



Central Statistics Office
An Phríomh-Oifig Staidrimh

Tástáil Thrialach Daonáirimh

Census Pilot Survey

Sunday 19 April 2009



For office use only

Address

County Code	Enumeration Area Code	Small Area Code	Townland Code	D. No.	Number of persons PRESENT			ABSENT persons
					Males	Females	Total	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

About the Census Pilot Survey

Since 1841, the Census has recorded a comprehensive picture of the social and living conditions of our people over time. The Census provides vital information necessary for planning Ireland's future.

In preparation for Census 2011, the Central Statistics Office is conducting a Census Pilot Survey in your area. The pilot will test new and re-formulated questions and the use of An Post's GeoDirectory. Testing is vital to ensure that Census 2011 will provide accurate and timely results, as well as improved geographical outputs.

Participation

Your help is essential to ensure the success of the survey. It is important, therefore, to complete this form on Sunday 19 April.

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.

Assistance

Your Census Enumerator will assist you if you have any difficulty in completing your Census Pilot Survey form or if you have any questions about the survey. Explanatory notes are available on the back of this form. Talk to your Census Enumerator if:

- there is more than one household at your address (each household will need their own Household Form);
- there are more than 6 persons in the household (you will need an Individual Form for each additional person).

Thank you for your co-operation.

Gerard O'Hanlon
Director General

How to complete your Census form

The householder or any adult member of the household present on the night of Sunday 19 April 2009 should complete the form.

A household is:

- one person living alone or
- a group of related/unrelated people living at the same address with common housekeeping arrangements, that is, sharing at least one meal a day or sharing a living room or sitting room.

Please complete this form using a Black or Blue pen.

Mark boxes like this

If you make a mistake, do this

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, as in the example below.

What is your place of birth?

If elsewhere ABROAD, write in the COUNTRY.

N	E	W		Z	E	A	L	A	N
D									

Have your completed form ready for collection

The Enumerator will call to collect your completed Census Pilot Survey form on Monday 20 April or soon afterwards and will assist you if you have any difficulties. If the form has not been collected by Monday 18 May 2009, please return it to Freepost, Central Statistics Office, Swords Business Campus, Balheary Road, Swords, Co. Dublin.

Féadfar leagan Béarla nó Gaeilge den fhoirm seo a chomhlánú.

Persons present in the household on the night of Sunday 19 April

List every person who spent the night of Sunday 19 April in the household or who arrived the following morning not having been enumerated elsewhere.

INCLUDE

- all persons alive at midnight on Sunday 19 April.
- persons staying temporarily in the household.

DO NOT INCLUDE

- Primary and Secondary students who are away from home on the night of Sunday 19 April; they should be listed as being absent in List 2 below.
- babies born after midnight on Sunday 19 April.
- anyone who is temporarily away from home on the night of Sunday 19 April. However, these persons should be listed as being absent in List 2 below.

LIST 1	Persons PRESENT in the household on the night of Sunday 19 April
Person No.	First name and surname
1	
2	
3	
4	
5	
6	
If there are more than 6 persons present in the household on the night of Sunday 19 April, you will need an Individual Form for each additional person. Please ask your Enumerator.	
7	
8	
9	
10	
11	
12	

Answer questions relating to each person present in the household on Sunday 19 April beginning on Page 4.

Answer questions relating to persons 7, 8, 9 etc. on additional Individual Forms available from your Enumerator.

Persons temporarily away from the household on the night of Sunday 19 April

List any household members who usually live at this address but who were ABSENT on the night of Sunday 19 April.

Include in particular Primary or Secondary students who are living away from home during term time who were not present on the night of Sunday 19 April. Third level students who are away from home while at college or university should consider their term time address as their place of usual residence.

LIST 2	Persons ABSENT from the household on the night of Sunday 19 April
Person No.	First name and surname
1	
2	
3	
4	
If there are more than 4 usual residents absent on the night of Sunday 19 April, please ask your Enumerator for guidance.	

You must answer questions beginning on Page 22 for each usual resident listed here as being absent from the household on the night of Sunday 19 April.

Beginning on Page 4, please answer questions for each person present in the household on the night of Sunday 19 April in the same order as listed in List 1 above.

14 Do you have any of the following long-lasting conditions?

- | | | |
|---|-----------------------|-----------------------|
| (a) Blindness, deafness or a severe vision or hearing impairment | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (c) A learning or intellectual disability | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (d) A psychological or emotional condition | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (e) Other, including any chronic illness | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |

15 If 'Yes' to any of the conditions specified in Question 14, do you have any difficulty in doing any of the following activities?

