

# Household Budget Survey 2015-2016 Spending Diary

## In confidence

All information you give in this diary will be treated in strictest confidence.

Diary Period: From:   /   /      
To:   /   /

Block no.

LDU no.

Person no.

Interviewer no.

Office use only

## KEY POINTS FOR DIARY KEEPING

- Include everything you pay for during the 14 days whether you buy it yourself or give the money to someone else to buy for you.
- Include payments by cash voucher, cheque, postal order or debit/credit/store cards.
- Include as many receipts as possible.
- ONLY fill diary in if receipt NOT submitted for item purchased.

### Receipts

- If you include the receipt do not write item in the diary.
- If it does not describe individual items you will need to write out the items in the diary instead.
- If some descriptions on the receipt are vague, you will need to give additional information in the Notes section on page 18.

### Diary

- ONLY fill diary in if receipt NOT submitted for item purchased.
- Enter each item in the appropriate section.
- Enter each item and its cost on a separate line.
- Describe each item fully. Do not use abbreviations.
- Give all details as requested in instructions for each section.

## Usual purchases

**Interviewer: Ask of all diarykeepers**

Please indicate below which of the following products you would usually purchase

			Not a usual purchase
<b>Bread</b>	White:	Sliced <input type="checkbox"/>	<input type="checkbox"/>
		Un sliced <input type="checkbox"/>	
	Brown:	Sliced <input type="checkbox"/>	<input type="checkbox"/>
		Un sliced <input type="checkbox"/>	
	Wholemeal:	Sliced <input type="checkbox"/>	<input type="checkbox"/>
		Un sliced <input type="checkbox"/>	
Other (specify):			
<b>Milk</b>	Whole/full-fat milk	<input type="checkbox"/>	<input type="checkbox"/>
	Semi-skimmed/low-fat milk	<input type="checkbox"/>	
	Skimmed/non-fat milk	<input type="checkbox"/>	
	Other (specify):		
<b>Carbonated drinks</b>	Low calorie/diet	<input type="checkbox"/>	<input type="checkbox"/>
	Not low calorie/diet	<input type="checkbox"/>	
<b>Water</b>	Still	<input type="checkbox"/>	<input type="checkbox"/>
	Sparkling	<input type="checkbox"/>	
<b>Butter</b>	Pure butter	<input type="checkbox"/>	<input type="checkbox"/>
	Spreadable butter	<input type="checkbox"/>	
<b>Margarine/ spread</b>	Full fat (e.g. Flora original):	<input type="checkbox"/>	<input type="checkbox"/>
	Reduced fat/low fat(e.g. Flora light/Low Low):	<input type="checkbox"/>	
<b>Cheese</b>	Write in name/type:		









## Section 3 Meals, snacks and drinks CONSUMED AWAY FROM HOME

For items with no receipt submitted:

Record the following details for each meal, snack or drink:

A full description and price of each part of the meal eg

- bacon, egg & chips €6.95
- apple tart, cream €4.50
- bottle of red wine €18.95

Record drinks separately from meals/snacks and state what types.

Please use the appropriate letter to indicate **where item was purchased**, eg if item was purchased in a canteen at work then write 'C' or if item was purchased on a train then write 'O'.

Mark the appropriate box to indicate whether the food/drink item was **consumed on or off the premises** where it was purchased.

Do Include soft drinks, crisps, sweets etc

Where bought

Restaurant = R

Bar = B

Canteen = C

Other = O

Consumed on/  
off premises?  
(Please mark)

Amount paid  
€

Currency  
Please indicate  
currency if not  
Euro (€)

Day of month	Description	Where bought	Consumed on/off premises?	Amount paid	Currency
		Restaurant = R Bar = B Canteen = C Other = O	(Please mark)	€	Please indicate currency if not Euro (€)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	on <input type="checkbox"/> off <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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# Section 3 Meals, snacks and drinks CONSUMED AWAY FROM HOME

Day of month	Description	Where bought		Consumed on/off premises?		Amount paid		Currency
		Restaurant = R	Bar = B Canteen = C Other = O	(Please mark)		€		Please indicate currency if not Euro (€)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	on <input type="checkbox"/>	off <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Example: coffee and scone in a bar

<input type="text" value="24"/>	<input type="text" value="C.of.fee"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2.50"/>	<input type="text"/>
<input type="text" value="24"/>	<input type="text" value="S.cone"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2.00"/>	<input type="text"/>



# Section 4 Clothing and footwear

Day of month	Description	Where bought		Gender	Age (only if under 16)	Amount paid		Currency Please indicate currency if not Euro (€)
		Retail outlet = R Internet = I N. Ireland = N Other = O				€		

Example: Ladies' blouse and boy's coat bought in a shop

06	Ladies shirt	R	F			29	99	
06	boys coat	R	M	12		28	00	

Example: Men's tee-shirt bought on the internet

14	mens tee-shirt	I	M			14	95	US\$
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## Section 7 Winnings from lottery, bingo, betting shops, football pools, raffles, etc

Only record winnings that you have actually collected or **received on the day**.

Winnings other than money (eg a bottle of wine or a hamper won in a raffle) should be recorded in Sections 1 - 5 as appropriate.

Description	Amount won €
1. <input type="text"/>	<input type="text"/> <input type="text"/>
2. <input type="text"/>	<input type="text"/> <input type="text"/>
3. <input type="text"/>	<input type="text"/> <input type="text"/>
4. <input type="text"/>	<input type="text"/> <input type="text"/>
5. <input type="text"/>	<input type="text"/> <input type="text"/>
6. <input type="text"/>	<input type="text"/> <input type="text"/>

## Section 8 Holidays, short breaks and day trips outside the Republic of Ireland (abroad, including Northern Ireland)

If you go on any trip abroad during the 2 weeks, please fill in this section.

