Per

HOUSEHOLD BUDGET SURVEY

PERSONAL SCHEDULE (HB. 2)

(1)

(2-8)

| | RECOR | RD 3 | |
|------|-------|------|---|
| Ref. | Area | HId. | T |
| No. | | | T |

| MORLING AND OCCURRENCE (INFORMATION OF THE STATE INFORMATION AND OCCURRENCE (INFORMATION OF THE STATE INFORMATION O | WORKING AND OCCU | UPATIONAL STATUS (ASK | ALL) | | | | | NUNT | | |
|---|---|--|--|--|---|--------------------|----------|---------------------|-------|--|
| IN DY DOR & PURCH employee? | 1 And you at measures | | | | | | AM | | Code | |
| WORKING asking relative? 1 2 2 0.2 0.5 OUT OF WORK asking relative? 1 2 3 0.3 (working 0.0 OUT OF WORK assisting relative? 1 2 3 0.3 (working 0.0 1 OUT OF WORK assisting relative? 6 0.13 | | employee? | | | 1 | Г | £ | р | | |
| self-employed | | | | | | > Q. 2 | | | | |
| $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | | | - | Q. 5 | | | | |
| OUT OF WORK userniployed because of illness, refer. 5 2^{-3} userniployed because of illness, reference in the statution of the statu | | • | | | | 7 | | | | |
| OUT NORKING Dot intending to seek work again? | 1 | | | •• | 4 | 5 Q.3 | | | | |
| Image of a lower dutes? | OUT OF WORK | but intending to seek work again | eckness, etc. | | 5 | | | | 050_1 | |
| normalized in home daties? | L | - not yet at work? | | | 6 | Q. 13 | | | | |
| reference reference reference 0.4 NOT WORKING in full-time education? | _ | encaged in home duties? | | | 7 | 0.13 | | (full/part time) | 061 1 | |
| NOT WORKING in full-time aducation? | | 00 | | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | | | | |
| unable to work because of permanent libres or disability? | | | •• | | | ́л ^{с, т} | | | | |
| [illness or disability? | nor working | | ment | | | | | | | |
| TO ALL EMPLOYEES (coded 1 or 2 at Q. 1) 0 <td></td> <td>illness or disability?</td> <td></td> <td></td> <td> 10</td> <td>Q. 13</td> <td></td> <td></td> <td></td> | | illness or disability? | | | 10 | Q. 13 | | | | |
| 2. (a) Are you away from work at present - <i>i.e. for</i> YES YES Y MO N. ASK Q. 5 NO N. ASK Q. 5 IF YES (i) what is the reason for your absence? 1 (iii) what is the reason for your absence? 051 1 (iii) what is the reason for your approver during this absence? 1 (iii) what is the reason for your approver during this absence? 051 1 (iii) what is the reason for your approver during this absence? 1 (iii) what is a reason for your approver during this absence? 049 1 (b) How long have you been in continuous employment | L | - other (specify | | |) 11 | | | | | |
| 2. (a) Are you away from work at present - <i>i.e. for</i> YESY more than the last 3 working days? IF YES (i) how long have you been away from work? 1 - illness/accident. 2 - holidays. 3 - strike. 4 - Other (specify) (ii) what is are you receiving from your employer during this absence? 1 - full pay. 2 - part pay. 3 - no pay. (b) How long have you been in continuous employment IF LESS THAN 12 MONTHS Enter the total number of weeks employed in past 12 months Enter the total number of weeks employed in past 12 months (b) If less than a year enter former usual gross wage or salary at Q. 7. TO ALL WORKING, UNEMPLOYED (coded 4 or 5 at Q. 1) 3. (a) How long are you rectived? (b) If less than a year enter former usual wage or salary at Q. 7. ALL WORKING, UNEMPLOYED OR RETIRED (codes 1-5, 8 and 9 at Q. 1) (cotep: 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working ASK Q. 5 / h) CODES 1, 2, 3 (<i>i.e.</i> working | | | | | | | | | | |
| more than the lat 3 working days? NO NO </td <td>TO ALL EMPLOYEES</td> <td>(coded 1 or 2 at Q. 1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | TO ALL EMPLOYEES | (coded 1 or 2 at Q. 1) | | | | | | | | |
| IF YES (i) how long have you been away from work? 051 1 (ii) what is the reason for your absence? (jwerzi) 1 - illness/accident. 2 - holdays. 3 - strike. 4 - Other (specify) (iii) what yay are you receiving from your employed during this absence? 052 1 1 - full pay. 2 - part pay. 3 - no pay. (b) How long have you been in continuous employment (years) (jwerzi) IF LESS THAN 12 MONTHS (years) (jwerzi) (jwerzi) TO ALL UNEMPLOYED (coded 4 or 5 at Q. 1) (weeks) 053 1 3. (a) How long have you been out of work? (jwerzi) (jwerzi) (jwerzi) (b) If less than a year enter former usual gross wage or salary at Q. 7. (jwerzi) (jwerzi) (jwerzi) (b) If less than a year enter former usual wage or salary at Q. 7. (jwerzi) (jwerzi) (jwerzi) (jwerzi) (jwerzi) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | | | | | | | | |
| (ii) what is the reason for your absence? 1 - tillnest/accident. 2 - holidays. 3 - strike. 4 - Other (specify) (jrears) (j | | | | 1999 (1999) (1999) (1997) (199 | | | | | 051 1 | |
| 1 - illness/accident. 2 - holidays. 3 - strike. 4 - Other (specify) 052 1 (iii) what pay are you receiving from your employer during this absence? 049 1 1 - full pay. 2 - part pay. 3 - no pay. 049 1 (b) How long have you been in continuous employment | | | | | | | (years) | | | |
| 1 - full pay. 2 - part pay. 3 - no pay. (b) How long have you been in continuous employment | | | 3 - strike. | 4 - Other | (specify) | | | | 052 1 | |
| (b) How long have you been in continuous employment | | | | this absence | e? | | | | 049 1 | |
| IF LESS THAN 12 MONTHS Enter the total number of weeks employed in past 12 months (years) (years) <td colsp<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td> | <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | | |
| IF LESS INAN 12 MONTHS Enter the total number of weeks employed in past 12 months If under a year IF LESS INAN 12 MONTHS (weeks) (weeks) IF LESS INAN 12 MONTHS (weeks) (weeks) IF UP LOYED (coded 4 or 5 at Q. 1) (weeks) (weeks) 3. (a) How long have you been out of work? (weeks) (weeks) (b) If less than a year enter former usual gross wage or salary at Q. 7. (weeks) (weeks) TO ALL RETIRED (coded 8 at Q. 1) (weeks) (weeks) (weeks) 4. (a) How long are you retired? (weeks) (weeks) (weeks) (b) If less than a year enter former usual wage or salary at Q. 7. (weeks) (weeks) (weeks) ALL WORKING, UNEMPLOYED OR RETIRED (codes 1-5, 8 and 9 at Q. 1) (Codes 1, 2, 3 - present job (occup.) (occup.) 5. (a) What is/was your present/or usual princ/pal job? (occup.) (occup.) (occup.) (occup.) (Industry/business (i.e. where you work) If a Farmer (_) Main Sub | | 8 8 am | l | | | | | | X50 1 | |
| Enter the total number of weeks employed in past 12 months X31 1 TO ALL UNEMPLOYED (coded 4 or 5 at Q. 1) | | | | | | | () car a | if under | | |
| TO ALL UNEMPLOYED (coded 4 or 5 at Q. 1) | Ente | r the total number of weeks empl | oyed in past 12 | months | | | (weeks) | u your y | X51 1 | |
| 3. (a) How long have you been out of work? 053 1 (b) If less than a year enter former usual gross wage or salary at Q. 7. (years) (weeks if under is year) TO ALL RETIRED (coded 8 at Q. 1) (weeks if under is year) 055 1 4. (a) How long are you retired? (years) (weeks if under is year) 055 1 (b) If less than a year enter former usual wage or salary at Q. 7. (years) (weeks if under is year) 055 1 ALL WORKING, UNEMPLOYED OR RETIRED (codes 1-5, 8 and 9 at Q. 1) (Codes 1, 2, 3 - present job Codes 4, 5, 8 - usual job Code 9 - subsidiary job 056 1 5. (a) What is/was your present/or usual principal job? (occupation and description of work (i.e. what you do) (indus.) 058 1 Industry/business (i.e. where you work) If a Farmer (_) Main Sub Otopoet (incl. Farmers) (indus.) 058 1 (b) If presently working, do you have regular subsidiary job(s)? YES 1 059 1 059 1 (b) If presently working, do you have regular subsidiary job(s)? YES 1 NO | TO ALL UNEMPLOYE | ED (coded 4 or 5 at $O(1)$ | | | | | (, | | | |
| (b) If less than a year enter former usual gross wage or salary at Q. 7. (years) | | | | | | | | | | |
| TO ALL RETIRED (coded 8 at Q. 1) a year) 4. (a) How long are you retired? | | The second s | | | | | (years) | (weeks | 053 1 | |
| 4. (a) How long are you retired? 055 1 (b) If less than a year enter former usual wage or salary at Q. 7. (years) (year | (b) If less than a year (| enter former usual gross wage or s | alary at Q. 7. | | | | | | | |
| (b) If less than a year enter former usual wage or salary at Q. 7. (years) (| TO ALL RETIRED (co | ded 8 at Q. 1) | | | | | | | | |
| (b) If less than a year enter former usual wage or salary at Q. 7. (years) (| 4. (a) How long are you | retired? | a. | | | | | | 055 1 | |
| ALL WORKING, UNEMPLOYED OR RETIRED (codes 1-5, 8 and 9 at Q. 1) Codes 1, 2, 3 - present job a year) S. (a) What is/was your present/or usual principal job? Codes 4, 5, 8 - usual job 056 1 Occupation and description of work (i.e. what you do) | | | at 0. 7. | | | | (years) | (weeks | | |
| 5. (a) What is/was your present/or usual principal job? Codes 4, 5, 8 - usual job Code 9 - subsidiary job 056 1 0ccupation and description of work (i.e. what you do) (occup.) (occup.) Industry/business (i.e. where you work) If a Farmer (J) (J) (indus.) CODES 1, 2, 3 (i.e. working) ASK Q. 5 (b) No employees 1 CODES 4, 5, 8 (i.e. not at work) ASK Q. 13 If self-employees only 2 (b) If presently working, do you have regular subsidiary job(s)? YES 1 IF YES, give following details for each - NO NO 2. ASK Q. 6 NOW ASK Q. 6 IF EMPLOYEE X57 1 | 1-7 | | | | | | | | | |
| 5. (a) What is/was your present/or usual principal job? Codes 4, 5, 8 - usual job Code 9 - subsidiary job 056 1 0ccupation and description of work (i.e. what you do) (occup.) (occup.) Industry/business (i.e. where you work) If a Farmer (J) (J) (indus.) CODES 1, 2, 3 (i.e. working) ASK Q. 5 (b) No employees 1 CODES 4, 5, 8 (i.e. not at work) ASK Q. 13 If self-employeed (incl. Farmers) (acres) (b) If presently working, do you have regular subsidiary job(s)? YES 1 IF YES, give following details for each - NO NO X57 1 NOW ASK Q. 6 IF EMPLOYEE X57 1 | ALL WORKING, UNE | MPLOYED OR RETIRED (co | odes 1-5, 8 and | 19 at Q. 1 |) (Codes 1, 2 | , 3 - present job | | | | |
| Occupation and description of work (i.e. what you do) (occup.) Industry/business (i.e. where you work) If a Farmer (_) If a Farmer (_) If a Farmer (_) CODES 1, 2, 3 (i.e. working) ASK Q. 5 (b) CODES 4, 5, 8 (i.e. not at work) ASK Q. 13 If self-employed (incl. Farmers) (acres) No employees 1 Family employees only 2 Other employees 1 IF YES, give following details for each - NO Description of work NOW ASK NOW ASK Q. 6 IF EMPLOYEE | | | | | Codes 4, 5 | , 8 - usual job | | | 056 1 | |
| Industry/business (i.e. where you work) If a Farmer (J) Main Sub If a Farmer (J) CODES 1, 2, 3 (i.e. working) ASK Q. 5 (b) If self-employed (incl. Farmers) (indus.) CODES 4, 5, 8 (i.e. not at work) ASK Q. 13 If self-employees only 1 (b) If presently working, do you have regular subsidiary job(s)? YES 1 IF YES, give following details for each - NO NO X57 1 NOW ASK Q. 6 IF EMPLOYEE X57 1 | | | io) | | - | | | | 030 1 | |
| Industry/business (i.e. where you work) If a Farmer (_) Main Sub (3) Sub (acres) CODES 1, 2, 3 (i.e. working) ASK Q. 5 (b) If self-employed (incl. Farmers) No employees only 2 1 CODES 4, 5, 8 (i.e. not at work) ASK Q. 13 Other employees only 2 059 1 (b) If presently working, do you have regular subsidiary job(s)? YES 1 IF YES, give following details for each - NO 2. ASK Q. 6 X57 1 NOW ASK Q. 6 IF EMPLOYEE X57 1 | | | | | ************************ | | | | | |
| Industry/business (i.e. where you work) Main Sub Main Sub If a Farmer (_) If a Farmer (_) If self-employed (incl. Farmers) No employees only No employees 1 Family employees only 2 Other employees 3 (acres) 059 1 (b) If presently working, do you have regular subsidiary job(s)? YES IF YES, give following details for each - NO Description of work NOW ASK NOW ASK Q. 6 IF EMPLOYEE | | | | | | | | | 058 1 | |
| contraction enter acreage farmed. | Industry/business (| (i.e. where you work) | | | Main | Sub | (maus.) | | | |
| CODES 1, 2, 3 (<i>i.e.</i> working) ASK Q. 5 (b) No employees (net. Farmers) 1 CODES 4, 5, 8 (<i>i.e.</i> not at work) ASK Q. 13 No employees only 2 1 (b) If presently working, do you have regular subsidiary job(s)? YES 1 059 1 IF YES, give following details for each – NO NO 2. ASK Q. 6 X57 1 Industry/business NOW ASK Q. 6 IF EMPLOYEE X57 1 X57 1 | | | | | | [4] | | | X5 1 | |
| CODES 4, 5, 8 (<i>i.e.</i> not at work) ASK Q. 13 Other employees only 2/3 059 1 (b) If presently working, do you have regular subsidiary job(s)? YES 1 IF YES, give following details for each - NO NO X57 1 Description of work NOW ASK Q. 6 IF EMPLOYEE X57 1 | 000000 1 2 2 4 | working) | | | | 1 | (acres) | | | |
| (b) If presently working, do you have regular subsidiary job(s)? YES 1 IF YES, give following details for each – NO | CODES 1, 2, 5 (i.e. | not at work) ASK Q. 3 (b) | | amily employed | oyees only | 223 | | | 059 1 | |
| Description of work | · · · | | Contraction of the local division of the loc | | | | | | | |
| Industry/business | IF YES, give follow | wing details for each - | IN | 0 | 2. ASK Q. 6 | | •••••• | | X57 1 | |
| NOW ASK Q. 6 IF EMPLOYEE | Description of wor | k | | | | | | | | |
| | Industry/business. | | | | ••••• | | | | | |
| Q. 10 IF SELF-EMPLOYED | | | NOW ASK | the second s | | | | | | |
| | | | | Q. 10 IF S | DELF-EMPLOY | ED (| | | | |

