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.
How to complete the Census Form

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: ✓

Correct one like this: ✗

✓ Per week

✓ Per month

Questions about the household

START HERE

H1 What type of accommodation does your household occupy? ✓

1. One box only.
2. Detached
3. Semi-detached
4. Terraced (including end of terrace)
5. In a purpose-built block of flats or apartments (including duplexes)
6. Part of a converted or shared house (including beds-sits)
7. In a commercial building (e.g. in an office building, hotel, or over a shop)
8. A mobile or temporary structure:
   1. A caravvan or other mobile or temporary structure.
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 who are NOT present at this address on the night of Sunday 28 April.

<table>
<thead>
<tr>
<th>A1</th>
<th>What is this person's name?</th>
<th>First name and surname</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A2</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A3</th>
<th>What is the relationship of this person to Person 1 on page 4?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Husband or wife</td>
</tr>
<tr>
<td>2</td>
<td>Partner</td>
</tr>
<tr>
<td>3</td>
<td>Son or daughter</td>
</tr>
<tr>
<td>4</td>
<td>Other related, write in RELATIONSHIP</td>
</tr>
<tr>
<td>5</td>
<td>Unrelated (including foster children)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A4</th>
<th>What is this person's date of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A5</th>
<th>What is this person's current marital status?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single (never Married)</td>
</tr>
<tr>
<td>2</td>
<td>Married (including Re-married)</td>
</tr>
<tr>
<td>5</td>
<td>Separated (including Deserted)</td>
</tr>
<tr>
<td>6</td>
<td>Divorced</td>
</tr>
<tr>
<td>7</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A6</th>
<th>How long altogether is this person away for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than 3 months</td>
</tr>
<tr>
<td>2</td>
<td>3 months or more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A7</th>
<th>Was this person in the Republic of Ireland on Sunday 28 April?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A8</th>
<th>Is this person a student away at school or college?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>LIST 1</th>
<th>Persons PRESENT in the household on the night of Sunday 28 April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person No.</td>
<td>First name and surname</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>LIST 2</th>
<th>Persons ABSENT from the household on the night of Sunday 28 April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person No.</td>
<td>First name and surname</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

If there are more than 6 usual residents absent on the night of Sunday 28 April, please ask your Enumerator for a Continuation Form.

