

HOUSEHOLD BUDGET SURVEY (HBS)

(1)

RECORD 1		
Ref. No.	Area	Hld.

Household Questionnaire (HB.1)

(2-6)

**STRICTLY
CONFIDENTIAL**

Q. 1 HOUSEHOLD MEMBERS		Q. 2 RELATIONSHIP TO HEAD OF HOUSEHOLD		Q. 3 SEX	Q. 4 AGE	Q. 5 MARITAL STATUS	Q. 6 HOSPITAL STAY		Q. 7 STATE HEALTH SERVICE USAGE			Q. 8 SOCIAL WELFARE ENTITLEMENT			Q. 9 FULL TIME EDUCATION		Q. 10 CHECK CODES			
PERSONAL NUMBER	Initials or Name	(e.g. wife, husband, brother, sister, son, daughter, father, mother, boarder, visitor, etc.)	Office use	Code 1 = male 2 = female	Age last birthday (0 = under 1 year)	Code 1-6 as shown below	Number of nights (enter 0 if none) spent during last 12 months in		Health eligibility Code 1 = Full (i.e. medical card holders) 2 = Limited 3 = Other	Medical Card holders		DOA† treatment Free or subsidised in past year 1 = Yes 2 = No	Free CIE travel by old age and blind pensioners		Free TV licence and ESB allowance 1 = Yes 2 = No	State school bus usage Code 1 = Free 2 = Pays 3 = No	If finished	If being received	HB.2	Diary
							State funded hospital	Private hospital		Free GP visits in past 4 weeks	Free prescriptions filled in past 4 weeks		En-titled (i.e. has "pass") 1 = Yes 2 = No	Approx. £ saved in past 4 weeks			Age at which finished (years)	Code 1-13 as shown below	Code 1 if completed	Code 1 if kept
(7-8)	(11)	(12)	(13-14)	(15)	(16-18)	(19-21)	(22)	(23-24)	(25-26)	(27)	(28)	(29-33)	(34)	(35)	(36-37)	(38-39)	(40)	(41)	(42)	
01	Head of Household	.....	Code	Age	Code	Nights	Nights	Code	No.	No.	Code	Code	£££.pp	Code	Code	Age	Code	Code	Code
02
03
04
05
06
07
08
09
10

Q. 11 Has any member a normally resident unmarried son or daughter receiving full time 3rd level education away from home?
 IF YES Y ask Q. 1-3 and Q. 9 for each
 IF NO N ask Q. 12 on next page

X1	.....	.....	.....	.....
X2	.....	.....	.....	.....
X3	.....	.....	.....	.....

(7-8) (11) (12) (13-14)

MARITAL STATUS CODES (Q. 5)

Married

1. Both spouses present
2. One temporarily away (why?)
3. One permanently away (i.e. separated, divorced, etc.)
4. Widow

Single

5. 15 years and over
6. Under 15 years

EDUCATION CODES (Q.9)

Primary 1. National School 2. Private Secondary (incl. comprehensive) 3. Day - no fees 4. Day - fees 5. Boarding Vocational (VEC) 6. No fees 7. Fees	University 8. Grant 9. No Grant NIHE & RTC 10. Grant 11. No Grant Other 3rd Level 12. Grant 13. No Grant
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.....

(38-39)

†DOA = Dental, ophthalmic or aural treatment
 * = Leave blank if not relevant to person

Code £ entries if records
 S - seen by Interviewer
 C - consulted by respondent
 N - not consulted
 E = estimated.

