

Suirbhé Píolótach Daonáirimh Census Pilot Survey

Sunday 23 September 2018

Address						For office	ce use only
						EIR	COPF
County	EA		SA	Number	of persons PRE	SENT	ABSENT
Code	Code	D. No.	Code	Males	Females	Total	persons

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. 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.

Fadraig 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	0	T	E	L		R	E	C	E	P
T	1	0	N	1	5	T				

Data Protection

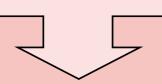
The data on your Census Pilot Form will be keyed by a private company which is ISO27001 accredited for information security and management and which is bound by the provisions of Section 21 of the Statistics Act 1993, guaranteeing the confidentiality of personal, household and family information.

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. 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.

START HERE



What type of accommodation does your household occupy?

Mark one box only

A whole house or bungalow that is:

- 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:

- A caravan or other mobile or 7 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
 - Live here rent free

If renting, who is your landlord?

- 4 Private landlord
- 2 County Council or City Council
- 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

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

Enter amount to the nearest Euro

€ Mark and one box only

- 1 Per week
- 2 Per month

- 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

Of which bedrooms

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

Mark one box only

- 1 No central heating
- 2
- 3 Natural gas
- 4 Electricity
- 5 Coal (including anthracite)
- Peat (including turf) 6
- 7 Liquid Petroleum Gas (LPG)
- 8 Wood (including wood pellets)
- 9 Connection to district heating
- 10 Other
- Does your accommodation use any of the following renewable energy sources?

the boxes that apply Ma

- 1
- 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
- R Other
- 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
- Private source (e.g. well, lake, rainwater tank, etc.) 4
- 5 No piped water supply

What type of sewerage facility does vour accommodation have?

Mark one box only

- 1 Public sewer
- 2 Individual septic tank
- Individual treatment system other than septic tank 3
- 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

None

H11 What type of internet connection does your household have?

the boxes that apply

- Fixed broadband (e.g. phone/TV cable, internet cable, etc.)
- Mobile broadband (e.g. 3G, 4G, dongle, etc.)
- 3
- 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
- Laptop (including notebook, netbook, etc.) 2
- 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

1 None

H13 Is Irish the main spoken language of your household?

> 1 2 Yes 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.



ABSENT PERSONS

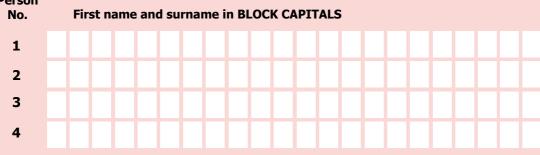
INCLUDE in List 2

- ✓ 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

X Anyone included in List 1.

LIST 2	Absent persons who usually live in the household
Person	



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.

Pe	rson 1 from List 1 Page 3	Write in BLOCK CAPITALS Mark boxes like this	s 🕳
	What is your name? (Person 1) First name (BLOCK CAPITALS) Sumame (BLOCK CAPITALS)	 Where do you usually live? HERE at this address Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS What is your ethnic group/background? Choose ONE section from A to D, then mark the appropriate box A White Irish Irish Traveller Roma Any other White background write in description 	ıd,
2	What is your sex? 1 Male 2 Female	E I R C O D E B Black or Black Irish	7
3	What is your date of birth? Day Month Year	3 Elsewhere ABROAD, write in the COUNTRY 5 African Any other Black background write in description	d
4	Relationship question does not apply to Person 1.	Are you a tenant where you usually live? 1 Yes 2 No 8 Any other Asian background write in description 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 COUNTY 10 Other, write in description 11 Yes 2 No 12 If 'Yes', what is your religion? 13 Do you have a religion? 14 Yes 2 No 15 If 'Yes', what is your religion? 16 Mark one box only 17 Roman Catholic	d
6	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	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 1 What is your country of citizenship? If you have dual country of citizenship, please declare both 1 Ireland 2 Other CITIZENSHIP, write in	ON
		3 No citizenship	

