



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

# Daonáireamh na hÉireann

## Census of Population of Ireland

### Sunday 28 April 2002

#### About the Census

The Census takes place every five years and counts all the people and households in the country. This Census will give a comprehensive picture of the social and living conditions of our people at the start of the twenty-first century.

The Census provides vital information necessary for planning Ireland's future.

#### Participation is compulsory

This Census is being taken under the Statistics Act, 1993 and the Statistics (Census of Population) Order, 2001. 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. Information provided will be used for statistical purposes only.

#### 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.

*Dona Garvey*  
Dona Garvey  
Director General

Tá leagan Gaeilge den fhoirm seo le fáil ach i n-iarraidh ón áiritheoir.

#### Who should complete the Census form?

The householder or any adult member of the household present on the night of Sunday 28 April 2002 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

Contact 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 a Continuation Form*).

#### How to complete your Census form

1. The form should be completed on the night of Sunday 28 April.
2. Please answer questions about the household on page 2.
3. Identify on page 3:
  - all persons (including visitors) who spent the night of Sunday 28 April in the household;
  - any household members who are normally resident in the household but who are temporarily away on the night of Sunday 28 April.
4. Answer the questions beginning on page 4 for all persons present on the night of Sunday 28 April.
5. Answer the questions on pages 22-23 in respect of any household members temporarily away on the night of Sunday 28 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 29 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 27 May 2002, please return it to our FREEPOST address which is Central Statistics Office, PO Box 2002, FREEPOST, 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.	Form	Number of persons PRESENT			ABSENT persons
						Males	Females	Total	
					1 of				

Please complete this form using a BLACK or BLUE pen.

Tick boxes like this:

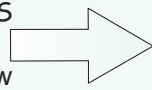
If you make a mistake:

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	
6 <input checked="" type="checkbox"/>	Other, write in your RELIGION
	G R E E K O R T H
	O D O X

Questions about the household

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 that is:**

- 4  In a purpose-built block of flats or apartments (including duplexes)
- 5  Part of a converted or shared house (including bed-sits)
- 6  In a commercial building (e.g. in an office building, or hotel, or over a shop)

**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 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 (Corporation, County or Urban District Council) under a Tenant Purchase Scheme
- 4  Rented from a Local Authority
- 5  Rented unfurnished other than from a Local Authority
- 6  Rented furnished or part furnished other than from a Local Authority
- 7  Occupied free of rent (caretaker, company official, etc.)

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

€

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  Other
- 4  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
- 5  Five or more
- 6  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
- 2  No

**H12** Proceed to next page

## Persons present in the household on the night of Sunday 28 April

List every person who spent the night of Sunday 28 April in the household or who arrived the following morning not having been enumerated elsewhere.

### INCLUDE

- all persons alive at midnight on Sunday 28 April.
- persons staying temporarily in the household.

### DO NOT INCLUDE

- babies born after midnight on Sunday 28 April.
- anyone who is temporarily away from home on the night of Sunday 28 April. However, these persons should be listed as being absent in List 2 below.
- students who are away from home on the night of Sunday 28 April; they should be listed as being absent in List 2 below.

LIST 1	Persons PRESENT in the household on the night of Sunday 28 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 28 April, please ask your Enumerator for a Continuation Form.	
7	
8	
9	
10	
11	
12	

Answer questions relating to each person present in the household on Sunday 28 April beginning on Page 4.

Answer questions relating to persons 7-12 on a Continuation Form available from your Enumerator.

## Persons temporarily away from the household on the night of Sunday 28 April

List any household members who usually live at this address but who were ABSENT on the night of Sunday 28 April. Include in particular students who are living away from home during term time who were not present on the night of Sunday 28 April.

LIST 2	Persons ABSENT from the household on the night of Sunday 28 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 28 April, please ask your Enumerator for a Continuation Form.	

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 28 April.

Please answer questions for each person present in the household on the night of Sunday 28 April in the same order as listed in List 1 above beginning on Page 4.

