Daonáireamh na hÉireann
Census of Population of Ireland
Sunday 23 April 2006

About the Census
The Census takes place every five years and counts all the people and households in the country. The census results will give a comprehensive picture of the social and living conditions of our people and will provide vital information necessary for planning Ireland's future.

Participation is compulsory
The Census is being taken under the Statistics Act, 1993 and the Statistics (Census of Population) Order, 2005. Under Section 26 of the Statistics Act, 1993, you are obliged by law to complete this form. Any person who fails or refuses to provide this information or who knowingly provides false information may be subject to a fine of up to €25,000.

Confidentiality is guaranteed
The confidentiality of your Census return is legally guaranteed by the Statistics Act, 1993. The Central Statistics Office will use the information you provide for statistical purposes only. This includes the production of statistical tables and analytical reports and the selection of samples for some of our surveys.

Census Enumerator
Your Census Enumerator will assist you if you have difficulty completing your Census form or if you have any questions about the Census.

Thank you for your co-operation.

Déan Gairm
Director General

Who should complete the Census form?
The householder or any adult member of the household present on the night of Sunday 23 April 2006 should complete the form.

Each household should complete a separate Household Form.

A household is:
- one person living alone or
- a group of related/unrelated people living at the same address with common housekeeping arrangements, that is, sharing at least one meal a day or sharing a living room or sitting room.

If you have any queries
Talk to your Census Enumerator if:
- there is more than one household at your address (each will need their own Household Form);
- there are more than 5 persons in the household (you will need an Individual Form for each additional person).

How to complete your Census form
1. The form should be completed on the night of Sunday 23 April.
2. Please answer questions about your accommodation on page 2.
3. Identify on page 3:
   - all persons (including visitors) who spent the night of Sunday 23 April in the household;
   - any household members who are usually resident in the household but who are temporarily away on the night of Sunday 23 April.
4. Answer the questions beginning on page 4 for all persons present on the night of Sunday 23 April.
5. Answer the questions on pages 22-23 in respect of any household members temporarily away on the night of Sunday 23 April.
6. Sign the declaration on the back page.

Have your completed form ready for collection
The Enumerator will call to collect your completed Census form on Monday 24 April or soon afterwards and will assist you if you have any difficulties. If for any reason the form has not been collected by Monday 22 May 2006, please return it to our FREEPOST address which is Central Statistics Office, PO Box 2006, FREEPOST 3985, Swords, Co Dublin.

For office use only
House Number and Street/Townland Name

County Code | Enumeration Area Code | ED Code | Street/Townland Code | D No. | Number of persons PRESENT |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Males</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ABSENT persons</td>
</tr>
</tbody>
</table>

Page 1
### Questions about your accommodation

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

- **one box only.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Detached</td>
</tr>
<tr>
<td>2</td>
<td>Semi-detached</td>
</tr>
<tr>
<td>3</td>
<td>Terraced (including end of terrace)</td>
</tr>
<tr>
<td>4</td>
<td>In a purpose-built block</td>
</tr>
<tr>
<td>5</td>
<td>Part of a converted house or commercial building</td>
</tr>
</tbody>
</table>

#### A bed-sit:

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

#### A mobile or temporary structure:

- Caravan or other mobile or temporary structure

#### H2 What year was your house or other building containing your accommodation first built?

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before 1919</td>
</tr>
<tr>
<td>2</td>
<td>1919 - 1940 inclusive</td>
</tr>
<tr>
<td>3</td>
<td>1941 - 1960 inclusive</td>
</tr>
<tr>
<td>4</td>
<td>1961 - 1970 inclusive</td>
</tr>
<tr>
<td>5</td>
<td>1971 - 1980 inclusive</td>
</tr>
<tr>
<td>6</td>
<td>1981 - 1990 inclusive</td>
</tr>
<tr>
<td>7</td>
<td>1991 - 1995 inclusive</td>
</tr>
<tr>
<td>8</td>
<td>1996 - 2000 inclusive</td>
</tr>
<tr>
<td>9</td>
<td>2001 or later</td>
</tr>
</tbody>
</table>

#### H3 What is the nature of occupancy of your household’s accommodation?

- **one box only.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Owner occupied where loan or mortgage repayments are being made</td>
</tr>
<tr>
<td>2</td>
<td>Owner occupied where no loan or mortgage repayments are being made</td>
</tr>
<tr>
<td>3</td>
<td>Being purchased from a Local Authority under a Tenant Purchase Scheme</td>
</tr>
<tr>
<td>4</td>
<td>Rented from a Local Authority</td>
</tr>
<tr>
<td>5</td>
<td>Rented from a Voluntary Body</td>
</tr>
<tr>
<td>6</td>
<td>Rented unfurnished other than from a Local Authority or Voluntary Body</td>
</tr>
<tr>
<td>7</td>
<td>Rented furnished or part furnished other than from a Local Authority or Voluntary Body</td>
</tr>
<tr>
<td>8</td>
<td>Occupied free of rent, ratepayer, company official, etc.</td>
</tr>
</tbody>
</table>

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

- Enter amount to the nearest Euro.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Per week</td>
</tr>
<tr>
<td>2</td>
<td>Per month</td>
</tr>
<tr>
<td>3</td>
<td>Per year</td>
</tr>
</tbody>
</table>

#### 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 or landings, or rooms that can only be used for storage such as cupboards.**

- **Do count all other rooms for example 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One</td>
</tr>
<tr>
<td>2</td>
<td>Two</td>
</tr>
<tr>
<td>3</td>
<td>Three</td>
</tr>
<tr>
<td>4</td>
<td>Four or more</td>
</tr>
<tr>
<td>5</td>
<td>None</td>
</tr>
</tbody>
</table>

#### H6 Does your accommodation have central heating?

- **Yes** if you have central heating in some or all rooms whether or not you use it.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

#### H7 What type of piped water supply does your accommodation have?

- **one box only.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Connection to a Public Main</td>
</tr>
<tr>
<td>2</td>
<td>Connection to a Group Water Scheme with a Local Authority source of supply</td>
</tr>
<tr>
<td>3</td>
<td>Connection to a Group Water Scheme with a Private source of supply (e.g. borehole, lake, etc.)</td>
</tr>
<tr>
<td>5</td>
<td>No piped water supply</td>
</tr>
</tbody>
</table>

#### H8 What type of sewerage facility does your accommodation have?

- **one box only.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public sewerage scheme</td>
</tr>
<tr>
<td>2</td>
<td>Individual septic tank</td>
</tr>
<tr>
<td>3</td>
<td>Individual treatment system other than a septic tank</td>
</tr>
<tr>
<td>4</td>
<td>Other sewerage facility</td>
</tr>
<tr>
<td>5</td>
<td>No sewerage facility</td>
</tr>
</tbody>
</table>

#### H9 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One</td>
</tr>
<tr>
<td>2</td>
<td>Two</td>
</tr>
<tr>
<td>3</td>
<td>Three</td>
</tr>
<tr>
<td>4</td>
<td>Four or more</td>
</tr>
<tr>
<td>5</td>
<td>None</td>
</tr>
</tbody>
</table>

#### H10 Does your household have a personal computer (PC)?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

#### H11 Does your household have access to the Internet?

- **Yes** if you have access to the Internet in your home.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, Broadband connection</td>
</tr>
<tr>
<td>2</td>
<td>Yes, other connection</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
</tbody>
</table>

#### H12 Proceed to next page
**Persons present in the household on the night of Sunday 23 April**

List every person who spent the night of Sunday 23 April in the household or who arrived the following morning not having been enumerated elsewhere.