- | | | |
|---|-----------------------|-----------------------|
| (a) Learning, remembering or concentrating | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (b) Dressing, bathing or getting around inside the home | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (c) Going outside the home alone to shop or visit a doctor's surgery | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (d) Working at a job or business or attending school or college | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (e) Participating in other activities, for example leisure or using transport | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |

16 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, 1-14 hours a week
- 2 ☐ Yes, 15-28 hours a week
- 3 ☐ Yes, 29-42 hours a week
- 4 ☐ Yes, 43-56 hours a week
- 5 ☐ Yes, 57 or more hours a week
- 6 ☐ No

17 How is your health in general?

Mark one box only.

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

18 How do you usually travel to work, school or college?

Mark one box only, for the longest part, by distance, of your usual journey to work, school or college.

- 1 ☐ Not at work, school or college
- 2 ☐ On foot
- 3 ☐ Bicycle
- 4 ☐ Bus, minibus or coach
- 5 ☐ Train, DART or LUAS
- 6 ☐ Motor cycle or scooter
- 7 ☐ Driving a car
- 8 ☐ Passenger in a car
- 9 ☐ Van
- 10 ☐ Other, including ferry
- 11 ☐ Work mainly at or from home

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

- 1 ☐ Not at work, school or college
- 2 ☐ Before 06:30
- 3 ☐ 06:30 - 07:00
- 4 ☐ 07:01 - 07:30
- 5 ☐ 07:31 - 08:00
- 6 ☐ 08:01 - 08:30
- 7 ☐ 08:31 - 09:00
- 8 ☐ 09:01 - 09:30
- 9 ☐ After 09:30

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

Write in minutes.

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21 If you are aged 14 or under

Go to Q33

22 Are you currently at school or college or participating in any form of education/training?

- 1 ☐ Yes, full-time
- 2 ☐ Yes, part-time
- 3 ☐ No

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
NFQ Levels 1 or 2
FETAC Level 1 or 2 Cert. or equivalent
- 3 ☐ Lower Secondary
NFQ Level 3
Junior/Inter/Group Cert., FETAC Level 3 Cert., FÁS Introductory Skills, NCVA Foundation Cert. or equivalent
- 4 ☐ Upper Secondary
NFQ Levels 4 or 5
Leaving Cert. (including Applied and Vocational programmes) or equivalent
- 5 ☐ Technical or Vocational
NFQ Levels 4 or 5
FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
- 6 ☐ Advanced Certificate/Completed Apprenticeship
NFQ Level 6
FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert., or equivalent
- 7 ☐ Higher Certificate
NFQ Level 6
NCEA/HETAC National Cert. or equivalent
- 8 ☐ Ordinary Bachelor Degree or National Diploma
NFQ Level 7
- 9 ☐ Honours Bachelor Degree/ Professional qualification or both
NFQ Level 8
- 10 ☐ Postgraduate Diploma or Degree
NFQ Level 9
Postgraduate Diploma, Masters Degree or equivalent
- 11 ☐ Doctorate (Ph.D) or higher
NFQ Level 10

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

Exclude Secondary school qualifications.

Write in the field of study.

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

25 In the last 4 weeks have you done any of the following activities without pay?

Mark ALL the boxes that apply.

- 1 ☐ Helping or voluntary work with a social or charitable organisation
- 2 ☐ Helping or voluntary work with a religious group or church
- 3 ☐ Helping or voluntary work with a sporting organisation
- 4 ☐ Helping or voluntary work with a political or cultural organisation
- 5 ☐ Any other voluntary activity
- 6 ☐ No voluntary activity

26 How would you describe your present principal status?

Mark one box only.

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

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

28 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)

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

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

Use precise terms such as
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do NOT use general terms such as
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION.

If a farmer, write in the SIZE of the farm.

Hectares

30

If you are retired

Go to Q34

31

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

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

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

32

If you are unemployed

Go to Q34

33

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

1 ☐ Work mainly at or from home

2 ☐ No fixed place of work

34

Answer questions for Person 2 starting on the next page.

If there is only one person present in the household on the night of 19 April ► Go to page 22

14 Do you have any of the following long-lasting conditions?

- | | | |
|---|---------------------------|--------------------------|
| (a) Blindness, deafness or a severe vision or hearing impairment | Yes <input type="radio"/> | No <input type="radio"/> |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes <input type="radio"/> | No <input type="radio"/> |
| (c) A learning or intellectual disability | Yes <input type="radio"/> | No <input type="radio"/> |
| (d) A psychological or emotional condition | Yes <input type="radio"/> | No <input type="radio"/> |
| (e) Other, including any chronic illness | Yes <input type="radio"/> | No <input type="radio"/> |

15 If 'Yes' to any of the conditions specified in Question 14, do you have any difficulty in doing any of the following activities?

