



An  
Phríomh-Oifig  
Staidrimh

Central  
Statistics  
Office

# Daonáireamh na hÉireann Census of Population of Ireland

Address

For office use only

E I R C O D E

County Code	EA Code	D. No.	SA Code	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"/>

## Census of Population of Ireland

The Irish Census counts all the people and households in the country on Census Night. This is the twenty-sixth Census to be held since 1841. The Census results will give a comprehensive picture of the social and living conditions of our people and will assist in planning for the future.

### Legal obligation to participate

This is a Notice under Section 26 of the Statistics Act 1993. The Census is being taken under the Statistics Act 1993 and the Statistics (Census of Population) Order 2020. Under Sections 26 and 27 of the Statistics Act 1993, you are obliged by law to complete and return this form. Only the Time Capsule section of this form is voluntary, under Section 24 of the Statistics Act 1993. This means that you are not obliged to complete that section. All other sections are mandatory. Any person who fails or refuses to provide this information or who knowingly provides false information may be subject to a fine of up to €44,440.

### Confidentiality is guaranteed

The Statistics Act 1993 provides a legal guarantee that your census return must be treated as confidential for a period of 100 years. The information you provide in your census return will be anonymised by the Central Statistics Office (CSO) to remove personally identifiable information and will be used for statistical purposes only. Further information regarding the use of census data is available on [www.census.ie](http://www.census.ie)

### Data Protection

The Census is subject to the General Data Protection Regulation (GDPR) and to the Data Protection Act 2018. All CSO surveys are designed to comply with applicable law. Certain GDPR rights, in particular relating to access, rectification, erasure, restriction of processing and the right to object to processing may be lawfully restricted, in line with Article 89 of the GDPR. A comprehensive explanation of your data protection rights, entitlements and how to submit queries is available on [www.census.ie](http://www.census.ie)

### What you need to do

Please keep this form in a safe place and complete it on Census Night. You should consult the **Explanatory Notes on the back page** to assist you in completing the form. Remember to sign and date the declaration on page 23 and to have your completed form ready for collection by your Enumerator.

## Who should complete the Census Form?

The householder or any adult member of the household present on Census Night should complete this form. A separate Household Form should be completed for every household.

A household is:

- one person living alone, or
- a group of related or unrelated people living at the same address with common housekeeping arrangements, meaning they share at least one meal a day or share a living or sitting room.

## Do you need additional forms?

If there is more than one household at this address, ask your Enumerator for another Household Form. If there are more than six persons in your household on Census Night, ask your Enumerator for a blue Individual Form for each additional person.

## How to complete your Census Form

1. Use a BLACK or BLUE pen
2. Mark boxes like this
3. If you make a mistake, do this  and mark the correct box

Where you are required to write in an answer please use BLOCK CAPITAL LETTERS and leave one space between each word. Continue on to a new line if a word will not fit, for example:

T A X I D R I V E  
R

## Your Census Enumerator

Your Census Enumerator will help you if you have any questions about the Census. Please co-operate fully with your Enumerator to help ensure the success of the Census.

## Have your form ready for collection

Your Enumerator will return within four weeks after Census Night to collect your completed form.

If your form has not been collected within four weeks of Census Night, please return it fully completed to Central Statistics Office, PO Box 2021, Freeport 4726, Swords, Co. Dublin, K67 D2X4.

Thank you for your co-operation.

*Pádraig Dalton*

Pádraig Dalton  
Director General

Féadfar leagan Béarla nó Gaeilge den fhoirm seo a chomhlánú.



# START HERE

## H1 When was your house, flat or apartment first built?

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

- 1  Before 1919
- 2  1919 – 1945 inclusive
- 3  1946 – 1960 inclusive
- 4  1961 – 1970 inclusive
- 5  1971 – 1980 inclusive
- 6  1981 – 1990 inclusive
- 7  1991 – 2000 inclusive
- 8  2001 – 2010 inclusive
- 9  2011 – 2015 inclusive
- 10  2016 or later

## H2 Does your household own or rent your accommodation?

Mark  one box only

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

### If renting, who is your landlord?

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

## H3 If your accommodation is rented, how much rent does your household pay?

Enter amount to the nearest Euro

€       .

Mark  one box only

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

## H4 How many working smoke alarms are in your accommodation?

Write in number of smoke alarms

None

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

- Do NOT count bathrooms, toilets, kitchenettes, utility rooms, consulting rooms, offices, shops, halls, landings or rooms that can only be used for storage such as cupboards
- Do count all other rooms such as kitchens, living rooms, bedrooms, studies and conservatories you can sit in
- If two rooms have been converted into one, count them as one room

Number of rooms


Of which bedrooms

## H6 What is the main type of fuel used by the central heating in your accommodation?

Mark  one box only

- 1  No central heating
- 2  Oil
- 3  Natural gas
- 4  Electricity
- 5  Coal (including anthracite)
- 6  Peat (including turf)
- 7  Liquid Petroleum Gas (LPG)
- 8  Wood (including wood pellets)
- 9  Other

## H7 Does your accommodation use any of the following renewable energy sources?

Mark  the boxes that apply

- 1  No
- 2  Solar panels for water heating
- 3  Solar panels for electricity
- 4  Wind turbine
- 5  Air source heat pump
- 6  Ground source heat pump
- 7  Wood
- 8  Other

## H8 What type of piped water supply does your accommodation have?

Mark  one box only

- 1  Public supply
- 2  Public Group Scheme
- 3  Private Group Scheme
- 4  Private source (eg well, lake, rainwater tank, etc)
- 5  No piped water supply

## H9 What type of sewerage facility does your accommodation have?

Mark  one box only

- 1  Public sewer
- 2  Individual septic tank
- 3  Individual treatment system other than a septic tank
- 4  Other sewerage facility
- 5  No sewerage facility

## H10 How many cars or vans are owned or are available for use by one or more members of your household?

Include any company car or van if available for private use

Mark  one box only

- 1  One
- 2  Two
- 3  Three
- 4  Four or more
- 5  None

## H11 What type of internet connection does your household have?

Mark  the boxes that apply

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

### If connected, which devices access the internet in your household?

Mark  the boxes that apply

- 1  Desktop PC
- 2  Laptop (including notebook, netbook, etc)
- 3  Tablet
- 4  Mobile phone
- 5  Smart TV
- 6  Video game console
- 7  Smart domestic appliance
- 8  Other, write in description


H12 → Go to next page

# ALL PERSONS MUST BE ENUMERATED WHERE THEY SPEND CENSUS NIGHT

Below are two lists. List 1 is for persons present at this address on Census Night. List 2 is for persons who usually live at this address but who are temporarily away on Census Night. See the Explanatory Notes relating to Question 7 on the back page for guidance in interpreting a person's place of usual residence.

