

# HOUSEHOLD BUDGET SURVEY (1)

## PERSONAL SCHEDULE (HB.2) (2-8)

RECORD 3			
Ref. No.	Area	Hld.	Per

### WORKING AND OCCUPATIONAL STATUS (ASK ALL)

	Full time	Part time		
<b>1. Are you at present:</b>				
<b>WORKING</b>	employee?	1	2	1 } Q.2
	community employment schemes	1	2	2 } Q.2
	assisting relative?	1	2	3 } Q.2
	self-employed?	1	2	4 } Q.5
<b>OUT OF WORK</b>	<i>unemployed</i> but seeking work?			5 } Q.3
	<i>unemployed</i> because of illness, sickness, etc but intending to seek work again?			6 } Q.3
	not yet at work?			7 } Q.13
<b>NOT WORKING</b>	engaged in home duties?			8 } Q.13
	retired?			9 } Q.4
	in full-time education?			10 } Q.5(b)
	unable to work because of permanent illness or disability?			11 } Q.13
	other (specify)			12 } Q.13

AMOUNT (Delete as appropriate)		Code
£/€	p/c	
	(working status)	050 1
	(full/part time)	061 1

### TO ALL EMPLOYEES (coded 1, 2 or 3 at Q.1)

**2. (a) Are you away from work at present - i.e. for more than the last 3 working days?** YES .....Y  
NO .....N ASK Q.5

If YES (i) how long have you been away from work? \_\_\_\_\_  
(ii) what is the reason for your absence?  
1 - illness/accident 2 - holidays 3 - strike 4 - other (specify)  
(iii) what pay are you receiving from your employer during this absence?  
1 - full pay 2 - part-pay 3 - no pay

(b) How long have you been in continuous employment \_\_\_\_\_  
IF LESS THAN 12 MONTHS  
Enter the total number of weeks employed in past 12 months \_\_\_\_\_

		051 1
(years)	(weeks if under a year)	052 1
		049 1
(years)	(weeks)	X50 1
(weeks if under a year)		X51 1

### TO ALL UNEMPLOYED (coded 5 or 6 at Q.1)

**3. (a) How long have you been out of work?** \_\_\_\_\_  
(b) If less than a year enter former usual gross wage or salary at Q.7

(years)	(weeks if under a year)	053 1
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### TO ALL RETIRED (coded 9 at Q.1)

**4. (a) How long are you retired?** \_\_\_\_\_  
(b) If less than a year enter former usual gross wage or salary at Q.7

(years)	(weeks if under a year)	055 1
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### ALL WORKING, UNEMPLOYED OR RETIRED (codes 1 - 6, 9 and 10 at Q.1)

Codes 1, 2, 3, 4 - present job  
Codes 5, 6, 9 - usual/previous job  
Code 10 - subsidiary job

**5. (a) What is/was your present/or usual principal job?**  
Occupation and description of job (i.e. what you do).....  
.....  
.....  
industry/business (i.e. where you work/worked).....

	Main	Sub
If a Farmer (✓) enter total acreage of farm _____	3	4

CODES 1, 2, 3, 4 (i.e. working) ASK Q.5 (b)  
CODES 5, 6, 9 (i.e. not at work) ASK Q.13

(b) If presently working or student do you have regular subsidiary jobs(s)? YES ..... 1  
If YES, give following details for each - NO ..... 2 ASK Q. 6  
Description of work.....  
Industry/business.....

(occup.)		056 1
(indus.)		058 1
(acres)		X5 1
		059 1
		X57 1

NOW ASK Q. 6 IF EMPLOYEE  
Q. 10 IF SELF-EMPLOYED

**ALL EMPLOYEES (coded 1 at Q.1) - PRINCIPAL JOB**

O  
8.