Person 1	Write in BLOCK CAPITALS	Mark boxes like this 💳
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	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	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 perweek? 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?
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	 20 If NOT at work, school, college or childcare Go to Q25 21 How do you usually travel 	26 Do you regularly engage in helping or voluntary work in any of the following activities without pay? Mark all the boxes that apply
Do you have any of the following long-lasting conditions or difficulties? 1 YES, 2 YES, 3 NO to a to great some extent extent (a) Blindness or a vision 1 2 3	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	A social or charitable organisation A religious group or church A sporting organisation A political organisation In your community No
impairment (b) Deafness or a hearing 1 2 3 impairment	4 Train, DART or LUAS 5 Motorcycle or scooter	27 If you are aged under 15 Go to Q38
(c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying (d) An intellectual disability 1 2 3 (e) A difficulty with 1 2 3 learning, remembering or concentrating	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	Have you ceased your full-time education? 1 Yes 2 No If 'Yes', write in AGE at which it ceased
(f) A psychological or 1 2 3 emotional condition or a mental health issue	(24 hour clock, e.g. 08:30)	What is the highest level of education/training (full-time or part-time) which you have
(g) A difficulty with pain, breathing or any other chronic illness or condition	23 How long does your journey take? Write in minutes	completed to date? Mark - one box only No formal education/training Primary education, NFQ 1 or 2
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, 2 YES, 3 NC a lot a little	24 What time do you usually leave work, school, college or childcare? Write in the time	3 Lower Secondary, NFQ 3 4 Upper Secondary, NFQ 4 or 5 5 Technical or Vocational, NFQ 4 or 5 6 Advanced Certificate/Completed
 (a) Dressing, bathing or 1 2 3 getting around inside the home (b) Going outside the 	(24 hour clock, e.g. 17:30)	Apprenticeship, NFQ 6 7 Higher Certificate, NFQ 6 8 Ordinary Bachelor Degree or
home to shop or visit 1 2 3 a doctor's surgery (c) Working at a job or 1 2 3 business or attending		National Diploma, NFQ 7 Honours Bachelor Degree/ Professional qualification or both, NFQ 8
school or college (d) Participating in other 1 2 3 activities, for example leisure or using transport		10 Postgraduate Diploma or Master's Degree, NFQ 9 11 Doctorate (Ph.D.) or higher, NFQ 10

Per	son 2 from List 1 Page 3	Wri	ite in Bl	LOCK (CAPITA	S	Mark boxes like this —			
1	What is your name? (Person 2) First name (BLOCK CAPITALS)	7 Where	do you us	sually live		12	What is your ethnic group/background?			
		2	Elsewher	e in IRELA g Northern	ND Ireland),		Choose ONE section from A to D, then mark — the appropriate box			
			write in y	our FULL	ADDRESS		A White			
	Ourseass (PLOOK CARITAL O)						1 Irish			
	Sumame (BLOCK CAPITALS)						2 Irish Traveller			
							3 Roma 4 Any other White background,			
							write in description			
2	What is your sex? 1 Male 2 Female		ΕI	R C	O D E		B Black or Black Irish			
							5 African			
3	What is your date of birth? Day Month Year	3	Elsewher the COUN	e abroad Ntry	, write in		6 Any other Black background write in description			
	Day Month Year									
						4				
4	What is your relationship to Person 1?	8 Are yo	u a tenant	where y	ou usually		C Asian or Asian Irish Chinese			
		1	Yes	2 1	No		8 Any other Asian background			
	Mark — one box only	9 Where	did you u	cually liv	e one vezi		write in description			
	Relationship of Person PERSON 2 to 1	ago?	dia you u	sually liv	e one year	•				
	Husband or wife 1		r if aged 1 y		r		D Other, including mixed			
	Partner 2 (incl. same-sex partner)	1	SAME as				group/background			
	Son or daughter 3	2	(including	e in IRELA 9 Northern	Ireland),		9 Mixed, write in description 10 Other, write in description			
	Step-child 4		write in t	he COUNT	Y		To Guilely write in description			
	Brother or sister 5				+					
	Mother or father 6 Step-mother/-father 7									
	Grandchild 8	3	Elsewher	e ABROAD	, write in					
	Other related 9		the COU	VIKY		13	Do you have a religion?			
	Unrelated 10 (incl. foster child)						1 Yes 2 No			
	(mei. rester eme)		ou ever li				If 'Yes', what is your religion?			
			lic of Irela of one ye			5	Mark one box only			
5	What is your current marital status?	Answe	r if aged 1 y	ear or ove			1 Roman Catholic 2 Church of Ireland			
	Answer if aged 15 years or over		Republic of I				3 Islam			
	Mark one box only	1 If 'V es	Yes ', write in th		NO Flact taking		4 Orthodox Christian			
	Single (never married or never in a same-sex civil partnership)		dence in the				5 Presbyterian			
	2 Married (first marriage)			AND			6 Other, write in your RELIGION			
	3 Re-married	the CO	UNTRY of la	ast previou	s residence					
	In a registered same-sex civil partnership									
	5 Separated									
	6 Divorced									
	7 Widowed	11 What i	s your cou	intry of c	itizenshin?					
6	What is your place of birth?	If you h	ave dual co	ountry of ci	-					
	Give the place where your mother lived	please 1	declare bot	П						
	at the time of your birth If IRELAND (including Northern Ireland),	2		TIZENSHIF	, write in					
	write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY									
	ADICOAD, WHICH HIS COUNTRY									
		3	No citizer	nship						

