Who should complete the Census Pilot Form?
The householder or any adult member of the household present on the night of Sunday 23 September 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 Sunday 23 September, ask your Enumerator for an Individual Form for each additional person.

How to complete your Census Pilot 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
4. 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:

Data Protection
The data on your Census Pilot Form will be keyed by a private company which is ISO27001 accredited for information security and management and which is bound by the provisions of Section 21 of the Statistics Act 1993, guaranteeing the confidentiality of personal, household and family information.

Under both Irish and European Law you enjoy specific rights relating to your personal data, which are set out in the Data Protection Act 2018 and the General Data Protection Regulation. These rights include an entitlement to seek access to, rectification of, restriction of or objection to the processing of your personal data, as well as the right to withdraw your consent at any time. Certain restrictions apply to data processed for statistical purposes.

A comprehensive explanation of your data protection rights and recourse options is available on the CSO website, where you can also find information on the company administering the Census Pilot Form data capture.

If you have questions regarding your data protection rights and you can't find the answer on our website or if you wish to make a complaint, you can contact our Data Protection Officer at: DPO, Central Statistics Office, Skeheard Road, Cork, T12 X00E. E-mail: dpo@cso.ie. Complaints may also be addressed to the Data Protection Commission at Canal House, Station Road, Portarlington, Co. Laois, R32 AP23. E-mail: info@dataprotection.ie.
Questions about your household

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of accommodation does your household occupy?</td>
<td>Mark one box only&lt;br&gt;A whole house or bungalow that is:&lt;br&gt;1 Detached&lt;br&gt;2 Semi-detached&lt;br&gt;3 Terraced (including end of terrace)&lt;br&gt;A flat or apartment (including duplexes) that is self-contained:&lt;br&gt;4 In a purpose-built block&lt;br&gt;5 Part of a converted house or commercial building&lt;br&gt;A bed-sit:&lt;br&gt;6 Bed-sit (with some shared facilities, e.g. toilet)&lt;br&gt;A mobile or temporary structure:&lt;br&gt;7 A caravan or other mobile or temporary structure</td>
</tr>
<tr>
<td>How many rooms do you have for use only by your household?</td>
<td>Do NOT count bathrooms, toilets, kitchens, utility rooms, consulting rooms, offices, shops, halls, landings or rooms that can only be used for storage such as cupboards&lt;br&gt;Do count all other rooms such as kitchens, living rooms, bedrooms, conservatories you can sit in and studies&lt;br&gt;If two rooms have been converted into one, count them as one room</td>
</tr>
<tr>
<td>What is the main type of fuel used by the central heating in your accommodation?</td>
<td>Mark one box only&lt;br&gt;1 No central heating&lt;br&gt;2 Oil&lt;br&gt;3 Natural gas&lt;br&gt;4 Electricity&lt;br&gt;5 Coal (including anthracite)&lt;br&gt;6 Peat (including turf)&lt;br&gt;7 Liquid Petroleum Gas (LPG)&lt;br&gt;8 Wood (including wood pellets)&lt;br&gt;9 Other</td>
</tr>
<tr>
<td>Does your accommodation use any of the following renewable energy sources?</td>
<td>Mark the boxes that apply&lt;br&gt;1 No&lt;br&gt;2 Solar panels for water heating&lt;br&gt;3 Solar panels for electricity&lt;br&gt;4 Wind turbine&lt;br&gt;5 Air source heat pump&lt;br&gt;6 Ground source heat pump&lt;br&gt;7 Wood&lt;br&gt;8 Other</td>
</tr>
<tr>
<td>What type of piped water supply does your accommodation have?</td>
<td>Mark one box only&lt;br&gt;1 Public supply&lt;br&gt;2 Public Group Scheme&lt;br&gt;3 Private Group Scheme&lt;br&gt;4 Private source (e.g. well, lake, rainwater tank, etc.)&lt;br&gt;5 No piped water supply</td>
</tr>
<tr>
<td>What type of sewerage facility does your accommodation have?</td>
<td>Mark one box only&lt;br&gt;1 Public sewer&lt;br&gt;2 Individual septic tank&lt;br&gt;3 Individual treatment system other than septic tank&lt;br&gt;4 Other sewerage facility&lt;br&gt;5 No sewerage facility</td>
</tr>
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<td>How many cars or vans are owned or are available for use by one or more members of your household?</td>
<td>Write in number of cars or vans</td>
</tr>
<tr>
<td>What type of internet connection does your household have?</td>
<td>Mark the boxes that apply&lt;br&gt;1 Fixed broadband (e.g. phone/TV cable, internet cable, etc.)&lt;br&gt;2 Mobile broadband (e.g. 3G, 4G, dongle, etc.)&lt;br&gt;3 Satellite&lt;br&gt;4 Other connection&lt;br&gt;5 No internet connection</td>
</tr>
<tr>
<td>How many working smoke alarms are in your accommodation?</td>
<td>Write in number of smoke alarms</td>
</tr>
<tr>
<td>Is Irish the main spoken language of your household?</td>
<td>Mark one box only&lt;br&gt;1 Yes&lt;br&gt;2 No</td>
</tr>
<tr>
<td>Does your household own or rent your accommodation?</td>
<td>Mark one box only&lt;br&gt;1 Own with mortgage or loan&lt;br&gt;2 Own outright&lt;br&gt;3 Rent&lt;br&gt;4 Live here rent free</td>
</tr>
<tr>
<td>If renting, who is your landlord?</td>
<td>Mark one box only&lt;br&gt;1 Private landlord&lt;br&gt;2 Local Authority&lt;br&gt;3 Voluntary/Co-operative housing body</td>
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</table>
**PERSONS PRESENT AND ABSENT ON CENSUS PILOT NIGHT**

Below are two lists. List 1 is for persons present at this address on the night of Sunday 23 September. List 2 is for persons who usually live at this address but who are temporarily away on the night of Sunday 23 September. See the Explanatory Notes relating to Question 7 on the back page for guidance in interpreting a person’s place of usual residence.

### PRESENT PERSONS

**INCLUDE in List 1**

- All persons alive at midnight on Sunday 23 September who spent the night at this address.
- Persons who stayed temporarily in the household (i.e. visitors).
- Persons who arrived the following morning not having been enumerated elsewhere.
- Babies born before midnight on Sunday 23 September.