## PRESENT PERSONS

### INCLUDE in List 1

- ✓ All persons alive at midnight on Census Night who spent the night at this address.
- ✓ Persons who stayed temporarily in the household (ie visitors).
- ✓ Persons who arrived the following morning not having been enumerated elsewhere.
- ✓ Babies born before midnight on Census Night.

### DO NOT INCLUDE in List 1

- ✗ Any person who usually lives at this address but who is temporarily absent on Census Night. These persons should be listed as being absent in List 2 below.
- ✗ Students who were away from home on Census Night. They should be listed as being absent in List 2 below.
- ✗ Babies born after midnight on Census Night.

### LIST 1 Persons PRESENT in the household on Census Night

Person No.	First name and surname in BLOCK CAPITALS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Answer questions relating to each person present in the household on Census Night beginning on page 4, in the same order as listed here.

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

## ABSENT PERSONS

### INCLUDE in List 2

- ✓ All persons who usually live at this address but who are temporarily absent on Census Night.
- ✓ Students away at school or college.

### DO NOT INCLUDE in List 2

- ✗ Anyone included in List 1.

### LIST 2 Persons ABSENT who usually live in the household

Person No.	First name and surname in BLOCK CAPITALS
1	
2	
3	
4	

Answer questions beginning on Page 22 in the same order as listed here, for each usual resident absent from the household on Census Night.

If there are more than 4 usual residents absent on Census Night, please ask your Enumerator for assistance.

1 What is your name? (Person 1)

First name (BLOCK CAPITALS)


Surname (BLOCK CAPITALS)


2 What is your sex?

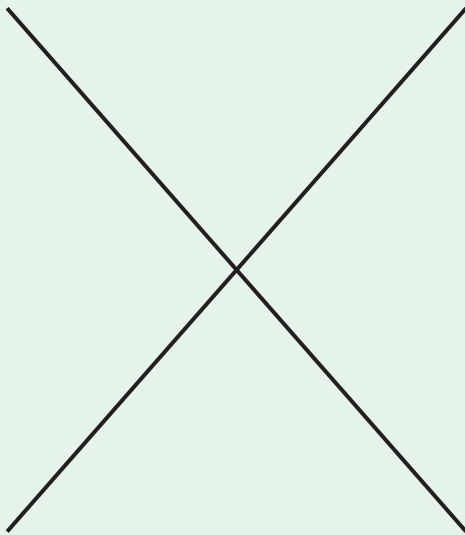
1  Male 2  Female

3 What is your date of birth?

Day Month Year


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4 Relationship question does not apply to Person 1



5 What is your current marital status?

Answer if aged 15 years or over

Mark  one box only

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

6 What is your place of birth?

Give the place where your mother lived at the time of your birth

If IRELAND (including Northern Ireland), write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY


7 Where do you usually live?

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


E I R C O D E

- 3  Elsewhere ABROAD, write in the COUNTRY

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8 Where did you usually live one year ago?

Answer if aged 1 year or over

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


- 3  Elsewhere ABROAD, write in the COUNTRY

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

Answer if aged 1 year or over and living in the Republic of Ireland

- 1  Yes 2  No

If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland


AND the COUNTRY of last previous residence



10 What is your country of citizenship?

If you have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in


- 3  No citizenship

11 What is your ethnic group/background?

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

A White

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

B Black or Black Irish

- 5  African
- 6  Any other Black background


C Asian or Asian Irish

- 7  Chinese
- 8  Indian/Pakistani/Bangladeshi
- 9  Any other Asian background

D Other, including mixed group/background

- 10  Arabic
- 11  Mixed, write in description
- 12  Other, write in description


12 What is your religion, if any?

Mark  one box only

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


13 Can you speak Irish?

Answer if aged 3 years or over


- 1  Yes 2  No

If 'Yes', do you speak Irish?

Mark  the boxes that apply

- 1  Daily, within the education system
- 2  Daily, outside the education system
- 3  Weekly
- 4  Less often
- 5  Never

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

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well



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

- 1  Yes
- 2  No → **Go to Q15**

**What is this language?**


(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

**How well do you speak English?**

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well
- 4  Not at all

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

- |   | 1 Yes, to a great extent   | 2 Yes, to some extent      | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Blindness or a vision impairment  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Deafness or a hearing impairment  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) An intellectual disability  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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

Include issues due to old age

- |   | 1 Yes, a lot               | 2 Yes, a little            | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**17 How is your health in general?**

Mark  one box only

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

**18 Do you smoke tobacco products?**

Mark  one box only

- 1  Yes - daily
- 2  Yes - occasionally
- 3  No - have given up smoking
- 4  Never

**19 How do you usually travel to work, school, college or childcare?**

Mark  one box only, for the longest part, by distance, of your usual journey

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

**20 What time do you usually leave home?**

Use 24-hour clock, eg 08:30

		:			

**21 How long does your journey take?**

Write in minutes

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**22 What time do you usually leave work, school, college or childcare?**

Use 24-hour clock, eg 17:30

		:			

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

- 1  Yes
- 2  No

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

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

Write in hours

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**24 Do you regularly engage in helping or voluntary work in any of the following activities without pay?**

Mark  all the boxes that apply

- 1  A social or charitable organisation
- 2  A religious group or church
- 3  A sporting organisation
- 4  A political organisation
- 5  In your community
- 6  No

**25 If you are aged under 15 → Go to Q36**

**26 Have you ceased your full-time education?**

- 1  Yes
- 2  No

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

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**27 What is the highest level of education/training (full-time or part-time) which you have completed to date?**

Mark  one box only

- 1  No formal education/training
- 2  Primary education NFQ Levels 1 or 2
- 3  Lower Secondary NFQ Level 3 Junior/Inter/Group Certificate
- 4  Upper Secondary NFQ Levels 4 or 5 Leaving Certificate
- 5  Technical or Vocational NFQ Levels 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship NFQ Level 6
- 7  Higher Certificate NFQ Level 6
- 8  Ordinary Bachelor Degree or National Diploma NFQ Level 7
- 9  Honours Bachelor Degree/Professional qualification or both NFQ Level 8
- 10  Postgraduate Diploma or Master's Degree NFQ Level 9
- 11  Doctorate (PhD) or higher NFQ Level 10



28 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  Short-term unemployed (less than 12 months)
- 4  Long-term unemployed (12 months or more)
- 5  Student or pupil
- 6  Looking after home/family
- 7  Retired from employment
- 8  Unable to work due to permanent sickness or disability
- 9  Other, write in


29 If you are working → Go to Q30

If you are unemployed → Go to Q31 or retired

If you are a student → Go to Q36

Otherwise → Go to Q38

30 If you are at work, do you ever work from home?

- 1  Yes
- 2  No

If 'Yes', how many days per week do you usually work from home?

