



An  
Phríomh-Oifig  
Staidrimh

Central  
Statistics  
Office

# Suirbhé Píolótach Daonáirimh Census Pilot Survey

Sunday 23 September 2018

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				

### About the Census Pilot Survey

Since 1841, the Census has recorded a comprehensive picture of the social and living conditions of our people over time. The Census provides vital information necessary for planning Ireland's future. In preparation for Census 2021, the Central Statistics Office (CSO) is conducting a Census Pilot Survey in your area. The Pilot will test new and re-formulated questions and permit the trial of a new electronic application to assist enumerators in managing their fieldwork. Testing is vital to ensure that Census 2021 will provide accurate and timely results.

### Participation

The Census Pilot is operated under Section 24 of the Statistics Act 1993. Participation is voluntary and your help is essential to ensure the success of the survey. It is important, therefore, to complete this form on Sunday 23 September.

### Confidentiality is guaranteed

The confidentiality of your Census Pilot return is legally guaranteed by the Statistics Act 1993. The CSO will use the information you provide for statistical purposes only. It will be retained only until the Census 2021 processing system is developed and then destroyed.

### Your Enumerator

Your Enumerator will help you if you have any questions about the Census Pilot Survey. Alternatively contact the CSO at [census@cso.ie](mailto:census@cso.ie). Please co-operate fully with your Enumerator to help ensure the success of this survey.

### Have your form ready for collection

Your Enumerator will return between Monday 24 September and Monday 22 October to collect your completed form.

If your form has not been collected by 22 October, please return it fully completed to Freepost 4726, Central Statistics Office, Swords Business Campus, Balheary Road, Swords, Co. Dublin, K67 D2X4.

Thank you for your co-operation.

*Pádraig Dalton*

Pádraig Dalton  
Director General

### 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

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:

H	O	T	E	L	R	E	C	E	P
T	I	O	N	I	S	T			

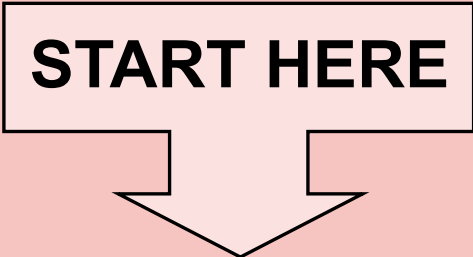
### Data Protection

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, Skehard Road, Cork, T12 X00E. E-mail: [dpo@cso.ie](mailto:dpo@cso.ie). Complaints may also be addressed to the Data Protection Commission at Canal House, Station Road, Portlarrington, Co. Laois, R32 AP23. E-mail: [info@dataprotection.ie](mailto:info@dataprotection.ie).



**H1 What type of accommodation does your household occupy?**

Mark  one box only

**A whole house or bungalow that is:**

- 1  Detached
- 2  Semi-detached
- 3  Terraced (including end of terrace)

**A flat or apartment (including duplexes) that is self-contained:**

- 4  In a purpose-built block
- 5  Part of a converted house or commercial building

**A bed-sit:**

- 6  Bed-sit (with some shared facilities, e.g. toilet)

**A mobile or temporary structure:**

- 7  A caravan or other mobile or temporary structure

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

Mark  one box only

- 1  Own with mortgage or loan

**If own with mortgage or loan**

► Go to H3

- 2  Own outright
- 3  Rent
- 4  Live here rent free

**If renting, who is your landlord?**

- 1  Private landlord
- 2  County Council or City Council
- 3  Housing Association/Housing Co-operative

If paying rent ► Go to H4

**H3 If you own your accommodation with a mortgage or loan, what is your monthly mortgage or loan payment?**

Enter amount to the nearest Euro

€       • 00

**H4 If your accommodation is rented, how much rent does your household pay?**

Enter amount to the nearest Euro

€       • 00

Mark  one box only

- 1  Per week
- 2  Per month

**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, conservatories you can sit in and studies
- If two rooms have been converted into one, count them as one room

Number of rooms 

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Of which bedrooms 

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**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  Connection to district heating
- 10  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 (e.g. 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 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

Write in number of cars or vans

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 1  None

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

Mark  the boxes that apply

- 1  Fixed broadband (e.g. phone/TV cable, internet cable, etc.)
- 2  Mobile broadband (e.g. 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 How many working smoke alarms are in your accommodation?**

Write in number of smoke alarms

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 1  None

**H13 Is Irish the main spoken language of your household?**

- 1  Yes
- 2  No

**H14** ► Go to next page

## 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

Person No. First name and surname in BLOCK CAPITALS

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12


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

Answer questions for persons 7, 8, 9 etc. on additional 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 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

