

**Strictly  
Confidential**

<b>Code € entries if records</b>
<b>S - seen by interviewer</b>
<b>C - consulted by respondent</b>
<b>E - estimated</b>

(1)

RECORD 1		
Ref. No.	Area	Hld.

(2-6)

**NB Complete this prior to  
starting interview**

Teagasc Farm  
Reference Numbers

Reference Number 1	Reference Number 2	Reference Number 3

A59 1

A60 1

A61 1

**Household Questionnaire (H.B.1)**

# Household Questionnaire (H.B.1)

Q. 1 HOUSEHOLD MEMBERS		Q. 2 RELATIONSHIP TO HEAD OF HOUSEHOLD		Q. 3 SEX	Q. 4 AGE	Q. 5 MARITAL STATUS	Q. 6 HOSPITAL STAY	
PERSON NUMBER	Initials or Name	(e.g. wife, husband, partner, brother, sister, son, daughter, father, mother, boarder, visitor etc.)	Office Use Relation- ship code	Code 1 = male 2 = female	Age last birthday (0 = under 1 year)	Code 1 - 7 as shown below	Number of nights (enter 0 if none) spent during last 12 months in	
							Public hospital	Private hospital
				Code	Age	Code	Nights	Nights
01	.....	Head of Household	.....	.....	.....	.....	.....	.....
02	.....	.....	.....	.....	.....	.....	.....	.....
03	.....	.....	.....	.....	.....	.....	.....	.....
04	.....	.....	.....	.....	.....	.....	.....	.....
05	.....	.....	.....	.....	.....	.....	.....	.....
06	.....	.....	.....	.....	.....	.....	.....	.....
07	.....	.....	.....	.....	.....	.....	.....	.....
08	.....	.....	.....	.....	.....	.....	.....	.....
09	.....	.....	.....	.....	.....	.....	.....	.....
10	.....	.....	.....	.....	.....	.....	.....	.....

(7-8)

(11)

(12)

(13-14)

(15)

(16-18)

(19-21)



H  
el  
  
1  
M  
C  
H  
2:  
3:

**Q11** Is any household member, a normally resident son or daughter, receiving full-time third level education away from home?

If YES.....Y ask Q.1-4 and Q9(b) for each.

If NO..... N ask Q.12 on next page.

**MARITAL STATUS  
CODES (Q.5)**

**Married**

1. Both spouses present
2. One temporarily away (why?)

.....  
3. One permanently away  
(i.e. separated)

4. Divorced

5. Widow/Widower

**Single**

6. 15 years and over

7. Under 15 years

	Q1	Q2	Office	Q3	Q4	Q9b
X1	.....	.....	.....	.....	.....	.....
X2	Initials or name	Relationship to head of household	.....	Sex	Age	Education being received
X3	.....	.....	.....	.....	.....	.....





**ACCOMMODATION PARTICULARS (ASK ALL)**

**TYPE**

12. (a) Is your accommodation a
- Bedsitter ..... 1
  - Apartment/flat
    - converted ..... 2
    - custom built-large block ... 3 (large = block of 10 or more apartments)
    - custom built-small block ... 4
  - House
    - detached ..... 5
    - semi-detached/terraced ... 6
  - Other (specify) ..... 7
- (b) Year in which the accommodation was built
- pre - 1918 ..... 1
  - 1918 - 1945 ..... 2
  - 1946 - 1960 ..... 3
  - 1961 - 1970 ..... 4
  - 1971 - 1980 ..... 5
  - 1981 - 1990 ..... 6
  - 1991 - 2000 ..... 7
  - 2001 - to date ..... 8

**CIRCLE**

RECORD 2		Code
Amount		
€	c	
.....	.....	001 1
.....	.....	X01 1
.....	.....	X02 1
.....	.....	002 1
.....	.....	A84 1
.....	.....	003 1
.....	.....	022 1
.....	.....	023 1
.....	.....	024 1
.....	.....	025 1
.....	.....	X03 1
.....	.....	X04 1
.....	.....	X14 1
.....	.....	A01 1
.....	.....	026 1
.....	.....	A02 1
.....	.....	A03 1
.....	.....	566
.....	.....	566
<b>OFFICE USE</b>		
Date	.....	004 1
County	.....	005 1
U/R	.....	006 1
Acres	.....	007 1
Farm type	.....	X06 1
Farm Ac.	.....	X07 1