**DO NOT INCLUDE in List 1**

- Any person who usually lives at this address but who is temporarily absent on the night of Sunday 23 September. These persons should be listed as being absent in List 2 below.
- Students who were away from home on the night of Sunday 23 September. They should be listed as being absent in List 2 below.
- Babies born after midnight on Sunday 23 September.

### LIST 1

**Persons PRESENT in the household on the night of Sunday 23 September**

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname in BLOCK CAPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Answer questions for each present person in the same order as listed here beginning on Page 4.**

### ABSENT PERSONS

**INCLUDE in List 2**

- All persons who usually live at this address but who are temporarily absent on Sunday 23 September.
- Students away at school or college.

**DO NOT INCLUDE in List 2**

- Anyone included in List 1.

### LIST 2

**Absent persons who usually live in the household**

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name and surname in BLOCK CAPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Answer questions for absent persons in the same order as listed here on Pages 22-23.**

If there are more than 4 usual residents absent on the night of Sunday 23 September, please ask your Enumerator for assistance.
### Person 1

16. Did you grow up in a household where Irish was the main spoken language?  
   **Answer if aged 18 years or over**  
   1. Yes  
   2. No

16. Do you have any of the following long-lasting conditions or difficulties?  
   (a) Blindness or a serious vision impairment  
   (b) Deafness or a serious hearing impairment  
   (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  
   (d) An intellectual disability  
   (e) A difficulty with learning, remembering or concentrating  
   (f) A psychological or emotional condition or a mental health issue  
   (g) A difficulty with pain, breathing or any other chronic illness or condition

17. If ‘Yes’ to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?  
   (a) Dressing, bathing or getting around inside the home  
   (b) Going outside the home alone to shop or visit a doctor’s surgery  
   (c) Working at a job or business or attending school or college  
   (d) Participating in other activities, for example leisure or using transport

18. How is your health in general?  
   **Mark one box only**  
   1. Very good  
   2. Good  
   3. Fair  
   4. Bad  
   5. Very bad

19. Do you smoke tobacco products?  
   **Mark one box only**  
   1. Yes - daily  
   2. Yes - occasionally  
   3. No - have given up smoking  
   4. Never

20. 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

21. What time do you usually leave home to go to work, school, college or childcare?  
   **Write in minutes**  
   1. Not at work, school, college or childcare  
   2. Before 06.30  
   3. 06.30 – 07.00  
   4. 07.01 – 07.30  
   5. 07.31 – 08.00  
   6. 08.01 – 08.30  
   7. 08.31 – 09.00  
   8. 09.01 – 09.30  
   9. After 09.30

22. How long does your journey to work, school, college or childcare usually take?  
   **Write in minutes**

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?  
   **Write in hours**  
   Care provided on a 24 hour basis, 7 days a week equates to 168 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 Q35**

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 (Ph.D.) 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 Unemployed
4 Student or pupil
5 Looking after home/family
6 Retired from employment
7 Unable to work due to permanent sickness or disability
8 Other, write in

Go to Q30

Go to Q35

Go to Q37

29 If you are working, unemployed or retired ➤ Go to Q30
If you are a student ➤ Go to Q35
Otherwise ➤ Go to Q37

30 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)

Go to Q37

31 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 e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Garda or Defence Forces should state their rank.

Write in your main OCCUPATION

If a farmer, write in the SIZE of the farm

Go to Q37

32 If you are retired ➤ Go to Q37

33 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

Go to Q37

34 If you are unemployed ➤ Go to Q37

35 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 address of your school
Full name
Address

Go to Q37

36 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.)

Go to Q37

37 Answer questions for Person 2 starting on the next page. If there is only one person present in the household on the night of 23 September ➤ Go to Page 22
**Person 2 from List 1 Page 3**

1. **What is your name? (Person 2)**
   
   First name and surname (BLOCK CAPITALS)

2. **What is your sex?**
   
   1 [ ] Male  
   2 [ ] Female

3. **What is your date of birth?**
   
   Day  
   Month  
   Year

4. **What is your relationship to Person 1?**
   
   Mark [ ] one box only
   
   Relationship of Person 2 to Person 1
   1 [ ] Husband or wife
   2 [ ] Partner (incl. same-sex partner)
   3 [ ] Son or daughter
   4 [ ] Step-child
   5 [ ] Brother or sister
   6 [ ] Mother or father
   7 [ ] Step-mother/-father
   8 [ ] Grandchild
   9 [ ] Other related
   10 [ ] Unrelated (incl. foster child)

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
   3 [ ] Elsewhere ABROAD, write in the COUNTRY

8. **Are you a tenant where you usually live?**
   
   1 [ ] Yes  
   2 [ ] No

9. **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

10. **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

11. **What is your nationality?**
    
    If you have more than one nationality, please declare all of them
    
    1 [ ] Irish
    2 [ ] Other NATIONALITY, write in
    3 [ ] No nationality

12. **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/Pakistan/Bangladeshi
    9 [ ] Any other Asian background
    
    D Other, including mixed group/background
    10 [ ] Arabic
    11 [ ] Mixed, write in description
    12 [ ] Other, write in description

13. **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

14. **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
Did you grow up in a household where Irish was the main spoken language?
Answer if aged 18 years or over
1 Yes   2 No

Do you have any of the following long-lasting conditions or difficulties?
(a) Blindness or a serious vision impairment  Yes No
(b) Deafness or a serious hearing impairment  Yes No
(c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  Yes No
(d) An intellectual disability  Yes No
(e) A difficulty with learning, remembering or concentrating  Yes No
(f) A psychological or emotional condition or a mental health issue  Yes No
(g) A difficulty with pain, breathing or any other chronic illness or condition  Yes No

If 'Yes' to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?
(a) Dressing, bathing or getting around inside the home  Yes No
(b) Going outside the home alone to shop or visit a doctor's surgery  Yes No
(c) Working at a job or business or attending school or college  Yes No
(d) Participating in other activities, for example leisure or using transport  Yes No

How is your health in general?
Mark one box only
1 Very good
2 Good
3 Fair
4 Bad
5 Very bad

Do you smoke tobacco products?
Mark one box only
1 Yes - daily
2 Yes - occasionally
3 No - have given up smoking
4 Never

