



**Central Statistics Office**  
An Phríomh-Oifig Staidrimh

# 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.

Donal Garvey  
Director General

Tá leagan Gaeilge den fhoirm seo le fáil ach í a iarraidh ón áiritheoir.

## 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 6 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			ABSENT persons
					Males	Females	Total	



Please complete this form using a BLACK or BLUE pen.

Tick boxes like this:

If you make a mistake:

Fill in the box like this: 1  Per week

correct one like this: 2  Per month

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, as in the example.

EXAMPLE

What is your place of birth? If elsewhere ABROAD, write in the COUNTRY.

N E W Z E A L A N  
D

Questions about your accommodation

Tick boxes like this

START HERE

H1 What type of accommodation does your household occupy?

one box only.

A whole house or bungalow that is:

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

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

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

A bed-sit:

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

A mobile or temporary structure:

- 7  A caravan or other mobile or temporary structure

H2 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.

- 1  Before 1919
- 2  1919 - 1940 inclusive
- 3  1941 - 1960 inclusive
- 4  1961 - 1970 inclusive
- 5  1971 - 1980 inclusive
- 6  1981 - 1990 inclusive
- 7  1991 - 1995 inclusive
- 8  1996 - 2000 inclusive
- 9  2001 or later

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

one box only.

- 1  Owner occupied where loan or mortgage repayments are being made
- 2  Owner occupied where no loan or mortgage repayments are being made
- 3  Being purchased from a Local Authority under a Tenant Purchase Scheme
- 4  Rented from a Local Authority
- 5  Rented from a Voluntary Body
- 6  Rented unfurnished other than from a Local Authority or Voluntary Body
- 7  Rented furnished or part furnished other than from a Local Authority or Voluntary Body
- 8  Occupied free of rent (caretaker, company official, etc.)

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

Enter amount to the nearest Euro.

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

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

H6 Does your accommodation have central heating?

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

- 1  Yes
- 2  No

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

one box only.

- 1  Connection to a Public Main
- 2  Connection to a Group Water Scheme with a Local Authority source of supply
- 3  Connection to a Group Water Scheme with a private source of supply (e.g. borehole, lake, etc.)
- 4  Connection to other private source (e.g. well, lake, rain-water tank, etc.)
- 5  No piped water supply

H8 What type of sewerage facility does your accommodation have?

one box only.

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

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.

one box only.

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

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

- 1  Yes
- 2  No

H11 Does your household have access to the Internet?

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

- 1  Yes, Broadband connection
- 2  Yes, other connection
- 3  No

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.

LIST 1	Persons PRESENT in the household on the night of Sunday 23 April
Person No.	First name and surname
1	
2	
3	
4	
5	
6	
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	

Answer questions relating to each person present in the household on Sunday 23 April beginning on Page 4.

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

## 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.

LIST 2	Persons ABSENT from the household on the night of Sunday 23 April
Person No.	First name and surname
1	
2	
3	
4	
5	
6	
If there are more than 6 usual residents absent on the night of Sunday 23 April, please ask your Enumerator for guidance.	

You must answer questions beginning on Page 22 for each usual resident listed here as being absent from the household on the night of Sunday 23 April.