| | | ALL EMP | LOYEES(coded | 1 at Q. 1) | -PR | INCIPA | L JOB | | | | AMO | UNT | CODE |
|----------------|---------------------------------------|---|--|---------------|------------|---------|------------|-------------|----------|-------|-------|-----|-------|
| WACE | C O D 6 | ALARY PARTICULA | DC | | | | | | | | £ | p | CODE |
| WAGE | SURS | ALAKI FARIICULA | KO | | | | | | | | | | |
| 6. (i) I | nsert pai | rticulars of last wage or sal | lary below | | | | | | ount | | | | |
| ì | | | | | | | r | £ | P | | | | |
| | (a) | TOTAL GROSS AMOU | NT EARNED | · | | | | | | | | | 551 |
| 2 | (b) | INCLUDING DEDUCTI | ONS MADE AT S | OURCE | | YES | NO | | | | | | |
| | (0) | Income tax . | | | | Y | N | | | | | | 593 |
| | | Social insurance cont | tribution | | •• | Y | N | | | | | | 594 |
| | | Superannuation or pe | ension contributio | n | •• | Y | N | | | | | | 500 |
| - | | Trade union dues or | • · · · · · · · · · · · · · · · · · · · | | •• | Y | N | | | | | | 518 |
| | | Life insurance premi | | | •• | Y | N | | ••••• | | | | 499 |
| | | VHI insurance | | | •• | Y Y | N N | | | 3 | ••••• | | 477 |
| | | Mortgage repayments Regular savings (e.g. | | | •• | Y | N | | | | | | 542 |
| | | Other deductions (sp | | , | •• | Ŷ | N | | | 2 | | | 542 |
| 1 | | | | •• | •• | - | | | | | | | |
| - 1 | | | | | | | | | | | | | |
| | | •••••• | | •••••• | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | NET VELVE HONER | MOUNT | | | | | | | | | | |
| | (c) | NET "TAKE-HOME" A | | •• | | ** | | ••••• | | | | | |
| | (d) | How long a period do th particulars cover? | ese | | Perio | d | | | | | | | |
| | (e) | How many actual hours meal intervals) did you w | a week (excluding | ania d'i | | | | | | | | | 060 1 |
| | (f) | Did the above wage/salar | | | | 5 | | | | | | | 000 1 |
| | (1) | expenses by your employ | yer (e.g. travel, sul | bsistence, et | s :c.) | | | | | | | | |
| | | IF YES, specify | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| L. | | | | | | | | <u> </u> | | | | | |
| | | RIED EMPLOYEE, enter le for completeness sake. | gross annual salary | y and the ar | nnual a | amounts | of as many | y deduction | ons | | | | |
| | is possio Annual | le for completeness sake. | Annual | | | Ann | ual | | - | | | | |
| | Gross Sa | lary £ | Deductions | £ | | | uctions | | £ | | | | |
| E | Basic | **************** | Income tax | •••••• | | ••••• | •••••• | ••••• | | ••••• | | | |
| A | Addition | s (child | PRSI | | •••• | | | | | | | | |
| а | llowanc | es) | Pension | | | ••••• | | | | | | | |
| 1 | Total | | VHI | | | | | | | | | | |
| USUA | L WAG | E OR SALARY | | | | | | | | | | | |
| 7. Do : | you usua | ally receive the gross wage | ог | | Y | ES | Y, A | SK Q. 8 | | | | | |
| salar | гу гесого | ied at Q. 6 (a) above? | | | N | 0 | N | | | | | | |
| IF N | √O (a |) what gross amount do y | ou usually receive? | ? | - | | | | | * | | | 915 |
| | (t |) how long a period would | this cover? | | P | eriod | | | | | | | |
| 000 | STONA | LADDITIONS TO W | CE OD SALAT | | | | | - | | | | | |
| | | L ADDITIONS TO WA | | <1 | _ | | | | | | | | |
| 0000 HESSING 0 | • • • • • • • • • • • • • • • • • • • | receive occasional addition | and the second s | | | ES | Y N. A | SKO 9 | | | | | |
| | | ry such as Christmas, holio bonuses, commissions, et | | | 1 | 0 | | SK Q. 7 | | | | | |
| incl | uded ab | ove? | | | | | | * | | | | | |
| IF Y | YES, wh | at payments of this kind h | nave you | | | | | | | | | | |
| | rec | eived in the last 12 month | is? | specif | у <u> </u> | 1 | | | | | | | |
| | | | | | 1 | AMO | UNT | Was th | nis paid | | | | |
| | | Description | of Payments | | 1 | c | Р | Before | After | | | | |
| | | | | | | £ | r | Tax? | Tax? | | | | |
| | | | | | | | | 1 | 2 | | | | 5528 |
| | | | | | | | | | | | | | |
| | | ••••••••••••••••••••••••••••••••••••••• | | | | | ••••• | 1 | 2 | | | | |
| | | | ••••••• | | | | | 1 | 2 | | | | 3 |
| | | ••••• | | | | | ••••• | 1 | 2 | | | | |