Person No. First name and surname in BLOCK CAPITALS

1  
2  
3  
4


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 from List 1 Page 3**

**Write in BLOCK CAPITALS**

**Mark boxes like this**

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

*First name (BLOCK CAPITALS)*


*Surname (BLOCK CAPITALS)*


**2 What is your sex?**

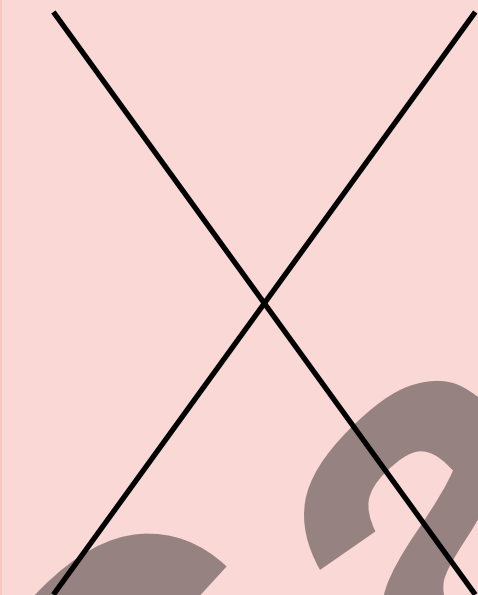
- 1  Male    2  Female

**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


- 3  Elsewhere ABROAD, write in the COUNTRY

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**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

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**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 country of citizenship?**

*If you have dual country of citizenship, please declare both*

- 1  Ireland
- 2  Other CITIZENSHIP, write in


- 3  No citizenship

**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, write in description

**B Black or Black Irish**

- 5  African
- 6  Any other Black background, write in description

**C Asian or Asian Irish**

- 7  Chinese
- 8  Any other Asian background, write in description

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

- 9  Mixed, write in description
- 10  Other, write in description


**13 Do you have a religion?**

- 1  Yes    2  No

**If 'Yes', what is your religion?**

*Mark one box only*

- 1  Roman Catholic
- 2  Church of Ireland
- 3  Islam
- 4  Orthodox Christian
- 5  Presbyterian
- 6  Other, write in your RELIGION


**Person 1**

**Write in BLOCK CAPITALS**

**Mark boxes like this**

**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

**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?**

- |   | 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 checked="" 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 checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/>            | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/>            |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/>            | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/>            |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input checked="" type="checkbox"/> | 2 <input type="checkbox"/>            | 3 <input type="checkbox"/>            |

**17 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"/> |

**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 If NOT at work, school, college or childcare**

▶ Go to Q25

**21 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  On foot
- 2  Bicycle
- 3  Bus, minibus or coach
- 4  Train, DART or LUAS
- 5  Motorcycle or scooter
- 6  Driving a car
- 7  Passenger in a car
- 8  Other (including lorry or van)
- 9  Mainly at or from home

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

Write in the time (24 hour clock, e.g. 08:30)

□ : □

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

Write in minutes

□ □

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

Write in the time (24 hour clock, e.g. 17:30)

□ : □

**25 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

□ □

**If 'Yes', are the person or persons concerned members of your household?**

1  Yes      2  No

**26 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

**27 If you are aged under 15**

▶ Go to Q38

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

1  Yes      2  No


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

□ □

**29 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 1 or 2
- 3  Lower Secondary, NFQ 3
- 4  Upper Secondary, NFQ 4 or 5
- 5  Technical or Vocational, NFQ 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship, NFQ 6
- 7  Higher Certificate, NFQ 6
- 8  Ordinary Bachelor Degree or National Diploma, NFQ 7
- 9  Honours Bachelor Degree/Professional qualification or both, NFQ 8
- 10  Postgraduate Diploma or Master's Degree, NFQ 9
- 11  Doctorate (Ph.D.) or higher, NFQ 10

**30 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 and 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

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**34 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 Gardai or Defence Forces should state their rank.*

Write in your main OCCUPATION

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

1  Acres  
 2  Hectares

**35 If you are retired ► Go to Q40**

**36 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

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**31**

- If you are working ► Go to Q32
- If you are unemployed or retired ► Go to Q33
- If you are a student ► Go to Q38
- Otherwise ► Go to Q40

**37 If you are unemployed ► Go to Q40**

**38 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

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Address

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

E I R C O D E

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


**32 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*

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**33 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/part-time?**  
*Mark  one box only*

- 1  Full-time
- 2  Part-time

**39 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*

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**40 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

Write in BLOCK CAPITALS

Mark boxes like this

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

Table with 2 columns: Relationship of PERSON 2 to Person 1, and checkboxes for 1-10 categories.

