



NATIONAL HOUSE CONDITION SURVEY, 2001/2002

Carried out on behalf of

The Department of the Environment and Local Government

Local Authority Number: [ ] Cluster [ ] H'hold [ ] Local Authority Name [ ]

Interviewer Number [ ] Interviewer Name [ ]

Date [ ] [ ] [ ] Time Interview Began [ ] [ ] [ ] (24 Hour Clock)

Interviewer use only: Size of location in which household is situated:

Open Country [ ] Town (1,500-2,999) [ ] Town (5,000 - 9,999) [ ]
Village (200 - 1,499) [ ] Town (3,000 - 4,999) [ ] Town or city (10,000 or more) [ ]

Interviewer: Estimated Value of the Accommodation if it were to be sold: £ [ ]

SECTION A: BACKGROUND ON ACCOMMODATION

Q.1 First, I'd like to record the general type of the dwelling.

Detached house/bungalow [ ] Caravan/Mobile Home [ ]
Semi-detached house/bungalow [ ] Other/Specify [ ]
Terraced house (incl. end of tce) [ ]

Purpose built flat/apartment etc. [ ] Q2 On what floor is your apartment located? [ ]
Flat/apartment in converted house etc. (incl. bed-sits) [ ] [Interviewer: Enter Ground, 1st, 2nd, 3rd etc. as appropriate]

Q.3 Is the building in which your accommodation located shared with any form of commercial or business activity such as an office, shop or other business? Yes [ ] No [ ] => GO to Q.5

Q.4 Is anyone in your household involved in this business? Yes [ ] No [ ]

Q.5 Since when have you lived at this address? Please specify month and year. [ ] (month) [ ] (yr)

Q.6 In what year was the accommodation built? Was it ...
Pre-1900 [ ] 1900-1940 [ ] 1941-1960 [ ] 1961-1970 [ ] 1971-1980 [ ] 1981-1990 [ ] 1991-1996 [ ] After 1996 [ ]

Q.7 Does your household own this accommodation or are you a tenant or sub-tenant?
Owner (or purchasing) [ ] Rented [ ] Acc. Provided Rent Free [ ] => Go to Q.20

Q.8 Do you still have any outstanding loans or mortgages on the accommodation, including any repayments under a tenant purchase scheme as well as loans for repairs, renovations or extensions?

Yes [ ] No [ ] => Go to Q.9c

Q.9a What are your monthly repayments on the loan(s)?

IR£ [ ] per month

Q.9b Are you purchasing from a local authority (such as local authority tenant purchase or with a local authority mortgage)? Yes [ ] No [ ]

Go to Q.10

Q.9c Did you purchase the accommodation through a local authority tenant purchase scheme or with a local authority mortgage? Yes [ ] No [ ]

[INT: Q.10 and Q.12 Price for residential accommodation only.]

Q.10 What was the purchase price of the accommodation when you bought it (or building costs if relevant)? IR£ [ ] N.A. [ ]

Q.11 In what year did you purchase [ ] N.A. [ ]

Q.12 What price do you think you would be able to get for your accommodation if you were to sell it now? IR£ [ ]

Q.13 Does anyone in the household receive a Social Welfare mortgage interest supplement in respect of this accommodation?

Yes [ ] => Go to Q.19

No [ ] => Go to Q.20, top of page 2

Q.19 How much does the household receive each MONTH in these payments? IR£ [ ] per month

Q.14a From whom is the accommodation rented?

Local Authority [ ] Voluntary Body [ ] Private Landlord [ ]

Q.14b What is the total monthly rent, including any charges you have to pay as part of your rent, such as heat, water electricity, gas etc.? Please include any amount recovered from rent supplement and also any rent supplement paid directly to the landlord.

Total Monthly rent IR£ [ ] per mth.

Q.15 In addition to this payment (at Q.14b above), do you have to pay for any of the following. [Int. Tick yes or no for each]

Repairs/maintenance [ ] Sewage removal [ ]
Heating [ ] Rubbish collection [ ]
Other electricity or gas [ ] Other charges [ ]
Water [ ] (specify) [ ]

Q.16 Do you have a formal lease or rent book? Yes [ ] No [ ]

Q.17 Do you have

An annual lease [ ] A monthly lease [ ]
A weekly lease [ ] Other (specify) [ ]

Q.18 Does anyone living in this household currently receive a Social Welfare rent supplement (rent allowance) in respect of this accommodation? Please include any payments made directly to the landlord.