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.
<table>
<thead>
<tr>
<th>Person 1</th>
<th>Household Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> What is your name? (Person 1)</td>
<td></td>
</tr>
<tr>
<td>First name and surname</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Sex</td>
<td></td>
</tr>
<tr>
<td>1 Male</td>
<td></td>
</tr>
<tr>
<td>2 Female</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Relationship question does not apply to Person 1.</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> What is your date of birth?</td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> What is your place of birth?</td>
<td></td>
</tr>
<tr>
<td>Give the place of residence of your mother at the time of your birth, not the location of the hospital where you were born.</td>
<td></td>
</tr>
<tr>
<td>If IRELAND (including Northern Ireland), write in the COUNTY.</td>
<td></td>
</tr>
<tr>
<td>If elsewhere ABROAD, write in the COUNTRY.</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> What is your Nationality?</td>
<td></td>
</tr>
<tr>
<td>If you have more than one nationality, please declare all of them.</td>
<td></td>
</tr>
<tr>
<td>1 Irish</td>
<td></td>
</tr>
<tr>
<td>2 Other NATIONALITY, write in</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Where do you usually live?</td>
<td></td>
</tr>
<tr>
<td>1 HERE at this address</td>
<td></td>
</tr>
<tr>
<td>2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY.</td>
<td></td>
</tr>
<tr>
<td>3 Elsewhere ABROAD, write in the COUNTRY.</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> Where did you usually live one year ago?</td>
<td></td>
</tr>
<tr>
<td>Answer if aged 1 year or over.</td>
<td></td>
</tr>
<tr>
<td>1 SAME as now</td>
<td></td>
</tr>
<tr>
<td>2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY.</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> Have you lived outside the Republic of Ireland for a continuous period of one year or more?</td>
<td></td>
</tr>
<tr>
<td>Answer if aged 1 year or over and living in Ireland.</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> What is your current marital status?</td>
<td></td>
</tr>
<tr>
<td>Answer if aged 15 years or over.</td>
<td></td>
</tr>
<tr>
<td>1 Single (never Married)</td>
<td></td>
</tr>
<tr>
<td>2 Married (first Marriage)</td>
<td></td>
</tr>
<tr>
<td>3 Re-married (following Divorce/Annulment)</td>
<td></td>
</tr>
<tr>
<td>4 Re-married (following Divorce/Annulment)</td>
<td></td>
</tr>
<tr>
<td>5 Separated (including Deserted)</td>
<td></td>
</tr>
<tr>
<td>6 Divorced</td>
<td></td>
</tr>
<tr>
<td>7 Widowed</td>
<td></td>
</tr>
<tr>
<td><strong>11</strong> Can you speak Irish?</td>
<td></td>
</tr>
<tr>
<td>Answer if aged 3 years or over.</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>IF “Yes”, do you speak Irish?</td>
<td></td>
</tr>
<tr>
<td>1 Daily</td>
<td></td>
</tr>
<tr>
<td>2 Weekly</td>
<td></td>
</tr>
<tr>
<td>3 Less often</td>
<td></td>
</tr>
<tr>
<td>4 Never</td>
<td></td>
</tr>
<tr>
<td><strong>12</strong> What is your religion?</td>
<td></td>
</tr>
<tr>
<td>1 Roman Catholic</td>
<td></td>
</tr>
<tr>
<td>2 Church of Ireland</td>
<td></td>
</tr>
<tr>
<td>3 Presbyterian</td>
<td></td>
</tr>
<tr>
<td>4 Methodist</td>
<td></td>
</tr>
<tr>
<td>5 Islam</td>
<td></td>
</tr>
<tr>
<td>6 Other, write in your RELIGION</td>
<td></td>
</tr>
<tr>
<td>7 No religion</td>
<td></td>
</tr>
<tr>
<td><strong>13</strong> Are you a member of the Irish Traveller Community?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td><strong>14</strong> Do you have any of the following long-lasting conditions:</td>
<td></td>
</tr>
<tr>
<td>(a) Blindness, deafness or a severe vision or hearing impairment?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>15</strong> 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:</td>
<td></td>
</tr>
<tr>
<td>Answer (a) and (b) if aged 5 years or over.</td>
<td></td>
</tr>
<tr>
<td>(a) Learning, remembering or concentrating?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>(b) Dressing, bathing or getting around inside the home?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Answer (c) and (d) if aged 15 years or over.</td>
<td></td>
</tr>
<tr>
<td>(c) Going outside the home alone to shop or visit a doctor’s surgery?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>(d) Working at a job or business?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>16</strong> What is (was) your occupation in your main job?</td>
<td></td>
</tr>
<tr>
<td>In all cases describe the occupation fully and precisely giving the full job title.</td>
<td></td>
</tr>
<tr>
<td>Use precise terms such as</td>
<td></td>
</tr>
<tr>
<td>Do NOT use general terms such as</td>
<td></td>
</tr>
<tr>
<td>RETAIL STORE MANAGER</td>
<td></td>
</tr>
<tr>
<td>Builder</td>
<td></td>
</tr>
<tr>
<td>CONSTRUCTOR</td>
<td></td>
</tr>
<tr>
<td>PRINTING MACHINE OPERATOR</td>
<td></td>
</tr>
<tr>
<td>SECONDARY ELECTRICAL</td>
<td></td>
</tr>
<tr>
<td>ENGINEER</td>
<td></td>
</tr>
<tr>
<td>BUILDERS LABOURER</td>
<td></td>
</tr>
<tr>
<td>Civil servants and local government employees should state their grade e.g.</td>
<td></td>
</tr>
<tr>
<td>CLERICAL OFFICER. Guards or Army state their rank e.g. GARDEN SERGEANT.</td>
<td></td>
</tr>
<tr>
<td>Teachers should state the branch of teaching e.g. PRIMARY TEACHER.</td>
<td></td>
</tr>
<tr>
<td>Clergy and religious orders should give full description e.g. NUN REGISTERED, GENERAL NURSE.</td>
<td></td>
</tr>
<tr>
<td>Write in your main OCCUPATION.</td>
<td></td>
</tr>
<tr>
<td><strong>17</strong> If you are retired, Skip to Q32</td>
<td></td>
</tr>
<tr>
<td><strong>18</strong> What is (was) the full name of the Organisation you work(ed) in your main job?</td>
<td></td>
</tr>
<tr>
<td>If you have your own business, write in the NAME of the business.</td>
<td></td>
</tr>
<tr>
<td><strong>19</strong> If a farmer or farm worker, write in the SIZE of the farm.</td>
<td></td>
</tr>
<tr>
<td>Acres OR Hectares</td>
<td></td>
</tr>
<tr>
<td><strong>20</strong> How many hours did you work last week?</td>
<td></td>
</tr>
<tr>
<td>Answer only if working for payment or profit. Answer to the nearest whole hour.</td>
<td></td>
</tr>
<tr>
<td><strong>21</strong> How many hours did you work last week?</td>
<td></td>
</tr>
<tr>
<td>Answer only if working for payment or profit. Answer to the nearest whole hour.</td>
<td></td>
</tr>
<tr>
<td><strong>22</strong> What is the business of your employer mainly?</td>
<td></td>
</tr>
<tr>
<td><strong>23</strong> 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,</td>
<td></td>
</tr>
<tr>
<td>Go to the next page</td>
<td></td>
</tr>
</tbody>
</table>
16 How do you usually travel to work, school or college? 
- one box only for the longest 
- by distance, of your usual 
- journey to work, school or college.
  1 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? 
- Before 07:00
  1 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