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

Tick boxes like this  Write in BLOCK CAPITALS

1 What is your name? (Person 1)

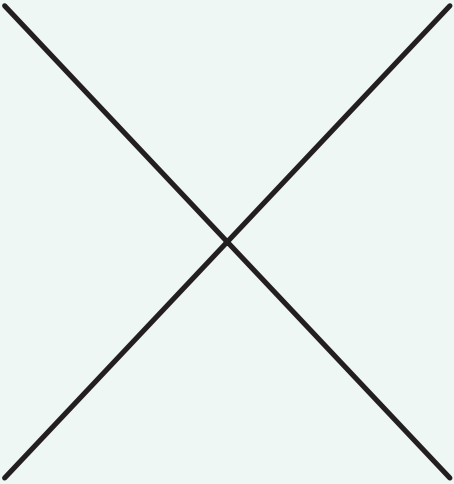
First name and surname

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

7  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

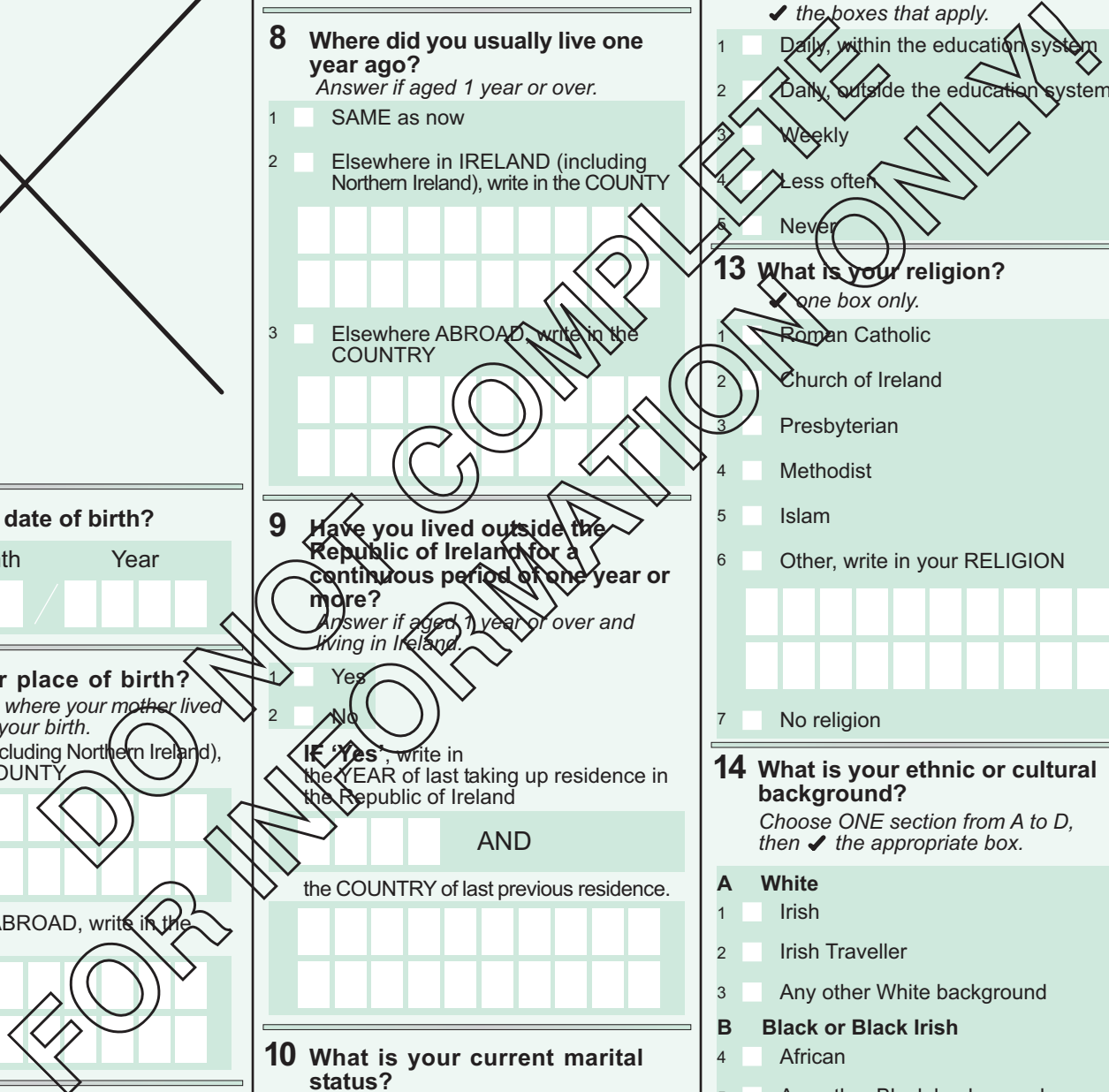
C Asian or Asian Irish

6  Chinese

7  Any other Asian background

D Other, including mixed background

8  Other, write in description



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

- (a) Blindness, deafness or a severe vision or hearing impairment Yes No  
1  2
- (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying Yes No  
1  2
- (c) A learning or intellectual disability Yes No  
1  2
- (d) A psychological or emotional condition Yes No  
1  2
- (e) Other, including any chronic illness Yes No  
1  2

