁS<br>National Craft Cert., Teagasc Farming Cert.,<br>CERT Professional Cookery Cert. or equivalent  |
| (a) | Dressing, batking or getting around inside the home   | Yes No    |      | 08.01 - 08.30<br>08.31 - 09.00   | 7   | Higher Certificate<br>NFQ Level 6<br>NCEA/HETAC National Cert. or equivalent   |
| (b) | Going outside the home alone to shop or visit a   | Yes No    |      | 9 After 09.30  | 8   | Ordinary Bachelor Degree or<br>National Diploma<br>NFQ Level 7   |
|     | doctor's surgery  Working at a job or business or attending school or college  Participating in other   | Yes No    | 21   | How long does your<br>journey to work, school<br>or college usually take?  | 9   | Honours Bachelor Degree/<br>Professional qualification or both<br>NFQ Level 8<br>Postgraduate Diploma or Degree<br>NFQ Level 9<br>Postgraduate Diploma, Masters Degree   |
|     | activities, for example leisure or using transport  |           |      | Write in minutes   | 11  | or equivalent  Doctorate (Ph.D) or higher NFQ Level 10   |



| F    | Person 5 See Explan   |  | ry Notes on back page  |              | rk boxes like this 🕳   |
|------|---|--|--|--------------|--|
| 1    | What is your name? (Person 5) First name and surname (BLOCK CAPITALS) | 7                                      | Where do you usually live?  HERE at this address Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS | 11           | What is your ethnic or cultural background?  Choose ONE section from A to D, then the appropriate box  A White |
| 2    | Sex   |  |  |              | 1 Irish  |
|      | 1 Male 2 Female   |  |  |              | 2 Irish Traveller  |
| 3    | What is your date of birth?   |  |  |              | 3 Any other White background   |
|      | Day Month Year  |  |  |              | B Black or Black Irish   |
|      |   |  |  |              | 4 African  |
| 4    | What is your relationship to  |  |  |              | 5 Any other Black background  C Asian or Asian Irish   |
|      | Persons 1, 2, 3 and 4?  |  | 3 Elsewhere ABROAD, write in   | \ (          | Chinese  |
| Rela | Mark one box only for each person ationship of Persons                |  | the COUNTRY  |              | Any other Asian background   |
|      | RSON 5 to 1 2 3 4   |  | $\wedge$   |              | D Other, including mixed background  |
|      | sband or wife 1   |  |  |              | 8 Other, write in description  |
|      | tner 2<br>I. same-sex partner)  | 8                                      | Where did you usually live one year ago?   |              |  |
| Sor  | n or daughter 3   |  | Answer if aged 1 year or over  | 1            |  |
| Ste  | p-child 4   |  | SAME as now ( 2 Elsewhere in IRELAND (including  | $\widehat{}$ |  |
|      | ther or sister 5  |  | Northern Ireland), write in the  | 12           | What is your religion?   |
|      | ther or father 6  |  | COUNTY   | ()           | Mark one box only  Roman Catholic  |
|      | ndparent 7<br>p-mother/-father 8                                      |  | $( \bigcap \Diamond ( \bigcirc ) )$  | ·            | 1 Roman Catholic 2 Church of Ireland   |
|      | n-/daughter-in-law 9  |  |  |              | 3 Islam  |
|      | indchild 10   | $\sum_{i}$                             | 3 Elsewhere ABROAD, write in   |              | 4 Presbyterian   |
| Oth  | ner related 11  | 1/                                     | the COUNTRY >  |              | 5 Orthodox   |
|      | related 12<br>cl. foster child)                                       | ))                                     |  |              | 6 Other, write in your RELIGION  |
| 5    | What is your current marital status?  Answer if aged 15 years or over | 9                                      | Have you lived outside the Republic of Ireland for a continuous period of one year or more?                                    |              |  |
|      | Mark one box(ofily)   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Answer if aged 1 year or over and living in Ireland  |              | 7 Ne velicion  |
| 1    | Single (never married or never in a same-sex civil partnership)       | 1/                                     | Yes  |              | 7 No religion  |
| 2    | Married (first marriage)  | <i>\)</i>                              | <sup>2</sup> No  | 13           | How many children have you given birth to?   |
| 3    | Re-married  | >                                      | If <b>'Yes'</b> , write in the YEAR of last taking up residence in the Republic of Ireland                                     |              | This question is for women only  |
| 4    | In a registered same-sex civil partnership                            |  | AND  |              | Write in number of children born   |
| 5    | Separated   |  | the COUNTRY of last previous residence   |              | 1 None   |
| 6    | Divorced  |  |  | 14           | Can you speak Irish?   |
| 7    | Widowed   |  |  |              | Answer if aged 3 years or over   |
|      | $\rightarrow$   |  |  |              | 1 Yes  |
| 6    | What is your place of birth?  Give the place where your mother lived  | 10                                     | What is your nationality?  |              | 2 No   |
|      | at the time of your birth   |  | If you have more than one nationality, please declare all of them  |              | If 'Yes', do you speak Irish?  Mark — the boxes that apply   |
|      | If IRELAND (including Northern Ireland), write in the COUNTY          |  | 1 Irish  |              | Daily, within the education system   |
|      |   |  | Other NATIONALITY, write in  |              | 2 Daily, outside the education system  |
|      |   |  |  |              | Weekly   |
|      | If elsewhere ABROAD, write in the COUNTRY                             |  |  |              | 4 Less often   |
|      |   |  | 3 No nationality   |              | 5 Never  |