- | | | |
|---|---------------------------|--------------------------|
| (a) Learning, remembering or concentrating | Yes <input type="radio"/> | No <input type="radio"/> |
| (b) Dressing, bathing or getting around inside the home | Yes <input type="radio"/> | No <input type="radio"/> |
| (c) Going outside the home alone to shop or visit a doctor's surgery | Yes <input type="radio"/> | No <input type="radio"/> |
| (d) Working at a job or business or attending school or college | Yes <input type="radio"/> | No <input type="radio"/> |
| (e) Participating in other activities, for example leisure or using transport | Yes <input type="radio"/> | No <input type="radio"/> |

16 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, 1-14 hours a week
- 2 ☐ Yes, 15-28 hours a week
- 3 ☐ Yes, 29-42 hours a week
- 4 ☐ Yes, 43-56 hours a week
- 5 ☐ Yes, 57 or more hours a week
- 6 ☐ No

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Mark one box only.

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- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Bad
- 5 ☐ Very bad

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Mark one box only, for the longest part, by distance, of your usual journey to work, school or college.

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- 2 ☐ On foot
- 3 ☐ Bicycle
- 4 ☐ Bus, minibus or coach
- 5 ☐ Train, DART or LUAS
- 6 ☐ Motor cycle or scooter
- 7 ☐ Driving a car
- 8 ☐ Passenger in a car
- 9 ☐ Van
- 10 ☐ Other, including lorry
- 11 ☐ Work mainly at or from home

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

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- 3 ☐ 06:30 - 07:00
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- 5 ☐ 07:31 - 08:00
- 6 ☐ 08:01 - 08:30
- 7 ☐ 08:31 - 09:00
- 8 ☐ 09:01 - 09:30
- 9 ☐ After 09:30

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

Write in minutes.

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21 If you are aged 14 or under

Go to Q33

22 Are you currently at school or college or participating in any form of education/training?

- 1 ☐ Yes, full-time
- 2 ☐ Yes, part-time
- 3 ☐ No

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

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

Exclude Secondary school qualifications.

Write in the field of study.

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

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Mark  ALL the boxes that apply.

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- 2 ☐ Helping or voluntary work with a religious group or church
- 3 ☐ Helping or voluntary work with a sporting organisation
- 4 ☐ Helping or voluntary work with a political or cultural organisation
- 5 ☐ Any other voluntary activity
- 6 ☐ No voluntary activity

26 How would you describe your present principal status?

Mark  one box only.

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

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

28 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)

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

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

Use precise terms such as
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do NOT use general terms such as
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION.

If a farmer, write in the SIZE of the farm.

Hectares

30

If you are retired

Go to Q34

31

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

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

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

32

If you are unemployed

Go to Q34

33

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

1 ☐ Work mainly at or from home

2 ☐ No fixed place of work

34

Answer questions for Person 3 starting on the next page.

If there are only two persons present in the household on the night of 19 April ► Go to page 22

14 Do you have any of the following long-lasting conditions?

- | | | |
|---|---------------------------|--------------------------|
| (a) Blindness, deafness or a severe vision or hearing impairment | Yes <input type="radio"/> | No <input type="radio"/> |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes <input type="radio"/> | No <input type="radio"/> |
| (c) A learning or intellectual disability | Yes <input type="radio"/> | No <input type="radio"/> |
| (d) A psychological or emotional condition | Yes <input type="radio"/> | No <input type="radio"/> |
| (e) Other, including any chronic illness | Yes <input type="radio"/> | No <input type="radio"/> |

15 If 'Yes' to any of the conditions specified in Question 14, do you have any difficulty in doing any of the following activities?

- | | | |
|---|---------------------------|--------------------------|
| (a) Learning, remembering or concentrating | Yes <input type="radio"/> | No <input type="radio"/> |
| (b) Dressing, bathing or getting around inside the home | Yes <input type="radio"/> | No <input type="radio"/> |
| (c) Going outside the home alone to shop or visit a doctor's surgery | Yes <input type="radio"/> | No <input type="radio"/> |
| (d) Working at a job or business or attending school or college | Yes <input type="radio"/> | No <input type="radio"/> |
| (e) Participating in other activities, for example leisure or using transport | Yes <input type="radio"/> | No <input type="radio"/> |

16 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, 1-14 hours a week
- 2 ☐ Yes, 15-28 hours a week
- 3 ☐ Yes, 29-42 hours a week
- 4 ☐ Yes, 43-56 hours a week
- 5 ☐ Yes, 57 or more hours a week
- 6 ☐ No

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Mark  one box only.