1 What is your name? (Person 1)

First name and surname

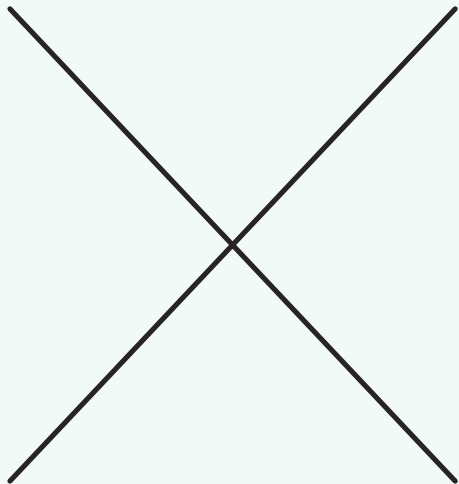
[Grid for name entry]

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

[Grid for date of birth entry]

5 What is your place of birth?

Give the place of residence of your mother at the time of your birth, not the location of the hospital where you were born.

If IRELAND (including Northern Ireland), write in the COUNTY.

[Grid for place of birth entry]

6 What is your Nationality?

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

1  Irish

2  Other NATIONALITY, write in

[Grid for nationality entry]

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

[Grid for where you usually live entry]

3  Elsewhere ABROAD, write in the COUNTRY

[Grid for where you usually live entry]

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

[Grid for where you usually live one year ago entry]

3  Elsewhere ABROAD, write in the COUNTRY

[Grid for where you usually live one year ago entry]

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

[Grid for year of last taking up residence]

AND

the COUNTRY of last previous residence.

[Grid for 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 Can you speak Irish?

Answer if aged 3 years or over.

1  Yes

2  No

IF 'Yes', do you speak Irish?

1  Daily

2  Weekly

3  Less often

4  Never

12 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

[Grid for other religion entry]

No religion

13 Are you a member of the Irish Traveller Community?

1  Yes

2  No

14 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

15 Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:

Answer (a) and (b) if aged 5 years or over.

(a) Learning, remembering or concentrating? Yes No 1  2

(b) Dressing, bathing or getting around inside the home? Yes No 1  2

Answer (c) and (d) if aged 15 years or over.

(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? Yes No 1  2



**16 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 or DART
- 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

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

- 1  Before 07:00
- 2  07:00 - 07:30
- 3  07:31 - 08:00
- 4  08:01 - 08:30
- 5  08:31 - 09:00
- 6  09:01 - 09:30
- 7  After 09:30
- 8  Not applicable

**18 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 mile and journey time in minutes.

Miles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19 If you are aged under 15,**

**Skip to Q37 on next page**

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

- 1  Yes
- 2  No

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

<input type="text"/>	<input type="text"/>
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**21 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, NCEA Foundation 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
- 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)

**22 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  Art (including Fine Arts, Performing Arts, Graphic and Audio Visual Arts, Design)
- 3  Humanities (including Languages, Literature, History, Archaeology, Philosophy, Theology)
- 4  Social Sciences/Business/Law (including Economics and Journalism)
- 5  Life Sciences/Medical Laboratory Science
- 6  Physical Sciences/Chemistry
- 7  Mathematics/Statistics
- 8  Computing/Information Technology
- 9  Engineering/Architecture
- 10  Agriculture/Forestry/Fishery/Veterinary
- 11  Medicine/Dentistry/Nursing/Associated Medical Disciplines/Social Services
- 12  Tourism/Hotel and Catering/Sports and Leisure/Transport Services/Environmental Protection/Security Services
- 13  Other

**23 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

**24 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

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

**25 If you are:**

- working for payment or profit (Q24 box 1),
- unemployed (Q24 box 3),
- retired (Q24 box 6),

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

Otherwise,

**Skip to Q32 on next page**

**26 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)

**27 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          |
| BUILDING CONTRACTOR       | Contractor       |
| PRINTING MACHINE OPERATOR | Machine Operator |
| SECONDARY TEACHER         | Teacher          |
| ELECTRICAL ENGINEER       | Engineer         |
| BUILDERS LABOURER         | Labourer         |

Civil servants and local government employees should state their grade e.g. CLERICAL OFFICER. Garda or Army state their rank e.g. GARDA SERGEANT. 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.

	Acres	OR			Hectares				
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**28** If you are retired, Skip to Q32

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

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


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


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

**31 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.


Is (was) the business of your employer mainly?

- 1  Manufacturing  
2  Wholesale trade  
3  Retail trade  
4  Other (agriculture, building, services, government, etc.)

**32 In the week ended Sunday 28 April did you do any work, either full-time or part-time, for payment or profit:**

- as an employee,
- as a self-employed/freelance,
- in your own/family business,
- on a Community Employment Scheme or other Employment Scheme?

- 'Yes' for any paid work, including casual or temporary work, even if only for one hour.  
 'Yes' if you were away from work ill, on holiday, on maternity leave or temporarily laid off.  
 'Yes' if you worked, paid or unpaid in your own/family business.