**WAGES OR SALARY PARTICULARS**

6. (i) Insert particulars of last wage or salary below

				AMOUNT		AMOUNT		Code
				£/€	p/c	£/€	p/c	
(a)	TOTAL GROSS AMOUNT EARNED			.....	.....	.....	.....	551
(b)	INCLUDING DEDUCTIONS MADE AT SOURCE			YES	NO			
	Income tax	Y	N	.....	.....	.....	.....	593
	Social insurance contribution (incl. levies)	Y	N	.....	.....	.....	.....	594
	Superannuation or pension contribution	Y	N	.....	.....	.....	.....	500
	Trade union dues or subscriptions	Y	N	.....	.....	.....	.....	518
	Life assurance premiums	Y	N	.....	.....	.....	.....	
	VHI/BUPA insurance	Y	N	.....	.....	.....	.....	499
	Mortgage repayments	Y	N	.....	.....	.....	.....	
	Regular savings (e.g. instalment savings)	Y	N	.....	.....	.....	.....	542
	Other deductions (specify below)	Y	N	.....	.....	.....	.....	
	.....			.....	.....	.....	.....	
	.....			.....	.....	.....	.....	
	.....			.....	.....	.....	.....	
	.....			.....	.....	.....	.....	
(c)	NET "TAKE-HOME" AMOUNT			.....	.....	.....	.....	
(d)	How long a period do these particulars cover?			Period	.....			
(e)	How many actual hours a week (excluding meal intervals) did you work during this period?			Hours	.....			060 1
(f)	Did the above wage/salary include a refund of business expenses (e.g. travel, subsistence, etc.) or an allowance for motoring from your employer			YES	.....Y			
				NO	.....N			
	If YES, specify			£/€	.....			
				£/€	.....			
(g)	Did you refund a sickness payment from the Department of Social Welfare to your employer to obtain this amount			YES	.....Y			
				NO	.....N			
	IF YES, specify type of payment and amount refunded by you			£/€	.....			
(ii)	IF SALARIED EMPLOYEE enter gross annual salary and the annual amounts of as many deductions as possible for completeness sake. Exclude motoring and other business allowances or refunds.							
	Annual Gross Salary	£/€	Annual Deductions	£/€	Annual Deductions	£/€		
	Basic	.....	Income Tax	.....	.....	.....		
	Additions (child allowances)	.....	PRSI	.....	.....	.....		
			Pension	.....	.....	.....		
	Total	.....	VHI/BUPA	.....	.....	.....		
<b>USUAL WAGE OR SALARY</b>								
7.	Do you usually receive the gross wage or salary recorded at Q.6 (a) above?			YES	..... Y, ASK Q.8			
				NO	..... N			
IF NO	(a) what gross amount do you usually receive			.....				915
	(b) how long a period would this cover?			Period	.....			

**OCCASIONAL ADDITIONS TO WAGE OR SALARY**

8. Do you ever receive occasional additions to your wage or salary such as Christmas, holiday or quarterly bonuses, profit sharing bonuses, commissions, etc. *not included* at question 6 or 7? YES ..... Y  
 NO ..... N ASK Q.9

IF YES, what payments of this kind have you received in the last 12 months? ————— specify —————

Description of Payments	AMOUNT		Was this paid?	
	£/€	p/c	Before Tax?	After Tax?
.....	.....	.....	1	2
.....	.....	.....	1	2
.....	.....	.....	1	2
.....	.....	.....	1	2

AMOUNT		Code
£/€	p/c	
.....	.....	552 8

**BENEFITS IN-KIND FROM EMPLOYER**

9. Do you receive any of the following benefits from your employer?

- |                                    |     |    |   |
|------------------------------------|-----|----|---|
|                                    | YES | NO |   |
| (a) FREE Luncheon Vouchers         | Y   | N  | } IF YES, specify quantities and values of each received in last 7 days |
| ▪ Meals (e.g. lunches, dinners)    | Y   | N  |   |
| ▪ Food (e.g. milk, eggs, potatoes) | Y   | N  |   |
| ▪ Fuel (e.g. turf)                 | Y   | N  |   |

Records (code £/€ entries)  
 S - seen by interviewer  
 C - consulted by respondent  
 N - not consulted  
 E - estimated