PE	rson 2	VIIL	e 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	19	How is your health in general? Mark one box only Very good Good Fair Bad Very bad Do you smoke tobacco products? Mark one box only Yes - daily Yes - occasionally No - have given up smoking Never If NOT at work, school,	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
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	21	College or childcare → Go to Q25 How do you usually travel	26	Do you regularly engage in helping or voluntary work in any of the following activities without pay? Mark all the boxes that apply
16 (a)	Do you have any of the following long-lasting conditions or difficulties? 1 YES, 2 YES, 3 NO to a to great some extent some extent Blindness or a vision 1 2 3 impairment		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		A social or charitable organisation A religious group or church A sporting organisation A political organisation In your community No
, ,	Deafness or a hearing 1 2 3 impairment		4 Train, DART or LUAS 5 Motorcycle or scooter 6 Driving a car	27	If you are aged under 15 Go to Q38
(d)	A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying An intellectual disability 1 2 3 A difficulty with learning, remembering or concentrating	22	Passenger in a car Other (including lorry or van) Mainly at or from home What time do you usually leave home? Write in the time	28	Have you ceased your full-time education? 1 Yes 2 No If 'Yes', write in AGE at which it ceased
(f)	A psychological or emotional condition or a mental health issue		(24 hour clock, e.g. 08:30)	29	What is the highest level of education/training (full-time or part-time) which you have completed to date?
(g)	As a result of a long-lasting condition,	23	How long does your journey take? Write in minutes		Mark one box only No formal education/training Primary education, NFQ 1 or 2
	do you have difficulty doing any of the following? Include issues due to old age 1 YES, 2 YES, 3 NO a lot a little	24	What time do you usually leave work, school, college or childcare? Write in the time		 Lower Secondary, NFQ 3 Upper Secondary, NFQ 4 or 5 Technical or Vocational, NFQ 4 or 5 Advanced Certificate/Completed
, ,	Dressing, bathing or 1 2 3 getting around inside the home		(24 hour clock, e.g. 17:30)		Apprenticeship, NFQ 6 7 Higher Certificate, NFQ 6
) Going outside the home to shop or visit 1 2 3 a doctor's surgery				8 Ordinary Bachelor Degree or National Diploma, NFQ 7 9 Honours Bachelor Degree/
(c)	Working at a job or 1 2 3 business or attending school or college				Professional qualification or both, NFQ 8 10 Postgraduate Diploma or Macharia Dograd, NFQ 9
(d)	Participating in other 1 2 3 activities, for example leisure or using transport				Master's Degree, NFQ 9 11 Doctorate (Ph.D.) or higher, NFQ 10