Write in the number of days

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

Your main job is the job in which you usually work(ed) the most hours

Mark one box only

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

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

Mark one box only

- 1  Full-time
- 2  Part-time

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

In all cases describe the occupation fully and precisely, giving the full job title For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

- 1  Acres
- 2  Hectares

33 If you are retired → Go to Q38

34 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


35 If you are unemployed → Go to Q38

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

If you are in both school and childcare, write in the name and address of your school Full name


Address


- 1  Mainly at or from home
- 2  No fixed place of work

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

- 1  Yes
- 2  No

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

Mark one box only

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

And for how many hours per week during term times?

Write in hours

38 Answer questions for Person 2 starting on the next page. If there are no other persons present in the household on Census Night → Go to page 22



1 What is your name? (Person 2)

First name (BLOCK CAPITALS)

Grid for first name

Surname (BLOCK CAPITALS)

Grid for surname

2 What is your sex?


1  Male 2  Female

3 What is your date of birth?

Day Month Year

Grid for date of birth


4 What is your relationship to Person 1?

Mark  one box only

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

5 What is your current marital status?

Answer if aged 15 years or over

Mark  one box only

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

6 What is your place of birth?

Give the place where your mother lived at the time of your birth

If IRELAND (including Northern Ireland), write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY

Grid for place of birth

7 Where do you usually live?

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

Grid for full address

E I R C O D E

- 3  Elsewhere ABROAD, write in the COUNTRY

Grid for country

8 Where did you usually live one year ago?

Answer if aged 1 year or over

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

Grid for county

- 3  Elsewhere ABROAD, write in the COUNTRY

Grid for country

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

Answer if aged 1 year or over and living in the Republic of Ireland

- 1  Yes 2  No

If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland

Grid for year and AND

the COUNTRY of last previous residence

Grid for country

10 What is your country of citizenship?


If you have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in

Grid for citizenship

- 3  No citizenship

11 What is your ethnic group/background?

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

A White

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

B Black or Black Irish

- 5  African
- 6  Any other Black background

C Asian or Asian Irish


- 7  Chinese
- 8  Indian/Pakistani/Bangladeshi
- 9  Any other Asian background

D Other, including mixed group/background

- 10  Arabic
- 11  Mixed, write in description
- 12  Other, write in description

Grid for description

12 What is your religion, if any?

Mark  one box only

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

Grid for religion

13 Can you speak Irish?

Answer if aged 3 years or over


- 1  Yes 2  No

If 'Yes', do you speak Irish?

Mark  the boxes that apply

- 1  Daily, within the education system
- 2  Daily, outside the education system
- 3  Weekly
- 4  Less often
- 5  Never

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

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well

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

- 1  Yes
- 2  No → **Go to Q15**

**What is this language?**


(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

**How well do you speak English?**

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well
- 4  Not at all

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

- |   | 1 Yes,<br>to a<br>great<br>extent | 2 Yes,<br>to some<br>extent | 3 No                       |
|---|-----------------------------------|-----------------------------|----------------------------|
| (a) Blindness or a vision impairment  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (b) Deafness or a hearing impairment  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (d) An intellectual disability  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |

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

Include issues due to old age

- |   | 1 Yes,<br>a lot            | 2 Yes,<br>a little         | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**17 How is your health in general?**

Mark  one box only

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

**18 Do you smoke tobacco products?**

Mark  one box only

- 1  Yes - daily
- 2  Yes - occasionally
- 3  No - have given up smoking
- 4  Never

**19 How do you usually travel to work, school, college or childcare?**

Mark  one box only, for the longest part, by distance, of your usual journey

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

**20 What time do you usually leave home?**

Use 24-hour clock, eg 08:30

		:		
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**21 How long does your journey take?**

Write in minutes

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**22 What time do you usually leave work, school, college or childcare?**

Use 24-hour clock, eg 17:30

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

- 1  Yes
- 2  No

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

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

Write in hours

--	--

**24 Do you regularly engage in helping or voluntary work in any of the following activities without pay?**

Mark  all the boxes that apply

- 1  A social or charitable organisation
- 2  A religious group or church
- 3  A sporting organisation
- 4  A political organisation
- 5  In your community
- 6  No

**25 If you are aged under 15 → Go to Q36**

**26 Have you ceased your full-time education?**

- 1  Yes
- 2  No

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

		:		
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**27 What is the highest level of education/training (full-time or part-time) which you have completed to date?**


Mark  one box only

- 1  No formal education/training
- 2  Primary education NFQ Levels 1 or 2
- 3  Lower Secondary NFQ Level 3 Junior/Inter/Group Certificate
- 4  Upper Secondary NFQ Levels 4 or 5 Leaving Certificate
- 5  Technical or Vocational NFQ Levels 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship NFQ Level 6
- 7  Higher Certificate NFQ Level 6
- 8  Ordinary Bachelor Degree or National Diploma NFQ Level 7
- 9  Honours Bachelor Degree/Professional qualification or both NFQ Level 8
- 10  Postgraduate Diploma or Master's Degree NFQ Level 9
- 11  Doctorate (PhD) or higher NFQ Level 10





28 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  Short-term unemployed (less than 12 months)
- 4  Long-term unemployed (12 months or more)
- 5  Student or pupil
- 6  Looking after home/family
- 7  Retired from employment
- 8  Unable to work due to permanent sickness or disability
- 9  Other, write in


29 If you are working → Go to Q30

If you are unemployed → Go to Q31 or retired

If you are a student → Go to Q36

Otherwise → Go to Q38

30 If you are at work, do you ever work from home?


- 1  Yes
- 2  No

If 'Yes', how many days per week do you usually work from home?

