



An
Phríomh-Oifig
Staidrimh

Central
Statistics
Office



Census of Population of Ireland 2027

Taking part

The Census counts all people and households in Ireland. The Census is important to help plan for services and resources in the future. You must take part in the Census by law.

Find out more at www.census.ie

Please complete this form by
Sunday 9 May 2027.

Write your Eircode and full address here:

EIRCODE:

ADDRESS:

Declaration:

I declare that this form has been completed to the best of my knowledge and belief.

Signature:

Completing your form

Fill in this paper form or go to www.census.ie with your address and contact details to fill in your form online.

You are obliged by law to complete and return your Census form. Any person who fails or refuses to do so or who knowingly provides false information is guilty of a criminal offence.

Need help?

More information and guidance on how to complete your Census form is available through the options below.



www.census.ie

1800 2027 00

Returning your paper form

Please fill in this form and return in the enclosed envelope without delay.

If you have lost the envelope, you can return via **Freepost** to:

Central Statistics Office
Freepost FDN2027
Swords
Co. Dublin
K67 D2X4

Thank you for your co-operation.

Jennifer Banim
Director General

Tá leagan Gaeilge den fhoirm seo ar fáil chomh maith.



Your household

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, eg 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 – 2010 inclusive
- 9 2011 – 2015 inclusive
- 10 2016 – 2021 inclusive
- 11 2022 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

H4 If your accommodation is rented, who is your landlord?

Mark one box only

- 1 Private landlord
- 2 Local Authority
- 3 Voluntary/Co-operative housing body

How much rent does your household pay?

Enter amount to the nearest Euro

€ . 0 0

Mark one box only

- 1 Per week
- 2 Per month
- 3 Per year

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

- Write the number for each type of room. If the household has no rooms of that type, write '0'.
- If two rooms have been converted into one, count them as one room.
- Count rooms once only, even if they have multiple uses. Count rooms as their primary purpose, eg a room used as a bedroom and a home office should be counted as a bedroom.
- If this is a one-room dwelling, such as a studio apartment, write '1' for bedrooms and '0' for all other room types.

Bedrooms

Kitchens, living rooms, dining rooms, conservatories or other rooms you can sit in (excluding bathrooms)

Home study or office

H6 What type of internet connection does your household have?

Mark the boxes that apply

- 1 Fixed broadband (Fibre, internet/phone/TV cable, etc)
- 2 Mobile broadband (5G, 4G, 3G, fixed wireless, etc)
- 3 Satellite
- 4 Other connection
- 5 No internet connection



Your household

H7 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 (including heat pumps, storage heaters, electric radiators)
- 5 Coal (including anthracite)
- 6 Peat (including turf)
- 7 Liquid Petroleum Gas (LPG)
- 8 Wood (including wood pellets)
- 9 Other

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 → **Skip H10**

H8 Does your accommodation use any of the following renewable energy technologies?

Mark the boxes that apply

- 1 No
- 2 Solar panels for water heating
- 3 Solar panels for electricity
- 4 Air source heat pump
- 5 Ground source heat pump
- 6 Biomass boiler (using wood pellets, chips or logs)
- 7 Other

H10 Where are your household's cars or vans usually parked overnight?

Mark the boxes that apply

- 1 On-street parking
- 2 Driveway
- 3 Garage
- 4 Car park
- 5 Other

Usual Residence

Fill in the next questions on this form for people who are usually resident at this address. This means people **who usually live here**.

- For people who live in more than one place – the place where they live for the majority of the year is their usual residence.
- Third-level students who are away from home should fill in the form at their term-time address.
- If a person has spent or intends to spend 12 months or more in an establishment (eg hospital or nursing home) – the establishment is the place they usually live.

Do not include any visitors if they will be counted in the Census at another Irish address or they usually live outside of Ireland.

For more information on the definition of usual residence, please visit www.census.ie



1 What is your name? (Person 1)

First name (BLOCK CAPITALS)

Surname (BLOCK CAPITALS)

2 What was your sex at birth?

1 Male 2 Female

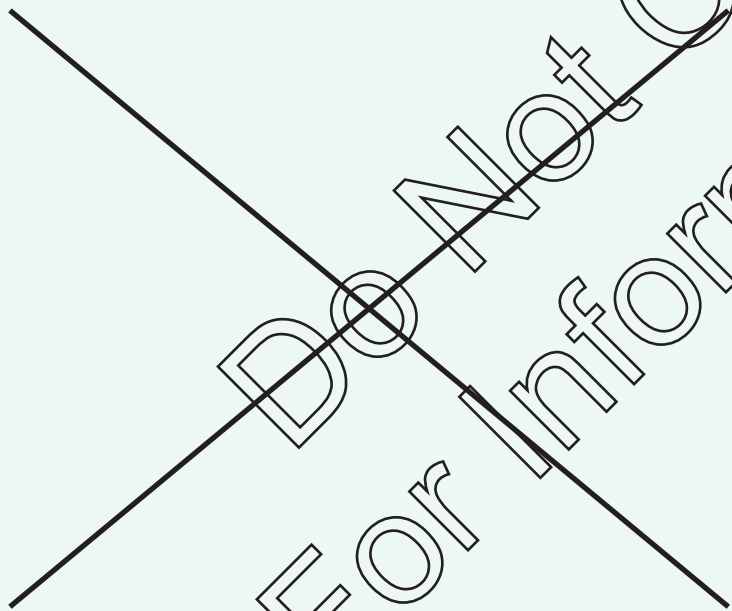
A question on gender will follow

3 What is your date of birth?

Day Month Year

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

4 Relationship question does not apply to Person 1



5 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.

6 What is your current marital status?

Answer if aged 15 years or over

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

7 What is your country of citizenship?

If you have dual country of citizenship, please declare both

- 1 Ireland
- 2 Other CITIZENSHIP, write in

- 3 No citizenship

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 What is your gender?

Gender may be the same or different to sex recorded at birth

- 1 Man or boy
- 2 Woman or girl
- 3 Or please write in

- 4 Prefer not to say

10 What is your ethnic group/background?

- Choose ONE section from A to D, then mark the appropriate box.
- Please provide any additional information in the write-in box below.

