

Household Questionnaire (H.B.1)

PERSONAL NUMBER	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	
	Initials or Name		(e.g. wife, husband, brother, sister, son, daughter, father, mother, boarder, visitor, etc.)	Office Use	Code 1 = male 2 = female	Age last birthday (0 = under 1 year)	Code 1-6 as shown below	Number of nights (enter 0 if none) spent during last 12 months in	
					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)

Q.11 Has any member a normally resident unmarried son or daughter receiving full time 3rd level education away from home?
 If YESY ask Q.1-4 and Q.9(b) for each
 If NON ask Q.12 on next page

X1	.....		
X2	.....		
X3	.....		

(7-8) (11) (12) (13-14)

MARITAL STATUS CODES (Q.5)

Married

- Both spouses present
- One temporarily away (why?)
.....
- One permanently away (i.e. separated, divorced, etc.)
- Widow

Single

- 15 years and over
- Under 15 years

ALL OWNED PRIVATE ACCOMMODATION
(coded 1 – 2 at Q. 15)

Amount		Code
£	p	
		901 8
		010 1
		903 1
		368
		36
		904
		929 8
		905 8
		501
		370

HOUSE PURCHASE GRANT

20. Did you purchase (outright or with mortgage) this accommodation during the past 12 months
 Yes Y No N
 IF YES, did you get a State grant as a first time purchaser of a new dwelling:
 Y N **IF YES, enter amount** →

ACCOMMODATION OWNED WITH MORTGAGE ONLY
(coded 2 – 3 at Q. 15)

MORTGAGE PAYMENTS

21. (a) From whom did you get the loan or mortgage to purchase this accommodation?
 Building Society 1
 Local Authority 2
 Insurance Company 3
 Bank 4
 Housing Finance Agency 5
 Other (specify) 6

(b) What was the original amount of the mortgage? →

(c) How much are your present regular mortgage repayments
 Interest only
 Principal & Interest combined
of which – interest element (if at all possible)

Confirm (/) these repayments exclude
 – mortgage protection premiums (Q. 24)
 – house insurance premiums (Q. 26)

(d) How long a period does this cover? Period

(e) IF INTEREST REPAYMENT ONLY, is there an endowment policy covering the principal
 YES Y
 NO N
 IF NO, specify how the principal is repaid

(f) How much (approx.) of the principal still remains outstanding

MORTGAGE ALLOWANCE (Local Authority)

22. Did you receive a mortgage allowance in last 12 months
 YES Y
 NO N
 IF YES, specify the amount received →

MORTGAGE REPAYMENT CONCESSIONS

23. Did you get this mortgage from your employer (e.g. bank and insurance officials)
 YES Y
 NO N ASK Q. 24
 IF YES, do you receive any concessions in repaying it?
 YES Y
 NO N ASK Q. 24
 IF YES (a) actual interest rate charged
 (b) value of this concession in past year →

MORTGAGE PROTECTION POLICY

24. Do you pay premiums on a mortgage protection policy?
 YES Y
 NO N ASK Q. 25
 IF YES (a) are they included at 21(c)
 YES Y
 NO N
 (b) how much do you pay? →
 (c) how long a period does this cover? Period

SUBSIDIARY HOUSE LOAN

25. Are you currently repaying any subsidiary loan used to purchase this accommodation?
 YES Y
 NO N ASK Q. 26
 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)

Code £ entries if records
S – seen by Interviewer
C – consulted by respondent
N – not consulted
E – estimated

Amount		Code
£	p	

HOUSE INSURANCE

26. Do you have the structure and contents of this accommodation insured? YES Y
NO N ASK Q. 27

Type of Policy YES NO Period No. in year Premium Paid

IF YES, specify last premiums paid

- Structure (separately) Y N £
- Contents " Y N £
- Joint policy Y N £

Insured value of house = £

Are these insurance payments included at 21(c) YES
NO

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.