**AMENITIES**

13. (a) How many rooms are there in your *whole* accommodation (i.e. rooms at this address which you own, rent or occupy rent free)? **ENTER NO.**
- \*Living/dining rooms ..... →
  - \*Kitchen ..... →
  - \*Bedrooms ..... →
  - Bathroom ..... →
  - Separate toilet ..... →
  - Scullery/kitchenette/utility ..... →
  - \*Rooms let or sub-let ..... →
  - \*Rooms used partly for business } ..... →
  - Rooms used entirely for business } ..... →
  - TOTAL NO. OF ROOMS** (only include \* items) ..... →

**Please ensure that these rooms are not included in the above**

- (b) Does this accommodation have
- |                    |       |      |       |       |
|--------------------|-------|------|-------|-------|
| running water?     | YES 1 | NO 2 | ..... | 022 1 |
| hot water?         | 1     | 2    | ..... | 023 1 |
| bath/shower?       | 1     | 2    | ..... | 024 1 |
| toilet (internal)? | 1     | 2    | ..... | 025 1 |
| double glazing?    | 1     | 2    | ..... | X03 1 |
| burglar alarm?     | 1     | 2    | ..... | X04 1 |
| patio doors?       | 1     | 2    | ..... | X14 1 |
| conservatory?      | 1     | 2    | ..... | A01 1 |
| Garage             |       |      |       |       |
| — used/owned?      | 1     | 3    | ..... | 026 1 |
| — rented?          | 2     |      |       |       |
| — let/sub-let?     | 4     |      |       |       |
| Garden/Lawn?       | 1     | 2    | ..... | A02 1 |
| Attic insulation?  | 1     | 2    | ..... | A03 1 |

**ROOMS LET OR SUB-LET**

- (a) How much rent do you receive from your tenants? (exclude service charges) Rooms ..... 566
- (b) How long a period does this cover? Period ..... Garage ..... 566
- (rooms) (garage)

(c) Apart from furniture, do you provide any service (e.g. light, heating etc.) for your tenants? YES.....1 NO..... 2 ASK Q. 15

IF YES, please specify the type, amount and period

..... Date ..... 004 1

..... County ..... 005 1

..... U/R ..... 006 1

..... Acres ..... 007 1

..... Farm type ..... X06 1

..... Farm Ac. .... X07 1

7  
1  
SE  
16.  
DV  
17.  
W  
W  
Se  
Gr  
W  
Hc  
\*Lc  
+ e  
Does

**TENURE**

15. (a) Is this accommodation owned or rented?

**NOTE**

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

- Now ask Q.16-Q.17 then
- OWNED
    - Outright 1
    - With mortgage (incl. joint owner rental with L.A.) 2
    - Tenant purchase scheme 3
    - Affordable housing 8
  - RENTED
    - Local Authority 4
    - Other - furnished 5
    - Other - unfurnished 6
  - RENT-FREE (i.e. landlord receives no rent) 7
- Ask Q. 21  
Ask Q. 18  
Ask Q. 19

(b) Enter Person Number of the household member who owns, rents or gets the accommodation rent free

- TAKE - husband if in husband and wife's joint names unless the wife is the chief economic supporter of the household  
 - eldest if a number have joint claims

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

Amount		Code
€	c	
.....		009 1
.....		X08 1
.....	..... (weeks if under a year)	X09 1

**SECOND DWELLING**

16. Does any household member permanently maintain other accommodation for private use (i.e. not let?)

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

Please ✓  
 IF YES, where is it located?

- Ireland (26 counties)  Abroad (.....) where

IF IN IRELAND, is it

- Owned ..... 2 ASK Q. 17, 21 - 34  
 Rented ..... 3 ASK Q. 17 - 20, 27 - 34

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

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

**DWELLING CHARGES**

17. Do you make separate regular fixed payments to cover the following?

	IF YES						
			Primary dwelling		Second dwelling		
	Yes	No	Last payment	Period	Last payment	Period	
Waste collection - LA*	1	2					A05
Waste collection - private service	1	2					A04
Service/maintenance +	1	2					A06
Ground rent	1	2					366
Water charges	1	2					A07
Home Minder Charges	1	2					A80

\*Local authority

+ e.g. in apartment blocks

Circle

Does the household receive a waiver?