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

18 How do you usually travel to work, school or college?

Mark  one box only, for the longest part, by distance, of your usual journey to work, school or college.

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- 6 ☐ Motor cycle or scooter
- 7 ☐ Driving a car
- 8 ☐ Passenger in a car
- 9 ☐ Van
- 10 ☐ Other, including lorry
- 11 ☐ Work mainly at or from home

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- 8 ☐ 09:01 - 09:30
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Write in minutes.

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NFQ Levels 4 or 5
Leaving Cert. (including Applied and Vocational programmes) or equivalent
- 5 ☐ Technical or Vocational
NFQ Levels 4 or 5
FETAC Level 4/5 Cert., NCVA Level 1/2, FAS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
- 6 ☐ Advanced Certificate/Completed Apprenticeship
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FETAC Advanced Cert., NCVA Level 3, FAS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert., or equivalent
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Exclude Secondary school qualifications.

Write in the field of study.

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

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| | <input type="radio"/> | <input type="radio"/> |
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| | <input type="radio"/> | <input type="radio"/> |
| (c) A learning or intellectual disability | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (d) A psychological or emotional condition | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (e) Other, including any chronic illness | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |

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- | | | |
|---|-----------------------|-----------------------|
| (a) Learning, remembering or concentrating | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (b) Dressing, bathing or getting around inside the home | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (c) Going outside the home alone to shop or visit a doctor's surgery | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (d) Working at a job or business or attending school or college | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (e) Participating in other activities, for example leisure or using transport | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |

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Include problems which are due to old age.

Personal help includes help with basic tasks such as feeding or dressing.

- 1 ☐ Yes, 1-14 hours a week
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- 6 ☐ No

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Mark one box only.

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Mark one box only, for the longest part, by distance, of your usual journey to work, school or college.

- 1 ☐ Not at work, school or college
- 2 ☐ On foot
- 3 ☐ Bicycle
- 4 ☐ Bus, minibus or coach
- 5 ☐ Train, DART or LUAS
- 6 ☐ Motor cycle or scooter
- 7 ☐ Driving a car
- 8 ☐ Passenger in a car
- 9 ☐ Van
- 10 ☐ Other, including lorry
- 11 ☐ Work mainly at or from home

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

- 1 ☐ Not at work, school or college
- 2 ☐ Before 06:30
- 3 ☐ 06:30 - 07:00
- 4 ☐ 07:01 - 07:30
- 5 ☐ 07:31 - 08:00
- 6 ☐ 08:01 - 08:30
- 7 ☐ 08:31 - 09:00
- 8 ☐ 09:01 - 09:30
- 9 ☐ After 09:30

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

Write in minutes.

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21 If you are aged 14 or under

Go to Q33

22 Are you currently at school or college or participating in any form of education/training?

- 1 ☐ Yes, full-time
- 2 ☐ Yes, part-time
- 3 ☐ No

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
NFQ Levels 1 or 2
FETAC Level 1 or 2 Cert. or equivalent
- 3 ☐ Lower Secondary
NFQ Level 3
Junior/Inter/Group Cert., FETAC Level 3 Cert., FÁS Introductory Skills, NCVA Foundation Cert. or equivalent
- 4 ☐ Upper Secondary
NFQ Levels 4 or 5
Leaving Cert. (including Applied and Vocational programmes) or equivalent
- 5 ☐ Technical or Vocational
NFQ Levels 4 or 5
FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
- 6 ☐ Advanced Certificate/Completed Apprenticeship
NFQ Level 6
FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert., or equivalent
- 7 ☐ Higher Certificate
NFQ Level 6
NCEA/HETAC National Cert. or equivalent
- 8 ☐ Ordinary Bachelor Degree or National Diploma
NFQ Level 7
- 9 ☐ Honours Bachelor Degree/ Professional qualification or both
NFQ Level 8
- 10 ☐ Postgraduate Diploma or Degree
NFQ Level 9
Postgraduate Diploma, Masters Degree or equivalent
- 11 ☐ Doctorate (Ph.D) or higher
NFQ Level 10

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

Exclude Secondary school qualifications.

Write in the field of study.

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

25 In the last 4 weeks have you done any of the following activities without pay?

Mark  ALL the boxes that apply.

