

4(c) Questions about individuals

Questions about individuals start on page 4 of the census form.

Question 1: What is your name?

Write in your first name and last name.

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

Question 2: Are you male or female?

Tick male or female.

2 Sex

1 Male

2 Female

Question 3 asks how a person is related to other people in the house.

If you are Person 1 in the house you do not have to answer this question.

3 Relationship question does not apply to Person 1.

* If there are other people in the house, this question is to be answered about them on their page of the census form.

* See pages 25 to 27 of this guide, for more information on answering this question for other people in the house.

Question 4: What is your date of birth?

Put 0 in front of the numbers 1 to 9.

4 What is your date of birth?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

January	=	01	July	=	07
February	=	02	August	=	08
March	=	03	September	=	09
April	=	04	October	=	10
May	=	05	November	=	11
June	=	06	December	=	12

Include the full year.
Examples are:
1943
2001

Question 5: What county or country did your mother live in when you were born?

List of Counties

- | | |
|-----------|-----------|
| Antrim | Leitrim |
| Armagh | Limerick |
| Carlow | Longford |
| Cavan | Louth |
| Clare | Mayo |
| Cork | Meath |
| Derry | Monaghan |
| Donegal | Offaly |
| Down | Roscommon |
| Dublin | Sligo |
| Fermanagh | Tipperary |
| Galway | Tyrone |
| Kerry | Waterford |
| Kildare | Westmeath |
| Kilkenny | Wexford |
| Laois | Wicklow |

If in Ireland, write in the county.

If outside Ireland, write in the country.

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.

* Write one letter in each box.

Question 6: What is your nationality?

You are Irish, or tick this box

and write in your nationality.

* Write one letter in each box.

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

Question 12: Can you speak Irish?

* Answer if aged 3 or more.

* Be sure to tick yes or no.

If you answered yes, how often do you speak Irish?

- every day in school →
- every day outside school →
- every week →
- not very much →
- never →

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

1 Yes
 2 No

IF 'Yes', do you speak Irish?
the boxes that apply.

1 Daily, within the education system
 2 Daily, outside the education system
 3 Weekly
 4 Less often
 5 Never

Question 13: What is your religion?

* Tick one box only.

If your religion is not listed,
 tick this box →
 and write it in here. →

* Write one letter in each box.

13 What is your religion?
one box only.

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

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

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

 7 No religion

Question 14: What cultural group do you feel you belong to?

* Tick one box only.

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

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

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

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

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

If it is not listed, tick this box →
 and write it in here. →

* Write one letter in each box.

Question 15: Do you have a disability or long term illness?

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

(a) Blindness, deafness or a severe vision or hearing impairment
 Yes No
 1 2

(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
 Yes No
 1 2

(c) A learning or intellectual disability
 Yes No
 1 2

(d) A psychological or emotional condition
 Yes No
 1 2

(e) Other, including any chronic illness
 Yes No
 1 2

* Tick yes or no to each part of this question.

← Blind, deaf or severe problem seeing or hearing

← Problem with activities like walking, climbing stairs or carrying things

← A learning or intellectual disability

← A psychological or emotional condition

← Another disability or serious illness

* If you tick "yes" to any part in question 15 then answer question 16.
 If you tick "no" to every part in question 15 then go to question 17.

Question 16: Does your disability or illness cause you problems doing some activities?

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

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

* Tick yes or no to each part of this question.

- ← You find it hard to remember or concentrate.
- ← You find it hard to dress, have a bath or move inside your home.
- ← You find it hard to leave your home alone to go to the shop or doctor.
- ← You find it hard to work or attend school.
- ← You find it hard to do other things like using buses or trains or doing things for fun.

Question 17: How do you get to work, school or college?

* If you travel by more than one way, tick the box for the longest part of the journey.

* Tick one box only.

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

✓ one box only, for the longest part, by distance, of your usual journey to work, school or college.

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

If you work at or from home, tick this box. →

If you do not travel to work or school for any other reason, tick this box. →

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

* Tick one box only.

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

1 Before 06:30

2 06:31 - 07:00

3 07:01 - 07:30

4 07:31 - 08:00

5 08:01 - 08:30

6 08:31 - 09:00

7 09:01 - 09:30

8 After 09:30

9 Not applicable

Question 19: How far is it to work, school or college and how long does it take you to get there?