**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  
1  2
- (b) Dressing, bathing or getting around inside the home Yes No  
1  2
- (c) Going outside the home alone to shop or visit a doctor's surgery Yes No  
1  2
- (d) Working at a job or business or attending school or college Yes No  
1  2
- (e) Participating in other activities, for example leisure or using transport Yes No  
1  2

**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.

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?**

one box only.

- 1  No formal education
- 2  Primary education
- Second Level**
- 3  Lower secondary: Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent
- 4  Upper secondary: Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
- 5  Technical or Vocational qualification: Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent
- 6  Both Upper Secondary and Technical or Vocational qualification
- Third Level**
- 7  Non Degree: National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma
- 8  Primary Degree (Third Level Bachelor Degree)
- 9  Professional qualification (of Degree status at least)
- 10  Both a Degree and a Professional qualification
- 11  Postgraduate Certificate or Diploma
- 12  Postgraduate Degree (Masters)
- 13  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.

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? ✓ 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.

Grid for occupation details

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.

Grid for organization name

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

Grid for address

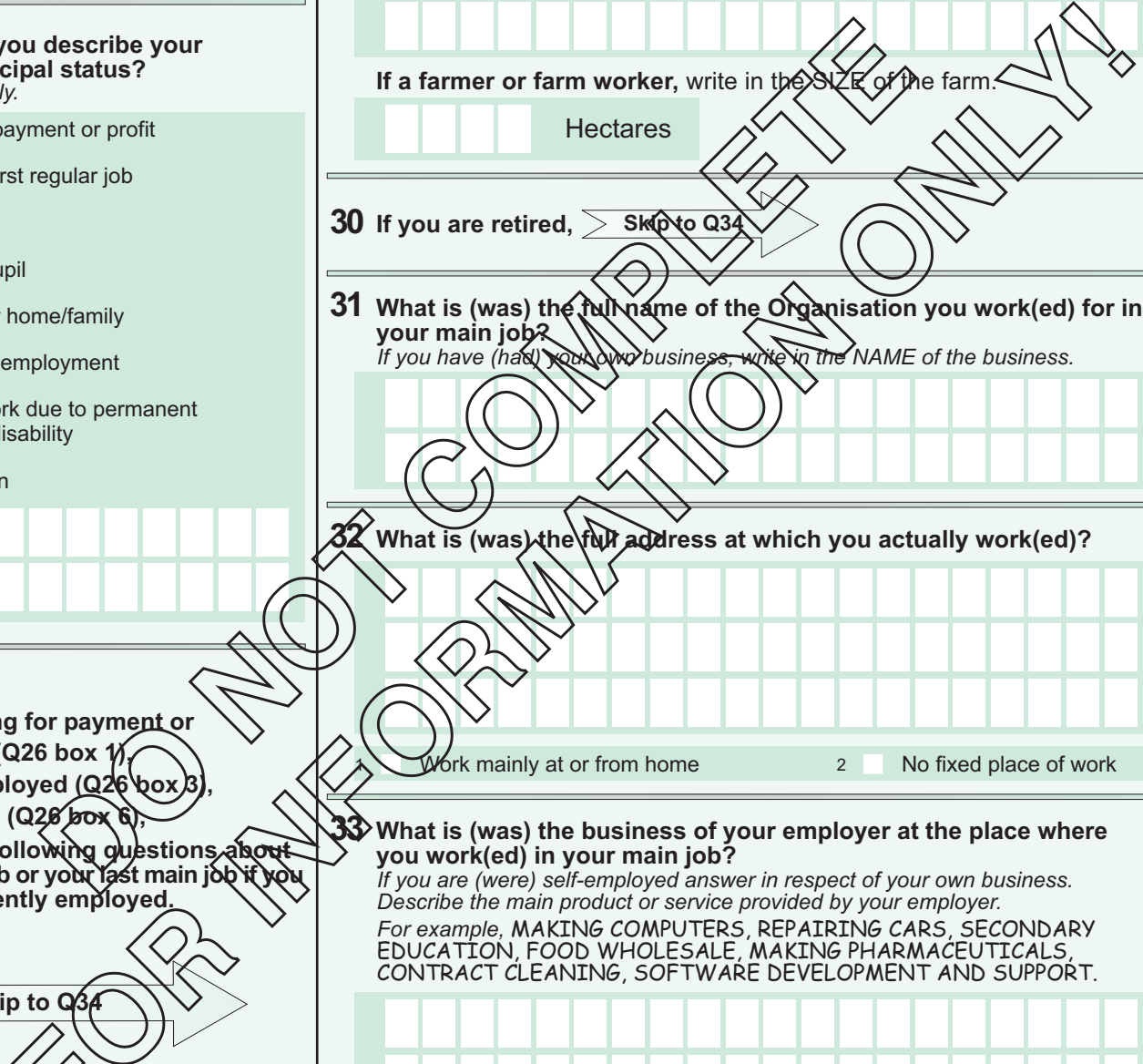
Work mainly at or from home 2 No fixed place of work

