

Central Statistics Office
An Phríomh-Oifig Staidrimh

HOUSEHOLD BUDGET SURVEY

Personal Schedule (HB2)

Statistics for a Modern Ireland

HOUSEHOLD BUDGET SURVEY (1)

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

RECORD 3			
Ref. No.	Area	Hld.	Per

WORKING AND OCCUPATIONAL STATUS (ASK ALL)

		Full time	Part time	
1. Are you at present:				
WORKING	— employee?	1	2	1
	— Employment schemes?	1	2	2
	— assisting relative?	1	2	3
	— self-employed?	1	2	4
				} Q.2, Q.3
				} Q.6
OUT OF WORK	— unemployed but seeking work?			5
	— unemployed because of illness/accident, etc but intending to seek work again?			6
	— not yet at work?			7
				} Q.2, Q.4
				Q.2, Q.14
OTHER	— engaged in home duties?			8
	— retired?			9
	— in full-time education?			10
	— unable to work because of permanent illness or disability?			11
	— other (specify)			12

AMOUNT		Code
€	c	

TO ALL PERSONS (coded 1-3 or 5-12 at Q. 1)

2. (a) Have you been self employed for any period during last 12 months
 If YES, Enter total number of weeks and [net earnings €] YES1
NO2 →

.....	(working status)	050 1
.....	(full/part time)	061 1

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

3. (a) Are you away from work at present - i.e. for more than the last 3 working days? YES1
NO2 ASK Q.6

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

.....	(weeks)	A39 1
.....	(years)	051 1
.....	(weeks if under a year)	052 1
.....		049 1
.....	(years)	X50 1
.....	(weeks if under a year)	X51 1
.....		053 1
.....	(years)	055 1
.....	(weeks if under a year)	

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

4. (a) How long have you been out of work? →
 (b) If less than a year enter former usual gross wage or salary at Q.8

TO ALL RETIRED (coded 9 at Q.1)

5. (a) How long are you retired? →
 (b) If less than a year enter former usual gross wage or salary at Q.8

ALL WORKING, UNEMPLOYED RETIRED OR IN FULLTIME EDUCATION (codes 1 - 6, 9 and 10 at Q.1)

{ Codes 1, 2, 3, 4 - present job
 Codes 5, 6, 9 - usual/previous job
 Code 8, 10 - home duties/subsidiary job

6. (a) What is/was your present/or usual principal job?
 Occupation and description of job (i.e. what you do).....

Industry/Business (i.e. where you work/worked).....

	Main	Sub
If a Farmer (✓)	3	4
enter total acreage farmed	→	
If self-employed (incl. Farmers)		
No employees	1	
Family employees only	2	
Other employees	3	

CODES 1, 2, 3, 4 (i.e. working) ASK Q.6 (b)

CODES 5, 6, 9 (i.e. not at work) ASK Q.14

(b) If presently working, engaged in home duties or student do you have regular subsidiary jobs(s)?
 YES 1
 If YES, give following details for each - NO 2 ASK Q. 7

Description of work.....

Industry/business.....

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

NOW ASK Q.7 IF EMPLOYEE
 Q.11 IF SELF-EMPLOYED

ALL EMPLOYEES (coded 1-3 at Q.1) - ALL JOBS

OFFICE USE ONLY

WAGES OR SALARY PARTICULARS

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

				AMOUNT		TOTAL AMOUNT		Code
				€	c	€	c	
(a)	TOTAL GROSS AMOUNT EARNED							551
(b)	INCLUDING DEDUCTIONS MADE AT SOURCE			YES	NO			
	Income tax	1	2					593
	Social insurance contribution (incl. levies)	1	2					594
	Superannuation or pension contribution	1	2					500
	Trade union dues or subscriptions	1	2					518
	Life assurance premiums	1	2					
	VHI/BUPA insurance	1	2					499
	Mortgage repayments	1	2					
	Regular savings (e.g. instalment savings)	1	2					542
	PRSA	1	2					A32
	Credit union (specify loan, saving or budget)	1	2					A50
	Income Continuance Plan	1	2					A31
	Other deductions (specify below)	1	2					F67
							
							
(c)	NET "TAKE-HOME" AMOUNT							
(d)	How long a period do these particulars cover?			Period	.....		
(e)	How many actual hours a week (excluding meal intervals) did you work during this period?			Hours	.....			060 1
(f)	Did the above wage/salary include a refund of business expenses (e.g. travel, subsistence, etc.) or an allowance for motoring from your employer?			YES	.....1			
				NO	.....2			
	If YES, specify			€	.....		
			€			
(g)	Did you refund a sickness payment from the Department of Social Community and Family Affairs to your employer to obtain this amount?			YES	.....1			
				NO	.....2			
	IF YES, specify type of payment and amount refunded by you			€	.....		