Write in the number of days


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

Your main job is the job in which you usually work(ed) the most hours

Mark  one box only

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

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

Mark  one box only

- 1  Full-time
- 2  Part-time

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

In all cases describe the occupation fully and precisely, giving the full job title For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

- 1  Acres
- 2  Hectares

33 If you are retired → Go to Q38

34 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


35 If you are unemployed → Go to Q38

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

If you are in both school and childcare, write in the name and address of your school Full name



Address


- 1  Mainly at or from home
- 2  No fixed place of work

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

- 1  Yes
- 2  No

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

Mark  one box only

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

And for how many hours per week during term times?

Write in hours

38 Answer questions for Person 3 starting on the next page. If there are no other persons present in the household on Census Night → Go to page 22

**1 What is your name? (Person 3)**

First name (BLOCK CAPITALS)


Surname (BLOCK CAPITALS)


**2 What is your sex?**


1  Male 2  Female

**3 What is your date of birth?**

Day Month Year

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**4 What is your relationship to Persons 1 and 2?**

Mark  one box only for each person

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

**5 What is your current marital status?**

Answer if aged 15 years or over

Mark  one box only

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

**6 What is your place of birth?**

Give the place where your mother lived at the time of your birth

If IRELAND (including Northern Ireland), write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY


**7 Where do you usually live?**

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


E I R C O D E

- 3  Elsewhere ABROAD, write in the COUNTRY

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

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

Answer if aged 1 year or over

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


- 3  Elsewhere ABROAD, write in the COUNTRY

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

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

Answer if aged 1 year or over and living in the Republic of Ireland

- 1  Yes 2  No

If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland

AND the COUNTRY of last previous residence



**10 What is your country of citizenship?**

If you have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in


- 3  No citizenship

**11 What is your ethnic group/ background?**

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

**A White**

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

**B Black or Black Irish**

- 5  African
- 6  Any other Black background


**C Asian or Asian Irish**

- 7  Chinese
- 8  Indian/Pakistani/Bangladeshi
- 9  Any other Asian background

**D Other, including mixed group/background**

- 10  Arabic
- 11  Mixed, write in description
- 12  Other, write in description


**12 What is your religion, if any?**

Mark  one box only

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


**13 Can you speak Irish?**

Answer if aged 3 years or over


- 1  Yes 2  No

**If 'Yes', do you speak Irish?**

Mark  the boxes that apply

- 1  Daily, within the education system
- 2  Daily, outside the education system
- 3  Weekly
- 4  Less often
- 5  Never

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

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well



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

- 1  Yes
- 2  No → **Go to Q15**

**What is this language?**


(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

**How well do you speak English?**

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well
- 4  Not at all

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

- |   | 1 Yes, to a great extent   | 2 Yes, to some extent      | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Blindness or a vision impairment  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Deafness or a hearing impairment  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) An intellectual disability  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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

Include issues due to old age

- |   | 1 Yes, a lot               | 2 Yes, a little            | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**17 How is your health in general?**

Mark  one box only

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

**18 Do you smoke tobacco products?**

Mark  one box only

- 1  Yes - daily
- 2  Yes - occasionally
- 3  No - have given up smoking
- 4  Never

**19 How do you usually travel to work, school, college or childcare?**

Mark  one box only, for the longest part, by distance, of your usual journey

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

**20 What time do you usually leave home?**

Use 24-hour clock, eg 08:30

		:		
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**21 How long does your journey take?**

Write in minutes

--	--

**22 What time do you usually leave work, school, college or childcare?**

Use 24-hour clock, eg 17:30

		:		
--	--	---	--	--

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

- 1  Yes
- 2  No

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

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

Write in hours

--	--

**24 Do you regularly engage in helping or voluntary work in any of the following activities without pay?**

Mark  all the boxes that apply

- 1  A social or charitable organisation
- 2  A religious group or church
- 3  A sporting organisation
- 4  A political organisation
- 5  In your community
- 6  No

**25 If you are aged under 15 → Go to Q36**

**26 Have you ceased your full-time education?**

- 1  Yes
- 2  No

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

--	--


**27 What is the highest level of education/training (full-time or part-time) which you have completed to date?**

Mark  one box only

- 1  No formal education/training
- 2  Primary education NFQ Levels 1 or 2
- 3  Lower Secondary NFQ Level 3 Junior/Inter/Group Certificate
- 4  Upper Secondary NFQ Levels 4 or 5 Leaving Certificate
- 5  Technical or Vocational NFQ Levels 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship NFQ Level 6
- 7  Higher Certificate NFQ Level 6
- 8  Ordinary Bachelor Degree or National Diploma NFQ Level 7
- 9  Honours Bachelor Degree/Professional qualification or both NFQ Level 8
- 10  Postgraduate Diploma or Master's Degree NFQ Level 9
- 11  Doctorate (PhD) or higher NFQ Level 10



**28 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  Short-term unemployed (less than 12 months)
- 4  Long-term unemployed (12 months or more)
- 5  Student or pupil
- 6  Looking after home/family
- 7  Retired from employment
- 8  Unable to work due to permanent sickness or disability
- 9  Other, write in


**29 If you are working → Go to Q30**

**If you are unemployed or retired → Go to Q31**

**If you are a student → Go to Q36**

**Otherwise → Go to Q38**

**30 If you are at work, do you ever work from home?**


- 1  Yes
- 2  No

**If 'Yes', how many days per week do you usually work from home?**

Write in the number of days


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

Your main job is the job in which you usually work(ed) the most hours

Mark  one box only

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

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

Mark  one box only

- 1  Full-time
- 2  Part-time

**32 What is (was) your occupation in your main job?**

In all cases describe the occupation fully and precisely, giving the full job title  
For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

- 1  Acres
- 2  Hectares

**33 If you are retired → Go to Q38**

**34 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


**35 If you are unemployed → Go to Q38**

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

If you are in both school and childcare, write in the name and address of your school  
Full name



Address


- 1  Mainly at or from home
- 2  No fixed place of work

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

- 1  Yes
- 2  No

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

Mark  one box only

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

**And for how many hours per week during term times?**

Write in hours

**38 Answer questions for Person 4 starting on the next page. If there are no other persons present in the household on Census Night → Go to page 22**

1 What is your name? (Person 4)

First name (BLOCK CAPITALS)

Grid for first name

Surname (BLOCK CAPITALS)

Grid for surname

2 What is your sex?

1  Male 2  Female

3 What is your date of birth?

Day Month Year

Grid for date of birth

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



Mark  one box only for each person

Table with relationship types and marking boxes for Persons 1, 2, and 3.