**INCLUDE**
- all persons alive at midnight on Sunday 23 April.
- persons staying temporarily in the household.

**DO NOT INCLUDE**
- students who are away from home on the night of Sunday 23 April; they should be listed as being absent in List 2 below.
- babies born after midnight on Sunday 23 April.
- anyone who is temporarily away from home on the night of Sunday 23 April. However, these persons should be listed as being absent in List 2 below.

<table>
<thead>
<tr>
<th>LIST 1</th>
<th>Persons PRESENT in the household on the night of Sunday 23 April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person No.</td>
<td>First name and surname</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

If there are more than 6 persons present in the household on the night of Sunday 23 April, you will need an Individual Form for each additional person. Please ask your Enumerator.

| 7       |                                                               |
| 8       |                                                               |
| 9       |                                                               |
| 10      |                                                               |
| 11      |                                                               |
| 12      |                                                               |

**Persons temporarily away from the household on the night of Sunday 23 April**

List any household members who usually live at this address but who were ABSENT on the night of Sunday 23 April. Include in particular students who are living away from home during term time who were not present on the night of Sunday 23 April.

<table>
<thead>
<tr>
<th>LIST 2</th>
<th>Persons ABSENT from the household on the night of Sunday 23 April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person No.</td>
<td>First name and surname</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

If there are more than 6 usual residents absent on the night of Sunday 23 April, please ask your Enumerator for guidance.

Please answer questions for each person present in the household on the night of Sunday 23 April in the same order as listed in List 1 above beginning on Page 4.
Person 1

1 What is your name? (Person 1)
   First name and surname

2 Sex
   1 Male
   2 Female

3 Relationship question does not apply to Person 1.

4 What is your date of birth?
   Day
   Month
   Year

5 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.

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

7 Where do you usually live?
   1 HERE at this address
   2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   3 Elsewhere ABROAD, write in the COUNTRY

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

9 Have you 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 Ireland.
   1 Yes
   2 No
   IF ‘Yes’, write in the YEAR of last taking up residence in the Republic of Ireland
   AND
   the COUNTRY of last previous residence.

10 What is your current marital status?
    Answer if aged 15 years or over.
    ✓ one box only.
    1 Single (never Married)
    2 Married (first Marriage)
    3 Re-married (following Widowhood)
    4 Re-married (following Divorce/Annulment)
    5 Separated (including Deserted)
    6 Divorced
    7 Widowed

11 How many children have you given birth to?
   This question is for women only.
   Write in number of children born alive.
   1 None

12 Can you speak Irish?
   Answer if aged 3 years or over.
   1 Yes
   2 No

   IF ‘Yes’, do you speak Irish?
   ✓ the boxes that apply.
   1 Daily, within the education system
   2 Daily, outside the education system
   3 Weekly
   4 Less often
   5 Never

13 What is your religion?
   One box only.
   1 Roman Catholic
   2 Church of Ireland
   3 Presbyterian
   4 Methodist
   5 Islam
   6 Other, write in your RELIGION

14 What is your ethnic or cultural background?
   Choose ONE section from A to D, then ✓ the appropriate box.
   A White
      1 Irish
      2 Irish Traveller
      3 Any other White background
   B Black or Black Irish
      4 African
      5 Any other Black background
   C Asian or Asian Irish
      6 Chinese
      7 Any other Asian background
   D Other, including mixed background
      8 Other, write in description
15. Do you have any of the following long-lasting conditions? 
(a) Blindness, deafness or a severe vision or hearing impairment
(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
(c) A learning or intellectual disability
(d) A psychological or emotional condition
(e) Other, including any chronic illness

16. IF ‘Yes’, to any of the conditions specified in Question 15, do you have any difficulty in doing any of the following activities?
(a) Learning, remembering or concentrating
(b) Dressing, bathing or getting around inside the home
(c) Going outside the home alone to shop or visit a doctor’s surgery
(d) Working at a job or business or attending school or college
(e) Participating in other activities, for example leisure or using transport

17. How do you usually travel to work, school or college? 

18. What time do you usually leave home to go to work, school or college?
1. Before 06:30
2. 06:31 - 07:00
3. 07:01 - 07:30
4. 07:31 - 08:00
5. 08:01 - 08:30
6. 08:31 - 09:00
7. 09:01 - 09:30
8. After 09:30
9. Not applicable

19. What distance is your journey from home to work, school or college and how long does it usually take?
Write in distance to the nearest kilometre and journey time in minutes.

Kilometres
Minutes

20. If you are aged under 15, skip to Q34 on next page

21. Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?
Include problems which are due to old age.
Personal help includes help with basic tasks such as feeding or dressing.
1. Yes, 1-14 hours a week
2. Yes, 15-28 hours a week
3. Yes, 29-42 hours a week
4. Yes, 43 or more hours a week
5. No

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

23. What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education
2. Primary education
3. Secondary Level
   b. Upper secondary: Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCCA Level 1 Certificate or equivalent
4. Technical or Vocational qualification: Completed Apprenticeship, NCCA Level 2/3 Certificate, Technical Certificate/Diploma or equivalent
5. Both Upper Secondary and Technical or Vocational qualification
6. Third Level
   a. Degree: National Certificate, Diploma, NCCA, Institute of Technology or equivalent University Degree
   b. Primary Degree (Third Level Bachelor Degree)
7. Professional qualification (of Degree status at least)
8. Both a Degree and a Professional qualification
9. Postgraduate Certificate or Diploma
10. Postgraduate Degree (Masters)
11. Doctorate (Ph.D.)

24. Do you hold any THIRD LEVEL qualification(s) which you attained after completing 2 or more years of study?
1. Yes
2. No

If ‘Yes’, please indicate the main subject area(s) in which the qualification(s) is/are held. ALL the boxes that apply.

1. Education
2. Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)
3. Social Sciences/Business/Law (including Psychology, Economics, Journalism, Finance, Accounting)
4. Life Science, Physical Science, Mathematics and Statistics
5. Computing
6. Engineering, Manufacturing and Construction (including Architecture)
7. Agriculture and Veterinary (including Forestry, Fishery, Horticulture)
8. Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation, Pharmacy)
9. Social Services (including Child Care and Youth Services, Social Work and Counselling)
25 In the last 4 weeks have you done any of the following activities without pay?

- [ ] Helping or voluntary work with a social or charitable organisation
- [ ] Helping or voluntary work with a religious group or church
- [ ] Helping or voluntary work with a sporting organisation
- [ ] Helping or voluntary work with a political or cultural organisation
- [ ] Any other voluntary activity
- [ ] No voluntary activity

26 How would you describe your present principal status?

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

27 If you are:
- [ ] working for payment or profit (Q26 box 1)
- [ ] unemployed (Q26 box 3)
- [ ] retired (Q26 box 5)

   answer the following questions about your main job or your last main job if you are not currently employed.

Otherwise,

   [ ] Skip to Q34

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

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

- [ ] Employee
- [ ] Self-employed, with paid employees
- [ ] Self-employed, without paid employees
- [ ] Assisting relative (not receiving a fixed wage or salary)

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

   In all cases describe the occupation fully and precisely giving the full job title.

