# HOUSEHOLD BUDGET SURVEY (HBS)

**Household Questionnaire (HB.1)**

## PERSONAL NUMBER

<table>
<thead>
<tr>
<th>PERSONAL NUMBER</th>
<th>Initials or Name</th>
<th>(e.g., wife, husband, brother, sister, son, daughter, father, mother, boarder, visitor, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td></td>
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<tr>
<td>05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
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<tr>
<td>07</td>
<td></td>
<td></td>
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<tr>
<td>08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Q. 1</th>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>Q. 3</th>
<th>Q. 4</th>
<th>Q. 5</th>
<th>Q. 6</th>
<th>Q. 7</th>
<th>Q. 8</th>
<th>Q. 9</th>
<th>Q. 10</th>
</tr>
</thead>
</table>

## MARITAL STATUS CODES (Q. 5)

- **Married**
  1. Both spouses present
  2. One temporarily away (why?)
  3. One permanently away (i.e., separated, divorced, etc.)
- **Single**
  4. Widow
  5. 15 years and over
  6. Under 15 years

## EDUCATION CODES (Q.9)

- **Primary**
  1. National School
  2. Private
  3. Secondary (incl. comprehensive)
  4. Day - no fees
  5. Day - fees
  6. Vocational (VEC)
- **University**
  7. Fees
  8. Grant
  9. No Grant
  10. NO GRANT
  11. Other 3rd Level

## FEE DEDUCTION (Dental, Ophthalmic or Sural Treatment)

- **Dental**
  - Free
  - Paid
- **Ophthalmic**
  - Free
  - Paid
- **Sural Treatment**
  - Free
  - Paid

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Q. 11 Has any member a normally resident unmarried son or daughter receiving full time 3rd level education away from home? If YES, you asked Q. 1.-3 and Q. 9 for each.

If NO, you asked Q. 12 on next page.

---

X1
X2
X3

---

Appendix 7

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Ref. No. Area Hld.
Appendix 7 (contd.)

ACCOMMODATION PARTICULARS (ASK ALL)

12. (a) Is your accommodation a

- Red Setter
- Apartment/flat
- converted
- custom built - large block
- custom built - small block
- House
- detached
- semi-detached/terraced
- Other (specify)

(b) Year in which the accommodation was built
- pre - 1918
- 1918 - 1945
- 1946 - 1960
- 1961 - 1970
- 1971 - 1980
- 1981 to-date

AMENITIES

13. (a) How may rooms are there in your whole accommodation (i.e. rooms at this address which you own, rent or occupy rent free)?

EXCLUDE

- bathroom
- separate toilet
- scullery/kitchenette
- Garage used
- rooms used entirely for business
- others - specify

ENTER

- kitchen
- bedrooms
- rooms shared
- rooms let or sub-let
- rooms used partly for business

TOTAL NO. OF ROOMS

(b) Does this accommodation have

- running water (piped)?
- hot water (piped)?
- bath or shower?
- toilet (internal)?
- double glazing?
- garage - owned?
- garage - rented?
- burglar alarm?

(c) Does any household member own

- touring caravan or tent trailer?

ROOMS LET OR SUB-LET

14. (a) How much rent do you receive from your tenants?

(b) How long a period does this cover?

(c) Apart from furniture do you provide

- light, heating, etc.) for

your tenants?

IF YES, give the following details

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Only if specific charge made</th>
<th>Amount</th>
<th>Period</th>
<th>Included in rent at Q. 14 (if)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

RECORD 2

| Code £ entries (if records S - seen by interviewer C - consulted by respondent N - not consulted
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Total Pages: 238

Code 001

X01 1

X02 1

X03 1

X04 1

X05 1

X06 1

X07 1
### TENURE

15. (a) Do you own or rent this accommodation?