Yes [ ] => Go to Q.19

No [ ] => Go to Q.20, top of page 2

**SECTION B: ELECTRICITY AND GAS SUPPLY**

- Q.20 Does your accommodation have** [Int. Please tick yes or no in respect of each]  
 Mains electricity supply Yes ..... <sub>1</sub> No ..... <sub>2</sub> Group supply scheme Yes .... <sub>1</sub> No ..... <sub>2</sub>  
 Mains off peak electricity Yes ..... <sub>1</sub> No ..... <sub>2</sub> Separate private generator Yes .... <sub>1</sub> No ..... <sub>2</sub>
- Q.21 Is your electricity supply in your accommodation reliable or does it often break down** Reliable... <sub>1</sub> Not reliable.... <sub>2</sub>
- Q.22 Is your elec. supply in your locality/neighbourhood reliable or does it often break down** Reliable... <sub>1</sub> Not reliable.... <sub>2</sub>
- Q.23 In general, do you feel that, given the needs of your household, you have an adequate number of electrical sockets**  
**In the kitchen** Yes ..... <sub>1</sub> No ..... <sub>2</sub>  
**In the living room(s)** Yes ..... <sub>1</sub> No ..... <sub>2</sub>  
**In the bedrooms** Yes ..... <sub>1</sub> No ..... <sub>2</sub>
- Q.24 Does your accommodation have a gas supply?** Yes ..... <sub>1</sub> No..... <sub>2</sub> ⇒ Go to Q.26
- Q.25 Is this mains gas?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**SECTION C: SEWAGE AND WATER**

- Q.26 What sort of sewage disposal or waste treatment system do you have?**  
 Public Main Sewer..... <sub>1</sub> Piped disposal, NO TREATMENT..... <sub>4</sub>  
 PRIVATE Septic Tank/Other PRIVATE system ... <sub>2</sub> None..... <sub>5</sub>  
 GROUP system (septic tank or other) ..... <sub>3</sub> Don't Know..... <sub>6</sub>
- Q.27 Do you have an internal water supply in your accommodation and, if so, what type of system do you have?**  
*[INT: Tick ONE box only for the main source of water]*  
 Public main ... <sub>1</sub> Well ... <sub>2</sub> Group Scheme ... <sub>3</sub> Rainwater tank ... <sub>4</sub> Other Source (specify) ... <sub>5</sub> None ... <sub>6</sub>
- Q.28 How satisfied are you with each of the following aspects of your water supply?**
- |   | Very Satisfied                        | Satisfied                             | Neither Satisfied Nor Dissatisfied    | Dissatisfied                          | Very Dissatisfied                     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Water pressure .....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| The quality of the water .....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| The reliability of the water supply ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**SECTION D: SPACE HEATING**

- Q.29 Does your accommodation have central heating?** Yes ..... <sub>1</sub> No ..... <sub>2</sub> ⇒ Go to Q.36 (top of Page 3)
- Q.30 Is your central heating system a communal or shared system that is where there is a central timer or temperature control outside your accommodation over which you have no control?**  
 Shared/Communal system..... <sub>1</sub> Not shared system..... <sub>2</sub>
- Q.31 Shared with about how many others households?** \_\_\_\_\_
- Q.32 What type of fuel does the CENTRAL HEATING SYSTEM run on?** [INT. If 'Solid Fuel' is ticked it must run the central heating – not just an open fire. You may tick more than one fuel type if dual system e.g. oil and solid fuel/open fire.]
- |                                       |                                       |                                       |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Oil                                   | Mains Gas                             | LPG or Bottled Gas                    | Solid Fuel Open Fire                  | Solid Fuel Stove/Cooker               | Electricity                           | Solar /Heat Pump                      | Don't Know                            |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> | <input type="checkbox"/> <sub>7</sub> | <input type="checkbox"/> <sub>8</sub> |
- Q.33 Which of the following heaters do you have?** [INT: Tick all that apply]  
 Storage heaters ..... <sub>1</sub> Other electric (non storage) heaters (central heating)..... <sub>2</sub>
- Q.34 What sort of heating system do you have? Is it:** [INT: Tick ALL that apply]  
 Hot water radiators..... <sub>1</sub> Warm air system..... <sub>2</sub> Under-floor or ceiling system ..... <sub>3</sub>
- Q.35 Do you have the following types of (a) automatic time controls and (b) automatic temperature controls on your central heating system?** [INT. You must tick Yes or No in respect of all 8 controls below]

(a) AUTOMATIC TIME CONTROLS i.e. to switch the heating on or off at certain times		HAVE? Yes No	(b) AUTOMATIC TEMPERATURE CONTROLS		HAVE? Yes No DK
a.	Central time control for whole accomm.	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	a.	Boiler Thermostat	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub>
b.	Separate time controls for 2 or more areas (e.g. bedrooms & rest of accommodation)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	b.	Room Thermostat -one single room thermostat in accommodation (e.g. in hall or living room)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
c.	Other (specify) _____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	c.	More than 1 room thermostat in accommodation	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
INT. Make sure to tick Yes or No for each category under both time and temperature controls. DO NOT LEAVE ANY BLANK			d.	Thermostat on the radiators (Thermostatic radiator control or valve, TRV)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>
			e.	Other (specify)	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>