- 1 ☐ Helping or voluntary work with a social or charitable organisation
- 2 ☐ Helping or voluntary work with a religious group or church
- 3 ☐ Helping or voluntary work with a sporting organisation
- 4 ☐ Helping or voluntary work with a political or cultural organisation
- 5 ☐ Any other voluntary activity
- 6 ☐ No voluntary activity

26 How would you describe your present principal status?

Mark  one box only.

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

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

28 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)

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

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

Use precise terms such as
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do NOT use general terms such as
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION.

If a farmer, write in the SIZE of the farm.

Hectares

30

If you are retired

Go to Q34

31

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

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

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

32

If you are unemployed

Go to Q34

33

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

1 ☐ Work mainly at or from home

2 ☐ No fixed place of work

34

Answer questions for Person 5 starting on the next page.

If there are only four persons present in the household on the night of 19 April  Go to page 22

14 Do you have any of the following long-lasting conditions?

- | | | |
|---|---------------------------|--------------------------|
| (a) Blindness, deafness or a severe vision or hearing impairment | Yes <input type="radio"/> | No <input type="radio"/> |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes <input type="radio"/> | No <input type="radio"/> |
| (c) A learning or intellectual disability | Yes <input type="radio"/> | No <input type="radio"/> |
| (d) A psychological or emotional condition | Yes <input type="radio"/> | No <input type="radio"/> |
| (e) Other, including any chronic illness | Yes <input type="radio"/> | No <input type="radio"/> |

15 If 'Yes' to any of the conditions specified in Question 14, do you have any difficulty in doing any of the following activities?

- | | | |
|---|---------------------------|--------------------------|
| (a) Learning, remembering or concentrating | Yes <input type="radio"/> | No <input type="radio"/> |
| (b) Dressing, bathing or getting around inside the home | Yes <input type="radio"/> | No <input type="radio"/> |
| (c) Going outside the home alone to shop or visit a doctor's surgery | Yes <input type="radio"/> | No <input type="radio"/> |
| (d) Working at a job or business or attending school or college | Yes <input type="radio"/> | No <input type="radio"/> |
| (e) Participating in other activities, for example leisure or using transport | Yes <input type="radio"/> | No <input type="radio"/> |

16 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, 1-14 hours a week
- 2 ☐ Yes, 15-28 hours a week
- 3 ☐ Yes, 29-42 hours a week
- 4 ☐ Yes, 43-56 hours a week
- 5 ☐ Yes, 57 or more hours a week
- 6 ☐ No

17 How is your health in general?

Mark  one box only.

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

18 How do you usually travel to work, school or college?

Mark  one box only, for the longest part, by distance, of your usual journey to work, school or college.

- 1 ☐ Not at work, school or college
- 2 ☐ On foot
- 3 ☐ Bicycle
- 4 ☐ Bus, minibus or coach
- 5 ☐ Train, DART or LUAS
- 6 ☐ Motor cycle or scooter
- 7 ☐ Driving a car
- 8 ☐ Passenger in a car
- 9 ☐ Van
- 10 ☐ Other, including lorry
- 11 ☐ Work mainly at or from home

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

- 1 ☐ Not at work, school or college
- 2 ☐ Before 06:30
- 3 ☐ 06:30 - 07:00
- 4 ☐ 07:01 - 07:30
- 5 ☐ 07:31 - 08:00
- 6 ☐ 08:01 - 08:30
- 7 ☐ 08:31 - 09:00
- 8 ☐ 09:01 - 09:30
- 9 ☐ After 09:30

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

Write in minutes.

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21 If you are aged 14 or under

 Go to Q33

22 Are you currently at school or college or participating in any form of education/training?

- 1 ☐ Yes, full-time
- 2 ☐ Yes, part-time
- 3 ☐ No

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

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

Exclude Secondary school qualifications.

Write in the field of study.

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

25 In the last 4 weeks have you done any of the following activities without pay?

Mark  ALL the boxes that apply.

- 1 ☐ Helping or voluntary work with a social or charitable organisation
- 2 ☐ Helping or voluntary work with a religious group or church
- 3 ☐ Helping or voluntary work with a sporting organisation
- 4 ☐ Helping or voluntary work with a political or cultural organisation
- 5 ☐ Any other voluntary activity
- 6 ☐ No voluntary activity

26 How would you describe your present principal status?

Mark  one box only.

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

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

28 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)

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

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

Use precise terms such as
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do NOT use general terms such as
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION.

If a farmer, write in the SIZE of the farm.

