



## Census Pilot Night is on Sunday 22 September 2024

### Taking part

This Census Pilot Survey is voluntary. The survey is important to help us deliver a better and easier experience for everyone in Census 2027. We really appreciate your help. Find out more at [www.censuspilot.ie](http://www.censuspilot.ie)

Write your Eircode and full address here:

EIRCODE:

ADDRESS:

### Declaration:

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

Signature:

### Completing your form

Fill in this paper form or follow the steps below to fill in your form online:

1. Go to [www.censuspilot.ie](http://www.censuspilot.ie) or scan the QR code to the right. →
2. Request an access code to be sent to your phone or email address.
3. Answer the questions and submit.



### Returning your paper form

Please fill in this form and return in the enclosed envelope without delay.

If you have lost the envelope, you can return via **Freepost** to:

Central Statistics Office  
Freepost 4726  
Swords  
Co. Dublin  
K67 D2X4

Thank you for your co-operation.

Jennifer Banim  
Director General

### Need help?

More information and guidance on how to complete your census form is available through the options below.



[www.censuspilot.ie](http://www.censuspilot.ie)

☎ 1800 2024 09

Féadfar leagan Béarla nó Gaeilge den fhoirm seo a chomhlánú.

## Before you start

### Who should complete the census form?

The **householder** or any adult member of the household should complete this form. A separate Household Form should be completed for every household.

A **household** is:

- one person living alone, or
- a group of related or unrelated people living at the same address with common housekeeping arrangements, meaning they share at least one meal a day or share a living or sitting room.

### How to complete your census form

1. Use a BLACK or BLUE pen.
2. Mark boxes like this .
3. If you make a mistake, mark the box like this:  or this: 

I	T	A	L	Y
---	---	---	---	---
4. Please use BLOCK CAPITAL LETTERS and leave one space between words.
5. Continue on to the next line if a word will not fit, like this: 

T	A	X	I	D	R	I	V	E
R								
6. Leave any questions or pages you do not need to answer blank. Any marks or lines can be mistaken for answers.
7. There are explanatory notes on the back pages to help you in completing this form.

### You may need extra forms if:

#### 6 people or more usually live at this address

Either complete your form online for the entire household or contact us to request extra paper forms.

#### More than one household lives at this address

A separate Household Form should be completed for every household.

#### Someone in the household wants to provide their information separately

They can either complete an Individual Form online or contact us to request a paper Individual Form. People who complete an Individual Form should be included in the list of usual residents on page 5.

You can request extra paper forms online at [www.censuspilot.ie](http://www.censuspilot.ie) or by calling **1800 2024 09**.

### Confidentiality is guaranteed

The confidentiality of your return is guaranteed by law. It will be kept by the CSO for 12 months and will only be used to produce statistics. After this period, your information will be made anonymous.

Find out more about how your return will be used at [www.censuspilot.ie](http://www.censuspilot.ie)

### Data Protection

The General Data Protection Regulation and Data Protection Act 2018 apply to the Census Pilot Survey. The CSO takes its obligations seriously and will support your rights in relation to your information, but your rights may sometimes be restricted. Find out more about your rights at [www.censuspilot.ie](http://www.censuspilot.ie)

## Your household

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

Mark  one box only

#### A whole house or bungalow that is:

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

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

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

#### A bed-sit:

- 6  Bed-sit (with some shared facilities eg toilet)

#### A mobile or temporary structure:

- 7  A caravan or other mobile or temporary structure

### H2 When was your house, flat or apartment first built?

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

- 1  Before 1919  
2  1919 – 1945 inclusive  
3  1946 – 1960 inclusive  
4  1961 – 1970 inclusive  
5  1971 – 1980 inclusive  
6  1981 – 1990 inclusive  
7  1991 – 2000 inclusive  
8  2001 – 2010 inclusive  
9  2011 – 2015 inclusive  
10  2016 – 2021 inclusive  
11  2022 or later

### H3 Does your household own or rent your accommodation?

Mark  one box only

- 1  Own with mortgage or loan  
2  Own outright  
3  Rent  
4  Live here rent free

### H4 If your accommodation is rented, who is your landlord?

Mark  one box only

- 1  Private landlord  
2  Local Authority  
3  Voluntary/Co-operative housing body

#### How much rent does your household pay?

Enter amount to the nearest Euro

€

Mark  one box only

- 1  Per week  
2  Per month  
3  Per year

### H5 How many rooms do you have for use only by your household?

- Write the number for each type of room. If the household has no rooms of that type, write '0'.
- If two rooms have been converted into one, count them as one room.
- Count rooms once only, even if they have multiple uses. Count rooms as their primary purpose, eg a room used as a bedroom and a home office should be counted as a bedroom.
- If this is a one-room dwelling, such as a studio apartment, write '1' for bedrooms and '0' for all other room types.

