



Four empty boxes for I.D. No.

I.D. No.

Four empty boxes for Interviewer No.

Interviewer No.

I just want to confirm that you have been randomly selected to take part in the Healthy Ireland Survey. The survey deals with various issues relating to health behaviours in Ireland and is managed by the Department of Health.

Your participation is voluntary and your answers will be confidential. The survey complies with all aspects of GDPR. If you feel you require further information on the research before deciding to take part we can provide this to you.

**Q. A** Can I just check that I have given you enough information and you are happy to proceed?

Yes .....  
No .....

**1 CONTINUE**  
**2 OFFER FURTHER**  
**DETAILS**

**ASK ALL**  
**SINGLE CODE**

**Q.58a** How would you define your current situation with regard to work?

- Working for payment or profit..... 1
- Looking for first regular job..... 2
- Unemployed (either long term or due to Covid-19)..... 3
- A student or pupil ..... 4
- Retired from employment..... 5
- Unable to work due to permanent sickness or disability 6
- Looking after home or family..... 7
- Other ..... 8

**ASK Q.58b if code 1,2,3,4,8 AT Q.58a**  
**SINGLE CODE**

**Q.701** And, did Covid-19 affect your employment status or job in any way?

- Yes ..... 1
- No..... 2
- Don't Know (DNRO)..... 3
- Refused (DNRO)..... 4



ASK Q.702 if code 1 AT Q.701

SINGLE CODE

READ OUT

**Q.702** In what ways did Covid-19 affect your employment status or job? Please select all that apply.

- Loss of employment ..... 1
- Temporary lay-off ..... 2
- Closure of own business/ceased trading ..... 3
- Remained in current job but work environment changed  
..... 4
- Started a new job ..... 5
- Unable to start a new job ..... 6
- Started a new business..... 7
- Changed business model e.g. online/takeaway..... 8
- Other (Specify:\_\_\_\_) ..... 9
- Don't Know (DNRO)..... 9
- Refused (DNRO)..... 9

SINGLE CODE

**Q.52** What is your gender

- Male ..... 1
- Female ..... 2
- Other (specify: \_\_\_\_\_)..... 3



ASK ALL

**Firstly, I would like to ask you a few questions about your general health...**

ASK ALL

SINGLE CODE

READ OUT

**Q.1** How is your health in general? Would you say it is.....?

Very Good .....	1
Good.....	2
Fair .....	3
Bad.....	4
Very Bad.....	5
Don't Know (DNRO).....	6
Refused (DNRO).....	7

SINGLE CODE

**Q.2** Do you have any long-standing illness or health problem i.e. problems which have lasted or will last for at least 6 months or more?

Yes .....	1
No.....	2
Don't Know (DNRO).....	3
Refused (DNRO).....	4

SINGLE CODE

READ OUT

**Q.3** For the past 6 months or more, to what extent have you been limited in everyday activities due to health problems, i.e. an on-going physical or mental health problem, illness or disability?

Severely Limited.....	1
Limited but not severely .....	2
Not limited at all.....	3
Don't Know (DNRO).....	4
Refused (DNRO).....	5

SINGLE CODE

**Q.703** Do you currently have any long-term health conditions that has been confirmed by a medical diagnosis?

Yes .....	1
No.....	2
DK/ Refusal (SPONTANEOUS).....	999



**ASK Q.704 IF CODE 1 AT Q.703**

**MULTI CODE**

**PROBE TO PRECODES**

**Q.704** What conditions are these?

**PROBE FULLY. MULTICODE (APART FROM NONE OF THESE, DON'T KNOW, REFUSED)**

Chronic lung disease such as chronic bronchitis or emphysema .....	1
Asthma .....	2
Arthritis (including osteoarthritis, or rheumatism).....	3
Osteoporosis, sometimes called thin or brittle bones .....	4
Cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers).....	5
<hr/>	
Parkinson's disease .....	6
Any emotional, nervous or psychiatric problems, such as depression or anxiety..	7
Alcohol or substance abuse .....	8
Alzheimer's disease .....	9
<hr/>	
Dementia, organic brain syndrome, senility .....	10
Serious memory impairment .....	11
Stomach ulcers.....	12
Varicose Ulcers (an ulcer due to varicose veins).....	13
Cirrhosis, or serious liver damage .....	14
<hr/>	
High blood pressure or hypertension .....	15
Angina .....	16
A heart attack (including myocardial infarction or coronary thrombosis) .....	17
Congestive heart failure .....	18
Diabetes or high blood sugar .....	19
<hr/>	
A stroke (cerebral vascular disease).....	20
Mini-stroke or TIA .....	21
High cholesterol.....	22
A heart murmur .....	23
An abnormal heart rhythm .....	24
<hr/>	
Any other heart trouble (specify _____) .....	25
Any other condition (specify _____).....	26
None of these .....	27
Don't Know .....	997
Refused .....	999