(ii) IF SALARIED EMPLOYEE (if amounts in 7(i) not available) enter gross annual salary and the annual amounts of as many deductions as possible for completeness sake. Exclude motoring and other business allowances or refunds.

Annual Gross Salary	€	Annual Deductions	€	Other Annual Deductions	€
Basic	.....	Income Tax	.....		.....
Additions (child allowances etc.)	.....	PRSI	.....		.....
		Pension	.....		.....
Total	.....	VHI/BUPA	.....		.....

USUAL WAGE OR SALARY (retired, unemployed or employee)

8. Do you usually receive the gross wage or salary recorded at Q7 (a) above? YES 1, ASK Q.9
NO 2

IF NO (a) what gross amount do you usually receive? →
(b) how long a period would this cover? Period

915

OCCASIONAL ADDITIONS TO WAGE OR SALARY

9. Do you ever receive occasional additions to your wage or salary such as Overtime, Christmas, holiday or quarterly bonuses, profit sharing bonuses, commissions, etc. *not included* at question 7 or 8? YES 1
NO 2 ASK Q. 10

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

Description of Payments	AMOUNT		Was this paid?	
	€	c	Before Tax?	After Tax?
(a) Overtime			1	2
(b) Commission			1	2
(c) Bonuses			1	2
(d) Profit sharing			1	2
(e) Stock options (if exercised)			1	2
(f) Allowance for working in remote locations (only taxable)			1	2
(g) Holiday pay or allowance			1	2
(h) Extra weeks or monthly salary at end of the year			1	2
(i) Other payments e.g. tips			1	2

TOTAL AMOUNT		Code
€	c	
		552 8

BENEFITS IN-KIND FROM EMPLOYER

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

- | | | | |
|------------------------------------|-----|----|---|
| | YES | NO | |
| (a) FREE Luncheon Vouchers | 1 | 2 | } IF YES, specify quantities and values of each received in last 7 days |
| " Meals (e.g. lunches, dinners) | 1 | 2 | |
| " Food (e.g. milk, eggs, potatoes) | 1 | 2 | |
| " Fuel (e.g. turf) | 1 | 2 | |

Description of Benefit	Quantity or No.	Value	
		€	c

		571 1
--	--	-------

(b) Company Car

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

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

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

(c) Expenses paid as a perk of job

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

- | | Yes | No | Annual Amount |
|--|--------------------------|--------------------------|---------------|
| - Health Insurance (e.g. VHI, BUPA) | <input type="checkbox"/> | <input type="checkbox"/> | → |
| - Life Assurance | <input type="checkbox"/> | <input type="checkbox"/> | → |
| - Childrens School Fees/3rd Level College Fees | <input type="checkbox"/> | <input type="checkbox"/> | → |
| - Club Subscriptions (specify type of club) | <input type="checkbox"/> | <input type="checkbox"/> | → |
| - Employee Pension Contribution | <input type="checkbox"/> | <input type="checkbox"/> | → |
| - Mobile Phone | <input type="checkbox"/> | <input type="checkbox"/> | → |
| - Income Continuance | <input type="checkbox"/> | <input type="checkbox"/> | → |
| - PRSA | <input type="checkbox"/> | <input type="checkbox"/> | → |

		869
		870 8
		871 8
		872 8
		873 8
		A35 8
		A33 8
		A34 8
		A13 8

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

11. (a) How much was your total *net** income or profit from your business or profession *before Tax* for the most recent 12 months for which you can give a figure?
**net of business expenses and salaries wages paid to others*

- Income → []
- Year ending.....
- NOW ASK Q.12
- Don't know (✓).....