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

What time do you usually leave home to go to work, school, college or childcare?
1 Not at work, school, college or childcare
2 Before 06.30
3 06.30 – 07.00
4 07.01 – 07.30
5 07.31 – 08.00
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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
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9 Honours Bachelor Degree/Professional qualification or both NFQ Level 8
10 Postgraduate Diploma or Master’s Degree NFQ Level 9
11 Doctorate (Ph.D.) or higher NFQ Level 10

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

Have you ceased your full-time education?
1 Yes   2 No
If 'Yes', write in AGE at which it ceased

What does your journey to work, school, college or childcare usually take?
Write in minutes

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?
Write in hours

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

Go to Q35
If you are aged under 15
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 (Ph.D.) or higher NFQ Level 10

Have you ceased your full-time education?
1 Yes   2 No
If 'Yes', write in AGE at which it ceased

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

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 (Ph.D.) or higher NFQ Level 10

Have you ceased your full-time education?
1 Yes   2 No
If 'Yes', write in AGE at which it ceased

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 (Ph.D.) or higher NFQ Level 10

Have you ceased your full-time education?
1 Yes   2 No
If 'Yes', write in AGE at which it ceased

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 (Ph.D.) or higher NFQ Level 10
### Person 2

**How would you describe your present principal status?**

Mark one box only

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

**Go to Q30**  
**Go to Q35**  
**Go to Q37**

**If you are working, unemployed or retired**  
**Go to Q30**

**If you are a student**  
**Go to Q35**

**Otherwise**  
**Go to Q37**

**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)

**Go to Q37**

If you are retired

**Go to Q37**

If you are unemployed

**Go to Q37**

**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 e.g. 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

**Go to Q37**

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

**If you are a student**

**Go to Q35**

**Otherwise**

**Go to Q37**

**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

**Go to Q37**

If you are retired

**Go to Q37**

If you are unemployed

**Go to Q37**

**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 address of your school

Full name

Address

**E I R C O D E**

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

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

**Go to Q37**

**Answer questions for Person 3 starting on the next page. If there are only two persons present in the household on the night of 23 September**
### Person 3 from List 1 Page 3

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

**First name and surname (BLOCK CAPITALS)**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is your sex?**

1. Male  
2. Female

**What is your date of birth?**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Mark one box only for each person

<table>
<thead>
<tr>
<th>Relationship of PERSON 3 to Persons 1 2</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner (incl. same-sex partner)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother/-father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated (incl. foster child)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

**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

**What is your date of birth?**

Day Month Year

**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

1. Yes  
2. No

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

If elsewhere, write in the COUNTRY of last previous residence

**What is your national identity?**

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

1. Irish  
2. Other NATIONALITY, write in

3. No nationality

**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/Pakistan/Bangladeshi  
| | 9 Any other Asian background  
| D Other, including mixed group/background | 10 Arabic  
| | 11 Mixed, write in description  
| | 12 Other, write in description  

**What is your religious affiliation, 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

**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
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Did you grow up in a household where Irish was the main spoken language? &lt;br&gt; Answer if aged 18 years or over &lt;br&gt; 1 Yes 2 No</td>
</tr>
<tr>
<td>16</td>
<td>Do you have any of the following long-lasting conditions or difficulties? &lt;br&gt; (a) Blindness or a serious vision impairment &lt;br&gt; (b) Deafness or a serious hearing impairment &lt;br&gt; (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying &lt;br&gt; (d) An intellectual disability &lt;br&gt; (e) A difficulty with learning, remembering or concentrating &lt;br&gt; (f) A psychological or emotional condition or a mental health issue &lt;br&gt; (g) A difficulty with pain, breathing or any other chronic illness or condition</td>
</tr>
<tr>
<td>17</td>
<td>If 'Yes' to any of the categories specified in Question 16, do you have any difficulty in doing any of the following? &lt;br&gt; (a) Dressing, bathing or getting around inside the home &lt;br&gt; (b) Going outside the home alone to shop or visit a doctor’s surgery &lt;br&gt; (c) Working at a job or business or attending school or college &lt;br&gt; (d) Participating in other activities, for example leisure or using transport</td>
</tr>
<tr>
<td>18</td>
<td>How is your health in general? &lt;br&gt; Mark one box only &lt;br&gt; 1 Very good &lt;br&gt; 2 Good &lt;br&gt; 3 Fair &lt;br&gt; 4 Bad &lt;br&gt; 5 Very bad</td>
</tr>
<tr>
<td>19</td>
<td>Do you smoke tobacco products? &lt;br&gt; Mark one box only &lt;br&gt; 1 Yes - daily &lt;br&gt; 2 Yes - occasionally &lt;br&gt; 3 No - have given up smoking &lt;br&gt; 4 Never</td>
</tr>
<tr>
<td>20</td>
<td>How do you usually travel to work, school, college or childcare? &lt;br&gt; Mark one box only, for the longest part, by distance, of your usual journey &lt;br&gt; 1 Not at work, school, college or childcare &lt;br&gt; 2 On foot &lt;br&gt; 3 Bicycle &lt;br&gt; 4 Bus, minibus or coach &lt;br&gt; 5 Train, DART or LUAS &lt;br&gt; 6 Motorcycle or scooter &lt;br&gt; 7 Driving a car &lt;br&gt; 8 Passenger in a car &lt;br&gt; 9 Van &lt;br&gt; 10 Other (including lorry) &lt;br&gt; 11 Work mainly at or from home</td>
</tr>
<tr>
<td>21</td>
<td>What time do you usually leave home to go to work, school, college or childcare? &lt;br&gt; 1 Not at work, school, college or childcare &lt;br&gt; 2 Before 06.30 &lt;br&gt; 3 06.30 – 07.00 &lt;br&gt; 4 07.01 – 07.30 &lt;br&gt; 5 07.31 – 08.00 &lt;br&gt; 6 08.01 – 08.30 &lt;br&gt; 7 08.31 – 09.00 &lt;br&gt; 8 09.01 – 09.30 &lt;br&gt; 9 After 09.30</td>
</tr>
<tr>
<td>22</td>
<td>How long does your journey to work, school, college or childcare usually take? &lt;br&gt; Write in minutes</td>
</tr>
<tr>
<td>23</td>
<td>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? &lt;br&gt; 1 Yes 2 No &lt;br&gt; If 'Yes', for how many hours per week? &lt;br&gt; Write in hours &lt;br&gt; Care provided on a 24 hour basis, 7 days a week equates to 168 hours</td>
</tr>
<tr>
<td>24</td>
<td>Do you regularly engage in helping or voluntary work in any of the following activities without pay? &lt;br&gt; Mark all the boxes that apply &lt;br&gt; 1 A social or charitable organisation &lt;br&gt; 2 A religious group or church &lt;br&gt; 3 A sporting organisation &lt;br&gt; 4 A political organisation &lt;br&gt; 5 In your community &lt;br&gt; 6 No</td>
</tr>
<tr>
<td>25</td>
<td>If you are aged under 15 &lt;br&gt; Go to Q35</td>
</tr>
<tr>
<td>26</td>
<td>Have you ceased your full-time education? &lt;br&gt; 1 Yes 2 No &lt;br&gt; If 'Yes', write in AGE at which it ceased</td>
</tr>
<tr>
<td>27</td>
<td>What is the highest level of education/training (full-time or part-time) which you have completed to date? &lt;br&gt; Mark one box only &lt;br&gt; 1 No formal education/training &lt;br&gt; 2 Primary education NFQ Levels 1 or 2 &lt;br&gt; 3 Lower Secondary NFQ Level 3 Junior/Inter/Group Certificate &lt;br&gt; 4 Upper Secondary NFQ Levels 4 or 5 Leaving Certificate &lt;br&gt; 5 Technical or Vocational NFQ Levels 4 or 5 &lt;br&gt; 6 Advanced Certificate/Completed Apprenticeship NFQ Level 6 &lt;br&gt; 7 Higher Certificate NFQ Level 6 &lt;br&gt; 8 Ordinary Bachelor Degree or National Diploma NFQ Level 7 &lt;br&gt; 9 Honours Bachelor Degree/Professional qualification or both NFQ Level 8 &lt;br&gt; 10 Postgraduate Diploma or Master’s Degree NFQ Level 9 &lt;br&gt; 11 Doctorate (Ph.D.) or higher NFQ Level 10</td>
</tr>
</tbody>
</table>
### Person 3