**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)

(b) Enter Person Number (page 1) 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
- male and eldest if a number have joint claims

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

<table>
<thead>
<tr>
<th>OWNED</th>
<th>Q. 16 AND THEN</th>
<th>Amount</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outright</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With mortgage</td>
<td>2</td>
<td>Q. 19</td>
<td></td>
</tr>
<tr>
<td>Tenant purchase scheme</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RENTED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Authority</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – furnished</td>
<td>5</td>
<td>Q. 17</td>
<td></td>
</tr>
<tr>
<td>Other – unfurnished</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RENT-FREE (i.e. landlord receives no rent)</td>
<td>7</td>
<td>Q. 18</td>
<td></td>
</tr>
</tbody>
</table>

16. Do you make separate regular payments to cover

**NOW ASK Q. 16 AND THEN**

<table>
<thead>
<tr>
<th>Local Authority Charges (365)</th>
<th>Ground Rent (366)</th>
<th>Service/maintenance†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td><strong>N</strong></td>
<td><strong>Y</strong></td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) how much were your last payments?

(b) what periods did they cover?

† e.g. in apartment blocks (coded 528)

**RENTED AND RENT-FREE ACCOMMODATION ONLY**

(codex 4 – 7 at Q. 15)

17. (a) How much rent did you pay for this accommodation including any rooms/garage sub-let

(b) How long a period does this cover?

(c) Does this rent include any known charges to cover services (e.g. lighting, heating, etc.)?

IF YES, give the following details

<table>
<thead>
<tr>
<th>Type of Charge</th>
<th>Only if specific charge made</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(d) Is this rent actually paid by you or any household members?

IF NO, who pays the rent?

**NOW ASK Q. 25**

18. Please indicate the circumstances whereby accommodation is received rent-free

**NOW ASK Q. 25**

### Appendix 7 (contd.)
ALL OWNED PRIVATE ACCOMMODATION
(coded 1 - 2 at Q. 5)

HOUSE PURCHASE GRANT

19. Did you purchase (outright or with mortgage) this accommodation during the past 12 months?

Yes
No

Y
N

IF YES, did you get a State grant as a:

(i) first time purchaser of a new dwelling, and/or

(ii) Local Authority tenant or tenant purchaser (who surrendered possession of a Local Authority dwelling)

Yes
No

Y
N


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

MORTGAGE PAYMENTS

20. (a) From whom did you get the loan or mortgage to purchase this accommodation?

Building Society
Local Authority
Insurance Company
Bank
Housing Finance Agency
Other (specify)

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

(c) How much are your present regular mortgage repayments?

Confirm (?) these repayments exclude

mortgage protection premiums (Q. 23)
house insurance premiums (Q. 25)

(d) How long a period does this cover?

(e) IF INTEREST REPAYMENT ONLY, is there an endowment policy covering the principal

NO

IF YES, specify the amount received

MORTGAGE SUBSIDY

21. Did you receive a mortgage subsidy in last 12 months

Yes
No

Y
N

IF YES, specify the amount received

MORTGAGE REPAYMENT CONCESSIONS

22. Did you get this mortgage from your employer (e.g. bank and insurance officials)?

Yes
No

Y
N

IF YES, do you receive any concessions in repaying it?

(a) actual interest rate charged

(b) current market interest rate

(c) value of this concession in past year

MORTGAGE PROTECTION POLICY

23. Do you pay premiums on a mortgage protection policy?

Yes
No

Y
N

IF YES (a) how much do you pay?

(b) how long a period does this cover?

SUBSIDIARY HOUSE LOAN

24. Are you currently repaying any subsidiary loan used to purchase this accommodation?

Yes
No

Y
N

IF YES (a) how much was your last repayment?

(b) how long a period does this cover?
### ALL TYPES OF ACCOMMODATION
(ask all subsequent questions)

<table>
<thead>
<tr>
<th>HOUSE INSURANCE</th>
<th>Amount</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Do you have the structure and contents of this accommodation insured?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>£</td>
<td>371</td>
</tr>
<tr>
<td>NO</td>
<td>£</td>
<td>760</td>
</tr>
</tbody>
</table>

- **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.