- 1  Yes  
2  No

If Yes, Skip to Q36

**33 Were you actively looking for any kind of paid work in the last 4 weeks?**

- 1  Yes  
2  No

**34 If a job had been available last week, could you have started it within 2 weeks?**

- 1  Yes  
2  No

**35 Last week, were you waiting to start a job already obtained?**

- 1  Yes  
2  No

**36 How many hours in total did you work last week?**

Answer only if working for payment or profit. Answer to the nearest whole hour.

Hours

**37 Answer questions for Person 2 starting on the next page.**

If there is only one person present in the household on the night of 28 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?**

one box only.

1  Husband or wife

2  Partner

3  Son or daughter

4  Mother or father

5  Son-in-law or daughter-in-law

6  Mother-in-law or father-in-law

7  Other related, write in RELATIONSHIP


8  Unrelated (including foster children)

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

Day Month Year

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**5 What is your place of birth?**

Give the place of residence of your mother at the time of your birth, not the location of the hospital where you were born.

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 Can you speak Irish?**

Answer if aged 3 years or over.

1  Yes

2  No

**IF 'Yes', do you speak Irish?**

1  Daily

2  Weekly

3  Less often

4  Never

**12 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


No religion

**13 Are you a member of the Irish Traveller Community?**

1  Yes

2  No

**14 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

**15 Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:**

Answer (a) and (b) if aged 5 years or over.

(a) Learning, remembering or concentrating? Yes No  
1  2

(b) Dressing, bathing or getting around inside the home? Yes No  
1  2

Answer (c) and (d) if aged 15 years or over.

(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? Yes No  
1  2

**16 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 or DART
- 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

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

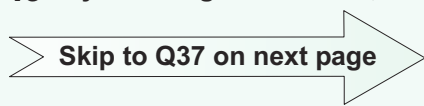
- 1  Before 07:00
- 2  07:00 - 07:30
- 3  07:31 - 08:00
- 4  08:01 - 08:30
- 5  08:31 - 09:00
- 6  09:01 - 09:30
- 7  After 09:30
- 8  Not applicable

**18 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 mile and journey time in minutes.

Miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19 If you are aged under 15,**



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

- 1  Yes
- 2  No

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

<input type="text"/>	<input type="text"/>
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**21 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, NCEA Foundation 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
- 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)

**22 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  Art (including Fine Arts, Performing Arts, Graphic and Audio Visual Arts, Design)
- 3  Humanities (including Languages, Literature, History, Archaeology, Philosophy, Theology)
- 4  Social Sciences/Business/Law (including Economics and Journalism)
- 5  Life Sciences/Medical Laboratory Science
- 6  Physical Sciences/Chemistry
- 7  Mathematics/Statistics
- 8  Computing/Information Technology
- 9  Engineering/Architecture
- 10  Agriculture/Forestry/Fishery/Veterinary
- 11  Medicine/Dentistry/Nursing/Associated Medical Disciplines/Social Services
- 12  Tourism/Hotel and Catering/Sports and Leisure/Transport Services/Environmental Protection/Security Services
- 13  Other

**23 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

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

one box only.

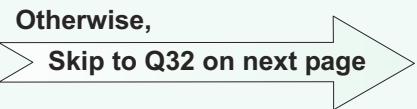
- 1  Working for payment or profit
- 2  Looking for first regular job
- 3  Unemployed
- 4  Student or pupil
- 5  Looking after home/family
- 6  Retired from employment
- 7  Unable to work due to permanent sickness or disability
- 8  Other, write in

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**25 If you are:**

- working for payment or profit (Q24 box 1),
- unemployed (Q24 box 3),
- retired (Q24 box 6),

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



**26 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)



27 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
BUILDING CONTRACTOR Contractor
PRINTING MACHINE OPERATOR Machine Operator
SECONDARY TEACHER Teacher
ELECTRICAL ENGINEER Engineer
BUILDERS LABOURER Labourer

Civil servants and local government employees should state their grade e.g. CLERICAL OFFICER. Garda or Army state their rank e.g. GARDA SERGEANT. 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.

Acres OR Hectares

28 If you are retired, Skip to Q32

29 What is (was) the full name of the Organisation you worked for in your main job?

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

Grid for writing organization name

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

Grid for writing address

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

31 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 description

Is (was) the business of your employer mainly?

- 1 Manufacturing
2 Wholesale trade
3 Retail trade
4 Other (agriculture, building, services, government, etc.)