**28 How would you describe your present principal status?**

Mark one box only

- [ ] Working for payment or profit
- [ ] Looking for first regular job
- [ ] Unemployed
- [ ] Student or pupil
- [ ] Looking after home/family
- [ ] Retired from employment
- [ ] Unable to work due to permanent sickness or disability
- [ ] Other, write in

**Go to Q30**

**Go to Q35**

**Go to Q37**

**29 If you are working, unemployed or retired**

- [ ] Go to Q30

**30 If you are a student**

- [ ] Go to Q35

**31 If you are working, unemployed or retired**

- [ ] Go to Q30

**32 If you are retired**

- [ ] Go to Q37

**33 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 e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION

**Go to Q37**

**34 If you are unemployed**

- [ ] Go to Q37

**35 What is 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

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

- [ ] Yes
- [ ] No

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

Mark one box only

- [ ] Unpaid relative or family member
- [ ] Paid relative or family member
- [ ] Childminder (in childminder's home)
- [ ] Au pair/Nanny/Childminder (in child’s home)
- [ ] Crèche/Montessori/Playgroup/After school
- [ ] Other (including special needs facility, breakfast clubs, etc.)

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

Write in hours

**37 Answer questions for Person 4 starting on the next page. If there are only three persons present in the household on the night of 23 September**

- [ ] Go to Page 22
**Person 4 from List 1 Page 3**

<table>
<thead>
<tr>
<th><strong>1. What is your name? (Person 4)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>First name and surname (BLOCK CAPITALS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. What is your sex?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Male  2  Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. What is your date of birth?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Day  Month  Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4. What is your relationship to Persons 1, 2 and 3?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark one box only for each person</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>5. What is your current marital status?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer if aged 15 years or over</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mark one box only</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>6. What is your place of birth?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Give the place where your mother lived at the time of your birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If IRELAND (including Northern Ireland), write in the COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>If elsewhere ABROAD, write in the COUNTRY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>7. Where do you usually live?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1  HERE at this address  2  Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS  3  Elsewhere ABROAD, write in the COUNTRY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>8. Are you a tenant where you usually live?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Yes  2  No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>9. Where did you usually live one year ago?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer if aged 1 year or over</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>10. Have you ever lived outside the Republic of Ireland for a continuous period of one year or more?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer if aged 1 year or over and living in the Republic of Ireland</td>
</tr>
</tbody>
</table>

| 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 |

<table>
<thead>
<tr>
<th><strong>11. What is your nationality?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have more than one nationality, please declare all of them</td>
</tr>
</tbody>
</table>

| 1  Irish  2  Other NATIONALITY, write in |
| 3  No nationality |

<table>
<thead>
<tr>
<th><strong>12. What is your ethnic group/background?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose ONE section from A to D, then mark the appropriate box</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A  White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Irish  2  Irish Traveller  3  Roma  4  Any other White background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B  Black or Black Irish</th>
</tr>
</thead>
<tbody>
<tr>
<td>5  African  6  Any other Black background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C  Asian or Asian Irish</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Chinese  8  Indian/Pakistani/Bangladeshi  9  Any other Asian background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D  Other, including mixed group/background</th>
</tr>
</thead>
<tbody>
<tr>
<td>10  Arabic  11  Mixed, write in description  12  Other, write in description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13. What is your religion, if any?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark one box only</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>14. Can you speak Irish?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer if aged 3 years or over</td>
</tr>
</tbody>
</table>

| 1  Yes  2  No |
| If ‘Yes’, do you speak Irish? |

<table>
<thead>
<tr>
<th>Mark the boxes that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Daily, within the education system  2  Daily, outside the education system  3  Weekly  4  Less often  5  Never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If ‘Yes’, how well do you speak Irish?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark one box only</td>
</tr>
</tbody>
</table>

| 1  Very well  2  Well  3  Not well |

**Sample**
Person 4

15 Did you grow up in a household where Irish was the main spoken language?
Answer if aged 18 years or over
1 Yes  2 No

16 Do you have any of the following long-lasting conditions or difficulties?
(a) Blindness or a serious vision impairment
(b) Deafness or a serious hearing impairment
(c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
(d) An intellectual disability
(e) A difficulty with learning, remembering or concentrating
(f) A psychological or emotional condition or a mental health issue
(g) A difficulty with pain, breathing or any other chronic illness or condition