A White

- 1 Irish
- 2 Irish Traveller
- 3 Roma
- 4 Any other White background

B Black

- 5 Irish
- 6 African
- 7 Any other Black background

C Asian

- 8 Irish
- 9 Indian
- 10 Chinese
- 11 Any other Asian background

D Other, including mixed group/background

- 12 Arab
- 13 Mixed, write in description
- 14 Other, write in description

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

11 Which of the following best describes your sexual orientation?

Answer if aged 17 years or over

- 1 Straight or heterosexual
- 2 Gay or lesbian
- 3 Bisexual
- 4 Or please write in

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

- 5 Prefer not to say

12 What is your religion, if any?

Mark one box only

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

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

13 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

If 'Yes', how well do you speak Irish?

Mark one box only

- | | | |
|----------------------------|----------------------------|----------------------------|
| Very well | Well | Not well |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

14 Do you speak a language other than English or Irish at home?

Answer if aged 3 years or over

- 1 Yes
- 2 No → **Go to Q15**

What is this language?

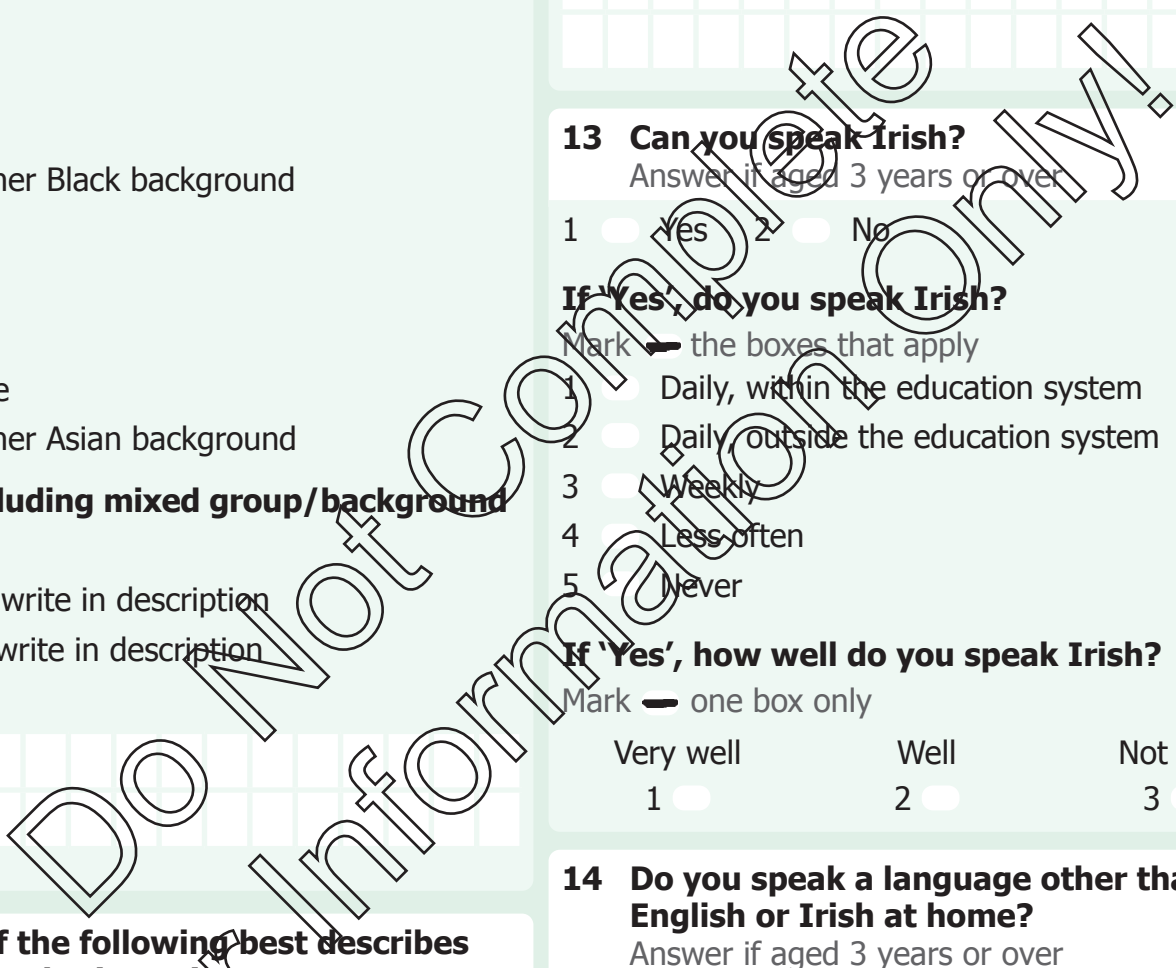
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

How well do you speak English?

Mark one box only

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Very well | Well | Not well | Not at all |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |



15 How is your health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

16 How is your mental health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?

- 1 Yes 2 No

If 'Yes', for how many hours per week?

Care provided on a 24-hour basis, 7 days a week equates to 168 hours

Write in hours

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

1 Yes, to a great extent 2 Yes, to some extent 3 No

- (a) Blindness or partial sight 1 2 3
- (b) Deaf or hard of hearing 1 2 3
- (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying 1 2 3
- (d) An intellectual disability 1 2 3
- (e) A difficulty with learning, remembering or concentrating 1 2 3
- (f) A psychological or emotional condition or a mental health difficulty 1 2 3
- (g) A difficulty with pain, breathing or any other chronic illness or condition 1 2 3

19 As a result of a long-lasting condition, do you have difficulty doing any of the following?

Include issues due to old age

1 Yes, a lot 2 Yes, a little 3 No

- (a) Dressing, bathing or getting around inside the home 1 2 3
- (b) Going outside the home to shop or visit a doctor's surgery 1 2 3
- (c) Working at a job or business or attending school or college 1 2 3
- (d) Participating in other activities, for example leisure or using transport 1 2 3
- (e) Communicating, for example understanding or being understood 1 2 3

20 If you are aged under 15, are you in any type of childcare?

- 1 Yes 2 No

If 'Yes', what is the main type of childcare?