Hectares

30

If you are retired

Go to Q34

31

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

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

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

32

If you are unemployed

Go to Q34

33

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

1 ☐ Work mainly at or from home

2 ☐ No fixed place of work

34

Answer questions for Person 6 starting on the next page.

If there are only five persons present in the household on the night of 19 April  Go to page 22

14 Do you have any of the following long-lasting conditions?

- | | | |
|---|------------------------------|-----------------------------|
| (a) Blindness, deafness or a severe vision or hearing impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) A learning or intellectual disability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) A psychological or emotional condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Other, including any chronic illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

15 If 'Yes' to any of the conditions specified in Question 14, do you have any difficulty in doing any of the following activities?

- | | | |
|---|------------------------------|-----------------------------|
| (a) Learning, remembering or concentrating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Dressing, bathing or getting around inside the home | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Going outside the home alone to shop or visit a doctor's surgery | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Working at a job or business or attending school or college | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Participating in other activities, for example leisure or using transport | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

16 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, 1-14 hours a week
- 2 ☐ Yes, 15-28 hours a week
- 3 ☐ Yes, 29-42 hours a week
- 4 ☐ Yes, 43-56 hours a week
- 5 ☐ Yes, 57 or more hours a week
- 6 ☐ No

17 How is your health in general?

Mark one box only.

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

18 How do you usually travel to work, school or college?

Mark one box only, for the longest part, by distance, of your usual journey to work, school or college.

- 1 ☐ Not at work, school or college
- 2 ☐ On foot
- 3 ☐ Bicycle
- 4 ☐ Bus, minibus or coach
- 5 ☐ Train, DART or LUAS
- 6 ☐ Motor cycle or scooter
- 7 ☐ Driving a car
- 8 ☐ Passenger in a car
- 9 ☐ Van
- 10 ☐ Other, including lorry
- 11 ☐ Work mainly at or from home

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

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- 5 ☐ 07:31 - 08:00
- 6 ☐ 08:01 - 08:30
- 7 ☐ 08:31 - 09:00
- 8 ☐ 09:01 - 09:30
- 9 ☐ After 09:30

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

Write in minutes.

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21 If you are aged 14 or under

Go to Q33

22 Are you currently at school or college or participating in any form of education/training?

- 1 ☐ Yes, full-time
- 2 ☐ Yes, part-time
- 3 ☐ No

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
NFQ Levels 1 or 2
FETAC Level 1 or 2 Cert. or equivalent
- 3 ☐ Lower Secondary
NFQ Level 3
Junior/Inter/Group Cert., FETAC Level 3 Cert., FÁS Introductory Skills, NCVA Foundation Cert. or equivalent
- 4 ☐ Upper Secondary
NFQ Levels 4 or 5
Leaving Cert. (including Applied and Vocational programmes) or equivalent
- 5 ☐ Technical or Vocational
NFQ Levels 4 or 5
FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
- 6 ☐ Advanced Certificate/Completed Apprenticeship
NFQ Level 6
FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert., or equivalent
- 7 ☐ Higher Certificate
NFQ Level 6
NCEA/HETAC National Cert. or equivalent
- 8 ☐ Ordinary Bachelor Degree or National Diploma
NFQ Level 7
- 9 ☐ Honours Bachelor Degree/ Professional qualification or both
NFQ Level 8
- 10 ☐ Postgraduate Diploma or Degree
NFQ Level 9
Postgraduate Diploma, Masters Degree or equivalent
- 11 ☐ Doctorate (Ph.D) or higher
NFQ Level 10

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

Exclude Secondary school qualifications.

Write in the field of study.

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

25 In the last 4 weeks have you done any of the following activities without pay?

Mark  ALL the boxes that apply.

- 1 ☐ Helping or voluntary work with a social or charitable organisation
- 2 ☐ Helping or voluntary work with a religious group or church
- 3 ☐ Helping or voluntary work with a sporting organisation
- 4 ☐ Helping or voluntary work with a political or cultural organisation
- 5 ☐ Any other voluntary activity
- 6 ☐ No voluntary activity

26 How would you describe your present principal status?

Mark  one box only.

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

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

28 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)

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

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

Use precise terms such as
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do NOT use general terms such as
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION.

If a farmer, write in the SIZE of the farm.

Hectares

30

If you are retired

Go to Q34

31

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

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

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

32

If you are unemployed

Go to Q34

33


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

1 ☐ Work mainly at or from home

2 ☐ No fixed place of work

34

If there are more than 6 persons present in the household on the night of Sunday 19 April, you will need an Individual Form for each additional person. Please ask your Enumerator for additional forms.