Description of Benefit	Quantity or No.	Value	
		£/€	p/c
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

.....	.....	571 1
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(b) Company Car

Are you supplied with a company car (✓) Yes  No

IF YES please state the amount on which benefit-in-kind tax is charged (about 30% of the price of the car) —————→

(if not available note make, model and year of car)

(c) Expenses paid as a perk of job

Are any of the following expenses paid by your employer as a perk of the job. If yes please state annual amounts

	Yes	No	Annual Amount
--	-----	----	---------------

- |   |                          |                          |        |       |       |
|---|--------------------------|--------------------------|--------|-------|-------|
| - Health Insurance (e.g. VHI, BUPA)         | <input type="checkbox"/> | <input type="checkbox"/> | —————→ | ..... | 870 8 |
| - Life Assurance                            | <input type="checkbox"/> | <input type="checkbox"/> | —————→ | ..... | 871 8 |
| - Childrens School Fees                     | <input type="checkbox"/> | <input type="checkbox"/> | —————→ | ..... | 872 8 |
| - Club Subscriptions (specify type of club) | <input type="checkbox"/> | <input type="checkbox"/> | —————→ | ..... | 873 8 |

.....	.....	869
.....	.....	870 8
.....	.....	871 8
.....	.....	872 8
.....	.....	873 8

**ALL SELF EMPLOYED (coded 4 at Q.1) - MOST REMUNERATIVE JOB**

10. (a) How much was your total *net\** income or profit from your business or profession *before Tax* for the most recent 12 months for which you can give a figure?

Income ..... →

Year ending.....

NOW ASK Q.11

Don't know (✓).....

AMOUNT		Code
£/€	p/c	
.....	.....	553 8
.....	.....	554 8

**IF DON'T KNOW**

(b) Do you draw *regular* sums of money from the business for your *own personal use*?

YES.....Y

NO .....N, ASK (c)

**IF YES**

(i) how much do you *usually* draw out?

Amount £/ € .....

(ii) how often on *average* do you do this?

Frequency.....

(iii) *after* deducting these personal withdrawals how much was your *net\** income or profit before tax for the most recent 12 months for which you can give a figure?

Income £/ € .....

Year ending .....

(NOW ASK Q.11)

Don't know (✓) .....

**IF NO OR DON'T KNOW**

(c) what was the *total turnover* of the business during the most recent 12 months for which you can give a figure?

Income £/ € .....

Year ending .....

Don't know (✓) .....

(NOW ASK Q.11)

11. Are you the *sole* owner of your business or are you in partnership with someone else?

Sole owner.....

Partnership.....

IF IN PARTNERSHIP has your partner's share been included in the figure given above?

YES.....Y

NO.....N

IF YES, how much was your partner's share?

£/ € .....

.....	.....	555
.....	.....	556
.....	.....	557 8
.....	.....	558 8

**REGULAR SUBSIDIARY JOB - IF YES AT Q.5(b)**

12. (a) IF AN EMPLOYEE, enter details at LEFT HAND margin of Q.6-9

(b) IF SELF-EMPLOYED, enter details at LEFT HAND margin of Q.10 & 11

\* net of business expenses and salaries wages paid to others

**OTHER RECEIPTS AND BENEFITS**

**LONG TERM RECEIPTS**

13. Are you currently receiving any of the following benefits or receipts?

IF YES, ENTER AMOUNTS BEING RECEIVED →

(a) STATE WELFARE BENEFITS

Old Age	YES	NO	CONTRIBUTORY		PERIOD
			YES	NO	
(i) Pre-retirement allowance	Y	N			.....
(ii) Old age pension (66 years and over)	Y	N	8	9	.....
(iii) Retirement pension (65-66 years)	Y	N			.....
(iv) Single woman's allowance (59 - 65 years)	Y	N			.....

.....	.....	863
.....	.....	57
.....	.....	577
.....	.....	852

Cont/d.....

