

**Strictly
Confidential**

(1)

RECORD 1		
Ref. No.	Area	Hld.

(2-6)

Household Questionnaire (H.B.1)

Household Questionnaire (H.B.1)

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	
PERSONAL NUMBER	Initials or Name	(e.g. wife, husband, brother, sister, son, daughter, father, mother, boarder, visitor etc.)		Code 1 = male 2 = female	Age last birthday (0 = under 1 year)	Code 1-7 as shown below	Number of nights (enter 0 if none) spent during last 12 months in	
		Office Use	State funded hospital				Private Hospital	
				Code	Age	Code	Nights	Nights
01	Head of Household	.....	.....	.....	.....	.....	.....
02
03
04
05
06
07
08
09
10

(7-8)
(11)
(12)
(13-14)
(15)
(16-18)
(19-21)



Q. 11 Has any member a normally resident unmarried son or daughter receiving fulltime 3rd level education away from home?
 If YES Y ask Q.1-4 and Q.9(b) 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)

4. Divorced
5. Widow / Widower

Single

6. 15 years and over
7. Under 15 years

Q. 7 STATE HEALTH SERVICE USAGE			Q. 8 SOCIAL WELFARE ENTITLEMENT				Q. 9 (a and b) FULLTIME EDUCATION		Q. 10 CHECK CODES			
Health eligibility	Medical Card holders or long term illness		DOA † treatment	Free CIE travel by old age and blind pensioners		Free telephone rental, free TV licence and ESB/ Natural Gas allowance 1=ESB/TV 2=GAS/TV 3=Phone/TV 4=Phone/ESB/TV 5=Phone/Gas/TV 6=No	State school bus usage	If finished	If being received	H.B.2	Diary	Office Use
Code 1 = Medical Card Holders 2=Others	Free GP visits in past 4 weeks	Free prescriptions filled in past 4 weeks	Free or subsidised in past year 1=SW 2=HB 3=No	Entitled (i.e. has "pass") 1=Yes 2=No	Approx. saved in past 4 weeks		Code 1=Free 2=Pays 3=No	Highest level completed	Code 1 - 16 as shown below	Code 1 if completed	Code 1 if kept	
Code	No.	No.	Code	Code	£-p/ -c	Code	Code	Code	Code	Code	Code	
.....
.....
.....
.....
.....
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† DOA = Dental, ophthalmic or aural treatment
* = Leave blank if not relevant to person

<p>COMPLETED EDUCATION CODES (Q. 9a)</p> <p>No formal education . . . 00 Primary education 01 Intermediate Certificate/ Junior Cert./ 'O'Level/ Group Cert 02 Leaving Cert/A Level . . 03 Third Level: Sub degree 04 Primary degree 05 Higher University degree 06</p>	<p>EDUCATION CODES (Q. 9b)</p> <table border="0"><tr><td>Primary 1. National School 2. Private</td><td>State University (incl. teacher training) 9. Grant 10. No Grant</td></tr><tr><td>Secondary (incl. Comprehensive) 3. Day - no fees 4. Day - fees 5. Boarding</td><td>Institute of Technology 11. Grant 12. No Grant</td></tr><tr><td>Vocational (VEC) 2nd Level 6. No fees 7. Fees</td><td>Other 3rd Level (VEC) 13. Grant 14. Other</td></tr><tr><td>8. Special School for handicapped</td><td>15. Private 3rd Level</td></tr><tr><td></td><td>16. Other Continuing Education</td></tr></table>	Primary 1. National School 2. Private	State University (incl. teacher training) 9. Grant 10. No Grant	Secondary (incl. Comprehensive) 3. Day - no fees 4. Day - fees 5. Boarding	Institute of Technology 11. Grant 12. No Grant	Vocational (VEC) 2nd Level 6. No fees 7. Fees	Other 3rd Level (VEC) 13. Grant 14. Other	8. Special School for handicapped	15. Private 3rd Level		16. Other Continuing Education	<p>..... (38-39)</p>
Primary 1. National School 2. Private	State University (incl. teacher training) 9. Grant 10. No Grant											
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Vocational (VEC) 2nd Level 6. No fees 7. Fees	Other 3rd Level (VEC) 13. Grant 14. Other											
8. Special School for handicapped	15. Private 3rd Level											
	16. Other Continuing Education											

ACCOMMODATION PARTICULARS (ASK ALL)

Code £/ entries if records S - seen by interviewer C - consulted by respondent N - non consulted E - estimated	RECORD 2	
	Amount	Code
	£/€ p/c	