Pe	rson 3 from List 1 Page 3	Write in BLOCK CAPITALS	Mark boxes like this 👄
	What is your name? (Person 3) First name (BLOCK CAPITALS) Sumame (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	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
2	What is your sex? 1 Male 2 Female	E I R C O D E	B Black or Black Irish
3	What is your date of birth? Day Month Year	3 Elsewhere ABROAD, write in the COUNTRY	5 African 6 Any other Black background write in description
4	What is your relationship to Persons 1 and 2? Mark one box only for each person Relationship of Persons 1 2 Husband or wife 1 Partner (incl. same-sex partner) Son or daughter 3 Step-child 4 Brother or sister 5 Mother or father 6 Step-mother/-father 7 Grandchild 8 Other related 9 Unrelated (incl. foster child)	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	C Asian or Asian Irish Chinese Any other Asian background write in description D Other, including mixed group/background Mixed, write in description Other, write in description The Doyou have a religion? Yes 2 No
5	What is your 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)	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	If 'Yes', what is your religion? Mark one box only Roman Catholic Church of Ireland Islam Orthodox Christian Presbyterian
	Married (first marriage) Re-married In a registered same-sex civil partnership Separated Divorced Widowed	AND the COUNTRY of last previous residence	6 Other, write in your RELIGION
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	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	

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18 How is your health in general?	25 Do you provide regular unpaid
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	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?
20 If NOT at work, school, college or childcare Go to Q25	26 Do you regularly engage in helping or voluntary work in any of the following activities without pay? Mark all the boxes that apply
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	A social or charitable organisation A religious group or church A sporting organisation A political organisation In your community No
Train, DART or LUAS Motorcycle or scooter Driving a car Passenger in a car Other (including lorry or van) Mainly at or from home What time do you usually leave home? Write in the time (24 hour clock, e.g. 08:30)	If you are aged under 15 Go to Q38 Have you ceased your full-time education? 1 Yes 2 No If 'Yes', write in AGE at which it ceased
How long does your journey take? Write in minutes	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
What time do you usually leave work, school, college or childcare? Write in the time (24 hour clock, e.g. 17:30)	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
	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) Write in the time (24 hour clock, e.g. 08:30) Write in the time (24 hour clock, e.g. 17:30)

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Pe	Person 4 from List 1 Page 3 Write in BLOCK CAPITALS Mark boxes like this						
1	What is your name? (Person 4) First name (BLOCK CAPITALS)	7 Where do you usually live? 1 HERE at this address	12 What is your ethnic group/background? Choose ONE section from A to D,				
		2 Elsewhere in IRELAND (including Northern Ireland),	then mark — the appropriate box				
		write in your FULL ADDRESS	A White				
	Sumame (BLOCK CAPITALS)		1 Irish 2 Irish Traveller				
			3 Roma				
			4 Any other White background, write in description				
2	What is your sex? 1 Male 2 Female	EIRCODE	B Black or Black Irish				
3		3 Elsewhere ABROAD, write in	5 African				
	What is your date of birth? Day Month Year	the COUNTRY	6 Any other Black background write in description				
4	What is your relationship to	8 Are you a tenant where you usually	C Asian or Asian Irish				
	Persons 1, 2 and 3?	live?	7 Chinese				
	Mark — one box only for each person		8 Any other Asian background write in description				
	Relationship of Persons PERSON 4 to Persons 1 2 3	Where did you usually live one year ago?					
	Husband or wife 1	Answer if aged 1 year or over	D Other, including mixed				
	Partner 2 (incl. same-sex partner)	1 SAME as now 2 Elsewhere in IRELAND	group/background 9 Mixed, write in description				
	Son or daughter 3	(including Northern Ireland), write in the COUNTY	10 Other, write in description				
	Step-child 4 Brother or sister 5						
	Mother or father 6						
	Step-mother/-father 7 Grandchild 8	3 Elsewhere ABROAD, write in					
	Other related 9	the COUNTRY	13 Do you have a religion?				
	Unrelated 10 (incl. foster child)		1 Yes 2 No				
		Have you ever lived outside the Republic of Ireland for a continuous	If 'Yes', what is your religion?				
		period of one year or more?	Mark one box only Roman Catholic				
5	What is your current marital status?	Answer if aged 1 year or over and living in the Republic of Ireland	2 Church of Ireland				
	Answer if aged 15 years or over Mark one box only	1 Yes 2 No	3 Islam 4 Orthodox Christian				
	1 Single (never married or never	If 'Yes' , write in the YEAR of last taking up residence in the Republic of Ireland	5 Presbyterian				
	in a same-sex civil partnership) 2 Married (first marriage)	AND	6 Other, write in your RELIGION				
	3 Re-married	the COUNTRY of last previous residence					
	4 In a registered same-sex civil partnership						
	5 Separated						
	6 Divorced 7 Widowed						
6	What is your place of birth?	What is your country of citizenship? If you have dual country of citizenship,					
	Give the place where your mother lived	please declare both					
	at the time of your birth If IRELAND (including Northern Ireland),	1 Ireland 2 Other CITIZENSHIP, write in					
	write in the COUNTY. If elsewhere ABROAD, write in the COUNTRY						
		2 No sitissanchia					
		3 No citizenship					