   Use precise terms such as
   - [ ] RETAIL STORE MANAGER
   - [ ] PRIMARY TEACHER
   - [ ] ELECTRICAL ENGINEER

   Do NOT use general terms such as
   - [ ] Manager
   - [ ] Teacher
   - [ ] Engineer

   Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

   Write in your main OCCUPATION.

30 If you are retired, [ ] Skip to Q34

31 What is (was) the full name of the Organisation you work(ed) for in your main job?

   If you have (had) your own business, write in the NAME of the business.

32 What is (was) the full address at which you actually work(ed)?

33 What is (was) the business of your employer at the place where you work(ed) in your main job?

   If you are (were) self-employed answer in respect of your own business.

   Describe the main product or service provided by your employer.

   For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

34 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 April, [ ] Skip to page 22
**Person 2**

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

2. **Sex**  
   1. Male  
   2. Female

3. **What is your relationship to Person 1?**  
   *See example on back page. ✔ one box only.*
   - Relationship of PERSON 2 to Person 1
     - Husband or wife
     - Partner
     - Son or daughter
     - Step-child
     - Brother or sister
     - Mother or father
     - Step-mother/father
     - Son/daughter-in-law
     - Grandchild
     - Other related
     - Unrelated (including foster child)

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

5. **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.

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

7. **Where do you usually live?**  
   ✔ HERE at this address
   2. Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   3. Elsewhere ABROAD, write in the COUNTRY

8. **Where did you usually live one year ago?**  
   ✔ SAME as now
   2. Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   3. Elsewhere ABROAD, write in the COUNTRY

9. **Have you lived outside the Republic of Ireland for a continuous period of one year or more?**  
   ✔ Yes
   2. No
   If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland
   AND
   the COUNTRY of last previous residence.

10. **What is your current marital status?**  
    ✔ Single (never Married)
    2. Married (first Marriage)
    3. Re-married (following Widowhood)
    4. Re-married (following Divorce/Annulment)
    5. Separated (including Deserted)
    6. Divorced
    7. Widowed

11. **How many children have you given birth to?**  
    *This question is for women only.*  
    Write in number of children born alive.
    ✔ None

12. **Can you speak Irish?**  
    ✔ Yes
    2. No
    IF 'Yes', do you speak Irish?
    ✔ the boxes that apply.
    1. Daily, within the education system
    2. Daily, outside the education system
    3. Weekly
    4. Less often
    5. Never

13. **What is your religion?**  
    ✔ one box only.
    - Roman Catholic
    - Church of Ireland
    - Presbyterian
    - Methodist
    - Islam
    - Other, write in your RELIGION

14. **What is your ethnic or cultural background?**  
    Choose ONE section from A to D, then ✔ the appropriate box.
    A. White
    1. Irish
    2. Irish Traveller
    3. Any other White background
    B. Black or Black Irish
    4. African
    5. Any other Black background
    C. Asian or Asian Irish
    6. Chinese
    7. Any other Asian background
    D. Other, including mixed background
    8. Other, write in description
15 Do you have any of the following long-lasting conditions?

(a) Blindness, deafness or a severe vision or hearing impairment
(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
(c) A learning or intellectual disability
(d) A psychological or emotional condition
(e) Other, including any chronic illness

16 IF 'Yes', to any of the conditions specified in Question 15, do you have any difficulty in doing any of the following activities?

(a) Learning, remembering or concentrating
(b) Dressing, bathing or getting around inside the home
(c) Going outside the home alone to shop or visit a doctor’s surgery
(d) Working at a job or business or attending school or college
(e) Participating in other activities, for example leisure or using transport

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

- Before 06:30
- 06:31 - 07:00
- 07:01 - 07:30
- 07:31 - 08:00
- 08:01 - 08:30
- 08:31 - 09:00
- 09:01 - 09:30
- After 09:30
- Not applicable

19 What distance is your journey from home to work, school or college and how long does it usually take?

Write in distance to the nearest kilometre and journey time in minutes.

Kilometres
Minutes

20 If you are aged under 15, Skip to Q34 on next page.

21 Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability? Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing.

- Yes, 1-14 hours a week
- Yes, 15-28 hours a week
- Yes, 29-42 hours a week
- Yes, 43 or more hours a week
- No

22 Have you ceased your full-time education?

- Yes
- No

IF 'Yes', write in AGE at which it ceased.

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

- No formal education
- Primary education
- Second Level
  - Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVQ Foundation Certificate, Basic Skills Training Certificate or equivalent
  - Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVQ Level 1 Certificate or equivalent
  - Technical or Vocational qualification: Completed Apprenticeship, NCVQ Level 2/3 Certificate, Technical Certificate/Diploma or equivalent

- Both Upper Secondary and Technical or Vocational qualification

- Third Level
  - Non Degree
    - General Certificate, Diploma in Practical Studies of Technology or Agriculture, Nursing Diploma
  - Professional qualification (of Degree status at least)
  - Both a Degree and a Professional qualification
  - Postgraduate Certificate or Diploma
  - Postgraduate Degree (Masters)
  - Doctorate (Ph.D)

24 Do you hold any third level qualification(s) which you attained after completing 2 or more years of study?

- Yes
- No

IF 'Yes', please indicate the main subject area(s) in which the qualification(s) is held. ALL the boxes that apply.

1. Education
2. Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)
3. Social Sciences/Business/Law (including Psychology, Economics, Journalism, Finance, Accounting)
4. Life Science, Physical Science, Mathematics and Statistics
5. Computing
6. Engineering, Manufacturing and Construction (including Architecture)
7. Agriculture and Veterinary (including Forestry, Fishery, Horticulture)
8. Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation, Pharmacy)
9. Social Services (including Child Care and Youth Services, Social Work and Counselling)
10. Services (including Hotel, Catering, Sports, Transport, Environmental Protection, Security, Occupational Health and Safety, Military and Defence)
25 In the last 4 weeks have you done any of the following activities without pay?

1. Helping or voluntary work with a social or charitable organisation
2. Helping or voluntary work with a religious group or church
3. Helping or voluntary work with a sporting organisation
4. Helping or voluntary work with a political or cultural organisation
5. Any other voluntary activity
6. No voluntary activity

26 How would you describe your present principal status?

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

27 If you are:

- working for payment or profit (Q26 box 1)
- unemployed (Q26 box 3)
- retired (Q26 box 6),
answer the following questions about your main job or your last main job if you are not currently employed.

Otherwise, Skip to Q34

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

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

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

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

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as

- RETAIL STORE MANAGER Manager
- SECONDARY TEACHER Teacher
- ELECTRICAL ENGINEER Engineer

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Garda or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION.

30 If you are retired, Skip to Q34

31 What is (was) the full name of the Organisation you work(ed) for in your main job?

If you have (had) your own business, write in the NAME of the business.

32 What is (was) the full address at which you actually work(ed)?

33 What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

34 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 April,
Person 3

1 What is your name? (Person 3)
   First name and surname

2 Sex
   1 Male
   2 Female

3 What is your relationship to Persons 1 and 2?
   See example on back page. ✓ one box only for each person.
   Relationship of
   PERSON 3 to
   Persons 1 2
   Husband or wife 1
   Partner 2
   Son or daughter 3
   Step-child 4
   Brother or sister 5
   Mother or father 6
   Step-mother/father 7
   Son/daughter-in-law 8
   Grandchild 9
   Other related 10
   Unrelated (including foster child) 11

4 What is your date of birth?
   Day  
   Month  
   Year

5 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.