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

Minutes

19 If you are aged under 15, 
- Skip to Q32 on next page

20 Have you ceased your full-time education? 
- Yes
  2 No

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

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
  3 Secondary Level
  4 Lower secondary: 
    Junior/Intermediate/Group Certificate, ‘O’ Level/GCSE, 
    Intermediate Certificate, Basic Skills Training Certificate or equivalent
  5 Upper secondary: 
    Leaving Certificate (Including Applied and Vocational) 
    Certificate, ‘A’ Level, NCEA Level 2 Certificate 
    Technical or Vocational Qualification: 
    Complimentary Apprenticeship, NCEA Level 3 Certificate, 
    Trade Certificate or Diploma, 
    Degree Certificate or equivalent
  6 Both Upper secondary and Technical or Vocational Qualification
  7 Third Level
  8 Non Degree: 
    National Certificate, Diploma, NGA Institute of Technology or equivalent
  9 Primary Degree (Third Level Bachelor Degree)
  10 Professional qualification (of Degree status at least)
  11 Both a Degree and a Professional qualification
  12 Postgraduate Certificate or Diploma
  13 Postgraduate Degree (Masters)
  14 Doctorate (Ph.D.)

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

IF ‘Yes’, please indicate the main subject area(s) in which the qualification(s) is/are held. 
- ALL the boxes that apply.
  1 Education
  2 Arts (Including Fine Arts, Performing Arts, 
    Graphic, and Audio Visual Arts, Design)
  3 Humanities (Including Languages, Literature, History, 
    Archeology, 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/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? 
- one box only.
  1 Include problems which are due to old age.
  2 Personal help includes help with basic tasks such as feeding or dressing.
  3 Yes, 1-14 hours a week
  4 Yes, 15-28 hours a week
  5 Yes, 29-42 hours a week
  6 Yes, 43 or more hours a week
  7 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

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 worked 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 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

Minutes

28 If you are aged under 15, 
- Skip to Q32 on next page

29 Have you ceased your full-time education? 
- Yes
  2 No

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

30 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 worked 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)
Person 1 - continued

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

- Manager
- Contractor
- Teacher
- Engineer
- Labourer

Civil servants and local government employees should state their grade e.g. CLERICAL OFFICER. Garda or Army state their rank e.g. GARRIC SERJEANT. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION.