27. Did you receive any payment during last 12 months in claims made under these policies (/) YES NO

IF YES, specify

- payment for contents 867 8
- payment for structure 868 8
- Total payment £

GAS AND ELECTRICITY

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

	Gas		Electricity		Code
	0	3	0	1	
29. IF SLOT METER, did you get a rebate when the meter was cleared the last time	1	2	2	3	011 1
IF YES (i) how much was the rebate received	Y	N	Y	N	012
(ii) how long a period did it cover					013
IF ACCOUNT METER <input type="checkbox"/> paid directly <input type="checkbox"/> ESB budget scheme					756
30. (a) How much was your last bill?					341
(b) What quantity did this cover					
(c) How long a period did it cover?					342
(d) Did it include a charge for maintenance or repairs	Y	N	Y	N	757
IF YES, how much was it?					408
(e) Did it include HP repayments?	Y	N	Y	N	
IF YES, how much was it? (this amount must be itemised on the appropriate HB.2)					

TELEPHONE

31. (a) Do you have a fixed telephone in (your part of) this accommodation

	YES		NO	Code
	Non Coin Box	Coin Box		
(i) for your own household's use only?	1	4	N	014 1
(ii) shared with another household?	2	5	N	
(b) Does your household share the use of a telephone in another household?	3	6	N	X80 1
(c) Do you have an Eircell phone?	1		2	

IF YES, TO ANY NON-COIN CATEGORY

- (i) how much was (your share of) the last bill? 513
- (ii) how long a period did it cover? Period /contd. over
- (iii) did it include a connection fee? YES NO ; if yes state amount YES 1 NO 2

(d) Do you receive a free telephone rental from the Department of Social Welfare

Telephone Cont./

- (e) did you make any of the following payments during past 12 months
- Booking deposit YES 1 NO 2
 - Installation fee 1 2
 - Reconnection fee 1 2
 - Additional service 1 2

IF YES TO ANY, enter total payments made →

NOTE - if no bill received or payment less than the two monthly rental, explain

Amount		Code
£	p	
.....	761

RECREATIONAL EQUIPMENT

32. (a) Do you have a TV or Video Recorder in (your part of) this accommodation?
- Video Recorder Type (/) 1st 2nd 3rd
- Ordinary →
- Portable →
- YES Y Y Y Y
- NO 1 1 1 1
- (1) IF YES, what type is it and is it
- Owned 2 Colour 2 B/W 4
 - Rented 3 3 5
- IF RENTED
- (i) how much do you pay?
- Video Recorder
 - Television
 - Combined rental
- (ii) how long a period does this cover? Period YES NO
- (2) Do you subscribe to a communal TV piped or beamed aerial system or have access to satellite
- YES Y Piped TV 3 N
- NO N Piped TV & Decoder 4 N
- ASK Q. 32(b) Beamed areas TV 5 N
- Satellite (decoder) 6 N
- IF YES
- (i) how much do you pay? →
- (ii) how long a period does this cover? Period
- (b) Are there any of the following appliances owned or continuously available for use?
- Stereo System (full or part) YES 1 NO 2
 - CD player (on its own or part of a stereo system) 1 2
 - Camcorder/Palmcorder 1 2
 - Satellite dish 1 2
 - Home computer for: -
 - recreational purposes 1
 - business/professional purposes 2 } 3

.....	.....	X12 1
.....	.....	015 1
.....	.....	033 1
.....	.....	X13 1
.....	.....	790
.....	.....	519
.....	.....	791
.....	.....	X7 1
.....	.....	806
.....	.....	X16 1
.....	.....	X77 1
.....	.....	X78 1
.....	.....	X79 1
.....	.....	X17 1

HIRED DOMESTIC HELP

33. Does your household regularly employ domestic help (e.g. a housekeeper, daily/weekly help, child minder, au-pair, gardener, etc.)
- YES Y
- NO N

IF YES, give the following details

Description of Hired Help (if part-time, specify no. of days/weeks)	Resident		Total Wages Paid*	Social Insurance Contribution by Hld.	Period
	YES	NO			
.....	Y	N	£ .....	£ .....	.....
.....	Y	N	£ .....	£ .....	.....
.....	Y	N	£ .....	£ .....	.....

n. res.	.....	510
res.	.....	801
other	.....	802
house	.....	829
creche	.....	830

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

Do you pay for the care of your children in another house or creche Yes No

Amount Period

house _____

creche _____

EDUCATIONAL GRANTS AND SCHOLARSHIPS

34. Does any member of your household currently YES NO
 hold an educational grant/scholarship Y N
 pay no/reduced fees because parent is Y N
 teacher/lecturer?