Bedrooms

Kitchens, living rooms, dining rooms, conservatories or other rooms you can sit in (excluding bathrooms)

Home study or office

### H6 What type of internet connection does your household have?

Mark  the boxes that apply

- 1  Fixed broadband (Fibre, internet/phone/TV cable, etc)  
2  Mobile broadband (5G, 4G, 3G, fixed wireless, etc)  
3  Satellite  
4  Other connection  
5  No internet connection

## Your household

### H7 What is the main type of fuel used by the central heating in your accommodation?

Mark  one box only

- 1  No central heating
- 2  Oil
- 3  Natural gas
- 4  Electricity (including heat pumps, storage heaters, electric radiators)
- 5  Coal (including anthracite)
- 6  Peat (including turf)
- 7  Liquid Petroleum Gas (LPG)
- 8  Wood (including wood pellets)
- 9  Other

### 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
- Mark  one box only

- 1  One
- 2  Two
- 3  Three
- 4  Four or more
- 5  None → Skip H10

### H8 Does your accommodation use any of the following renewable energy technologies?

Mark  the boxes that apply

- 1  No
- 2  Solar panels for water heating
- 3  Solar panels for electricity
- 4  Air source heat pump
- 5  Ground source heat pump
- 6  Biomass boiler (using wood pellets, chips or logs)
- 7  Other

### H10 Where are your household's cars or vans usually parked overnight?

Mark  the boxes that apply

- 1  On-street parking
- 2  Driveway
- 3  Garage
- 4  Car park
- 5  Other

## Usual Residence

Fill in the next questions on this form for people who are usually resident at this address. This means people **who usually live here**.

- For people who live in more than one place – the place where they live for the majority of the year is their usual residence.
- Third-level students who are away from home should fill in the form at their term time address.
- If a person has spent or intends to spend 12 months or more in an establishment (eg hospital or nursing home) – the establishment is the place they usually live.

### DO NOT INCLUDE

- X** Visitors: Anyone who is visiting on 22nd September 2024 and **DOES NOT usually live** at this address.

For more information on the definition of usual residence, please visit [www.censuspilot.ie](http://www.censuspilot.ie)







**15 How is your health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good               | Good                    | Fair                    | Bad                     | Very bad                |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**16 How is your mental health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good               | Good                    | Fair                    | Bad                     | Very bad                |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?**

- 1  Yes      2  No

**If 'Yes', for how many hours per week?**

Care provided on a 24-hour basis, 7 days a week equates to 168 hours

Write in hours

**18 Do you have any of the following long-lasting conditions or difficulties?**

1 Yes, to a great extent      2 Yes, to some extent      3 No

- |   |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|
| (a) Blindness or partial sight  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (b) Deaf or hard of hearing   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (d) An intellectual disability  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (f) A psychological or emotional condition or a mental health difficulty  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**19 As a result of a long-lasting condition, do you have difficulty doing any of the following?**

Include issues due to old age

1 Yes, a lot      2 Yes, a little      3 No

- |   |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (e) Communicating, for example understanding or being understood              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**20 If you are aged under 15, are you in any type of childcare?**

- 1  Yes      2  No

**If 'Yes', what is the main type of childcare?**

Mark  one box only

- 1  Unpaid relative or family member  
 2  Paid relative or family member  
 3  Childminder (in childminder's home)  
 4  Au pair/Nanny/Childminder (in child's home)  
 5  Crèche/Montessori/Playgroup/After school  
 6  Other (including special needs facility, breakfast clubs, etc)

**And for how many hours per week during term times?**

Write in hours

**21 If you are aged under 15 → Go to Q34**

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

- 1  Yes      2  No

If 'Yes', write in AGE at which it ceased

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

Mark  one box only

- 1  No formal education
- 2  Primary education
- 3  Lower secondary education (Junior/Inter/Group Certificate)
- 4  Upper secondary education (Leaving Certificate)
- 5  Post-secondary education (NFQ Levels 4 or 5)
- 6  NFQ Level 6 (Higher/advanced certificate or equivalent)
- 7  NFQ Level 7 (Ordinary Bachelor's Degree or equivalent)
- 8  NFQ Level 8 (Honours Bachelor's Degree or equivalent)
- 9  NFQ Level 9 (Master's or equivalent)
- 10  NFQ Level 10 or higher (PhD or equivalent)