Appendix 7 (contd.)

Records (code £ entries) AMOUNT S - seen by Interviewer BENEFITS IN-KIND FROM EMPLOYER CODE C - consulted by respondent £ p N - not consulted 9. Do you receive any of the following E = estimated. benefits regularly from your employer? YES NO (a) FREE Luncheon Vouchers Y N IF YES, specify quantities Meals (e.g. lunches, dinners) Y N and values of each received Food (e.g. milk, eggs, potatoes) Y N in last 7 days 99 Fuel (e.g. turf) Y N Quantity Value **Description of Benefit** or No. £ p 571 1 (b) FREE OR SUBSIDISED HOUSING (e.g. YES Y company house, subsidised housing expenses, NO N 571 or concessions with mortgage repayments)? IF YES, ensure that the relevant particulars entered on the HB. 1 are correct. ALL SELF-EMPLOYED (coded 3 at Q. 1) - MOST REMUNERATIVE JOB 10. (a) How much was your total net* income or profit 553 8 Income from your business or profession before Tax Year ending for the most recent 12 months for which you can NOW ASK Q. 11 give a figure? Don't know (1) 554 8 IF DON'T KNOW (b) Do you draw regular sums of money from YES Y the business for your own personal use? NO N, ASK (c) IF YES Amount £ (i) how much do you usually draw out? (ii) how often on average do you do this? Frequency (iii) Income £ after deducting these personal withdrawals how much was your net* income or profit Year ending before tax for the most recent 12 months NOW ASK Q. 11 for which you can give a figure? Don't know (./) IF NO OR DON'T KNOW What was the total turnover of the business Turnover £ (c) during the most recent 12 months for which Year ending you can give a figure? Don't know (./) NOW ASK Q. 11 11. Are you the sole owner of your business or Sole owner are you in partnership with someone else? Partnership IF IN PARTNERSHIP has your partner's share YES Y been included in the figure given above? NO N IF YES, how much was your partner's share £ **REGULAR SUBSIDIARY JOB - IF YES AT Q. 5(b)** 555 556 12. (a) IF AN EMPLOYEE, enter details at LEFT HAND margin of Q. 6. 5578 (b) IF SELF-EMPLOYED, enter details at LI FT HAND margin of Q. 10. 5588

*net of husiness expenses and salaries wages paid to others.