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.

Grid for business description

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**

Tick boxes like this  Write in BLOCK CAPITALS

**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	1 <input type="checkbox"/>
Partner	2 <input type="checkbox"/>
Son or daughter	3 <input type="checkbox"/>
Step-child	4 <input type="checkbox"/>
Brother or sister	5 <input type="checkbox"/>
Mother or father	6 <input type="checkbox"/>
Step-mother/-father	7 <input type="checkbox"/>
Son-/daughter-in-law	8 <input type="checkbox"/>
Grandchild	9 <input type="checkbox"/>
Other related	10 <input type="checkbox"/>
Unrelated (including foster child)	11 <input type="checkbox"/>

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

Day Month Year

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**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
- |  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|
- 7  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




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

- (a) Blindness, deafness or a severe vision or hearing impairment  Yes  No  
1  2
- (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  Yes  No  
1  2
- (c) A learning or intellectual disability  Yes  No  
1  2
- (d) A psychological or emotional condition  Yes  No  
1  2
- (e) Other, including any chronic illness  Yes  No  
1  2

**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  
1  2
- (b) Dressing, bathing or getting around inside the home  Yes  No  
1  2
- (c) Going outside the home alone to shop or visit a doctor's surgery  Yes  No  
1  2
- (d) Working at a job or business or attending school or college  Yes  No  
1  2
- (e) Participating in other activities, for example leisure or using transport  Yes  No  
1  2

**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.

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?**

one box only.

- 1  No formal education
- 2  Primary education

**Second Level**

- 3  Lower secondary: Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent
- 4  Upper secondary: Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
- 5  Technical or Vocational qualification: Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent
- 6  Both Upper Secondary and Technical or Vocational qualification

**Third Level**

- 7  Non Degree: National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma
- 8  Primary Degree (Third Level Bachelor Degree)
- 9  Professional qualification (of Degree status at least)
- 10  Both a Degree and a Professional qualification
- 11  Postgraduate Certificate or Diploma
- 12  Postgraduate Degree (Masters)
- 13  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.

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?

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  
SECONDARY TEACHER  
ELECTRICAL ENGINEER

Manager  
Teacher  
Engineer

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardai 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.

Grid for occupation details

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

Grid for farm size in 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.

Grid for organisation name

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

Grid for work address

- 1  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.