Mark one box only

- 1 Unpaid relative or family member
- 2 Paid relative or family member
- 3 Childminder (in childminder's home)
- 4 Au pair/Nanny/Childminder (in child's home)
- 5 Crèche/Montessori/Playgroup/After school
- 6 Other (including special needs facility, breakfast clubs, etc)

And for how many hours per week during term times?

Write in hours

21 If you are aged under 15 → Go to Q34

22 Have you ceased your full-time education?

- 1 Yes 2 No

If 'Yes', write in AGE at which it ceased

23 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 education (Junior/Inter/Group Certificate)
- 4 Upper secondary education (Leaving Certificate)
- 5 Post-secondary education (NFQ Levels 4 or 5)
- 6 NFQ Level 6 (Higher/Advanced Certificate or equivalent)
- 7 NFQ Level 7 (Ordinary Bachelor's Degree or equivalent)
- 8 NFQ Level 8 (Honours Bachelor's Degree or equivalent)
- 9 NFQ Level 9 (Master's or equivalent)
- 10 NFQ Level 10 or higher (PhD or equivalent)

24 What approach best describes the above qualification? Mark one box only

- 1 As part of employment (including apprenticeship)
- 2 Academic (primarily classroom, lecture or research-based)

25 How would you describe your present principal status? Mark one box only

- 1 Working for payment or profit
- 2 Short-term unemployed (less than 12 months)
- 3 Long-term unemployed (12 months or more)
- 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

26 If you are working, unemployed or retired → Go to Q27

If you are a student → Go to Q34

Otherwise → Go to Q39

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

- Your main job is the job in which you usually work(ed) the most hours.
- Mark one box only.

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

Is (was) your status full-time or part-time?

Mark one box only

- 1 Full-time
- 2 Part-time

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

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

For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade, eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION

If a farmer, write in the SIZE of the farm

- 1 Acres
- 2 Hectares

29 If you are retired → Go to Q39

1 What is your name? (Person 2)

First name (BLOCK CAPITALS)

Surname (BLOCK CAPITALS)

2 What was your sex at birth?

1 Male 2 Female

A question on gender will follow

3 What is your date of birth?

Day Month Year

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

4 What is your relationship to Person 1?

Mark one box only for each person

Relationship of PERSON 2 to Person

- | | | |
|----------------------------------|----|--------------------------|
| | 1 | <input type="checkbox"/> |
| Husband or wife | 1 | <input type="checkbox"/> |
| Partner (incl. same-sex partner) | 2 | <input type="checkbox"/> |
| Son or daughter | 3 | <input type="checkbox"/> |
| Step-child | 4 | <input type="checkbox"/> |
| Brother or sister | 5 | <input type="checkbox"/> |
| Mother or father | 6 | <input type="checkbox"/> |
| Grandparent | 7 | <input type="checkbox"/> |
| Step-mother/-father | 8 | <input type="checkbox"/> |
| Grandchild | 9 | <input type="checkbox"/> |
| Other related | 10 | <input type="checkbox"/> |
| Unrelated (incl. foster child) | 11 | <input type="checkbox"/> |

5 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.

6 What is your current marital status?

Answer if aged 15 years or over

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

7 What is your country of citizenship?

If you have dual country of citizenship, please declare both

- 1 Ireland
- 2 Other CITIZENSHIP, write in

- 3 No citizenship

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 What is your gender?

Gender may be the same or different to sex recorded at birth

- 1 Man or boy
- 2 Woman or girl
- 3 Or please write in

- 4 Prefer not to say

10 What is your ethnic group/background?

- Choose ONE section from A to D, then mark the appropriate box.
- Please provide any additional information in the write-in box below.

A White

- 1 Irish
- 2 Irish Traveller
- 3 Roma
- 4 Any other White background

B Black

- 5 Irish
- 6 African
- 7 Any other Black background

C Asian

- 8 Irish
- 9 Indian
- 10 Chinese
- 11 Any other Asian background

D Other, including mixed group/background

- 12 Arab
- 13 Mixed, write in description
- 14 Other, write in description

11 Which of the following best describes your sexual orientation?

Answer if aged 17 years or over

- 1 Straight or heterosexual
- 2 Gay or lesbian
- 3 Bisexual
- 4 Or please write in

- 5 Prefer not to say

12 What is your religion, if any?

Mark one box only

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

13 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

If 'Yes', how well do you speak Irish?

Mark one box only

- | | | |
|----------------------------|----------------------------|----------------------------|
| Very well | Well | Not well |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