ACCOMMODATION PARTICULARS (ASK ALL)

RECORD 2

TYPE

		Amount		Code
		£	p	
12. (a) Is your accommodation a	Bedsitter 1			
.....	Apartment/flat converted 2			
.....	custom built - large block .. 3 (large = block of 10 or more apartments)			001 1
.....	custom built - small block .. 4			
.....	House detached 5			
	semi-detached/terraced .. 6			
	Other (specify) 7			
(b) Year in which the accommodation was built	pre - 1918 1			X01 1
	1918 - 1945 2			
	1946 - 1960 3			
	1961 - 1970 4			
	1971 - 1980 5			
	1981 to-date 6			

AMENITIES

13. (a) How many rooms are there in your whole accommodation (i.e. rooms at this address which you own, rent or occupy rent free)?		INCLUDE	ENTER NO.																			
<table border="1"> <thead> <tr> <th>EXCLUDE</th> <th>ENTER NO.</th> </tr> </thead> <tbody> <tr> <td>bathroom</td> <td>.....</td> </tr> <tr> <td>separate toilet</td> <td>.....</td> </tr> <tr> <td>scullery/kitchenette</td> <td>.....</td> </tr> <tr> <td>Garage { used</td> <td>.....</td> </tr> <tr> <td>let/sub-let</td> <td>.....</td> </tr> <tr> <td>rooms used entirely for business</td> <td>.....</td> </tr> <tr> <td>others - specify</td> <td>.....</td> </tr> </tbody> </table>	EXCLUDE	ENTER NO.	bathroom	separate toilet	scullery/kitchenette	Garage { used	let/sub-let	rooms used entirely for business	others - specify	living/dining rooms				
	EXCLUDE	ENTER NO.																				
	bathroom																				
	separate toilet																				
	scullery/kitchenette																				
	Garage { used																				
	let/sub-let																				
rooms used entirely for business																					
others - specify																					
	kitchen																				
	bedrooms	→			X02 1																
	rooms shared																				
	rooms let or sub-let	→			002 1																
	rooms used partly for business																				
	TOTAL NO. OF ROOMS	→			003 1																
(b) Does this accommodation have	running water (piped)?	YES 1	NO 2			022 1																
	hot water (piped)?	1	2			023 1																
	bath or shower?	1	2			024 1																
	toilet (internal)?	1	2			025 1																
	double glazing?	1	2			X03 1																
	garage { owned? 1	} 3				026 1																
	rented? 2																					
	burglar alarm?	1	2			X04 1																
(c) Does any household member own (not on permanent site)	touring caravan or tent trailer?	1	2			X05 1																

ROOMS LET OR SUB-LET

14. (a) How much rent do you receive from your tenants?	Rooms 566
	Garage 566
(b) How long a period does this cover?	Period..... (rooms) (garage)
(c) Apart from furniture do you provide any service (e.g. light, heating, etc.) for your tenants?	YES Y NO N, ASK Q. 15

IF YES, give the following details

Type of Service	Only if specific charge made				Date 004 1		
	Amount		Period	Included in rent at Q. 14 (a)?		Country 005 1	
	£	p		Yes			No
.....				Y	N		U/R 006 1
.....				Y	N		
.....				Y	N		

Acres 007 1
 Farm type X06 1
 Farm Ac. X07 1

TENURE

15. (a) Do you own or rent this accommodation?

NOTE
 Probe carefully to distinguish between
 (i) Tenant Purchasers (Code 3)
(i.e. former Local Authority tenants buying out their dwelling under a tenant purchase mortgage agreement)
 (ii) Local Authority tenants (Code 4)

- | | | |
|---|---|---------|
| OWNED | | |
| Outright | 1 | } Q. 19 |
| With mortgage | 2 | |
| Tenant purchase scheme | 3 | |
| RENTED | | |
| Local Authority | 4 | } Q. 17 |
| Other - furnished | 5 | |
| Other - unfurnished | 6 | |
| RENT-FREE (i.e. landlord receives no rent) | 7 | Q. 18 |

NOW ASK Q. 16 AND THEN

Code	Amount	
	£	p
009 1		
X08 1		
X09 1		
X10 1		

(b) Enter Person Number (page 1) of the household member who owns, rents or gets the accommodation rent free → Per No.

TAKE - husband if in husband and wife's joint names unless the wife is the chief economic supporter of the household

- male and eldest if a number have joint claims

(c) How long has the household (i.e. family) been resident in this accommodation → Years

16. Do you make separate regular payments to cover

IF YES

YES
NO

Local Authority Charges (365)	Ground Rent (366)	Service/maintenance†
Y N	Y N	Y N
£	£	£
.....