**Q.36 Do you have any of the following types of 'stand-alone' heating in the accommodation- i.e. HEATERS WHICH ARE NOT PART OF A CENTRAL HEATING SYSTEM?**

	Yes	No		Yes	No		Yes	No
Mains Gas .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Oil filled electric radiators.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Portable Paraffin/ Bottled Gas .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other Fixed Gas .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Electric blow air heaters.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Other (specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Solid Fuel Open Fire.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Other Fixed electric fires.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
Solid Fuel Stove/Space Heater....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Other Portable electric fires .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2			

**Q.37a What is the MAIN way in which you heat your accommodation in the winter?** [INT. Tick ONE box only]

Central heating ..... 1      Portable heaters only..... 3      Closed solid fuel appliance only..... 5  
 Open fire only ..... 2      Open fire and portable heaters .... 4      Closed solid fuel appliance and portable heaters ..... 6  
 Other (Specify) ..... 7

**Q.37b What is the MAIN type of SOLID FUEL you use to heat your accommodation?** [Int. Tick one only]

Coal ... 1    Anthracite ..... 2    Turf (loose) .. 3    Turf (briquettes) .... 4    Wood ... 5    Other .. 6    Solid fuel not used..... 7

**Q.38 How satisfied are you with each of the following aspects of your heating system?**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied
The type of heating.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The cost of running your heating system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The amount of heat that you can get.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The control over the level of heat .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The ease of use of the system .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**SECTION E: WATER HEATING**

**Q.39 Do you have hot running water in the accommodation?** Yes ..... 1      No..... 2      =>Go to Q.46

**Q.40 Which rooms have hot running water?** [Int: Tick all that apply]

Kitchen ... 1    Main Bathroom ... 2    Other Bathroom/WC (incl. en-suite) ... 3    Other (e.g. bedroom, scullery) ... 4

**Q.41 Does your accommodation have the following types of water heating facilities – even if you don't use them.**

[Int: If yes, be sure to code the TYPE OF SYSTEM in the second Column]

Water Heating Facilities	Yes	No	IF YES: TYPE OF SYSTEM	
Water heated by the central heating system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Hot Tank/Cylinder ... <input type="checkbox"/> 1	Combi..... <input type="checkbox"/> 2
Boiler for water only	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Gas..... <input type="checkbox"/> 1	Back boiler (open fire) ..... <input type="checkbox"/> 3 Oil..... <input type="checkbox"/> 2      Other solid fuel boiler ..... <input type="checkbox"/> 4
Immersion heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2	On peak ..... <input type="checkbox"/> 1	Off peak ..... <input type="checkbox"/> 2
Separate instantaneous heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Gas..... <input type="checkbox"/> 1	Electric ..... <input type="checkbox"/> 2

**Q.42 Which is the MAIN way in which you heat the running water in your accommodation?**[INT Tick ONE only]

Central Heating System ..... 1      Boiler for Water Only ..... 2      Back Boiler (water heater only) ..... 3      Immersion Heater ..... 4      Separate Instantaneous Heater ..... 5

**Q.43 I would like you to think about the controls which you have for this MAIN water heating system. Please tell me whether or not you have (a) these automatic time controls and (b) automatic temperature controls.**

[INT: Be sure to answer BOTH Column A and Column b).

(a) AUTOMATIC TIME CONTROLS i.e. to switch the water heating on or off at certain times	HAVE?		(b) AUTOMATIC TEMPERATURE CONTROLS	HAVE?		
	Yes	No		Yes	No	DK
a. On a single timer with the space heating system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	a. Boiler Thermostat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Separate time controls for the hot water	<input type="checkbox"/> 1	<input type="checkbox"/> 2	b. Thermostat on storage cylinder / hot water tank	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. No automatic time control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	c. Other (specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

**Q.44 Do you have a hot water tank or cylinder (e.g. in the hot press)** Yes ..... 1      No..... 2      => Go to Q.46

**Q.45 Is it insulated, e.g. with foam or a lagging jacket?** Yes ..... 1      No..... 2

**SECTION F: ROOMS IN THE ACCOMMODATION**

**Q.46 Now I'd like to ask you about the rooms you have in the accommodation.**

First, I'd like to talk about the bathroom facilities. Does the accommodation have the following ... [INT: Show Card 2?]