32 In the week ended Sunday 28 April did you do any work, either full-time or part-time, for payment or profit?

- as an employee,
as a self-employed/freelance,
in your own/family business,
on a Community Employment Scheme or other Employment Scheme?

- 'Yes' for any paid work, including casual or temporary work, even if only for one hour.
'Yes' if you were away from work ill, on holiday, on maternity leave or temporarily laid off.
'Yes' if you worked, paid or unpaid in your own/family business.

1 Yes 2 No If Yes, Skip to Q36

33 Were you actively looking for any kind of paid work in the last 4 weeks?

- Yes
No

34 If a job had been available last week, could you have started it within 2 weeks?

- 1 Yes
2 No

35 Last week, were you waiting to start a job already obtained?

- 1 Yes
2 No

36 How many hours in total did you work last week?

Answer only if working for payment or profit. Answer to the nearest whole hour.

Hours

37 Answer questions for Person 3 starting on the next page.

If there are only two persons present in the household on the night of 28 April,





**16 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 or DART
- 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

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

- 1  Before 07:00
- 2  07:00 - 07:30
- 3  07:31 - 08:00
- 4  08:01 - 08:30
- 5  08:31 - 09:00
- 6  09:01 - 09:30
- 7  After 09:30
- 8  Not applicable

**18 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 mile and journey time in minutes.

Miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19 If you are aged under 15,**

**Skip to Q37 on next page**

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

- 1  Yes
- 2  No

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

<input type="text"/>	<input type="text"/>
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**21 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, NCEA Foundation 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
- 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)

**22 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  Art (including Fine Arts, Performing Arts, Graphic and Audio Visual Arts, Design)
- 3  Humanities (including Languages, Literature, History, Archaeology, Philosophy, Theology)
- 4  Social Sciences/Business/Law (including Economics and Journalism)
- 5  Life Sciences/Medical Laboratory Science
- 6  Physical Sciences/Chemistry
- 7  Mathematics/Statistics
- 8  Computing/Information Technology
- 9  Engineering/Architecture
- 10  Agriculture/Forestry/Fishery/Veterinary
- 11  Medicine/Dentistry/Nursing/Associated Medical Disciplines/Social Services
- 12  Tourism/Hotel and Catering/Sports and Leisure/Transport Services/Environmental Protection/Security Services
- 13  Other

**23 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

**24 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

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

**25 If you are:**

- working for payment or profit (Q24 box 1),
- unemployed (Q24 box 3),
- retired (Q24 box 6),

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

Otherwise,

**Skip to Q32 on next page**

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

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- 1  Employee
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- |                           |                  |
|---------------------------|------------------|
| RETAIL STORE MANAGER      | Manager          |
| BUILDING CONTRACTOR       | Contractor       |
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| SECONDARY TEACHER         | Teacher          |
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| BUILDERS LABOURER         | Labourer         |

Civil servants and local government employees should state their grade e.g. CLERICAL OFFICER. Garda or Army state their rank e.g. GARDA SERGEANT. 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.

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

		Acres	OR			Hectares
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**29 What is (was) the full name of the Organisation you work(ed) for in your main job?**

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


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


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

**31 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.



Is (was) the business of your employer mainly?

- 1  Manufacturing  
2  Wholesale trade  
3  Retail trade  
4  Other (agriculture, building, services, government, etc.)

**32 In the week ended Sunday 28 April did you do any work, either full-time or part-time, for payment or profit:**

- as an employee,
- as a self-employed/freelance,
- in your own/family business,
- on a Community Employment Scheme or other Employment Scheme?

- 'Yes' for any paid work, including casual or temporary work, even if only for one hour.
- 'Yes' if you were away from work ill, on holiday, on maternity leave or temporarily laid off.
- 'Yes' if you worked, paid or unpaid in your own/family business.

- 1  Yes       If Yes, Skip to Q36  
2  No

**33 Were you actively looking for any kind of paid work in the last 4 weeks?**

- 1  Yes  
2  No

**34 If a job had been available last week, could you have started it within 2 weeks?**

- 1  Yes  
2  No

**35 Last week, were you waiting to start a job already obtained?**

- 1  Yes  
2  No

**36 How many hours in total did you work last week?**

Answer only if working for payment or profit. Answer to the nearest whole hour.

		Hours
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**37 Answer questions for Person 4 starting on the next page.**

If there are only three persons present in the household on the night of 28 April,





**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 Person 1?**

one box only.