5 What is your current marital status?

Answer if aged 15 years or over

Mark  one box only

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

6 What is your place of birth?

Give the place where your mother lived at the time of your birth

If IRELAND (including Northern Ireland), write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY

Grid for place of birth

7 Where do you usually live?

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

Grid for full address

E I R C O D E

- 3  Elsewhere ABROAD, write in the COUNTRY

Grid for country

8 Where did you usually live one year ago?

Answer if aged 1 year or over

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

Grid for county

- 3  Elsewhere ABROAD, write in the COUNTRY

Grid for country

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

Answer if aged 1 year or over and living in the Republic of Ireland

- 1  Yes 2  No

If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland

Grid for year and country

AND the COUNTRY of last previous residence

Grid for country

10 What is your country of citizenship?


If you have dual country of citizenship, please declare both

- 1  Ireland
2  Other CITIZENSHIP, write in

Grid for citizenship

- 3  No citizenship

11 What is your ethnic group/background?

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

A White

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

B Black or Black Irish

- 5  African
6  Any other Black background

C Asian or Asian Irish


- 7  Chinese
8  Indian/Pakistani/Bangladeshi
9  Any other Asian background

D Other, including mixed group/background

- 10  Arabic
11  Mixed, write in description
12  Other, write in description

Grid for description

12 What is your religion, if any?

Mark  one box only

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

Grid for religion

13 Can you speak Irish?

Answer if aged 3 years or over

- 1  Yes 2  No

If 'Yes', do you speak Irish?

Mark  the boxes that apply

- 1  Daily, within the education system
2  Daily, outside the education system
3  Weekly
4  Less often
5  Never

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

Mark  one box only

- 1  Very well
2  Well
3  Not well

Grid for speaking Irish





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

- 1  Yes
- 2  No → **Go to Q15**

**What is this language?**


(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

**How well do you speak English?**

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well
- 4  Not at all

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

- |   | 1 Yes,<br>to a<br>great<br>extent | 2 Yes,<br>to some<br>extent | 3 No                       |
|---|-----------------------------------|-----------------------------|----------------------------|
| (a) Blindness or a vision impairment  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (b) Deafness or a hearing impairment  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (d) An intellectual disability  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |

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

Include issues due to old age

- |   | 1 Yes,<br>a lot            | 2 Yes,<br>a little         | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**17 How is your health in general?**

Mark  one box only

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

**18 Do you smoke tobacco products?**

Mark  one box only

- 1  Yes - daily
- 2  Yes - occasionally
- 3  No - have given up smoking
- 4  Never

**19 How do you usually travel to work, school, college or childcare?**

Mark  one box only, for the longest part, by distance, of your usual journey

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

**20 What time do you usually leave home?**

Use 24-hour clock, eg 08:30

		:		
--	--	---	--	--

**21 How long does your journey take?**

Write in minutes

--	--	--

**22 What time do you usually leave work, school, college or childcare?**

Use 24-hour clock, eg 17:30

		:		
--	--	---	--	--

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

- 1  Yes
- 2  No

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

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

Write in hours

--	--

**24 Do you regularly engage in helping or voluntary work in any of the following activities without pay?**

Mark  all the boxes that apply

- 1  A social or charitable organisation
- 2  A religious group or church
- 3  A sporting organisation
- 4  A political organisation
- 5  In your community
- 6  No

**25 If you are aged under 15 → Go to Q36**

**26 Have you ceased your full-time education?**

- 1  Yes
- 2  No

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

--	--

**27 What is the highest level of education/training (full-time or part-time) which you have completed to date?**

Mark  one box only

- 1  No formal education/training
- 2  Primary education NFQ Levels 1 or 2
- 3  Lower Secondary NFQ Level 3 Junior/Inter/Group Certificate
- 4  Upper Secondary NFQ Levels 4 or 5 Leaving Certificate
- 5  Technical or Vocational NFQ Levels 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship NFQ Level 6
- 7  Higher Certificate NFQ Level 6
- 8  Ordinary Bachelor Degree or National Diploma NFQ Level 7
- 9  Honours Bachelor Degree/Professional qualification or both NFQ Level 8
- 10  Postgraduate Diploma or Master's Degree NFQ Level 9
- 11  Doctorate (PhD) or higher NFQ Level 10



28 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  Short-term unemployed (less than 12 months)
- 4  Long-term unemployed (12 months or more)
- 5  Student or pupil
- 6  Looking after home/family
- 7  Retired from employment
- 8  Unable to work due to permanent sickness or disability
- 9  Other, write in


29 If you are working → Go to Q30

If you are unemployed or retired → Go to Q31

If you are a student → Go to Q36

Otherwise → Go to Q38

30 If you are at work, do you ever work from home?

- 1  Yes
- 2  No

If 'Yes', how many days per week do you usually work from home?

Write in the number of days

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

Your main job is the job in which you usually work(ed) the most hours

Mark one box only

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

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

Mark one box only

- 1  Full-time
- 2  Part-time

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

In all cases describe the occupation fully and precisely, giving the full job title For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

- 1  Acres
- 2  Hectares

33 If you are retired → Go to Q38

34 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


35 If you are unemployed → Go to Q38

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

If you are in both school and childcare, write in the name and address of your school Full name


Address


- 1  Mainly at or from home
- 2  No fixed place of work

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

- 1  Yes
- 2  No

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

Mark one box only

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

And for how many hours per week during term times?

Write in hours

38 Answer questions for Person 5 starting on the next page. If there are no other persons present in the household on Census Night → Go to page 22

**1 What is your name? (Person 5)**

First name (BLOCK CAPITALS)


Surname (BLOCK CAPITALS)


**2 What is your sex?**


1  Male 2  Female

**3 What is your date of birth?**

Day Month Year

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

Mark  one box only for each person

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

**5 What is your current marital status?**

Answer if aged 15 years or over

Mark  one box only

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

**6 What is your place of birth?**

Give the place where your mother lived at the time of your birth

If IRELAND (including Northern Ireland), write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY


**7 Where do you usually live?**

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


E I R C O D E

- 3  Elsewhere ABROAD, write in the COUNTRY

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

Answer if aged 1 year or over

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


- 3  Elsewhere ABROAD, write in the COUNTRY

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

Answer if aged 1 year or over and living in the Republic of Ireland

- 1  Yes 2  No

If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland

AND the COUNTRY of last previous residence



**10 What is your country of citizenship?**

If you have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in


- 3  No citizenship

**11 What is your ethnic group/background?**

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

**A White**

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

**B Black or Black Irish**

- 5  African
- 6  Any other Black background


**C Asian or Asian Irish**

- 7  Chinese
- 8  Indian/Pakistani/Bangladeshi
- 9  Any other Asian background

**D Other, including mixed group/background**

- 10  Arabic
- 11  Mixed, write in description
- 12  Other, write in description


**12 What is your religion, if any?**

Mark  one box only

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


**13 Can you speak Irish?**

Answer if aged 3 years or over


- 1  Yes 2  No

If 'Yes', do you speak Irish?