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 address and EIR CODE

- 3 Elsewhere ABROAD, write in the COUNTRY

Grid for 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

Grid for country

- 3 Elsewhere ABROAD, write in the COUNTRY

Grid for 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

Grid for year and country

11 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

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, write in description

B Black or Black Irish

- 5 African
6 Any other Black background write in description

C Asian or Asian Irish

- 7 Chinese
8 Any other Asian background write in description

D Other, including mixed group/background

- 9 Mixed, write in description
10 Other, write in description

Grid for ethnic group

13 Do you have a religion?

- 1 Yes 2 No

If 'Yes', what is your religion?

Mark one box only

- 1 Roman Catholic
2 Church of Ireland
3 Islam
4 Orthodox Christian
5 Presbyterian
6 Other, write in your RELIGION

Grid for religion

## Person 2

Write in **BLOCK CAPITALS**

Mark boxes like this

### 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

### 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?

1 YES, to a great extent 2 YES, to some extent 3 NO

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

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

Include issues due to old age

1 YES, a lot 2 YES, a little 3 NO

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

### 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 If NOT at work, school, college or childcare

▶ Go to Q25

### 21 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  On foot  
 2  Bicycle  
 3  Bus, minibus or coach  
 4  Train, DART or LUAS  
 5  Motorcycle or scooter  
 6  Driving a car  
 7  Passenger in a car  
 8  Other (including lorry or van)  
 9  Mainly at or from home

### 22 What time do you usually leave home?

Write in the time (24 hour clock, e.g. 08:30)

:

### 23 How long does your journey take?

Write in minutes

### 24 What time do you usually leave work, school, college or childcare?

Write in the time (24 hour clock, e.g. 17:30)

:

### 25 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

#### If 'Yes', are the person or persons concerned members of your household?

1  Yes 2  No

### 26 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

### 27 If you are aged under 15

▶ Go to Q38

### 28 Have you ceased your full-time education?

1  Yes 2  No

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

### 29 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 1 or 2  
 3  Lower Secondary, NFQ 3  
 4  Upper Secondary, NFQ 4 or 5  
 5  Technical or Vocational, NFQ 4 or 5  
 6  Advanced Certificate/Completed Apprenticeship, NFQ 6  
 7  Higher Certificate, NFQ 6  
 8  Ordinary Bachelor Degree or National Diploma, NFQ 7  
 9  Honours Bachelor Degree/Professional qualification or both, NFQ 8  
 10  Postgraduate Diploma or Master's Degree, NFQ 9  
 11  Doctorate (Ph.D.) or higher, NFQ 10



**30 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 and 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


**31 If you are working** Go to Q32

**If you are unemployed or retired** Go to Q33

**If you are a student** Go to Q38

**Otherwise** Go to Q40

**32 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

**33 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/part-time?**

Mark one box only

- 1  Full-time
- 2  Part-time

**34 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 Gardai 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

**35 If you are retired** Go to Q40

**36 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

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

**37 If you are unemployed** Go to Q40

**38 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

**39 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

--	--	--

**40 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** Go to Page 22

**Person 3 from List 1 Page 3**

**Write in BLOCK CAPITALS**

**Mark boxes like this**

**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


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

**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 country of citizenship?**

*If you have dual country of citizenship, please declare both*

- 1  Ireland
- 2  Other CITIZENSHIP, write in


- 3  No citizenship

**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, write in description

**B Black or Black Irish**

- 5  African
- 6  Any other Black background, write in description

**C Asian or Asian Irish**

- 7  Chinese
- 8  Any other Asian background, write in description

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

- 9  Mixed, write in description
- 10  Other, write in description


**13 Do you have a religion?**

- 1  Yes    2  No

**If 'Yes', what is your religion?**

*Mark one box only*

- 1  Roman Catholic
- 2  Church of Ireland
- 3  Islam
- 4  Orthodox Christian
- 5  Presbyterian
- 6  Other, write in your RELIGION


### Person 3

### Write in BLOCK CAPITALS

### Mark boxes like this

#### 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

#### 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?

- |   | 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 checked="" 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 checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/>            | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/>            |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/>            | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/>            |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input checked="" type="checkbox"/> | 2 <input type="checkbox"/>            | 3 <input type="checkbox"/>            |