**LONG TERM RECEIPTS (contd.)**

	YES	NO	Contributory?		Period	AMOUNT		Code
			Yes	No		£/	p/c	
<b>illness</b>								
(v) Invalidity pension (i.e. permanent incapacity for work due to illness)	Y	N			.....	.....	.....	850
(vi) Disablement benefit (i.e. long-term incapacity for work due to occupational injury/illness)	Y	N			.....	.....	.....	851
(vii) Blind pension	Y	N			.....	.....	.....	854
(viii) Disability Allowance (Previously disabled person's maintenance allowance)	Y	N			.....	.....	.....	859
(ix) Carers allowance	Y	N			.....	.....	.....	864
<b>Living Alone Allowance</b>								
(x) Widow's pension	Y	N	0	1	.....	.....	.....	58
(xi) Deserted wife's benefit/allowance	Y	N	7	8	.....	.....	.....	85
(xii) Lone Parents allowance	Y	N			.....	.....	.....	853
(xiii) Prisoner's wife's allowance	Y	N			.....	.....	.....	855
<b>Other</b>								
(xiv) Child benefit (formerly children's allowance)	Y	N			.....	.....	.....	576
(xv) Rent allowance (i.e. tenants affected by 1982 decontrol of rents)	Y	N			.....	.....	.....	856
(xvi) Other regular long term State benefits	Y	N			.....	.....	.....	582

(b) RETIREMENT PENSIONS (only from your own or your spouse's former employment)

	YES	NO	Last Amount Received				If after tax how much was deducted
			Amount	Period	Before Tax?	After Tax?	
(i) from state employment	Y	N	£/€.....	.....	1	2	£/€.....
(ii) from other employment	Y	N	£/€.....	.....	1	2	£/€.....
(c) ANNUITIES	Y	N	£/€.....	.....	1	2	£/€.....
(d) TRUSTS OR COVENANTS	Y	N	£/€.....	.....	1	2	£/€.....

IF YES, give particulars requested above and ENTER AMOUNTS BEING RECEIVED

(e) OTHER REGULAR RECEIPTS AND BENEFITS

	YES	NO	Period
(i) Military service pensions (Irish or foreign)	Y	N	.....
(ii) Regular allowance from somebody outside the house (e.g. friend, relative)	Y	N	.....
(iii) Others - specify below (e.g. maintenance from a separated spouse, foster child allowance etc)	Y	N	.....
.....			.....
.....			.....
.....			.....

IF YES, give particulars required above and ENTER AMOUNTS BEING RECEIVED →

AMOUNT		Code
£/	p/c	
.....	.....	850
.....	.....	851
.....	.....	854
.....	.....	859
.....	.....	864
.....	.....	58
.....	.....	85
.....	.....	853
.....	.....	855
.....	.....	576
.....	.....	856
.....	.....	582
.....	.....	559
.....	.....	560
.....	.....	568
.....	.....	568
.....	.....	574
.....	.....	
.....	.....	
.....	.....	

**OTHER REGULAR BENEFITS RECEIVED IN LAST 12 MONTHS**

14. Did you receive any of the following receipts during the past 12 months? YES NO

No. of weeks received in last 12 months	Are you currently receiving it?	
	Yes	No
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2

AMOUNT		Code
£/€	p/c	
.....	.....	583 1
.....	.....	063 1
.....	.....	584 1
.....	.....	064 1
.....	.....	586 1
.....	.....	066 1
.....	.....	860 1
.....	.....	X58 1
.....	.....	591
.....	.....	X81
.....	.....	861 1
.....	.....	X59 1
.....	.....	585 1
.....	.....	065 1
.....	.....	570 1
.....	.....	068 1
.....	.....	590 1

IF YES, TO ANY, enter the following details \_\_\_\_\_

**LUMP-SUM STATE PAYMENTS**

15. Have you received any of the following receipts during the past 12 months? YES NO

Death grant	Y	N	.....
Redundancy Gratuity	Y	N	.....
IF YES, no. of years with firm .....			.....