TYPE

12. (a) Is your accommodation a	Bedsitter..... 1	£/€	p/c	
.....	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 - 1990..... 6			
	1991 - to date..... 7			

AMENITIES

13. (a) How many rooms are there in your <i>whole</i> accommodation (i.e. rooms at this address which you own, rent or occupy rent free)?	ENTER NO.																			
<table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">EXCLUDE</th> <th style="text-align: left;">ENTER NO.</th> </tr> <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 <input type="checkbox"/> used <input type="checkbox"/> 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> <tr> <td>.....</td> <td>.....</td> </tr> </table>	EXCLUDE	ENTER NO.	bathroom	separate toilet	scullery/kitchenette	Garage <input type="checkbox"/> used <input type="checkbox"/> let/sub-let	rooms used entirely for business	others - specify	living/dining rooms		
	EXCLUDE	ENTER NO.																		
	bathroom																		
	separate toilet																		
	scullery/kitchenette																		
	Garage <input type="checkbox"/> used <input type="checkbox"/> 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 <i>partly</i> for business																		
	TOTAL NO. OF ROOMS	→	003 1																
		YES	NO																	
(b) Does this accommodation have	running water (piped)?	1	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 <input type="checkbox"/> owned? <input type="checkbox"/> rented?	1 } 2 }	3	026 1															
	burglar alarm?	1	2	X04 1															
	patio doors	1	2	X14 1															
(c) Does any household member own	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
(b) How long a period does this cover?	Period (rooms) (garage)	Garage	566
(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			Included in rent at Q. 14 (a)?		Date	Code
	Amount £/€ p/c	Period	Yes	No			
.....	Y	N	.....	004 1	
.....	Y	N	.....	005 1	
.....	Y	N	.....	006 1	
.....	Y	N	.....	007 1	
.....	Y	N	.....	X06 1	
.....	Y	N	.....	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
 - 1 Outright
 - 2 With mortgage (incl. joint owner rental with L.A.)
 - 3 Tenant purchase scheme
- RENTED
 - 4 Local Authority
 - 5 Other - furnished
 - 6 Other - unfurnished
- 7 RENT-FREE (i.e. landlord receives no rent)

Now ask Q.16 then

Code	Amount	
	£/€	p/c
009 1
X08 1
X09 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

DWELLING CHARGES

16. Do you make separate regular payments to cover

IF YES

YES
NO

Local Authority Charges (365)	Ground Rent (366)	Service/maintenance †
Y	Y	Y
N	N	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? →

(c) Does this rent include any known charges to cover services (e.g. lighting, heating etc.)

Period.....
 YES Y
 NO N Ask Q. 26

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 RENT FREE (coded 7 at Q. 15) complete Q. 18 and Q. 19

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

- 1 Relative of landlord
- 2 Employee of landlord or of company which owns the dwelling
- 3 Other

19. Approximately how much per week would it cost to rent the dwelling →

X10 1	.....	.....
862	.....	.....

ALL OWNED PRIVATE ACCOMMODATION
(coded 1 - 2 at Q. 15)

HOUSE PURCHASE GRANT

20. Did you purchase (outright or with mortgage) this accommodation during the past 12 months

No Yes

N Y

If YES, enter amount

If YES, did you get a State grant as a first time buyer of a new dwelling:

N Y

Amount		Code
£/€	p/c	
.....		901 8
ACCOMMODATION OWNED WITH MORTGAGE ONLY (coded 2 - 3 at Q. 15)		
MORTGAGE PAYMENTS		
21. (a) From whom did you get the loan or mortgage to purchase this accommodation?	<ul style="list-style-type: none"> <input type="checkbox"/> Building Society 1 <input type="checkbox"/> Local Authority 2 <input type="checkbox"/> Insurance Company 3 <input type="checkbox"/> Bank 4 <input type="checkbox"/> Housing Finance Agency 5 <input type="checkbox"/> 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"> <input type="checkbox"/> interest only <input type="checkbox"/> Principal and Interest combined <input type="checkbox"/> of which - interest element (if at all possible) 	368 36
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Confirm (✓) these repayments exclude <input type="checkbox"/> - mortgage protection premiums (Q. 24) <input type="checkbox"/> - house insurance premiums (Q. 26) </div>		904
(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		
(f) How much (approx.) of the principal still remains outstanding	.....	929 8
MORTGAGE ALLOWANCE (Local Authority)		
22. Did you receive a mortgage allowance in last 12 months	YES Y NO N	
If YES, specify the amount received	.....	905 8
MORTGAGE REPAYMENT CONCESSIONS		
23. Did you get this mortgage from your employer (e.g. bank and insurance officials)	YES Y NO N	Ask Q. 24
If YES, do you receive any concessions in repaying it?	YES Y NO N	Ask Q. 24
If YES (a) actual interest rate charged	.....
(b) value of this concession in past year	.....
MORTGAGE PROTECTION POLICY		
24. Do you pay premiums on a mortgage protection policy?	YES Y NO N	Ask Q. 25
If YES (a) are they included at 21(c)	YES Y NO N	
(b) how much do you pay?	.....	501
(c) how long a period does this cover?	Period	
SUBSIDIARY HOUSE LOAN		
25. Are you currently repaying any subsidiary loan used to purchase this accommodation?	YES Y NO N	Ask Q. 26
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)

