



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 Teaghlaigh A 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 or difficulties?


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

17 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., 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)

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

- | | | |
|---|-----|----|
| (a) Dressing, bathing or getting around inside the home | Yes | No |
| (b) Going outside the home alone to shop or visit a doctor's surgery | Yes | No |
| (c) Working at a job or business or attending school or college | Yes | No |
| (d) Participating in other activities, for example leisure or using transport | Yes | No |

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
2 ☐ No

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

Write in hours.

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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 additional status only where applicable.

	Principal Status	Additional Status
Working for payment or profit	1 <input type="checkbox"/>	<input type="checkbox"/>
Looking for first regular job	2 <input type="checkbox"/>	<input type="checkbox"/>
Unemployed	3 <input type="checkbox"/>	<input type="checkbox"/>
Student or pupil	4 <input type="checkbox"/>	<input type="checkbox"/>
Looking after home/family	5 <input type="checkbox"/>	<input type="checkbox"/>
Retired from employment	6 <input type="checkbox"/>	<input type="checkbox"/>
Unable to work due to permanent sickness or disability	7 <input type="checkbox"/>	<input type="checkbox"/>
Other, write in	8 <input type="checkbox"/>	<input type="checkbox"/>

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.

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

32

If you are unemployed

Go to Q34

33

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

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)

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 or difficulties?

- | | | |
|---|--------------------------|--------------------------|
| (a) Blindness or a serious vision impairment | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Deafness or a serious hearing impairment | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) An intellectual disability | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) A psychological or emotional condition | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) A difficulty with pain, breathing, or any other chronic illness or condition | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

Write in hours.

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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., 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 additional status only where applicable.

- | | Principal Status | Additional Status |
|--|--|--|
| |  one box only |  one box only |
| Working for payment or profit | 1 <input type="checkbox"/> | <input type="checkbox"/> |
| Looking for first regular job | 2 <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed | 3 <input type="checkbox"/> | <input type="checkbox"/> |
| Student or pupil | 4 <input type="checkbox"/> | <input type="checkbox"/> |
| Looking after home/family | 5 <input type="checkbox"/> | <input type="checkbox"/> |
| Retired from employment | 6 <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to work due to permanent sickness or disability | 7 <input type="checkbox"/> | <input type="checkbox"/> |
| Other, write in | 8 <input type="checkbox"/> | <input type="checkbox"/> |

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
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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.

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

32

If you are unemployed


Go to Q34

33

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

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)

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 or difficulties?

- | | | |
|---|-----------------------|-----------------------|
| (a) Blindness or a serious vision impairment | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (b) Deafness or a serious hearing impairment | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (d) An intellectual disability | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (e) A difficulty with learning, remembering or concentrating | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (f) A psychological or emotional condition | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (g) A difficulty with pain, breathing, or any other chronic illness or condition | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |

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

- | | | |
|---|-----------------------|-----------------------|
| (a) Dressing, bathing or getting around inside the home | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (b) Going outside the home alone to shop or visit a doctor's surgery | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (c) Working at a job or business or attending school or college | Yes | No |
| | <input type="radio"/> | <input type="radio"/> |
| (d) 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
2 ☐ No

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

Write in hours.


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17 How is your health in general?

Mark  one box only.

- 1 ☐ Very good
2 ☐ Good
3 ☐ Fair
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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.

- 1 ☐ Not at 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.

--	--	--

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?

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3 ☐ No

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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
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NFQ Level 7
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NFQ Level 10

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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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- 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 additional status only where applicable.

	Principal Status	Additional Status
	 one box only	 one box only
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Looking for first regular job	2 <input type="checkbox"/>	<input type="checkbox"/>
Unemployed	3 <input type="checkbox"/>	<input type="checkbox"/>
Student or pupil	4 <input type="checkbox"/>	<input type="checkbox"/>
Looking after home/family	5 <input type="checkbox"/>	<input type="checkbox"/>
Retired from employment	6 <input type="checkbox"/>	<input type="checkbox"/>
Unable to work due to permanent sickness or disability	7 <input type="checkbox"/>	<input type="checkbox"/>
Other, write in	8 <input type="checkbox"/>	<input type="checkbox"/>

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Use precise terms such as
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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 Gardai 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.