Mark  the boxes that apply

- 1  Daily, within the education system
- 2  Daily, outside the education system
- 3  Weekly
- 4  Less often
- 5  Never

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

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well



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

- 1  Yes
- 2  No → **Go to Q15**

**What is this language?**


(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

**How well do you speak English?**

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well
- 4  Not at all

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

- |   | 1 Yes, to a great extent   | 2 Yes, to some extent      | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Blindness or a vision impairment  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Deafness or a hearing impairment  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) An intellectual disability  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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

Include issues due to old age

- |   | 1 Yes, a lot               | 2 Yes, a little            | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**17 How is your health in general?**

Mark  one box only

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

**18 Do you smoke tobacco products?**

Mark  one box only

- 1  Yes - daily
- 2  Yes - occasionally
- 3  No - have given up smoking
- 4  Never

**19 How do you usually travel to work, school, college or childcare?**

Mark  one box only, for the longest part, by distance, of your usual journey

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

**20 What time do you usually leave home?**

Use 24-hour clock, eg 08:30

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**21 How long does your journey take?**

Write in minutes

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**22 What time do you usually leave work, school, college or childcare?**

Use 24-hour clock, eg 17:30

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

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

- 1  Yes
- 2  No

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

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

Write in hours

--	--	--

**24 Do you regularly engage in helping or voluntary work in any of the following activities without pay?**

Mark  all the boxes that apply

- 1  A social or charitable organisation
- 2  A religious group or church
- 3  A sporting organisation
- 4  A political organisation
- 5  In your community
- 6  No

**25 If you are aged under 15 → Go to Q36**

**26 Have you ceased your full-time education?**

- 1  Yes
- 2  No

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

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**27 What is the highest level of education/training (full-time or part-time) which you have completed to date?**

Mark  one box only

- 1  No formal education/training
- 2  Primary education NFQ Levels 1 or 2
- 3  Lower Secondary NFQ Level 3 Junior/Inter/Group Certificate
- 4  Upper Secondary NFQ Levels 4 or 5 Leaving Certificate
- 5  Technical or Vocational NFQ Levels 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship NFQ Level 6
- 7  Higher Certificate NFQ Level 6
- 8  Ordinary Bachelor Degree or National Diploma NFQ Level 7
- 9  Honours Bachelor Degree/Professional qualification or both NFQ Level 8
- 10  Postgraduate Diploma or Master's Degree NFQ Level 9
- 11  Doctorate (PhD) or higher NFQ Level 10



**28 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  Short-term unemployed (less than 12 months)
- 4  Long-term unemployed (12 months or more)
- 5  Student or pupil
- 6  Looking after home/family
- 7  Retired from employment
- 8  Unable to work due to permanent sickness or disability
- 9  Other, write in


**29 If you are working → Go to Q30**

**If you are unemployed → Go to Q31 or retired**

**If you are a student → Go to Q36**

**Otherwise → Go to Q38**

**30 If you are at work, do you ever work from home?**

- 1  Yes
- 2  No

**If 'Yes', how many days per week do you usually work from home?**

Write in the number of days

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

Your main job is the job in which you usually work(ed) the most hours

Mark one box only

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

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

Mark one box only

- 1  Full-time
- 2  Part-time

**32 What is (was) your occupation in your main job?**

In all cases describe the occupation fully and precisely, giving the full job title  
For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

- 1  Acres
- 2  Hectares

**33 If you are retired → Go to Q38**

**34 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


**35 If you are unemployed → Go to Q38**

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

If you are in both school and childcare, write in the name and address of your school  
Full name


Address


- 1  Mainly at or from home
- 2  No fixed place of work

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

- 1  Yes
- 2  No

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

Mark one box only

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

**And for how many hours per week during term times?**

Write in hours

**38 Answer questions for Person 6 starting on the next page. If there are no other persons present in the household on Census Night → Go to page 22**



1 What is your name? (Person 6)

First name (BLOCK CAPITALS)

Grid for first name

Surname (BLOCK CAPITALS)

Grid for surname

2 What is your sex?

- 1 Male 2 Female

3 What is your date of birth?

Day Month Year

Grid for date of birth

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

Mark one box only for each person

Table with columns: Relationship of PERSON 6 to, Persons 1, 2, 3, 4. Rows include Husband or wife, Partner, Son or daughter, Step-child, Brother or sister, Mother or father, Step-mother/-father, Grandchild, Other related, Unrelated.

5 What is your current marital status?

Answer if aged 15 years or over

Mark one box only

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

6 What is your place of birth?

Give the place where your mother lived at the time of your birth

If IRELAND (including Northern Ireland), write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY

Grid for place of birth

7 Where do you usually live?

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

Grid for full address

E I R C O D E

- 3 Elsewhere ABROAD, write in the COUNTRY

Grid for country

8 Where did you usually live one year ago?

Answer if aged 1 year or over

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

Grid for county

- 3 Elsewhere ABROAD, write in the COUNTRY

Grid for country

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

Answer if aged 1 year or over and living in the Republic of Ireland

- 1 Yes 2 No

If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland

AND the COUNTRY of last previous residence

Grid for year and country

10 What is your country of citizenship?

If you have dual country of citizenship, please declare both

- 1 Ireland
2 Other CITIZENSHIP, write in

Grid for citizenship

- 3 No citizenship

11 What is your ethnic group/background?

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

A White

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

B Black or Black Irish

- 5 African
6 Any other Black background

C Asian or Asian Irish

- 7 Chinese
8 Indian/Pakistani/Bangladeshi
9 Any other Asian background

D Other, including mixed group/background

- 10 Arabic
11 Mixed, write in description
12 Other, write in description

Grid for description

12 What is your religion, if any?

Mark one box only

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

Grid for religion

13 Can you speak Irish?

Answer if aged 3 years or over

- 1 Yes 2 No

If 'Yes', do you speak Irish?

Mark the boxes that apply

- 1 Daily, within the education system
2 Daily, outside the education system
3 Weekly
4 Less often
5 Never

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

Mark one box only

- 1 Very well
2 Well
3 Not well

Grid for speaking Irish

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

- 1  Yes
- 2  No → **Go to Q15**

**What is this language?**

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

(eg POLISH, GERMAN, IRISH SIGN LANGUAGE)

**How well do you speak English?**

Mark  one box only

- 1  Very well
- 2  Well
- 3  Not well
- 4  Not at all

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

- |   | 1 Yes,<br>to a<br>great<br>extent | 2 Yes,<br>to some<br>extent | 3 No                       |
|---|-----------------------------------|-----------------------------|----------------------------|
| (a) Blindness or a vision impairment  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (b) Deafness or a hearing impairment  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (d) An intellectual disability  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>  | 3 <input type="checkbox"/> |

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

Include issues due to old age

- |   | 1 Yes,<br>a lot            | 2 Yes,<br>a little         | 3 No                       |
|---|----------------------------|----------------------------|----------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**17 How is your health in general?**

Mark  one box only

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

**18 Do you smoke tobacco products?**

Mark  one box only

- 1  Yes - daily
- 2  Yes - occasionally
- 3  No - have given up smoking
- 4  Never

**19 How do you usually travel to work, school, college or childcare?**

Mark  one box only, for the longest part, by distance, of your usual journey

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

**20 What time do you usually leave home?**

Use 24-hour clock, eg 08:30

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**21 How long does your journey take?**

Write in minutes

--	--	--

**22 What time do you usually leave work, school, college or childcare?**

Use 24-hour clock, eg 17:30

--	--	--	--

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

- 1  Yes
- 2  No

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

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

Write in hours

--	--	--

**24 Do you regularly engage in helping or voluntary work in any of the following activities without pay?**

Mark  all the boxes that apply

- 1  A social or charitable organisation
- 2  A religious group or church
- 3  A sporting organisation
- 4  A political organisation
- 5  In your community
- 6  No

**25 If you are aged under 15 → Go to Q36**

**26 Have you ceased your full-time education?**

- 1  Yes
- 2  No

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

--	--	--	--


**27 What is the highest level of education/training (full-time or part-time) which you have completed to date?**

Mark  one box only

- 1  No formal education/training
- 2  Primary education NFQ Levels 1 or 2
- 3  Lower Secondary NFQ Level 3 Junior/Inter/Group Certificate
- 4  Upper Secondary NFQ Levels 4 or 5 Leaving Certificate
- 5  Technical or Vocational NFQ Levels 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship NFQ Level 6
- 7  Higher Certificate NFQ Level 6
- 8  Ordinary Bachelor Degree or National Diploma NFQ Level 7
- 9  Honours Bachelor Degree/Professional qualification or both NFQ Level 8
- 10  Postgraduate Diploma or Master's Degree NFQ Level 9
- 11  Doctorate (PhD) or higher NFQ Level 10



28 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  Short-term unemployed (less than 12 months)
- 4  Long-term unemployed (12 months or more)
- 5  Student or pupil
- 6  Looking after home/family
- 7  Retired from employment
- 8  Unable to work due to permanent sickness or disability
- 9  Other, write in


29 If you are working → Go to Q30

If you are unemployed → Go to Q31 or retired

If you are a student → Go to Q36

Otherwise → Go to Q38

30 If you are at work, do you ever work from home?


- 1  Yes
- 2  No

If 'Yes', how many days per week do you usually work from home?

Write in the number of days


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

Your main job is the job in which you usually work(ed) the most hours

Mark  one box only

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

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

Mark  one box only

- 1  Full-time
- 2  Part-time

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

In all cases describe the occupation fully and precisely, giving the full job title For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

- 1  Acres
- 2  Hectares

33 If you are retired → Go to Q38

34 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


35 If you are unemployed → Go to Q38

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

If you are in both school and childcare, write in the name and address of your school Full name



Address


- 1  Mainly at or from home
- 2  No fixed place of work

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

- 1  Yes
- 2  No

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

Mark  one box only

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

And for how many hours per week during term times?

Write in hours

38 If there are more than six persons present in the household on Census Night, you will need an Individual Form for each additional person. Please ask your Enumerator for additional forms. Otherwise → Go to the next page

## Absent persons from List 2, Page 3, who usually live in the household

Include in particular all primary, secondary and third level students who are living away from home during term time who are NOT present at this address on Census Night. If there are no absent persons, go to the declaration on page 23.

### Absent Person 1

**A1 What is this person's name?**

First name (BLOCK CAPITALS)

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Surname (BLOCK CAPITALS)

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

**A2 What is this person's sex?**

1  Male 2  Female

**A3 What is this person's date of birth?**

Day Month Year

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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 (incl. same-sex partner)
- 3  Son or daughter
- 9  Other related, write in RELATIONSHIP

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10  Unrelated (incl. 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 or never in a same-sex civil partnership)
- 2  Married (incl. re-married)
- 4  In a registered same-sex civil partnership
- 5  Separated
- 6  Divorced
- 7  Widowed

**A6 How long altogether is this person away for?**

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

**A7 Was this person in the Republic of Ireland on Census Night?**

1  Yes 2  No

**A8 What is the country of this person's citizenship?**

If they have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in

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3  No citizenship

### Absent Person 2

**A1 What is this person's name?**

First name (BLOCK CAPITALS)

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

Surname (BLOCK CAPITALS)

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

**A2 What is this person's sex?**

1  Male 2  Female

**A3 What is this person's date of birth?**

Day Month Year

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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 (incl. same-sex partner)
- 3  Son or daughter
- 9  Other related, write in RELATIONSHIP

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

10  Unrelated (incl. 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 or never in a same-sex civil partnership)
- 2  Married (incl. re-married)
- 4  In a registered same-sex civil partnership
- 5  Separated
- 6  Divorced
- 7  Widowed

**A6 How long altogether is this person away for?**

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

**A7 Was this person in the Republic of Ireland on Census Night?**

1  Yes 2  No

**A8 What is the country of this person's citizenship?**

If they have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in

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

3  No citizenship

### Absent Person 3

**A1 What is this person's name?**

First name (BLOCK CAPITALS)

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

Surname (BLOCK CAPITALS)

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

**A2 What is this person's sex?**

1  Male 2  Female

**A3 What is this person's date of birth?**

Day Month Year

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

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

Mark  one box only

- 1  Husband or wife
- 2  Partner (incl. same-sex partner)
- 3  Son or daughter
- 9  Other related, write in RELATIONSHIP

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

10  Unrelated (incl. 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 or never in a same-sex civil partnership)
- 2  Married (incl. re-married)
- 4  In a registered same-sex civil partnership
- 5  Separated
- 6  Divorced
- 7  Widowed

**A6 How long altogether is this person away for?**

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

**A7 Was this person in the Republic of Ireland on Census Night?**

1  Yes 2  No

**A8 What is the country of this person's citizenship?**

If they have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in

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

3  No citizenship



## Absent Person 4

## Declaration

### A1 What is this person's name?

First name (BLOCK CAPITALS)


Surname (BLOCK CAPITALS)


### A2 What is this person's sex?

1  Male 2  Female

### A3 What is this person's date of birth?

Day Month Year

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

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

Mark  one box only

- 1  Husband or wife  
 2  Partner (incl. same-sex partner)  
 3  Son or daughter  
 9  Other related, write in RELATIONSHIP

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

10  Unrelated (incl. 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 or never in a same-sex civil partnership)  
 2  Married (incl. re-married)  
 4  In a registered same-sex civil partnership  
 5  Separated  
 6  Divorced  
 7  Widowed

### A6 How long altogether is this person away for?

- 1  Less than 12 months  
 2  12 months or more

### A7 Was this person in the Republic of Ireland on Census Night?

1  Yes 2  No

### A8 What is the country of this person's citizenship?

If they have dual country of citizenship, please declare both

- 1  Ireland  
 2  Other CITIZENSHIP, write in


3  No citizenship

**If there are more than 4 persons temporarily absent from the household on Census Night, please ask your Enumerator for assistance.**

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

#### Before you sign and date the declaration please check:

- That in List 1 on page 3, you have accounted for all persons (including visitors) who spent Census Night at this address.
- That you have answered all questions which should have been answered for each person who spent Census Night in the household (pages 4 to 21 and any additional Individual Forms).
- That in List 2 on page 3, you have accounted for all persons who usually live at this address but who were temporarily absent on Census Night.
- That you have answered all questions on pages 22 to 23 for all household members temporarily absent on Census Night.

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

Signature

Date

--	--

#### Time Capsule:

Information you provide in this Time Capsule is optional and is collected voluntarily under Section 24 of the Statistics Act 1993. This content is protected by the same confidentiality protections as all your Census data for 100 years. After 100 years, this Time Capsule will be made available to the public. **This space is for handwritten messages only. Photographs or other attachments will be removed and cannot be returned.**

NOT COMPLETED





## Explanatory Notes

### Question H2 – Does your household own or rent your accommodation?

If you rent your accommodation (box 3) or live in it rent free (box 4), you should also answer the second part of the question 'who is your landlord?'. When selecting your landlord, tenants of a 'Private landlord' or a 'Local Authority' should mark box 1 or 2 respectively, while tenants of a housing association should indicate 'Voluntary/Co-operative housing body' by marking box 3. This is regardless of whether or not you pay all or part of the rent yourself, or if it is paid on your behalf by the government or any other organisation.

### Question H3 – If your accommodation is rented, how much rent does your household pay?

If the government or any other organisation pays part of the rent, only the portion paid by the household should be entered. Enter the amount to the nearest Euro and mark the box corresponding to the period covered, eg if your household pays a weekly rent of €78.60 enter 79 and mark box 1. If all of your rent is paid on your behalf, enter 0 and mark box 1.

### Question 4 – Relationship

The relationship question is used to determine families within households, including where there are two or more families in the one household. Cohabiting couples who are not married should tick the category 'Partner (including same-sex partner)'.

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

Relationships refer only to the first 4 persons in the household. For relationships not included on the list such as in-laws tick box 9 'Other related'.

Mark  one box only for each person

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

### Question 7 – Where do you usually live?

This question refers to your place of usual residence at the time of the Census. If you have lived at this address for a continuous period of at least 12 months before Census Night, or have arrived at this address in the 12 month period before Census Night with the intention of staying here for at least one year, you should mark box 1 (HERE at this address). If your usual residence is not here but is elsewhere in Ireland (including Northern Ireland), you should mark box 2 and write in your full address.

The general guideline is that a person's place of usual residence is where they spend most of their daily night's rest. The following specific guidelines should be used:

- Persons away from home during the week who return to the family home at weekends – the family home is their place of usual residence.
- Primary and secondary students who are boarding away from home and third level students at college or university – the family home is their place of usual residence.
- If a person has spent or intends to spend 12 months or more in an institution – the institution is their place of usual residence.
- Persons who regularly live in more than one residence during the year – the place where they live for the majority of the year is their place of usual residence.

### Question 8 – Where did you usually live one year ago?

This question is for persons aged 1 year or over. The guidelines in relation to Question 7 also apply to this question. If your place of usual residence one year before the Census was the same as now, you should mark box 1 (SAME as now).

### Question 10 – What is your country of citizenship?

If you have more than one country of citizenship, please declare both. If you have dual Irish citizenship (eg through participation in a citizenship ceremony), please mark boxes 1 and 2 and write in your second country of citizenship. See below for example.

- 1  Ireland  
 2  Other CITIZENSHIP, write in

P H I L I P P I N E  
S

- 3  No citizenship

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

### Question 11 – What is your ethnic group/background?

If you do not feel that the options in boxes 1 to 10 adequately describe your ethnic group/background, you should mark box 11 or 12 in section D and write your ethnic group into the boxes provided. See below for example.

- 11  Mixed, write in description  
 12  Other, write in description

K U R D I S H

### Question 15 – Do you have any of the following long-lasting conditions or difficulties?

For the purpose of this question, a long-lasting condition or difficulty is one which has lasted, or is expected to last for six months or longer, or that regularly reoccurs.

### Question 23 – Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?

If you provide regular unpaid help as a carer, regardless of whether or not you are in receipt of Carer's Allowance/Benefit, you should mark 'Yes' (box 1) and write in the weekly number of hours of caring.

### Question 27 – What is the highest level of education/training (full-time or part-time) which you have completed to date?

The categories distinguished in this question follow the National Framework of Qualifications (NFQ). Further details can be found at [www.qqi.ie](http://www.qqi.ie)

### Additional Information

If you are unable to find answers to your questions regarding data protection on our website, or if you wish to make a complaint, you may contact:

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

or

Data Protection Commissioner  
 Canal House  
 Station Road  
 Portllington, R32 AP23

For detailed  
 explanatory  
 notes on every  
 question see  
[www.census.ie](http://www.census.ie)