**ASK ALL**

**Q705a** To your knowledge, are you, or have you been, infected with COVID-19?

Yes .....	1
No.....	2
Don't Know (DNRO).....	3
Refused (DNRO).....	4

**ASK Q705b IF CODE 1 AT Q705a**

**SINGLE CODE**

**Q705b** And was it mild or severe?

Mild.....	1
Severe .....	2
No symptoms/asymptomatic.....	3
Don't Know (DNRO).....	4
Refused (DNRO).....	5



**ASK Q705c IF CODE 1 AT Q705a**

**SINGLE CODE**

**READ OUT**

**Q705c** If Yes: And was it:

- Confirmed by a test ..... 1
- Not confirmed by a test ..... 2
- Don't Know (DNRO)..... 3
- Refused (DNRO) ..... 4

**ASK ALL**

**Q.829** Over the past year, would you, or any other members of your household have ever experienced problems with buying enough hygiene products because of cost (e.g. soap, household cleaning agents, bathroom tissue, nappies, period products etc.)

- Yes ..... 1
- No..... 2
- Don't Know (DNRO)..... 3
- Refused (DNRO) ..... 4



**The next set of questions I would like to ask you are about tobacco consumption**

**ASK ALL  
SINGLE CODE  
READ OUT**

**Q.6** Do you smoke tobacco products?

- Yes, daily ..... 1 [GO TO Q.9a](#)
- Yes, occasionally ..... 2 [GO TO Q.9b](#)
- No..... 3 [GO TO Q.7](#)

**ASK Q.7 IF CODE 3 SELECTED AT Q.6  
SINGLE CODE**

**READ OUT**

**Q.7** Did you ever smoke tobacco products (in the past)?

- Yes, daily ..... 1 [GO TO Q.8](#)
- Yes, occasionally ..... 2 [GO TO Q.8](#)
- No..... 3 [GO TO Q.10](#)

**ASK Q.8 IF CODE 1 OR 2 SELECTED AT Q.7  
SINGLE CODE**

**PROBE TO PRECODES**

**Q.8** How long has it been since you last smoked tobacco products?

- Less than 1 month..... 1
- 1 month or more but less than 3 months ..... 2
- 3 months or more but less than 6 months..... 3
- 6 months or more but less than 1 year ..... 4
- 1 year or more but less than 5 years ..... 5
- 5 year or more but less than 10 years ..... 6
- 10 years or more ..... 7
- Don't Know ..... 8
- Refused ..... 9

**ASK Q.709 IF CODES 1 TO 4 SELECTED AT Q.8  
SINGLE CODE**

**PROBE TO PRECODES**

**Q.709** And in what month did you quit smoking?

Month: \_\_\_\_\_

**ASK Q.9a IF CODE 1 AT Q.6. LIMIT RANGE TO 0-199.**

**INTERVIEWER NOTE: IF RESPONDENT HAS DIFFICULTY ASK THEM TO ESTIMATE THE AMOUNT THEY SMOKE FOR THE PRODUCT THEY SMOKE MOST OFTEN.**  
**READ OUT EACH CATEGORY**

**Q.9a** Each day, on average, how many of the following tobacco products do you smoke?  
**RECORD NO. OF CIGARETTES ETC. SMOKED DAILY**

Manufactured cigarettes.....	
Hand-rolled cigarettes .....	
Pipes full of tobacco .....	
Cigars .....	
Any others (please specify _____).....	