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

7 Where do you usually live?
   1 HERE at this address
   2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   3 Elsewhere ABROAD, write in the COUNTRY

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

9 Have you 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 Ireland.
   1 Yes
   2 No
   If "Yes", write in the YEAR of last taking up residence in the Republic of Ireland
   AND the COUNTRY of last previous residence.

10 What is your current marital status?
   Answer if aged 15 years or over. ✓ one box only.
   1 Single (never Married)
   2 Married (first Marriage)
   3 Re-married (following Widowhood)
   4 Re-married (following Divorce/Annulment)
   5 Separated (including Deserted)
   6 Divorced
   7 Widowed

11 How many children have you given birth to?
   This question is for women only.
   Write in number of children born alive.
   1 None

12 Can you speak Irish?
   Answer if aged 3 years or over.
   1 Yes
   2 No

   IF ‘Yes’, do you speak Irish?
   ✓ the boxes that apply.
   1 Daily within the education system
   2 Daily outside the education system
   3 Weekly
   4 Less often
   5 Never

13 What is your religion?
   Choose one box only.
   1 Roman Catholic
   2 Church of Ireland
   3 Presbyterian
   4 Methodist
   5 Islam
   6 Other, write in your RELIGION

14 What is your ethnic or cultural background?
   Choose ONE section from A to D, then ✓ the appropriate box.
   A White
   1 Irish
   2 Irish Traveller
   3 Any other White background
   B Black or Black Irish
   4 African
   5 Any other Black background
   C Asian or Asian Irish
   6 Chinese
   7 Any other Asian background
   D Other, including mixed background
   8 Other, write in description
15. Do you have any of the following long-lasting conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Blindness, deafness or a severe vision or hearing impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) A learning or intellectual disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) A psychological or emotional condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Other, including any chronic illness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. IF ‘Yes’, to any of the conditions specified in Question 15, do you have any difficulty in doing any of the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Learning, remembering or concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Dressing, bathing or getting around inside the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Going outside the home alone to shop or visit a doctor’s surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Working at a job or business or attending school or college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Participating in other activities, for example leisure or using transport</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. How do you usually travel to work, school or college?

<table>
<thead>
<tr>
<th>Mode of Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On foot</td>
</tr>
<tr>
<td>2. Bicycle</td>
</tr>
<tr>
<td>3. Bus, minibus or coach</td>
</tr>
<tr>
<td>4. Train, DART or LUAS</td>
</tr>
<tr>
<td>5. Motor cycle or scooter</td>
</tr>
<tr>
<td>6. Driving a car</td>
</tr>
<tr>
<td>7. Passenger in a car</td>
</tr>
<tr>
<td>8. Lorry or van</td>
</tr>
<tr>
<td>9. Other means</td>
</tr>
<tr>
<td>10. Work mainly at or from home</td>
</tr>
<tr>
<td>11. Not applicable</td>
</tr>
</tbody>
</table>

18. What time do you usually leave home to go to work, school or college?

<table>
<thead>
<tr>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Before 06:30</td>
</tr>
<tr>
<td>2. 06:31 - 07:00</td>
</tr>
<tr>
<td>3. 07:01 - 07:30</td>
</tr>
<tr>
<td>4. 07:31 - 08:00</td>
</tr>
<tr>
<td>5. 08:01 - 08:30</td>
</tr>
<tr>
<td>6. 08:31 - 09:00</td>
</tr>
<tr>
<td>7. 09:01 - 09:30</td>
</tr>
<tr>
<td>8. After 09:30</td>
</tr>
<tr>
<td>9. Not applicable</td>
</tr>
</tbody>
</table>

19. What distance is your journey from home to work, school or college and how long does it usually take?

<table>
<thead>
<tr>
<th>Kilometres</th>
<th>Minutes</th>
</tr>
</thead>
</table>

20. If you are aged under 15, Skip to Q34 on next page.

21. Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

22. Have you ceased your full-time education?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

23. What is the highest level of education (full-time or part-time) which you have completed to date?

<table>
<thead>
<tr>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No formal education</td>
</tr>
<tr>
<td>2. Primary education</td>
</tr>
<tr>
<td>3. Second Level</td>
</tr>
<tr>
<td>Junior/Intermediate/Group Certificate, ‘O’ Levels/GCSEs, NCVQ Foundation Certificate, Basic Skills Training Certificate or equivalent</td>
</tr>
<tr>
<td>4. Upper secondary</td>
</tr>
<tr>
<td>Leaving Certificate (including Applied and Vocational Programmes), A Levels, NCVQ Level 1 Certificate or equivalent</td>
</tr>
<tr>
<td>5. Technical or Vocational qualification: Completed Apprenticeship, NCVQ Level 2/3 Certificate, Technical Certificate/Diploma or equivalent</td>
</tr>
<tr>
<td>6. Both Upper Secondary and Technical or Vocational qualification</td>
</tr>
<tr>
<td>Third level</td>
</tr>
<tr>
<td>Postgraduate Certificate or Diploma</td>
</tr>
<tr>
<td>Postgraduate Degree (Masters)</td>
</tr>
<tr>
<td>Doctorate (Ph.D.)</td>
</tr>
</tbody>
</table>

24. Do you hold any THIRD LEVEL qualification(s) which you attained after completing 2 or more years of study?

<table>
<thead>
<tr>
<th>Qualification(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education</td>
</tr>
<tr>
<td>2. Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)</td>
</tr>
<tr>
<td>3. Social Sciences/Business/Law (including Psychology, Economics, Journalism, Finance, Accounting)</td>
</tr>
<tr>
<td>4. Life Science, Physical Science, Mathematics and Statistics</td>
</tr>
<tr>
<td>5. Computing</td>
</tr>
<tr>
<td>6. Engineering, Manufacturing and Construction (including Architecture)</td>
</tr>
<tr>
<td>7. Agriculture and Veterinary (including Forestry, Fishery, Horticulture)</td>
</tr>
<tr>
<td>8. Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation, Pharmacy)</td>
</tr>
<tr>
<td>9. Social Services (including Child Care and Youth Services, Social Work and Counselling)</td>
</tr>
<tr>
<td>10. Services (including Hotel, Catering, Sports, Transport, Environmental Protection, Security, Occupational Health and Safety, Military and Defence)</td>
</tr>
</tbody>
</table>

IF ‘Yes’, please indicate the main subject area(s) in which the qualification(s) is held.

<table>
<thead>
<tr>
<th>ALL the boxes that apply.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education</td>
<td></td>
</tr>
<tr>
<td>2. Humanities and Arts</td>
<td></td>
</tr>
<tr>
<td>3. Social Sciences/Business/Law</td>
<td></td>
</tr>
<tr>
<td>4. Life Science, Physical Science, Mathematics and Statistics</td>
<td></td>
</tr>
<tr>
<td>5. Computing</td>
<td></td>
</tr>
<tr>
<td>6. Engineering, Manufacturing and Construction (including Architecture)</td>
<td></td>
</tr>
<tr>
<td>7. Agriculture and Veterinary (including Forestry, Fishery, Horticulture)</td>
<td></td>
</tr>
<tr>
<td>8. Health</td>
<td></td>
</tr>
<tr>
<td>9. Social Services</td>
<td></td>
</tr>
<tr>
<td>10. Services</td>
<td></td>
</tr>
</tbody>
</table>
25 In the last 4 weeks have you done any of the following activities without pay? ✓ ✔ ALL the boxes that apply.