<table>
<thead>
<tr>
<th>GAS AND ELECTRICITY</th>
<th>Amount</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Do you have gas or electricity supplied to (your part of) this accommodation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td>011</td>
</tr>
<tr>
<td>Slot Meter</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Account Meter</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

27. **IF SLOT METER, did you get a rebate when the meter was cleared the last time?**

- **YES**
  - (i) how much was the rebate received? £
  - (ii) how long a period did it cover? £

- **NO**

28. **IF ACCOUNT METER, paid directly ESB budget scheme**

- **YES**
  - (a) How much was your last bill? £
  - (b) What quantity did this cover? £
  - (c) How long a period did it cover? £
  - (d) Did it include a charge for maintenance or repairs? YES
  - (e) Did it include HP repayments? YES

- **NO**

29. **TELEPHONE**

- **(a) Do you have a telephone in (your part of) this accommodation?**

  - (i) for your own household’s use only? NO
  - (ii) shared with another household? NO

- **(b) Does your household share the use of a telephone in another household?**

  - **NO**

- **(c) Do you receive a free telephone rental from the Department of Social Welfare**

  - **YES**
  - **NO**

- **(d) did you make any of the following payments during past 12 months**

  - Booking deposit
  - Installation fee
  - Reconnection fee

- **IF YES TO ANY, enter total payments made**

- **NOTE:** if no bill received or is payment less than the quarterly rental, explain.
RECREATIONAL EQUIPMENT

30. (a) Do you have a TV or Video Recorder in your part of this accommodation?

IF YES

- YES
- NO

(R) What type is it and is it owned or rented?

(1) IF OWNED

- Ordinary
- Portable

(2) IF RENTED

- Video Recorder
- Television
- Combined rental

(i) how much do you pay?

(ii) how long a period does this cover?

(2) Do you subscribe to a communal TV piped or beamed aerial system

IF YES

(i) how much do you pay?

(ii) how long a period does this cover?

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

- 3-in-1 Music Center
- Stereo System (full or part)
- Home computer for:
  - recreational purposes
  - business/professional purposes

31. Does your household regularly employ domestic help (e.g. a housekeeper, daily/weekly help, child minder, gardener, etc.)?

IF YES, give the following details

<table>
<thead>
<tr>
<th>Description of Hired Help (if part-time, specify number of days/weeks)</th>
<th>Resident</th>
<th>Total Wages Paid*</th>
<th>Social Insurance Contribution by Hld.</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
</tbody>
</table>

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

EDUCATIONAL GRANTS AND SCHOLARSHIPS

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

IF YES, give the following details

<table>
<thead>
<tr>
<th>Recipient Per. No.</th>
<th>Type of Grant or Scholarship (or no/reduced fees)</th>
<th>Source/Reason</th>
<th>Annual Value*</th>
</tr>
</thead>
</table>

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

33. 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. 34

IF YES, give the following details

<table>
<thead>
<tr>
<th>Description of Meal/ Snack</th>
<th>Number</th>
<th>Free?</th>
<th>Amount paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals/ Snacks</td>
<td></td>
<td>Y N</td>
<td></td>
</tr>
</tbody>
</table>

FREE HEALTH BOARD HOME SERVICES

34. Is the household currently receiving

- Free milk for expectant or recent mother/ infant?
- Free domestic help†
- Free home nursing?