- Yes No  
 1 2

.....		F66
-------	--	-----





**MORTGAGE ALLOWANCE (Local Authority)**

23. Did you receive a mortgage allowance in last 12 months? YES ..... 1  
 NO ..... 2

If YES, specify the amount received \_\_\_\_\_ →

**MORTGAGE REPAYMENT CONCESSIONS**

24. Did you get this mortgage from your employer? YES ..... 1  
 (e.g. bank and insurance officials) NO ..... 2 **Ask Q. 25**

If YES, do you receive any concessions in repaying it? YES ..... 1  
 NO ..... 2 **Ask Q. 25**

If YES (a) actual interest rate charged? .....  
 (b) value of this concession in past year? \_\_\_\_\_ →

**MORTGAGE PROTECTION POLICY**

25. Do you pay premiums on a mortgage protection policy? YES ..... 1  
 NO ..... 2 **Ask Q. 26**

If YES (a) are they included at 22(c)? YES ..... 1  
 NO ..... 2

(b) how much do you pay? \_\_\_\_\_ →

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

**SUBSIDIARY HOUSE LOAN**

26. Are you currently repaying any subsidiary (bridging) loan used to purchase this accommodation? YES ..... 1  
 NO ..... 2 **Ask Q. 27**

If YES (a) how much was your last repayment? \_\_\_\_\_ →

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

**ALL TYPES OF ACCOMMODATION**  
 (ask all subsequent questions) (primary and second dwelling)

**HOUSE INSURANCE**

27(a) Is the structure and contents of your accommodation insured?

Primary dwelling Yes.....1 No.....2  
 Second dwelling Yes.....1 No.....2

\*1st = primary dwelling  
 \*2nd = second dwelling

If yes, specify last premiums paid \_\_\_\_\_ →

Type of Policy	Description of Dwelling		Period		Number in year		Premium paid	
	Primary (✓)	Second (✓)	1st*	2nd*	1st*	2nd*	1st* €	2nd* €
Structure	<input type="checkbox"/>	<input type="checkbox"/>						
Contents	<input type="checkbox"/>	<input type="checkbox"/>						
Joint Policy	<input type="checkbox"/>	<input type="checkbox"/>						

If **JOINT POLICY** and structure/contents premium not known, please specify

1st\* €      2nd\* €

- (i) Insured value of contents .....
- (ii) Insured value of structure .....
- (iii) Specified items (all risks) .....
- (iv) Name of insurance company.....

Amount		Code
€	c	
		905 8
		501
		370
		371
		760

(b) Are these insurance payments included at 22(c) YES.....1  
NO.....2

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

28. Did you receive any payment during last 12 months in claims made under these policies? YES.....1  
NO.....2

If YES, specify

payment for contents → .....  
 payment for structure → .....  
 Total payment €

Amount		Code
€	c	
.....	.....	867 8
.....	.....	868 8

**GAS AND ELECTRICITY**  
(ask for primary and second dwelling)

29. Do you have gas or electricity supplied to (your part of) this accommodation?  
 Account Meter  
 Slot Meter  
 None

Gas		Electricity	
2	4	2	3
1	3	1	
0		0	
Natural	Other	Ordinary	Night Saver

30. IF ACCOUNT METER  paid directly  Budget scheme (for gas, electricity or both, please (✓) once only)

(a) How much was your last bill? → €.....  
 (b) What quantity did this cover? → Cubic metres  
 (c) How long a period did it cover? → .....  
 (d) Did it include a charge for maintenance or repairs? YES NO

€.....	€.....	g	.....	756
.....	.....	Units	.....	341
.....	.....	.....	.....	342
.....	.....	1 e	.....	757

If YES, how much was it? → €.....  
 (e) Did it include purchase repayments? YES NO  
 If YES, how much was it? → €.....  
 (this amount must be itemised at Q. 39(A) on the appropriate HB.2)

.....	.....	.....	.....	408
.....	.....	1	.....	.....
.....	.....	2	.....	.....