1. Helping or voluntary work with a social or charitable organisation
2. Helping or voluntary work with a religious group or church
3. Helping or voluntary work with a sporting organisation
4. Helping or voluntary work with a political or cultural organisation
5. Any other voluntary activity
6. No voluntary activity

26 How would you describe your present principal status? ✓ one box only.

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

27 If you are:
- working for payment or profit (Q26 box 1)
- unemployed (Q26 box 3)
- retired (Q26 box 6),
answer the following questions about your main job or your last main job if you are not currently employed.

Otherwise, Skip to Q34

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

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

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

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

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as ☑ Do NOT use general terms such as

- RETAIL STORE MANAGER Manager
- SECONDARY TEACHER Teacher
- ELECTRICAL ENGINEER Engineer

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION.

If a farmer or farm worker, write in the size of the farm:

Hectares

30 If you are retired, Skip to Q34

31 What is (was) the full name of the Organisation you work(ed) for in your main job?

If you have (had) your own business, write in the NAME of the business.

32 What is (was) the full address at which you actually work(ed)?

Work mainly at or from home 2 No fixed place of work

33 What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

34 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 April,

Skip to page 22
**Person 4**

1. What is your name? (Person 4)
   
   First name and surname

2. Sex
   1. Male
   2. Female

3. What is your relationship to Persons 1, 2 and 3?
   See example on back page.
   ✔ one box only for each person.

<table>
<thead>
<tr>
<th>Relationship of PERSON 4 to</th>
<th>Persons 1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother/father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son/-daughter-in-law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated (including foster child)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. What is your date of birth?

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

5. 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.

<table>
<thead>
<tr>
<th>If IRELAND (including Northern Ireland)</th>
<th>write in the COUNTY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If elsewhere ABROAD</th>
<th>write in the COUNTRY</th>
</tr>
</thead>
</table>

6. What is your Nationality?
   If you have more than one nationality, please declare all of them.

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

7. Where do you usually live?

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

8. Where did you usually live one year ago?
   Answer if aged 1 year or over.

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

9. Have you lived outside the Republic of Ireland for a continuous period of one year or more?
   Answer if aged 15 years or over and living in Ireland.

   1. Yes
   2. No
   
   If ‘Yes’, write in the YEAR of last taking up residence in the Republic of Ireland AND the COUNTRY of last previous residence.

10. What is your current marital status?
    Answer if aged 15 years or over.
    ✔ one box only.

    1. Single (never Married)
    2. Married (first Marriage)
    3. Re-married (following Widowhood)
    4. Re-married (following Divorce/Annulment)
    5. Separated (including Deserted)
    6. Divorced
    7. Widowed

11. How many children have you given birth to?
    This question is for women only.
    Write in number of children born alive.

   1. None

12. Can you speak Irish?
    Answer if aged 3 years or over.

    1. Yes
    2. No

    IF ‘Yes’, do you speak Irish?
    ✔ the boxes that apply.

    Daily, within the education system
    Weekly, outside the education system
    Less often
    Never

13. What is your religion?
    ✔ one box only.

    - Roman Catholic
    - Church of Ireland
    - Presbyterian
    - Methodist
    - Islam
    - Other, write in your RELIGION
    - No religion

14. What is your ethnic or cultural background?
    Choose ONE section from A to D, then ✔ the appropriate box.

    A White
    1. Irish
    2. Irish Traveller
    3. Any other White background

    B Black or Black Irish
    4. African
    5. Any other Black background

    C Asian or Asian Irish
    6. Chinese
    7. Any other Asian background

    D Other, including mixed background
    8. Other, write in description

*FOR INFORMATION ONLY*
15 Do you have any of the following long-lasting conditions?

(a) Blindness, deafness or a severe vision or hearing impairment
(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
(c) A learning or intellectual disability
(d) A psychological or emotional condition
(e) Other, including any chronic illness

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

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2. 06:31 - 07:00
3. 07:01 - 07:30
4. 07:31 - 08:00
5. 08:01 - 08:30
6. 08:31 - 09:00
7. 09:01 - 09:30
8. After 09:30
9. Not applicable

19 What distance is your journey from home to work, school or college and how long does it usually take?

Write in distance to the nearest kilometre and journey time in minutes.

Kilometres
Minutes

20 If you are aged under 15, skip to Q34 on next page.

21 Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?

Yes, 1-14 hours a week
Yes, 15-28 hours a week
Yes, 29-42 hours a week
Yes, 43 or more hours a week
No

22 Have you ceased your full-time education?

1. Yes
2. No

IF ‘Yes’, write in AGE at which it ceased.

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

1. No formal education
2. Primary education
3. Secondary Level
   b. Upper secondary: Leaving Certificate (including Applied and Vocational Programmes), A Levels, NCVQ Level 1 Certificate or equivalent
4. Technical or Vocational qualification: Completed Apprenticeship, NCVQ Level 2/3 Certificate, Feasa Basic Certificate/Diploma or equivalent
5. Both Upper Secondary and Technical or Vocational qualification
6. Third Level
   a. Non-Degree: National Certificate, Diplomas in Professional Studies of Technology or equivalency, Nursing Diploma
   b. Primary Degree (First Level Bachelor Degree)
7. Professional qualification (of Degree status at least)
   a. Both a Degree and a Professional qualification
   b. Postgraduate Certificate or Diploma
8. Postgraduate Degree (Masters)
9. Doctorate (Ph.D.)

24 Do you hold any THIRD LEVEL qualification(s) which you attained after completing 2 or more years of study?

1. Yes
2. No

IF ‘Yes’, please indicate the main subject area(s) in which the qualification(s) is held.

1. Education
2. Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)
3. Social Sciences/Business/Law (including Psychology, Economics, Journalism, Finance, Accounting)
4. Life Science, Physical Science, Mathematics and Statistics
5. Computing
6. Engineering, Manufacturing and Construction (including Architecture)
7. Agriculture and Veterinary (including Forestry, Fishery, Horticulture)
8. Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation, Pharmacy)
9. Social Services (including Child Care and Youth Services, Social Work and Counselling)
10. Services (including Hotel, Catering, Sports, Transport, Environmental Protection, Security, Occupational Health and Safety, Military and Defence)

Page 14

Household Form

DO NOT COMPLETE ONLY.
25 In the last 4 weeks have you done any of the following activities without pay? 
**ALL** the boxes that apply.

1. Helping or voluntary work with a social or charitable organisation
2. Helping or voluntary work with a religious group or church
3. Helping or voluntary work with a sporting organisation
4. Helping or voluntary work with a political or cultural organisation
5. Any other voluntary activity
6. No voluntary activity

26 How would you describe your present principal status?  
**one box only.**

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

27 If you are:
- working for payment or profit (Q26 box 1),
- unemployed (Q26 box 3),
- retired (Q26 box 6),
answer the following questions about your main job or your last main job if you are not currently employed.

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

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

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

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

In all cases describe the occupation fully and precisely giving the full job title. Use precise terms such as RETAIL STORE MANAGER, Manager. Do NOT use general terms such as ELECTRICAL ENGINEER, Engineer.

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION.

30 If you are retired, 

Skip to Q34

31 What is (was) the full name of the Organisation you work(ed) for in your main job? 

If you have (had) your own business, write in the NAME of the business.