† Financial assistance entered at Q. 14, HB 2

HOUSEHOLD APPLIANCES

35. Are any of the following appliances owned or continuously available for use in this accommodation?

- Vacuum cleaner
- Spin dryer (separate)
- Washing machine
- Dishwasher
- Refrigerator (separate)
- Deep freeze (separate)
- Refrigerator with Freeze (2 separate doors)
- Micro-wave oven

MAJOR HOUSEHOLD EXPENDITURE

36. Were any of the following major expenditures incurred by the household during the past 12 months?

<table>
<thead>
<tr>
<th>Cash Purchases</th>
<th>YES NO</th>
<th>Cash Purchases</th>
<th>YES NO</th>
<th>Outside Contractors YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooker (gas/electric)</td>
<td>Y N</td>
<td>Television</td>
<td>Y N</td>
<td>Extension</td>
</tr>
<tr>
<td>Dishwasher</td>
<td>Y N</td>
<td>Video recorder</td>
<td>Y N</td>
<td>Structural repair</td>
</tr>
<tr>
<td>Washing machine</td>
<td>Y N</td>
<td>Home computer</td>
<td>Y N</td>
<td>Central heating</td>
</tr>
<tr>
<td>Clothes dryer</td>
<td>Y N</td>
<td>Stereo system</td>
<td>Y N</td>
<td>Replacement</td>
</tr>
<tr>
<td>Refrigerator (with/ without freezer)</td>
<td>Y N</td>
<td>Dining room suite</td>
<td>Y N</td>
<td>Windows</td>
</tr>
<tr>
<td>Deep freeze</td>
<td>Y N</td>
<td>Sitting room suite</td>
<td>Y N</td>
<td>Buglar alarm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Decorating</td>
</tr>
</tbody>
</table>

IF YES, enter

Description Approx. Date Cost

IF OUTSIDE CONTRACTOR, was a State grant received?

IF YES .................. Y
NO .................... N

SECOND DWELLING

37. Do you permanently maintain other accommodation for private use (i.e. not let)?

<table>
<thead>
<tr>
<th></th>
<th>YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>House Flat or Caravan/ Mobile</td>
</tr>
<tr>
<td></td>
<td>house on site</td>
</tr>
<tr>
<td></td>
<td>Ireland Abroad</td>
</tr>
<tr>
<td></td>
<td>(26 counties) where</td>
</tr>
<tr>
<td>IF YES, where is it located?</td>
<td>2 ASK Q. 16, 19 – 30</td>
</tr>
<tr>
<td>IF IN IRELAND, is it Owned 3 ASK Q. 16 - 18, 25 – 30</td>
<td></td>
</tr>
<tr>
<td>IF ABROAD, what is the total annual cost (i.e. upkeep, mortgage repayments, etc.)</td>
<td>032 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPENDIX 7 (contd.)
Appendix 7 (contd.)

HOUSEHOLD HEATING

38. (a) Has the accommodation full or partial central heating system?

39. What is the household's main method of heating? (see codes below)

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

IF YES, specify total cost and quantity

(* = 1 tonne or more for solid fuel)

BUSINESS, RECOVERABLE AND SHARED EXPENSES

39. Are any of these household expenses to be or have been claimed as expenses for income tax purposes because of a business conducted at this address?

(b) paid directly or refunded (partly or wholly) by an employer or (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?

IF YES TO ANY, give details

MAIN HEATING COOKING METHOD CODES - Q. 38(b)

SPACE HEATING METHOD

Central Heating

Oil

Back boiler (open fire)

Piped gas

LPG (e.g. color gas)

Solid fuel boiler (independent)

Electric

Solid fuel room heater (closed stove e.g. Parkay)

Dual fuel boiler

Renewable (e.g. solar)

Other system

Non Central Heating

Open fire

Solid fuel room heater (closed stove e.g. Parkay)

Solid fuel cooker

Electric - storage heater

" - other fixed appliances

Piped gas heater

LPG heater (e.g. Super Ser)

Paraffin heater

Other

None

WATER HEATING METHOD

Central heating system

Solid fuel boiler

Open fire

Stove (room heater)

Cooker (e.g. Aga)

Electric

Immersion heater

Instantaneous heater

Gas

Boiler

Instantaneous heater

Other

None

COOKING METHODS

Cooker (independent)

Electric

Piped gas

LPG (e.g. Color gas)

Solid fuel

Oil fired

Cooker/ Central heating combined

Solid fuel

Oil fired

Other (e.g. open fire)