[INT: BE SURE TO COUNT EACH ROOM ONLY ONCE]

a. Family bathroom	Yes ... <input type="checkbox"/> 1 => How many? _____	No .... <input type="checkbox"/> 2
b. En suites off bedroom(s)	Yes ... <input type="checkbox"/> 1 => How many? _____	No .... <input type="checkbox"/> 2
c. Separate toilet/WC (no bath or shower)	Yes ... <input type="checkbox"/> 1 => How many? _____	No .... <input type="checkbox"/> 2
d. Other room with shower/bath (could also have toilet/WC)	Yes ... <input type="checkbox"/> 1 => How many? _____	No .... <input type="checkbox"/> 2

**Q.47 Is the bathroom shared with any other households in this building?** Yes ..... 1      No .... 2

**Q.48 Do you have:** (a) an outside toilet..... Yes ..... 1      No ..... 2  
 (b) a ground floor toilet or entry level toilet in the accommodation? ... Yes ..... 1      No ..... 2

**Q.49 Could you tell me whether or not you have each of the following in (any of) the bathroom(s) in your accommodation?**

	Yes, in main Family bathroom	Yes, in other bathroom /WC	No
a. Bath	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Shower with separate instantaneous water heater (incl. over bath)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. 'Power' Shower (incl. over bath)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Other Shower (incl. over bath)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Wash-hand basin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Extractor fan	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Toilet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Window or windows which can open	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q.50** Could you tell me whether you have each of the following types of rooms in the accommodation [INT: Show Card 3] Each room should be counted only once.

To be considered a separate room it must be capable of being closed off – i.e. have its own walls and a door. For example, a living-cum-dining room is counted as only one room unless they are separated by a wall and a door.

[INT: If rooms separated by a doorway or space the width of single doorway, without a door present, count as separate rooms]

INT. Be sure to tick Yes or No for each category (a) to (j) & record number of rooms if relevant.

DO NOT LEAVE ANY BLANK. COUNT EACH ROOM ONLY ONCE]

Separate types of room	HAVE?	If Yes, How Many	No, Do not have
a. Bedroom(s)	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
b. Kitchen (or kitchen-dining room)	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
c. Utility room / scullery / pantry	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
d. Living / Sitting room(s) / Parlour(s) (incl. bed-sitter)	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
e. Dining Room(s)	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
f. Study	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
g. Family Room	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
h. Play room	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
i. Conservatory	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>
j. Other domestic rooms (specify) Type: _____	Yes ... <input type="checkbox"/> <sub>1</sub> ⇒	How many? _____	Do not have .... <input type="checkbox"/> <sub>2</sub>

**Q.51** So the total number of rooms in your accommodation is: Total Number \_\_\_\_\_  
[Int. Do not count bathrooms and toilets here. Total should equal to sum of rooms at Q. 50. Amend if necessary]

**Q.52a** Relative to your present needs, would you say your accommodation is: Too big ... <sub>1</sub> About right... <sub>2</sub> Too small ... <sub>3</sub>

**Q.52b** Do you know the approximate size of your accommodation in square feet or square metres? Yes..... <sub>1</sub> No ..... <sub>2</sub>

**Q52c** What is the approximate size? \_\_\_\_\_ [Int: Tick one box:] Square feet ... <sub>1</sub> square metres ... <sub>2</sub>

**Q.53** How many external doors do you have on your accommodation? \_\_\_\_\_ [Int. Record no. of external doors]

**Q.54** Do you have an enclosed porch on any of the external doors to your accommodation? Yes..... <sub>1</sub> No ..... <sub>2</sub>

**Q.55** On how many of the external doors do you have an enclosed porch? \_\_\_\_\_

**Q.56** Do you have a garage? Yes ..... <sub>1</sub> No..... <sub>2</sub>

**Q.57** (In addition to the garage) do you have the facility for off street parking, even if you do not use it? Yes... <sub>1</sub> No... <sub>2</sub>

### SECTION G: KITCHEN FACILITIES

**Q.58** Is your kitchen shared with any other household? Yes..... <sub>1</sub> Not shared . <sub>2</sub> Have no kitchen facilities... <sub>3</sub> ⇒ Go to Q.61

**Q.59** I am going to read out nine items which you could have in your kitchen. For each item, please tell me whether (i) you have the item and it is satisfactory and adequate to your needs; (ii) you have the item but it is not satisfactory or not adequate to your needs; or (iii) you do not have the item.

	Have, satisfactory and adequate to needs	Have, but NOT satisfactory or NOT adequate to needs	Do not have
A Cold Water	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
B Hot running water	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
C Sink	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
D Waste disposal unit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E Cooking facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
F Facilities for storing food	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
G Other kitchen storage	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
H Worktop	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
I Extractor fan	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q.60** When were the kitchen facilities in your accommodation last refurbished, either by you or a previous occupant? I'm not referring to painting or decorating the kitchen. I'm talking about putting in new units, worktops etc.