14 Do you speak a language other than English or Irish at home?

Answer if aged 3 years or over

- 1 Yes
- 2 No → **Go to Q15**

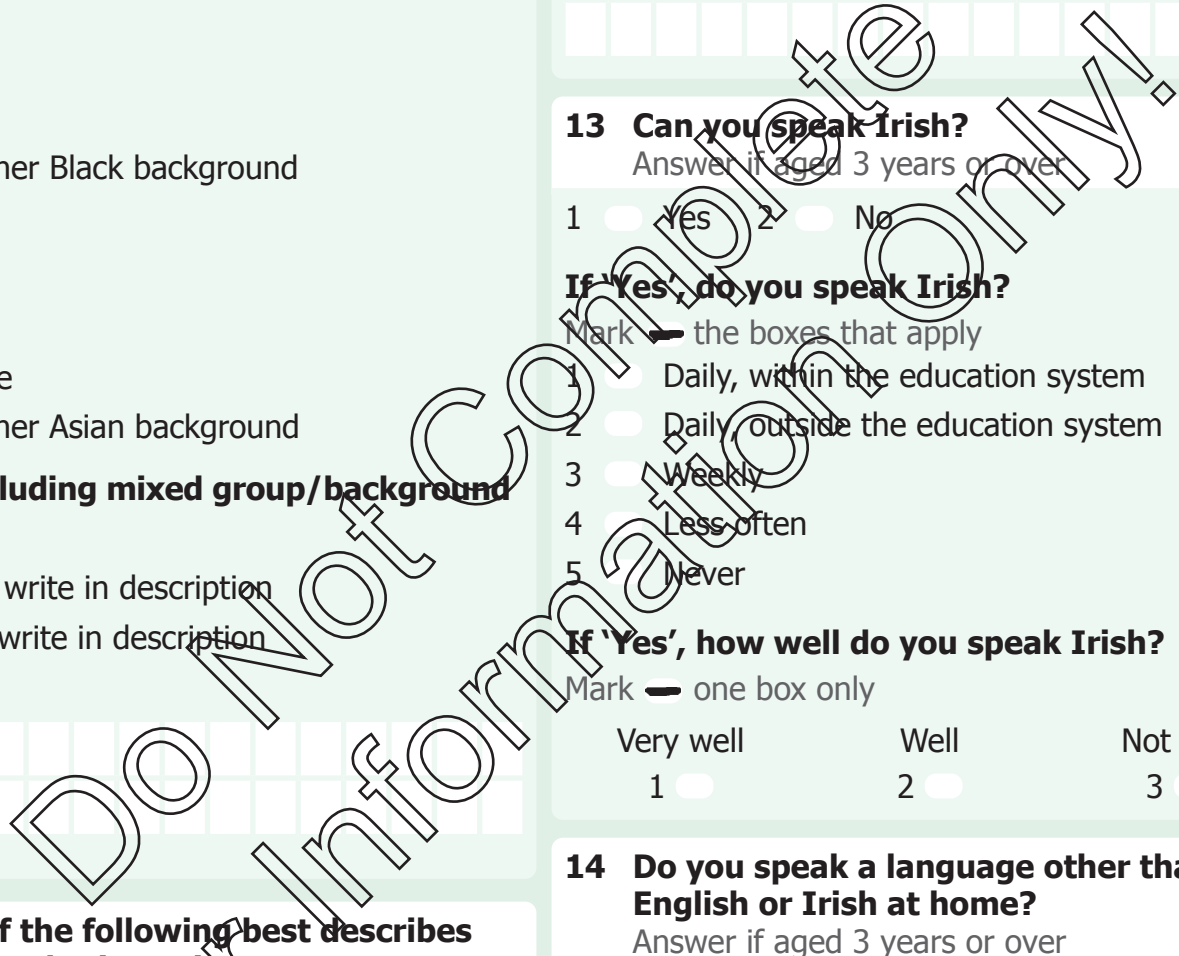
What is this language?

(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

How well do you speak English?

Mark one box only

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Very well | Well | Not well | Not at all |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |



15 How is your health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

16 How is your mental health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?

- 1 Yes 2 No

If 'Yes', for how many hours per week?

Care provided on a 24-hour basis, 7 days a week equates to 168 hours

Write in hours

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

1 Yes, to a great extent 2 Yes, to some extent 3 No

- (a) Blindness or partial sight 1 2 3
- (b) Deaf or hard of hearing 1 2 3
- (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying 1 2 3
- (d) An intellectual disability 1 2 3
- (e) A difficulty with learning, remembering or concentrating 1 2 3
- (f) A psychological or emotional condition or a mental health difficulty 1 2 3
- (g) A difficulty with pain, breathing or any other chronic illness or condition 1 2 3

19 As a result of a long-lasting condition, do you have difficulty doing any of the following?

Include issues due to old age

1 Yes, a lot 2 Yes, a little 3 No

- (a) Dressing, bathing or getting around inside the home 1 2 3
- (b) Going outside the home to shop or visit a doctor's surgery 1 2 3
- (c) Working at a job or business or attending school or college 1 2 3
- (d) Participating in other activities, for example leisure or using transport 1 2 3
- (e) Communicating, for example understanding or being understood 1 2 3

20 If you are aged under 15, are you in any type of childcare?

- 1 Yes 2 No

If 'Yes', what is the main type of childcare?

Mark one box only

- 1 Unpaid relative or family member
- 2 Paid relative or family member
- 3 Childminder (in childminder's home)
- 4 Au pair/Nanny/Childminder (in child's home)
- 5 Crèche/Montessori/Playgroup/After school
- 6 Other (including special needs facility, breakfast clubs, etc)

And for how many hours per week during term times?

Write in hours

21 If you are aged under 15 → Go to Q34

22 Have you ceased your full-time education?

- 1 Yes 2 No

If 'Yes', write in AGE at which it ceased

23 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 education (Junior/Inter/Group Certificate)
- 4 Upper secondary education (Leaving Certificate)
- 5 Post-secondary education (NFQ Levels 4 or 5)
- 6 NFQ Level 6 (Higher/Advanced Certificate or equivalent)
- 7 NFQ Level 7 (Ordinary Bachelor's Degree or equivalent)
- 8 NFQ Level 8 (Honours Bachelor's Degree or equivalent)
- 9 NFQ Level 9 (Master's or equivalent)
- 10 NFQ Level 10 or higher (PhD or equivalent)

24 What approach best describes the above qualification? Mark one box only

- 1 As part of employment (including apprenticeship)
- 2 Academic (primarily classroom, lecture or research-based)

25 How would you describe your present principal status? Mark one box only

- 1 Working for payment or profit
- 2 Short-term unemployed (less than 12 months)
- 3 Long-term unemployed (12 months or more)
- 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

26 If you are working, unemployed or retired → Go to Q27

If you are a student → Go to Q34

Otherwise → Go to Q39

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

- Your main job is the job in which you usually work(ed) the most hours.
- Mark one box only.

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

Is (was) your status full-time or part-time?

Mark one box only

- 1 Full-time
- 2 Part-time

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

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

For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade, eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION

If a farmer, write in the SIZE of the farm

					1 <input type="checkbox"/> Acres	2 <input type="checkbox"/> Hectares
--	--	--	--	--	----------------------------------	-------------------------------------

29 If you are retired → Go to Q39

1 What is your name? (Person 3)

First name (BLOCK CAPITALS)

Surname (BLOCK CAPITALS)

2 What was your sex at birth?

1 Male 2 Female

A question on gender will follow

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 PERSON 3 to Persons

	1	2
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>
Partner (incl. same-sex partner)	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (incl. foster child)	<input type="checkbox"/>	<input type="checkbox"/>

5 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.