| F   | Person 5  |         | n Bl   | LOCK CAPITALS  |            | Mark boxes like this 🕳  |
|-----|---|---------|--------|--|------------|---|
| 15  | Do you speak a language other English or Irish at home?  1 Yes 2 No Go to Q16                                 | than    | 18     | How is your health in general?  Mark — one box only  Very good               |            | 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 |
|     | What is this language?  |         |        | 2 Good   |            | tasks such as feeding or dressing   |
|     |   |         |        | 3 Fair   |            | 1 Yes<br>2 No   |
|     |   |         |        | 4 Bad  |            | If 'Yes', for how many hours per week?  |
|     | (e.g. POLISH, GERMAN, IRISH SIGN LAN  | IGUAGE) |        | 5 Very bad   |            | Write in hours  |
|     | How well do you speak English?  Mark — one box only   |         | 19     | How do you usually travel to work, school                                    |            |   |
|     | 1 Very well   |         |        | or college?  Mark — one box only,  | 23         | If you are aged under 15  |
|     | 2 Well  |         |        | for the longest part, by   | <u>~</u> ~ | Go to Q34   |
|     | 3 Not well  |         |        | distance, of your usual journey to work, school                              | 245        | Have you ceased your full-time  |
|     | 4 Not at all  |         |        | or college   |            | education?  |
|     |   |         |        | Not at work, school or college   |            | 1 Yes   |
| 16  | Do you have any of the followin<br>long-lasting conditions or diffic  |         |        | 2 On foot  |            | 2 (No)  If 'Yes', write in AGE at which it ceased   |
| (a) | Blindness or a serious Yes  | s No    |        | Bus, minubus or coach  | (          |   |
| (b) | Deafness or a serious Yes hearing impairment  | s No    |        | 5 Motor cycle or scooter   |            | What is the highest level of education/training (full-time or part-time) which you have completed to date?  |
| (c) | A difficulty with basic physical Yeactivities such as walking, climbing stairs, reaching, lifting or carrying | s Mo    | ><br>> | Driving a car  8 Passeriger in a car   | 1 2        | Mark — one box only  No formal education/training  Primary education  |
| (d) | An intellectual disability Ye   | No      | 1      | 9 Van<br>10 Other, including lorry   | 3          | NFQ Levels 1 or 2 FETAC Level 1 or 2 Cert. or equivalent Lower Secondary  |
| (e) | A difficulty with learning, remembering or concentrating  | s No    |        | Work mainly at or from home  |            | NFQ Level 3 Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent   |
| (f) | A psychological or Yes emotional condition  | s No.   | 20     | )What time do you usually<br>leave home to go to work,<br>school or college? | 4          | Upper Secondary<br>NFQ Levels 4 or 5<br>Leaving Cert. (including Applied and<br>Vocational programmes) or equivalent  |
| (g) | A difficulty with pain,<br>breathing, or any other<br>chronic illness or condition                            | \$ No   |        | Not at work, school or college  Before 06.30                                 | 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  |
| 17  | If 'Yes' to any of the categories   | *       |        | 3 06.30 - 07.00  | 6          | Advanced Certificate/Completed  |
| 17  | specified in Question 16, do you  |         |        | 4 07.01 - 07.30  |            | Apprenticeship NFQ Level 6  |
|     | have any difficulty in doing any of the following?  |         |        | 5 07.31 - 08.00  |            | FETAC Advanced Cert., NCVA Level 3, FÁS<br>National Craft Cert., Teagasc Farming Cert.,<br>CERT Professional Cookery Cert. or equivalent  |
| (a) | Dressing, bathing or getting Yes  | s No    |        | 6 08.01 - 08.30  | 7          | Higher Certificate  |
| ( ) | around inside the home  |         |        | 7 08.31 - 09.00  |            | NFQ Level 6<br>NCEA/HETAC National Cert. or equivalent  |
| (b) | Going outside the home alone to shop or visit a   | s No    |        | 8 09.01 - 09.30<br>9 After 09.30   | 8          | Ordinary Bachelor Degree or<br>National Diploma<br>NFQ Level 7  |
| (c) | doctor's surgery  Working at a job or business  Yes   | s No    | 21     | How long does your   | 9          | Honours Bachelor Degree/<br>Professional qualification or both<br>NFQ Level 8   |
| (d) | or attending school or college  Participating in other  Yes   | s No    |        | journey to work, school or college usually take?                             | 10         | Postgraduate Diploma or Degree<br>NFQ Level 9<br>Postgraduate Diploma, Masters Degree   |
|     | activities, for example leisure or using transport  |         |        | Write in minutes   |            | or equivalent   |
|     | •   |         |        |  | 11         | Doctorate (Ph.D) or higher<br>NFQ Level 10  |