IF DON'T KNOW

(b) Do you draw *regular* sums of money from the business for your *own personal use*?
 YES.....1
 NO2, ASK (d)

IF YES

- (i) how much do you *usually* draw out? Amount €
- (ii) how often on *average* do you do this? Frequency.....
- (iii) *after* deducting these personal withdrawals how much was your *net** income or profit before tax for the **most recent 12 months** for which you can give a figure?
 Income €
 Year ending
- Don't know (✓)

(c) Apart from drawings do you receive any other income from this business for personal use?
 Yes 1 No 2 Ask Q.12

IF YES

On average on an annual basis, how much is it? Amount €

IF NO OR DON'T KNOW

(d) what was the *total turnover* of the business during the **most recent 12 months** for which you can give a figure?
 Income €
 Year ending
- Don't know (✓)
 (NOW ASK Q.12)

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

IF IN PARTNERSHIP has your partner's share been included in the figure given above?
 YES.....1
 NO.....2

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

REGULAR SUBSIDIARY JOB - IF YES AT Q.6(b) (Office Use)

13. (a) IF AN EMPLOYEE, enter details at LEFT HAND margin of Q.7-10
 (b) IF SELF-EMPLOYED, enter details at LEFT HAND margin of Q.11 & 12

AMOUNT		Code
€	c	
.....	553 8
.....	554 8
.....	555
.....	556
.....	557 8
.....	558 8

GENERAL HEALTH

14. Do you have any of the following long-lasting conditions?
(If refused to answer, please tick (✓))
- | | Yes | No |
|--|-----|----|
| (a) Blindness, deafness or a severe vision or hearing impairment? | 1 | 7 |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying? | 2 | 7 |
| (c) A learning or intellectual disability? | 3 | 7 |
| (d) A psychological or emotional condition? | 4 | 7 |
| (e) Other, including any chronic illness? | 5 | 7 |

15. If 'YES' to any of the conditions specified in question 14, do you have any difficulty in doing any of the following activities?
- | | Yes | No |
|--|-----|----|
| (a) Learning, remembering or concentrating? | 1 | 7 |
| (b) Dressing, bathing or getting around inside the home? | 2 | 7 |
| (c) Going outside the home alone to shop or visit a doctor's surgery? | 3 | 7 |
| (d) Working at a job or business or attending school or college? | 4 | 7 |
| (e) Participating in other activities, for example leisure or using transport? | 5 | 7 |

AMOUNT		Code
€	c	
.....	A82
.....	A83

OTHER RECEIPTS AND BENEFITS

LONG TERM SOCIAL WELFARE RECEIPTS

16. Are you currently receiving any of the following benefits or receipts? IF YES, ENTER AMOUNTS BEING RECEIVED →

(a) STATE WELFARE BENEFITS

<i>Old Age</i>	YES	NO
	(i) Pre-retirement allowance	1	2
(ii) Old age pension (66 years and over)	1	2
(iii) Retirement pension (65-66 years)	1	2

CONTRIBUTORY		PERIOD
YES	NO	
8	9	

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

Cont/d.....

LONG TERM RECEIPTS (contd.)

	YES	NO	Contributory?		Period	AMOUNT		Code
			Yes	No		€	c	
Illness								
(iv) Invalidity pension (i.e. permanent incapacity for work due to illness)	1	2			.....	.....	.....	850
(v) Disablement benefit (i.e. long-term incapacity for work due to occupational injury/illness)	1	2			.....	.....	.....	851
(vi) Blind pension	1	2			.....	.....	.....	854
(vii) Disability Allowance (Previously disabled person's maintenance allowance)	1	2			.....	.....	.....	859
(viii) Carers allowance	1	2			.....	.....	.....	864
(ix) Carers Benefit	1	2			.....	.....	.....	A38
Single Parent, Widow etc.								
(x) Widow's/widower's pension	1	2	0	1	.....	.....	.....	58
(xi) Deserted wife's benefit/allowance	1	2	7	8	.....	.....	.....	85
(xii) One parent family payment	1	2			.....	.....	.....	853 1
Other								
(xiii) Orphan's pension non contributory	1	2			.....	.....	.....	A36
(xiv) Orphan's allowance contributory	1	2			.....	.....	.....	A37
(xv) Child benefit (formerly children's allowance)	1	2			.....	.....	.....	576
(xvi) Rent allowance (i.e. tenants affected by 1982 decontrol of rents)	1	2			.....	.....	.....	856
(xvii) Rent allowance from CWO/Health Board	1	2			.....	.....	.....	A43
(xviii) Other regular long term State benefits	1	2			.....	.....	.....	582
(xix) Other benefits (not necessarily state) (e.g. injury benefit)	1	2			.....	.....	.....	A40