**24 What approach best describes the above qualification?** Mark  one box only

- 1  As part of employment (including apprenticeship)
- 2  Academic (primarily classroom, lecture or research-based)

**25 How would you describe your present principal status?** Mark  one box only

- 1  Working for payment or profit
- 2  Short-term unemployed (less than 12 months)
- 3  Long-term unemployed (12 months or more)
- 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


- 26 If you are working, unemployed or retired** → Go to Q27
- If you are a student** → Go to Q34
- Otherwise** → Go to Q39

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

- Mark  one box only
- 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)

**Is (was) your status full-time or part-time?**

Mark  one box only

- 1  Full-time
- 2  Part-time

**28 What is (was) your occupation in your main job?**

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

For example: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER. Civil servants and local government employees should state their grade eg SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Defence Forces should state their rank.

Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1  Acres 2  Hectares

**29 If you are retired** → Go to Q39







**15 How is your health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good               | Good                    | Fair                    | Bad                     | Very bad                |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**16 How is your mental health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
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**And for how many hours per week during term times?**

Write in hours

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If a farmer, write in the SIZE of the farm

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 1  Acres
- 2  Hectares

**29 If you are retired** → Go to Q39







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Write in your main OCCUPATION


If a farmer, write in the SIZE of the farm

				1 <input type="radio"/> Acres	2 <input type="radio"/> Hectares
--	--	--	--	-------------------------------	----------------------------------

**29 If you are retired → Go to Q39**



**1 What is your name? (Person 4)**

First name (BLOCK CAPITALS)


Surname (BLOCK CAPITALS)


**2 What was your sex at birth?**

- 1  Male 2  Female

A question on gender will follow

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

Day Month Year

--	--	--	--	--	--	--	--

**4 What is your relationship to Persons 1, 2, and 3?**

Mark  one box only for each person

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

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

Give the place where your mother lived at the time of your birth

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


**6 What is your current marital status?**

Answer if aged 15 years or over

- 1  Single (never married or never in a civil partnership)
- 2  Married (first marriage)
- 3  Re-married
- 4  In a registered civil partnership
- 5  Separated
- 6  Divorced
- 7  Widowed

**7 What is your country of citizenship?**

If you have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 3  No citizenship

**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 What is your gender?**

Gender may be the same or different to sex recorded at birth

- 1  Man or boy
- 2  Woman or girl
- 3  Or please write in:


- 4  Prefer not to say



**15 How is your health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good               | Good                    | Fair                    | Bad                     | Very bad                |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**16 How is your mental health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good               | Good                    | Fair                    | Bad                     | Very bad                |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?**

- 1  Yes      2  No

**If 'Yes', for how many hours per week?**

Care provided on a 24-hour basis, 7 days a week equates to 168 hours

Write in hours

**18 Do you have any of the following long-lasting conditions or difficulties?**

1 Yes, to a great extent      2 Yes, to some extent      3 No

- |   |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|
| (a) Blindness or partial sight  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (b) Deaf or hard of hearing   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (d) An intellectual disability  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (f) A psychological or emotional condition or a mental health difficulty  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**19 As a result of a long-lasting condition, do you have difficulty doing any of the following?**

Include issues due to old age

1 Yes, a lot      2 Yes, a little      3 No

- |   |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (e) Communicating, for example understanding or being understood              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**20 If you are aged under 15, are you in any type of childcare?**

- 1  Yes      2  No

**If 'Yes', what is the main type of childcare?**

Mark  one box only

- 1  Unpaid relative or family member  
 2  Paid relative or family member  
 3  Childminder (in childminder's home)  
 4  Au pair/Nanny/Childminder (in child's home)  
 5  Crèche/Montessori/Playgroup/After school  
 6  Other (including special needs facility, breakfast clubs, etc)

**And for how many hours per week during term times?**

Write in hours

**21 If you are aged under 15 → Go to Q34**

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

- 1  Yes      2  No

If 'Yes', write in AGE at which it ceased





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

First name (BLOCK CAPITALS)


Surname (BLOCK CAPITALS)


**2 What was your sex at birth?**

- 1  Male 2  Female

A question on gender will follow

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

Day Month Year

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**4 What is your relationship to Persons 1, 2, 3 and 4?**