247

248

| | | ОТ | HER R | ECE | IPTS AND |) BEN | IEFITS | | | | AM | DUNT | |
|--------|--------------|--|------------|---------|--------------|---------------------------------|-----------|----------------|---------------|-----------------|----|------|-------------|
| LONG 1 | ERM | RECEIPTS | | | | | | | | | £ | р | CODE |
| | | rently receiving any of ng benefits or receipts? | | | | | IF YES | | ER AM | OUNTS | | | |
| | | | | | | | | | ibutory? |] | | | |
| (a) | STAT | E WELFARE BENEFITS | | | | YES | NO NO | | | Period | | | |
| | | | | | | | | Yes | No | | | | |
| | | Old Age | | | | v | | 8 | 9 | | | | 57 |
| | (i) (ii) | Old age pension (66 y Retirement pension (6 | | | | Y Y | N | 0 | 9 | | | | 577 |
| | (iii) | Single woman's allowa | | | ears) | Y | N | | | | | | 852 |
| | | Illness | | | | | | | | | | | |
| | <i>(ir)</i> | Invalidity pension (i.e. work due to illness) | . perman | ient in | icapacity fo | nr Y | N | | | | | | 850 |
| | (r) | Disablement benefit (i | i.e. long- | term | incapacity | 1 | 14 | | | | | | 000 |
| | | for work due to occup | pational | injury | /illness) | Y Y | N N | | | | | | 851 854 |
| | (11) (11) | Blind pension Disabled persons's ma | intenanc | e allo | wance | Y | N | | | | | | 859 |
| | , | One parent family | | | | | | | | | | | |
| | (viii) | Widow's and orphan's | pension | | | Y | N | 0 | 1 | | | | 58 |
| ĸ | (ix) | Deserted wife's benefi | | | | Y | N | 7 | 8 | | | | 85 |
| | (X) | Unmarried mother's a Prisoner's wife allowa | | 2 | | Y Y | N N | | | | | | 853 855 |
| | (xi) | | nce | | | | 14 | | | | | | 000 |
| | (xii) | Other Child benefit (former | v childr | n's al | lowance) | Y | N | | | | | | 576 |
| | (xiii) | Rent allowance (i.e. to | | | | | | | | | | | |
| | (win) | 1982 decontrol of ren Other regular long terr | | hanafi | | Y | N | | | | | | 856 |
| | (xiv) | Other regular long ter | | | | . Y | N | | | | | | 582 |
| | | | | | | | | | | L] | | | |
| | | | | | | | | | | | | | |
| (b) | RETI | REMENT PENSIONS | | | | [ast A | mount Rec | eived | | If after tax | | | |
| (0) | (only | from your own or your | YES | NO | | | mount Rec | | | how much was | | | |
| | spous | e's former employment) | | | Amou | nt | Period | Before Tax? | After Tax? | deducted? | | | |
| | | | | | | | | | | | | | |
| | (i) | from state employment | Y | N | £ | | ••••• | 1 | 2 | £ | | | 559 |
| | (ii) | from other employment | Y | Ν | £ | | | 1 | 2 | £ | | | 560 |
| | | | | | | | | | | | | | |
| (c) | ANN | UITIES | Y | N | £ | | | 1 | 2 | £ | | | 568 |
| | | | | | • | | | | | | | | |
| (d) | TRUS | STS OR COVENANTS | Y | N | £ | | | 1 | 2 | £ | | | 568 |
| | | - | | | NEED AND | | DEING D | FORM | 215 | | | | |
| | IF YI | ES. give particulars require | a above | and E. | NIEKAM | JUNI | BEING K | ECEIVI | :D | | • | | |
| | | | | | | | | | | | | | 6 6 1 |
| (e) | OTH | ER REGULAR RECEIPTS | AND B | ENEF | ITS | | | Yes | No | Period | | | |
| | | | | | | | | | | | | | |
| | (i) | Military service pensions | (Irish or | foreig | yn) | | | Y | N | | | | ••••• |
| | (ii) | Regular allowance from s house (e.g. friend, relative | | y outs | ide the | | | Y | N | | | | 574 |
| | (iii) | Others - specify below | •, | | | | | Y. | N | | | | |
| | | - more speeny below | | | | | | <u> </u> | | | | | |
| | | | | •••••• | ****** | ••••• | | | | | | | |
| | | | | ······ | | ••••• | | | | | | [| |
| | | | ••••• | | | • • • • • • • • • • • • • • • • | ••••• | | ••••• | | | | •••••• |
| | IF Y | ES, give particulars require | d above : | and El | NTER AMO | DUNTS | BEING R | ECEIVE | D | | | | |
| | | . D L | | | | | | | | | | L | |

Appendix 7 (contd.)