Person 4					IN BLOCK CAPITALS		Mark boxes like this —
An 1 If Maa 1 2 3 4 5	Daily, within the e Daily, outside the Weekly Less often Never Yes', how well do you ark one box only Very well Well	No sh? pply ducation syste education syst	em 18	9	How is your health in general? Mark one box only Very good Good Fair Bad Very bad Do you smoke tobacco products? Mark one box only Yes - daily Yes - occasionally No - have given up smoking Never	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
Iri	d you grow up in a housh was the main spoke swer if aged 18 years or Yes 2	en language?		1	If NOT at work, school, college or childcare Go to Q25 How do you usually travel	26	Do you regularly engage in helping or voluntary work in any of the following activities without pay? Mark all the boxes that apply
lon (a) B	to q	YES, 2 YES, o a to reat some extent extent	3 NO		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		A social or charitable organisation A religious group or church A sporting organisation A political organisation In your community No
(b) D	eafness or a hearing 1 npairment	2	3		4 Train, DART or LUAS 5 Motorcycle or scooter	27	If you are aged under 15 Go to Q38
(c) A pl as st oil (d) A (e) A	difficulty with basic hysical activities such s walking, climbing tairs, reaching, lifting r carrying n intellectual disability 1 difficulty with earning, remembering r concentrating		3 22	2	Driving a car Passenger in a car Other (including lorry or van) Mainly at or from home What time do you usually leave home? Write in the time	28	Have you ceased your full-time education? 1 Yes 2 No If 'Yes', write in AGE at which it ceased
e	psychological or 1 motional condition or mental health issue	2	3		(24 hour clock, e.g. 08:30)	29	What is the highest level of education/training (full-time or part-time) which you have
01 01	difficulty with pain, reathing or any ther chronic illness r condition a result of a long-last		3 23		How long does your journey take? Write in minutes		completed to date? Mark one box only 1 No formal education/training 2 Primary education, NFQ 1 or 2
do fol	you have difficulty do llowing? clude issues due to old ag	oing any of th			What time do you usually leave work, school, college or childcare? Write in the time		 Lower Secondary, NFQ 3 Upper Secondary, NFQ 4 or 5 Technical or Vocational, NFQ 4 or 5 Advanced Certificate/Completed
`´ g	ressing, bathing or 1 etting around inside ne home		3		(24 hour clock, e.g. 17:30)		Apprenticeship, NFQ 6 7 Higher Certificate, NFQ 6
(b) G	oing outside the ome to shop or visit 1	2	3				8 Ordinary Bachelor Degree or National Diploma, NFQ 7
(c) W	doctor's surgery /orking at a job or 1 usiness or attending chool or college	2	3				9 Honours Bachelor Degree/ Professional qualification or both, NFQ 8
(d) Pa	articipating in other 1 ctivities, for example eisure or using transport	2	3				Postgraduate Diploma or Master's Degree, NFQ 9 Doctorate (Ph.D.) or higher, NFQ 10