**ASK ALL  
SINGLE CODE  
READ OUT**

**Q.10** Which of the following statements BEST applies to you?

- I have never tried e-cigarettes..... 1
- I have tried e-cigarettes but do not use them (anymore) ..... 2
- I have tried e-cigarettes and still use them daily ..... 3
- I have tried e-cigarettes and still use them occasionally ..... 4
- Don't know (DNRO) ..... 5
- Refused (DNRO) ..... 6

**IF CODE 3 AT Q.6 AND 3 AT Q7. GO TO NEXT SECTION.**

**ASK Q.11 IF CODE 1 OR 2 AT Q.6 OR IF CODE 1, 2, 3 OR 4 AT Q.8**  
**SINGLE CODE**

**Q.11** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes ..... 1
- No ..... 2
- Don't Know (DNRO) ..... 3
- Refused (DNRO) ..... 4

**ASK Q.12 IF CODE 1 AT Q.11**  
**MULTICODE**

**Q.12** During your last attempt to give up, did you use any help, such as products, medication or quit support services?

- No help used, attempted to quit "cold-turkey" ..... 1
- Nicotine patches, gum, lozenges, spray ..... 2
- Varenicline/Champix or Bupropion/Zyban (prescribed medication) ..... 3
- Acupuncture ..... 4
- Smokers telephone Quitline/Helpline ..... 5
- www.quit.ie ..... 6
- www.facebook.com/HSEquit ..... 7
- E-cigarettes ..... 8
- Other aid, help, support (please specify) ..... 9
- Don't Know (DNRO) ..... 10
- Refused (DNRO) ..... 11

**ASK Q.13 IF CODE 1 OR 2 AT Q.6**  
**SINGLE CODE**  
**READ OUT. REVERSE ORDER**

**Q.13** Are you currently...?

- Trying to quit ..... 1
- Actively planning to quit ..... 2
- Thinking about quitting but not planning to ..... 3
- Not thinking about quitting ..... 4
- Don't Know (DNRO) ..... 5
- Refused (DNRO) ..... 6



# Ipsos MRBI

## ASK Q.710 IF CODE 1 OR 2 AT Q.6

### SINGLE CODE

#### READ OUT. ROTATE ORDER

**Q.710** For each of the following health professionals, can you tell me whether you saw this professional in the past 12 months or did not see this professional in the past 12 months?

	Saw this professional	Didn't see this professional	Don't Know
Dentist .....	1	2	3
Pharmacist .....	1	2	3
Hospital doctor .....	1	2	3
Nurse .....	1	2	3
HSE Smoking Cessation Officer .....	1	2	3
Any other health professional .....	1	2	3

## ASK Q.711 IF CODE 1 OR 2 AT Q.6

### SINGLE CODE

#### READ OUT. ROTATE ORDER

**Q.711** And for each of these did you discuss ways of giving up smoking or did not discuss ways of giving up smoking?

	Discussed ways of giving up	Did not discuss ways of giving up	Don't Know
GP/family doctor (ASK If code 1 at Q5a) .....	1	2	3
Dentist .....	1	2	3
Pharmacist .....	1	2	3
Hospital doctor .....	1	2	3
Nurse .....	1	2	3
HSE Smoking Cessation Officer .....	1	2	3
Any other health professional.....	1	2	3

## ASK Q.712a IF CODE 1 OR 2 AT Q.6

### SINGLE CODE

#### ROTATE

**Q712a:** Comparing your smoking behaviour since the start of the Covid-19 restrictions would you say that you now:

- Smoke More ..... 1
- Smoke Less..... 2
- Smoke about the same ..... 3
- You didn't smoke before the Covid-19 restrictions ..... 4
- Don't Know (DNRO)..... 5
- Refused (DNRO) ..... 6





ASK Q.712b IF CODE 4 AT Q.712a  
SINGLE CODE

**Q712b:** And were you an ex-smoker who took up smoking again, or a non-smoker who never smoked previously:

- Ex-smoker ..... 1
- Non-smoker..... 2
- Don't Know (DNRO)..... 3
- Refused (DNRO)..... 4

**ALCOHOL**

**The next set of questions I would like to ask you are about alcohol consumption**

**ASK ALL  
SINGLE CODE**

**Q.14** Have you ever drunk any alcoholic beverages?

- Yes ..... 1 **GO TO Q.15**
- Never..... 2
- Have only had a few sips of alcohol in my lifetime ..... 3
- Don't Know (DNRO)..... 4
- Refused (DNRO)..... 5

**ASK IF CODE 1 AT Q.14  
SINGLE CODE – PROBE TO PRECODES**

**Q.15** How often have you consumed alcohol in the past 6 months?

- Daily ..... 1
- 5-6 times a week ..... 2
- 4 times a week ..... 3
- 3 times a week ..... 4
- Twice a week ..... 5
- Once a week ..... 6
- 2-3 times a month ..... 7
- Once a month..... 8
- Less than once a month..... 9
- I did not drink in the last 6 months but I drank longer ago ..... 10
- Don't know (DNRO) ..... 11
- Refused (DNRO)..... 12

**ASK Q.17 IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15)**

**Q.17** During the last 6 months, thinking of a typical day on which you had an alcoholic drink, how many standard drinks would you drink? By standard drink I mean a half pint of beer, a small glass of wine or a pub measure of spirits. **RECORD NUMBER OF STANDARD DRINKS**

- Don't Know (DNRO).....
- Refused (DNRO).....