Never <sub>1</sub> Pre-1960 <sub>2</sub> 1960's <sub>3</sub> 1970's <sub>4</sub> 1980's <sub>5</sub> 1990's <sub>6</sub> Since 2000 or currently <sub>7</sub>

**SECTION H: HOUSEHOLD FACILITIES**

**Q.61 What sort of windows do you have in your accommodation? [Tick all that apply]**

Timber frame... <sub>1</sub> PVC..... <sub>2</sub> Steel..... <sub>3</sub> Aluminium ..... <sub>4</sub> Other (specify) \_\_\_\_\_ <sub>5</sub>

**Q.62 Do you have cavity walls – i.e. a space or cavity between the block and the outer wall?**

Some of the accomodation ..... <sub>0</sub> All of the accommodation ..... <sub>1</sub> No ..... <sub>2</sub> Don't Know ..... <sub>3</sub>

**Q.63 Do you have cavity wall insulation?** Some of the accom ..... <sub>0</sub> All of the accom .... <sub>1</sub> No..... <sub>2</sub> Don't Know ..... <sub>3</sub>

**Q.64 Do you have other internal wall insulation?** Some of the accom..... <sub>0</sub> All of the accom..... <sub>1</sub> No ... <sub>2</sub> Don't Know... <sub>3</sub>

**Q.65 Which of the following do you have in your home? [INT: Tick Yes or No for all 9 items]**

	Yes	No		Yes	No		Yes	No
a. Loft or roof insulation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	e. Any low energy light bulbs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	g. Smoke alarm (battery)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Double glazing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	f. Lead water pipes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	h. Smoke alarm (mains)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Draft stripping on windows	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	dk .... <input type="checkbox"/> <sub>3</sub>			i. Security/burglar alarm	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Draft stripping on external doors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	[INT. Be sure to tick Yes or No for each category (a) to (i) Do NOT Leave Any BLANK]					

**Q.66 Could you tell me (a) whether you have any of the following problems in your accommodation [INT: Show Card 4]; if so, would you say these are a minor, moderate or major problem for the accommodation and (b) if problem is 'moderate' or 'major' for how long have you had this problem?**

Do you have problems with:	(a) Whether Problem and Scale of Problem				(b) If Moderate or Major, How Long			
	No problem	Minor problem	Moderate problem ⇒Col (b)	Major problem ⇒Col (b)	Less than 1 month	1 to 3 months	3 to 6 months	6 months or over
A A leaking roof	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
B Leaking or moisture getting in through walls	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
C Leaking or moisture getting in at door or windows	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
D Leaks from water pipes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
E Rising damp	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
F Condensation dampness	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
G General dampness from unknown sources	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
H Mould on walls/ceilings etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I Corrosion or rot around any external door(s)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
J Badly fitting doors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
K Corrosion or rot around any window(s)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
L Leaky or draughty windows	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
M Windows that don't open/close properly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
N Rot in timbers other than windows/doors, such as rot in joists, floor boards etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
O Structural cracks in internal or external SUPPORT walls	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
P Subsidence of floors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Q Pests – rats, mice, cockroaches etc	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
R Noise from neighbouring houses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
S Difficulty in heating your accommodation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
T Other Problems (specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Q.67 Do you have a staircase in the accommodation?** Yes..... <sub>1</sub> No..... <sub>2</sub> Go to Q.72 (top of page 6)

**Q.68 Do you have a loose or broken handrail or banister** Yes..... <sub>1</sub> No..... <sub>2</sub>

**Q.69 Do you have loose or broken steps on the stairs?** Yes..... <sub>1</sub> No..... <sub>2</sub>

**Q.70 Does the stairs have 'winders', i.e. 3 or more successive tapering steps which are very narrow at one side and which form a turn in the stairs?** Yes ... <sub>1</sub> No ... <sub>2</sub> Go to Q.72

**Q.71 Is/are these winder(s)** (i) at the bottom of the stairs Yes..... <sub>1</sub> No..... <sub>2</sub>  
(ii) part way up the stairs Yes..... <sub>1</sub> No..... <sub>2</sub>  
(iii) at the top of the stairs Yes..... <sub>1</sub> No..... <sub>2</sub>

[Int. Tick Yes or No in respect of all 3 items]

**Q.72 How common would you say each of the following is in your neighbourhood? For each of the 5 items I read out please tell me whether or not you think it is very common; fairly common; not very common; or not at all common .**

	Very Common	Fairly Common	Not Very Common	Not At All Common
Graffiti on walls or buildings.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Rubbish and litter lying about .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Homes and gardens in bad condition .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vandalism and deliberate damage to property .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People being drunk in public.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q.73 Here is a list of appliances which a household might have.**