IF YES, how much did you receive? \_\_\_\_\_

.....	.....	590 8
.....	.....	090 1
.....	.....	070 1

**ALL OTHER INCOME**

**INTEREST AND DIVIDENDS**

16. Do you have money invested in

YES NO

Stocks and shares?	1	2	.....	X60 1
Government loans?	1	2	.....	X61 1
Building Societies	1	2	.....	X62 1
Deposit/Savings Accounts				
- Commercial Banks?	1	2	.....	X63 1
- Trustee Savings Bank?	1	2	.....	X64 1
- Post Office Savings Bank	1	2	.....	X65 1
Other (e.g. unit trusts)?	1	2	.....	X66 1

IF YES, state dividend/interest paid or credited to you during the past 12 months.

Description of Interest or Dividend	Amount received in last 12 months foreign Domestic (indicate currency) £/	Was this paid?	
		Before Tax?	After Tax?
.....	.....	1	2
.....	.....	1	2
.....	.....	1	2
.....	.....	1	2

Records (code £/€ entries)

- S - seen by Interviewer
- C - consulted by respondent
- N - not consulted
- E - estimated

AMOUNT

£/€

p/c

Code

**INCOME FROM PROPERTY**

17. Do you receive any income from the rental of land or property (excluding any part of this accommodation let or sublet?)

YES.....Y  
NO.....N ASK Q.18

IF YES, how much did you receive in the last 12 months before deducting income tax but after deducting all allowable expenses?

Farming land

Other property

565 8

566 8

**OCCASIONAL WORK**

18. Have you at any time during the past 12 months made any further money or profit (e.g. babysitting, grinds, occasional work)?

YES.....Y  
NO.....N ASK Q.19

IF YES, give the following details for each

Description of Work	Date work took place	Approx. Duration	Income, profit or fees
.....	.....	.....	£/€ .....
.....	.....	.....	£/€ .....
.....	.....	.....	£/€ .....

574 8

**INCOME OF DEPENDENTS (IF ANY) UNDER 15 YEARS**

19. If you have dependents under 15 years

YES NO

(i) do they get a regular allowance from outside the household?

1 2

(ii) did they earn money outside the household in last 2 months? (e.g. babysitting, other part-time jobs, etc.)

1 2

IF YES, give the following details for each child

Per. No.	Source of Income	Approx. Income in last 2 months
.....	.....	£/€ .....
.....	.....	£/€ .....
.....	.....	£/€ .....

574 5

**TO ALL RESPONDENTS**

**DIRECT SOCIAL INSURANCE OR HEALTH CONTRIBUTIONS**

20. Do you make any direct social insurance or health payments (i.e. not deducted by employer)?

YES.....Y  
NO.....N ASK Q.21

IF YES, (a) how much did you pay (directly)?

Social Insurance

Health Contribution

Health Levy

594

594

865

(b) how long a period does this cover? Period.....

**DIRECT INCOME TAX/CAPITAL GAINS TAX**

21. Have you paid any income tax or capital gains tax *directly* to the Revenue Commissioners *during the last 12 months*?

YES.....Y  
NO.....N, ASK Q.22

IF YES, give details below

Source of Income on which tax was due	Amount paid in last 12 months
.....	£/ € .....
.....	£/ € .....
.....	£/ € .....

AMOUNT		Code
£/ €	p/c	
.....	.....	593 8
.....	.....	071 8

**DIRECT INCOME TAX REFUNDS**

22. Have you had any income tax refunded directly to you by the Revenue Commissioners *during the last 12 months*?

YES.....Y  
NO.....N, ASK Q.23

IF YES, how much was refunded

Reason

.....	.....	071 8
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**REGULAR PERSONAL PAYMENTS**  
(Ask all questions)

**LICENCES**

23. Have you bought any of the following during the past 12 months?

YES NO

- Television licence  YES  NO
- Full driving licence 3 years  10 years  YES  NO
- Provisional driving licence YES  NO
- Dog licence YES  NO
- Fishing licence YES  NO
- Shooting licence YES  NO
- Others - Specify below YES  NO