HOUSE INSURANCE

Code £/€ entries if records S - seen by interviewer C - consulted by respondent N - not consulted E - estimated	Amount		Code
	£/€	p/c	

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

YES Y
NO N ASK Q. 27

Type of Policy	YES	NO	Period	No. in year	Premium Paid	Amount	Code
If YES, specify last premiums paid							
Structure (separately)	Y	N	.....	.....	→ [ ]	.....	371
Contents	Y	N	.....	.....	→ [ ]	.....	760
Joint policy	Y	N	.....	.....	£/ .....

Insured value of house = £/

Are these insurance payments included at 21(c) YES NO

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.

27. Did you receive any payment during last 12 months in claims made under these policies (✓)

YES NO

If YES, specify

payment for contents	→	.....	.....	867 8
payment for structure	→	.....	.....	868 8
Total payment £/	<input type="text"/>			

GAS AND ELECTRICITY

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

None
Slot Meter
Account Meter

	Gas	Electricity	Amount	Code
28.	0	0	.....	011 1
	1 3 2 4 Natural Other	1 2 3 Ordinary Night Saver	.....
29.	Y N	Y N	.....
	IF YES (i) how much was the rebate received	£/€ .....	.....	012
	(ii) how long a period did it cover	.....	.....	013
	IF ACCOUNT METER <input type="checkbox"/> paid directly <input type="checkbox"/> ESB budget scheme	g .....	.....	756
30.	(a) How much was your last bill?	£/€ .....	.....	341
	(b) What quantity did this cover?	.....	.....
	(c) How long a period did it cover?	Cubic metres KWH	.....	342
	(d) Did it include a charge for maintenance or repairs	Y N	Y e N	757
	If YES, how much was it?	£/€ .....	.....	408
	(e) Did it include purchase repayments?	Y N	Y N	
	If YES, how much was it?	£/€ .....	.....
	(this amount must be itemised at Q. 35(A) on the appropriate HB.2)			

TELEPHONE

31. (a) Do you have a fixed telephone in (your part of) this accommodation (i.e. non-mobile)

YES NO
Non Coin Box Coin Box
1 4 N
2 5 N
3 6 N

(i) for your household's use only?
(ii) shared with another household?

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

IF YES TO ANY NON-COIN CATEGORY (excluding mobile)

(i) how much was (your share of) the last bill?

(ii) how long a period did it cover?

(iii) did it include a connection fee? YES NO if yes state amount →

(c) Do you have an answering machine or service?

Yes 1
No 2

Telephone Contd.

		Amount		Code
		£/€	p/c	
If Yes	(i) how much was your last bill? (ii) how long a period did it cover? Period .....	.....	.....	339
	(d) Do you receive a free telephone rental from the Department of Social, Community and Family Affairs	YES 1	NO 2	X11 8
	(e) Do you own or have the use of a mobile phone? Yes 1 No 2			X80 1
If Yes	(i) how much was (your share of) the last bill? (ii) how much was (your share of) the cost of the calls? (iii) how much was (your share of) the cost of the service? (iv) how long a period did it cover? Period .....	.....	.....	373 374 375
	(v) did it include a connection fee? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, state amount	.....	.....	376
	Do you have insurance for your mobile phone? Yes 1 No 2			X40 1
If Yes	how much was (your share of) the insurance cost?	YES	NO	377
	(f) did you make any of the following payments during the past 12 months	Booking deposit 1 Installation fee 1 Reconnection fee 1 Additional service 1	2 2 2 2	
	IF YES TO ANY, enter total payments made	.....	.....	761
	NOTE - if no bill received or payment less than the two monthly rental, explain			