(a) how much were your last payments? →

(b) what periods did they cover? →

† e.g. in apartment blocks (coded 528)

RENTED AND RENT-FREE ACCOMMODATION ONLY
(coded 4 - 7 at Q. 15)

IF RENT PAID (coded 4, 5, 6 at Q. 15)

17. (a) How much rent did you pay for this accommodation including any rooms/garage sub-let →

(b) How long a period does this cover? Period

(c) Does this rent include any known charges to cover services (e.g. lighting, heating, etc.)?
 YES Y
 NO N, ASK Q. 25

IF YES, give the following details

Type of Charge	Only if specific charge made	
	Amount	Period
.....	£	£
.....	£	£
.....	£	£

(d) Is this rent actually paid by you or any household members? YES Y
NO N

IF NO, who pays the rent?

IF RENT FREE (coded 7 at Q. 15)

18. Please indicate the circumstances whereby accommodation is received rent-free

- | | |
|----------------------|---|
| Relative of landlord | 1 |
| Employee of landlord | 2 |
| Other | 3 |

IF OTHER, please describe

NOW ASK Q. 25

ALL OWNED PRIVATE ACCOMMODATION
(coded 1 - 2 at Q. 5)

HOUSE PURCHASE GRANT

	Yes	No	IF YES, enter amount	Amount		Code
				£	p	
19. Did you purchase (outright or with mortgage) this accommodation during the past 12 months?	Y	N				
IF YES, did you get a State grant as a:						
(i) first time purchaser of a new dwelling, and/or	Y	N	→			901 8
(ii) Local Authority tenant or tenant purchaser (who surrendered possession of a Local Authority dwelling)	Y	N	→			902 8

ACCOMMODATION OWNED WITH MORTGAGE ONLY
(coded 2 - 3 at Q. 15)

MORTGAGE PAYMENTS

20. (a) From whom did you get the loan or mortgage to purchase this accommodation?	<ul style="list-style-type: none"> Building Society 1 Local Authority 2 Insurance Company 3 Bank 4 Housing Finance Agency 5 Other (specify) 6 					010 1
(b) What was the original amount of the mortgage?			→			903 1
(c) How much are your present regular mortgage repayments	<ul style="list-style-type: none"> Interest only Principal & Interest combined .. of which - interest element .. (if at all possible) 					368 36 904
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Confirm (✓) these repayments exclude <input type="checkbox"/> - mortgage protection premiums (Q. 23) <input type="checkbox"/> - house insurance premiums (Q. 25) </div>						
(d) How long a period does this cover?	Period					
(e) IF INTEREST REPAYMENT ONLY, is there an endowment policy covering the principal	YES Y NO N					
IF NO, specify how the principal is repaid	.....				

MORTGAGE SUBSIDY

21. Did you receive a mortgage subsidy in last 12 months	YES Y NO N					
IF YES, specify the amount received			→			905 8

MORTGAGE REPAYMENT CONCESSIONS

22. Did you get this mortgage from your employer (e.g. bank and insurance officials)?	YES Y NO N, ASK Q. 23					
IF YES, do you receive any concessions in repaying it?	YES Y NO N, ASK Q. 23					
IF YES (a) actual interest rate charged%						
(b) current market interest rate%						
(c) value of this concession in past year			→			

MORTGAGE PROTECTION POLICY

23. Do you pay premiums on a mortgage protection policy?	YES Y NO N, ASK Q. 24					
IF YES (a) how much do you pay?			→			501
(b) how long a period does this cover?	Period					

SUBSIDIARY HOUSE LOAN

24. Are you currently repaying any subsidiary loan used to purchase this accommodation?	YES Y NO N, ASK Q. 25					
IF YES (a) how much was your last repayment?			→			370
(b) how long a period does this cover?	Period					

ALL TYPES OF ACCOMMODATION
(ask all subsequent questions)

Code £ entries if records
S - seen by interviewer
C - consulted by respondent
N - not consulted
E = estimated.