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) Sumame (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 A White 1 Irish 2 Irish Traveller 3 Roma 4 Any other White background, write in description
What is your sex? 1 Male 2 Female	E I R C O D E B Black or Black Irish
What is your date of birth? Day Month Year	3 Elsewhere ABROAD, write in the COUNTRY 5 African Any other Black background write in description
What is your relationship to Persons 1, 2, 3 and 4? Mark one box only for each person	8 Are you a tenant where you usually live? 1 Yes 2 No 8 Any other Asian background write in description
Relationship of PERSON 5 to 1 2 3 4 Husband or wife 1 Partner 2 (incl. same-sex partner) Son or daughter 3 Step-child 4 Brother or sister 5 Mother or father 6 Step-mother/-father 7	Where did you usually live one year ago? Answer if aged 1 year or over SAME as now Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY Other, including mixed group/background Mixed, write in description Other, write in description
Grandchild 8 Other related 9 Unrelated 10 (incl. foster child)	13 Do you have a religion? 1 Yes 2 No 10 Have you ever lived outside the Republic of Ireland for a continuous period of one year or more? 1 Yes 2 No If 'Yes', what is your religion? Mark one box only 1 Roman Catholic
Mhat is your 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 (first marriage) Re-married In a registered same-sex civil partnership	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
5 Separated 6 Divorced 7 Widowed	11 What is your country of citizenship?
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	If you have dual country of citizenship, please declare both 1

Person 5	Write in BLOCK CAPITALS	Mark boxes like this =
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 none box only 1 Very well 2 Well 3 Not well	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	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?
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	20 If NOT at work, school, college or childcare ▶ Go to Q25 21 How do you usually travel	26 Do you regularly engage in helping or voluntary work in any of the following activities without pay? Mark all the boxes that apply
Do you have any of the following long-lasting conditions or difficulties? 1 YES, 2 YES, 3 NO to a to great some extent extent (a) Blindness or a vision 1 2 3	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	A social or charitable organisation A religious group or church A sporting organisation A political organisation In your community No
impairment (b) Deafness or a hearing 1 2 3	4 Train, DART or LUAS 5 Motorcycle or scooter	27 If you are aged under 15 Go to Q38
impairment (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying (d) An intellectual disability 1 2 3 (e) A difficulty with 1 2 3 learning, remembering or concentrating	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	Have you ceased your full-time education? 1 Yes 2 No If 'Yes', write in AGE at which it ceased
(f) A psychological or 1 2 3 emotional condition or a mental health issue	(24 hour clock, e.g. 08:30)	What is the highest level of education/training (full-time or
(g) A difficulty with pain, breathing or any other chronic illness or condition	23 How long does your journey take? Write in minutes	part-time) which you have completed to date? Mark one box only No formal education/training Primary education, NFQ 1 or 2
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, 2 YES, 3 NC a lot a little	24 What time do you usually leave work, school, college or childcare? Write in the time	3 Lower Secondary, NFQ 3 4 Upper Secondary, NFQ 4 or 5 5 Technical or Vocational, NFQ 4 or 5 6 Advanced Certificate/Completed
(a) Dressing, bathing or 1 2 3 getting around inside the home	(24 hour clock, e.g. 17:30)	Apprenticeship, NFQ 6 7 Higher Certificate, NFQ 6
(b) Going outside the home to shop or visit 1 2 3 a doctor's surgery		8 Ordinary Bachelor Degree or National Diploma, NFQ 7 9 Honours Bachelor Degree/
(c) Working at a job or 1 2 3 business or attending school or college		Professional qualification or both, NFQ 8 10 Postgraduate Diploma or
(d) Participating in other 1 2 3 activities, for example leisure or using transport		Master's Degree, NFQ 9 11 Doctorate (Ph.D.) or higher, NFQ 10