32 What is (was) the full address at which you actually work(ed)?

33 What is (was) the business of your employer at the place where you work(ed) in your main job? 

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

34 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 April, 

Skip to page 22
**Person 5**

1. **What is your name?** (Person 5)
   - First name and surname

2. **Sex**
   - 1 Male
   - 2 Female

3. **What is your relationship to Persons 1, 2, 3 and 4?**
   - See example on back page.
   - ✔️ one box only for each person.

<table>
<thead>
<tr>
<th>Relationship of PERSON 5 to</th>
<th>Persons 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son or daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother/-father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son-/daughter-in-law</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other related</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated (including foster child)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

5. **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.

6. **What is your Nationality?**
   - If you have more than one nationality, please declare all of them.
   - ✔️ one box only.

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

7. **Where do you usually live?**
   - ✔️ HERE at this address
   - Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
   - Elsewhere ABROAD, write in the COUNTRY

8. **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
   - Elsewhere ABROAD, write in the COUNTRY

9. **Have you lived outside the Republic of Ireland for a continuous period of one year or more?**
   - Answer if aged 15 years or over and living in Ireland.
   - ✔️ Yes
   - No
   - IF ‘Yes’, write in the YEAR of last taking up residence in the Republic of Ireland
   - AND the COUNTRY of last previous residence.

10. **What is your current marital status?**
    - Answer if aged 15 years or over.
    - ✔️ one box only.

    | Marital Status | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
    |----------------|---|---|---|---|---|---|---|
    | Single (never Married) | | | | | | | |
    | Married (first Marriage) | | | | | | | |
    | Re-married (following Widowhood) | | | | | | | |
    | Re-married (following Divorce/Annulment) | | | | | | | |
    | Separated (including Deserted) | | | | | | | |
    | Divorced | | | | | | | |
    | Widowed | | | | | | | |

11. **How many children have you given birth to?**
    - This question is for women only.
    - Write in number of children born alive.

   - ✔️ None

12. **Can you speak Irish?**
    - Answer if aged 3 years or over.

    - ✔️ Yes
    - No

    IF ‘Yes’, do you speak Irish?
    - ✔️ the boxes that apply.

    | Frequency of speaking Irish | 1 | 2 | 3 | 4 |
    |-----------------------------|---|---|---|---|
    | Daily, within the education system | | | | |
    | Daily, outside the education system | | | | |
    | Weekly | | | | |
    | Less often | | | | |
    | Never | | | | |

13. **What is your religion?**
    - ✔️ one box only.

    | Religion | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
    |-----------|---|---|---|---|---|---|---|
    | Roman Catholic | | | | | | | |
    | Church of Ireland | | | | | | | |
    | Presbyterian | | | | | | | |
    | Methodist | | | | | | | |
    | Islam | | | | | | | |
    | Other, write in your RELIGION | | | | | | | |

14. **What is your ethnic or cultural background?**
    - Choose ONE section from A to D, then ✔️ the appropriate box.

    | Ethnic or Cultural Background | A | B | C | D |
    |--------------------------------|---|---|---|---|
    | White                         | 1 | 2 | 3 | 4 |
    | Irish                         |   |   |   |   |
    | Irish Traveller               |   |   |   |   |
    | Any other White background    |   |   |   |   |
    | Black or Black Irish          | 1 | 2 | 3 | 4 |
    | African                       |   |   |   |   |
    | Any other Black background    |   |   |   |   |
    | Asian or Asian Irish          | 1 | 2 | 3 | 4 |
    | Chinese                       |   |   |   |   |
    | Any other Asian background    |   |   |   |   |
    | Other, including mixed background | | | | | | | |
    | Other                          | 1 | 2 | 3 | 4 |
    | Other, write in description   |   |   |   |   |
Person 5 - continued

15 Do you have any of the following long-lasting conditions?
   (a) Blindness, deafness or a severe vision or hearing impairment
      Yes  No
   (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
      Yes  No
   (c) A learning or intellectual disability
      Yes  No
   (d) A psychological or emotional condition
      Yes  No
   (e) Other, including any chronic illness
      Yes  No

16 IF ‘Yes’, to any of the conditions specified in Question 15, do you have any difficulty in doing any of the following activities?
   (a) Learning, remembering or concentrating
      Yes  No
   (b) Dressing, bathing or getting around inside the home
      Yes  No
   (c) Going outside the home alone to shop or visit a doctor’s surgery
      Yes  No
   (d) Working at a job or business or attending school or college
      Yes  No
   (e) Participating in other activities, for example leisure or using transport
      Yes  No

17 How do you usually travel to work, school or college?
   ✔ one box only, for the longest part, by distance, of your usual journey to work, school or college.

1. On foot
2. Bicycle
3. Bus, minibus or coach
4. Train, DART or LUAS
5. Motor cycle or scooter
6. Driving a car
7. Passenger in a car
8. Lorry or van
9. Other means
10. Work mainly at or from home
11. Not applicable

18 What time do you usually leave home to go to work, school or college?
1. Before 06:30
2. 06:31 - 07:00
3. 07:01 - 07:30
4. 07:31 - 08:00
5. 08:01 - 08:30
6. 08:31 - 09:00
7. 09:01 - 09:30
8. After 09:30
9. Not applicable

19 What distance is your journey from home to work, school or college and how long does it usually take?
   Write in distance to the nearest kilometre and journey time in minutes.

<table>
<thead>
<tr>
<th>Kilometres</th>
<th>Minutes</th>
</tr>
</thead>
</table>

20 If you are aged under 15
   Skip to Q34 on next page

21 Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?
   Include problems which are due to old age.
   Personal help includes help with basic tasks such as feeding or dressing.
1. Yes, 1-14 hours a week
2. Yes, 15-28 hours a week
3. Yes, 29-42 hours a week
4. Yes, 43 or more hours a week
5. No

22 Have you ceased your full-time education?
1. Yes
2. No

   IF ‘Yes’, write in AGE at which it ceased.

23 What is the highest level of education (full-time or part-time) which you have completed to date?
   ✔ one box only.

1. No formal education
2. Primary education
3. Second Level
   b. Leaving Certificate (including Applied and Vocational Programmes), A Levels, NCCA Level 1 Certificate or equivalent
   c. Technical or Vocational qualification: Completed Apprenticeship, NCCA Level 2/3 Certificate, Trade Certificate/Diploma or equivalent
4. Third Level
   a. Bachelor Degree (Junior or Intermediate Certificate)
   b. Bachelor Degree (Intermediate Certificate)
   c. Postgraduate Certificate or Diploma
   d. Doctorate Degree (Ph.D)

24 Do you hold any THIRD LEVEL qualification(s) which you attained after completing 2 or more years of study?

1. Yes
2. No

   IF ‘Yes’, please indicate the main subject area(s) in which the qualification(s) is held.
   ✔ ALL the boxes that apply.