Grid for employer business details

**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,

Skip to page 22



**Person 3**

Tick boxes like this  Write in BLOCK CAPITALS

**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	<input type="checkbox"/>
Partner	2	<input type="checkbox"/>
Son or daughter	3	<input type="checkbox"/>
Step-child	4	<input type="checkbox"/>
Brother or sister	5	<input type="checkbox"/>
Mother or father	6	<input type="checkbox"/>
Step-mother/-father	7	<input type="checkbox"/>
Son-/daughter-in-law	8	<input type="checkbox"/>
Grandchild	9	<input type="checkbox"/>
Other related	10	<input type="checkbox"/>
Unrelated (including foster child)	11	<input type="checkbox"/>

**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

7  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 DONOR INFORMATION ONLY



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

- (a) Blindness, deafness or a severe vision or hearing impairment Yes No  
1  2
- (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying Yes No  
1  2
- (c) A learning or intellectual disability Yes No  
1  2
- (d) A psychological or emotional condition Yes No  
1  2
- (e) Other, including any chronic illness Yes No  
1  2

**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  
1  2
- (b) Dressing, bathing or getting around inside the home Yes No  
1  2
- (c) Going outside the home alone to shop or visit a doctor's surgery Yes No  
1  2
- (d) Working at a job or business or attending school or college Yes No  
1  2
- (e) Participating in other activities, for example leisure or using transport Yes No  
1  2

**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.

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?**

one box only.

- 1  No formal education
- 2  Primary education

**Second Level**

- 3  Lower secondary: Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent
- 4  Upper secondary: Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
- 5  Technical or Vocational qualification: Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent
- 6  Both Upper Secondary and Technical or Vocational qualification

**Third Level**

- 7  Non Degree: National Certificate, Diploma, NCEA/Institute of Technology or equivalent, Nursing Diploma
- 8  Primary Degree (Third Level Bachelor Degree)
- 9  Professional qualification (of Degree status at least)
- 10  Both a Degree and a Professional qualification
- 11  Postgraduate Certificate or Diploma
- 12  Postgraduate Degree (Masters)
- 13  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.

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?**  
✓ 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**

Tick boxes like this  Write in BLOCK CAPITALS

**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.

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

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

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If elsewhere ABROAD, write in the COUNTRY.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**6 What is your Nationality?**

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

- 1  Irish
- 2  Other NATIONALITY, write in 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------
- 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 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------
- 3  Elsewhere ABROAD, write in the COUNTRY 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**8 Where did you usually live one year ago?**

Answer if aged 1 year or over.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------
- 3  Elsewhere ABROAD, write in the COUNTRY 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 AND 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 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.

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- 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 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- 7  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 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**15 Do you have any of the following long-lasting conditions?**

- (a) Blindness, deafness or a severe vision or hearing impairment  Yes  No  
1  2
- (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  Yes  No  
1  2
- (c) A learning or intellectual disability  Yes  No  
1  2
- (d) A psychological or emotional condition  Yes  No  
1  2
- (e) Other, including any chronic illness  Yes  No  
1  2

**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  
1  2
- (b) Dressing, bathing or getting around inside the home  Yes  No  
1  2
- (c) Going outside the home alone to shop or visit a doctor's surgery  Yes  No  
1  2
- (d) Working at a job or business or attending school or college  Yes  No  
1  2
- (e) Participating in other activities, for example leisure or using transport  Yes  No  
1  2

**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.

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?**

one box only.

- 1  No formal education
- 2  Primary education
- Second Level**
- 3  Lower secondary: Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent
- 4  Upper secondary: Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
- 5  Technical or Vocational qualification: Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent
- 6  Both Upper Secondary and Technical or Vocational qualification
- Third Level**
- 7  Non Degree: National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma
- 8  Primary Degree (Third Level Bachelor Degree)
- 9  Professional qualification (of Degree status at least)
- 10  Both a Degree and a Professional qualification
- 11  Postgraduate Certificate or Diploma
- 12  Postgraduate Degree (Masters)
- 13  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.

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?**

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 Gardai 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.

Grid for occupation details

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

Grid for farm size in 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.

Grid for organization name

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

Grid for address

- 1  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?**

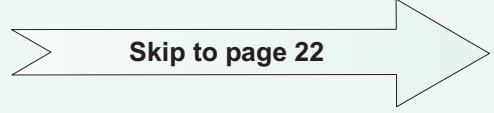
If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.