**(a) Could you tell me which of the things listed your household has?**

**Of the things which you have, could you tell me whether it is adequate to your present needs?**

**(b) Of the things which you don't have, which would you like to have but must do without because of a lack of money?**

[INT: Tick one box for each item in column A. If 'Do not have' tick one box in Column B.]	A			B	
	Have, satisfactory & adequate to needs	Have, but NOT satisfactory or NOT adequate to needs	Do not have	If do not have, Would like but can't afford?	
				Yes	No
1 Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2 Deep Freeze	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3 Microwave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4 Dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5 Washing Machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6 Clothes dryer (tumble dryer) or washer/dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7 Colour Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8 Video Recorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9 Telephone (whether fixed or mobile)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10 Home Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11 Access to Internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**SECTION I: REPAIRS AND MAINTENANCE**

**Q.74 Which of the following repairs and improvements (if any) have been carried out to your accommodation IN THE LAST 5 YEARS? [INT: Show Card 5. Tick Yes or No in respect of EACH item in both columns]**

Repairs / Upgrades to existing accommodation	Yes	No	Extensions and conversions	Yes	No
A Putting in new floors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	R Garage added	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B Structural repairs to walls, chimneys, foundations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	S Garage conversion	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C Inserting/replacing damp proof course	<input type="checkbox"/> 1	<input type="checkbox"/> 2	T Conservatory added	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D Replacing <u>external</u> doors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	U Attic or Loft Conversion	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E Replacing windows	<input type="checkbox"/> 1	<input type="checkbox"/> 2	V Flat conversion	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F Repointing/rendering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	W Other re-arranging internal space / combining or dividing rooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G Internal plastering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	X Other Repairs, upgrades, extensions, conversions (specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
H New roof or major roof repairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
I Providing or refitting kitchen	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
J Providing or refitting bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
K Replacing/upgrading electrical wiring	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
L Installing or replacing central heating boiler	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
M Installing or replacing central heating system	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
N Roof insulation	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
O Cavity wall insulation	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
P Other wall insulation	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
Q Modifications to meet needs of person with disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2			

INT: If 'No' to all items from A to X, Go to Q. 79.

**Q.75 Could you tell me (a) approximately how much in total did this work cost (include VAT); (b) approximately how much in total did this work cost your household (i.e. your household's contribution to the overall cost)**

Cost of repairs or maintenance	(a) Total Cost	(b) Household's Contribution
£0 (no cost)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Less than £500	<input type="checkbox"/> 2	<input type="checkbox"/> 2
£501-1,500	<input type="checkbox"/> 3	<input type="checkbox"/> 3
£1,501-2,500	<input type="checkbox"/> 4	<input type="checkbox"/> 4
£2,501-5,000	<input type="checkbox"/> 5	<input type="checkbox"/> 5
£5,001-10,000	<input type="checkbox"/> 6	<input type="checkbox"/> 6
£10,001-25,000	<input type="checkbox"/> 7	<input type="checkbox"/> 7
£25,001-50,000	<input type="checkbox"/> 8	<input type="checkbox"/> 8
£50,001 or more	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Don't Know	<input type="checkbox"/> 10	<input type="checkbox"/> 10

[INT: Show Card 6

Make sure to tick ONE box for 'Total Cost'

AND

ONE box for 'Household's Contribution'.]

**Q.76** Were these repairs and refurbishments funded or part-funded by : [Int. Tick Yes or No IN RESPECT OF EACH]

- Yes No
- a. The respondent ..... <sub>1</sub> ..... <sub>2</sub>
- b. Work done directly by the Local Authority..... <sub>1</sub> ..... <sub>2</sub>
- c. Grant from Local Authority, Department of Environment, Health Board etc..... <sub>1</sub> ..... <sub>2</sub> ⇒
- d. Other person / organisation outside the household(specify). <sub>1</sub> ..... <sub>2</sub> ⇒

**Q.77** (If yes to c) What was the approximate TOTAL value of all of these grants for work done in the last 5 years? \_\_\_\_\_ IR£

**Q.78** (If Yes to d) Who? \_\_\_\_\_

**Q.79** Overall, how satisfied are you with the following aspects of your accommodation:

		Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied
A	The general condition of the accommodation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B	The area in which it is located	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C	The amount of privacy you (and your family) have in your accommodation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D	The overall running cost of the accommodation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Section J: HOUSEHOLD CHARACTERISTICS**

**Q.80** Do you have another house or other accommodation anywhere else in Ireland? Yes .... <sub>1</sub> No .... <sub>2</sub> ⇒Q.88

**Q.81** How many? \_\_\_\_\_

**Q.82** Is this (are these): a house .... <sub>1</sub> Apartment/flat .... <sub>2</sub> Mobile home .... <sub>3</sub> Other (specify) .... <sub>4</sub>

**Q.83** In which county(ies)? \_\_\_\_\_

**Q.84** How many months of the year do you, or anyone in this household, live in that second accomm? \_\_\_\_\_mths

**Q.85** Does anyone outside this household live in it ? Yes....<sub>1</sub>⇒GO TO Q.86 No .... <sub>2</sub>⇒ GO TO Q.88

**Q.86** Do they rent it from you or do they live there rent free? Pay rent..... <sub>1</sub> Rent free ..... <sub>2</sub>