| Person 6 See Explana   | atory Notes on back page   | Mark boxes like this 🕳  |
|--|--|---|
| 1 What is your name? (Person 6)  First name and surname (BLOCK CAPITALS)   | 7 Where do you usually live?  1 HERE at this address 2 Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS   | What is your ethnic or cultural background?  Choose ONE section from A to D, then the appropriate box  A White  |
| 2 Sex 1 Male 2 Female  | TOLE ADDRESS   | 1 Irish 2 Irish Traveller   |
| What is your date of birth?  Day Month Year  |  | 3 Any other White background  B Black or Black Irish  4 African  5 Any other Black background   |
| 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          | 3 Elsewhere ABROAD, write in the COUNTRY   | C Asian or Asian Irish Chinese Any other Asian background D Other, including mixed background  Other, write ip description                              |
| Partner (incl. same-sex partner)  Son or daughter 3  Step-child 4  | 8 Where did you usually live one year ago?  Answer if aged 1 year or over  1 SAME as now 2 Elsewhere in TRELAND (including             |   |
| Brother or sister 5  Mother or father 6  Grandparent 7  Step-mother/-father 8  Son-/daughter-in-law 9  | Northern Treland), write in the  | What is your religion?  Mark — one box only  Roman Catholic  Church of Ireland  Islam   |
| Grandchild 10 Other related 11 Unrelated 12 (incl. foster child)   | 3 Elsewhere ABROAD, write in the COUNTRY  9 Have you lived outside the Republic  | Presbyterian  Orthodox  Other, write in your RELIGION   |
| Mhat is your current marital status?  Answer if aged 15 years or over  Mark — one box only  Single (pever married or never in a same-sex divil partnership)    | of Ireland for a continuous period of one year or more?  Ansiyer if aged 1 year or over and living in Ireland  Yes                     | 7 No religion   |
| 2 Married (first marriage) 3 Re-married 4 In a registered same-sex civil partnership   | 2 No If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland  AND   | How many children have you given birth to?  This question is for women only Write in number of children born  |
| 5 Separated 6 Divorced 7 Widowed   | the COUNTRY of last previous residence   | 14 Can you speak Irish?  Answer if aged 3 years or over  1 Yes  |
| 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 | 10 What is your nationality?  If you have more than one nationality, please declare all of them  1 Irish 2 Other NATIONALITY, write in | 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 |
| If elsewhere ABROAD, write in the COUNTRY  | 3 No nationality   | 4 Less often 5 Never  |