| THER R | REGULAR BENEFITS RECEIVED IN L | AST 12 | MONTHS | No. of weeks received | Are | | | AMO | UNT | |
|--|---|--------------------------------|--|--|--|---|---------|---------------------------------------|---------------------------------------|--|
| | | | | in last 12 months | receivin Yes | ng it? No | | £ | р | COD |
| | ou receive any of the following receipts the past 12 months? | YES | NO | | 1 | | | | | |
| | Unemployment | | | | 18 | | | | | |
| (i) | Unemployment benefit | Y | N | | . 1 | 2 | | • | | 583 |
| 2000 | | | | | | | - | | | 063 |
| (ii) | Unemployment assistance | Y | N | | . 1 | 2 | | • | | 584 064 |
| | Iliness | | | | | | | | | |
| (iii) | Disability benefit (i.e. incapacity to work | | | | | | | | | |
| | because of illness) | Y | N | | . 1 | 2 | | • | ••••• | 586 066 |
| (iv) | Injury benefit (i.e. incapacity to work | | | | | | | | | |
| | because of occupational injury) | Y | N | | . 1 | 2 | | • | | 860 |
| | | | | | | | | | | X58 |
| /11 | Income Supplement Family income supplement | Y | N | | 1 | 2 | | | | 861 |
| (v) | ramity income supplement | I | N | | | 2 | | • | | X59 |
| (vi) | Supplementary welfare allowance | Y | N | | . 1 | 2 | | | | 585 |
| | (basic rate and/or supplement) | | ÷ | | | | | | | 065 |
| | Other | | | | | | | | | |
| (vii) | Trade Union strike/sick pay | Y | N | | . 1 | 2 | | | | 570 |
| [***/ | Trade onion surveysiek pay | 1 | 14 | | 1 | - | | | | 068 |
| (viii) | Other regular short term receipts | Y | N | | | | | | | |
| | (e.g. maternity benefit, private insurance) | | | | | | | | | |
| | | | | 1 | 1 | i | | 1 1 | | |
| | | | | | 1 1 | 2 | 12 | | · · · · · · · · · · · · · · · · · · · | 1 590 |
| | | | | | . 1 | 2 | - | • | | 590 |
| | | | | | . 1 | 2 | | •••••• | | 590 |
| | IF YES, TO ANY, enter the following det | | | ↓ | . 1 | 2 | | • | | 590 |
| IMP_SI | IF YES, TO ANY, enter the following det | | | • | . 1 | 2 | | • | | 590 |
| | IF YES, TO ANY, enter the following det UM STATE PAYMENTS | | | ↓ | YES | 2 NO | | | | 590 |
| . Have y | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts | tails | | <u>↓</u> | | | | | | |
| . Have y | IF YES, TO ANY, enter the following det UM STATE PAYMENTS | tails Dea | th grant | • | YES | NON | • | • • • • • • • • • • • • • • • • • • • | | 590 |
| . Have y | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts | tails Dea Red | th grant lundancy G | | YES Y Y | NO N N | • | | | 590 090 |
| . Have y during | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? | Dea Red IF Y | th grant lundancy G YES, no. of | iratuity f years with firm | YES Y Y | NO N N | | | | 590 090 |
| . Have y during | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts | Dea Red IF Y | th grant lundancy G YES, no. of | | YES Y Y | NO N N | | | | 590 090 |
| . Have y during | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? | Dea Red IF Y | th grant lundancy G YES, no. of | | YES Y Y | NO N N | | | | 590 090 |
| . Have y during IF YE | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts the last 12 months? | Dea Red IF Y | th grant lundancy G YES, no. of | | YES Y Y | NO N N | | | | 590 090 |
| . Have y during IF YE | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts the last 12 months? S, how much did you receive? ALL OT | Dea Red IF Y | th grant lundancy G YES, no. of | f years with firm | YES Y Y | NO N N | | | | 590 090 070 |
| . Have y during IF YE | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? | Dea Red IF Y | th grant lundancy G YES, no. of ICOME | years with firm | YES Y Y YES | NO N N | | | | 590 090 070 |
| Have y during IF YE TERES | IF YES, TO ANY, enter the following def UM STATE PAYMENTS you received any of the following receipts a the last 12 months? ES, how much did you receive? ALL OT ST AND DIVIDENDS bu have money invested in | Dea Red IF Y | th grant lundancy G YES, no. of ICOME Stocks and | years with firm shares? nt loans? | YES Y Y Y | NO N N NO 2 | | | | 590 090 070 X60 X60 |
| Have y during IF YE TERES | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? | Dea Red IF Y | th grant lundancy G YES, no. of ICOME Stocks and Governmer Building Sc Deposit/Sa | years with firm shares? nt loans? ocieties? vings Accounts | YES Y Y Y Y S 1 1 1 1 | NO N NO 2 2 2 2 | | | | 590 090 070 X60 X61 X62 |
| . Have y during IF YE TERES . Do yo | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? ES, how much did you receive? | Dea Red IF Y | th grant lundancy G YES, no. of ICOME Stocks and Governmer Building Sc Deposit/Sa ~ Comme | years with firm shares? at loans? ocieties? vings Accounts rcial Banks? | YES Y Y Y YES 1 1 1 1 | NO N NO 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 |
| . Have y during IF YE TERES . Do yo | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? | Dea Red IF Y | th grant lundancy G YES, no. of iCOME Stocks and Governmer Building Sc Deposit/Sa ~ Comme ~ Trustee | shares? nt loans? ocieties? vings Accounts rcial Banks? Savings Bank? | YES Y Y Y YES 1 1 1 1 1 | NO N NO 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 |
| Have y during IF YE TERES | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? | Dea Red IF Y | th grant lundancy G (ES, no. of iCOME Stocks and Governmer Building Sc Deposit/Sa ~ Comme ~ Trustee ~ Trustee ~ Post Of | f years with firm shares? at loans? ocieties? vings Accounts rcial Banks? Savings Bank? fice Savings Bank? | YES Y Y Y YES 1 1 1 1 1 | NO N NO 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X63 |
| . Have y during IF YE ITERES | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? | Dea Red IF Y | th grant fundancy G YES, no. of iCOME Stocks and Governmer Building Sc Deposit/Sa - Comme - Trustee - Post Of Other (e.g. | years with firm shares? nt loans? ocieties? vings Accounts rcial Banks? Savings Bank? fice Savings Ban unit trusts)? | YES Y Y Y YES 1 1 1 1 1 1 k? 1 1 | NO N NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X63 |
| Have y during IF YE TERES | IF YES, TO ANY, enter the following det UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? | Dea Red IF Y | th grant lundancy G (ES, no. of ICOME Stocks and Governmer Building Sc Deposit/Sa - Comme - Trustee - Post Of Other (e.g. | f years with firm shares? at loans? ocieties? vings Accounts rcial Banks? Savings Bank? fice Savings Bank? | YES Y Y Y YES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | NO N NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X63 |
| . Have y during IF YE ITERES | IF YES, TO ANY, enter the following def UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? ALL OT ST AND DIVIDENDS pu have money invested in S, state dividend/interest paid or credited to you during the past 12 months. | Dea Red IF Y HER IN | th grant lundancy G YES, no. of ICOME Stocks and Governmer Building Sc Deposit/Sa - Comme - Trustee - Post Of Other (e.g. | years with firm shares? nt loans? ocieties? vings Accounts rcial Banks? Savings Bank? fice Savings Ban unit trusts)? | YES Y Y Y YES 1 1 1 1 1 1 k? 1 1 | NO N NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X63 |
| . Have y during IF YE ITERES | IF YES, TO ANY, enter the following def UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? ALL OT ST AND DIVIDENDS pu have money invested in S, state dividend/interest paid or credited to you during the past 12 months. | Dea Red IF Y HER IN | th grant lundancy G YES, no. of ICOME Stocks and Governmer Building Sc Deposit/Sa - Comme - Trustee - Post Of Other (e.g. | years with firm shares? at loans? ocieties? vings Accounts rcial Banks? Savings Bank? fice Savings Bank? fice Savings Bank unit trusts)? Amount eccived in | YES Y Y Y YES 1 1 1 1 1 1 k? i 1 1 k? i 1 1 Was thi Before | NO N NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X65 |
| . Have y during IF YE ITERES | IF YES, TO ANY, enter the following def UM STATE PAYMENTS you received any of the following receipts g the last 12 months? ES, how much did you receive? ALL OT ST AND DIVIDENDS bu have money invested in ES, state dividend/interest paid or credited to you during the past 12 months. Description of Interest or Dividence | tails Red IF Y HER IN | th grant fundancy G YES, no. of iCOME Stocks and Governmer Building Sc Deposit/Sa - Comme - Trustee - Post Of Other (e.g. | shares? at loans? ocieties? vings Accounts rcial Banks? Savings Bank? fice Savings Bank? fice Savings Bank unit trusts)? Amount eccived in t 12 months | YES Y Y Y YES 1 1 1 1 1 k? i 1 1 Was thi Before Tax? 1 | NO N N NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X65 |
| . Have y during IF YE ITERES | IF YES, TO ANY, enter the following def UM STATE PAYMENTS you received any of the following receipts g the last 12 months? S, how much did you receive? ALL OT ST AND DIVIDENDS pu have money invested in S, state dividend/interest paid or credited to you during the past 12 months. Description of Interest or Dividend | tails Red IF Y HER IN | th grant fundancy G YES, no. of iCOME Stocks and Governmer Building Sc Deposit/Sa - Comme - Trustee - Post Of Other (e.g. | shares? at loans? boteties? vings Accounts rotal Banks? Savings Bank? fice Savings Bank? fice Savings Bank? fice Savings Bank? to savings Bank? fice Savings Bank? fice Savings Bank? fice Savings Bank? | YES Y Y Y YES 1 1 1 1 1 1 1 k? 1 1 1 k? 1 1 1 Was th Before Tax? | NO N NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X65 X66 |
| Have y during IF YE TERES Do yo IF YE | IF YES, TO ANY, enter the following def UM STATE PAYMENTS you received any of the following receipts g the last 12 months? ES, how much did you receive? ALL OT ST AND DIVIDENDS bu have money invested in ES, state dividend/interest paid or credited to you during the past 12 months. Description of Interest or Dividence | Dea Red IF Y HER IN | th grant lundancy G (ES, no. of ICOME Stocks and Governmer Building Sc Deposit/Sa - Comme - Trustee - Post Of Other (e.g. | shares? at loans? ocieties? vings Accounts rcial Banks? Savings Bank? fice Savings Bank? fice Savings Bank unit trusts)? Amount eccived in t 12 months | YES Y Y Y YES 1 1 1 1 1 k? i 1 1 Was thi Before Tax? 1 | NO N N NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | 590 090 070 X60 X61 X62 X63 X64 X63 |

| 2 | 5 | n |
|---|---|---|
| 4 | J | υ |

| | | | | ſ | Records | (code £ entries) by Interviewer | T | AMO | UNT | |
|-----------------------|------------------------|--|-------------------------|----------------|-------------------------------|--|-------|-----|-----|-------|
| INCOME I | FROM | PROPERTY | | | C - consi | ulted by respondent | | £ | p | CODE |
| 17. Do you land or | receive | any income from the rental of y (excluding any part of this let or sublet?) | YES NO | | <u>E - estin</u> ASK Q. 18 | uated. | | | P | |
| IF YES | | uch did you receive in | | Г | Farming la | and | | | | 565 8 |
| | income | t 12 months before deducting e tax but after deducting wable expenses | | [| Other pro | perty | . | | | 566 8 |
| 00000000 | | | | | • | | | | | |
| made ai | ou at any ny furthe | v time during the past 12 months er money or profit (e.g. babysitting, al work)? | YES NO | | ASK Q. 19 | 9. | | | | |
| - | | e following details for each | | | | | | | | |
| | | Description of Work | Date work took place | Appro Durat | | acome, profit or fees | | | | |
| | | | | | £. | | | | | 574 8 |
| | | | **** | | £. | | | | | |
| | | | •••••• | | £. | | | | | |
| INCOME (| OF DEP | ENDENTS (IF ANY) UNDER 15 Y | (EARS | | YES | NO | | | | |
| NAME OF A DESCRIPTION | | endents under 15 years et a regular allowance from outside the h | ousehold? | | 1 | 2 | | | | |
| <i>(ii)</i> di | d they ea | arn money outside the household in last sitting, other part-time job, etc.)? | | | 1 | 2 | | | | |
| | | e following details for each child | ~ | | _ | - | | | | |
| | Per. No. | Source of Incom | e | | Appr | ox. Income at 2 months | | | | |
| | 110. | | | | | | | | | |
| | | | | | | | | | | 574 5 |
| | | | | | | | | | | |
| | | | | | | J | | | | |
| | | | SPONDENTS | | | | | | | |
| | | INSURANCE OR HEALTH CONT | | v | | | | | | |
| | | ny <i>direct</i> social insurance or health not deducted by employer)? | YES NO | N. | ASK Q. 23 | Social Insurance | | | | 594 |
| IF YES | | ow much did you pay (directly)? | Design | | ····· | Health Contribut | ion . | | | 594 |
| | (b) ho | ow long a period does this cover? | Period | | | | | | | |
| | | E TAX PAYMENTS | | | | | | | | |
| to the l last 12 | Revenue months? | | YES NO | | ASK Q. 22 | 2. | | | | |
| IF YES | s, give de | tails below | Y | | - <u>r</u> | | | | | |
| | | Source of Income on which ta | x was due | | | ount paid 12 months | | | | |
| | | | | [] | _]£ | ······································ | | | | 593 8 |
| | | | | | £ | | | | | |
| DIRECT I | NCOM | E TAX REFUNDS | | | | | | | | |
| to you | | ny income tax refunded <i>directly</i> Revenue commissioners <i>during the</i> | YES NO | | ASK Q. 23 | 3. | | | | |
| | | uch was refunded | | | | | [| | | 071 8 |