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

Grid for business description

**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**

Tick boxes like this  Write in BLOCK CAPITALS

**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.

Relationship of PERSON 5 to	Persons			
	1	2	3	4
Husband or wife	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son-/daughter-in-law	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

7  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 DONOR INFORMATION ONLY





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

- (a) Blindness, deafness or a severe vision or hearing impairment Yes No  
1  2
- (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying Yes No  
1  2
- (c) A learning or intellectual disability Yes No  
1  2
- (d) A psychological or emotional condition Yes No  
1  2
- (e) Other, including any chronic illness Yes No  
1  2

**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  
1  2
- (b) Dressing, bathing or getting around inside the home Yes No  
1  2
- (c) Going outside the home alone to shop or visit a doctor's surgery Yes No  
1  2
- (d) Working at a job or business or attending school or college Yes No  
1  2
- (e) Participating in other activities, for example leisure or using transport Yes No  
1  2

**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.

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?**

one box only.

- 1  No formal education
- 2  Primary education

**Second Level**

- 3  Lower secondary: Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent
- 4  Upper secondary: Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
- 5  Technical or Vocational qualification: Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent
- 6  Both Upper Secondary and Technical or Vocational qualification

**Third Level**

- 7  Non Degree: National Certificate, Diploma, NCEA/Institute of Technology or equivalent, Nursing Diploma
- 8  Primary Degree (Third Level Bachelor Degree)
- 9  Professional qualification (of Degree status at least)
- 10  Both a Degree and a Professional qualification
- 11  Postgraduate Certificate or Diploma
- 12  Postgraduate Degree (Masters)
- 13  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.

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?

✓ 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.

Grid for occupation details

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

Grid for farm size in 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.

Grid for organization name

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

Grid for work address

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.

Grid for employer business description

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**

Tick boxes like this  Write in BLOCK CAPITALS

**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.

Relationship of PERSON 6 to		Persons			
		1	2	3	4
Husband or wife	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son-/daughter-in-law	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated (including foster child)	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Day Month Year

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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**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  


  
 7  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  




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

- (a) Blindness, deafness or a severe vision or hearing impairment  Yes  No  
1  2
- (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying  Yes  No  
1  2
- (c) A learning or intellectual disability  Yes  No  
1  2
- (d) A psychological or emotional condition  Yes  No  
1  2
- (e) Other, including any chronic illness  Yes  No  
1  2

**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  
1  2
- (b) Dressing, bathing or getting around inside the home  Yes  No  
1  2
- (c) Going outside the home alone to shop or visit a doctor's surgery  Yes  No  
1  2
- (d) Working at a job or business or attending school or college  Yes  No  
1  2
- (e) Participating in other activities, for example leisure or using transport  Yes  No  
1  2

**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.

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?**

✓ one box only.

- 1  No formal education
- 2  Primary education

**Second Level**

- 3  Lower secondary:  
*Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent*
- 4  Upper secondary:  
*Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent*
- 5  Technical or Vocational qualification:  
*Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent*
- 6  Both Upper Secondary and Technical or Vocational qualification

**Third Level**

- 7  Non Degree:  
*National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma*
- 8  Primary Degree (Third Level Bachelor Degree)
- 9  Professional qualification (of Degree status at least)
- 10  Both a Degree and a Professional qualification
- 11  Postgraduate Certificate or Diploma
- 12  Postgraduate Degree (Masters)
- 13  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.

✓ 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?

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

Grid for writing in 'Other' category.

**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 Gardai 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.

Grid for writing occupation details.

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

Grid for writing farm size in 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.

Grid for writing organization name.

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

Grid for writing full address.

- 1  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.

Grid for writing business details.