**Q.87** How many months per year? \_\_\_\_\_ months

**Q.88** I would like you to think now of the other members of your household, could you please tell their (a) gender; (b) age last birthday; (c) their economic status; (d) highest level of education; and finally, their relationship to each other. Could I begin with the person responsible for the accommodation ... [Int: Person responsible for accommodation should be on line 1]

No.	Name/Initial	(A) Sex		(B) Age last birthday	(C) Principal Economic Status							(D) Level of Education			(E) Relationship of each member to each other member above them on list. Read ACROSS rows. Use Relationship Codes from yellow card.												
		M	F		At Work	Unemployed	Home Duties	Student / Education	Retired	Pre School	Other/Perm	Pre-Leaving Cert	Leaving Cert	Post leaving Cert	Person No.	1	2	3	4	5	6	7	8	9			
1	INT: Put person responsible for accom. on line 1	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	1	///	///	///	///	///	///	///	///	///	///	///	///
2		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	2		///	///	///	///	///	///	///	///	///	///	///
3		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	3			///	///	///	///	///	///	///	///	///	///
4		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	4				///	///	///	///	///	///	///	///	///
5		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	5					///	///	///	///	///	///	///	///
6		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	6						///	///	///	///	///	///	///
7		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	7							///	///	///	///	///	///
8		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	8								///	///	///	///	///
9		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	9											///	///

**Q.89** Is anyone in the household currently on a Local Authority waiting list for accommodation? Yes ... <sub>1</sub> No ... <sub>2</sub>

**Q.90** Which household members ?

Whole household <sub>97</sub> or enter person number(s) from list above \_\_\_\_\_

**Q.91** For how long have they been on a waiting list? Since \_\_\_\_\_ (month) \_\_\_\_\_ (year)

**Q.92** What is/was the occupation of the Reference Person (person listed on line 1 above) in his/her most recent job or business? Please describe as fully as possible the type of work done. [Int. If farmer, record the acreage. If manager or supervisor record the numbers supervised and if relevant, record the rank or grade – e.g. rank in army or Gardaí, grade in Civil Service.]

\_\_\_\_\_

\_\_\_\_\_

**Q.93** What is/was the occupation of the spouse of the Reference Person in his/her most recent job or business? Please describe as fully as possible the type of work done. [Int. If farmer, record the acreage. If manager or supervisor record the numbers supervised and if relevant, record the rank or grade – e.g. rank in army or Gardaí, grade in Civil Service.]

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Finally, a few questions about how you are able to manage financially.

**Q.94** Could I ask about the approximate level of net household income? This means the total income, after tax and PRSI, of ALL MEMBERS of the household. It includes ALL TYPES of income: income from employment, social welfare payments, child benefit, rents, interest, pensions etc. We would just like to know into which broad group the total income of your household falls. I'd like to assure you once again that all information you give me is entirely confidential. [INT: Show Card 7]

<u>Per week</u>	<u>Per Month</u>	<u>Per Year</u>	
A. Under £190	Under £825	Under £10,000	..... <input type="checkbox"/> <sub>1</sub> ⇒Go to Q.A below, Show Card A
B. £191 - £360	£826 - £1570	£10,001 - £19,000	..... <input type="checkbox"/> <sub>2</sub> ⇒Go to Q.B below, Show Card B
C. £361 - £570	£1571 - £2475	£19,001 - £30,000	..... <input type="checkbox"/> <sub>3</sub> ⇒Go to Q.C below, Show Card C
D. £571 or more	£2476 or more	£30,001 or more	..... <input type="checkbox"/> <sub>4</sub> ⇒Go to Q.D below, Show Card D

[INT: Show Card A, B, C or D, as appropriate. Tick ONE Box only below]