HOUSE INSURANCE

25. Do you have the structure and contents of this accommodation insured?

YES Y
NO N, ASK Q. 26

IF YES, specify last premiums paid ———— Type of Policy
Structure (separately)
Contents " " " " " "
Joint policy

YES NO Period No. in year Premium Paid
Y N
Y N
Y N £
Insured value of house = £

NOTE: House insurance is compulsory for mortgages. Include insurance for TV aerial, but exclude separate personal insurance policies on jewellery, clothes, etc. and insurance on business property and effects.

GAS AND ELECTRICITY

26. Do you have gas or electricity supplied to (your part of) this accommodation? ————

None
Slot Meter
Account Meter

Gas		Electricity	
0		0	
1	3	1	
2	4	2	3
Natural	Other	Ordinary	Day/night

27. IF SLOT METER, did you get a rebate when the meter was cleared the last time?

YES
NO

IF YES (i) how much was the rebate received? ———— £
(ii) how long a period did it cover? ————

IF ACCOUNT METER paid directly ESB budget scheme

28. (a) How much was your last bill? ———— £
(b) What quantity did this cover ————

therms/ft³ units

(c) How long a period did it cover? ————

(d) Did it include a charge for maintenance or repairs YES NO
Y N

IF YES, how much was it? ———— £

(e) Did it include HP repayments? YES NO
Y N

IF YES, what was the total HP amount? ———— £
(this amount must be itemised on the appropriate HB.2)

TELEPHONE

29. (a) Do you have a telephone in (your part of) this accommodation

YES NO
Non Coin Coin
Box Box

(i) for your own household's use only? 1 4 N
(ii) shared with another household? 2 5 N

(b) Does your household share the use of a telephone in another household? 3 6 N

IF NO TO ALL ASK Q. 29 (d)

IF YES, TO ANY NON-COIN BOX CATEGORY:

(i) how much was (your share of) the last bill? ————
(ii) how long a period did it cover? Period

(c) Do you receive a free telephone rental from the Department of Social Welfare

YES NO
1 2

(d) did you make any of the following payments during past 12 months

Booking deposit 1 2
Installation fee 1 2
Reconnection fee 1 2

IF YES TO ANY, enter total payments made ————

NOTE - if no bill received or is payment less than the quarterly rental, explain

Amount		Code
£	P	
		371
		760
		011 1
		012
		013
		756
		341
		342
		757
		408
		014 1
		513
		X11 1
		761

RECREATIONAL EQUIPMENT

30. (a) Do you have a TV or Video Recorder in (your part of) this accommodation? Video Recorder

IF YES YES Y NO 1

Televitions

Type (./)	1st	2nd	3rd
Ordinary → <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable → <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	Y	Y
	1	1	1
Colour B/W			
	2	4	.....
	3	5	.....

(1) What type is it and is it owned or rented? Owned 2 Rental 3

IF RENTED

(i) how much do you pay? Video Recorder 790

(ii) how long a period does this cover? Period Television 519

Combined rental 791

(2) Do you subscribe to a communal TV piped or beamed aerial system YES Y NO N, ASK Q. 30 (b)

IF YES

(i) how much do you pay? 806

(ii) how long a period does this cover? Period

(b) Are there any of the following appliances owned or continuously available for use in this accommodation?

3-in-1 Music Center	YES 1	NO 2 .. ..	.....	X15 1
Stereo System (full or part)	1	2 .. ..	.....	X16 1
Home computer for:-				
- recreational purposes	1	3 .. ..	.....	X17 1
- business/professional purposes	2		.....

HIRED DOMESTIC HELP

31. Does your household regularly employ domestic help (e.g. a housekeeper, daily/weekly help, child minder, gardener, etc.)? YES Y NO N, ASK Q. 32

IF YES, give the following details

Description of Hired Help (if part-time, specify number of days/weeks)	Resident		Total Wages Paid*	Social Insurance Contribution by Hld.	Period	
	Yes	No				
.....	Y	N	£ .....	£ .....	.....
.....	Y	N	£ .....	£ .....	.....
.....	Y	N	£ .....	£ .....	.....	n. res. 510
						res. 801
						other 802

**If resident give cash wages only; exclude deductions or allowances for board and lodgings.*

EDUCATIONAL GRANTS AND SCHOLARSHIPS

32. Does any member of your household currently hold an educational grant/scholarship? YES Y NO N

IF YES, give the following details pay no/reduced fees because parent is teacher/lecturer? YES Y NO N

Recipient Per. No.	Type of Grant or Scholarship (or no/reduced fees)	Source/Reason	Annual Value*
.....
.....
.....
.....

