Household Questionnaire (H.B.1)

HOU	Q.1 SEHOLD MBERS	Q.2 RELATIONSHIP TO HEA HOUSEHOLD	AD OF	Q.3 SEX	Q.4 AGE	Q.5 MARITAL STATUS	Q. HOSF STA	PITAL		
PERSONAL NUMBER	Initials or Name	(e.g. wife, husband, brosister, son, daughter, famother, boarder, visitor	ather,	Code 1 = male 2 =	Age last birthday (0 =	Code 1-6 as shown	Number (enter 0 spent du 12 moi	of nights if none) iring last nths in		
PERS			Office Use	female	under 1 year)	below	State funded hospital	Private hospital		
				Code	Age	Code	Nights	Nights		
01		Head of Household								
02							• • • • • • • • • • • • • • • • • • • •			
03	•••••									
04										
05	***************************************									
06										
07			• • • • • • • • • • • • • • • • • • • •				••••••			
08										
09							• • • • • • • • • • • • • • • • • • • •			
10	***************************************									
(7-8)			(11)	(12)	(13-14)	^ (15)	(16-18)	(19-21)		

X1		 			
Vo					
X2	***************************************	 			
ХЗ		 			
(7-8)			(11)	(12)	(13-14)

MARITAL STATUS CODES (Q.5)

Married

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

......

4. Widow

Single

- 5. 15 years and over
- 6. Under 15 years

STATE	Q.7 HEALT USAG		/ICE			WELFARE EMENT	42	FULL	(a&b) TIME CATION	CH	.10 ECK DES	
Health eligibilit	Medical holders long teri	Card or m illness	DOA † treatment			Free T.V. licence	State school bus	If finished	If being received	H.B.2	Diary	
Code 1 = Medical Card Holders 2 = Other	4 weeks	Free prescrip tions filled in past 4 weeks	Free or sub- sidised in past year 1=SW 2=HB 3=NO	En- titled (i.e. has "pass") 1=Yes 2=No	Approx. saved in past 4 weeks	and ESB/ Natural Gas allowance 1=ESB/TV 2=GAS/TV 3=NO	12- Dave	Highest level compl- eted	Code 1 - 16 as shown below	Code 1 if compl- eted *	Code 1 , if kept *	Office Use
Code	No.	No.	Code	Code	qq.333	Code	Code		Code	Code	Code	
		••••••										
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					***************************************				
									,			
						••••••		,			•••••	
	,				·,······	•						
						•						
							**********		*********			
(22)	(23-24)	(25-26))	(27)	(28)	(29-33)	(34)	(35)	(36-37)	(38-39)	(40)	(41)	(42)
						treatment to person						
	Ţ					CODES (Q.9	h)	╡		7		
ECA P IT SP H	OMPLETE DUCATIO ODES (Q. lo formal ed rimary edu ntermediat O' Level/Gi eaving C hird Level: Sub degree rimary deg ligher Univerel	N 9a) education ucation e Certificate ertificate gree versity de	00 01 cate/ 02 03	Primary 1. National 2. Private Secondary comprehe 3. Day — ne 4. Day — fe 5. Boarding Vocational 2nd Leve 6. No fees 7. Fees 8. Special for hand	School / (incl. nsive) o fees ees cl (VEC) I	State univ teache 9. Grant 10. No Gra R.T.C. & D 11. Grant 12. No Gra Other 3rd I 13. Grant 14. Other 15. Private 16. Other Educat	ersity (incer training ant .I.T. ant Level (VE	C)	(38-39)			