Otherwise  go to the next page

Persons temporarily away from the household on the night of Sunday 19 April

Answer questions A1 to A8 for any household members who usually live here at this address but who are NOT present on the night of Sunday 19 April. Include in particular Primary or Secondary students who are living away from home during term time who are NOT present at this address on the night of Sunday 19 April. Third level students who are away from home while at college or university should consider their term time address as their place of usual residence.

Absent Person 1

A1 What is this person's name?

First name and surname.

A2 Sex

1 ☐ Male 2 ☐ Female

A3 What is this person's date of birth?

A4 What is the relationship of this person to Person 1 on page 4?

Mark ☐ one box only.

- 1 ☐ Husband or wife
2 ☐ Partner (including same-sex partner)
3 ☐ Son or daughter
11 ☐ Other related, write in RELATIONSHIP

12 ☐ Unrelated (including foster child)

A5 What is this person's current marital status?

Answer if aged 15 years or over.

Mark ☐ one box only.

- 1 ☐ Single (never married)
2 ☐ Married (including re-married)
3 ☐ Separated (including deserted)
4 ☐ Divorced
5 ☐ Widowed

A6 How long altogether is this person away for?

- 1 ☐ Less than 12 months
2 ☐ 12 months or more

A7 Was this person in the Republic of Ireland on Sunday 19 April?

- 1 ☐ Yes
2 ☐ No

A8 Is this person a student away at school or college?

- 1 ☐ Yes
2 ☐ No

Absent Person 2

A1 What is this person's name?

First name and surname.

A2 Sex

1 ☐ Male 2 ☐ Female

A3 What is this person's date of birth?

A4 What is the relationship of this person to Person 1 on page 4?

Mark ☐ one box only.

- 1 ☐ Husband or wife
2 ☐ Partner (including same-sex partner)
3 ☐ Son or daughter
11 ☐ Other related, write in RELATIONSHIP

12 ☐ Unrelated (including foster child)

A5 What is this person's current marital status?

Answer if aged 15 years or over.

Mark ☐ one box only.

- 1 ☐ Single (never married)
2 ☐ Married (including re-married)
3 ☐ Separated (including deserted)
4 ☐ Divorced
5 ☐ Widowed

A6 How long altogether is this person away for?

- 1 ☐ Less than 12 months
2 ☐ 12 months or more

A7 Was this person in the Republic of Ireland on Sunday 19 April?

- 1 ☐ Yes
2 ☐ No

A8 Is this person a student away at school or college?

- 1 ☐ Yes
2 ☐ No

Absent Person 3

A1 What is this person's name?

First name and surname.

A2 Sex

1 ☐ Male 2 ☐ Female

A3 What is this person's date of birth?

A4 What is the relationship of this person to Person 1 on page 4?

Mark ☐ one box only.

- 1 ☐ Husband or wife
2 ☐ Partner (including same-sex partner)
3 ☐ Son or daughter
11 ☐ Other related, write in RELATIONSHIP

12 ☐ Unrelated (including foster child)

A5 What is this person's current marital status?

Answer if aged 15 years or over.

Mark ☐ one box only.

- 1 ☐ Single (never married)
2 ☐ Married (including re-married)
3 ☐ Separated (including deserted)
4 ☐ Divorced
5 ☐ Widowed

A6 How long altogether is this person away for?

- 1 ☐ Less than 12 months
2 ☐ 12 months or more

A7 Was this person in the Republic of Ireland on Sunday 19 April?

- 1 ☐ Yes
2 ☐ No

A8 Is this person a student away at school or college?

- 1 ☐ Yes
2 ☐ No

Absent Person 4

Declaration

A1 What is this person's name?

First name and surname.

A2 Sex

1 Male 2 Female

A3 What is this person's date of birth?

DD MM YYYY

A4 What is the relationship of this person to Person 1 on page 4?

Mark  one box only.

- 1 ☐ Husband or wife
- 2 ☐ Partner
(including same-sex partner)
- 3 ☐ Son or daughter
- 11 ☐ Other related, write in
RELATIONSHIP

12 ☐ Unrelated (including foster child)

A5 What is this person's current marital status?

Answer if aged 15 years or over.

Mark — one box only.

- 1 ☐ Single (never married)
- 2 ☐ Married (including re-married)
- 3 ☐ Separated (including deserted)
- 4 ☐ Divorced
- 5 ☐ Widowed

A6 How long altogether is this person away for?

- 1 ☐ Less than 12 months
- 2 ☐ 12 months or more

A7 Was this person in the Republic of Ireland on Sunday 19 April?