1. IF SLOT METER, did you get a rebate when the meter was cleared the last time? YES NO

If YES (i) how much was the rebate received → €.....  
 (ii) how long a period did it cover → .....

.....	.....	1	.....	012
.....	.....	2	.....	013

**ELEPHONE**

2. (a) Do you have a fixed telephone in (your part of) this accommodation (i.e. non-mobile)  
 (i) for your household's use only? Non Coin Box Coin Box No  
 (ii) shared with another household? 1 4 N  
 2 5 N  
 (b) Does your household share the use of a telephone in another household? 3 6 N

If YES TO ANY NON-COIN CATEGORY (excluding mobile) (ask for primary and second dwelling)

(i) how much was (your share of) the last bill? → .....  
 (ii) how long a period did it cover? Period.....  
 (iii) did it include a connection fee? YES.....1 NO..... 2 If yes state amount → .....

NOTE: If no bill received or payment less than the two monthly rental, explain.

(c) Did you make any of the following payments during the last 12 months?  
 Booking deposit Yes No  
 Installation fee 1 2  
 Reconnection fee 1 2  
 Additional service 1 2

If YES TO ANY, enter total payments made → ..... 761

/contd. next page



Telephone contd.

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

Yes .....1 No..... 2

If Yes (i) how much was your last bill? \_\_\_\_\_

(ii) how long a period did it cover? Period .....

(e) Do you receive free telephone rental from the Department of Social, Community and Family Affairs?

Yes.....1 No.....2

(f) Does any household member, under 15 years of age, own or have the use of a mobile phone?

Yes ..... 1 No ..... 2 Ask Q33

Bill pay

Pay As You Go

If yes, give the following details

Person number	Purchase price (if in last 12 months)	Cost of calls (Last Bill/top-up)		Insurance cover		If yes, indicate amount	
		€	€/c	Period	Yes	No	€/c
1-25	€	€/c	Period	Yes	No	€/c	Period
				1	2		
				1	2		
				1	2		
				1	2		

A 74

374

X40

377

(g) Were there any other charges paid in the last twelve months? (e.g. cost of service, handset, hands-free set etc.) Yes.....1 No.....2

If YES (i) Please indicate type of charge ..... (ii) how much was paid? \_\_\_\_\_

Amount		Code
€	c	
.....		X38 1
.....		339
.....		X11 1
.....		X80 1
.....		A74
.....		374
.....		X40
.....		377
.....		375
.....		A11 8
.....		015 1
.....		033 1
.....		X13 1
.....		A08 1
.....		X12 1
.....		790
.....		519
.....		791
.....		A09
.....		A10

RECREATIONAL EQUIPMENT

33. (a) Do you have any of the following in your part of the accommodation? Yes No

Television Y 1  
DVD Y 1  
Video recorder Y 1

Television*			
Type	1st	2nd	3rd
Ordinary			
Portable			

(1) If YES, what type is it and is it owned or rented?

\* use codes below when completing table.

Codes for TVs*
2 = owned (colour)
3 = rented (colour)
4 = owned (black/white)
5 = rented (black/white)

	Owned	Rented
DVD	2	3
Video recorder	2	3

IF RENTED

(i) how much rent do you pay? video recorder  
television  
combined TV/video  
DVD  
combined TV/DVD

(ii) how long a period do these payments cover? Period.....

**Recreational equipment contd.**

(2) Do you subscribe to a communal TV, piped or beamed aerial system or have access to satellite?

Yes.....1 → 

piped/cable TV	Yes	No
piped TV decoder	1	N
beamed access TV	1	N
satellite (decoder)	1	N

No .....2 **Ask Q33b**

If YES

(i) how much do you pay? → 

Piped/Cable/Beamed TV
Satellite TV Packages

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

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

Appliance	Yes	No
Stereo system (full or part)	1	2
CD player (on its own)	1	2
Camcorder/palmcorder	1	2
Satellite system	1	2
Games console	1	2
Computer for:		
recreational purposes	1	3
business & professional purposes	2	
recreational/business & professional purposes	4	

**INTERNET ACCESS**

34 (a) Do you have access to the Internet or your own account? Yes.....1-2-3  
No.....4 **Ask Q35**

If YES, please indicate below type of access and last payment. →

Access type (✓)		Amount		Period
		€	c	
<input type="checkbox"/> ISDN	1			
<input type="checkbox"/> Broadband	2			
<input type="checkbox"/> Phone link	3			

(b) Is this amount included at Q.32b(ii) (telephone bill)? Yes.....1  
No.....2

(c) Do you make payments for any other charges? Yes.....1  
No.....2

If YES

(i) How much do you pay? →

(ii) How long a period does this cover? Period.....