RECREATIONAL EQUIPMENT

		Video Recorder		Televisions			Amount	Code
		YES	NO	Type(✓)	1st	2nd			3rd
32. (a)	Do you have a TV or Video Recorder in (your part of) this accommodation	YES Y	NO 1	Ordinary → <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X12 1
				Portable → <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	015 1
	(1) If YES, what type is it and is it	Owned 2	Rented 3	Colour 2	B/W 4	.....	.....	033 1
				3	5	.....	.....	X13 1
	IF RENTED			Video Recorder	.....	.....	.....	790
	(i) how much do you pay?			Television	.....	.....	.....	519
				Combined rental	.....	.....	.....	791
	(ii) how long a period does this cover? Period			YES	NO			
	(2) Do you subscribe to a communal TV piped or beamed aerial system or have access to satellite	YES Y	NO N	Piped TV	1	N	.....	X73 1
				Piped TV & Decoder	1	N	.....	X74 1
				Beamed areas TV	1	N	.....	X75 1
				Satellite (decoder)	1	N	.....	X76 1
	IF YES			ASK Q. 32(b)				
	(i) how much do you pay?			.....	.....	.....	.....	806
	(ii) how long a period does this cover? Period			YES	NO			
(b)	Are there any of the following appliances owned or continuously available for use?			Stereo System (full or part)	1	2	.....	X16 1
				CD player (on its own or part of a stereo system)	1	2	.....	X77 1
				Camcorder/Palmcorder	1	2	.....	X78 1
				Satellite dish	1	2	.....	X79 1
				Home computer for:-				
				- recreational purposes	1	3	.....	X17 1
				- business/professional purposes	2			
	(If Yes, ask Q. 32(c))							

Recreational Equipment Contd.

(c) (3) Do you have access to the Internet or your own account?

Yes 1
 No 2 (Ask Q. 33)

If Yes (i) how much was your last bill?
 (ii) how long a period did it cover? Period
 (iii) did it include a connection fee? Yes No If Yes, state amount

Amount		Code
£/€	p/c	
.....	X39 1
.....	772
.....	618

HIRED DOMESTIC HELP

33. Does your household regularly employ domestic help (e.g. housekeeper, daily/weekly help, child minder, au-pair, gardener, nurse, cleaner, care attendant/assistant etc.) YES Y
 NO N

If YES, give the following details

Description of Hired Help (if part-time, specify no. of days/weeks)	Resident		Total Wages Paid*	Social Insurance Contribution by Hld.	Period
	YES	NO			
.....	Y	N	£/ .....	£/ .....	.....
.....	Y	N	£/ .....	£/ .....	.....
.....	Y	N	£/ .....	£/ .....	.....
.....	Y	N	£/ .....	£/ .....	.....
.....	Y	N	£/ .....	£/ .....	.....
.....	Y	N	£/ .....	£/ .....	.....
.....	Y	N	£/ .....	£/ .....	.....

non res. 510
 res. 801

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

Do you pay for the care of your children in another house or creche Yes No

Amount Period
 house £/€
 creche £/€

house 829
 creche 830

EDUCATIONAL GRANTS AND SCHOLARSHIPS

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

pay no/reduced registration fees because parent is teacher/lecturer? Y N

If YES, give following details

Recipient Per. No.	Type of Grant or Scholarship (or no/reduced registration fees)	Source/Reason/Course	Annual Value*	
			Registration Fees £/€	Maintenance £/€
.....
.....
.....

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

SCHOOL MEALS

35. 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. 36

If YES, give the following details

Description of Meal/Snack	Number	Free?		Amount paid if not free (and period)
		YES	NO	
Milk	Y	N	£/€
Meals/Snacks	Y	N	£/€

Amount		Code
£/€	p/c	
.....	720 1
.....	78 1

FREE HEALTH BOARD HOME SERVICES

36. Is the household currently receiving

Free milk for expectant or recent mother/infant?	Y	N	Pints per week	→	.....	X18 1
Free domestic help [†]	Y	N	Hours per week	→	.....	X19 1
Free home nursing?	Y	N	Visits per week	→	.....	X20 1

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

HOUSEHOLD APPLIANCES

37. 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
Food processor	1	2	..	..	..	X15 1
Deep fat fryer	1	2	..	..	..	X36 1
Liquidiser	1	2	..	..	..	X37 1

MAJOR HOUSEHOLD EXPENDITURE

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

Cash Purchases	YES	NO	Cash Purchases	YES	NO
Cooker (gas/electric)	Y	N	Television	Y	N
Dishwasher	Y	N	Video recorder	Y	N
Washing machine	Y	N	Homecomputer	Y	N
Clothes dryer	Y	N	Stereo system	Y	N
Refrigerator (with/without freezer)	Y	N	Dining room suite	Y	N
Deep freeze	Y	N	Sitting room suite	Y	N
			Camcorder/palmcorder	Y	N
			Satellite dish	Y	N
			CD/Midi System	Y	N
			Modem (computer)	Y	N
			Scanner (computer)	Y	N

If YES enter

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

Major Household Expenditure Contd.