1. Education
2. Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)
3. Social Sciences/Business/Law (including Psychology, Economics, Journalism, Finance, Accounting)
4. Life Science, Physical Science, Mathematics and Statistics
5. Computing
6. Engineering, Manufacturing and Construction (including Architecture)
7. Agriculture and Veterinary (including Forestry, Fishery, Horticulture)
8. Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation, Pharmacy)
9. Social Services (including Child Care and Youth Services, Social Work and Counselling)
10. Services (including Hotel, Catering, Sports, Transport, Environmental Protection, Security, Occupational Health and Safety, Military and Defence)

Page 17

Household Form
25 In the last 4 weeks have you done any of the following activities without pay? ✔ ALL the boxes that apply.
1. Helping or voluntary work with a social or charitable organisation
2. Helping or voluntary work with a religious group or church
3. Helping or voluntary work with a sporting organisation
4. Helping or voluntary work with a political or cultural organisation
5. Any other voluntary activity
6. No voluntary activity

26 How would you describe your present principal status? ✔ one box only.
1. Working for payment or profit
2. Looking for first regular job
3. Unemployed
4. Student or pupil
5. Looking after home/family
6. Retired from employment
7. Unable to work due to permanent sickness or disability
8. Other, write in

27 If you are:
- working for payment or profit (Q26 box 1)
- unemployed (Q26 box 3)
- retired (Q26 box 6),
answer the following questions about your main job or your last main job if you are not currently employed.

Otherwise, ✔ Skip to Q34

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

Your main job is the job in which you usually work(ed) the most hours.
1. Employee
2. Self-employed, with paid employees
3. Self-employed, without paid employees
4. Assisting relative (not receiving a fixed wage or salary)

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

In all cases describe the occupation fully and precisely giving the full title.
Use precise terms such as Do NOT use general terms such as

- RETAIL STORE MANAGER Manager
- SECONDARY TEACHER Teacher
- ELECTRICAL ENGINEER Engineer

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN.

REGISTERED GENERAL NURSE.

Write in your main OCCUPATION.

30 If you are retired, ✔ Skip to Q34

31 What is (was) the full name of the Organisation you work(ed) for in your main job?

If you have (had) your own business, write in the NAME of the business.

32 What is (was) the full address at which you actually work(ed)?

33 What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

34 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 April, ✔ Skip to page 22
Person 6

1 What is your name? (Person 6)
   First name and surname

2 Sex
   1 Male
   2 Female

3 What is your relationship to Persons 1, 2, 3 and 4?
   See example on back page.
   ✔ one box only for each person.

<table>
<thead>
<tr>
<th>Relationship of PERSON 6 to</th>
<th>Persons 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband or wife</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td></td>
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<tr>
<td>Son or daughter</td>
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<td></td>
</tr>
<tr>
<td>Step-child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother or sister</td>
<td></td>
<td></td>
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<tr>
<td>Mother or father</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Step-mother/father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son/daughter-in-law</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other related</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated (including foster child)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 What is your date of birth?

   Day | Month | Year

5 What is your place of birth?

   Give the place where you were born.
   ✔ one box only for each person.

<table>
<thead>
<tr>
<th>If IRELAND (including Northern Ireland), write in the COUNTY.</th>
<th>Persons 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>If elsewhere ABROAD, write in the COUNTRY.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 What is your Nationality?

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

   ✔ one box only.

<p>| Irish                  | 1 |
| Other NATIONALITY, write in | 2 |
| No nationality         | 3 |</p>
<table>
<thead>
<tr>
<th>15</th>
<th>Do you have any of the following long-lasting conditions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Blindness, deafness or a severe vision or hearing impairment</td>
<td>Yes No</td>
</tr>
<tr>
<td>(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying</td>
<td>Yes No</td>
</tr>
<tr>
<td>(c) A learning or intellectual disability</td>
<td>Yes No</td>
</tr>
<tr>
<td>(d) A psychological or emotional condition</td>
<td>Yes No</td>
</tr>
<tr>
<td>(e) Other, including any chronic illness</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18</th>
<th>What time do you usually leave home to go to work, school or college?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before 06:30</td>
</tr>
<tr>
<td>2</td>
<td>06:31 - 07:00</td>
</tr>
<tr>
<td>3</td>
<td>07:01 - 07:30</td>
</tr>
<tr>
<td>4</td>
<td>07:31 - 08:00</td>
</tr>
<tr>
<td>5</td>
<td>08:01 - 08:30</td>
</tr>
<tr>
<td>6</td>
<td>08:31 - 09:00</td>
</tr>
<tr>
<td>7</td>
<td>09:01 - 09:30</td>
</tr>
<tr>
<td>8</td>
<td>After 09:30</td>
</tr>
<tr>
<td>9</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19</th>
<th>What distance is your journey from home to work, school or college and how long does it usually take?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kilometres</td>
<td></td>
</tr>
<tr>
<td>Minutes</td>
<td></td>
</tr>
</tbody>
</table>

| 20 | If you are aged under 15, Skip to Q34 on next page |

<table>
<thead>
<tr>
<th>21</th>
<th>Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1-14 hours a week</td>
</tr>
<tr>
<td>Yes</td>
<td>15-28 hours a week</td>
</tr>
<tr>
<td>Yes</td>
<td>29-42 hours a week</td>
</tr>
<tr>
<td>Yes</td>
<td>43 or more hours a week</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22</th>
<th>Have you ceased your full-time education?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23</th>
<th>What is the highest level of education (full-time or part-time) which you have completed to date?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No formal education</td>
</tr>
<tr>
<td>2</td>
<td>Primary education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower secondary: Junior/Intermediate/Group Certificate, ‘O’ Levels/GCSEs, NCVQ Foundation Certificate, Basic Skills Training Certificate or equivalent</td>
</tr>
<tr>
<td>Upper secondary: Leaving Certificate (including Applied and Vocational Programmes); ‘A’ Levels, NCVQ Level 1 Certificate or equivalent</td>
</tr>
</tbody>
</table>

| 5 | Technical or Vocational qualification: Completed Apprenticeship, NCVQ Level 2/3 Certificate, Feasible Basic Certificate/Diploma or equivalent |
| 6 | Both Upper Secondary and Technical or Vocational qualification |

<table>
<thead>
<tr>
<th>Third Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Degree</td>
</tr>
<tr>
<td>Technical Certificate, Diploma or Foundation Degree in Technology or Engineering, Nursing or Midwifery</td>
</tr>
<tr>
<td>Primary Degree (First level Bachelor Degree)</td>
</tr>
<tr>
<td>Professional qualification (of Degree status at least)</td>
</tr>
<tr>
<td>Both a Degree and a Professional qualification</td>
</tr>
<tr>
<td>Postgraduate Certificate or Diploma</td>
</tr>
<tr>
<td>Postgraduate Degree (Masters)</td>
</tr>
<tr>
<td>Doctorate (Ph.D.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24</th>
<th>Do you hold any THIRD LEVEL qualification(s) which you attained after completing 2 or more years of study?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF ‘Yes’, please indicate the main subject area(s) in which the qualification(s) is held.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)</td>
</tr>
<tr>
<td>Social Sciences/Business/Law (including Psychology, Economics, Journalism, Finance, Accounting)</td>
</tr>
<tr>
<td>Life Science, Physical Science, Mathematics and Statistics</td>
</tr>
<tr>
<td>Computing</td>
</tr>
<tr>
<td>Engineering, Manufacturing and Construction (including Architecture)</td>
</tr>
<tr>
<td>Agriculture and Veterinary (including Forestry, Fishery, Horticulture)</td>
</tr>
<tr>
<td>Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation, Pharmacy)</td>
</tr>
<tr>
<td>Social Services (including Child Care and Youth Services, Social Work and Counselling)</td>
</tr>
<tr>
<td>Services (including Hotel, Catering, Sports, Transport, Environmental Protection, Security, Occupational Health and Safety, Military and Defence)</td>
</tr>
</tbody>
</table>
25. In the last 4 weeks have you done any of the following activities without pay?