ACCO	MMODATION PARTIC	ULARS (ASK ALL)	Code £ entries if records		RECORD	2
TYPE			S – seen by Interviewer C – consulted by respondent N – non consulted E = estimated	Amo		Code
12. (a)	Is your accommodation a —	Bedsitter	1	£	р	
(3)		Apartment/flat converted custom built –	2 (large=block of 10 or more apartments)			001 1
		semi-detache Other (specify)	ed/terraced 6			
(b)	Year in which the accommodation		1 2 3 4 5 6 7			X01 1
			ENTER NO.			
13. (a)	How many rooms are there in you accommodation (i.e. rooms at thi which you own, rent or occupy re	is address			2	
	EXCLUDE ENTER	NO. kitchen	***************************************			
	bathroom separate toilet scullery/kitchenette	bedrooms		->		X02 1
	Garage - used	rooms shared rooms let or sub	-let	-		002 1
4.3	rooms used entirely for business others – specify	rooms used part for business	tly			
		L TOTAL NO. OF		-		003 1
			YES NO			
(b)	Does this accommodation have .	running water (p				022 1
		hot water (piped				023 1
		bath or shower?			÷	024 1
		toilet (internal)?	1 2			025 1 X03 1
		double glazing?			p.	7001
		garage owne	. 3			026 1
		burglar alarm?	d? 2 』 [°] 1 2			X04 1
(c)	Does any household member ow					7.04
	-	tent trailer?				X05 1
	MS LET OR SUB-LET	am vaur tananta?	r Rooms			566
14. (a) (b)	How long a period does this covered	om your tenants?er? Period	Garage			566
		(rooms)	(garage)		``	
(c)	Apart from furniture do you provi service (e.g. light, heating, etc.) f IF YES, give the following details	or your tenants?	Y N, ASK Q. 15		s £	
		•	Date			004 1
		Only if specific charge	W. Strate Cold		,	005 1
	Type of Service	Amount £ Period	Included in rent at Q. 14 (a)? U/R Yes No		, ž	006 1
			Y N Farm 1	ype		007 1 X06 1
			Y N Farm			X07 1
	***************************************		, 13	AC:	I	

TEN	URE				NOW ASK	Amo	unt	
15.	(a)	Do you own or rent this	L— OMNED		Q. 16 AND THEN	Amo	unt	Code
	(-)	Accommodation	Outright		1	£	р	i I
		NOTE	With mo	rtgage nt owner rental with L.A.)	2 Q. 20			
		be carefully to distinguish between						
	(enant Purchasers (Code 3) i.e. former Local Authority tenants		urchase scheme	3)			000 1
		ouying out their dwelling under a enant purchase mortgage agreement)	RENTED Local Au	athority	4)	***************		009 1
,	(ii) L	ocal Authority tenants (Code 4)	140	furnished				
7	L			unfurnished	5 ≫ Q. 17			
			L RENT-FF	REE (i.e. landlord	V			
	(b)	Enter Person Number (page 1) of the ho		s no rent)	7 Q. 18			
		who owns, rents or gets the accommod		an the wife	Per No.			X08 1
		TAKE – husband if in husband and is the chief economic supple		ss the wife				
		 male and eldest if a number 	have joint claims					
	(c)	How long has the household (i.e. family) been resident in this	accommodation ->	Years			X09 1
DWE	ELLIN	IG CHARGES						
16.	Do y	ou make separate regular payments to co	Local		Service/			
				es (365) Rent (366) ma	aintenance†			
	IF YE	SS .		N N	N			
	(a)	how much were your last payments?—	£	££				
	(b)	what periods did they cover?	—					
	niet r		† e.g.	in apartment blocks (cod	ed 528)			
	RE	ENTED AND RENT-FREE		TION ONLY				
IF RE	NT PA	(coded 4 - 7 AID (coded 4, 5, 6 at Q. 15)	at Q. 15)					
17.	(a)	How much rent did you pay for this acco	ommodation		1			
		including any rooms/garage sub-let						
	(b)	How long a period does this cover?	Period YES	Y				
	(c)	Does this rent include any known charg to cover services (e.g. lighting, heating	es		. 26			
		IF YES, give the following details		L				
			Only if speci	fic charge made	1			
		Type of Charge	Amount	Period	1			
					1			1
			. E					
			£	. E				
	(d)	Is this rent actually paid by you or any h	nousehold members?	YES				
		FREE (coded 7 at Q. 15) com	piete Q. 18 and C	. 19 Relative of Landlord	N			
18.	Pleas	se indicate the circumstances whereby		Employee of landlord of company which ov				,
				the dwelling Other	3			X10 1
19.	Appro	ximately how much per week would it cos	st to rent the dwelling	Otilei				862
500			3					

		ALL	Amo	unt	Code					
HOUS	SE PUF	RCHASE	GRANT					£	р	
20.			se (outright or with mortgage) this a during the past 12 months	Yes Y		No N	IF YES, enter			
	IF YE		get a State grant as a; e purchaser of a new dwelling:	Υ		N	amount			901 8
	AC	COM	MODATION OWNED WITH N	MORTO	AGE O	NLY				
			(coded 2 - 3 at Q. 15)							
MOR	TGAGE	PAYME	NTS		ng Society Authority		1 2			l
21.	(a)		m did you get the loan or to purchase this accommodation?	– Insura – Bank – Hous	ance Compa		3 4 5 6			010 1
	(b)	What was	the original amount of the mortgage?							903 1
	(c)	Confirm –	are your present regular mortgage repayr (/) these repayments exclude mortgage protection premiums (Q. 24) house insurance premiums (Q. 26)	nents	Interest of Principal of which	& Interest – interest	combined element possible)			368 36 904
	۱									
	(d) (e)	IF INTERE	a period does this cover? ST REPAYMENT ONLY, is there an nt policy covering the principal	YES NO	d		Y N			
			ecify how the principal is repaid							
	(f)	How much	n (approx.) of the principal still remains outs	standing						929 8
MOR	TGAGE	E ALLOW	ANCE (Local Authority)							
22.	-		a mortgage allowance in last 12 months	YES NO			Y N			905 8
MOD:			ne amount received						***************************************	303 0
			MENT CONCESSIONS	YES			Υ			
23.	(e.g. b	ank and in	mortgage from your employer surance officials)	NO YES			N ASK Q. 24			
	IF YES		eceive any concessions in repaying it?	NO			N ASK Q. 24			
	IF 1E	\- <i>\</i>	value of this concession in past year			*****				
MOR	TGAGI		ECTION POLICY							
24.	Do yo	6 (a) a	niums on a mortgage protection policy? are they included at 21(c) now much do you pay?	YES NO YES NO			Y N ASK Q. 25 Y	y		501
			now long a period does this cover?	Perio	d				C	
SUBS	SIDIAR	Y HOUS								
! 5.			repaying any subsidiary loan e this accommodation?	YES NO	••••••		Y N ASK Q. <u>26</u>			
	IF YES	S (a) h	now much was your last repayment?						***************************************	370
		(b) h	now long a period does this cover?	Perio	d	***************************************				
		4								

		ALL TYPES OF ACCOMMODATION	Code Doub	in it was a sale	Г		
		(ask all subsequent questions)	S - seen by	ries if records y Interviewer ted by respondent	An	nount	Code
HOUS	E INS	ÜRANCE	N - not cor E - estimat	nsulted	£	р	
26.	insur	Type of Policy YES NO Pe	YES				
	IF YE prem	iums paid Contents " Y N Joint policy Y N	nouse = £	£			371 760
		nese insurance payments included at 21(c) YES NO			લ		
	NOTE	E: House insurance is compulsory for mortgages. Include insur- separate personal insurance policies on jewellery, clothes etc and effects.			-		
27.	in cla	ou receive any payment during last 12 months ims made under these policies (/) YES	NO			-	
	IF YE	S, specify payment for contents					867 8 868 8
		Total payment £			2 - 1	X	
GAS A	ND EI	LECTRICITY - None	Gas 0	Electricity 0		y.	
28.		ou have gas or electricity supplied Slot Meter Account Meter	1 3 2 4	2 3			011 1
29.		OT METER, did you get a rebate YES the meter was cleared the last time	Natural Other	Ordinary Night Saver	n va	-	
	IF YE	S (i) how much was the rebate received (ii) how long a period did it cover	£	N £			012
	IF AC	COUNT METER paid directly ESB budget scheme		g			756
30.	(a)	How much was your last bill?	£	£			341
	(b)	What quantity did this cover	Cubic Mtr.	units			
	(c) (d)	How long a period did it cover? Did it include a charge for maintenance or repairs YES	Υ	Y e			342
	, ,	NO	N	N		a =	757
	(e)	Did it include HP repayments? YES	£	£			408
	1 -7	IF YES, how much was it? NO (this amount must be itemised on the appropriate HB.2)	£	£			
TELEP	HONE	YES	NO	£ 80			*
31.	(a)	Do you have a fixed telephone in (your part of) this accommodation (I) for your own household's use only? (II) shared with another household? 2	Coin Box 4 N 5 N	IF NO TO			0141
	(b)	Does your household share the use of a telephone in another household? 3	6 N	Q. 31 (e)			
	(c)	Do you have an Eircell phone?	2				X80 1
5		(11)					513
A COLOR	(d)	(III) dld it include a connection fee? YES NO Do you receive a free telephone rental from the Department of Social Welfare	; if yes state amou YES NC 1 2				X11 8

													Amount		
Tele	phone	Cont	J										£	р	Code
8	(e)		did you make an payments during	past 12 m	onths		- Ji - F	Booking deponstallation fee Reconnection Additional ser	e fee	YES 1 1 1	NO 2 2 2 2	·9	÷		
				no bill rece	ived or	payment les		ne two month	_			1	**************		761
REC	REAT	ION	AL EQUIPME	NT					Televis						ĺ
32.	(a)		you have a TV or t of) this accommo				Video Recorde	Type(/) r Ordinary	1:	st	2nd	3rd			
						NO NO	Y 1			<u> </u>	Y 1	1 1			X12 1 015 1
		(1)	IF YES, what type	e is it and is	s it	Owned	2		Colour 2	B/W 4			************		033 1
		. ,				L Rented	3		3	5					X13 1
			(i) how much	do you pa	y?				o Record vision	der			***************************************		790 519
									bined re	ental				***************************************	791
			(ii) how long	a period do	es this	cover? F	Period					ES NO	,		V- 4
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(2)	Do you subscribe piped or beamed access to satellite	aerial syst		V YES			Piped Piped Beam Satelli	TV & Do	coder	3 N 4 N 5 N 6 N			X7 1
			(i) how much	ı do you pa	v?										
	4			a period do		cover?	Period					'	***************************************		806
	(b)	Are	there any of the fo	ollowing ap	pliance	s	_ Stere	o System (ful	or part)	YES 1	NO 2			X16 1
	(-)		ned or continuous				L CD p	layer (on its o	wn or p	art of	1	2			X77 1
							Camo	corder/Palmo	order		1	2			X78 1
								lite dish e computer fo	or: –		1	2			X79 1
							- re	ecreational pu usiness/profe	irposes	purpose	1 }	3			X17 1
HIRE	D DC	ME	STIC HELP												
33.	dome	stic h	household regula elp (e.g. a housel minder, au-pair, (ceeper, dail	y/weeki			Y							
	IF YE	S, gi	ve the following de	etails -		V									
		art-1	on of Hired Help time, specify no.	Resider		Total Wages	6	Social Insurance Contribution		eriod		*			
		or da	ys/weeks)	YES	NO	Paid*		by Hld.			_				
		******			N	£		£							
				Y	N	£	,	£	- 1	•••••	"	n. res.			510
			give cash wages	only: exclu	N de dedi	£		£s for board a		nas		res. other			801 802
	Do you	u pay	for the care of yo	ur children	in anot Period	her house	or crech	e Yes		No					
		hou			61100	_						house		Ţ,	829
		cre	che									creche		***************************************	830

		Amo	Code							
EDUC	ATIONAL GR	ANTS AND SCHO	LARSHIPS			\/F0	NO	£	р	Code
34.	Does any men	nber of your household	currently	T hold an edu	cational grant/	YES scholarship Y	NO N			
	IF YES, give fo	llowing details	ı	pay no/reduteacher/lect	iced fees becar urer?	use parent is Y	N			
	Γ -	T	<u> </u>				_			
	Recipient Per. No.	Type of Grant or Scholarship (or no/reduced fees)	Source/Re	eason/Course	Fees	nual Value* Maintenance				
•		(or no roduced today			1 000	I I I I I I I I I I I I I I I I I I I				
	* Including amo	unts (e.g. fees, board) n	ot paid directly i	in cash as part o	of scholarship.					
SCHO	OL MEALS									
35.		ool children in this	YE.	S	,					
	household pro	vided with milk, meals of school during the past 7	or NO		ASK Q. 36				rs :	
	IF YES, give th	e following details ——	-							
	Description	on of Meal/Snack	Number	Free?		unt paid ot free				
	Description	OIT OI WIEAI/SITACK	Number	YES NO		period)				
	79			Y N						720 1
	Meals/Snac	KS		Y N	ξ			***************************************		78 1
EDEE	HEALTH BOX	ARD HOME SERVI	nee .		VEQ. N	IO IF VES anton				
36.		old currently receiving	Free m	ilk for expectant		IO IF YES, enter Pints per week	-		:	V40.4
		,		omestic help†	Y N		-			X18 1 X19 1
	(† financial or	ssistance entered at Q.	Free ho	ome nursing?	Y N	Visits per week	->			X20 1
HOUS	EHOLD APPL		14 (15.2)		YES	NO				
37.		following appliances		n cleaner	1	2				027 1 028 1
0 1.	owned or conti	inuously available		yer (separate) g machine	1	2				016 1
	tor use in this a	accommodation?	_ Dishwa	sher	1	2 " " " " 2				017 1 018 1
			_ Deep fr	rator (separate) reeze (separate)	1	2				019 1
			(2 se	rator with Freez eparate doors)	1	2				X21 1
			L Micro-	wave oven	1	2	"	***********		X22 1
			G ₃							
*										
							1		ł	

								Amo	ount	
MAJO 38.		USEHOLD EXP		roo inourre	ed by the household during the pa	et 12 mor	othe?	£	р	Code
30.		281						· ·		
		h Purchases	YES	NO	Cash Purchases	YES	NO	ý		
		ker (gas/electric)	Y	N	Television	Y	N	3		
		washer	Y	N	Video recorder	Y	N°			
		hing machine	Y Y	N N	Homecomputer Stereo system	Y	N N			
		hes dryer gerator (with/	Ϋ́	N	Dining room suite	Ý	N			
		hout freezer)	Ý	N	Sitting room suite	Ý	N			
		p freeze	Ý	N	Camcorder/palmcorder	Y	N			
					Satellite dish	Υ	N			
	Outs	side Contractors	YES	NO	Major D.I.Y.	\/TO	NO	,		
			Y	N1	Extension	YES Y	NO N			
		nsion ctural repair	Ϋ́	N N	Structural repair	Ý	N	*		
		tral heating	Ý	N	Central heating	Ý	N			
		lacement windows	Ý	N	Replacement windows	Y	N			
		glar alarm	Υ	N	Other major D.I.Y.	Υ	N	*		
		orating	Y	N	-					
	Othe	er	Y	N					,	
	IF Y	ES, enter	Description		Approx. Date	Cos	t			
		(if building	g/decorating stat	te whether						
		D D	I.Y. or Contracto	or)					1	
		455441151544444	**********************					*********		

									1 30,000	
	•	i . ii.		- D I V	de an the described and	.,				
	Are	you engaged at the	moment in majo	r D.I. t. Wol	k on the dwelling? YES	Y				
					NO	N				
CEGO	ND D	WELLING			VEQ.		NO			
SECO	ט טא	WELLING		r	YES		NO			
39.	Do vo	ou permanently main	ntain other	Hou	use Flat or Caravan/M	/lobile	1			
		nmodation for privat		t)?	apartment house or					
			and the state of t							*
4	IF YE	S, where is it located	1?		Ireland Abroad (where)		l	
					(26 counties)	where				
	IF IN	IRELAND, is it		Own	ed 2 ASK Q. 1	16, 20 - 3	2			
					ACK O 4			,		032 1
				L Rent	(answers entered on LH margin)	10 - 10, 2	.0 – 32			
	IE 40	DOAD SUBSEINE AS								524 8
	IF AB	ROAD, what is the to	otal annual cost (i.e. upkee	p, mortgage repayments etc.					7 24
HOUS	EHO	LD HEATING			YES - full or partial	7	NO)		
40.	(a)	Has the accommo	dation full partial		120 (d.) O. Partar.	<u>. </u>		8		
	(~)	central heating sys			1 2 3 4	ا 5	N			02 1
*					ESB Gas Oil Solid		.IN	***********		02 1
	// \	Miller of the Albert	and the section of the	and of	Fuel					
	(b)	What is the househ	iolu s main metn	iou 01	Space heating in W			**********		X24 1
					Water heating in Wi			***********		X25 1
						ımmer?		1		X26 1
					Cooking in Winter? " " in Summe	12				X27 1
	(c)	Did you make any	hulk* nurchases	:	YES	S NO		***************************************	İ	X28 1
	(0)	of fuel in past 12 m		·	Central heating oil Y	N	Cost —	*********		345 8
							luantity(litres)	***********		715 8
					Anthracite Y		ost —			781 8
							uantity(Kgs)			758 8
					Turf (loose) Y	1.4	ost —	**********		344 8
						C	luantity(cwt)			713 8
					Coal(1/4 tonnes or more) Y	1.94	cost —	***********		343 8
		Did you save turf o		or on rent	ea	C	(uantity(tonnes)	**********		
		bog in the last 12 r				Quantity	(cwt)			7138
		IF YES, please stat	(-)			- Quality	(0111)		y	
			(b) approxi	mate value	of turf saved £					,*
			(c) costs (if	any) incur	red in saving or transporting the to	urf £				
			(0) 00010 (11	, , modi			net value			844 8

						1					Amo	unt	
	INESS	S, RECOVERABLE AND		D EX	PENS NO	ES	Code a, b or c	100000000000000000000000000000000000000	uded ve?	Period	£	р	Code
41.	Are	any of these household exper	nses '	LO	140		OI C	Yes	No				
	(a)	to be (or have been) claimed expenses for income tax purp		Υ	N	FRENT		Υ	N		***************************************		907
		because of a business cond this address?				LOCAL AUTHORITY CHARGES		Υ	N				908
	(b)	paid directly or refunded (pa wholly) by an employer as	artly or			GROUND RENT		Υ	N		***************************************	······	909
•		(please / if YES – business expenses?		Υ	N	MORTGAGE REPAYMENTS	*********	Υ	N		************	-	910
	(c)	"perk' of the job? paid directly or refunded (pa	urtly or			HOUSE INSURANCE		Υ	N		*************		911
	(0)	wholly) by anybody else out household (e.g. friend, relati	side the	Υ	N	ELECTRICITY		Υ	N				912
		as a gift?				GAS		Y	N				913
		IF YES TO ANY give details				TELEPHONE		Υ	N				914
MAII	N HEA	TING COOKING METH	IOD COD	ES -	Q. 4	0(b)					OFFIC	E USE	
SPAC	E HEAT	TING METHOD			WA.	TER HEATING METHO	D		,	Milk			X29 1
	ntral He					K 150 VI							
Ce						Central heating system Solid fuel boiler	1		Ł	Bread	************		X30 1
	" liC			1		Open fire	2		E	Butcher			X31 1
		iler (open fire)		2		Stove (room heater)			(Grocery			X32 1
	Piped g			3		Cooker (e.g. Aga)	4						V00 4
		g. calor gas)		4	Е	Electric	**		(Other	***********		X33 1
		el boiler (independent)		5		Immersion heater	5		5	Shop		ı	X34 1
	Electric	el room heater (closed stove e		6 7		Instantaneous heater	6						X35 1
		el cooker (e.g. Aga)	0 ,,	8	G	as			,	req.			V20 1
	Dual fue			9		Boiler	7			i			
		ble (e.g. solar)		10		Instantaneous heater	8						
	Other sy			11		Other	9						
,	outer dy			• •	٨	lone	10						
No	n Centr	al Heating			CO	OKING METHODS							
	Open fir			12	C	cooker (independent)							
	Solid fue	el room heater (closed stove e	e.g. Parkray)	13		Electric		. 1					
	Solid fue	el cooker		14		Piped gas		. 2					
	Electric	 storage heater 		15		LPG (e.g. calor gas)		. 3					
		 other fixed appliances 		16		Solid fuel		. 4					
		 portable appliance 				Oil fired		. 5					
		as heater		18	C	cooker/Central heating c	ombined	0					
ı	PG hea	ater (e.g. Super Ser)		19		Solid fuel		. 6					
	araffin			20		Oil fired		. 7					
(Other	** ** ** **		21	C	Other (e.g. open fire)		. 8					