**IF YES**  
**enter payments**  
**in last 12 months**

.....	.....	520 8
.....	.....	521 8
.....	.....	522 8
.....	.....	522 8
.....	.....	522 8
.....	.....	522 8
.....	.....	522 8

**OWNERSHIP AND USE OF MOTOR VEHICLES**

24. Do you currently:

- (i) own a motor vehicle *outright*?
- (ii) own a motor vehicle *under* a HP or other credit sales agreement?
- (iii) have the *continuous use* for private purposes of a motor vehicle owned by someone outside the household: (e.g. employer, relative)

Yes	No	MOTOR	
		Car/Van	Cycle
Y	N	2	5
Y	N	3	6
Y	N	4	7
Total No.		No.	No.
		£/ €	£/ €

**MOTOR TAX AND INSURANCE**

25. How much did you pay during the past 12 months for?

- Motor Tax
- Comprehensive Insurance
- Other motor insurance

5	.....	6
8	.....	7
9	.....	7

.....	.....	07 1
.....	.....	07 1
.....	.....	07 1
.....	.....	45
.....	.....	45
.....	.....	07 1



**MOTOR INSURANCE CLAIMS**

26. Did you receive payments from an Insurance Company during the last 12 months from a claim on a motor insurance policy (arising from an accident in a private capacity, not at work)?  YES  NO

IF YES, please state amount received in respect of damage to your car (exclude amounts in respect of personal injuries) \_\_\_\_\_ →

AMOUNT		Code
£/€	p/c	
.....	.....	874
.....	.....	81 8
.....	.....	82 8
.....	.....	827 8
.....	.....	828 8
.....	.....	X67 1
.....	.....	X68 1
.....	.....	464
.....	.....	081 1
.....	.....	916
.....	.....	917
.....	.....	918
.....	.....	919

**PURCHASE OF MOTOR VEHICLE**

27. Did you purchase or sell a motor vehicle (used for private purposes) during the past 12 months (including purchase by HP, Credit Sale or financial lease)?  YES  NO

IF YES, please give the following details

(a) Purchase month/year

Month and year acquired...../.....

	new car/ van	new motor cycle	second hand car/van	second hand motor cycle
Cash/Personal Loan.....	2	1	3	1
HP / Credit Sale / Financial Lease.....	5	6	4	6

List price of car (i.e. brochure or catalogue price in the case of new cars or label price for second hand cars and before deducting any trade-in allowances) \_\_\_\_\_ →

(b) Sale

Trade-in value against list price allowed on old vehicle \_\_\_\_\_ →

or

Cash received for old vehicle if not traded in \_\_\_\_\_ →

**ANNUAL MILEAGE (motor car/van only)**

28. Enter approximate mileage in last 12 months \_\_\_\_\_ Total annual mileage  
Of which - business mileage \_\_\_\_\_

**REGULAR PARKING/GARAGING EXPENSES**

29. Do you rent a garage, and/or regularly pay a fixed fee to park or garage your car? YES.....Y NO.....N

IF YES (i) how much do you pay \_\_\_\_\_ →  
(ii) how long a period does this cover? Period.....

**BUSINESS AND RECOVERABLE MOTORING EXPENSES**

30. Are any of your motoring expenses:

A. to be (or have been) claimed as expenses for income tax purposes (if self-employed)? YES.....Y NO.....N

B. paid directly or refunded (wholly or partly) as business expenses by your employer? YES.....Y NO.....N

C. paid directly or refunded (wholly or partly) by anybody else outside the household (e.g. relative)? YES.....Y NO.....N

	Code A, B or C	% or Amount
Tax	.....	.....
Insurance	.....	.....
Motor Fuel	.....	.....
Servicing	.....	.....
Other	.....	.....

IF YES, enter the following details \_\_\_\_\_

**SEASON TICKETS**

31. Do you currently hold any weekly, monthly or season ticket - including any purchased by you for somebody else (e.g. son, daughter, etc.)