6 What is your current marital status?

Answer if aged 15 years or over

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

7 What is your country of citizenship?

If you have dual country of citizenship, please declare both

- 1 Ireland
- 2 Other CITIZENSHIP, write in

- 3 No citizenship

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 What is your gender?

Gender may be the same or different to sex recorded at birth

- 1 Man or boy
- 2 Woman or girl
- 3 Or please write in

- 4 Prefer not to say

15 How is your health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

16 How is your mental health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?

- 1 Yes 2 No

If 'Yes', for how many hours per week?

Care provided on a 24-hour basis, 7 days a week equates to 168 hours

Write in hours

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

1 Yes, to a great extent 2 Yes, to some extent 3 No

- (a) Blindness or partial sight 1 2 3
- (b) Deaf or hard of hearing 1 2 3
- (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying 1 2 3
- (d) An intellectual disability 1 2 3
- (e) A difficulty with learning, remembering or concentrating 1 2 3
- (f) A psychological or emotional condition or a mental health difficulty 1 2 3
- (g) A difficulty with pain, breathing or any other chronic illness or condition 1 2 3

19 As a result of a long-lasting condition, do you have difficulty doing any of the following?

Include issues due to old age

1 Yes, a lot 2 Yes, a little 3 No

- (a) Dressing, bathing or getting around inside the home 1 2 3
- (b) Going outside the home to shop or visit a doctor's surgery 1 2 3
- (c) Working at a job or business or attending school or college 1 2 3
- (d) Participating in other activities, for example leisure or using transport 1 2 3
- (e) Communicating, for example understanding or being understood 1 2 3

20 If you are aged under 15, are you in any type of childcare?

- 1 Yes 2 No

If 'Yes', what is the main type of childcare?

Mark one box only

- 1 Unpaid relative or family member
- 2 Paid relative or family member
- 3 Childminder (in childminder's home)
- 4 Au pair/Nanny/Childminder (in child's home)
- 5 Crèche/Montessori/Playgroup/After school
- 6 Other (including special needs facility, breakfast clubs, etc)

And for how many hours per week during term times?

Write in hours

21 If you are aged under 15 → Go to Q34

22 Have you ceased your full-time education?

- 1 Yes 2 No

If 'Yes', write in AGE at which it ceased

23 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 education (Junior/Inter/Group Certificate)
- 4 Upper secondary education (Leaving Certificate)
- 5 Post-secondary education (NFQ Levels 4 or 5)
- 6 NFQ Level 6 (Higher/Advanced Certificate or equivalent)
- 7 NFQ Level 7 (Ordinary Bachelor's Degree or equivalent)
- 8 NFQ Level 8 (Honours Bachelor's Degree or equivalent)
- 9 NFQ Level 9 (Master's or equivalent)
- 10 NFQ Level 10 or higher (PhD or equivalent)

24 What approach best describes the above qualification? Mark one box only

- 1 As part of employment (including apprenticeship)
- 2 Academic (primarily classroom, lecture or research-based)

25 How would you describe your present principal status? Mark one box only

- 1 Working for payment or profit
- 2 Short-term unemployed (less than 12 months)
- 3 Long-term unemployed (12 months or more)
- 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

26 If you are working, unemployed or retired → Go to Q27

If you are a student → Go to Q34

Otherwise → Go to Q39

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

- Your main job is the job in which you usually work(ed) the most hours.
- Mark one box only.

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

Is (was) your status full-time or part-time?

Mark one box only

- 1 Full-time
- 2 Part-time

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

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

For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade, eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION

If a farmer, write in the SIZE of the farm

				1 <input type="checkbox"/> Acres	2 <input type="checkbox"/> Hectares
--	--	--	--	----------------------------------	-------------------------------------

29 If you are retired → Go to Q39

1 What is your name? (Person 4)

First name (BLOCK CAPITALS)

Surname (BLOCK CAPITALS)

2 What was your sex at birth?

1 Male 2 Female

A question on gender will follow

3 What is your date of birth?

Day Month Year

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

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

Mark one box only for each person

Relationship of PERSON 4 to Persons

	1	2	3
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner (incl. same-sex partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (incl. foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 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.