IF YES, give following details

Recipient Per. No.	Type of Grant or Scholarship (or no/reduced fees)	Source/Reason/Course	Annual Value*	
			Fees	Maintenance
.....
.....
.....

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

Amount		Code
£	p	
.....	
.....	
.....	

SCHOOL MEALS

35. Were any school children in this household provided with milk, meals or snacks at day school during the past 7 days? YES Y
NO N ASK Q. 36

IF YES, give the following details

Description of Meal/Snack	Number	Free?		Amount paid if not free (and period)
		YES	NO	
Milk	Y	N	£
Meals/Snacks	Y	N	£

.....	.....	720 1
.....	.....	78 1

FREE HEALTH BOARD HOME SERVICES

36. Is the household currently receiving YES NO IF YES, enter
 Free milk for expectant or recent mother/infant? Y N Pints per week →
 Free domestic help† Y N Hours per week →
 Free home nursing? Y N Visits per week →
 († financial assistance entered at Q. 14 HB.2)

.....	.....	X18 1
.....	.....	X19 1
.....	.....	X20 1

HOUSEHOLD APPLIANCES

37. Are any of the following appliances owned or continuously available for use in this accommodation? YES NO

Vacuum cleaner	1	2	..	..	..	..	.....	027 1
Spin dryer (separate)	1	2	..	..	..	..	.....	028 1
Washing machine	1	2	..	..	..	..	.....	016 1
Dishwasher	1	2	..	..	..	..	.....	017 1
Refrigerator (separate)	1	2	..	..	..	..	.....	018 1
Deep freeze (separate)	1	2	..	..	..	..	.....	019 1
Refrigerator with Freeze (2 separate doors)	1	2	..	..	..	..	.....	X21 1
Micro-wave oven	1	2	..	..	..	..	.....	X22 1

.....	.....	027 1
.....	.....	028 1
.....	.....	016 1
.....	.....	017 1
.....	.....	018 1
.....	.....	019 1
.....	.....	X21 1
.....	.....	X22 1

BUSINESS, RECOVERABLE AND SHARED EXPENSES

41. Are any of these household expenses YES NO

- (a) to be (or have been) claimed as expenses for income tax purposes because of a business conducted at this address? Y N
- (b) paid directly or refunded (partly or wholly) by an employer as (please / if YES)
 - business expenses?
 - "perk" of the job?
- (c) paid directly or refunded (partly or wholly) by anybody else outside the household (e.g. friend, relative, etc.) as a gift? Y N

IF YES TO ANY give details

- RENT
- LOCAL AUTHORITY CHARGES
- GROUND RENT
- MORTGAGE REPAYMENTS
- HOUSE INSURANCE
- ELECTRICITY
- GAS
- TELEPHONE

Code a, b or c	Included above?		Period	Amount		Code
	Yes	No		£	p	
.....	Y	N	.....	.....	.....	907
.....	Y	N	.....	.....	.....	908
.....	Y	N	.....	.....	.....	909
.....	Y	N	.....	.....	.....	910
.....	Y	N	.....	.....	.....	911
.....	Y	N	.....	.....	.....	912
.....	Y	N	.....	.....	.....	913
.....	Y	N	.....	.....	.....	914

MAIN HEATING COOKING METHOD CODES – Q. 40(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

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

OFFICE USE		Code
Milk	.....	X29 1
Bread	.....	X30 1
Butcher	.....	X31 1
Grocery	.....	X32 1
Other	.....	X33 1
Shop	.....	X34 1
Freq.	.....	X35 1