#### 17 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"/> |

#### 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 If NOT at work, school, college or childcare

▶ Go to Q25

#### 21 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  On foot  
 2  Bicycle  
 3  Bus, minibus or coach  
 4  Train, DART or LUAS  
 5  Motorcycle or scooter  
 6  Driving a car  
 7  Passenger in a car  
 8  Other (including lorry or van)  
 9  Mainly at or from home

#### 22 What time do you usually leave home?

Write in the time (24 hour clock, e.g. 08:30)

□ : □

#### 23 How long does your journey take?

Write in minutes

□ □

#### 24 What time do you usually leave work, school, college or childcare?

Write in the time (24 hour clock, e.g. 17:30)

□ : □

#### 25 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

□ □

#### If 'Yes', are the person or persons concerned members of your household?

1  Yes      2  No

#### 26 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

#### 27 If you are aged under 15

▶ Go to Q38

#### 28 Have you ceased your full-time education?

1  Yes      2  No

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

□ □

#### 29 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 1 or 2  
 3  Lower Secondary, NFQ 3  
 4  Upper Secondary, NFQ 4 or 5  
 5  Technical or Vocational, NFQ 4 or 5  
 6  Advanced Certificate/Completed Apprenticeship, NFQ 6  
 7  Higher Certificate, NFQ 6  
 8  Ordinary Bachelor Degree or National Diploma, NFQ 7  
 9  Honours Bachelor Degree/Professional qualification or both, NFQ 8  
 10  Postgraduate Diploma or Master's Degree, NFQ 9  
 11  Doctorate (Ph.D.) or higher, NFQ 10

**30 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 and 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



**31**

- If you are working** **Go to Q32**
- If you are unemployed or retired** **Go to Q33**
- If you are a student** **Go to Q38**
- Otherwise** **Go to Q40**

**32 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



**33 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/part-time?**  
 Mark one box only

- 1  Full-time
- 2  Part-time

**34 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 Gardai or Defence Forces should state their rank.

Write in your main OCCUPATION



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

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

**35 If you are retired** **Go to Q40**

**36 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



**37 If you are unemployed** **Go to Q40**

**38 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

**39 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



**40 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

## 1 What is your name? (Person 4)

*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*

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

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

*Mark  one box only for each person*

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

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


# Write in BLOCK CAPITALS

## 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 COUNTRY


- 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 country of citizenship?

*If you have dual country of citizenship, please declare both*

- 1  Ireland  
 2  Other CITIZENSHIP, write in


- 3  No citizenship

# Mark boxes like this

## 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, write in description

### B Black or Black Irish

- 5  African  
 6  Any other Black background, write in description

### C Asian or Asian Irish

- 7  Chinese  
 8  Any other Asian background, write in description

### D Other, including mixed group/background

- 9  Mixed, write in description  
 10  Other, write in description


## 13 Do you have a religion?

- 1  Yes      2  No

### If 'Yes', what is your religion?

*Mark  one box only*

- 1  Roman Catholic  
 2  Church of Ireland  
 3  Islam  
 4  Orthodox Christian  
 5  Presbyterian  
 6  Other, write in your RELIGION


## Person 4

## Write in BLOCK CAPITALS

## Mark boxes like this

### 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

### 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?

1 YES, to a great extent 2 YES, to some extent 3 NO

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

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

Include issues due to old age

1 YES, a lot 2 YES, a little 3 NO

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

### 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 If NOT at work, school, college or childcare

▶ Go to Q25

### 21 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  On foot  
 2  Bicycle  
 3  Bus, minibus or coach  
 4  Train, DART or LUAS  
 5  Motorcycle or scooter  
 6  Driving a car  
 7  Passenger in a car  
 8  Other (including lorry or van)  
 9  Mainly at or from home

### 22 What time do you usually leave home?

Write in the time (24 hour clock, e.g. 08:30)

:

### 23 How long does your journey take?

Write in minutes

### 24 What time do you usually leave work, school, college or childcare?

Write in the time (24 hour clock, e.g. 17:30)

:

### 25 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

#### If 'Yes', are the person or persons concerned members of your household?

1  Yes 2  No

### 26 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

### 27 If you are aged under 15

▶ Go to Q38

### 28 Have you ceased your full-time education?

1  Yes 2  No

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

### 29 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 1 or 2  
 3  Lower Secondary, NFQ 3  
 4  Upper Secondary, NFQ 4 or 5  
 5  Technical or Vocational, NFQ 4 or 5  
 6  Advanced Certificate/Completed Apprenticeship, NFQ 6  
 7  Higher Certificate, NFQ 6  
 8  Ordinary Bachelor Degree or National Diploma, NFQ 7  
 9  Honours Bachelor Degree/Professional qualification or both, NFQ 8  
 10  Postgraduate Diploma or Master's Degree, NFQ 9  
 11  Doctorate (Ph.D.) or higher, NFQ 10

**30 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 and 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


**31 If you are working** **Go to Q32**

**If you are unemployed or retired** **Go to Q33**

**If you are a student** **Go to Q38**

**Otherwise** **Go to Q40**

**32 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

**33 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/part-time?**

Mark one box only

- 1  Full-time
- 2  Part-time

**34 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 Gardai 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

**35 If you are retired** **Go to Q40**

**36 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


**37 If you are unemployed** **Go to Q40**

**38 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

**39 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

**40 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**

**Person 5 from List 1 Page 3**

**Write in BLOCK CAPITALS**

**Mark boxes like this**

**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


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

**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 country of citizenship?**

*If you have dual country of citizenship, please declare both*

- 1  Ireland  
 2  Other CITIZENSHIP, write in


- 3  No citizenship

**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, write in description

**B Black or Black Irish**

- 5  African  
 6  Any other Black background, write in description

**C Asian or Asian Irish**

- 7  Chinese  
 8  Any other Asian background, write in description

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

- 9  Mixed, write in description  
 10  Other, write in description


**13 Do you have a religion?**

- 1  Yes    2  No

**If 'Yes', what is your religion?**

Mark one box only

- 1  Roman Catholic  
 2  Church of Ireland  
 3  Islam  
 4  Orthodox Christian  
 5  Presbyterian  
 6  Other, write in your RELIGION




**Person 5**

**Write in BLOCK CAPITALS**

**Mark boxes like this**

**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

**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?**

- |   | 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 checked="" 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 checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input checked="" type="checkbox"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="checkbox"/>            | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/>            |
| (f) A psychological or emotional condition or a mental health issue   | 1 <input type="checkbox"/>            | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/>            |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input checked="" type="checkbox"/> | 2 <input type="checkbox"/>            | 3 <input type="checkbox"/>            |

**17 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"/> |

**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 If NOT at work, school, college or childcare**

▶ Go to Q25

**21 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  On foot
- 2  Bicycle
- 3  Bus, minibus or coach
- 4  Train, DART or LUAS
- 5  Motorcycle or scooter
- 6  Driving a car
- 7  Passenger in a car
- 8  Other (including lorry or van)
- 9  Mainly at or from home

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

Write in the time (24 hour clock, e.g. 08:30)

□ : □

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

Write in minutes

□ □

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

Write in the time (24 hour clock, e.g. 17:30)

□ : □

**25 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

□ □

**If 'Yes', are the person or persons concerned members of your household?**

1  Yes      2  No

**26 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

**27 If you are aged under 15**

▶ Go to Q38

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

1  Yes      2  No

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

□ □

**29 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 1 or 2
- 3  Lower Secondary, NFQ 3
- 4  Upper Secondary, NFQ 4 or 5
- 5  Technical or Vocational, NFQ 4 or 5
- 6  Advanced Certificate/Completed Apprenticeship, NFQ 6
- 7  Higher Certificate, NFQ 6
- 8  Ordinary Bachelor Degree or National Diploma, NFQ 7
- 9  Honours Bachelor Degree/Professional qualification or both, NFQ 8
- 10  Postgraduate Diploma or Master's Degree, NFQ 9
- 11  Doctorate (Ph.D.) or higher, NFQ 10

**30 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 and 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


**31 If you are working** **Go to Q32**

**If you are unemployed or retired** **Go to Q33**

**If you are a student** **Go to Q38**

**Otherwise** **Go to Q40**

**32 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

**33 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/part-time?**

Mark one box only

- 1  Full-time
- 2  Part-time

**34 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 Gardai 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

**35 If you are retired** **Go to Q40**

**36 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


**37 If you are unemployed** **Go to Q40**

**38 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

**39 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

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**40 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**

**Person 6 from List 1 Page 3**

**Write in BLOCK CAPITALS**

**Mark boxes like this** 

**1 What is your name? (Person 6)**

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

**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

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AND the COUNTRY of last previous residence