Outside Contractors	YES	NO	Major D.I.Y.	YES	NO
Extension	Y	N	Extension/conservatory	Y	N
Structural repair	Y	N	Structural repair	Y	N
Central heating	Y	N	Central heating	Y	N
Replacement windows	Y	N	Replacement windows	Y	N
Burglar alarm	Y	N	Other major D.I.Y.	Y	N
Decorating	Y	N			
Other	Y	N			

Amount		Code
£/€	p/c	
.....
.....
.....

IF YES, enter	Description (if building/decorating state whether D.I.Y. or Contractor)	Approx. Date	Cost
.....
.....
.....

Are you engaged at the moment in major D.I.Y. work on the dwelling? YES Y
NO N

SECOND DWELLING

	YES			NO	
39. Do you permanently maintain other accommodation for private use (i.e. not let?) (please ✓)	House	Flat or apartment	Caravan/Mobile house on site	1	
IF YES, where is it located?	<input type="checkbox"/> Ireland (26 counties)	<input type="checkbox"/> Abroad (.....) where			
IF IN IRELAND, is it	Owned 2 ASK Q. 16, 20 - 32		Rented 3 ASK Q. 16 - 18, 26 - 32 (answers entered on LH margin)	.....	032 1
IF ABROAD, what is the total annual cost (i.e. upkeep, mortgage repayments etc.)	.....			.....	524 8

HOUSEHOLD HEATING

	YES - full <input type="checkbox"/> or partial <input type="checkbox"/>					NO	
40. (a) Has the accommodation full/partial central heating system?	1	2	3	4	5	N	
	ESB	Gas	Oil	Solid Fuel	Dual		02 1
(b) What is the household's main method of	Space heating in Winter? (see overleaf) X24 1						
	Water heating in Winter? X25 1						
	Water heating in Summer? X26 1						
	Cooking in Winter? X27 1						
	Cooking in Summer? X28 1						
(c) Did you make any bulk purchases of fuel in past 12 months?	YES		NO				
	Central heating oil	Y	N	Cost	Quantity (litres)	.....	345 8 715 8
	Anthracite	Y	N	Cost	Quantity (Kgs)	.....	781 8 758 8
	Turf (loose)	Y	N	Cost	Quantity (cwt)	.....	344 8 713 8
	Coal (¼ tonnes or more)	Y	N	Cost	Quantity (kg.)	.....	343 8 712 8
Did you save on your own bog or on rented bog in the last 12 months							
IF YES, please state	(a) quantity saved	.....	Quantity (cwt.)				713 8
	(b) approximate value of turf saved	£/€	.....			
	(c) costs (if any) incurred in saving or transporting the turf	£/€	.....	net value			844 8

BUSINESS, RECOVERABLE AND SHARED EXPENSES

41. Are any of these household expenses

(a) to be (or have been) claimed as expenses for income tax purposes because of a business conducted at this address?

(b) paid directly or refunded (partly or wholly) by an employer as (please ✓ if YES)

- business expenses?
- 'perk' of the job?

(c) paid directly or refunded (partly or wholly) by anybody else outside the household (e.g. friend, relative etc.) as a gift?

IF YES TO ANY give details _____

YES NO

- RENT
- LOCAL AUTHORITY CHARGES
- GROUND RENT
- MORTGAGE REPAYMENTS
- HOUSE INSURANCE
- ELECTRICITY
- GAS
- TELEPHONE

Code a, b or c	Included above?		Period	Amount		Code
	Yes	No		£/€	p/c	
.....	Y	N	.....	.....	.....	907
.....	Y	N	.....	.....	.....	908
.....	Y	N	.....	.....	.....	909
.....	Y	N	.....	.....	.....	910
.....	Y	N	.....	.....	.....	911
.....	Y	N	.....	.....	.....	912
.....	Y	N	.....	.....	.....	913
.....	Y	N	.....	.....	.....	914

MAIN HEATING COOKING METHOD CODES – Q. 40(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 7
- (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 13
- (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

Milk

Bread

Butcher

Grocery

Other

Shop

Freq.

OFFICE USE

.....	X29 1
.....	X30 1
.....	X31 1
.....	X32 1
.....	X33 1
.....	X34 1
.....	X35 1