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

	YES	NO	Gross Amount	Tax	PRSI	Health Levy	Period			
(i) from state employment	1	2	€ .....	€ .....	€ .....	€ .....	.....	.....	.....	559
(ii) from other employment	1	2	€ .....	€ .....	€ .....	€ .....	.....	.....	.....	560

	YES	NO	Last Amount	Period	Pre-tax	Post-tax	Net			
(c) ANNUITIES	1	2	€ .....	.....	1	2	€ .....	.....	.....	568
(d) TRUSTS OR COVENANTS	1	2	€ .....	.....	1	2	€ .....	.....	.....	568

	YES	NO	Period		
(e) OTHER REGULAR RECEIPTS AND BENEFITS					
(i) Military service pensions (Irish or foreign)	1	2	.....	.....	.....
(ii) Regular allowance from somebody outside the house (e.g. friend, relative)	1	2	.....	.....	574
(iii) Others - specify below (e.g. maintenance from a separated spouse, foster child allowance etc)	1	2	.....	.....	.....
.....		
.....		
.....		

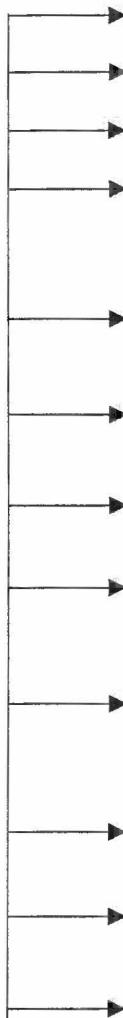
OTHER REGULAR SHORT TERM BENEFITS RECEIVED IN LAST 12 MONTHS

17. Did you receive any of the following receipts during the past 12 months?

YES

NO

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



AMOUNT

€

c

Code

Unemployment

(i)	Unemployment benefit	Y	N
(ii)	Unemployment assistance	Y	N
(iii)	Back to work allowance	Y	N
(iv)	Back to work enterprise scheme	Y	N

Illness

(v)	Disability benefit (i.e. incapacity to work because of illness)	Y	N
(vi)	Injury benefit (i.e. incapacity to work because of occupational injury)	Y	N
(vii)	Private Insurance payment while out of work due to illness	Y	N

Income Supplement

(viii)	Family income supplement	Y	N
(ix)	Supplementary welfare allowance (basic rate; see Q.47 for supplement)	Y	N

Other

(x)	Trade Union strike/sick pay	Y	N
(xi)	Back to education allowance	Y	N
(xii)	Other regular short term receipts (e.g. maternity benefit, private insurance, Health and safety Benefit and adoptive benefit)	Y	N

Describe benefit

IF YES, TO ANY, enter the following details

ALL OTHER INCOME

INTEREST AND DIVIDENDS

18. Do you have money invested in

	YES	NO
Stocks and shares?	1	2
Government loans?	1	2
Building Societies (Irish Nationwide, EBS etc)?	1	2
Credit Union?	1	2
Deposit/Savings Accounts		
- Banks (AIB, BOI, Permanent TSB etc)?	1	2
- Post Office	1	2
- SSIA?	1	2
Other (e.g. unit trusts)?	1	2

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

Description of Interest or Dividend

Amount received in last 12 months
Foreign
(indicate currency)Domestic
€

Was this paid?

Before Tax?

After Tax?

.....	1	2
.....	1	2
.....	1	2
.....	1	2

X60 1

X61 1

X62 1

A65 1

X63 1

X65 1

A45 1

X66 1

LUMP-SUM PAYMENTS

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

- Widowed Parent grant 1 2
- Bereavement grant 1 2
- Retirement gratuity 1 2
- Redundancy lump sum payment 1 2
- IF YES, no. of years with firm

IF YES, how much did you receive _____

INCOME FROM PROPERTY

20. Do you receive any income from the rental of land or property (excluding any part of this accommodation let or sublet?) YES.....1 NO.....2, ASK Q.21

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

OCCASIONAL WORK

21. Did you at any time during the past 12 months earn additional income from temporary or occasional employment (e.g. babysitting grinds, occasional work)? YES.....1 NO.....2 ASK Q.22

IF YES, give the following details for each

Description of Work	Date work took place	Approximate Duration	Income profit or fees
.....	€.....
.....	€.....
.....	€.....