6 What is your current marital status?

Answer if aged 15 years or over

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

7 What is your country of citizenship?

If you have dual country of citizenship, please declare both

- 1 Ireland
- 2 Other CITIZENSHIP, write in

- 3 No citizenship

8 Where did you usually live one year ago?

Answer if aged 1 year or over

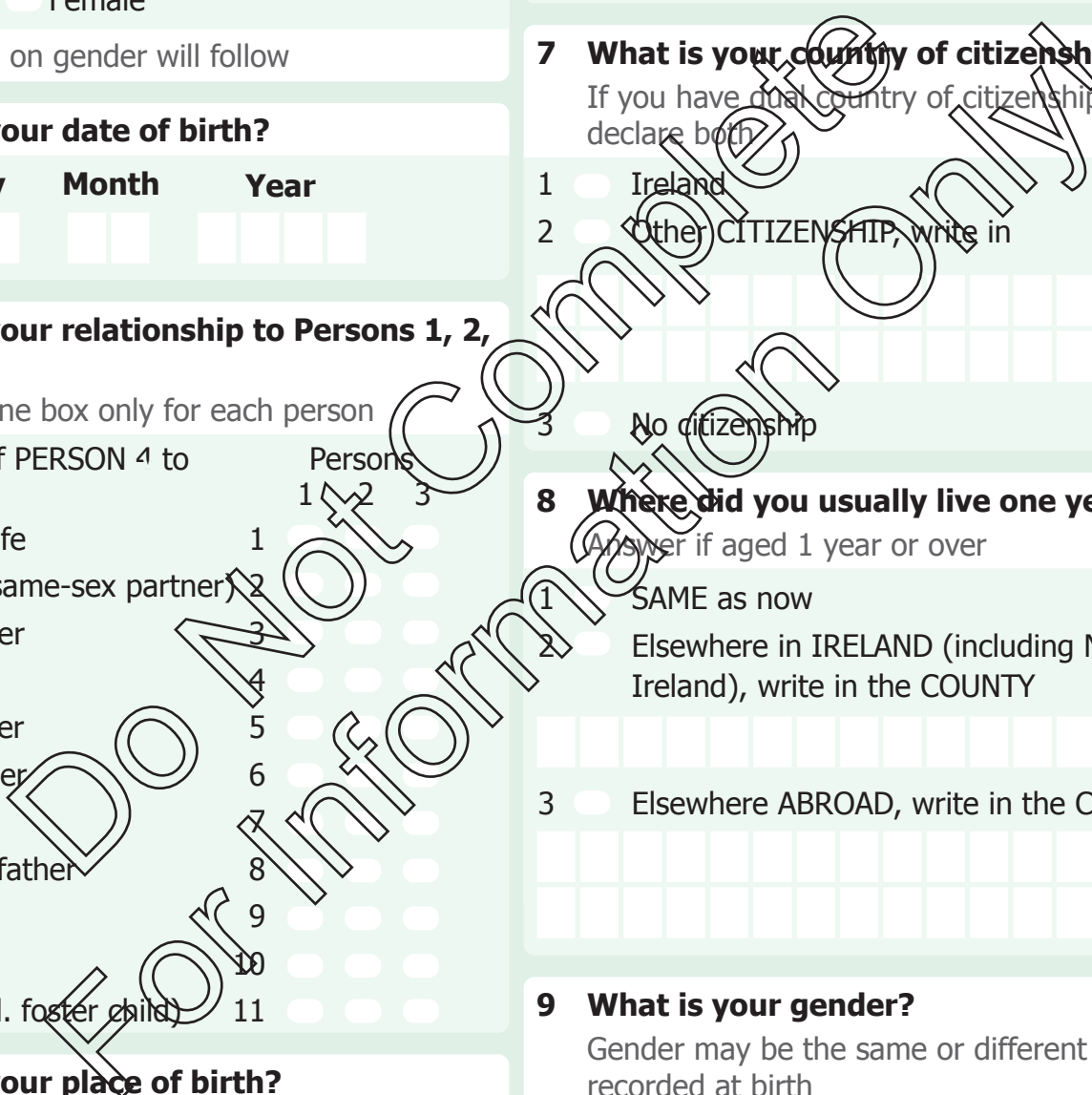
- 1 SAME as now
- 2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
- 3 Elsewhere ABROAD, write in the COUNTRY

9 What is your gender?

Gender may be the same or different to sex recorded at birth

- 1 Man or boy
- 2 Woman or girl
- 3 Or please write in

- 4 Prefer not to say



10 What is your ethnic group/background?

- Choose ONE section from A to D, then mark the appropriate box.
- Please provide any additional information in the write-in box below.

A White

- 1 Irish
- 2 Irish Traveller
- 3 Roma
- 4 Any other White background

B Black

- 5 Irish
- 6 African
- 7 Any other Black background

C Asian

- 8 Irish
- 9 Indian
- 10 Chinese
- 11 Any other Asian background

D Other, including mixed group/background

- 12 Arab
- 13 Mixed, write in description
- 14 Other, write in description

11 Which of the following best describes your sexual orientation?

Answer if aged 17 years or over

- 1 Straight or heterosexual
- 2 Gay or lesbian
- 3 Bisexual
- 4 Or please write in

- 5 Prefer not to say

12 What is your religion, if any?

Mark one box only

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

13 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

If 'Yes', how well do you speak Irish?

Mark one box only

- | | | |
|----------------------------|----------------------------|----------------------------|
| Very well | Well | Not well |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

14 Do you speak a language other than English or Irish at home?

Answer if aged 3 years or over

- 1 Yes
- 2 No → **Go to Q15**

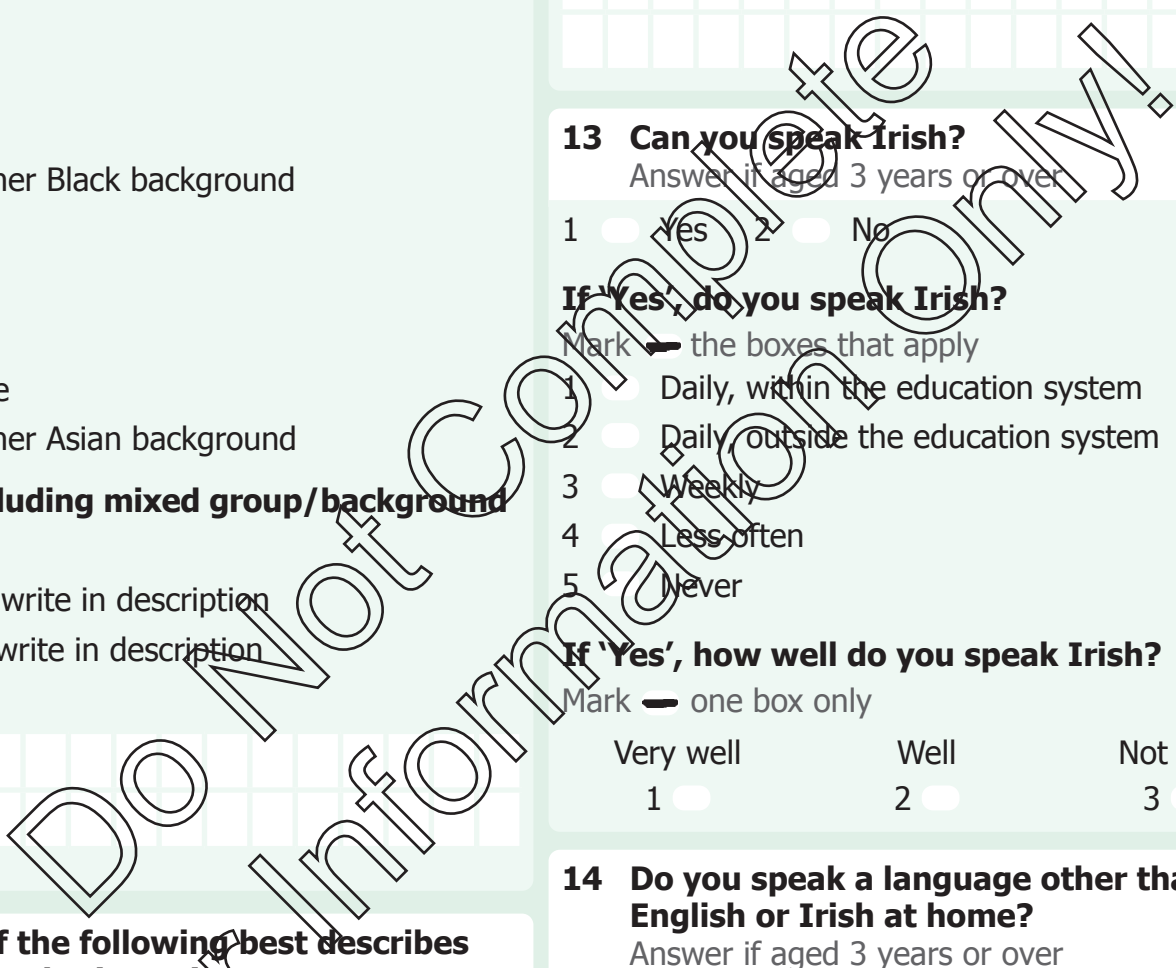
What is this language?