- 1  Husband or wife
  - 2  Partner
  - 3  Son or daughter
  - 4  Mother or father
  - 5  Son-in-law or daughter-in-law
  - 6  Mother-in-law or father-in-law
  - 7  Other related, write in RELATIONSHIP
- |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
- 8  Unrelated (including foster children)

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

Day      Month      Year

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**5 What is your place of birth?**

Give the place of residence of your mother at the time of your birth, not the location of the hospital where you were born.

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
- |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |  |  |
- 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
- |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
- 3  Elsewhere ABROAD, write in the COUNTRY
- |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
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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
- |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
- 3  Elsewhere ABROAD, write in the COUNTRY
- |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
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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
- |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
- AND
- the COUNTRY of last previous residence.
- |  |  |  |  |  |  |  |  |  |  |
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**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 Can you speak Irish?**

Answer if aged 3 years or over.

- 1  Yes
- 2  No

**IF 'Yes', do you speak Irish?**

- 1  Daily
- 2  Weekly
- 3  Less often
- 4  Never

**12 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
- |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |  |  |
- No religion

**13 Are you a member of the Irish Traveller Community?**

- 1  Yes
- 2  No

**14 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

**15 Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:**

Answer (a) and (b) if aged 5 years or over.

- (a) Learning, remembering or concentrating? Yes  No   
1  2
- (b) Dressing, bathing or getting around inside the home? Yes  No   
1  2

Answer (c) and (d) if aged 15 years or over.

- (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? Yes  No   
1  2

**16 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 or DART
- 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

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

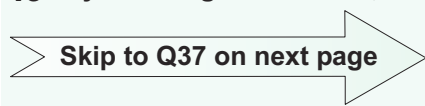
- 1  Before 07:00
- 2  07:00 - 07:30
- 3  07:31 - 08:00
- 4  08:01 - 08:30
- 5  08:31 - 09:00
- 6  09:01 - 09:30
- 7  After 09:30
- 8  Not applicable

**18 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 mile and journey time in minutes.*

Miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19 If you are aged under 15,**



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

- 1  Yes
- 2  No

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

<input type="text"/>	<input type="text"/>
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**21 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*
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- 6  Both Upper secondary and Technical or Vocational qualification
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- 7  Non Degree: *National Certificate, Diploma NCEA/Institute of Technology or equivalent*
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- 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)

**22 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  Art *(including Fine Arts, Performing Arts, Graphic and Audio Visual Arts, Design)*
- 3  Humanities *(including Languages, Literature, History, Archaeology, Philosophy, Theology)*
- 4  Social Sciences/Business/Law *(including Economics and Journalism)*
- 5  Life Sciences/Medical Laboratory Science
- 6  Physical Sciences/Chemistry
- 7  Mathematics/Statistics
- 8  Computing/Information Technology
- 9  Engineering/Architecture
- 10  Agriculture/Forestry/Fishery/Veterinary
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- 12  Tourism/Hotel and Catering/Sports and Leisure/Transport Services/Environmental Protection/Security Services
- 13  Other

**23 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

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

*✓ one box only.*

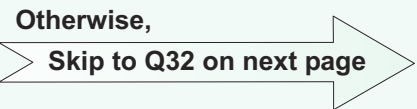
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- 4  Student or pupil
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- 7  Unable to work due to permanent sickness or disability
- 8  Other, write in

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**25 If you are:**

- working for payment or profit (Q24 box 1),
- unemployed (Q24 box 3),
- retired (Q24 box 6),

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



**26 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)

**27 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          |
| BUILDING CONTRACTOR       | Contractor       |
| PRINTING MACHINE OPERATOR | Machine Operator |
| SECONDARY TEACHER         | Teacher          |
| ELECTRICAL ENGINEER       | Engineer         |
| BUILDERS LABOURER         | Labourer         |

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Write in your main OCCUPATION.


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

										Acres	OR										Hectares
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**28** If you are retired, Skip to Q32

**29 What is (was) the full name of the Organisation you worked for in your main job?**

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


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


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

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

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Is (was) the business of your employer mainly?

- 1  Manufacturing  
 2  Wholesale trade  
 3  Retail trade  
 4  Other (agriculture, building, services, government, etc.)

**32 In the week ended Sunday 28 April did you do any work, either full-time or part-time, for payment or profit:**

- as an employee,
- as a self-employed/freelance,
- in your own/family business,
- on a Community Employment Scheme or other Employment Scheme?

- ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.
- ✓ 'Yes' if you were away from work ill, on holiday, on maternity leave or temporarily laid off.
- ✓ 'Yes' if you worked, paid or unpaid in your own/family business.

- 1  Yes  
 2  No

If Yes, Skip to Q36

**33 Were you actively looking for any kind of paid work in the last 4 weeks?**

- Yes  
 No

**34 If a job had been available last week, could you have started it within 2 weeks?**

- 1  Yes  
 2  No

**35 Last week, were you waiting to start a job already obtained?**

- 1  Yes  
 2  No

**36 How many hours in total did you work last week?**

Answer only if working for payment or profit. Answer to the nearest whole hour.

		Hours
--	--	-------

**37 Answer questions for Person 5 starting on the next page.**

If there are only four persons present in the household on the night of 28 April,

Skip to page 22

**1 What is your name? (Person 5)**

*First name and surname*


**2 Sex**

- 1  Male
- 2  Female

**3 What is your relationship to Person 1?**

*one box only.*

- 1  Husband or wife
- 2  Partner
- 3  Son or daughter
- 4  Mother or father
- 5  Son-in-law or daughter-in-law
- 6  Mother-in-law or father-in-law
- 7  Other related, write in RELATIONSHIP
- |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
- 8  Unrelated (including foster children)

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

Day Month Year

Day	Month	Year

**5 What is your place of birth?**

*Give the place of residence of your mother at the time of your birth, not the location of the hospital where you were born.*

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 Can you speak Irish?**

*Answer if aged 3 years or over.*

- 1  Yes
- 2  No

**IF 'Yes', do you speak Irish?**

- 1  Daily
- 2  Weekly
- 3  Less often
- 4  Never

**12 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


No religion

**13 Are you a member of the Irish Traveller Community?**

- 1  Yes
- 2  No

**14 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

**15 Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:**

*Answer (a) and (b) if aged 5 years or over.*

- (a) Learning, remembering or concentrating? Yes No  
1  2
- (b) Dressing, bathing or getting around inside the home? Yes No  
1  2

*Answer (c) and (d) if aged 15 years or over.*

- (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? Yes No  
1  2



**16 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 or DART
- 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

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

- 1  Before 07:00
- 2  07:00 - 07:30
- 3  07:31 - 08:00
- 4  08:01 - 08:30
- 5  08:31 - 09:00
- 6  09:01 - 09:30
- 7  After 09:30
- 8  Not applicable

**18 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 mile and journey time in minutes.

Miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19 If you are aged under 15,**

**Skip to Q37 on next page**

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

- 1  Yes
- 2  No

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

<input type="text"/>	<input type="text"/>
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**21 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, NCEA Foundation 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
- 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)

**22 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  Art (including Fine Arts, Performing Arts, Graphic and Audio Visual Arts, Design)
- 3  Humanities (including Languages, Literature, History, Archaeology, Philosophy, Theology)
- 4  Social Sciences/Business/Law (including Economics and Journalism)
- 5  Life Sciences/Medical Laboratory Science
- 6  Physical Sciences/Chemistry
- 7  Mathematics/Statistics
- 8  Computing/Information Technology
- 9  Engineering/Architecture
- 10  Agriculture/Forestry/Fishery/Veterinary
- 11  Medicine/Dentistry/Nursing/Associated Medical Disciplines/Social Services
- 12  Tourism/Hotel and Catering/Sports and Leisure/Transport Services/Environmental Protection/Security Services
- 13  Other

**23 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

**24 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**25 If you are:**

- working for payment or profit (Q24 box 1),
- unemployed (Q24 box 3),
- retired (Q24 box 6),

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

Otherwise,

**Skip to Q32 on next page**

**26 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)

27 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
BUILDING CONTRACTOR Contractor
PRINTING MACHINE OPERATOR Machine Operator
SECONDARY TEACHER Teacher
ELECTRICAL ENGINEER Engineer
BUILDERS LABOURER Labourer

Civil servants and local government employees should state their grade e.g. CLERICAL OFFICER. Garda or Army state their rank e.g. GARDA SERGEANT. 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.

Form with fields for Acres OR Hectares

28 If you are retired, Skip to Q32

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

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

Grid for writing organization name

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

Grid for writing address

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

31 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 description

Is (was) the business of your employer mainly?

- 1 Manufacturing
2 Wholesale trade
3 Retail trade
4 Other (agriculture, building, services, government, etc.)