INCOME OF DEPENDENTS (IF ANY) UNDER 15 YEARS

22. If you have dependents under 15 years

YES NO

(i) do they receive a regular allowance from outside the household? 1 2

(ii) did they earn money outside the household in last 2 months? 1 2
 (e.g. babysitting, other part-time jobs, etc.)

IF YES, give the following details for each child

Person No.	Source of Income	Approx. income in last 2 months
.....	€.....
.....	€.....
.....	€.....

TO ALL RESPONDENTS

DIRECT SOCIAL INSURANCE OR HEALTH CONTRIBUTIONS

23. Do you make any direct social insurance or health payments (i.e. not deducted by employer)? YES.....1 NO.....2, ASK Q.24

IF YES, (a) how much did you pay (directly)? _____
 Social Insurance
 Health Contribution

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

AMOUNT		Code
€	c	
.....	A29 1
.....	F72 8
.....	A66 1
.....	090 1
.....	070 1
.....	565 8
.....	F74 8
.....	574 8
.....	574 5
.....	594
.....	865

DIRECT INCOME TAX/CAPITAL GAINS TAX

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

YES.....1
NO.....2, ASK Q.25

IF YES, give details below

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

DIRECT INCOME TAX REFUNDS

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

YES.....1
NO.....2, ASK Q.26

IF YES, how much was refunded

Reason

REGULAR PERSONAL PAYMENTS

(Ask all questions)

MOBILE PHONE

26. (a) Do you own or have the use of a mobile phone?

Yes.....1 No.....2, Ask Q.27
 Bill pay Pay as you go

If YES, please give the following details

Purchase price (if in last 12 months)	Cost of calls (last bill/top up)		Insurance cover		If yes, indicate amount	
	€	€/c	Yes	No	€/c	Period
.....	1	2	.....	.....
.....	1	2	.....	.....
.....	1	2	.....	.....

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

IF YES (i) Please indicate type of charge
 (ii) how much did you pay?

LICENCES/PASSPORT

27. Have you renewed or bought any of the following *during the past 12 months*?

YES NO

Television licence	1	2
Full driving licence 3 years <input type="checkbox"/> 10 years <input type="checkbox"/>	1	2
Provisional driving licence	1	2
Dog licence	1	2
Fishing licence	1	2
Shooting licence	1	2
Passport	1	2
Others - (Specify).....	1	2

IF YES
enter payments
in last 12 months

OWNERSHIP AND USE OF MOTOR VEHICLES

28. Do you *currently*:

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

Yes	No	Motor	
		Car/Van	Cycle
Y	N	2	5
Y	N	3	6
Y	N	4	7
Total No. →		No.	No.

AMOUNT		Code
€	c	
.....	593 8
.....	071 8
.....	X80 1
.....	A74
.....	374
.....	X40 1
.....	377
.....	375
.....	A11
.....	520 8
.....	521 8
.....	522 8
.....	522 8
.....	522 8
.....	522 8
.....	394 8
.....	522 8
.....	07 1
.....	07 1
.....	07 1

MOTOR TAX, INSURANCE AND NCT

29. How much did you pay during the past 12 months for?
- Motor Tax 5
 - Comprehensive Insurance 8
 - Other motor insurance 9
 - NCT

Motor	
Car/Van	Cycle
€	€
.....
.....
.....
.....

AMOUNT		Code
€	c	
.....	45
.....	45
.....	07 1
.....	633
.....	874
.....	81 8
.....	82 8
.....	827 8
.....	828 8
.....	X67 1
.....	X68 1
.....	464
.....	081 1
.....	916
.....	917
.....	918
.....	919
.....

MOTOR INSURANCE CLAIMS

30. Did you receive payments from an Insurance Company during the last 12 months from a claim on a motor insurance policy (arising from an accident in a private capacity, not at work)?

YES
 NO

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

PURCHASE OF MOTOR VEHICLE

31. Did you purchase or sell a motor vehicle (used for private purposes) during the past 12 months (including purchase by HP, Credit Sale or financial lease)?

YES
 NO

IF YES, please give the following details
(a) MOTOR VEHICLE PURCHASED

- (i) Month and year acquired...../.....