17 If 'Yes' to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?
(a) Dressing, bathing or getting around inside the home
(b) Going outside the home alone to shop or visit a doctor's surgery
(c) Working at a job or business or attending school or college
(d) Participating in other activities, for example leisure or using transport

18 How is your health in general?
Mark one box only
1 Very good
2 Good
3 Fair
4 Bad
5 Very bad

19 Do you smoke tobacco products?
Mark one box only
1 Yes - daily
2 Yes - occasionally
3 No - have given up smoking
4 Never

20 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

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at work</td>
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<tr>
<td>6.30 – 7.00</td>
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<td>7.01 – 7.30</td>
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<td>7.31 – 8.00</td>
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<td>8.01 – 8.30</td>
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<td>8.31 – 9.00</td>
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<td>9.01 – 9.30</td>
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<tr>
<td>After 9.30</td>
<td></td>
</tr>
</tbody>
</table>

22 How long does your journey to work, school, college or childcare usually take?
Write in minutes

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?
Mark one box only
1 No
2 Yes

If 'Yes', for how many hours per week?
Write in hours
Care provided on a 24 hour basis, 7 days a week equates to 168 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 Q35

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/Completely 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 (Ph.D.) or higher NFQ Level 10
### Person 4

#### 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. Unemployed
4. Student or pupil
5. Looking after home/family
6. Retired from employment
7. Unable to work due to permanent sickness or disability
8. Other, write in

#### 29. 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)

#### 30. If you are working, unemployed or retired

- Go to Q30
- Go to Q35
- Go to Q37

#### 31. 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 e.g. 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: ________________ Hectares

#### 32. If you are retired

- Go to Q37

#### 33. 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

#### 34. If you are unemployed

- Go to Q37

#### 35. 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 address of your school*

**Full name**

**Address**

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

#### 36. 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**

#### 37. Answer questions for Person 5 starting on the next page. If there are only four persons present in the household on the night of 23 September

- Go to Page 22
Where do you usually live?

1. HERE at this address
2. Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS
3. Elsewhere ABROAD, write in the COUNTRY

Where did you usually live one year ago?

Answer if aged 1 year or over

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

Are you a tenant where you usually live?

1. Yes
2. No

What is your nationality?

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

1. Irish
2. Other NATIONALITY, write in
3. No nationality

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

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

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

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

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

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

Mark one box only for each person

1. Husband or wife
2. Partner (incl. same-sex partner)
3. Son or daughter
4. Step-child
5. Brother or sister
6. Mother or father
7. Step-mother/-father
8. Grandchild
9. Other related
10. Unrelated (incl. foster child)
<table>
<thead>
<tr>
<th>Person 5</th>
<th>Write in BLOCK CAPITALS</th>
<th>Mark boxes like this</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16. Did you grow up in a household where Irish was the main spoken language?</strong></td>
<td><strong>20. How do you usually travel to work, school, college or childcare?</strong></td>
<td><strong>24. Do you regularly engage in helping or voluntary work in any of the following activities without pay?</strong></td>
</tr>
<tr>
<td><strong>Answer if aged 18 years or over</strong></td>
<td><strong>Mark one box only, for the longest part, by distance, of your usual journey</strong></td>
<td><strong>Mark all the boxes that apply</strong></td>
</tr>
<tr>
<td>1 Yes</td>
<td>1 Not at work, school, college or childcare</td>
<td>1 A social or charitable organisation</td>
</tr>
<tr>
<td>2 No</td>
<td>2 On foot</td>
<td>2 A religious group or church</td>
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<td></td>
<td>3 Bicycle</td>
<td>3 A sporting organisation</td>
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<td>4 Bus, minibus or coach</td>
<td>4 A political organisation</td>
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<tr>
<td></td>
<td>5 Train, DART or LUAS</td>
<td>5 In your community</td>
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<td>6 Motorcycle or scooter</td>
<td>6 No</td>
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<td>7 Driving a car</td>
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<td>8 Passenger in a car</td>
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<td>9 Van</td>
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<td>10 Other (including lorry)</td>
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<td></td>
<td>11 Work mainly at or from home</td>
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<tr>
<td><strong>17. Do you have any of the following long-lasting conditions or difficulties?</strong></td>
<td><strong>21. What time do you usually leave home to go to work, school, college or childcare?</strong></td>
<td></td>
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<tr>
<td>(a) Blindness or a serious vision impairment</td>
<td><strong>22. How long does your journey to work, school, college or childcare usually take?</strong></td>
<td></td>
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<tr>
<td>(b) Deafness or a serious hearing impairment</td>
<td><strong>Write in minutes</strong></td>
<td></td>
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<tr>
<td>(c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying</td>
<td><strong>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?</strong></td>
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<tr>
<td>(d) An intellectual disability</td>
<td><strong>Mark one box only</strong></td>
<td><strong>Mark one box only</strong></td>
</tr>
<tr>
<td>(e) A difficulty with learning, remembering or concentrating</td>
<td><strong>If 'Yes', for how many hours per week?</strong></td>
<td><strong>Mark if not at work, school, college or childcare:</strong></td>
</tr>
<tr>
<td>(f) A psychological or emotional condition or a mental health issue</td>
<td><strong>Write in hours</strong></td>
<td>1 No formal education/training</td>
</tr>
<tr>
<td>(g) A difficulty with pain, breathing or any other chronic illness or condition</td>
<td><strong>Care provided on a 24 hour basis, 7 days a week equates to 168 hours</strong></td>
<td>2 Primary education</td>
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<td>3 Lower Secondary</td>
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<td>4 Junior/Inter/Group Certificate</td>
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<td>5 Upper Secondary</td>
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<td>7 Technical or Vocational</td>
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<td>8 NFQ Levels 4 or 5</td>
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<td>9 Advanced Certificate/Completed Apprenticeship</td>
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<td>10 Higher Certificate</td>
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<td>11 Ordinance Bachelor Degree or National Diploma</td>
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<td>12 Honours Bachelor Degree/ Professional qualification or both</td>
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<td>13 Postgraduate Diploma or Master's Degree</td>
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<td>14 Doctorate (Ph.D.) or higher</td>
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<td>15 NFQ Level 6</td>
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<td>24 NFQ Levels 4 or 5</td>
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<td>25 Advanced Certificate/Completed Apprenticeship</td>
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<td>27 Ordinance Bachelor Degree or National Diploma</td>
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<td>31 No formal education/training</td>
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<td>41 Ordinance Bachelor Degree or National Diploma</td>
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<td>45 No formal education/training</td>
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<td>51 Technical or Vocational</td>
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<td>52 NFQ Levels 4 or 5</td>
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<td>55 Ordinance Bachelor Degree or National Diploma</td>
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<td>56 Honours Bachelor Degree/ Professional qualification or both</td>
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<td>57 Postgraduate Diploma or Master's Degree</td>
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<td></td>
<td>58 Doctorate (Ph.D.) or higher</td>
</tr>
</tbody>
</table>