# Ipsos MRBI

## ASK Q.18 IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) SINGLE CODE – PROBE TO PRECODES

**Q.18** During the last 6 months, how often have you consumed (drunk) the equivalent of 6 standard drinks on one drinking occasion? By 6 standard drinks I mean 3 pints of beer, just under a bottle of wine or 6 pub measures of spirits.

Daily .....	1
5-6 times a week .....	2
4 times a week .....	3
3 times a week .....	4
Twice a week .....	5
Once a week .....	6
2-3 times a month .....	7
Once a month.....	8
Less than once a month.....	9
I did not drink in the last 6 months but I drank longer ago .....	10
Don't know (DNRO) .....	11
Refused (DNRO).....	12

## ASK Q.18 IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) SINGLE CODE

Validate: if someone answers code 1 to 11 at Q18, only accept 6 or higher at Q142

**Q.142** During the last 6 months what is the highest number of standard drinks that you have drunk on a single occasion? Again, by standard drink I mean a half pint of beer, a small glass of wine or a pub measure of spirits **RECORD NUMBER OF STANDARD DRINKS**

Don't Know (DNRO).....	
Refused (DNRO).....	

**Q.713a** Since the start of the COVID -19 restrictions in March 2020, would you say you have been drinking more, drinking less or has your drinking remained about the same?

Drinking more .....	1
Drinking less.....	2
Drinking about the same .....	3
Don't Know .....	4
Refused .....	5

**Q.801** Thinking of the last day you had an alcoholic drink, who, if anyone, were you drinking with?

**Interviewer instruction: Single answer. If respondent unsure, please probe for with whom the majority of their time was spent. Note that the other person doesn't necessarily have to have been drinking alcohol.**

**PROBE TO PRECODES. SINGLE CODE**

On my own .....	1
With my spouse/partner only.....	2
With one other person (not spouse/partner) .....	3
In a group of people .....	3
Don't Know .....	4
Refused .....	5

**Q.802** Thinking of the last day you had an alcoholic drink, where were you drinking?

**Interviewer instruction: Single answer. If respondent unsure, please probe for where they majority of their time was spent.**

**PROBE TO PRECODES. SINGLE CODE**

At home (inside or outside) .....	1
In someone else's home (inside or outside) .....	2
In/outside a pub.....	3
In/outside a restaurant, hotel or café .....	4
In a public place outdoors (e.g. park) .....	5
In a nightclub.....	6
At a sport/music event.....	7
While on the move (e.g. train, airplane) .....	8
Somewhere else (specify: _____).....	9
Don't know.....	10
Refused .....	11

**ASK Q.803 IF CODE 1, 2, 5, 7, 8 OR 9 AT Q.802**

**Q.803** Where was this drink purchased?

**Interviewer instruction: Single answer.**

**PROBE TO PRECODES. SINGLE CODE**

Pub/bar/hotel/restaurant/nightclub/ social club/sports club .....	1
Supermarket.....	2
Convenience shop .....	3
Standalone off-licence.....	5
Duty free shop.....	6
Received it as a gift.....	8
Somewhere else (specify: _____).....	9
Don't know.....	10
Refused .....	11

**ASK Q.804 IF CODES 1 TO 9 AT Q.18**

**Q.804** Earlier you said that you drink 6 or more standard drinks <ANSWER FROM Q.18>. On these occasions how often would children under the age of 16 have been present?

Would you say it is...

**ROTATE ANSWERS. READ OUT. SINGLE CODE**

Every time .....	1
Sometimes .....	2
Never.....	3
Don't know (DNRO) .....	4



**WEIGHT MANAGEMENT, Diet and Nutrition**

**Moving on, I would like to ask some questions relating to weight management, diet and nutrition**

**Q.26** Each day, how many portions of snack foods (other than fruit, vegetables or yoghurt) do you usually eat? A portion is two biscuits, a standard chocolate bar or a packet of crisps.

**RECORD NUMBER OF PORTIONS DAILY**

- Don't eat snack foods everyday ..... 1
- Never eat snack foods ..... 2
- Don't Know (DNRO)..... 3
- Refused (DNRO)..... 4

**ASK ALL SINGLE CODE**

**READ OUT STATEMENTS. REVERSE ORDER**

**Q.38** Which of the following statements best describes you?

- I am trying to lose weight ..... 1
- I am trying to maintain weight ..... 2
- I am trying to gain weight ..... 3
- None of these (DNRO) ..... 4

**ASK IF CODE 1, 2 AT Q.38 MULTICODE**

**Q.39** Are you trying to lose weight (**IF CODE 1 AT Q.38**) or maintain your weight (**IF CODE 2 AT Q.38**) by doing any of the following?

- Eating fewer calories ..... 1
- Eating less fat..... 2
- Eating/drinking fewer sugar sweetened foods/drinks ..... 3
- Taking up more exercise..... 4
- Other (please specify \_\_\_\_\_)..... 5
- None of these (DNRO)..... 6

**ASK ALL SINGLE CODE**

**Q.715** Since the start of the COVID -19 restrictions in March 2020, would you say you have gained weight, lost weight or your weight has remained about the same?

- Gained weight ..... 1
- Lost weight ..... 2
- Weight has remained about the same ..... 3
- Don't know (DNRO)..... 4
- Refused (DNRO) ..... 5



Ipsos MRBI

READ OUT: AS PART OF THIS SURVEY WE ARE TAKING KEY MEASUREMENTS INCLUDING HEIGHT, WAIST AND WEIGHT. THIS HELPS HEALTHY IRELAND MONITOR HOW MANY PEOPLE IN THE COUNTRY ARE OVERWEIGHT TO HELP DESIGN PROGRAMMES TO HELP THEM LOSE WEIGHT. TO DO THIS I AM GOING TO ASK YOU FOR THREE MEASUREMENTS – YOUR HEIGHT, WEIGHT AND WAIST CIRCUMFERENCE.

Q.808 Are you happy for me to record your measurements?

- Yes ..... 1
- No..... 2 SKIP TO NEXT SECTION

Q.809 How tall are you without shoes? You can tell me in centimetres or feet and inches.

\_\_\_\_\_ centimetres  
 \_\_\_\_ feet \_\_\_\_ inches  
**IF DK / REFUSAL, CODE 999**

Q.810 How much do you weigh without clothes and shoes? You can tell me in kilogrammes or stones and pounds. (ADDITIONAL TEXT FOR WOMEN AGED UNDER 50: If you are currently pregnant please tell me your usual weight before pregnancy).

\_\_\_\_\_ kilogrammes  
 \_\_\_\_ stone \_\_\_\_ pounds  
**IF DK / REFUSAL, CODE 999**

Q.811 What is your waist circumference? This would be the same as your trouser waist size. You can tell me in centimetres or inches. (ADDITIONAL TEXT FOR WOMEN AGED UNDER 50: If you are currently pregnant please tell me your usual waist measurement before pregnancy).

\_\_\_\_\_ centimetres  
 \_\_\_\_\_ inches  
**IF DK / REFUSAL, CODE 999**

Q.812 Are there any reasons why you feel that any of your current measurements may not be a true reflection of your normal state, for example, you are pregnant, you're taking a course of medication that may cause water retention or you are currently wearing a cast on a broken limb, or you find it difficult to get accurate measurements for whatever reason?

**PROBE TO PRECODES. MULTI CODE APART FROM CODES 1, 5 AND 6**

- No, all are a true reflection ..... 1
- Height is not a true reflection ..... 2
- Weight is not a true reflection ..... 3
- Waist is not a true reflection ..... 4
- Don't know..... 5
- Refused ..... 6

**Skin Protection**

Moving on, I would now like to ask you some questions about your exposure to the sun

**ASK ALL**

**Q.813** Which, if any, of these sun protection methods do you use frequently during the summer in Ireland?  
**ROTATE ANSWERS. READ OUT. MULTI CODE**

- Limit the time spent in the sun ..... 1
- Wear long sleeves, a hat or sunglasses ..... 2
- Use sunscreen of at least factor 30 ..... 3
- None of these (DNRO) ..... 4
- Don't Know (DNRO) ..... 5
- Refused (DNRO) ..... 6

**ASK ALL**  
**SINGLE CODE**

**Q.814** Thinking now of sunbeds, have you ever used a sunbed?  
**SINGLE CODE**

- Yes ..... 1
- No ..... 2
- Don't Know ..... 3
- Refused ..... 4

**ASK IF YES AT Q.814**  
**SINGLE CODE**

**Q.815** And do you use them regularly, from time-to-time or are they something you have done in the past but not anymore?  
**SINGLE CODE**

- Regularly ..... 1
- From time-to-time ..... 2
- Used in the past, but not any more ..... 3
- Don't Know ..... 4
- Refused ..... 5

**ASK IF NO AT Q.814**  
**SINGLE CODE**

**Q.816** And would you say you are likely or unlikely to use a sunbed in the future?  
**SINGLE CODE**

- Likely ..... 1
- Unlikely ..... 2
- Don't Know ..... 3
- Refused ..... 4



Dental and oral hygiene

Moving on, I would now like to ask you some questions about dental care and hygiene

ASK ALL SINGLE CODE

Q.817 Firstly, thinking of yesterday, how many times did you brush your teeth? SINGLE CODE

- I didn't brush my teeth yesterday ..... 1
Once..... 2
Twice ..... 3
Three times ..... 4
Four or more times ..... 5
Don't Know ..... 6
Refused ..... 7

ASK ALL SINGLE CODE

Q.818 When was the last time you visited a dentist on your own behalf?

- Less than 12 months ago..... 1
More than 12 months ago ..... 2
Never Visited..... 3
Don't Know (DNRO)..... 4
Refused (DNRO)..... 5

ASK Q.819 IF CODE 1 AT Q.818

Q.819 How often in the last four weeks did you visit a dentist on your own behalf?

RECORD OCCASIONS.

- Have not visited in the past 4 weeks.....CTRL + 1
Don't Know (DNRO)..... CTRL + 2
Refused (DNRO)..... CTRL + 3

ASK Q.820 IF CODE 1 AT Q.818

Q.820 And what was the main reason for your most recent visit to the dentist? SINGLE CODE. PROBE TO PRECODES

- For a check-up, including routine scaling/cleaning ..... 1
Because of pain ..... 2
Where treatment was needed, but no prior pain..... 3
Other (specify: \_\_\_\_\_) ..... 4
Don't Know (DNRO)..... 5
Refused (DNRO)..... 6





## Ipsos MRBI

### ASK Q.821 IF CODE 1 AT Q.818

**Q.821** When you last visited the dentist, how were the costs of the visit paid for? From the list I'm about to read out please tell me whether costs were covered in any of these ways, even if it was just part of the cost?

**READ OUT. MULTI CODE.**

- Privately from your own funds..... 1
- Through private health or dental insurance ..... 2
- Through your PRSI contributions..... 3
- By a medical card..... 4
- Through the HSE ..... 5
- Don't Know (DNRO)..... 6
- Refused (DNRO)..... 7

### ASK Q.822 IF CODE 1 AT Q.821

**Q.822** And how much did you pay from your own funds?

- € \_\_\_\_\_
- Don't Know .....
- Refused .....

### SINGLE CODE

#### ASK ALL

#### ROTATE. READ OUT

**Q.823** Do you have all your own teeth, or are some missing?

- I have all my own teeth ..... 1
- Some are missing ..... 2
- Don't Know (DNRO)..... 3
- Refused (DNRO)..... 4

### SINGLE CODE

### ASK Q.824 IF CODE 2 AT Q.823

#### ROTATE. READ OUT

**Q.824** And thinking of your missing teeth, which of these best describes your situation?

- I have no false teeth or dentures ..... 1
- I have some false teeth/dentures as well  
as some of my own teeth ..... 2
- I have full dentures..... 3
- I have no teeth and no dentures ..... 4
- Don't Know (DNRO)..... 5
- Refused (DNRO)..... 6

### SINGLE CODE

#### ASK ALL

#### ROTATE. READ OUT

**Q.308** Which of these best describes your dental health. That is your mouth, teeth and/or dentures.

- Very Good ..... 1
- Good..... 2
- Fair ..... 3
- Bad..... 4
- Very Bad..... 5
- Don't Know (DNRO)..... 6
- Refused (DNRO)..... 7



**MULTI CODE**

**ASK ALL**

**READ OUT. ROTATE.**

**Q.825** In the past 6 months, have any problems with your mouth, teeth or dentures caused you to have any of the following?

- Difficulty eating or speaking ..... 1
- Embarrassment or feeling uncomfortable socially ..... 2
- None of these (single code) ..... 3
- Don't Know (DNRO) ..... 4
- Refused (DNRO) ..... 5

**I am now going to ask you some questions about use of dental services by among children.**

**Q.826** Firstly, do you have any children aged under 18 for whom you are a parent or guardian?

- Yes ..... 1
- No ..... 2
- Don't Know (DNRO) ..... 3
- Refused (DNRO) ..... 4

**ASK Q.827 IF CODE 1 AT Q.826. OTHERS SKIP TO NEXT SECTION**

**Q.827** Can you please tell me the ages of your children aged under 18, starting from the oldest to the youngest?

**Interviewer Instruction : If child is < 1 Code as 0**

**Permitted Range: 0 to 18**

	<b>Age</b>
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	
Child 6	
Child 7	
Child 8	
Refused	



## Ipsos MRBI

**ASK Q.828 TO Q.832 IN A LOOP FOR EACH CHILD, STARTING WITH THE OLDEST CHILD. IF MULTIPLE CHILDREN WITH SAME AGE, DISTINGUISH BETWEEN "OLDEST X YEAR OLD CHILD", "NEXT OLDEST X YEAR OLD CHILD" ETC.**

**Q.828** When was the last time you consulted a dentist on behalf of your <INSERT AGE> year old child?

- Less than 12 months ago ..... 1
- More than 12 months ago ..... 2
- Never Consulted ..... 3
- Don't Know (DNRO)..... 4
- Refused (DNRO)..... 5

### **ASK Q.829 IF CODE 1 AT Q.828**

**Q.829** How often in the last four weeks did you visit a dentist on your child's behalf?

#### **RECORD OCCASIONS.**

- Have not visited in the past 4 weeks..... CTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3

### **ASK Q.830 IF CODE 1 AT Q.828**

**Q.830** And what was the main reason for your most recent visit to the dentist?

#### **SINGLE CODE. PROBE TO PRECODES**

- For a check-up, including routine scaling/cleaning ..... 1
- Because of pain ..... 2
- Where treatment was needed, but no prior pain..... 3
- Other (specify: \_\_\_\_\_) ..... 4
- Don't Know (DNRO)..... 5
- Refused (DNRO)..... 6

### **ASK Q.831 IF CODE 1 AT Q.828**

**Q.831** When you last visited the dentist, how were the costs of the visit paid for? From the list I'm about to read out please tell me whether costs were covered in any of these ways, even if it was just part of the cost?

#### **READ OUT. MULTI CODE.**

- Privately from your own funds..... 1
- Through private health or dental insurance ..... 2
- Through your PRSI contributions ..... 3
- By a medical card..... 4
- Through the HSE ..... 5
- Don't Know (DNRO)..... 6
- Refused (DNRO)..... 7

### **ASK Q.832 IF CODE 1 AT Q.831**

**Q.832** And how much did you pay from your own funds?

- € \_\_\_\_\_
- Don't Know ..... 1
- Refused ..... 2

**GP and hospital Utilisation**

ASK ALL

**Q.5a** When was the last time you consulted a GP or family doctor on your own behalf? This includes home visits phone consultations, video consultations but excludes nurse-only consultations.

- Less than 12 months ago..... 1
- More than 12 months ago ..... 2
- Never consulted ..... 3
- Don't Know (DNRO) ..... 4
- Refused (DNRO)..... 5

ASK Q.5b IF CODE 1 AT Q.5a

**Q.5b** How often in the last four weeks did you consult a GP on your own behalf, excluding nurse only consultations? **RECORD OCCASIONS.**

- Have not consulted in the past 4 weeks ..... 1
- Don't Know (DNRO) ..... 2
- Refused (DNRO)..... 3

ASK Q.706 IF VALUE GIVEN AT Q.5B IS 1 OR HIGHER

SINGLE CODE

PROBE TO PRECODES

**Q.706** Thinking of your most recent consultation with a GP where did the consultation take place?

- In GP surgery ..... 1
- Over the phone ..... 2
- Online video consult..... 3
- In my home..... 4
- Other (specify: \_\_\_\_\_)..... 5
- Refused (DNRO)..... 6