- Helping or voluntary work with a social or charitable organisation
- Helping or voluntary work with a religious group or church
- Helping or voluntary work with a sporting organisation
- Helping or voluntary work with a political or cultural organisation
- Any other voluntary activity
- No voluntary activity

26. How would you describe your present principal status?

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

27. If you are:

- working for payment or profit (Q26 box 1)
- unemployed (Q26 box 3)
- retired (Q26 box 6),

answer the following questions about your main job or your last main job if you are not currently employed.

Otherwise, skip to Q34

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

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

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

29. What is (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as RETAIL STORE MANAGER Manager.
SECONDARY TEACHER Teacher.
ELECTRICAL ENGINEER Engineer.

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Garda or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION.

If a farmer or farm worker, write in the SIZE of the farm

Hectares

30. If you are retired, skip to Q34.

31. What is (was) the full name of the Organisation you work(ed) for in your main job?

If you have made your own business, write in the NAME of the business.

32. What is (was) the full address at which you actually work(ed)?

33. What is (was) the business of your employer at the place where you work(ed) in your main job?

If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

34. If there are more than 6 persons present in the household on the night of Sunday 23 April, you will need an Individual Form for each additional person. Please ask your Enumerator for additional forms.

Otherwise,

Go to the next page
Persons temporarily away from the household on the night of Sunday 23 April

Answer questions A1 to A8 for any household members who usually live here at this address but who are NOT present on the night of Sunday 23 April. Include in particular students who are living away from home during term time who are NOT present at this address on the night of Sunday 23 April.

**Absent Person 1**

A1 What is this person’s name?
First name and surname

A2 Sex
1. Male
2. Female

A3 What is the relationship of this person to Person 1 on page 4?
1. Husband or wife
2. Partner
3. Son or daughter
10. Other related, write in RELATIONSHIP
11. Unrelated (including foster child)

A4 What is this person’s date of birth?
Day Month Year

A5 What is this person’s current marital status?
Answer if aged 15 years or over.
1. Single (never Married)
2. Married (including Re-married)
5. Separated (including Deserted)
6. Divorced
7. Widowed

A6 How long altogether is this person away for?
1. Less than 3 months
2. 3 months or more

A7 Was this person in the Republic of Ireland on Sunday 23 April?
1. Yes
2. No

A8 Is this person a student away at school or college?
1. Yes
2. No

**Absent Person 2**

A1 What is this person’s name?
First name and surname

A2 Sex
1. Male
2. Female

A3 What is the relationship of this person to Person 1 on page 4?
1. Husband or wife
2. Partner
3. Son or daughter
10. Other related, write in RELATIONSHIP
11. Unrelated (including foster child)

A4 What is this person’s date of birth?
Day Month Year

A5 What is this person’s current marital status?
Answer if aged 15 years or over.
1. Single (never Married)
2. Married (including Re-married)
5. Separated (including Deserted)
6. Divorced
7. Widowed

A6 How long altogether is this person away for?
1. Less than 3 months
2. 3 months or more

A7 Was this person in the Republic of Ireland on Sunday 23 April?
1. Yes
2. No

A8 Is this person a student away at school or college?
1. Yes
2. No

**Absent Person 3**

A1 What is this person’s name?
First name and surname

A2 Sex
1. Male
2. Female

A3 What is the relationship of this person to Person 1 on page 4?
1. Husband or wife
2. Partner
3. Son or daughter
10. Other related, write in RELATIONSHIP
11. Unrelated (including foster child)

A4 What is this person’s date of birth?
Day Month Year

A5 What is this person’s current marital status?
Answer if aged 15 years or over.
1. Single (never Married)
2. Married (including Re-married)
5. Separated (including Deserted)
6. Divorced
7. Widowed

A6 How long altogether is this person away for?
1. Less than 3 months
2. 3 months or more

A7 Was this person in the Republic of Ireland on Sunday 23 April?
1. Yes
2. No

A8 Is this person a student away at school or college?
1. Yes
2. No

Page 22

HOUSEHOLD FORM
Declaration to be signed by the householder after completing the Census form

Before you sign the declaration please check:

- That you have completed the questions about your accommodation on page 2.

- That in List 1 on page 3, you have accounted for all persons (including visitors) who spent the night of Sunday 23 April in the household (if there are more than 6 persons present, please complete the relevant number of Individual Forms).

- That you have answered all questions which should have been answered for each person who spent the night of Sunday 23 April in the household (pages 4-21).

- That in List 2 on page 3, you have accounted for all household members who were temporarily away from the household on the night of Sunday 23 April (if there are more than 6 absent persons, please ask your Enumerator for guidance).

- That you have answered all questions on pages 22-23 for all household members temporarily away from the household on the night of Sunday 23 April.

- That no person has been double counted on the form.

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

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

Signature

You have now completed the Census form.

Thank you for your co-operation.

Example - Question 3 - Household members and their Relationships within the Household

For a household consisting of up to 5 persons, all persons after Person 1 in the household, are required to give their relationship to the persons previously listed. For households consisting of 6 or more persons, Persons 5 and higher are required to give their relationship to Persons 1-4 only.

The example below shows how to complete the relationship question for a household consisting of: Helen Murphy, her husband Thomas, their daughter Catherine and grandchild Aoife (Catherine’s daughter).

<table>
<thead>
<tr>
<th>Relationship question does not apply to Person</th>
<th>Person 1</th>
<th>Person 2 to Person 4</th>
<th>Person 5 to Person 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELEN MURPHY</td>
<td></td>
<td>THOMAS MURPHY</td>
<td>CATHARINE MURPHY</td>
</tr>
<tr>
<td>CATHERINE MURPHY</td>
<td></td>
<td>AOIFE MURPHY</td>
<td></td>
</tr>
<tr>
<td>Relationship of</td>
<td>Person 1</td>
<td>Person 2 to</td>
<td>Person 3 to Person 4</td>
</tr>
<tr>
<td>HELEN MURPHY to</td>
<td>1</td>
<td>Husband or wife</td>
<td>Husband or wife</td>
</tr>
<tr>
<td>Person 1</td>
<td></td>
<td>Partner</td>
<td>Partner</td>
</tr>
<tr>
<td>THERONI MURPHY</td>
<td></td>
<td>Son or daughter</td>
<td>Son or daughter</td>
</tr>
<tr>
<td>Step-child</td>
<td>4</td>
<td>Step-child</td>
<td>Step-child</td>
</tr>
<tr>
<td>Brother or sister</td>
<td>5</td>
<td>Brother or sister</td>
<td>Brother or sister</td>
</tr>
<tr>
<td>Mother or father</td>
<td>6</td>
<td>Mother or father</td>
<td>Mother or father</td>
</tr>
<tr>
<td>Step-mother-/father</td>
<td>7</td>
<td>Step-mother-/father</td>
<td>Step-mother-/father</td>
</tr>
<tr>
<td>Son/daughter-in-law</td>
<td>8</td>
<td>Son/daughter-in-law</td>
<td>Son/daughter-in-law</td>
</tr>
<tr>
<td>Grandchild</td>
<td>9</td>
<td>Grandchild</td>
<td>Grandchild</td>
</tr>
<tr>
<td>Other related</td>
<td>10</td>
<td>Other related</td>
<td>Other related</td>
</tr>
<tr>
<td>Unrelated (including foster child)</td>
<td>11</td>
<td>Unrelated (including foster child)</td>
<td></td>
</tr>
</tbody>
</table>