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

32

If you are unemployed

Go to Q34

33

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

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)

1 ☐ Work mainly at or from home

2 ☐ No fixed place of work

34

Answer questions for Person 4 starting on the next page.

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


1 ☐ Male 2 ☐ Female

Unrelated
(including foster child) 12

If elsewhere ABROAD, write in the ~~COUNTRY~~.

1 ☐ Irish

2 ☐ Other NATIONALITY, write in



3 ☐ No nationality

- 1 ☐ HERE at this address
- 2 ☐ Elsewhere in IRELAND
(including Northern Ireland),
write in your FULL ADDRESS

3 ☐ Elsewhere ABROAD, write in the COUNTRY

2 ☐ Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS

3 ☐ Elsewhere ABROAD, write in the COUNTRY

Write in the year.

Write in number of children born alive.

1 ☐ None

1 ☐ Never married and never registered a same-sex civil partnership

2 ☒ Married

3 Separated, but still legally married

4 ☒ Divorced

5 Widowed

6 ☐ In a registered same-sex civil partnership

7 Separated, but still legally in a same-sex civil partnership

8 ☐ Formerly in a same-sex civil partnership which is now legally dissolved

9 ☐ Surviving partner from a same-sex civil partnership

1 ☒ Yes

2 ☐ No

If 'Yes', do you speak Irish?

Mark ~~the~~ the boxes that apply.

1 ☐ Daily, within the education system

2 ☐ Daily, outside the education system

3 ☐ Weekly

4 ☐ Less often

5 ☐ Never

1 ☐ Yes

2 ☐ No **Go to Q14**

What is this language?

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

How well do you speak English?

Mark one box only.

1 ☒ Very well

2 ● Well

3 ☐ Not well

4 ☐ Not at all

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

- | | | |
|---|--------------------------|--------------------------|
| (a) Blindness or a serious vision impairment | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Deafness or a serious hearing impairment | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) An intellectual disability | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) A psychological or emotional condition | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) A difficulty with pain, breathing, or any other chronic illness or condition | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

Write in hours.


--	--	--

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.

--	--	--

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 additional status only where applicable.**

- | | Principal Status | Additional Status |
|--|----------------------------|--------------------------|
| | one box only | one box only |
| Working for payment or profit | 1 <input type="checkbox"/> | <input type="checkbox"/> |
| Looking for first regular job | 2 <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed | 3 <input type="checkbox"/> | <input type="checkbox"/> |
| Student or pupil | 4 <input type="checkbox"/> | <input type="checkbox"/> |
| Looking after home/family | 5 <input type="checkbox"/> | <input type="checkbox"/> |
| Retired from employment | 6 <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to work due to permanent sickness or disability | 7 <input type="checkbox"/> | <input type="checkbox"/> |
| Other, write in | 8 <input type="checkbox"/> | <input type="checkbox"/> |

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.

27 If you are working, unemployed or retired**Go to Q28****If you are a student****Go to Q33****Otherwise****Go to Q34****32****If you are unemployed****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)

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

- | | | |
|---|------------------------------|-----------------------------|
| (a) Blindness or a serious vision impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Deafness or a serious hearing impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) An intellectual disability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) A psychological or emotional condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) A difficulty with pain, breathing, or any other chronic illness or condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

- | | | |
|---|------------------------------|-----------------------------|
| (a) Dressing, bathing or getting around inside the home | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Going outside the home alone to shop or visit a doctor's surgery | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Working at a job or business or attending school or college | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) 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
2 ☐ No

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

Write in hours.


--	--	--

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.

--	--	--

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 additional status only where applicable.

	Principal Status	Additional Status
	 one box only	 one box only
Working for payment or profit	1 <input type="checkbox"/>	<input type="checkbox"/>
Looking for first regular job	2 <input type="checkbox"/>	<input type="checkbox"/>
Unemployed	3 <input type="checkbox"/>	<input type="checkbox"/>
Student or pupil	4 <input type="checkbox"/>	<input type="checkbox"/>
Looking after home/family	5 <input type="checkbox"/>	<input type="checkbox"/>
Retired from employment	6 <input type="checkbox"/>	<input type="checkbox"/>
Unable to work due to permanent sickness or disability	7 <input type="checkbox"/>	<input type="checkbox"/>
Other, write in	8 <input type="checkbox"/>	<input type="checkbox"/>

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 Gardai 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.