32 In the week ended Sunday 28 April did you do any work, either full-time or part-time, for payment or profit?

- as an employee,
as a self-employed/freelance,
in your own/family business,
on a Community Employment Scheme or other Employment Scheme?

- 'Yes' for any paid work, including casual or temporary work, even if only for one hour.
'Yes' if you were away from work ill, on holiday, on maternity leave or temporarily laid off.
'Yes' if you worked, paid or unpaid in your own/family business.

- 1 Yes
2 No

If Yes, Skip to Q36

33 Were you actively looking for any kind of paid work in the last 4 weeks?

- 1 Yes
2 No

34 If a job had been available last week, could you have started it within 2 weeks?

- 1 Yes
2 No

35 Last week, were you waiting to start a job already obtained?

- 1 Yes
2 No

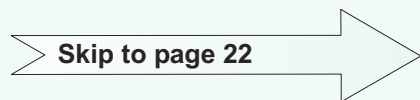
36 How many hours in total did you work last week?

Answer only if working for payment or profit. Answer to the nearest whole hour.

Form with field for Hours

37 Answer questions for Person 6 starting on the next page.

If there are only five persons present in the household on the night of 28 April,



**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 Person 1?**

one box only.

1  Husband or wife

2  Partner

3  Son or daughter

4  Mother or father

5  Son-in-law or daughter-in-law

6  Mother-in-law or father-in-law

7  Other related, write in RELATIONSHIP

--

8  Unrelated (including foster children)

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

Day / Month / Year

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**5 What is your place of birth?**

Give the place of residence of your mother at the time of your birth, not the location of the hospital where you were born.

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 Can you speak Irish?**

Answer if aged 3 years or over.

1  Yes

2  No

**IF 'Yes', do you speak Irish?**

1  Daily

2  Weekly

3  Less often

4  Never

**12 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

--

No religion

**13 Are you a member of the Irish Traveller Community?**

1  Yes

2  No

**14 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

**15 Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:**

Answer (a) and (b) if aged 5 years or over.

(a) Learning, remembering or concentrating? Yes No  
1  2

(b) Dressing, bathing or getting around inside the home? Yes No  
1  2

Answer (c) and (d) if aged 15 years or over.

(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? Yes No  
1  2

**16 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 or DART
- 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

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

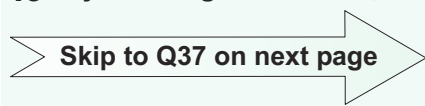
- 1  Before 07:00
- 2  07:00 - 07:30
- 3  07:31 - 08:00
- 4  08:01 - 08:30
- 5  08:31 - 09:00
- 6  09:01 - 09:30
- 7  After 09:30
- 8  Not applicable

**18 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 mile and journey time in minutes.

Miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19 If you are aged under 15,**



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

- 1  Yes
- 2  No

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

<input type="text"/>	<input type="text"/>
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**21 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, NCEA Foundation 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
- 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)

**22 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  Art (including Fine Arts, Performing Arts, Graphic and Audio Visual Arts, Design)
- 3  Humanities (including Languages, Literature, History, Archaeology, Philosophy, Theology)
- 4  Social Sciences/Business/Law (including Economics and Journalism)
- 5  Life Sciences/Medical Laboratory Science
- 6  Physical Sciences/Chemistry
- 7  Mathematics/Statistics
- 8  Computing/Information Technology
- 9  Engineering/Architecture
- 10  Agriculture/Forestry/Fishery/Veterinary
- 11  Medicine/Dentistry/Nursing/Associated Medical Disciplines/Social Services
- 12  Tourism/Hotel and Catering/Sports and Leisure/Transport Services/Environmental Protection/Security Services
- 13  Other

**23 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

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

one box only.

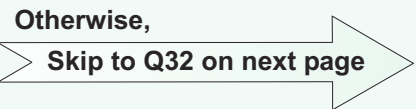
- 1  Working for payment or profit
- 2  Looking for first regular job
- 3  Unemployed
- 4  Student or pupil
- 5  Looking after home/family
- 6  Retired from employment
- 7  Unable to work due to permanent sickness or disability
- 8  Other, write in

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**25 If you are:**

- working for payment or profit (Q24 box 1),
- unemployed (Q24 box 3),
- retired (Q24 box 6),

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



**26 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)



27 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
- BUILDING CONTRACTOR                                  Contractor
- PRINTING MACHINE OPERATOR                          Machine Operator
- SECONDARY TEACHER                                    Teacher
- ELECTRICAL ENGINEER                                  Engineer
- BUILDERS LABOURER                                    Labourer

Civil servants and local government employees should state their grade e.g. CLERICAL OFFICER. Garda or Army state their rank e.g. GARDA SERGEANT. 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.