<b>A</b> Would that be:	(per week)	Under £85 <input type="checkbox"/> <sub>1</sub>	£86-£110 <input type="checkbox"/> <sub>2</sub>	£111-£150 <input type="checkbox"/> <sub>3</sub>	£151-£190 <input type="checkbox"/> <sub>4</sub>
	(per month)	Under £370 <input type="checkbox"/> <sub>1</sub>	£371-£475 <input type="checkbox"/> <sub>2</sub>	£476-£650 <input type="checkbox"/> <sub>3</sub>	£651-£825 <input type="checkbox"/> <sub>4</sub>
	(per year)	Under £4500 <input type="checkbox"/> <sub>1</sub>	£4501-£5700 <input type="checkbox"/> <sub>2</sub>	£5701-£8000 <input type="checkbox"/> <sub>3</sub>	£8001-£10000 <input type="checkbox"/> <sub>4</sub>
<b>B</b> Would that be:	(per week)	£191-£220 <input type="checkbox"/> <sub>1</sub>	£221-£270 <input type="checkbox"/> <sub>2</sub>	£271-£320 <input type="checkbox"/> <sub>3</sub>	£321-£360 <input type="checkbox"/> <sub>4</sub>
	(per month)	£826-£950 <input type="checkbox"/> <sub>1</sub>	£951-£1150 <input type="checkbox"/> <sub>2</sub>	£1151-£1400 <input type="checkbox"/> <sub>3</sub>	£1401-£1570 <input type="checkbox"/> <sub>4</sub>
	(per year)	£10001-£11500 <input type="checkbox"/> <sub>1</sub>	£11501-£14000 <input type="checkbox"/> <sub>2</sub>	£14001-£16500 <input type="checkbox"/> <sub>3</sub>	£16501-£19000 <input type="checkbox"/> <sub>4</sub>
<b>C</b> Would that be:	(per week)	£361 -£400 <input type="checkbox"/> <sub>1</sub>	£401-£450 <input type="checkbox"/> <sub>2</sub>	£451-£500 <input type="checkbox"/> <sub>3</sub>	£501-570 <input type="checkbox"/> <sub>4</sub>
	(per month)	£1571-£1750 <input type="checkbox"/> <sub>1</sub>	£1751-£2000 <input type="checkbox"/> <sub>2</sub>	£2001-£2200 <input type="checkbox"/> <sub>3</sub>	£2201-£2475 <input type="checkbox"/> <sub>4</sub>
	(per year)	£19001-£21000 <input type="checkbox"/> <sub>1</sub>	£21001-£24000 <input type="checkbox"/> <sub>2</sub>	£24001-£26000 <input type="checkbox"/> <sub>3</sub>	£26001-£30000 <input type="checkbox"/> <sub>4</sub>
<b>D</b> Would that be:	(per week)	£571 -£650 <input type="checkbox"/> <sub>1</sub>	£651-£750 <input type="checkbox"/> <sub>2</sub>	£751-£950 <input type="checkbox"/> <sub>3</sub>	£951 or more <input type="checkbox"/> <sub>4</sub>
	(per month)	£2476 -£2800 <input type="checkbox"/> <sub>1</sub>	£2801-£3200 <input type="checkbox"/> <sub>2</sub>	£3201-£4100 <input type="checkbox"/> <sub>3</sub>	£4101 or more <input type="checkbox"/> <sub>4</sub>
	(per year)	£30001-£33500 <input type="checkbox"/> <sub>1</sub>	£33501-£38500 <input type="checkbox"/> <sub>2</sub>	£38501-£49000 <input type="checkbox"/> <sub>3</sub>	£49000 or more <input type="checkbox"/> <sub>4</sub>

**Q.95** Please think of your total housing costs including mortgage or rent, repairs, heating, other electricity or gas, water, and other household charges. To what extent are these housing costs a financial burden to you? Are they ...  
 a heavy burden .... <sub>1</sub> somewhat of a burden .... <sub>2</sub> no burden at all .... <sub>3</sub>

**Q.96** Has your household been in arrears at any time in the last 12 months, that is, unable to pay as scheduled, any of the following? [Int. Tick one box on each line]

	Yes	No	N.A.
Rent for accommodation .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Mortgage repayments.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Utility bills (electricity, water, gas etc.) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q.97** Thinking now of your household's total income, from all sources and from all household members, would you say that your household is able to make ends meet ... [INT: Tick ONE box]

With great difficulty <sub>1</sub>      With difficulty <sub>2</sub>      With some difficulty <sub>3</sub>      Fairly Easily <sub>4</sub>      Easily <sub>5</sub>      Very Easily <sub>6</sub>

**Q.98** There are some things that many people cannot afford, even if they would like them. Can I just check whether your household can afford these if you want them? Please answer yes (can afford if want) or no (cannot afford) for each item.

	Yes, can afford if want	No, cannot afford
1 Replacing any worn out furniture	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
2 Adequate heating for your home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
3 Paying for a week's annual holiday away from home (not staying with relatives)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
4 A meal with meat, chicken or fish every second day if you wanted it	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
5 New, not second-hand, clothes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
6 Presents for friends or family once a year	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
7 Having friends or family for a drink or meal at least once a month	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
8 Car or Van for PRIVATE use	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**Q.99** In the event of having to check any of this information it would be very helpful to have your first name and phone number

First Name only \_\_\_\_\_ Phone Number \_\_\_\_\_

**Q.100** INTERVIEWER: Record Time interview ended (24 hour clock) \_\_\_\_\_

**Q.101** INTERVIEWER: Record person number from list on p. 7 of person providing most information for survey \_\_\_\_\_.

THANK-YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE