

HOUSEHOLD BUDGET SURVEY

PERSONAL SCHEDULE (HB. 2)

(1)

RECORD 3			
Ref. No.	Area	Hld.	Per

(2-8)

WORKING AND OCCUPATIONAL STATUS (ASK ALL)

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

AMOUNT		Code
£	p	
	(working status)	050 1
	(full/part time)	061 1

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

2. (a) Are you away from work at present - i.e. for more than the last 3 working days? YES Y
NO N. ASK Q. 5

IF YES (i) how long have you been away from work? _____ (years) (weeks if under a year) 051 1

(ii) what is the reason for your absence?
1 - illness/accident. 2 - holidays. 3 - strike. 4 - Other (specify) _____ 052 1

(iii) what pay are you receiving from your employer during this absence?
1 - full pay. 2 - part pay. 3 - no pay. _____ 049 1

(b) How long have you been in continuous employment _____ (years) (weeks if under a year) X50 1

IF LESS THAN 12 MONTHS
Enter the total number of weeks employed in past 12 months _____ (weeks) X51 1

TO ALL UNEMPLOYED (coded 4 or 5 at Q. 1)

3. (a) How long have you been out of work? _____ (years) (weeks if under a year) 053 1

(b) If less than a year enter former usual gross wage or salary at Q. 7.

TO ALL RETIRED (coded 8 at Q. 1)

4. (a) How long are you retired? _____ (years) (weeks if under a year) 055 1

(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)

5. (a) What is/was your present/or usual principal job? Codes 1, 2, 3 - present job
Codes 4, 5, 8 - usual job
Code 9 - subsidiary job

Occupation and description of work (i.e. what you do) (occup.) 056 1

Industry/business (i.e. where you work) (indus.) 058 1

If a Farmer (/) Main Sub
enter acreage farmed. _____ (acres) X5 1

If self-employed (incl. Farmers)
No employees 1
Family employees only 2
Other employees 3

CODES 1, 2, 3 (i.e. working) ASK Q. 5 (b)
CODES 4, 5, 8 (i.e. not at work) ASK Q. 13

(b) If presently working, do you have regular subsidiary job(s)? YES 1
NO 2. ASK Q. 6

IF YES, give following details for each -
Description of work X57 1
Industry/business

NOW ASK Q. 6 IF EMPLOYEE
Q. 10 IF SELF-EMPLOYED

ALL EMPLOYEES (coded 1 at Q. 1) - PRINCIPAL JOB

WAGES OR SALARY PARTICULARS

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

						Amount		CODE
						£	p	
(a)	TOTAL GROSS AMOUNT EARNED							551
(b)	INCLUDING DEDUCTIONS MADE AT SOURCE					YES	NO	
	Income tax	..	..	..	Y	N	593	
	Social insurance contribution	..	..	..	Y	N	594	
	Superannuation or pension contribution	..	..	..	Y	N	500	
	Trade union dues or subscriptions	..	..	..	Y	N	518	
	Life insurance premiums	..	..	..	Y	N		
	VHI insurance	..	..	..	Y	N	499	
	Mortgage repayments	..	..	..	Y	N		
	Regular savings (e.g. instalment savings)	..	..	..	Y	N	542	
	Other deductions (specify below)	..	..	..	Y	N		
							
							
							
(c)	NET "TAKE-HOME" AMOUNT							
(d)	How long a period do these particulars cover?					Period	.....
(e)	How many actual hours a week (excluding meal intervals) did you work during this period?					Hours	.....	060 1
(f)	Did the above wage/salary include a refund of business expenses by your employer (e.g. travel, subsistence, etc.)					YES	..... Y	
						NO	..... N	
	IF YES, specify					£	.....
						£	

(ii) IF SALARIED EMPLOYEE, enter gross annual salary and the annual amounts of as many deductions as possible for completeness sake.

Annual Gross Salary	£	Annual Deductions	£	Annual Deductions	£
Basic	.....	Income tax	.....		.....
Additions (child allowances)	.....	PRSI	.....		.....
Total	.....	Pension	.....		.....
		VHI	.....		.....

USUAL WAGE OR SALARY

7. Do you usually receive the gross wage or salary recorded at Q. 6 (a) above? YES Y, ASK Q. 8
NO N

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

915

OCCASIONAL ADDITIONS TO WAGE OR SALARY

8. Do you ever receive occasional additions to your wage or salary such as Christmas, holiday or quarterly bonuses, commissions, etc. not included above? YES Y
NO N, ASK Q. 9

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

Description of Payments	AMOUNT		Was this paid	
	£	P	Before Tax?	After Tax?
.....			1	2
.....			1	2
.....			1	2
.....			1	2

552 8

AMOUNT		CODE
£	p	
		551
		593
		594
		500
		518
		499
		542
		060 1
		915
		552 8

BENEFITS IN-KIND FROM EMPLOYER

Records (code £ entries) S - seen by Interviewer C - consulted by respondent N - not consulted E = estimated.	AMOUNT		CODE
	£	p	

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

YES NO

- (a) FREE Luncheon Vouchers
- " Meals (e.g. lunches, dinners)
- " Food (e.g. milk, eggs, potatoes)
- " Fuel (e.g. turf)

Y N }
Y N }
Y N }
Y N }

IF YES, specify quantities and values of each received in last 7 days

Description of Benefit	Quantity or No.	Value	
		£	p

571 1

(b) FREE OR SUBSIDISED HOUSING (e.g. company house, subsidised housing expenses, or concessions with mortgage repayments)?

YES Y
NO N

571

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 from your business or profession before Tax for the most recent 12 months for which you can give a figure? _____

- Income _____
- Year ending
- NOW ASK Q. 11
- Don't know (✓)

553 8

554 8

IF DON'T KNOW

(b) Do you draw regular sums of money from the business for your own personal use?

YES Y
NO N, ASK (c)

IF YES

- (i) how much do you usually draw out? Amount £
- (ii) how often on average do you do this? Frequency
- (iii) after deducting these personal withdrawals how much was your net* income or profit before tax for the most recent 12 months for which you can give a figure? _____

- Income £
- Year ending
- NOW ASK Q. 11
- Don't know (✓)

IF NO OR DON'T KNOW

(c) What was the total turnover of the business during the most recent 12 months for which you can give a figure? _____

- Turnover £
- Year ending
- Don't know (✓)
- NOW ASK Q. 11

11. Are you the sole owner of your business or are you in partnership with someone else? _____

- Sole owner
- Partnership

IF IN PARTNERSHIP has your partner's share been included in the figure given above?

YES Y
NO N

IF YES, how much was your partner's share

£

REGULAR SUBSIDIARY JOB - IF YES AT Q. 5(b)

12. (a) IF AN EMPLOYEE, enter details at LEFT HAND margin of Q. 6.

555

556

557 8

558 8

(b) IF SELF-EMPLOYED, enter details at LEFT HAND margin of Q. 10.

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

OTHER RECEIPTS AND BENEFITS

LONG TERM RECEIPTS

13. Are you *currently* receiving any of the following benefits or receipts?

IF YES - ENTER AMOUNTS BEING RECEIVED →

(a) STATE WELFARE BENEFITS

Old Age

	YES	NO	Contributory?		Period
			Yes	No	
(i) Old age pension (66 years and over)	Y	N	8	9	
(ii) Retirement pension (65-66 years)	Y	N			
(iii) Single woman's allowance (59-65 years)	Y	N			

Illness

	YES	NO	Contributory?	Period
(iv) Invalidity pension (i.e. permanent incapacity for work due to illness)	Y	N		
(v) Disablement benefit (i.e. long-term incapacity for work due to occupational injury/illness)	Y	N		
(vi) Blind pension	Y	N		
(vii) Disabled persons's maintenance allowance	Y	N		

One parent family

	YES	NO	Contributory?	Period
(viii) Widow's and orphan's pension	Y	N	0	1
(ix) Deserted wife's benefit/allowance	Y	N	7	8
(x) Unmarried mother's allowance	Y	N		
(xi) Prisoner's wife allowance	Y	N		

Other

	YES	NO	Contributory?	Period
(xii) Child benefit (formerly children's allowance)	Y	N		
(xiii) Rent allowance (i.e. tenants affected by 1982 decontrol of rents)	Y	N		
(xiv) Other regular long term State benefits	Y	N		

AMOUNT		CODE
£	p	
		57
		577
		852
		850
		851
		854
		859
		58
		85
		853
		855
		576
		856
		582

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

	YES	NO	Last Amount Received				If after tax how much was deducted?
			Amount	Period	Before Tax?	After Tax?	
(i) from state employment	Y	N	£		1	2	£
(ii) from other employment	Y	N	£		1	2	£
(c) ANNUITIES	Y	N	£		1	2	£
(d) TRUSTS OR COVENANTS	Y	N	£		1	2	£

IF YES, give particulars required above and ENTER AMOUNTS BEING RECEIVED →

(e) OTHER REGULAR RECEIPTS AND BENEFITS

	Yes	No	Period
(i) Military service pensions (Irish or foreign)	Y	N	
(ii) Regular allowance from somebody outside the house (e.g. friend, relative)	Y	N	
(iii) Others - specify below	Y	N	

IF YES, give particulars required above and ENTER AMOUNTS BEING RECEIVED →

OTHER REGULAR BENEFITS RECEIVED IN LAST 12 MONTHS

14. Did you receive any of the following receipts during the past 12 months? YES NO

- Unemployment**
- (i) Unemployment benefit Y N
- (ii) Unemployment assistance Y N
- Illness**
- (iii) Disability benefit (i.e. incapacity to work because of illness) Y N
- (iv) Injury benefit (i.e. incapacity to work because of occupational injury) Y N
- Income Supplement**
- (v) Family income supplement Y N
- (vi) Supplementary welfare allowance (basic rate and/or supplement) Y N
- Other**
- (vii) Trade Union strike/sick pay Y N
- (viii) Other regular short term receipts (e.g. maternity benefit, private insurance) Y N

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

AMOUNT		CODE
£	p	
.....	583 1
.....	063 1
.....	584 1
.....	064 1
.....	586 1
.....	066 1
.....	860 1
.....	X58 1
.....	861 1
.....	X59 1
.....	585 1
.....	065 1
.....	570 1
.....	068 1
.....	590 1
.....	590 8
.....	090 1
.....	070 1
.....	X60 1
.....	X61 1
.....	X62 1
.....	X63 1
.....	X64 1
.....	X65 1
.....	X66 1

IF YES, TO ANY, enter the following details

LUMP-SUM STATE PAYMENTS

15. Have you received any of the following receipts during the last 12 months?

- Death grant YES NO Y N
- Redundancy Gratuity YES NO Y N
- IF YES, no. of years with firm

IF YES, how much did you receive?

ALL OTHER INCOME

INTEREST AND DIVIDENDS

16. Do you have money invested in

- Stocks and shares? YES NO 1 2
- Government loans? 1 2
- Building Societies? 1 2
- Deposit/Savings Accounts
- Commercial Banks? 1 2
- Trustee Savings Bank? 1 2
- Post Office Savings Bank? 1 2
- Other (e.g. unit trusts)? 1 2

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

Description of Interest or Dividend	Amount received in last 12 months	Was this paid	
		Before Tax?	After Tax?
.....	£	1	2
.....	£	1	2
.....	£	1	2
.....	£	1	2

Records (code £ entries) S - seen by Interviewer C - consulted by respondent N - not consulted E - estimated.	AMOUNT		CODE
	£	p	

INCOME FROM PROPERTY

17. Do you receive any income from the rental of land or property (excluding any part of this accommodation let or sublet?)

YES Y
NO N, ASK Q. 18.

IF YES, how much did you receive in the last 12 months before deducting income tax but after deducting all allowable expenses

Farming land	565	8
Other property	566	8

OCCASIONAL WORK

18. Have you at any time during the past 12 months made any further money or profit (e.g. babysitting, grinds, occasional work)?

YES Y
NO N, ASK Q. 19.

IF YES, give the following details for each

Description of Work	Date work took place	Approx. Duration	Income, profit or fees
.....	£
.....	£
.....	£

INCOME OF DEPENDENTS (IF ANY) UNDER 15 YEARS

19. If you have dependents under 15 years

YES NO

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

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

IF YES, give the following details for each child

Per. No.	Source of Income	Approx. Income in last 2 months
.....	£
.....	£
.....	£

TO ALL RESPONDENTS

DIRECT SOCIAL INSURANCE OR HEALTH CONTRIBUTIONS

20. Do you make any direct social insurance or health payments (i.e. not deducted by employer)?

YES Y
NO N, ASK Q. 21.

IF YES (a) how much did you pay (directly)?

Social Insurance
Health Contribution

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

DIRECT INCOME TAX PAYMENTS

21. Have you paid any income tax directly to the Revenue Commissioners during the last 12 months?

YES Y
NO N, ASK Q. 22.

IF YES, give details below

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

DIRECT INCOME TAX REFUNDS

22. Have you had any income tax refunded directly to you by the Revenue commissioners during the last 12 months?

YES Y
NO N, ASK Q. 23.

IF YES, how much was refunded

071 8

REGULAR PERSONAL PAYMENTS

(Ask all questions)

LICENCES

23. Have you bought any of the following during the past 12 months?

	YES	NO
Television licence	Y	N
Full driving licence - 1 year <input type="checkbox"/> or 3 years <input type="checkbox"/>	Y	N
Provisional driving licence	Y	N
Dog licence	Y	N
Fishing licence	Y	N
Shooting licence	Y	N
Others - specify below	Y	N

IF YES enter payments in last 12 months

AMOUNT		CODE
£	p	
.....	520 8
.....	521 8
.....	522 8
.....	522 8
.....	522 8
.....	522 8
.....	522 8

OWNERSHIP AND USE OF MOTOR VEHICLES

24. Do you currently:

- (i) own a motor vehicle *outright*?
- (ii) own a motor vehicle *under a HP or other credit sales agreement*?
- (iii) have the *continuous use* for private purposes of a motor vehicle owned by someone outside the household?

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

MOTOR TAX AND INSURANCE

25. How much did you pay during the past 12 months for?

Motor Tax/Registration	5	6
Comprehensive Insurance	8	7
Other motor insurance	9	7

OUTRIGHT PURCHASE OF A MOTOR VEHICLE

26. Did you purchase this vehicle *outright* (i.e. by cash or personal loan) during the past 12 months?

YES Y
NO N

EXCLUDE VEHICLES BEING PURCHASED BY HP OR CREDIT SALES AGREEMENT COVERED BY Q. 34

IF YES, give the required particulars

New	2	1
Secondhand	3	1
Month acquired		
Cash cost (exclude trade-in value) →		

ANNUAL MILEAGE (motor car/van only)

27. Enter approximate mileage in last 12 months

Total annual mileage
Of which - business mileage

REGULAR PARKING/GARAGING EXPENSES

28. Do you rent a garage, and/or regularly pay a fixed fee to park or garage your car?

YES Y
NO N

IF YES (i) how much do you pay

(ii) how long a period does this cover?

Period

BUSINESS AND RECOVERABLE MOTORING EXPENSES

29. Are any of your motoring expenses:

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

IF YES, enter the following details

- Tax
- Insurance
- Motor fuel
- Servicing
- Other

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

.....	.....	07 1
.....	.....	07 1
.....	.....	07 1
.....	.....	45
.....	.....	45
.....	.....	07 1
.....	.....	45 8
.....	.....	X67 1
.....	.....	X68 1
.....	.....	464
.....	.....	081 1
.....	.....	916
.....	.....	917
.....	.....	918
.....	.....	919

IN-PATIENT HOSPITAL COSTS (INCLUDE payments for private/semi-private room in the case of patients with full/limited Health Act eligibility, all other costs and fees).

		AMOUNT		CODE
		£	p	
39.	Did you pay the cost of any person's stay in hospital during last 12 months?	YES Y for Per. No.,		
		NO N		
IF YES	(i) how much did you pay in the last 12 months?	Total payment	.....	054 8
		VHI refunds	.....
		Net hospitalisation cost (after refund)	.....	497 8
	(ii) Total number of bed-nights paid for	State funded hospitals	.....	X71 8
		Private hospital(s)	.....	X72 8

REFUND OF OUT-PATIENT MEDICAL EXPENSES

40.	Did you receive from the HEALTH BOARD during the past 12 months any cash refund of expenditure incurred on prescribed drugs	YES Y		
		NO N		
IF YES	(i) how much was refunded by Health Board in the past month?	.....		701 4
	(ii) how long a period did the refund cover?	Period	..... months	
41.	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 Y		
		NO N		
IF YES,	how much was refunded by VHI in past 12 months?	.....		702 8

SUPPLEMENTARY WELFARE ASSISTANCE

NOTE: This question must be handled VERY TACTFULLY and asked only of low income households where it could be relevant.

		IF YES TO ANY, enter approximate value received in last 12 months		
		YES	NO	
42.	During the last 12 months have you received any of the following welfare benefits provided by the Department of Social Welfare or Health Board	.....	
(i)	Fuel vouchers (October-April)	Y	N	924 8
(ii)	Bottled gas allowance (instead of electricity where no ESB supply)	Y	N	925 8
(iii)	Children's footwear (e.g. allowance/voucher)	Y	N	926 8
(iv)	Special once-off payments from Community Welfare Officer to meet exceptional needs	Y	N	927 8

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

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?	YES Y		
		NO N		
IF YES,	please state:-			
(i)	how many separate holidays were paid for (vacation by family of 5 = 5 holidays)	In Republic	.....	706 1
		Elsewhere	.....	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 Republic	.....	708 1
		Elsewhere	.....	709 1
(iii)	estimated combined total expenditure incurred by you and any other person you paid for (including transport, meals, entertainment, presents, etc).	In Republic	.....	710 8
		Elsewhere	.....	711 8

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