- Bus
- Train
- Bus & Train (combined)
- Sporting/Recreational
- Other

Yes	No
Y	N
Y	N
Y	N
Y	N
Y	N

IF YES, give the following details

Description of Season Ticket	Period
.....	.....
.....	.....
.....	.....

ENTER COST



AMOUNT		Code
£/€	p/c	
.....	.....	.....
.....	.....	.....
.....	.....	.....

**LIFE ASSURANCE**

32. Do you pay premiums on any life assurance policies?

- |               |            |           |
|---------------|------------|-----------|
|               | <b>YES</b> | <b>NO</b> |
| — Whole life  | 1          | N         |
| — Endowment   | 2          | N         |
| — Educational | 3          | N         |
| — Investment  | 4          | N         |

IF YES, give the details

House Purchase Policy		Description of Policy	Amount of Premium £/	Period	How is the premium paid?			
YES	NO				Deducted from Salary	Banker's Order	Collected by Co. Official	Paid directly by you
Y	N	.....	.....	.....	1	2	3	4
Y	N	.....	.....	.....	1	2	3	4
Y	N	.....	.....	.....	1	2	3	4
Y	N	.....	.....	.....	1	2	3	4

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**OTHER INSURANCE**

33. Do you pay premium on any other insurance policies?

- |                          |            |           |
|--------------------------|------------|-----------|
|                          | <b>YES</b> | <b>NO</b> |
| — Health (e.g. VHI/BUPA) | 5          | N         |
| — Accident               | 6          | N         |
| — Bicycle                | 7          | N         |
| — Jewellery              | 8          | N         |
| — Other                  | 9          | N         |

IF YES, give the details

Type of Policy	Amount of Premium	Period	Deducted from Salary	Banker's Order	Collected by Co. Official	Paid directly by you
.....	£/€ .....	.....	1	2	3	4
.....	£/€ .....	.....	1	2	3	4
.....	£/€ .....	.....	1	2	3	4

.....	.....	.....
.....	.....	.....
.....	.....	.....

EXCLUDE - motor, house and life insurance policies.

**EDUCATION AND TRAINING EXPENSES**

34. Have you paid (for yourself or for someone else) any of the following during the past 12 months

- |  |     |    |   |
|--|-----|----|---|
| (a) fees for full time playschool, primary, secondary day/boarding vocational or 3rd level education   | YES | NO | IF YES TO ANY AMOUNTS PAID IN LAST 12 MONTHS<br>↓ |
| (b) voluntary subscriptions (incl. payments for games, languages etc)  | Y   | N  |   |
| (c) maintenance* of students receiving 3rd level education away from home  | Y   | N  |   |
| (d) fees for part-time day, evening or correspondence courses or other tuition or training (dancing, driving, music, golf, etc. lessons and grinds). | Y   | N  |   |

Per. No. of student	Description of School, Payment and Course	Fees	Voluntary Subscription	Maintenance of 3rd level (only) students away from home
.....	.....	£/€ .....	£/€ .....	£/€ .....
.....	.....	£/€ .....	£/€ .....	£/€ .....
.....	.....	£/€ .....	£/€ .....	£/€ .....

.....	.....	.....
.....	.....	.....
.....	.....	.....

\* Board, lodgings, living/recreational expenses during term time.





**IN-PATIENT (INCL. 1 DAY STAY) HOSPITAL COSTS**  
**(INCLUDE payments for private/semi-private room, all other costs and fees).**

40. Did you pay your own or the cost of any other person's stay in hospital during last 12 months? YES.....Y for Per. No. ....N  
 NO.....N

IF YES (i) How much did it cost in the last 12 months? \_\_\_\_\_

\_\_\_\_\_ Total cost  
 \_\_\_\_\_ VHI/BUPA refunds or direct payments  
 \_\_\_\_\_ Refunds from private Health Insurance  
 \_\_\_\_\_ Net hospitalisation cost

(ii) Total number of bed-nights or days paid for \_\_\_\_\_

\_\_\_\_\_ State funded hospitals  
 \_\_\_\_\_ Private hospital(s)