**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**

**Absent Person 2**

**Absent Person 3**

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

*First name and surname*

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

*First name and surname*

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

*First name and surname*

**A2** Sex

1  Male

2  Female

**A2** Sex

1  Male

2  Female

**A2** Sex

1  Male

2  Female

**A3** What is the relationship of this person to Person 1 on page 4?

✓ *one box only.*

1  Husband or wife

2  Partner

3  Son or daughter

10  Other related, write in RELATIONSHIP

**A3** What is the relationship of this person to Person 1 on page 4?

✓ *one box only.*

1  Husband or wife

2  Partner

3  Son or daughter

10  Other related, write in RELATIONSHIP

**A3** What is the relationship of this person to Person 1 on page 4?

✓ *one box only.*

1  Husband or wife

2  Partner

3  Son or daughter

10  Other related, write in RELATIONSHIP

11  Unrelated (including foster child)

11  Unrelated (including foster child)

11  Unrelated (including foster child)

**A4** What is this person's date of birth?

Day Month Year

**A4** What is this person's date of birth?

Day Month Year

**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.*

✓ *one box only.*

1  Single (never Married)

2  Married (including Re-married)

5  Separated (including Deserted)

6  Divorced

7  Widowed

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

*Answer if aged 15 years or over.*

✓ *one box only.*

1  Single (never Married)

2  Married (including Re-married)

5  Separated (including Deserted)

6  Divorced

7  Widowed

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

*Answer if aged 15 years or over.*

✓ *one box only.*

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

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

1  Less than 3 months

2  3 months or more

**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

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

1  Yes

2  No

**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

**A8** Is this person a student away at school or college?

1  Yes

2  No

**A8** Is this person a student away at school or college?

1  Yes

2  No



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

**Absent Person 4**

**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?  
✓ *one box only.*

- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

*Answer if aged 15 years or over.*  
✓ *one box only.*

- 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 5**

**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?  
✓ *one box only.*

- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

*Answer if aged 15 years or over.*  
✓ *one box only.*

- 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 6**

**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?  
✓ *one box only.*

- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

*Answer if aged 15 years or over.*  
✓ *one box only.*

- 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

If there are more than 6 persons temporarily absent from the household on the night of Sunday 23 April, please ask your Enumerator for guidance.

Please sign the declaration on the back page.



## 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).

Relationship question does not apply to Person 1

Name of Person 2

Name of Person 3

Name of Person 4

HELEN MURPHY

THOMAS MURPHY

CATHERINE MURPHY

AOIFE MURPHY

*one box only*

Relationship of PERSON 2 to	Person 1
Husband or wife	1 <input checked="" type="checkbox"/>
Partner	2 <input type="checkbox"/>
Son or daughter	3 <input type="checkbox"/>
Step-child	4 <input type="checkbox"/>
Brother or sister	5 <input type="checkbox"/>
Mother or father	6 <input type="checkbox"/>
Step-mother/-father	7 <input type="checkbox"/>
Son-/daughter-in-law	8 <input type="checkbox"/>
Grandchild	9 <input type="checkbox"/>
Other related	10 <input type="checkbox"/>
Unrelated (including foster child)	11 <input type="checkbox"/>

*one box only for each person.*

Relationship of PERSON 3 to	Persons 1 2
Husband or wife	1 <input type="checkbox"/> <input type="checkbox"/>
Partner	2 <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	3 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Step-child	4 <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	5 <input type="checkbox"/> <input type="checkbox"/>
Mother or father	6 <input type="checkbox"/> <input type="checkbox"/>
Step-mother/-father	7 <input type="checkbox"/> <input type="checkbox"/>
Son-/daughter-in-law	8 <input type="checkbox"/> <input type="checkbox"/>
Grandchild	9 <input type="checkbox"/> <input type="checkbox"/>
Other related	10 <input type="checkbox"/> <input type="checkbox"/>
Unrelated (including foster child)	11 <input type="checkbox"/> <input type="checkbox"/>

*one box only for each person.*

Relationship of PERSON 4 to	Persons 1 2 3
Husband or wife	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	3 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Step-child	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mother or father	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-mother/-father	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son-/daughter-in-law	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandchild	9 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Other related	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unrelated (including foster child)	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