(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

How well do you speak English?

Mark one box only

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Very well | Well | Not well | Not at all |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |



15 How is your health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

16 How is your mental health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?

- 1 Yes 2 No

If 'Yes', for how many hours per week?

Care provided on a 24-hour basis, 7 days a week equates to 168 hours

Write in hours

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

1 Yes, to a great extent 2 Yes, to some extent 3 No

- (a) Blindness or partial sight 1 2 3
- (b) Deaf or hard of hearing 1 2 3
- (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying 1 2 3
- (d) An intellectual disability 1 2 3
- (e) A difficulty with learning, remembering or concentrating 1 2 3
- (f) A psychological or emotional condition or a mental health difficulty 1 2 3
- (g) A difficulty with pain, breathing or any other chronic illness or condition 1 2 3

19 As a result of a long-lasting condition, do you have difficulty doing any of the following?

Include issues due to old age

1 Yes, a lot 2 Yes, a little 3 No

- (a) Dressing, bathing or getting around inside the home 1 2 3
- (b) Going outside the home to shop or visit a doctor's surgery 1 2 3
- (c) Working at a job or business or attending school or college 1 2 3
- (d) Participating in other activities, for example leisure or using transport 1 2 3
- (e) Communicating, for example understanding or being understood 1 2 3

20 If you are aged under 15, are you in any type of childcare?

- 1 Yes 2 No

If 'Yes', what is the main type of childcare?

Mark one box only

- 1 Unpaid relative or family member
- 2 Paid relative or family member
- 3 Childminder (in childminder's home)
- 4 Au pair/Nanny/Childminder (in child's home)
- 5 Crèche/Montessori/Playgroup/After school
- 6 Other (including special needs facility, breakfast clubs, etc)

And for how many hours per week during term times?

Write in hours

21 If you are aged under 15 → Go to Q34

22 Have you ceased your full-time education?

- 1 Yes 2 No

If 'Yes', write in AGE at which it ceased

23 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 education (Junior/Inter/Group Certificate)
- 4 Upper secondary education (Leaving Certificate)
- 5 Post-secondary education (NFQ Levels 4 or 5)
- 6 NFQ Level 6 (Higher/Advanced Certificate or equivalent)
- 7 NFQ Level 7 (Ordinary Bachelor's Degree or equivalent)
- 8 NFQ Level 8 (Honours Bachelor's Degree or equivalent)
- 9 NFQ Level 9 (Master's or equivalent)
- 10 NFQ Level 10 or higher (PhD or equivalent)

24 What approach best describes the above qualification? Mark one box only

- 1 As part of employment (including apprenticeship)
- 2 Academic (primarily classroom, lecture or research-based)

25 How would you describe your present principal status? Mark one box only

- 1 Working for payment or profit
- 2 Short-term unemployed (less than 12 months)
- 3 Long-term unemployed (12 months or more)
- 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

26 If you are working, unemployed or retired → Go to Q27

If you are a student → Go to Q34

Otherwise → Go to Q39

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

- Your main job is the job in which you usually work(ed) the most hours.
- Mark one box only.

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

Is (was) your status full-time or part-time?

Mark one box only

- 1 Full-time
- 2 Part-time

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

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

For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade, eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION

If a farmer, write in the SIZE of the farm

				1 <input type="checkbox"/> Acres	2 <input type="checkbox"/> Hectares
--	--	--	--	----------------------------------	-------------------------------------

29 If you are retired → Go to Q39

1 What is your name? (Person 5)

First name (BLOCK CAPITALS)

Surname (BLOCK CAPITALS)

2 What was your sex at birth?

1 Male 2 Female

A question on gender will follow

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

	Persons			
	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			
Grandchild	9			
Other related	10			
Unrelated (incl. foster child)	11			

5 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.

6 What is your current marital status?

Answer if aged 15 years or over

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

7 What is your country of citizenship?

If you have dual country of citizenship, please declare both

- 1 Ireland
- 2 Other CITIZENSHIP, write in

- 3 No citizenship

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 What is your gender?

Gender may be the same or different to sex recorded at birth

- 1 Man or boy
- 2 Woman or girl
- 3 Or please write in

- 4 Prefer not to say

15 How is your health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

16 How is your mental health in general?

Mark one box only

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good | Good | Fair | Bad | Very bad |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?

- 1 Yes 2 No

If 'Yes', for how many hours per week?