**Including amounts (e.g. fees, board) not paid directly in cash as part of scholarship.*

SCHOOL MEALS

Code £ entries if records
S - seen by Interviewer
C - consulted by respondent
N - not consulted
E = estimated

33. Were any school children in this household provided with milk, meals or snacks at *day school* during the past 7 days? YES Y
NO N, ASK Q. 34

IF YES, give the following details

Description of Meal/Snack	Number	Free?		Amount paid if not free
		Yes	No	
Milk	Y	N	£
Meals/Snacks	Y	N	£

Amount		Code
£	p	
.....	720 1
.....	78 1

FREE HEALTH BOARD HOME SERVICES

34. Is the household currently receiving

Free milk for expectant or recent mother/infant? Free domestic help† Free home nursing?	YES	NO	IF YES, enter		
	Y	N	Pints per week →	.....	X18 1
	Y	N	Hours per week →	.....	X19 1
	Y	N	Visits per week →	.....	X20 1

(† financial assistance entered at Q. 14, HB. 2)

HOUSEHOLD APPLIANCES

35. Are any of the following appliances owned or continuously available for use in this accommodation?

	YES	NO			
Vacuum cleaner	1	2	.. .. .	.....	027 1
Spin dryer (separate)	1	2	.. .. .	.....	028 1
Washing machine	1	2	.. .. .	.....	016 1
Dishwasher	1	2	.. .. .	.....	017 1
Refrigerator (separate)	1	2	.. .. .	.....	018 1
Deep freeze (separate)	1	2	.. .. .	.....	019 1
Refrigerator with Freeze (2 separate doors)	1	2	.. .. .	.....	X21 1
Micro-wave oven	1	2	.. .. .	.....	X22 1

MAJOR HOUSEHOLD EXPENDITURE

36. Were any of the following major expenditures incurred by the household during the past 12 months?

Cash Purchases	YES	NO	Cash Purchases	YES	NO	Outside Contractors	YES	NO
Cooker (gas/electric)	Y	N	Television	Y	N	Extension	Y	N
Dishwasher	Y	N	Video recorder	Y	N	Structural repair	Y	N
Washing machine	Y	N	Home computer	Y	N	Central heating	Y	N
Clothes dryer	Y	N	Stereo system	Y	N	Replacement windows	Y	N
Refrigerator (with/without freezer)	Y	N	Dining room suite	Y	N	Buglar alarm	Y	N
Deep freeze	Y	N	Sitting room suite	Y	N	Decorating	Y	N

IF YES, enter

Description	Approx. Date	Cost
.....
.....
.....

IF OUTSIDE CONTRACTOR, was a State grant received? YES Y
NO N

IF YES, enter amount received 906 8

SECOND DWELLING

37. Do you permanently maintain other accommodation for private use (i.e. not let)?

	YES			NO
House	Flat or apartment	Caravan/ Mobile house on site		1

IF YES, where is it located? Ireland (26 counties) Abroad (.....) where

IF IN IRELAND, is it

Owned	.....	2	ASK Q. 16, 19 - 30
Rented	.....	3	ASK Q. 16 - 18, 25 - 30 (answers entered on LH margin)

IF ABROAD, what is the total annual cost (i.e. upkeep, mortgage repayments, etc.) 524 8