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

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

(b) MOTOR VEHICLE SOLD

- (i) Trade-in value against list price allowed on old vehicle →
or
(ii) Cash received for old vehicle if not traded in →

ANNUAL MILEAGE (motor car/van only)

32. Enter approximate mileage in last 12 months
- Total annual mileage
 - Of which - business mileage

REGULAR PARKING/GARAGING EXPENSES

33. Do you rent a garage, parking space or regularly pay a fixed fee to park your car?
YES.....1
NO.....2

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

BUSINESS AND RECOVERABLE MOTORING EXPENSES

34. Are any of your motoring expenses:

- A. to be (or have been) claimed as expenses for income tax purposes (if self-employed)? YES.....1 NO.....2
- B. paid directly or refunded (wholly or partly) as business expenses by your employer? YES.....1 NO.....2
- C. paid directly or refunded (wholly or partly) by anybody else outside the household (e.g. relative)? YES.....1 NO.....2

Code A, B or C	% or Amount
.....
.....
.....
.....
.....
.....
.....

IF YES, enter the following details → Period

SEASON TICKETS

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

- Bus 1 2
- School Transport Cost(under 19) 1 2
- Train 1 2
- Bus & Train (combined) 1 2
- DART 1 2
- Bus & DART (combined) 1 2
- Luas 1 2
- Sporting/Recreational 1 2
- Other 1 2

IF YES, give the following details

Description of Season Ticket	Period	ENTER COST
.....	→
.....	→
.....	→

AMOUNT		Code
€	c	
.....
.....
.....

INSURANCE/ASSURANCE POLICIES

36. Do you pay premiums on any of these policies?

- | | | |
|--------------------------------------|------------|-----------|
| | YES | NO |
| <input type="checkbox"/> Whole life | 1 | N |
| <input type="checkbox"/> Endowment | 2 | N |
| <input type="checkbox"/> Educational | 3 | N |
| <input type="checkbox"/> Investment | 4 | N |

IF YES, give the following details

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

OTHER INSURANCE

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

- | | | |
|---|----|---|
| <input type="checkbox"/> Health (e.g. VHI/BUPA) | 5 | N |
| <input type="checkbox"/> Accident | 6 | N |
| <input type="checkbox"/> Bicycle | 7 | N |
| <input type="checkbox"/> Jewellery | 8 | N |
| <input type="checkbox"/> PRSA | 9 | N |
| <input type="checkbox"/> Other | 10 | N |

IF YES, give the following details

Type of Policy	Amount of Premium	Period	Deducted from Salary	Standing Order/ Direct Debit	Collected by Co. Official	Paid directly by you
.....	€.....	1	2	3	4
.....	€.....	1	2	3	4
.....	€.....	1	2	3	4

EXCLUDE - motor, house, phone and life insurance policies.

EDUCATION AND TRAINING EXPENSES

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

- | | | |
|--|------------|-----------|
| | YES | NO |
| (a) Fees for full time playschool, primary, secondary day/boarding, vocational or 3rd level education | 1 | 2 |
| (b) Voluntary subscriptions (incl. payments for games, languages etc.) | 1 | 2 |
| (c) Maintenance* of students receiving 3rd level education away from home | 1 | 2 |
| (d) Fees for part-time day, evening or correspondence courses or other tuition or training (dancing, driving, music, golf, etc. lessons and grinds). | 1 | 2 |

IF YES TO ANY GIVE AMOUNTS PAID IN LAST 12 MONTHS

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

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

REGULAR LOAN REPAYMENTS

39. Are you currently making regular instalment loan repayments on:
(a) Formal agreements to purchase particular items (eg Hire Purchase, Credit Sale or financial leasing agreements) YES.....1 NO.....2

IF YES, give the following particulars and enter regular instalment repayment

Table with 6 columns: Description of Article, *Approximate Cash Price, 1 = New 2 = 2nd Hand, Date Acquired, Down Payment if in last 3 months (€ c), Instalment frequency. Includes a note: *In the case of cars give the List Price here

(b) Ordinary Loans (exclude mortgage and bank overdraft) YES.....1 NO.....2

IF YES, give the following particulars and enter regular repayment

Table with 3 columns: Description of Loan (E.g. bank (term loan), employer, Credit union), Purpose (i.e. item bought), Repayment frequency

CREDIT CLUB, BUDGET ACCOUNT AND SIMILAR SCHEMES (include Credit Union Budget Account)

40. Are you currently paying regular instalments with YES NO IF YES, enter Frequency Amount
(a) Clothing Clubs/budget accounts 1 2 €
(b) Other clubs/budget accounts 1 2 €
(c) Other similar scheme (specify) 1 2 €

IF YES TO ANY, enter particulars of instalments above and also give the following particulars for any article acquired through those schemes in LAST MONTH.