- 1 ☐ Yes
- 2 ☐ No

A8 Is this person a student away at school or college?

- 1 ☐ Yes
- 2 ☐ No

If there are more than 4 persons temporarily absent from the household on the night of Sunday 19 April, please ask your Enumerator for guidance.

Declaration to be signed by the householder after completing the Census form

Before you sign the declaration please check:

- That you have completed the questions about your accommodation on page 2.
- That in List 1 on page 3, you have accounted for all persons (including visitors) who spent the night of Sunday 19 April in the household (if there are more than 6 persons present, please complete the relevant number of Individual Forms).
- That you have answered all questions which should have been answered for each person who spent the night of Sunday 19 April in the household (pages 4-21).
- That in List 2 on page 3, you have accounted for all household members who were temporarily away from the household on the night of Sunday 19 April (if there are more than 4 absent persons, please ask your Enumerator for guidance).
- That you have answered all questions on pages 22-23 for all household members temporarily away from the household on the night of Sunday 19 April.
- That the addresses of schools or colleges have been given in Question 33 for all persons currently at school or college who are present on the night of Sunday 19 April.
- That no person has been double counted on the form.

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

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

Signature



You have now completed the Census form.

Thank you for your co-operation.

Explanatory Notes

Question H3 – If renting, who is your landlord?

The landlord is the ultimate beneficiary of the rent. Where a Local Authority, HSE or other body pays all or part of the householder's rent to a private landlord, Box 1 'Private landlord' should be marked. The rent paid by the householder should be entered as a response to question H4 (how much rent does your household pay?). Householders who pay rent to a Housing Association should mark Box 3 'Voluntary/Co-operative housing body.'

Question 4 – Relationships

The relationship question is designed to determine, among other things, the incidence of multiple family households.

In a household with two parents as Persons 1 and 2, an adult daughter as Person 3 and the child of the adult daughter as Person 4 i.e. the grandchild of Persons 1 and 2, the example below shows how the question should be answered for the child who is Person 4. The household would be counted as a two-family household.

Mark — one box only for each person.

Relationship of PERSON 4 to	Persons	1	2	3
Husband or wife	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner (including same-sex partner)	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Son or daughter	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Step-child	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother or sister	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother or father	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandparent	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Step-mother/father	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Son/daughter-in-law	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandchild	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other related	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unrelated (including foster child)	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 6 – Nationality

Box 3 'No nationality' should be marked for Stateless persons only. Stateless persons are those who are not considered nationals by any State.

Questions 7 and 8 – Where do you usually live and where did you usually live one year ago?

Usual residents are persons:

- who have lived in their place of usual residence for a continuous period of at least 12 months before Census Day, or
- who have arrived in their place of usual residence during the 12 months before Census Day with the intention of staying there for at least one year.

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

- Those away from home during the week who return to the family home at weekends should consider the family home as their place of usual residence.
- Primary and secondary students who are boarding away from home should consider the family home as their place of usual residence. However, third level students who are away from home while at college or university should consider their term time address as their place of usual residence.
- If a person has spent or intends to spend 12 months or more in an institution then the institution is that person's place of usual residence.
- If a person regularly lives in more than one residence during the year then the place where he/she spends the majority of the year should be chosen as his/her place of usual residence.

Question 9 – Residence

This question should be answered by ALL persons who have lived outside the Republic of Ireland for a continuous period of one year or more. Note that people born outside the Republic of Ireland and non-Irish nationals must answer this question. If a person has moved back and forth several times, they should write in the year they most recently took up residence and NOT the year they first arrived.

Question 13 – Language

Persons who speak English or Irish at home should mark 'No' and do not need to answer the second part of the question.

Question 14 – Disability

A 'long-lasting condition' is defined as one which has lasted or is expected to last 6 months or longer, or that regularly occurs.

Question 16 – Carers

'Unpaid personal help' includes help with basic tasks such as feeding or dressing and the provision of assistance and support on an unpaid basis to family members, relatives or friends who need care because of disability, old age or long-term illness. Persons in receipt of a Carer's Allowance/Benefit should answer the question and indicate the range of hours per week they provide care for.

Question 23 – Highest level of education/training

NFQ – National Framework of Qualifications. (<http://www.nfq.ie>)

FETAC – Further Education Awards Council (<http://www.fetac.ie>)

HETAC – Higher Education Awards Council (<http://www.hetac.ie>)

NCVA – National Council for Vocational Awards

NCEA – National Council for Educational Awards

Question 33 – Address of Place of Work, School or College

Persons who attend work, school or college should supply the full name and address of this place.

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