**25. If you are aged under 15**

Go to Q35

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

1 Yes
2 No

**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
3 Lower Secondary
4 Junior/Inter/Group Certificate
5 Upper Secondary
6 Leaving Certificate
7 Technical or Vocational
8 NFQ Levels 4 or 5
9 Advanced Certificate/Completed Apprenticeship
10 Higher Certificate
11 Ordinance Bachelor Degree or National Diploma
12 Honours Bachelor Degree/ Professional qualification or both
13 Postgraduate Diploma or Master's Degree
14 Doctorate (Ph.D.) or higher

Write in BLOCK CAPITALS

**18. How is your health in general?**

Mark one box only

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

**19. Do you smoke tobacco products?**

Mark one box only

1 Yes - daily
2 Yes - occasionally
3 No - have given up smoking
4 Never
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 Unemployed
4 Student or pupil
5 Looking after home/family
6 Retired from employment
7 Unable to work due to permanent sickness or disability
8 Other, write in

29 If you are working, unemployed or retired Go to Q30

If you are a student Go to Q35

Otherwise Go to Q37

30 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)

31 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 e.g. 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

32 If you are retired Go to Q37

33 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

34 If you are unemployed Go to Q37

35 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 address of your school

Full name

Address

E I R CODE

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

36 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

37 Answer questions for Person 6 starting on the next page. If there are only five persons present in the household on the night of 23 September Go to Page 22
**Where do you usually live?**
- **1** HERE at this address
- **2** Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS
- **3** Elsewhere ABROAD, write in the COUNTRY

**Where did you usually live one year ago?** (Answer if aged 1 year or over)
- **1** SAME as now
- **2** Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
- **3** Elsewhere ABROAD, write in the COUNTRY

**Are you a tenant where you usually live?**
- **1** Yes
- **2** No

**What is your nationality?** (If you have more than one nationality, please declare all of them)
- **1** Irish
- **2** Other NATIONALITY, write in the COUNTRY
- **3** No nationality

**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

**What is your current marital status?** (Answer if aged 15 years or over)
- **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

**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

**What is your relationship to Persons 1, 2, 3 and 4?**
- **5** Brother or sister
- **6** Mother or father
- **7** Step-mother/-father
- **8** Grandchild
- **9** Other related
- **10** Unrelated

**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

**Can you speak Irish?** (Answer if aged 3 years or over)
- **1** Yes
- **2** No

If ‘Yes’, how well do you speak Irish?
- **1** Very well
- **2** Well
- **3** Not well
**Person 6**

15. Did you grow up in a household where Irish was the main spoken language?
   - Answer if aged 18 years or over
   - 1 Yes  2 No

16. Do you have any of the following long-lasting conditions or difficulties?
   - (a) Blindness or a serious vision impairment
   - (b) Deafness or a serious hearing impairment
   - (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
   - (d) An intellectual disability
   - (e) A difficulty with learning, remembering or concentrating
   - (f) A psychological or emotional condition or a mental health issue
   - (g) A difficulty with pain, breathing or any other chronic illness or condition
   - Mark boxes like this

17. If ‘Yes’ to any of the categories specified in Question 16, do you have any difficulty in doing any of the following?
   - (a) Dressing, bathing or getting around inside the home
   - (b) Going outside the home alone to shop or visit a doctor’s surgery
   - (c) Working at a job or business or attending school or college
   - (d) Participating in other activities, for example leisure or using transport

18. How is your health in general?
   - Mark one box only
   - 1 Very good
   - 2 Good
   - 3 Fair
   - 4 Bad
   - 5 Very bad

19. Do you smoke tobacco products?
   - Mark one box only
   - 1 Yes - daily
   - 2 Yes - occasionally
   - 3 No - have given up smoking
   - 4 Never

20. 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

21. What time do you usually leave home to go to work, school, college or childcare?
   - Write in BLOCK CAPITALS
   - 1 Not at work, school, college or childcare
   - 2 Before 06.30
   - 3 06.30 – 07.00
   - 4 07.01 – 07.30
   - 5 07.31 – 08.00
   - 6 08.01 – 08.30
   - 7 08.31 – 09.00
   - 8 09.01 – 09.30
   - 9 After 09.30

22. How long does your journey to work, school, college or childcare usually take?
   - Write in minutes

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 ‘Yes’, for how many hours per week?
   - Write in hours
   - Care provided on a 24 hour basis, 7 days a week equates to 168 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 Q35

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
   - 3 Lower Secondary
   - 4 Upper Secondary
   - 5 Technical or Vocational
   - 6 Advanced Certificate/Completed Apprenticeship
   - 7 Higher Certificate
   - 8 Ordinary Bachelor Degree or National Diploma
   - 9 Honours Bachelor Degree/Professional qualification or both
   - 10 Postgraduate Diploma or Master’s Degree
   - 11 Doctorate (Ph.D.) or higher

28. Have you any of the following long-lasting conditions or difficulties?
   - If ‘Yes’, do you have any difficulty in doing any of the following?

29. Do you regularly engage in helping or voluntary work in any of the following activities without pay?
   - Mark all the boxes that apply

30. What is the highest level of education/training (full-time or part-time) which you have completed to date?
   - Mark one box only
   - 1 No formal education/training
   - 2 Primary education
   - 3 Lower Secondary
   - 4 Upper Secondary
   - 5 Technical or Vocational
   - 6 Advanced Certificate/Completed Apprenticeship
   - 7 Higher Certificate
   - 8 Ordinary Bachelor Degree or National Diploma
   - 9 Honours Bachelor Degree/Professional qualification or both
   - 10 Postgraduate Diploma or Master’s Degree
   - 11 Doctorate (Ph.D.) or higher

31. Do you have any of the following long-lasting conditions or difficulties?
   - If ‘Yes’, do you have any difficulty in doing any of the following?