*If you go on holiday in the Republic of Ireland - keep your diary as if you were at home.*

If you go on a day trip abroad, eg UK including Northern Ireland, record the amount you spend abroad below (include spending on the ferry, plane etc). Any spending in the Republic of Ireland on that day should be entered in Sections 1-5 as normal.

**8a** Country visited

Date you leave Republic of Ireland

 /  / 

Date you return

 /  / 

➔ Is this date before the end of the 2 week diary?

Yes  answer 8b

No  answer 8c

**8b** Excluding expenditure on accommodation and travel, how much did you spend abroad (ie spending money)?

      .  

**8c IF YOU DO NOT RETURN BEFORE THE END OF THE DIARY PERIOD**

How much do you think you will spend while you are away? Include spending in foreign currency and by credit card. Please give an estimate if necessary.

          .





## 10 Special circumstances

Were there any special circumstances, such as visitors staying with you or temporary absences of members of your household during the past two weeks?

Please tick

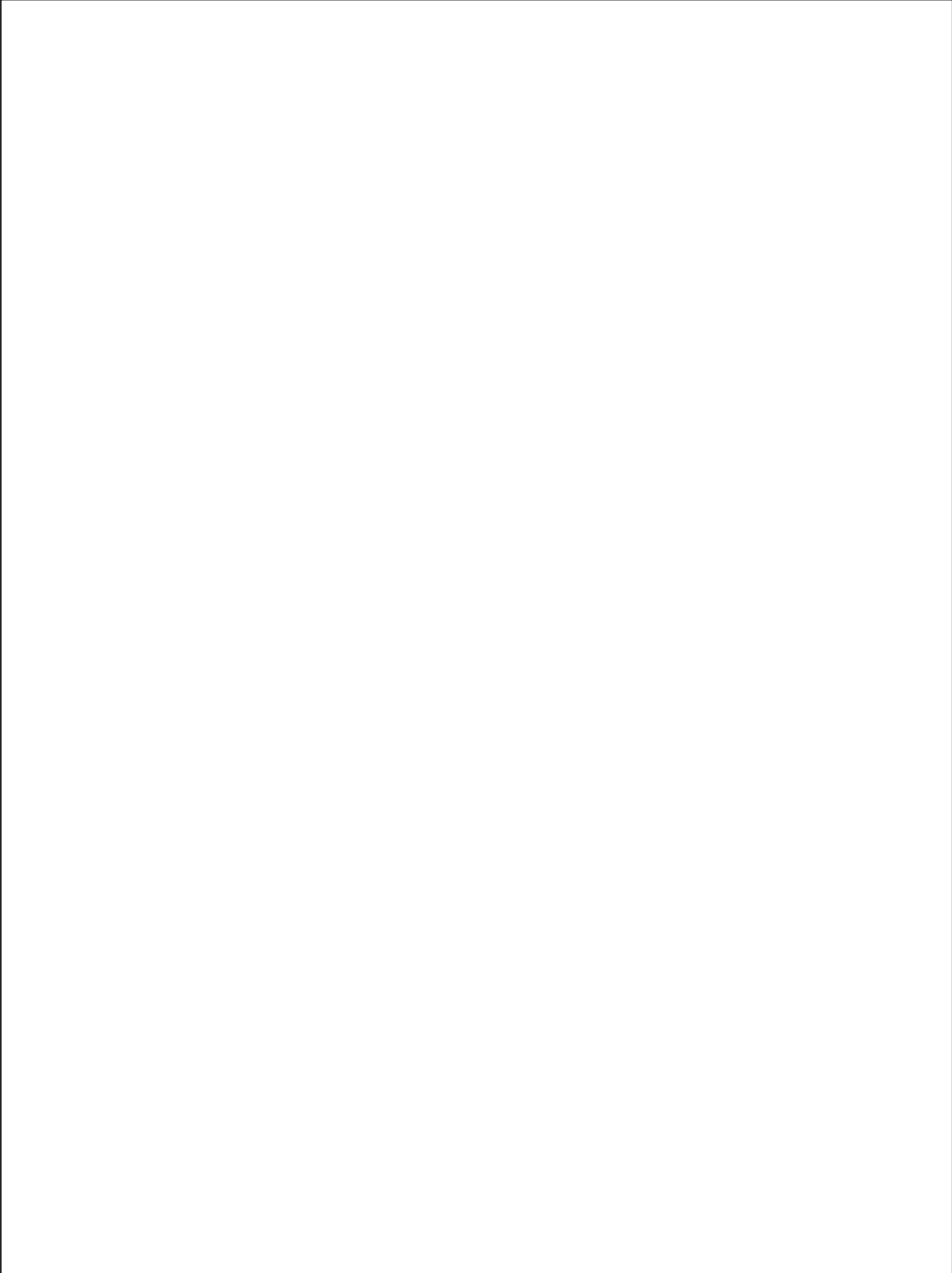
No

Yes  If Yes, please make a note here about these special circumstances

### Give detailed descriptions of vague receipt items.

- Include the
- date on the receipt
  - original item description on the receipt
  - more detailed item description
  - item price

eg 27/03/2015 ladieswear - ladies sweater €29.99



**Office use only**

Received in section date

/   /

Keyed/scanned date

/   /

Interviewer check

Co-ordinator check