| F             | Person 6   |           | in B     | LOCK CAPITALS   |     | Mark boxes like this 👄   |
|---------------|--|-----------|----------|---|-----|--|
| 15            | Do you speak a language oth English or Irish at home?  1 Yes 2 No Go to Q16  What is this language?  (e.g. POLISH, GERMAN, IRISH SIGN  How well do you speak English  Mark — one box only  1 Very well  2 Well   | LANGUAGE) | 19       | How is your health in general?  Mark one box only  Very good  Good  Fair  Bad  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 | 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  Yes  No  If 'Yes', for how many hours per week?  Write in hours  If you are aged under 15 |
|               | 3 Not well   |           |          | journey to work, school or college  | 245 | Have you ceased your full-time education?  |
|               | 4 Not at all   |           |          | 1 Not at work, school   | >   | 1 Yes  |
| <b>16</b> (a) | Do you have any of the follow long-lasting conditions or diff  |           |          | or college 2 On foot 3 Bicycle  | 50  | 2 (No)  If 'Yes', write in AGE at which it ceased  |
| (b)           | vision impairment  Deafness or a serious hearing impairment  | Yes No    | ((       | Bus, Thin bus or coach  Train, DART or LUAS  Motor cycle or scooter   | 25  | What is the highest level of education/training (full-time or part-time) which you have completed to date?   |
| (c)           | A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  | Yes Mo    | ,<br>\>  | Driving a car  8 Passenger in a car  9 Van  | 1 2 | Mark one box only  No formal education/training  Primary education  NFQ Levels 1 or 2  FETAC Level 1 or 2 Cert. or equivalent  |
| (d)           | An intellectual disability   | Yes No    |          | 10 Other, including lorry Work mainly at or   | 3   | Lower Secondary<br>NFQ Level 3   |
| (e)           | A difficulty with learning, remembering or concentrating   | Yes No    | 20       | from home   |     | Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent  |
| (f)           | A psychological or emotional condition   | Yes No    | 120      | leave home to go to work, school or college?  | 4   | Upper Secondary NFQ Levels 4 or 5 Leaving Cert. (including Applied and Vocational programmes) or equivalent  |
| (g)           | A difficulty with pain,<br>breathing, or any other<br>chronic illness or condition   | Yes No    | <b>,</b> | Not at work, school or college  Before 06.30  | 5   | Technical or Vocational<br>NFQ Levels 4 or 5<br>FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS<br>Specific Skills, Teagasc Cert. in Agriculture,<br>CERT Craft Cert. or equivalent   |
| 17            | If 'Yes' to any of the categorispecified in Question 16, do have any difficulty in doing a of the following?   | you       |          | 3 06.30 - 07.00<br>4 07.01 - 07.30<br>5 07.31 - 08.00   | 6   | Advanced Certificate/Completed<br>Apprenticeship<br>NFQ Level 6<br>FETAC Advanced Cert., NCVA Level 3, FÁS<br>National Craft Cert., Teagasc Farming Cert.,<br>CERT Professional Cookery Cert. or equivalent  |
| (a)           | Dressing, bathing or getting around inside the home  | Yes No    |          | 6 08.01 - 08.30<br>7 08.31 - 09.00  | 7   | Higher Certificate<br>NFQ Level 6<br>NCEA/HETAC National Cert. or equivalent   |
| (b)           | Going outside the home alone to shop or visit a doctor's surgery   | Yes No    |          | 8 09.01 - 09.30<br>9 After 09.30  | 8   | Ordinary Bachelor Degree or<br>National Diploma<br>NFQ Level 7   |
| (c)           | Working at a job or business or attending school or college  | Yes No    | 21       | How long does your journey to work, school or college usually take?   | 9   | Honours Bachelor Degree/<br>Professional qualification or both<br>NFQ Level 8<br>Postgraduate Diploma or Degree  |
| (d)           | Participating in other activities, for example leisure or using transport  | Yes No    |          | Write in minutes  | 10  | NFQ Level 9<br>Postgraduate Diploma, Masters Degree<br>or equivalent   |
|               | and the state of t |           |          |   | 11  | Doctorate (Ph.D) or higher<br>NFQ Level 10   |