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)?

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?

- Manufacturing
- Wholesale trade
- Retail trade
- Other (agriculture, building, services, government, etc.)

Person 6

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

2 Sex
1 Male
2 Female

3 What is your relationship to Person 1?
1 one box only
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

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 nationally, please declare all of them.

1 Irish
2 Other NATIONALITY, write in
3 No nationality

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

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

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

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

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

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?

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

7 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?
(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?

1 Yes
2 No

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?

1 Yes
2 No

(b) Dressing, bathing or getting around inside the home?

1 Yes
2 No

(c) Going outside the home alone to shop or visit a doctor’s surgery?

1 Yes
2 No

(d) Working at a job or business?

1 Yes
2 No
**Person 5**

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

2. **Sex**
   - Male
   - Female

3. **What is your relationship to Person 1?**
   - Husband or wife
   - Partner
   - Son or daughter
   - Mother or father
   - Son-in-law or daughter-in-law
   - Mother-in-law or father-in-law
   - Other related, write in RELATIONSHIP
   - Unrelated (including foster children)

4. **What is your date of birth?**
   - 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?**
   - Irish
   - Other NATIONALITY, write in
   - No nationality

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

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

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

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

11. **Can you speak Irish?**
    - IF ‘Yes’, do you speak Irish?
      - Daily
      - Weekly
      - Less often
      - Never

12. **What is your religion?**
    - Roman Catholic
    - Church of Ireland
    - Presbyterian
    - Methodist
    - Islam
    - Other, write in your RELIGION
    - No religion

13. **Are you a member of the Irish Traveller Community?**
    - Yes
    - No

14. **Do you have any of the following long-lasting conditions?**
    - Blindness, deafness or a severe vision or hearing impairment?
      - Yes
      - No
    - A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?
      - Yes
      - No

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
      - (b) Dressing, bathing or getting around inside the home?
        - Yes
        - No
    - 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
      - (d) Working at a job or business?
        - Yes
        - No

**Person 2 - continued**

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
      - BUILDING CONTRACTOR
      - PRINTING MACHINE OPERATOR
      - SECONDARY TEACHER
      - ELECTRICAL ENGINEER
      - BUILDERS LABOURER
      - Civil servants and local government employees should state their grade e.g.
      - CLERICAL OFFICER, Guards or Army state their rank e.g. GUARD SERGEANT.
      - Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
      - Clergy and religious orders should give full description e.g. NON REGISTERED GENERAL NURSE.
    - Write in your main OCCUPATION.

28. **If a farmer or farm worker, write in the SIZE of the farm.**
    - Acres
    - OR
    - Hectares

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)?**
    - Work mainly at or from home
    - 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.

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 it, on holiday, on maternity leave or temporarily laid off.
    - Yes if you worked, paid or unpaid in your own family business.

33. **Were you actually 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?**
    - Yes
    - No

35. **Last week, were you waiting to start a job already obtained?**
    - Yes
    - 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, Skip to page 22.*
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 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?
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.
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 28 April?
1 Yes
2 No

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

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
Person No.
First name and surname
1
2
3
4
5
6
7
8
9
10
11
12

List 2
Person No.
Persons ABSENT from the household on the night of Sunday 28 April
1
2
3
4
5
6

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 who were not present on the night of Sunday 28 April.

List 2
Person No.
First name and surname
1
2
3
4
5
6

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.
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.

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**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.

**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.

Donal Garvey
Director General

Tá leagan Gaeilge den thoirím seo le fáil a chur i bhfuilchinn dhána.

**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/related people living at the same address with common household 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.

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**For office use only**

- House Number and Street/Townland Name

<table>
<thead>
<tr>
<th>County Code</th>
<th>Enumeration Area Code</th>
<th>ED Code</th>
<th>Street/Townland Code</th>
<th>D No.</th>
<th>Form</th>
<th>Number of persons</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Absent persons</th>
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