Amount		Code
€	c	
.....	.....	X73 1
.....	.....	X74 1
.....	.....	X75 1
.....	.....	X76 1
.....	.....	806
.....	.....	A81
.....	.....	X16 1
.....	.....	X77 1
.....	.....	X78 1
.....	.....	X79 1
.....	.....	A55 1
.....	.....	X17 1
.....	.....	X39 1
.....	.....	545
.....	.....	A15

**HIRED DOMESTIC HELP/CHILDCARE**

35. (a) Does your household regularly employ domestic help (e.g. housekeeper, daily/weekly help, child minder, au-pair, gardener, nurse, cleaner, care attendant/assistant etc.) YES ..... 1  
NO ..... 2

If YES, give the following details

Description of Hired Help (if part-time, specify no. of days/weeks/hours)	Resident		Total Wages Paid* €/c	Social Insurance Contribution by Hld. €/c		Period
	YES	NO				
.....	1	2	.....	.....	.....	.....
.....	1	2	.....	.....	.....	.....
.....	1	2	.....	.....	.....	.....
.....	1	2	.....	.....	.....	.....
.....	1	2	.....	.....	.....	.....
.....	1	2	.....	.....	.....	.....
.....	1	2	.....	.....	.....	.....

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

(b) Do you pay for the care of your children in another house or creche? Yes ..... 1 No ..... 2

If yes, give the following details:

Location (✓)	No. of children	No. of hours*	Period	Amount		Food included		
				€	c	Yes	No	
<input type="checkbox"/> House	A18	A16		829		A20 1	A20 1	house
<input type="checkbox"/> Creche	A19	A17		830		A21 1	A21 1	creche

\*(e.g. 2 children @ 10 hours each, then number of hours is 20)

Amount		Code
€	c	
.....	.....	510
.....	.....	801
.....	.....	A18
.....	.....	A19
.....	.....	A16
.....	.....	A17
.....	.....	829
.....	.....	830
.....	.....	A20 1
.....	.....	A21 1

**EDUCATIONAL GRANTS AND SCHOLARSHIPS**

36. Does any member of your household currently hold an educational grant/scholarship YES NO  
1 2  
pay no/reduced registration fees because parent is teacher/lecturer? 1 2

If YES, give the following details

Person Number	Type of Grant or Scholarship (or no/reduced registration fees)	Source/Reason/Course	Annual Value*	
			Registration Fees €/c	Maintenance €/c
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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



**SCHOOL MEALS**

37. Were any school children in this household provided with milk, meals or snacks at day school during the past 7 days? YES ..... 1 ASK Q. 38  
NO ..... 2

If YES, give the following details

Description of Meal/Snack	Number of meals etc	Free?		Amount paid if not free (and period)
		YES	NO	
Milk.....	.....	1	2	€.....
Meals/Snacks.....	.....	1	2	€.....

Amount		Code
€	c	
.....	.....	720 1
.....	.....	78 1
.....	.....	A82
.....	.....	A83
.....	.....	X19 1
.....	.....	X20 1
.....	.....	027 1
.....	.....	028 1
.....	.....	016 1
.....	.....	017 1
.....	.....	018 1
.....	.....	019 1
.....	.....	X21 1
.....	.....	X22 1
.....	.....	X15 1
.....	.....	X36 1
.....	.....	X37 1

**GENERAL HEALTH**

38. Does any household member < 15 yrs have any of the following long-lasting conditions? (If refused to answer please tick )

	Yes	No	Person Number
(1) Blindness, deafness or a severe vision or hearing impairment?	1	7	.....
(2) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?	2	7	.....
(3) A learning or intellectual disability?	3	7	.....
(4) A psychological or emotional condition?	4	7	.....
(5) Other, including any chronic illness?	5	7	.....