Care provided on a 24-hour basis, 7 days a week equates to 168 hours

Write in hours

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

- 1 Yes, to a great extent 2 Yes, to some extent 3 No

- (a) Blindness or partial sight 1 2 3
- (b) Deaf or hard of hearing 1 2 3
- (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying 1 2 3
- (d) An intellectual disability 1 2 3
- (e) A difficulty with learning, remembering or concentrating 1 2 3
- (f) A psychological or emotional condition or a mental health difficulty 1 2 3
- (g) A difficulty with pain, breathing or any other chronic illness or condition 1 2 3

19 As a result of a long-lasting condition, do you have difficulty doing any of the following?

Include issues due to old age

- 1 Yes, a lot 2 Yes, a little 3 No

- (a) Dressing, bathing or getting around inside the home 1 2 3
- (b) Going outside the home to shop or visit a doctor's surgery 1 2 3
- (c) Working at a job or business or attending school or college 1 2 3
- (d) Participating in other activities, for example leisure or using transport 1 2 3
- (e) Communicating, for example understanding or being understood 1 2 3

20 If you are aged under 15, are you in any type of childcare?

- 1 Yes 2 No

If 'Yes', what is the main type of childcare?

Mark one box only

- 1 Unpaid relative or family member
- 2 Paid relative or family member
- 3 Childminder (in childminder's home)
- 4 Au pair/Nanny/Childminder (in child's home)
- 5 Crèche/Montessori/Playgroup/After school
- 6 Other (including special needs facility, breakfast clubs, etc)

And for how many hours per week during term times?

Write in hours

21 If you are aged under 15 → Go to Q34

22 Have you ceased your full-time education?

- 1 Yes 2 No

If 'Yes', write in AGE at which it ceased

23 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 education (Junior/Inter/Group Certificate)
- 4 Upper secondary education (Leaving Certificate)
- 5 Post-secondary education (NFQ Levels 4 or 5)
- 6 NFQ Level 6 (Higher/Advanced Certificate or equivalent)
- 7 NFQ Level 7 (Ordinary Bachelor's Degree or equivalent)
- 8 NFQ Level 8 (Honours Bachelor's Degree or equivalent)
- 9 NFQ Level 9 (Master's or equivalent)
- 10 NFQ Level 10 or higher (PhD or equivalent)

24 What approach best describes the above qualification? Mark one box only

- 1 As part of employment (including apprenticeship)
- 2 Academic (primarily classroom, lecture or research-based)

25 How would you describe your present principal status? Mark one box only

- 1 Working for payment or profit
- 2 Short-term unemployed (less than 12 months)
- 3 Long-term unemployed (12 months or more)
- 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

26 If you are working, unemployed or retired → Go to Q27

If you are a student → Go to Q34

Otherwise → Go to Q39

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

- Your main job is the job in which you usually work(ed) the most hours.
- Mark one box only.

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

Is (was) your status full-time or part-time?

Mark one box only

- 1 Full-time
- 2 Part-time

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

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

For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade, eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION

If a farmer, write in the SIZE of the farm

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

1 Acres 2 Hectares

29 If you are retired → Go to Q39

Time Capsule

Completing the time capsule section is **voluntary**. This content is protected by the same laws as all your Census data for 100 years. After 100 years, this Time Capsule will be made available to the public. **This space is for handwritten messages only. Please do not include photographs or other attachments.**

DO NOT Complete
For Information Only!

Explanatory Notes: For help on all questions, please visit www.census.ie

Question H4 – If your accommodation is rented, who is your landlord?

Answer this question regardless of whether you pay all or part of the rent yourself or if it is paid by the government or any other body.

Examples of **Local Authorities** are Dublin City Council, Leitrim County Council, etc.

Voluntary/Co-operative housing bodies are independent, not-for-profit organisations such as approved housing bodies. They provide affordable rented housing for people who cannot afford to pay private sector rents or buy their own homes.

If your landlord is not a local authority or a voluntary/co-operative housing body, mark '**Private Landlord**'.

Question H4 – If your accommodation is rented, who is your landlord?

How much rent does your household pay?

If you rent your accommodation, enter, in euros, how much your household pays in rent. You should mark in the box how often the rent is paid – weekly, monthly or yearly.

If the government or any other organisation pays part of the rent, only enter the amount your household pays. Enter the amount to the nearest euro.

For example, if the household pays a weekly rent of €78.60 enter 79 and mark box 1. If all of the rent is paid by the government or any other organisation then enter 0 and mark box 1.

Question 4 – Relationship

For this question, we ask how each person is related to the people they usually live with.

Couples who live together but are not married should tick the category 'Partner (including same-sex partner)'.

For relationships not included on the list such as in-laws, cousins, etc, tick box 10 'Other related'.

The example below shows how the question should be answered for a child (Person 4), where the grandparents are Persons 1 and 2 and the mother is Person 3.

Mark one box only for each person

Relationship of PERSON 4 to	Persons		
	1	2	3
Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner (incl. same-sex partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (incl. foster child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 7 – What is your country of citizenship?

If you have more than one country of citizenship, please declare both. If you have dual Irish citizenship please mark boxes 1 and 2 and write in your second country of citizenship. See below for example:

- 1 Ireland
 2 Other CITIZENSHIP, write in

P H I L I P P I N E S

- 3 No citizenship

If you are a citizen of two countries, neither of which are Ireland, mark box 2 and write in both countries of citizenship.

Question 10 – What is your ethnic group/ background?

If you do not feel that the options in boxes 1-12 describe your ethnic group/background, you should mark box 13 or 14 in section D and write your ethnic group into the boxes provided. See below for example:

13 Mixed, write in description

14 Other, write in description

K U R D I S H

Question 17 – Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age 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 'Yes' (box 1) and write in the weekly number of hours of caring.

Question 18 – 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 recurs.

Question 32 – Do you usually work from home?

This question asks whether you work from home for all, part of, or none of your working week. For example, if you travel into the office for 2 days out of your working week and work from home the rest of the week, you should select option 2: Yes, sometimes (part of your working week).

Data Protection Officer

If you have any data protection questions, email dpo@cso.ie

or write to:

Data Protection Officer, Central Statistics Office, Skehard Road, Cork, T12 X00E