AMOUNT		Code
£/ €	p/c	
.....	.....	054 8
.....	.....	592 8
.....	.....	497 8
.....	.....	X71 8
.....	.....	X72 8

**REFUND OF OUT-PATIENT MEDICAL EXPENSES**

41. Did you receive from the HEALTH BOARD during the past 12 months any cash refund of expenditure incurred on prescribed drugs YES.....Y  
 NO.....N

IF YES (i) How much was refunded by HEALTH BOARD in the past month? \_\_\_\_\_

(ii) How long a period did the refund cover? Period.....months

.....	.....	701 4
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42. Did you receive from VHI/BUPA during past 12 months any cash refund of out-patient expenses (e.g. G.P./specialist fees, drugs, X-rays, tests, etc), or did VHI/BUPA pay directly for any of these. YES.....Y  
 NO.....N

IF YES, how much was refunded or paid by VHI/BUPA in past 12 months? \_\_\_\_\_

.....	.....	702 8
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**SUPPLEMENTARY WELFARE ASSISTANCE**

NOTE: This question must be handled VERY TACTFULLY and asked only of low income households where it could be relevant. IF YES TO ANY, enter approximate value received in last 12 months

43. During the last 12 months have you received any of the following welfare benefits provided by the Department of Social, Community and Family Affairs, or Health Board \_\_\_\_\_

(i) Bottled gas allowance (instead of electricity where no ESB supply) YES Y NO N

(ii) Back to school clothing and footwear allowance YES Y NO N

(iii) Rent and mortgage interest supplement YES Y NO N

(iv) Special once-off payments from Community Welfare Officer to meet exceptional needs YES Y NO N

(v) Only if you consider it safe to do so (i.e. that it will not cause undue insult) and that it is relevant to the household you can ask:- Are you receiving payments from a charitable Organisation (e.g. SVDP) regularly to make ends meet? YES Y NO N

.....	.....	925 8
.....	.....	926 8
.....	.....	930 8
.....	.....	927 8

IF YES please state amount and period

Amount £/ \_\_\_\_\_ Period \_\_\_\_\_

.....	.....	574
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**HOLIDAY EXPENSES** { INCLUDE -holidays, visits to relatives, etc.  
 EXCLUDE - business trips and expenses

44. Did you (on your own behalf and for other) pay the cost of any holidays, of at least 4 nights away from home during the past 12 months? YES.....Y  
 NO.....N

IF YES, please state:-

(i) how many separate holidays were paid for \_\_\_\_\_ In Republic  
 (vacation by family of 5=5 holidays) \_\_\_\_\_ Elsewhere

(ii) combined total number of nights away from home \_\_\_\_\_ In Republic  
 (i.e. family of 5 away for 10 nights = total of 50 nights) \_\_\_\_\_ Elsewhere

(iii) estimated combined total expenditure incurred by you and any other person you paid for (including transport, meals, entertainment, presents, etc). \_\_\_\_\_ In Republic  
 \_\_\_\_\_ Elsewhere

(iv) of the total expenditure at (iii) above in respect of holiday expenditure in Northern Ireland or abroad how much was paid out in the Republic of Ireland (i.e. to travel agents, tour operators etc.) \_\_\_\_\_

(v) In relation to the holiday nights spent in the Republic please give the following details on nights spent and accommodation expenses

.....	.....	706 1
.....	.....	707 1
.....	.....	708 1
.....	.....	709 1
.....	.....	710 8
.....	.....	711 8
.....	.....	931 8

	Number of nights spent away from home	Approximate expenditure on accommodation (excl. meals)	
(a) Hotel/Guest House	.....	.....	X82 8
			833 8
(b) Bed and Breakfast	.....	.....	X83 8
			834 8
(c) House/Apartment	.....	.....	X84 8
			835 8
(d) Caravan/Campsite	.....	.....	X85 8
			836 8

NOTE: Avoid double-counting if this question is also completed by another member of the household.