39. If 'YES' to any of the conditions specified in question 38, does any such member have any difficulty in doing any of the following activities? Yes No

	Yes	No	Person Number
(1) Learning, remembering or concentrating?	1	7	.....
(2) Dressing, bathing or getting around inside the home?	2	7	.....
(3) Going outside the home alone to shop or visit a doctor's surgery?	3	7	.....
(4) Working at a job or business or attending school or college?	4	7	.....
(5) Participating in other activities, for example leisure or using transport?	5	7	.....

**FREE HEALTH BOARD HOME SERVICES**

	YES	NO	IF YES, enter		
40. Is the household currently receiving					
Free domestic help †	1	2	Hours per week →	.....	X19 1
Free home nursing?	1	2	Visits per week →	.....	X20 1

(† financial assistance entered at Q. 17 HB. 2)

**HOUSEHOLD APPLIANCES**

Appliances	YES	NO
41. Are any of the following appliances owned or continuously available for use in this accommodation?		
Vacuum cleaner	1	2
Tumble dryer (separate)	1	2
Washing machine	1	2
Dishwasher	1	2
Refrigerator (separate)	1	2
Deep freeze (separate)	1	2
Refrigerator with Freezer (2 separate doors)	1	2
Micro-wave oven	1	2
Food processor	1	2
Deep fat fryer	1	2
Liquidiser	1	2

# MAJOR HOUSEHOLD EXPENDITURE

42. (a) Were any of the following major expenditures incurred by the household during the past 12 months?

Cash/Credit Purchases	YES	NO	Cash/Credit Purchases	YES	NO
Cooker (gas/electric)	1	2	Television	1	2
Dishwasher	1	2	Video recorder	1	2
Washing machine	1	2	Homecomputer	1	2
Tumble dryer	1	2	Stereo system	1	2
Refrigerator (with/without freezer)	1	2	Dining room suite	1	2
Deep freeze	1	2	Sitting room suite	1	2
Bar-b-que	1	2	Camcorder/palmcorder	1	2
Oil fired burner/range	1	2	Satellite system	1	2
Digital camera	1	2	Modem (computer)	1	2
Garden shed	1	2	Scanner (computer)	1	2
Bathroom suite/Shower unit	1	2	DVD	1	2
Fireplace	1	2	Laptop computer	1	2
			IPOD	1	2
			MP3 Player	1	2
			PSP	1	2

If YES enter

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

(b) Did you carry out any of the following renovation work on the dwelling in the past twelve months? (including work currently undertaken).

Outside Contractors	YES	NO	Major D.I.Y.	YES	NO
Extension	1	2	Extension	1	2
Structural repair	1	2	Structural repair	1	2
Central heating	1	2	Central heating	1	2
Replacement windows	1	2	Replacement windows	1	2
Burglar alarm	1	2	Burglar alarm	1	2
Decorating	1	2	Decorating	1	2
Garage conversion to granny flat	1	2	Garage conversion to granny flat	1	2
Conservatory	1	2	Conservatory	1	2
Attic conversion	1	2	Attic conversion	1	2
Tiles (Wall or Floor)	1	2	Tiles (Wall or Floor)	1	2
Other	1	2	Other	1	2

IF YES, enter

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

Amount		Code
€	c	
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

## BUSINESS, RECOVERABLE AND SHARED EXPENSES

### 43. Are any of these household expenses

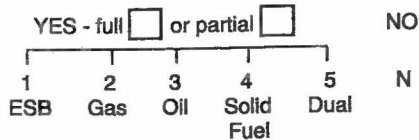
		YES	NO
RENT	(a) to be (or have been) claimed as expenses for income tax purposes because of a business conducted at this address?	1	2
LOCAL AUTHORITY CHARGES		1	2
GROUND RENT	(b) paid directly or refunded (partly or wholly) by an employer as (please ✓ if YES) - business expenses? <input type="checkbox"/> - other refunds? <input type="checkbox"/>	1	2
MORTGAGE REPAYMENTS		1	2
HOUSE INSURANCE		1	2
ELECTRICITY	(c) paid directly or refunded (partly or wholly) by a person or organisation outside the household (e.g. friend, relative etc.) as a gift? (exclude Social Welfare)	1	2
GAS		1	2
TELEPHONE		1	2
OTHER EXPENSES (please specify)		IF YES TO ANY, give details	