.....	.....	032 1
.....	.....	524 8

HOUSEHOLD HEATING

	YES - full <input type="checkbox"/> or partial <input type="checkbox"/>					NO	Amount		Code
	1	2	3	4	5		£	p	
38. (a) Has the accommodation full/partial central heating system?	ESB	Gas	Oil	Solid Fuel	Dual	N			02 1
(b) What is the household's main method of (see codes below)	Space heating in Winter?	..	..	..	..	..			X24 1
	Water heating in Winter?	..	..	..	..	..			X25 1
	" " in Summer?	..	..	..	..	..			X26 1
	Cooking in Winter?	..	..	..	..	..			X27 1
	" " Summer?	..	..	..	..	..			X28 1
(c) Did you make any bulk* purchases of fuel in past 12 months	Central heating oil	Y	N	Cost	Quantity (litres)	YES NO			345 8
	Anthracite	Y	N	Cost	Quantity (Kgs)	YES NO			715 8
	Turf (loose)	Y	N	Cost	Quantity (cwt)	YES NO			781 8
									758 8
									344 8
IF YES, specify total cost and quantity									
(* = 1 tonne or more for solid fuel)									

BUSINESS, RECOVERABLE AND SHARED EXPENSES

39. Are any of these household expenses	YES	NO		Code	Included above?		Period			
				a, b or c	Yes	No				
			RENT		Y	N				907
(a) to be (or have been) claimed as expenses for income tax purposes because of a business conducted at this address?	Y	N	LOCAL AUTHORITY CHARGES		Y	N				908
			GROUND RENT ..		Y	N				909
(b) paid directly or refunded (partly or wholly) by an employer as (please / if YES)	Y	N	MORTGAGE REPAYMENTS		Y	N				910
- business expenses? <input type="checkbox"/>			HOUSE INSURANCE		Y	N				911
- 'perk' of the job? <input type="checkbox"/>			ELECTRICITY ..		Y	N				912
(c) paid directly or refunded (partly or wholly) by anybody else outside the household (e.g. friend, relative, etc.) as a gift?	Y	N	GAS		Y	N				913
IF YES TO ANY, give details			TELEPHONE ..		Y	N				914

MAIN HEATING COOKING METHOD CODES - Q. 38(b)

SPACE HEATING METHOD

Central Heating			
Oil .. ..	..	..	1
Back boiler (open fire) .. ..	..	..	2
Piped gas .. ..	..	..	3
LPG (e.g. calor gas) .. ..	..	..	4
Solid fuel boiler (independent) ..	..	..	5
Electric .. ..	..	..	6
Solid fuel room heater (closed stove e.g. Parkray)	..	..	7
Solid fuel cooker (e.g. Aga) .. ..	..	..	8
Dual fuel boiler .. ..	..	..	9
Renewable (e.g. solar) .. ..	..	..	10
Other system .. ..	..	..	11
Non Central Heating			
Open fire .. ..	..	..	12
Solid fuel room heater (closed stove e.g. Parkray)	..	..	13
Solid fuel cooker .. ..	..	..	14
Electric - storage heater .. ..	..	..	15
" - other fixed appliances .. ..	..	..	16
" - portable appliance .. ..	..	..	17
Piped gas heater .. ..	..	..	18
LPG heater (e.g. Super Ser) .. ..	..	..	19
Paraffin heater .. ..	..	..	20
Other .. ..	..	..	21
None .. ..	..	..	22

WATER HEATING METHOD

Central heating system ..	1
Solid fuel boiler	
Open fire	2
Stove (room heater) ..	3
Cooker (e.g. Aga) ..	4
Electric ..	
Immersion heater ..	5
Instantaneous heater ..	6
Gas	
Boiler	7
Instantaneous heater ..	8
Other	9
None	10

COOKING METHODS

Cooker (independent)			
Electric .. ..	..	..	1
Piped gas .. ..	..	..	2
LPG (e.g. Calor gas) .. ..	..	..	3
Solid fuel .. ..	..	..	4
Oil fired .. ..	..	..	5
Cooker/Central heating combined			
Solid fuel .. ..	..	..	6
Oil fired .. ..	..	..	7
Other (e.g. open fire) .. ..	..	..	8

OFFICE USE

Milk	X29 1
Bread	X30 1
Butter	X31 1
Grocery	X32 1
Other	X33 1
Shop	X34 1
Freq.	X35 1