.

| R | EGULAR PERSONAL PAY | MENTS | | AMOUNT | |
|---|--|------------------------------|------------------------------|---------------------------------------|-----------|
| LICENCES | (Ask all questions) | | | £ | p CODE |
| 23. Have you bought any of the following | | YES N | IF YES O enter payments | | |
| during the past 12 months? | 5 | TES N | in last 12 months | | |
| Television licence | ** ** | Y | N | · · · · · · · · · · · · · · · · · · · | 520 8 |
| Full driving licence - 1 ye | | Y | N | | |
| Provisional driving licence | e | Y Y | N . | | 522 8 |
| Dog licence Fishing licence | | v | N N | | 522 8 |
| Shooting licence | •• •• | Y | N | | 600 0 |
| Others – specify below | | Y | N | | |
| Salah Wake You Salah Wake You<td>•• ••</td><td></td><td></td><td></td><td></td> | •• •• | | | | |
| | | | | | |
| OWNERSHIP AND USE OF MOTOR | RVEHICLES | | MOTOR | | |
| | | Yes No | | | |
| 24. Do you currently: | | | | | |
| (i) own a motor vehicle outr (ii) own a motor vehicle und | | Y N | 1 2 5 | | 07 1 |
| other credit sales agreeme | ent? | Y N | 1 3 6 | | 07 1 |
| (iii) have the continuous use i of a motor vehicle owned | for private purposes I by someone outside the | | | | |
| household? | | <u>Y</u> N | | | 07 1 |
| | | Total | No. No. | | 1 |
| MOTOR TAX AND INSURANCE | | No | E E | | |
| 25. How much did you pay during | Motor Ta | x/Registration | 5 | | 45 |
| the past 12 months for? | | ensive Insurance | 8 | | |
| | | otor insurance | 9 | | 07 1 |
| | | | | | |
| OUTRIGHT PURCHASE OF A MOT | FOR VEHICLE | | | | |
| 26. Did you purchase this vehicle outright or personal loan) during the past 12 m | | | Motor Motor Car/Van Cycle | | |
| or personal touris an and the past 12 h | | New | 2 1 | | |
| EXCLUDE VEHICLES BEING PURC | | Secondhand | 3 1 | | |
| CREDIT SALES AGREEMENT COV | ERED BI Q. 34 | Month acquire | d | | |
| IF YES, give the required particulars. | | Cash cost (exclude trade- | -in value) | | 45 8 |
| ANNUAL MILEAGE (motor car/van | only) | | | | |
| 27. Enter approximate mileage in last 12 | - | Total annual m | ileage | | X67 1 |
| 27. Differ approximate maleage in mot 12 | | C of which - bus | | | X68 1 |
| | | L. Of which - bus | aness mneage | | 700 1 |
| REGULAR PARKING/GARAGING | EXPENSES | | | | |
| 28. Do you rent a garage, and/or regularly a fixed fee to park or garage your car | | | | | |
| IF YES (i) how much do you pay | y | | | | 464 |
| (ii) how long a period doe | es this cover? | Period | | | |
| | | | Code % | | |
| BUSINESS AND RECOVERABLE M | OTORING EXPENSES | | A, B or | | |
| 29. Are any of your motoring expenses: | | | or C Amount | | |
| A. to be (or have been) claimed as | expenses YES Y | _Tax | | | |
| for income tax purposes (if self- employed)? | - NO N | Insurance | | | 917 |
| B. paid directly or refunded (whole | y or YES Y | - Insulance | | | |
| partly) as business expenses by g employer? | | _Motor fuel | | | |
| C. paid directly or refunded (wholl partly) by anybody else outside | | Servicing | | | 919 |
| household (e.g. relative)? | | - Other | | | /1/ |
| IF YES, enter the following det | aile | | | | |

| Appendix 7 (contd.) | | | 2 | 252 | | | | | | |
|--|---------------------------|--------|----------|---|--------------|---------------------|----------------------|---|----------|--------|
| SEASON TICKETS | | | | | Y | ES N | 0 | A | MOUNT | CODE |
| 30. Do you <i>currently</i> hold any weekly, i | monthly or | | - Bus | | | | N | £ | р | - CODE |
| season ticket - including any purcha | | | | | | | N | | <u> </u> | |
| you for somebody else (e.g. son, dat | ighter etc.) | | - | | | | | | | |
| | | | | train (com | | | N N | | | |
| | | | Cother | ng/Recreat | | - | N | | | |
| IF YES, give the following details _ | | | - Other | | | I . | LN . | | | |
| | • | | | | | | ENTER | | | |
| Descr | ription of Season | Ficket | | | Perio | od | COST | | | |
| | | ••••• | | | ····· | [- | | | | |
| | | | | | | | | | | |
| | | | - | | | | | | | |
| - | | | | | | | | | | |
| LIFE ASSURANCE | | YES | NO | | | | | | | |
| | nole life | 1 | N | | | | | | | |
| any life assurance policies? End | dowment | 2 | N | | | | | | | |
| - Ed | ucational | 3 | N | | | - | | | | |
| IF YES, give details | vestment | 4 | N | I | low is the | premium p | aid? | | | |
| - House Purchase | | ount | | Deducted | Banker's | Collected | Paid | | | |
| Policy Description of | Policy Prem | of | Period | from Salary | Order | by Co. Official | directly by you | | | |
| YES NO | | | | | | | | | | |
| 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 | | YES | NO | | | | | | | |
| other incurance policies? | alth (e.g. VHI) cident | 5 6 | . N N | | | | | | | |
| Au | cycle | 7 | N | | | | | | | |
| 1 | wellery | 8 | N | | | | | | | |
| IF YES, give details | her | 9 | N | the second se | low is the p | | | | | |
| Type of Policy | | ount | Period | Deducted from | Banker's | Collected by Co. | Paid directly | | | |
| | | nium | | Salary | Order | Official | by you | | | |
| | £ | | | 1 | 2 | 3 | 4 | | | |
| | £ | | | 1 | 2 | 3 | 4 | | | |
| | £ | | | 1 | 2 | 3 | 4 | | | |
| EXCLUDE - motor, house and life | | | | | | | | | | |
| EDUCATION AND TRAINING EX | | | | 27 . 2000 . | | | | 1 | | |
| | | of the | | YES | NO | | | | | |
| 33. Have you paid (for yourself or for so following during the past 12 months | | | | v | N | - | | | | |
| (a) fees for full time primary, second vocational or 3rd level education | ondary day/boardi | ng, | | Y | N | | VEC TO | | | |
| (b) voluntary subscriptions | | | | Y | N | AN | YES TO Y GIVE | | | |
| (c) maintenance÷ of students rece education away from home | eiving 3rd level | | | Y | N | INI | OUNTS PAi LAST 12 | | | |
| (d) fees for part-time day, evening courses or other tuition or trai driving, music, golf. etc. lesson | | ce | | v | N | MO | NTHS | | | 2 |
| | is and grinds). | | 1 | Y | N | Mainte | nance of | | | |
| Per. No. of Description | n of Payment | | Fees | | oluntary | 3rd leve | ts away | | | |
| Student | | | | Su | bscription | from | home† | | 2 | • |
| | | | £ | £ | | £ | | | | |
| | | | £ | £ | | £ | | | | |
| | | | | | | £ | | | | |
| +Board, lodgings, living/recreation | | | <u> </u> | | | 1 |] | | | |