Acres OR Hectares

28 If you are retired, Skip to Q32

29 What is (was) the full name of the Organisation you worked for in your main job?

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

Grid for writing organization name

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

Grid for writing address

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

31 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 description

Is (was) the business of your employer mainly?

- 1 Manufacturing
- 2 Wholesale trade
- 3 Retail trade
- 4 Other (agriculture, building, services, government, etc.)

32 In the week ended Sunday 28 April did you do any work, either full-time or part-time, for payment or profit:

- as an employee,
- as a self-employed/freelance,
- in your own/family business,
- on a Community Employment Scheme or other Employment Scheme?

- 'Yes' for any paid work, including casual or temporary work, even if only for one hour.
- 'Yes' if you were away from work ill, on holiday, on maternity leave or temporarily laid off.
- 'Yes' if you worked, paid or unpaid in your own/family business.

1 Yes 2 No If Yes, Skip to Q36

33 Were you actively looking for any kind of paid work in the last 4 weeks?

1 Yes 2 No

34 If a job had been available last week, could you have started it within 2 weeks?

1 Yes 2 No

35 Last week, were you waiting to start a job already obtained?

1 Yes 2 No

36 How many hours in total did you work last week?

Answer only if working for payment or profit. Answer to the nearest whole hour.

Hours

37 If there are more than 6 persons present in the household on the night of Sunday 28 April you will need a Continuation Form. If you have not got a Continuation Form, please ask your Enumerator.

Otherwise,



**Persons temporarily away from the household on the night of Sunday 28 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 28 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 28 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?

✓ *one box only.*

1  Husband or wife

2  Partner

3  Son or daughter

7  Other related, write in RELATIONSHIP


8  Unrelated (including foster children)

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

Day Month Year

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**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?

✓ *one box only.*

1  Less than 3 months

2  3 months or more

**A7** Was this person in the Republic of Ireland on Sunday 28 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?

✓ *one box only.*

1  Husband or wife

2  Partner

3  Son or daughter

7  Other related, write in RELATIONSHIP


8  Unrelated (including foster children)

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

Day Month Year

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**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?

✓ *one box only.*

1  Less than 3 months

2  3 months or more

**A7** Was this person in the Republic of Ireland on Sunday 28 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?

✓ *one box only.*

1  Husband or wife

2  Partner

3  Son or daughter

7  Other related, write in RELATIONSHIP


8  Unrelated (including foster children)

**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

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

✓ *one box only.*

1  Less than 3 months

2  3 months or more

**A7** Was this person in the Republic of Ireland on Sunday 28 April?

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 28 April**

If there are more than 6 persons temporarily absent from the household on the night of Sunday 28 April, please ask your Census Enumerator for a Continuation Form.

**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

7  Other related, write in RELATIONSHIP


8  Unrelated (including foster children)

**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

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

✓ *one box only.*

1  Less than 3 months

2  3 months or more

**A7** Was this person in the Republic of Ireland on Sunday 28 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

7  Other related, write in RELATIONSHIP


8  Unrelated (including foster children)

**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

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

✓ *one box only.*

1  Less than 3 months

2  3 months or more

**A7** Was this person in the Republic of Ireland on Sunday 28 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

7  Other related, write in RELATIONSHIP


8  Unrelated (including foster children)

**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

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

✓ *one box only.*

1  Less than 3 months

2  3 months or more

**A7** Was this person in the Republic of Ireland on Sunday 28 April?

1  Yes

2  No

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

1  Yes

2  No

**Declaration to be signed by the householder after completing the Census form**

**Before you sign the declaration please check:**

- That you have completed the household questions on page 2.
- That in List 1 on page 3, you have accounted for all persons (including visitors) who spent the night of Sunday 28 April in the household (if there are more than 6 persons present, please complete a Continuation Form).
- That you have answered all questions which should have been answered for each person who spent the night of Sunday 28 April in the household (pages 4-21).
- That in List 2 on page 3, you have accounted for any household member who was temporarily away from the household on the night of Sunday 28 April (if there are more than 6 absent persons, please complete a Continuation Form).
- That you have answered all questions on pages 22-23 for any household member temporarily away from the household on the night of Sunday 28 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.**

Do not complete!  
For information only