Miles to kilometres		
½	=	1
1	=	2
2	=	3
3	=	5
4	=	6
5	=	8
6	=	10
7	=	11
8	=	13
9	=	14
10	=	16

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

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

Kilometres

Minutes

Hours to minutes		
½	=	30
1	=	60
1 ½	=	90
2	=	120

Question 20: If you are aged 15 or over, continue to the next question. If you are aged under 15, go to Question 34.

Question 21: Do you take care of a friend or family member who is ill or has a disability and not get paid for it?

* Answer "yes" to this question even if you get Carer's Allowance or Carer's Benefit.

* Tick one box only.

If yes, tick the number of hours a week.

If no, tick this box.

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

Include problems which are due to old age.

Personal help includes help with basic tasks such as feeding or dressing.

1 Yes, 1-14 hours a week

2 Yes, 15-28 hours a week

3 Yes, 29-42 hours a week

4 Yes, 43 or more hours a week

5 No

Question 22: Are you finished your full time education?

* Be sure to tick yes or no.

If yes, how old were you when you finished school or college?

22 Have you ceased your full-time education?

1 Yes

2 No

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

Question 23: What is the highest level you have done in school or college so far?

* Tick one box only.

- No formal education →
- Primary school →
- Junior Cert or Inter Cert level →
- Leaving Cert level →
- Technical such as an apprenticeship →
- Both Leaving Cert and technical →
- College, but not a degree →

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

✓ one box only.

1 No formal education

2 Primary education

Second Level

3 Lower secondary:
Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent

4 Upper secondary:
Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent

5 Technical or Vocational qualification:
Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent

6 Both Upper Secondary and Technical or Vocational qualification

Third Level

7 Non Degree:
National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma

8 Primary Degree (Third Level Bachelor Degree)

9 Professional qualification (of Degree status at least)

10 Both a Degree and a Professional qualification

11 Postgraduate Certificate or Diploma

12 Postgraduate Degree (Masters)

13 Doctorate (Ph.D)

Degree and/or professional qualifications

Question 24: Do you have a third level qualification?

* Be sure to tick yes or no.

If yes,
tick the subject area.

* Tick any boxes that apply.

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

1 Yes

2 No

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

1 Education

2 Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)

3 Social Sciences/Business/Law (including Psychology, Economics, Journalism, Finance, Accounting)

4 Life Science, Physical Science, Mathematics and Statistics

5 Computing

6 Engineering, Manufacturing and Construction (including Architecture)

7 Agriculture and Veterinary (including Forestry, Fishery, Horticulture)

8 Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation, Pharmacy)

9 Social Services (including Child Care and Youth Services, Social Work and Counselling)

10 Services (including Hotel, Catering, Sports, Transport, Environmental Protection, Security, Occupational Health and Safety, Military and Defence)

Question 25: Did you do any voluntary work in the last four weeks?

* Tick any boxes that apply.

If yes, was it for:

- a social or charity group →
- a religious group →
- a sporting group →
- a political or cultural group →
- other voluntary work. →
- If none, tick here. →

25 In the last 4 weeks have you done any of the following activities without pay?
 ✓ ALL the boxes that apply.

1 Helping or voluntary work with a social or charitable organisation

2 Helping or voluntary work with a religious group or church

3 Helping or voluntary work with a sporting organisation

4 Helping or voluntary work with a political or cultural organisation

5 Any other voluntary activity

6 No voluntary activity

Question 26: Are you working, unemployed, at school, retired.....?

* Tick only one box.

* Write one letter in each box.

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

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

Question 27 says if your answer to Question 26 was 1, 3, or 6, go to Question 28. If your answer to Question 26 was 2, 4, 5, 7 or 8, then go to Question 34.

Question 28: Are you employed by someone or do you work for yourself?

* If you are unemployed or retired, answer this question based on the work that you did last.

You work for someone else. →

You work for yourself. →

You work in your family business for no fixed pay. →

28 Do (did) you work as an employee or are (were) you self-employed in your main job?
Your main job is the job in which you usually work(ed) the most hours.

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