| Appendix 7 (contd.) | (contd.) | opendix 7 |
|---------------------|----------|-----------|
|---------------------|----------|-----------|

| | | N REPAYMENT | | | | | | | | ÂMO | UNT | CODE |
|----------------|-------------|--|------------------------------------|----------------------|-----------------------|--------------------------|-----------|----------------|------------|-----|----------|-------|
| 34. Are | | ly making regular | | repayment | | | | | | £ | Р | CODE |
| (a) | Hire-Purch | hase and Credit Sa lagreements to p | les Agreements urchase particul | ar items) | | S Y N | | | | | | |
| | 5 5 20 | ive the following | | | | | | | | | | |
| ſ | IF 1E5, g | we the following] | | | | 1 | | Instalment | | | | |
| | I | Description of arti | | = New != 2nd hand | Date Acquired | Down Pay if in last 3 | | frequency | | | | |
| t | | | | | | £ | р | | 1 | | | |
| | | •••••• | | | | • | | | | | | |
| | | | | : | | • | | | | | ••••• | |
| 1 | | | | | | • | | • | | | | |
| | | | | | | <u> </u> | | | | | | |
| <i>(b)</i> | Ordinary | Loans (exclude m | ortgage and bani | k overarajt) | NO | S Y | | ~ | | | . | |
| | IF YES, g | ive the following | particulars and e | nter regular | repayment | | | | | | | |
| ſ | | Source (920- | | 1 | | | Rep | ayment | וו | | | |
| | e.g. bank(t | erm loan), employ | ver, Credit Unio | n Purpos | e (i.e. item be | ought) | | quency | | | | |
| | | | | | | | | | 1 | | | 92 |
| | ********* | | | | ••••••••••••••••••••• | | | | | | | |
| | •••••• | | | | | | •••••• | | | | ····· | 92 |
| | | | | | | | ••••• | | | | | 92 |
| | | | | | THEMES | | IF YES | | 1 | a . | * | |
| | , | BUDGET ACCO | | | | | - | | | | | |
| | | tly paying regular | | h YES Y | NO N | Freque | | Amount £ | | | 4 | 540 |
| (a) (b) | | clubs/budget acco bs/budget account | | Y | N | | | £' | | | | 541 |
| (c) | | ilar scheme (speci | | Y | N | | | £ | | | | 541 |
| 147 | | | | | | | | £ | | | | 541 |
| | IF YES T | O ANY, enter par | ticulars of instal | ments above | e and also giv | e the following | ng partic | culars for any | | | | |
| , | | article ac | quired through | those schem | es in LAST N | IONTH. | | | | | | |
| | | Des | cription of Artic | le | | Date acqu | uired | | ASH | | | |
| | | | | | | | | - PR | ICE | | | |
| | ••••• | | | | | | •••••• | | > | | | |
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| | | | **** | | | | | | | | | |
| l | | | | | | | | <u> </u> | | | | |
| | | | | | | | | | | | | |
| CURR | ENT BANI | K ACCOUNTS | AND CREDIT | CARDS | | | | YES NO | 1 | | | |
| 36. <i>(a)</i> | | ave a "current" B | | | - Commerc | ial Rank? | | 1 2 | | | | 080 1 |
| 30. <i>(u)</i> | | a cheque book fo | | | 100 | avings Bank? | | 1 2 | | | | X69 1 |
| | | - 100 - 100 | | | | | v | | | | | |
| | IF YES, | (i) Do you pay i Order and/or | or anything by a Direct Debit? | a Standing B | lanker's | NO | | , specify belo | * | | | |
| | | | | | | | 2 | | - | | | |
| | | 1 | | Already | | IF NO, | enter | | | | | |
| | | Description | of Payment | covered? | | mount | | Period | | | | |
| | | | | YES N | 10 £ | р | | | | | | |
| | | | | Y | N | • | | | | | | |
| | | | | Y | м | • | | | | | | |
| | | | | | | | | | | | | |
| | | | | Y | N | • | | | | | | |
| | | | | , | | | | | | | | 600 0 |
| | | (ii) In past 12 m | | | У | - Bank cha | - | | | | | 528 8 |
| | | (/o jor Dusine | ss purposes = | %) | | L Interest of | on overd | | | | ••••• | 528 8 |
| (b) | Do you h | ave a Credit Card? | 1 – Visa | 2 - Access | 3 - America | an Express | 4 – Oth | er 5 – Nor | e | | | X70 1 |
| | IF YES, d | lid you pay intere | st in last accoun | t settlement | ? | YES | | | | | | |
| | | | | | | No | N | | <u> </u> | | | |
| | IF IN | | (i) how much w | - | | | | | - - | | ••••• | 920 |
| | | (| ii) settlement p | eriod | | Period | | | | | L | |

e.

| SCRIPTIONS A | ND CO | NTRIBU | TIONS | | | | | | | AMO | UNT | COD |
|---|---|---|--|---------------|---------------------------------------|--------------|----------------|-------|--------|-----|-----|-----|
| Do you make any annual, etc.) subsc | other reg | rular (e.g. r or contribu | nonthly, quarterly utions such | / | | | | | | £ | р | |
| as to: | | NO | | YES | NO | | | YES | NO | | | |
| Sporting clubs | Y | N | Societies | Y | N | Saving Ba | anks | Y | N | | | |
| Other clubs | Y | Ň | Periodicals | · Y | N | Service c | ontract: | | | | | |
| Associations: | | | Church dues | Y | N | - TV/V | lideo | Y | N | | | 1 |
| - professional | Y I | N | "Planned" givir | ıg Y | N | - Centr | ral Heating | Y | N | | | |
| - motoring | Y | N | Credit Unions | Y | N | - Elect | ric appliances | Y | N | | | |
| - residents | Y | N | Unit Trusts | Y | N | - Burg | lar alarm | Y | N | | | |
| IF YES TO ANY, | give the | following o | details for each pa | yment | ,,,,,,,,,,,- | - | | | | | | |
| | De | scription o | of payment | | £ | mount p | Period | |] | | | |
| | | | | | | | | | 1 | | | |
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| | | | | | | | ********** | | | | | |
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| : | | | | | | | | | | | | |
| ULAR PERSON | NAL AI | LOWAN | CES | | | | | | | | | |
| | | | | | | | YES | NO | | | | |
| Are you <i>currently</i> personal allowance | | | | | | t money only | | N | | | | |
| the maintenance of | | paying | - Child | lren away fr | om hom | ie? | Y | N | ſ | | | |
| 1 And a second s | | | L Anyt | ody else (e. | .g. relativ | ve)? | Y | N | E | | | |
| (a) IF YES TO A | NY giv | e the follow | ving details: | | | | | | | | | |
| | , B | | ing country. | | | | | | | | | |
| | Locat | ion (./) | | | | Amount | | |]. | | | |
| Recipient | In the | Outside | Descriptio | on of Payme | nt | £ | Freque | ency | | | | |
| | hame | Section of | 1 | | | | | | 1 | 1 | | |
| | home | home | | | | 1 | р | | | 1 | | |
| | nome | nome | | | | | p | | | | | |
| | · · [] | | | | | | p | | | | | |
| | | | | | | • | p | | | | | |
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| | | | | | | • | | ased | | | | |
| | | | | | | • | - | | | | | |
| (b) IF TO CHILI Is the person | DREN A | T HOME | | Person | | • | f items purch | | · | | | |
| (b) IF TO CHILI | DREN A | T HOME | | Person | | • | f items purch | | - - | | | |
| (b) IF TO CHILI Is the person expenditure | DREN A going to diary? | T HOME | | Person | | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES | DREN A going to diary? | T HOME | | Person | | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure | DREN A going to diary? | T HOME | | Person | | • | f items purch | | Γ► | | | |
| (b) IF TO CHILI Is the person expenditure YES | DREN A going to diary? Y, ask N. | T HOME complete Q. 39. | | Person | | • | f items purch | | | | | |
| (b) IF TO CHILL Is the person expenditure YES NO IF NO, enter spent | DREN A going to diary? ¥, ask N. what itte t on last | T HOME complete Q. 39. | an cket money was | Person | | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spenit (if m | DREN A going to diary? ¥, ask N. what itte ton last ore than | T HOME complete Q. 39. | an cket money was n'cover | Person | | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spenit (if m | DREN A going to diary? ¥, ask N. what itte ton last ore than | T HOME complete Q. 39. | an cket money was | Person | | • | f items purch | | F | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spenit (if m | DREN A going to diary? ¥, ask N. what itte ton last ore than | T HOME complete Q. 39. | an cket money was n'cover | Person | | • | f items purch | | F | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spenit (if m | DREN A going to diary? ¥, ask N. what itte ton last ore than | T HOME complete Q. 39. | an cket money was n'cover | Person | | • | f items purch | | ∫ | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spenit (if m | DREN A going to diary? ¥, ask N. what itte ton last ore than | T HOME complete Q. 39. | an cket money was n'cover | Person | · · · · · · · · · · · · · · · · · · · | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spenit (if m | DREN A going to diary? ¥, ask N. what itte ton last ore than | T HOME complete Q. 39. ims the poo week one person of each cor | an cket money was n'cover | Person No. | · · · · · · · · · · · · · · · · · · · | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spent (if m the p | DREN A going to diary? ¥, ask N. what itte t on last ore than urchase of NO | T HOME o complete Q. 39. Complete One person of each con | an cket money was n cover nsecutively). | Person No. | · · · · · · · · · · · · · · · · · · · | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spent (if m the p 1. The purpose | DREN A going to diary? ¥, ask N. what itte t on last ore than urchase of NO? | T HOME o complete Q. 39. Complete One person of each cor TES question is | an cket money was n'cover nsecutively). to get details | Person No. | · · · · · · · · · · · · · · · · · · · | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spent (if m the p 1. The purpose of the items | DREN A going to diary? Y, ask N. what itte ton last ore than urchase NO of this personal | T HOME T HOME o complete Q. 39. Common the port of each cont TES question is ily purchas | an cket money was n cover nsecutively). to get details ed with pocket | Person No. | | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spent (if m the p 1. The purpose of the items | DREN A going to diary? Y, ask N. what itte ton last ore than urchase NO of this personal | T HOME T HOME o complete Q. 39. Common the port of each cont TES question is ily purchas | an cket money was n'cover nsecutively). to get details | Person No. | | • | f items purch | | | | | |
| (b) IF TO CHILI Is the person expenditure YES NO IF NO, enter spent (if m the p 1. The purpose of the items money by ci | DREN A going to diary? Y, ask N. what itte ton last ore than urchase NO of this personal hildren n | T HOME o complete Q. 39. Complete Q. 39. Complete Complet | an cket money was n cover nsecutively). to get details ed with pocket diary records, | Person No. | | • | f items purch | | | | | |
| (b) IF TO CHILL Is the person expenditure YES | DREN A going to diary? Y, ask N. what itte ton tast ore than urchase NO: of this a personal hildren n ate break ill suffice | T HOME C complete C complete C complete Q 39. T HOME C complete C compl | an cket money was n cover nsecutively). to get details ed with pocket diary records, | Person No. | | • | f items purch | | | | | |