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

32

If you are unemployed


Go to Q34

33

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

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)

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 or difficulties?

- | | | |
|---|--------------------------|--------------------------|
| (a) Blindness or a serious vision impairment | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Deafness or a serious hearing impairment | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) An intellectual disability | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) A psychological or emotional condition | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) A difficulty with pain, breathing, or any other chronic illness or condition | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

Write in hours.

--	--	--

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.

--	--	--

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 additional status only where applicable.

- | | Principal Status | Additional Status |
|--|----------------------------|--------------------------|
| | one box only | one box only |
| Working for payment or profit | 1 <input type="checkbox"/> | <input type="checkbox"/> |
| Looking for first regular job | 2 <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed | 3 <input type="checkbox"/> | <input type="checkbox"/> |
| Student or pupil | 4 <input type="checkbox"/> | <input type="checkbox"/> |
| Looking after home/family | 5 <input type="checkbox"/> | <input type="checkbox"/> |
| Retired from employment | 6 <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to work due to permanent sickness or disability | 7 <input type="checkbox"/> | <input type="checkbox"/> |
| Other, write in | 8 <input type="checkbox"/> | <input type="checkbox"/> |

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 Gardai 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.

27 If you are working, unemployed or retired

Go to Q28

If you are a student

Go to Q33

Otherwise

Go to Q34

32

If you are unemployed

Go to Q34

33

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

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)

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?

DD	MM	YYYY
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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

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12 ☐ Unrelated (including foster child)

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?

DD	MM	YYYY
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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

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12 ☐ Unrelated (including foster child)

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?

DD	MM	YYYY
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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

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12 ☐ Unrelated (including foster child)

A5 What is this person's legal marital/partnership status?

Answer if aged 15 years or over.

Mark ☐ one box only.

- 1 ☐ Single (never married/registered)
 2 ☐ Married/registered partnership
 3 ☐ Separated
 4 ☐ Divorced/legally disbanded
 5 ☐ Widowed/surviving partner

A5 What is this person's legal marital/partnership status?

Answer if aged 15 years or over.

Mark ☐ one box only.

- 1 ☐ Single (never married/registered)
 2 ☐ Married/registered partnership
 3 ☐ Separated
 4 ☐ Divorced/legally disbanded
 5 ☐ Widowed/surviving partner

A5 What is this person's legal marital/partnership status?

Answer if aged 15 years or over.

Mark ☐ one box only.

- 1 ☐ Single (never married/registered)
 2 ☐ Married/registered partnership
 3 ☐ Separated
 4 ☐ Divorced/legally disbanded
 5 ☐ Widowed/surviving partner

A6 How long altogether is this person away for?

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

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

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

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

- 1 ☐ Yes
 2 ☐ No

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

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

- 1 ☐ Yes
 2 ☐ No

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

- 1 ☐ Yes
 2 ☐ No

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?

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 legal marital/partnership status?

Answer if aged 15 years or over.

Mark ~~one~~ one box only.

- 1 ☐ Single (never married/registered)
2 ☐ Married/registered partnership
3 ☐ Separated
4 ☐ Divorced/legally disbanded
5 ☐ Widowed/surviving partner

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. In Question H4, the gross rent paid is the total of this amount along with the net amount paid by the household.

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

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 11 – Marital Status

The response options to this question include several references to same-sex civil partnerships. The Government published the Heads of a Civil Partnership Bill in June 2008. The detailed provisions of this bill are currently being drawn up by the Attorney General's Office. The Census Pilot is testing the acceptability of the categories including same-sex civil partnership in anticipation of it being a legal marital status in Ireland at some future point.

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 re-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 give the number 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 26 – Principal Status

All persons should mark one box in the column 'Principal Status'. You should choose the category which you feel best describes your main current status. You should only mark one box in the 'Additional Status' column if you feel you have more than one economic status, for example if you are job-sharing or a student with a part-time job.

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.