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Person 6 from List 1 Page 3		Wri	te in BLOCK CAPITALS		Mark boxes like this
1 What is your name? (Person 6)	7	Where	do you usually live?	12	What is your ethnic
First name (BLOCK CAPITALS)		1	HERE at this address		group/background? Choose ONE section from A to D,
		2	Elsewhere in IRELAND (including Northern Ireland),		then mark — the appropriate box
			write in your FULL ADDRESS		A White
Outro to (DLOOK OARITALO)					1 Irish
Sumame (BLOCK CAPITALS)					2 Irish Traveller
					3 Roma 4 Any other White background.
					4 Any other White background, write in description
2 What is your sex?					B Black or Black Irish
1 Male 2 Female			EIRCODE		5 African
What is your date of birth?		3	Elsewhere ABROAD, write in the COUNTRY		6 Any other Black background write in description
Day Month Year					write in description
4 What is your relationship to			a tenant where you usually		C Asian or Asian Irish
Persons 1, 2, 3 and 4?		live?	V 2 3 1		7 Chinese
Mark — one box only for each person		1	Yes 2 No		8 Any other Asian background write in description
Relationship of Persons			did you usually live one year		
PERSON 6 to 1 2 3 4		ago? Answer	if aged 1 year or over	ш	
Husband or wife 1 Partner 2		1	SAME as now		D Other, including mixed group/background
(ind. same-sex partner)		2	Elsewhere in IRELAND		9 Mixed, write in description
Son or daughter 3			(including Northern Ireland), write in the COUNTY		10 Other, write in description
Step-child 4					
Brother or sister 5 Mother or father 6	-				
Step-mother/-father 7		ш			
Grandchild 8		3	Elsewhere ABROAD, write in the COUNTRY	12	
Other related 9				13	Do you have a religion?
Unrelated 10 (incl. foster child)					1 Yes 2 No
			ou ever lived outside the		If 'Yes', what is your religion?
			ic of Ireland for a continuous of one year or more?		Mark one box only
5 What is your current marital status?			if aged 1 year or over and living		1 Roman Catholic 2 Church of Ireland
Answer if aged 15 years or over			epublic of Ireland		3 Islam
Mark one box only		1	Yes 2 No		4 Orthodox Christian
1 Single (never married or never			write in the YEAR of last taking ence in the Republic of Ireland		5 Presbyterian
in a same-sex civil partnership) 2 Married (first marriage)			AND		6 Other, write in your RELIGION
3 Re-married		the COL	INTRY of last previous residence		
4 In a registered same-sex civil			Testidence		
partnership 5 Separated					
6 Divorced					
7 Widowed	44				
6 What is your place of birth?			s your country of citizenship?		
Give the place where your mother lived		n you na please d	ave dual country of citizenship, declare both		
at the time of your birth		1	Ireland		
If IRELAND (including Northern Ireland), write in the COUNTY. If elsewhere		2	Other CITIZENSHIP, write in		
ABROAD, write in the COUNTRY					
			No sitinguality		
		3	No citizenship		