Mark  one box only for each person

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

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

Give the place where your mother lived at the time of your birth

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Answer if aged 15 years or over

- 1  Single (never married or never in a civil partnership)
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- 4  In a registered civil partnership
- 5  Separated
- 6  Divorced
- 7  Widowed

**7 What is your country of citizenship?**

If you have dual country of citizenship, please declare both

- 1  Ireland
- 2  Other CITIZENSHIP, write in

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 3  No citizenship

**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 What is your gender?**

Gender may be the same or different to sex recorded at birth

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- 2  Woman or girl
- 3  Or please write in:


- 4  Prefer not to say



**15 How is your health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good               | Good                    | Fair                    | Bad                     | Very bad                |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**16 How is your mental health in general?**

Mark  one box only

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very good               | Good                    | Fair                    | Bad                     | Very bad                |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**17 Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?**

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Write in hours

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- |   |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|
| (a) Blindness or partial sight  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (b) Deaf or hard of hearing   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (d) An intellectual disability  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (e) A difficulty with learning, remembering or concentrating  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (f) A psychological or emotional condition or a mental health difficulty  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (g) A difficulty with pain, breathing or any other chronic illness or condition                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**19 As a result of a long-lasting condition, do you have difficulty doing any of the following?**

Include issues due to old age

1 Yes, a lot      2 Yes, a little      3 No

- |   |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|
| (a) Dressing, bathing or getting around inside the home                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (b) Going outside the home to shop or visit a doctor's surgery                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (c) Working at a job or business or attending school or college               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| (d) Participating in other activities, for example leisure or using transport | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
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- 1  Yes      2  No

**If 'Yes', what is the main type of childcare?**

Mark  one box only

- 1  Unpaid relative or family member  
 2  Paid relative or family member  
 3  Childminder (in childminder's home)  
 4  Au pair/Nanny/Childminder (in child's home)  
 5  Crèche/Montessori/Playgroup/After school  
 6  Other (including special needs facility, breakfast clubs, etc)

**And for how many hours per week during term times?**

Write in hours

**21 If you are aged under 15 → Go to Q34**

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

- 1  Yes      2  No

If 'Yes', write in AGE at which it ceased





#### Question H4 – If your accommodation is rented, who is your landlord?

Answer this question regardless of whether you pay all or part of the rent yourself or if it is paid by the government or any other body.

Examples of **Local Authorities** are Dublin City Council, Leitrim County Council etc.

**Voluntary/Co-operative housing bodies** are independent, not-for-profit organisations such as approved housing bodies. They provide affordable rented housing for people who cannot afford to pay private sector rents or buy their own homes. Examples of these are Clúid Housing, Circle Voluntary Housing, Co-operative Housing Ireland, Oaklee Housing, Respond and Tuath Housing.

If your landlord is not a local authority or a voluntary co-operative housing body, mark **'Private Landlord'**.

#### How much rent does your household pay?

If you rent your accommodation, enter, in euros, how much your household pays in rent. You should mark in the box how often the rent is paid – weekly, monthly or yearly.

If the government or any other organisation pays part of the rent, only enter the amount your household pays. Enter the amount to the nearest euro.

For example, if the household pays a weekly rent of €78.60 enter 79 and mark box 1. If all of the rent is paid by the government or any other organisation then enter 0 and mark box 1.

#### Question H7 – What is the main type of fuel used by the central heating in your accommodation?

If you use more than one type of fuel, mark the one you use the most. If you use solar or geothermal sources, for example, mark box 9 'Other'.

#### Question 4 – Relationship

For this question, we ask how each person is related to the people they usually live with.

Couples who live together but are not married should tick the category 'Partner (including same-sex partner)'.

For relationships not included on the list such as in-laws, cousins, etc, tick box 10 'Other related'.

The example below shows how the question should be answered for a child (Person 4), where the grandparents are Persons 1 and 2 and the mother is Person 3.

Mark  one box only for each person

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

#### Question 7 – What is your country of citizenship?

If you have more than one country of citizenship, please declare both. If you have dual Irish citizenship please mark boxes 1 and 2 and write in your second country of citizenship. See below for example.

- 1  Ireland  
 2  Other CITIZENSHIP, write in

P	H	I	L	I	P	P	I	N	E	S				

- 3  No citizenship

If you are a citizen of two countries, neither of which are Ireland, mark box 2 and write in both countries of citizenship.