Table with 2 columns: Description of Purchase, Date acquired. Includes a label: ENTER CASH PRICE

BANK CURRENT ACCOUNTS AND CREDIT CARDS

41. (a) Do you have a "current" account? (i.e. with a cheque book facility) YES NO 1 2
(b) Do you pay for anything by a Standing Order and/or Direct Debit? YES.....1 specify below NO 2

Table with 4 columns: Description of Payment, Already Covered? (YES NO), Amount (€ c), Period

(c) In the past 12 months how much did you pay (% for business purposes = %) Bank charges Interest on overdraft

(d) Do you have a Credit Card? YES NO 1 2 ask (e)

IF YES, please indicate number of accounts in each of the following:

1-Visa 2-Access 3-American Express 4-Other

IF YES, Did you pay interest in last account settlement? YES.....1 NO.....2

IF INTEREST PAID (i) how much was paid? (ii) settlement period Period.....

(e) Do you have an ATM card/Laser card? YES NO 1 2

IF YES, how many ATM or Laser cards do you have in your own name?

Main vertical table with columns: AMOUNT (€ c), Code. Contains rows for various categories like 92, 540, 541, 541, 541, 080 1, 528 8, 528-8, A68 1, A75 1, A76 1, A77 1, 920, X99 1, A69 1.

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

44. Did you pay your own or the cost of any other person's stay in hospital during last 12 months?
 YES.....1 for Per. No.
 NO.....2

IF YES (i) How much did it cost

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

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

Public hospital(s)
 Private hospital(s)

AMOUNT		Code
€	c	
		054 8
		499 8
		592 8
		497 8
		X71 8
		X72 8

Drug Payment Scheme/Refund of Medical Expenses

45. Did you purchase any prescribed medicines under the Drugs Payment Scheme in the past month?
 YES.....1
 NO.....2

IF YES, what was the estimated overall cost of these medicines? →

46. Did you receive or did VHI/BUPA/Other during the past 12 months pay directly or refund out-patient expenses (e.g. G.P./specialist fees, drugs, X-rays, tests, etc)?
 YES.....1
 NO.....2

IF YES, how much was refunded or received? →

		701 4
		702 8

SUPPLEMENTARY WELFARE ASSISTANCE

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

47. During the last 12 months have you received any of the following welfare benefits provided by the Department of Social, Community and Family Affairs, or CWO/Health Board →

	YES	NO		
(i) Bottled gas allowance (instead of electricity where no ESB supply)	1	2		925 8
(ii) Back to school clothing and footwear allowance	1	2		926 8
(iii) Rent and mortgage interest supplement	1	2		930 8
(iv) Special once-off payments from Community Welfare Officer to meet exceptional needs	1	2		927 8
(v) Fuel Allowance (National Fuel Scheme)	1	2		A48 8
(vi) Smokeless Fuel Allowance	1	2		A54 8
(vii) Supplements for special heating or dietary needs	1	2		A49 8
(viii) Travel Supplement	1	2		A51 8
(ix) Creche Supplement	1	2		A52 8
(x) Payments to meet urgent needs	1	2		A53 8
(xi) Only if you consider it safe to do so (i.e. that it will not cause undue insult) and that it is relevant to the household you can ask:- Are you receiving payments from a charitable Organisation (e.g. SVDP) regularly to make ends meet?	1	2		

IF YES please state amount and period

Amount € Period

		574
--	--	-----

HOLIDAY EXPENSES (INCLUDE -holidays, visits to relatives, etc. - EXCLUDE - business trips and expenses)

48. Did you (on behalf of yourself or others) pay the cost of any holidays, of at least 4 nights duration away from home during the past 12 months?
 YES.....1
 NO.....2

IF YES, please state:-

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

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

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

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

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

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

		706 1
		707 1
		708 1
		709 1
		710 8
		711 8
		931 8
		X82 8
		833 8
		X83 8
		834 8
		X84 8
		835 8
		X85 8
		836 8

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