Person 6	Write in BLOCK CAPITALS	Mark doxes like this
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	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	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 108 hours If 'Yes', are the person or persons concerned members of your household?
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	20 If NOT at work, school, college or childcare Go to Q25 21 How do you usually travel	Do you regularly engage in helping or voluntary work in any of the following activities without pay? Mark all the boxes that apply
1 Do you have any of the following long-lasting conditions or difficulties? 1 YES, 2 YES, 3 NO to a to great extent (a) Blindness or a vision impairment (b) Deafness or a hearing impairment (c) A difficulty with basic physical activities such as walking aligning.	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	A social or charitable organisation A religious group or church A sporting organisation A political organisation In your community No If you are aged under 15 Go to Q38 Have you ceased your full-time education?
as walking, climbing stairs, reaching, lifting or carrying (d) An intellectual disability 1 2 3 (e) A difficulty with 1 2 3 learning, remembering or concentrating	9 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)	1 Yes 2 No If 'Yes', write in AGE at which it ceased
(f) A psychological or emotional condition or a mental health issue (g) A difficulty with pain, breathing or any other chronic illness or condition	23 How long does your journey take? Write in minutes	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
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, 2 YES, 3 NO a lot a little	What time do you usually leave work, school, college or childcare? Write in the time	 Lower Secondary, NFQ 3 Upper Secondary, NFQ 4 or 5 Technical or Vocational, NFQ 4 or 5 Advanced Certificate/Completed
 (a) Dressing, bathing or getting around inside the home (b) Going outside the home to shop or visit a doctor's surgery 	(24 hour clock, e.g. 17:30)	Apprenticeship, NFQ 6 7 Higher Certificate, NFQ 6 8 Ordinary Bachelor Degree or National Diploma, NFQ 7 9 Honours Bachelor Degree/
 (c) Working at a job or 1 2 3 business or attending school or college (d) Participating in other 1 2 3 activities, for example leisure or using transport 		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 Absent Person 2 Absent Person 3** A1 What is this person's name? A1 What is this person's name? A1 What is this person's name? First name (BLOCK CAPITALS) First name (BLOCK CAPITALS) First name (BLOCK CAPITALS) Sumame (BLOCK CAPITALS Surname (BLOCK CAPITALS) Sumame (BLOCK CAPITALS) A2 What is this person's sex? A2 What is this person's sex? A2 What is this person's sex? Male Male 1 Female Male Female Female What is this person's date of birth? What is this person's date of birth? What is this person's date of birth? Month Month Month Year What is the relationship of this What is the relationship of this What is the relationship of this person to Person 1 on page 4? person to Person 1 on page 4? person to Person 1 on page 4? Mark one box onl one box onl Husband or wife Husband or wife 1 Husband or wife 1 2 Partner (incl. same-sex partner) 2 2 Partner Partner (incl. same-sex partner) (incl. same-sex partner) 3 Son or daughter Son or daughter Son or daughter 9 9 Other related write in RELATIONSHIP Other related write in RELATIONSHIP 9 Other related write in RELATIONSHIP Unrelated (including foster child) 10 Unrelated (including foster child) 10 10 Unrelated (including foster child) What is this person's current What is this person's current What is this person's current marital status? marital status? marital status? 15 years or over 15 years or over years or over Mark one box only Mark one box only box only Single (never married or never in a same-sex civil partnership) Single (never married or never in a same-sex civil partnership) Single (never married or never in a same-sex civil partnership) 1 1 Married (including re-married) 2 Married (including re-married) Married (including re-married) In a registered same-sex civil partnership In a registered same-sex civil partnership In a registered same-sex civil partnership 4 4 4 Separated 5 5 Separated 5 Separated Divorced Divorced Divorced 6 6 Widowed Widowed Widowed How long altogether is this person How long altogether is this person How long altogether is this person away for? away for? away for? 1 Less than 12 months 1 Less than 12 months 1 Less than 12 months 2 12 months or more 2 12 months or more 7 12 months or more Was this person in the Republic of Was this person in the Republic of Was this person in the Republic of Ireland on Sunday 23 September? Ireland on Sunday 23 September? Ireland on Sunday 23 September? 1 Yes No 1 Yes Nο 1 Yes 2 Nο What is the country of this person's What is the country of this person's What is the country of this person's citizenship? citizenship? citizenship? If they have dual country of citizenship, please declare both If they have dual country of citizenship, please declare both dual country of citizenship. please declare both 1 1 1 2 2 2 Other CITZENSHIP, write in Other CITZENSHIP, write in Other CITZENSHIP, write in 3 3 No citizenship No citizenship 3 No citizenship

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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?

Yes 2 N

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 Cooperative'. 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 Persons 3 PERSON 4 to Husband or wife 2 (incl. same-sex partner) Son or daughter 3 Step-child 4 Brother or sister 5 Mother or father 6 Step-mother/-father 7 Grandchild 8 Other related 9 Unrelated 10 (incl. foster child)

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



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 description10 Other, write in description

KURDISH

Question 16 – Do you have any of the following long-lasting conditions or difficulties?

For the purpose of this question a longlasting 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.

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