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|--|--|---------------------------------|--------------|---------------|-------------------------------|---------------------|--|------------------|------------|---|--------|-----|--------|------------|------------|----|
| IN-PATIENT HOSPITAL COSTS (INCLUDE payments for private/semi-private room in the case | | | | | | | | | | | | | AMOUNT | | COI | DE |
| of patients with full/limited Health Act eligibility, all other co | | | | | | | | costs and fees). | | | | | Ľ £ | р | | |
| 39. | Did y | ou pay t | he cost of a | ny person's s | tay | | YES Y for Per. No, | | | | | | | | | |
| | in hospital during last 12 months? | | | | | | NON | | | | | | | | | |
| | IF YI | ES <i>(i)</i> | | n did you pay | | Γ. | Fotal payment | ŧ. | ••• | | ••• | | | | 054 | 8 |
| | | | in the last | 12 months? | | - - - | VHI refunds | | | ••• | ••• | ••• | | | | |
| | | | | | | | Net hospitalisa | tion co | ost (after | refund) | | | | | 497 | 8 |
| | | (ii) Total number of bed-nights | | | | E S | State funded h | ospital | S | | | | | | X71 | 8 |
| | | | paid for _ | | <u></u> | | Private hospita | l(s) . | | | ••• | ••• | | | X72 | 8 |
| | | | | | | | | | | | | | 1 | | 1 | - |
| REFUND OF OUT-PATIENT MEDICAL EXPENSES | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| 40. | Did you receive from the <i>HEALTH BOARD</i> during the past 12 months any cash refund of expenditure incurred on prescribed drugs | | | | | | | | ves √O | 1999 (1999 1999 1999 1999 1999 1999 199 | | | | | | |
| | | | | | | | | | | | ٢ | | | 701 | | |
| | IF YES (i) how much was refunded by Health Board in the past month? | | | | | | | | | | | | /01 | 4 | | |
| | (ii) how long a period did the refund cover? Period months | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 41. | 1. Did you receive from the VHI during past 12 months any cash refund of out-patient expenses (e.g. G.P./specialist fees, drugs, X-rays, tests, etc.). YES | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | r | | | | |
| | IF YE | ES, how r | nuch was re | funded by V | HI in past 12 n | nonths? | | 1. 1. AUMMAR | | | > | . L | | | 702 | 8 |
| | | | | | | | | | | | | | | | | |
| SUI | PLE | MENTA | RY WELF | FARE ASSI | STANCE | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 1101 | NOTE: This question must be handled VERY TACTFULLY and asked IF YES TO ANY, only of low income households where it could be relevant. enter approximate | | | | | | | | | | | | | | | |
| 42 | value received | | | | | | | | | | | | | | | |
| | During the last 12 months have you received any of the for provided by the Department of Social Welfare or Health B | | | | | | CENT HOLE TO A TRANSPORT OF A DAMAGE AND A | | | | NO | - | | | | |
| | (2) | F 1 | -h(0, (-) | 1 | | | | | | YES | | | | | 024 | |
| | | | chers (Octo | | electricity whe | | CD cumeka) | •• | | Y Y | N N | | ••••• | | 924 925 | 8 |
| | | | | (e.g. allowan | and the second second | AC HOL | op supply) | | | Y | N | | | | 926 | Ì |
| | | | | - | Community We | elfare O | fficer to meet | | | - | | | | | | |
| | | exceptio | nal needs | | | | •• ••• | •• | • | Y | N | | | | 927 | 8 |
| | | | | F | | | | | | | | | | | | |
| HO | LIDA | YEXPE | ENSES | EXCLU | DE – holidays DE- business | , visits trips a | to relatives, nd expenses | etc. | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 43. Did you (on your own behalf and for others) pay the cost of any holidays, of at least 4 nights away from home during the past 12 months? NO | | | | | | | | | | | | | | | | |
| IF YES, please state:- | | | | | | | | | | | | | | | | |
| | ir Yb | co, please | state:- | | | | | | | | | | | | | |
| | (i) how many separate holidays were paid for (vacation by family of 5 = 5 holidays) | | | | | | - In Republ | | : | | | | | | 706 | 1 |
| | 1 | vacation | oy jamuy (| jj = j nolla | uys/ | | L Elsev | where | | | ••• | | | | 707 | 1 |
| | (ii) combined total number of nights away from home (i.e. family of 5 away for 10 nights = total of 50 nights) | | | | | | In R | epublic | 2 | *** | | | | ····· | 708 | 1 |
| | | | | | | | Elsev | where | | | | | | | 709 | 1 |
| | (iii) | estimated | t combined | total expend | iture incurred b | y you : | and | | | | | | | - | 310 | |
| | any other person you paid for (including transport, meals, | | | | | ls, | epublic where | : | ••• | | | | | 710 711 | | |
| | | | - | | tion is also com | | | | | *** | ••• | | | | /11 | |
| | | | | | | | | | | | | | | | | |

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

Appendix 7 (contd.)