32. Do you regularly engage in helping or voluntary work in any of the following activities without pay?
   - Mark all the boxes that apply

33. What is the highest level of education/training (full-time or part-time) which you have completed to date?
   - Mark one box only
   - 1 No formal education/training
   - 2 Primary education
   - 3 Lower Secondary
   - 4 Upper Secondary
   - 5 Technical or Vocational
   - 6 Advanced Certificate/Completed Apprenticeship
   - 7 Higher Certificate
   - 8 Ordinary Bachelor Degree or National Diploma
   - 9 Honours Bachelor Degree/Professional qualification or both
   - 10 Postgraduate Diploma or Master’s Degree
   - 11 Doctorate (Ph.D.) or higher
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 Unemployed
4 Student or pupil
5 Looking after home/family
6 Retired from employment
7 Unable to work due to permanent sickness or disability
8 Other, write in

Go to Q30
Go to Q35
Go to Q37

29 If you are working, unemployed or retired
Go to Q30
If you are a student
Go to Q35
Otherwise
Go to Q37

30 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)

31 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 e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Garda or Defence Forces should state their rank.
Write in your main OCCUPATION

If a farmer, write in the SIZE of the farm

32 If you are retired
Go to Q37

33 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

34 If you are unemployed
Go to Q37

35 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 address of your school
Full name
Address

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

36 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

37 If there are more than six persons present in the household on the night of 23 September, 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 the night of Sunday 23 September.

<table>
<thead>
<tr>
<th>Absent Person 1</th>
<th>Absent Person 2</th>
<th>Absent Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1</strong> What is this person’s name?</td>
<td><strong>A1</strong> What is this person’s name?</td>
<td><strong>A1</strong> What is this person’s name?</td>
</tr>
<tr>
<td>First name and surname (BLOCK CAPITALS)</td>
<td>First name and surname (BLOCK CAPITALS)</td>
<td>First name and surname (BLOCK CAPITALS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A2</strong> What is this person’s sex?</td>
<td><strong>A2</strong> What is this person’s sex?</td>
<td><strong>A2</strong> What is this person’s sex?</td>
</tr>
<tr>
<td>1 Male</td>
<td>1 Male</td>
<td>1 Male</td>
</tr>
<tr>
<td>2 Female</td>
<td>2 Female</td>
<td>2 Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A3</strong> What is this person’s date of birth?</td>
<td><strong>A3</strong> What is this person’s date of birth?</td>
<td><strong>A3</strong> What is this person’s date of birth?</td>
</tr>
<tr>
<td>Day</td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A4</strong> What is the relationship of this person to Person 1 on page 4?</td>
<td><strong>A4</strong> What is the relationship of this person to Person 1 on page 4?</td>
<td><strong>A4</strong> What is the relationship of this person to Person 1 on page 4?</td>
</tr>
<tr>
<td>Mark one box only</td>
<td>Mark one box only</td>
<td>Mark one box only</td>
</tr>
<tr>
<td>1 Husband or wife</td>
<td>1 Husband or wife</td>
<td>1 Husband or wife</td>
</tr>
<tr>
<td>2 Partner (incl. same-sex partner)</td>
<td>2 Partner (incl. same-sex partner)</td>
<td>2 Partner (incl. same-sex partner)</td>
</tr>
<tr>
<td>3 Son or daughter</td>
<td>3 Son or daughter</td>
<td>3 Son or daughter</td>
</tr>
<tr>
<td>4 In a registered same-sex civil partnership</td>
<td>4 In a registered same-sex civil partnership</td>
<td>4 In a registered same-sex civil partnership</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other related write in RELATIONSHIP</td>
<td>9 Other related write in RELATIONSHIP</td>
<td>9 Other related write in RELATIONSHIP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Unrelated (including foster child)</td>
<td>10 Unrelated (including foster child)</td>
<td>10 Unrelated (including foster child)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A5</strong> What is this person’s current marital status?</td>
<td><strong>A5</strong> What is this person’s current marital status?</td>
<td><strong>A5</strong> What is this person’s current marital status?</td>
</tr>
<tr>
<td>Answer if aged 15 years or over</td>
<td>Answer if aged 15 years or over</td>
<td>Answer if aged 15 years or over</td>
</tr>
<tr>
<td>Mark one box only</td>
<td>Mark one box only</td>
<td>Mark one box only</td>
</tr>
<tr>
<td>1 Single (never married or never in a same-sex civil partnership)</td>
<td>1 Single (never married or never in a same-sex civil partnership)</td>
<td>1 Single (never married or never in a same-sex civil partnership)</td>
</tr>
<tr>
<td>2 Married (including re-married)</td>
<td>2 Married (including re-married)</td>
<td>2 Married (including re-married)</td>
</tr>
<tr>
<td>4 In a registered same-sex civil partnership</td>
<td>4 In a registered same-sex civil partnership</td>
<td>4 In a registered same-sex civil partnership</td>
</tr>
<tr>
<td>5 Separated</td>
<td>5 Separated</td>
<td>5 Separated</td>
</tr>
<tr>
<td>6 Divorced</td>
<td>6 Divorced</td>
<td>6 Divorced</td>
</tr>
<tr>
<td>7 Widowed</td>
<td>7 Widowed</td>
<td>7 Widowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A6</strong> How long altogether is this person away for?</td>
<td><strong>A6</strong> How long altogether is this person away for?</td>
<td><strong>A6</strong> How long altogether is this person away for?</td>
</tr>
<tr>
<td>1 Less than 12 months</td>
<td>1 Less than 12 months</td>
<td>1 Less than 12 months</td>
</tr>
<tr>
<td>2 12 months or more</td>
<td>2 12 months or more</td>
<td>2 12 months or more</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A7</strong> Was this person in the Republic of Ireland on Sunday 23 September?</td>
<td><strong>A7</strong> Was this person in the Republic of Ireland on Sunday 23 September?</td>
<td><strong>A7</strong> Was this person in the Republic of Ireland on Sunday 23 September?</td>
</tr>
<tr>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
<td>2 No</td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A8</strong> What is this person’s nationality?</td>
<td><strong>A8</strong> What is this person’s nationality?</td>
<td><strong>A8</strong> What is this person’s nationality?</td>
</tr>
<tr>
<td>If they have more than one nationality, please declare all of them</td>
<td>If they have more than one nationality, please declare all of them</td>
<td>If they have more than one nationality, please declare all of them</td>
</tr>
<tr>
<td>1 Irish</td>
<td>1 Irish</td>
<td>1 Irish</td>
</tr>
<tr>
<td>2 Other NATIONALITY, write in</td>
<td>2 Other NATIONALITY, write in</td>
<td>2 Other NATIONALITY, write in</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 No nationality</td>
<td>3 No nationality</td>
<td>3 No nationality</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Absent Person 4