Code a, b or c	Included above?		Period	Amount		Code
	Yes	No		€	c	
.....	1	2	.....	.....	.....	907
.....	1	2	.....	.....	.....	908
.....	1	2	.....	.....	.....	909
.....	1	2	.....	.....	.....	910
.....	1	2	.....	.....	.....	911
.....	1	2	.....	.....	.....	912
.....	1	2	.....	.....	.....	913
.....	1	2	.....	.....	.....	914
.....	1	2	.....	.....	.....	A26

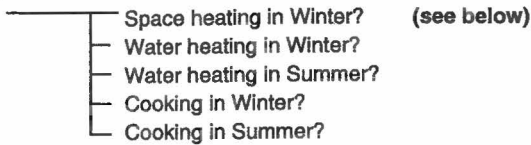


# HOUSEHOLD HEATING

44. (a) Has the accommodation full/partial central heating system?



(b) What is the household's main method of



(c) Did you make any bulk purchases of fuel in past 12 months?

	YES	NO			
Central heating oil	1	2	Cost	→	.....
			Quantity (litres)		.....
Anthracite	1	2	Cost	→	.....
			Quantity (kgs)		.....
Turf (loose)	1	2	Cost	→	.....
			Quantity (cwt)		.....
Coal (¼ tonne or more)	1	2	Cost	→	.....
			Quantity (kgs)		.....
Wood	1	2	Cost	→	.....
			Quantity (tonne)		.....
Briquettes	1	2	Cost	→	.....
			Quantity (tonne)		.....
Gas (not cylinders)	1	2	Cost	→	.....
			Quantity (litres)		.....

(d) Did you save turf on your own bog or on rented bog in the last 12 months?

IF YES, please state

(a) quantity saved  Quantity (cwt.)

(b) approximate value of turf saved €

(c) costs (if any) incurred in saving or transporting the turf €  net value

Amount		Code
€	c	
.....		02 1
.....		X24 1
.....		X25 1
.....		X26 1
.....		X27 1
.....		X28 1
.....		
.....		345 8
.....		715 8
.....		781 8
.....		758 8
.....		344 8
.....		713 8
.....		343 8
.....		712 8
.....		349 8
.....		A30 8
.....		782 8
.....		714 8
.....		A27 8
.....		A28 8
.....		
.....		713 8
.....		
.....		844 8

## MAIN HEATING AND COOKING METHOD CODES – Q. 44(b)

### SPACE HEATING METHOD

#### Central Heating

Oil	1
Back boiler (open fire)	2
Piped gas	3
LPG (e.g. calor gas)	4
Solid fuel boiler (independent)	5
Electric	6
Solid fuel room heater (closed stove e.g. Parkray)	7
Solid fuel cooker (e.g. Aga)	8
Dual fuel boiler	9
Renewable (e.g. solar)	10
Other system	11

#### Non Central Heating

Open fire	12
Solid fuel room heater (closed stove e.g. Parkray)	13
Solid fuel cooker	14
Electric – storage heater	15
– other fixed appliances	16
– portable appliance	17
Piped gas heater	18
LPG heater (e.g. Super Ser)	19
Paraffin heater	20
Other	21
None	22

### WATER HEATING METHOD

Central heating system	1
Solid fuel boiler	
Open fire	2
Stove (room heater)	3
Cooker (e.g. Aga)	4
Electric	
Immersion heater	5
Instantaneous heater	6
Gas	
Boiler	7
Instantaneous heater	8
Other	9
None	10
Renewable (e.g. solar)	11

### COOKING METHODS

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

Milk

Bread

Butcher

Grocery

Other

Shop

Freq.

OFFICE USE		Code
.....	.....	
.....		X29 1
.....		X30 1
.....		X31 1
.....		X32 1
.....		X33 1
.....		
.....		X34 1
.....		X35 1