**11 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

**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, write in description

**B Black or Black Irish**

- 5  African
- 6  Any other Black background write in description

**C Asian or Asian Irish**

- 7  Chinese
- 8  Any other Asian background write in description


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

- 9  Mixed, write in description
- 10  Other, write in description


**13 Do you have a religion?**

- 1  Yes      2  No

**If 'Yes', what is your religion?**

*Mark  one box only*

- 1  Roman Catholic
- 2  Church of Ireland
- 3  Islam
- 4  Orthodox Christian
- 5  Presbyterian
- 6  Other, write in your RELIGION


## Person 6

Write in **BLOCK CAPITALS**

Mark boxes like this

### 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

### 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?

1 YES, to a great extent 2 YES, to some extent 3 NO

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

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

Include issues due to old age

1 YES, a lot 2 YES, a little 3 NO

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

### 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 If NOT at work, school, college or childcare

▶ Go to Q25

### 21 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  On foot  
 2  Bicycle  
 3  Bus, minibus or coach  
 4  Train, DART or LUAS  
 5  Motorcycle or scooter  
 6  Driving a car  
 7  Passenger in a car  
 8  Other (including lorry or van)  
 9  Mainly at or from home

### 22 What time do you usually leave home?

Write in the time (24 hour clock, e.g. 08:30)

:

### 23 How long does your journey take?

Write in minutes

### 24 What time do you usually leave work, school, college or childcare?

Write in the time (24 hour clock, e.g. 17:30)

:

### 25 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

#### If 'Yes', are the person or persons concerned members of your household?

1  Yes 2  No

### 26 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

### 27 If you are aged under 15

▶ Go to Q38

### 28 Have you ceased your full-time education?

1  Yes 2  No

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

### 29 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 1 or 2  
 3  Lower Secondary, NFQ 3  
 4  Upper Secondary, NFQ 4 or 5  
 5  Technical or Vocational, NFQ 4 or 5  
 6  Advanced Certificate/Completed Apprenticeship, NFQ 6  
 7  Higher Certificate, NFQ 6  
 8  Ordinary Bachelor Degree or National Diploma, NFQ 7  
 9  Honours Bachelor Degree/Professional qualification or both, NFQ 8  
 10  Postgraduate Diploma or Master's Degree, NFQ 9  
 11  Doctorate (Ph.D.) or higher, NFQ 10



**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.**

**Absent Person 1**

**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 (including foster child)

**A5 What is this person's current marital status?**  
*Answer if aged 15 years or over*  
*Mark  one box only*

1  Single (never married or never in a same-sex civil partnership)  
 2  Married (including 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 Sunday 23 September?**

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 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


**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 (including foster child)

**A5 What is this person's current marital status?**  
*Answer if aged 15 years or over*  
*Mark  one box only*

1  Single (never married or never in a same-sex civil partnership)  
 2  Married (including 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 Sunday 23 September?**

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 (including foster child)

**A5 What is this person's current marital status?**  
*Answer if aged 15 years or over*  
*Mark  one box only*

1  Single (never married or never in a same-sex civil partnership)  
 2  Married (including 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 Sunday 23 September?**

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

### 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 (including foster child)

### A5 What is this person's current marital status?

Answer if aged 15 years or over

Mark  one box only

- 1  Single (never married or never in a same-sex civil partnership)  
2  Married (including 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 Sunday 23 September?

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 four persons temporarily absent from the household on the night of Sunday 23 September, please ask your Enumerator for assistance.**

## Declaration

**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?

1  Yes      2  No

## 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, if you are a private rented tenant, (where your landlord may be a private individual or company), you should mark box 1, 'Private landlord'. If you are a tenant of a county council or city council, also called a local authority, you should mark box 2, 'County Council or City Council'. If you are a tenant of a housing association, also called voluntary housing body or Approved Housing Body (AHB), or you are a tenant of a housing co-operative, you should mark box 3, 'Housing Association/Housing Co-operative'. 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

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

If you have more than one country of 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 country of citizenship, you should mark box 2 and write in both.

- 1  Ireland  
 2  Other CITIZENSHIP write in

F	I	L	I	P	I	N	O		

- 3  No citizenship

### 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 9 or 10 and write your ethnicity into the boxes provided. See below for example.

- 9  Mixed, write in description  
 10  Other, write in description

K	U	R	D	I	S	H		

### 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 or that regularly re-occurs.

### Question 25 – 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 of caring.

### Question 29 – 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).

Further information on foreign qualifications and all other qualifications in general can be found at [www.census.ie](http://www.census.ie).

### Question 30 – 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 38 – 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.