**A1 What is this person’s name?**
*First name and surname (BLOCK CAPITALS)*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A2 What is this person’s sex?**

- [ ] Male
- [ ] 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

- [ ] Husband or wife
- [ ] Partner (incl. same-sex partner)
- [ ] Son or daughter
- [ ] Other related write in RELATIONSHIP
- [ ] Unrelated (including foster child)

**A5 What is this person’s current marital status?**

Answer if aged 15 years or over

Mark one box only

- [ ] Single (never married or never in a same-sex civil partnership)
- [ ] Married (including re-married)
- [ ] In a registered same-sex civil partnership
- [ ] Separated
- [ ] Divorced
- [ ] Widowed

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

- [ ] Less than 12 months
- [ ] 12 months or more

**A7 Was this person in the Republic of Ireland on Sunday 23 September?**

- [ ] Yes
- [ ] No

**A8 What is this person’s nationality?**

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

- [ ] Irish
- [ ] Other NATIONALITY, write in

- [ ] No nationality

If there are more than four persons temporarily absent from the household on the night of Sunday 23 September, please ask your Enumerator for assistance.

---

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

Before you sign the declaration please check:

- That you have completed the questions about your accommodation on page 2.
- That in List 1 on page 3, you have accounted for all persons (including visitors) who spent the night of Sunday 23 September at this address.
- That you have answered all questions which should have been answered for each person who spent the night of Sunday 23 September in the household (pages 4-21 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 Sunday 23 September.
- That you have answered all questions on pages 22-23 for all household members temporarily absent on the night of Sunday 23 September.
- That no person has been double-counted on the form.

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

Signature

You have now completed the Census Pilot Form.

Thank you for your co-operation.

**Time Capsule:**

As part of Census 2021, the Central Statistics Office is considering using the space below to allow people to record a voluntary message of their choosing. Under Sections 32, 33 and 34 of the Statistics Act 1993, there is a legal guarantee that this message would not be released for 100 years. After 100 years this message would be available to the public.

Do you think you would use the Time Capsule in 2021?

- [ ] Yes
- [ ] No
### Question H3 – Does your household own or rent your accommodation?
If you rent your accommodation (box 3), or live in it rent free (box 4), you should also answer the second part of the question 'who is your landlord?'.

When selecting your landlord, tenants of a 'Private landlord' or a 'Local Authority' should mark box 1 or 2 respectively, while tenants of a housing association should indicate 'Voluntary/Co-operative housing body' by marking box 3. This is regardless of whether or not you pay all or part of the rent yourself, or if it is paid on your behalf by the HSE or any other body.

### Question H4 – If your accommodation is rented, how much rent does your household pay?
If the HSE or any other body pays part of the rent, only the portion paid by the household should be entered. Enter the amount to the nearest Euro and mark the box corresponding to the period covered, e.g. if your household pays a weekly rent of €78.60 enter 79 and mark box 1. If all of your rent is paid on your behalf enter 0 and mark box 1.

### Question 4 – Relationship
The relationship question is used to determine families within households, including where there are two or more families in the one household. Cohabiting couples who are not married should tick the category 'Partner (including same-sex partner)'.

The example below shows how the question should be answered for a grandchild, where the grandparents are Persons 1 and 2, their adult daughter is Person 3 and her child is Person 4.

Mark  one box only for each person

<table>
<thead>
<tr>
<th>Relationship of Person 3 to Persons 1 or 2</th>
<th>Persons 1</th>
<th>Persons 2</th>
<th>Persons 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(incl. same-sex partner)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or father</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother/father</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other related</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated (incl. foster child)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Question 7 – Where do you usually live?
This question refers to your place of usual residence at the time of the Census Pilot. If you have lived at this address for a continuous period of at least 12 months before Census Pilot Night, or have arrived at this address in the 12 month period before Census Pilot 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 he/she spends most of his/her daily night 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 travel for the majority of the year is their place of usual residence.

### Question 9 – 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 Pilot was the same as now you should mark box 1 (SAME as now).

### Question 11 – What is your nationality?
If you have more than one nationality/citizenship, please declare both. If you have dual Irish citizenship (e.g. through participation in a citizenship ceremony), please mark boxes 1 and 2 and write in your second citizenship. See below for example. If you have dual non-Irish nationalities, you should mark box 2 and write in both.

<table>
<thead>
<tr>
<th>Number</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Irish</td>
</tr>
<tr>
<td>2</td>
<td>Other NATIONALITY, write in</td>
</tr>
<tr>
<td>3</td>
<td>No nationality</td>
</tr>
</tbody>
</table>

### Question 12 – What is your ethnic group/background?
If you do not feel that the options in sections A to C adequately describe your ethnic group/background, you should mark box 11 or 12 and write your ethnicity into the boxes provided. See below for example.

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

### Question 16 – Do you have any of the following long-lasting conditions or difficulties?
For the purpose of this question a long-lasting condition or difficulty is one which has lasted or is expected to last 6 months or longer that regularly re-occurs.

### 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 box 1 (Yes) and write in the weekly number of hours 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.QFIE.ie.

Further information on foreign qualifications and all other qualifications in general can be found at www.census.ie.

### Question 28 – How would you describe your present principal status?
You should mark one box only to select the category which you feel best describes your present principal status. If you are on sick leave or maternity leave and intend to return to work at some stage you should mark box 1 (Working for payment or profit).

### Question 35 – Address of place of work, school, college or childcare
Persons who leave the household to attend work, school, college or childcare should supply the full name and address of this place.

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