## **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.

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



| 1         | Absent Person 4  | Declaration   |  |  |  |  |
|-----------|--|---|--|--|--|--|
| <b>A1</b> | What is this person's name?  First name and surname (BLOCK CAPITALS)   | Declaration to be completed by the person responsible for completing the form.  |  |  |  |  |
|           |  | Before you sign the declaration please check:   |  |  |  |  |
| A2        | Sex  | That you have completed the questions about your accommodation on page 2.   |  |  |  |  |
|           | 1 Male 2 Female  | • 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.   |  |  |  |  |
| A3        | What is this person's date of birth?  Day Month Year   | 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).  |  |  |  |  |
| A4        | What is the relationship of this person to Person 1 on page 4?  Mark one box only  Husband or wife  Partner (including same-sex partner)  Son or daughter  Other related, write in the RELATIONSHIP  Unrelated (including foster child)                            | <ul> <li>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.</li> <li>That you have answered all questions on pages 22-23 for all bousehold members temporarily absent on the night of Sunday 24 April.</li> <li>That no person has been double counted on the form.</li> <li>I declare that this form is correct and complete to the best of my knowledge and belief.</li> </ul> |  |  |  |  |
| A5        | What is this person's current marital status?  Answer if aged 15 years or over Mark one box only  Single (never married or never in a same-sex civil partnership)  Married (including re-markied)  In a registered same-sex civil partnership  Separated  Divorced | You have now completed the Census Form.  Thank you for your co-operation.   |  |  |  |  |
| A6        | How long altegether is this person away for?  Less than 12 months  1   |   |  |  |  |  |
| 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  |   |  |  |  |  |
| te        | there are more than 4 persons<br>mporarily absent from the household<br>the night of Sunday 24 April, please<br>k your Enumerator for assistance.  |   |  |  |  |  |

### **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?'. 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               | for each person | 1 |
|-----------------------------------|-----------------|---|
| Relationship of PERSON 4 to       | Persons 1 2 3   |   |
| Husband or wife                   | ) 1             |   |
| Partner (incl. same-sex partner)  | 2               |   |
| Son or daughter                   | 3 <             | - |
| Step-child                        | 4               |   |
| Brother or sister                 | (5)             |   |
| Mother or father                  |                 |   |
| Grandparent                       | 7               |   |
| Step-mother/-father               | 8               |   |
| Son-/daughter-in-law              | 9               |   |
| Grandchild                        | 10              |   |
| Other related                     | 11              |   |
| Unrelated<br>(incl. foster child) | 12              |   |

#### 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 A 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.
- If a person has spent or intends to spend 1/2 months or more in an institution the institution 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 Zalso 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

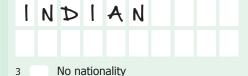
#### What is your nationality?

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

should mark box 2 and write in both.

Irish

Other NATIONALITY, write in



#### Question 11 – What is your ethnic or cultural background?

This guestion 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

8 — Other, write in description

ROMA

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 on is expected to last 6 months or longer, on that Yegularly 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?

才 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 parttime) 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

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.

full name and address of this place.