SINGLE CODE

**Q.5e** When was the last time you consulted a medical or surgical consultant on your own behalf?

- Less than 12 months ago..... 1
- More than 12 months ago ..... 2
- Never Consulted ..... 3
- Don't Know (DNRO) ..... 4
- Refused (DNRO)..... 5

ASK Q.5f IF CODE 1 AT Q.5e

**Q.5f** How many times have you consulted such a medical or surgical consultant in the past 4 weeks?

**RECORD OCCASIONS.**

- Have not consulted in the past 4 weeks ..... CTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3



# Ipsos MRBI

## ASK ALL

**Q.205** During the past 12 months, have you been admitted to a hospital as an in-patient?

- Yes ..... 1
- No..... 2

## ASK ALL

**Q.301** During the past 12 months, on how many occasions have you used each of the following services on your own behalf?

**READ OUT AND RECORD NUMBER OF OCCASIONS FOR EACH.**  
**INCLUDE DON'T KNOW/REFUSED**

GP Out of Hours Service	
Emergency Department in a public hospital	
Medical Assessment Unit in a public hospital	
Local Injury Unity in a public hospital	
Emergency Department in a private hospital including Swiftcare or similar	

**Period poverty and menstrual health**

**ASK TO ALL IDENTIFYING AS FEMALE OR OTHER GENDER. MALES SKIP TO NEXT SECTION**

**I would now like to ask you a few questions about periods and menstrual health. I'm aware that this is a sensitive subject but your responses - whatever they may be- will really help to understand the challenges being faced by [women – if identifying as female] [women, girls, transgender, non-binary and other people who have periods – if identifying as another gender] living in Ireland. The information you provide will be used to support the Department of Health's important work regarding improving women's health.**

**Q.830** Would you be prepared to answer some questions in relation to periods and menstrual health?  
 Yes ..... 1  
 No..... 2

**Q.831** Which of these best applies to you?  
**SINGLE CODE**  
**READ OUT**

- You have periods either monthly or irregularly ..... 1
- You are currently pregnant..... 2
- You used to have periods, but don't anymore ..... 3
- Something else (specify: \_\_\_\_\_)..... 4
- Don't know..... 5
- Refused ..... 6

**If codes 2, 3 or 4 at Q.831: Please answer the remaining questions in this section based on your previous experience generally having periods.**

**Q.832** To what extent, if at all, [are / were] you limited in daily activities before or during your period because of symptoms, for example pain, fatigue, heavy bleeding, pre-menstrual syndrome (PMS)?  
**SINGLE CODE**  
**READ OUT. ROTATE.**

- Severely limited on a regular basis ..... 1
- Severely limited on an occasional basis ..... 2
- Limited, but not severely ..... 3
- Not limited at all..... 4
- Don't know..... 5
- Refused ..... 6

**Q.833** How often, if ever, [do / did] you do any of the following during your period  
**SINGLE CODE**  
**ROTATE STATEMENTS**

	<i>Every period</i>	<i>Most periods</i>	<i>Some periods or occasional periods</i>	<i>Never</i>	<i>Don't know</i>	<i>Refused</i>
Taken painkillers or other pain relief methods to help manage pain	1	2	3	4	5	6
Taken regular medication (such as the Pill) to control period symptoms	1	2	3	4	5	6



## Ipsos MRBI

**Q.834** And have you ever had to do either of the following

**MULTICODE OPTIONS 1 AND 2**

**READ OUT.**

- Had to go to a doctor because of the severity of the period symptoms ..... 1
- Had surgery to control period symptoms ..... 2
- Neither of these ..... 3
- Don't know..... 4
- Refused ..... 5

**Q.835** Have you ever experienced any of the following?

**MULTICODE**

**ROTATE. READ OUT.**

- Irregular periods ..... 1
- Period pain ..... 2
- Pre-menstrual syndrome such as bloating, headaches or mood changes..... 3
- Fatigue or tiredness due to your period ..... 4
- Polycystic ovary syndrome..... 5
- Endometriosis ..... 6
- Don't know..... 7
- Refused ..... 8

**Q.836** Have you ever experienced the following because of any symptoms associated with your period ?

**SINGLE CODE**

**ROTATE STATEMENTS**

	<i>Every period</i>	<i>Most periods</i>	<i>Some periods or occasional periods</i>	<i>Never</i>	<i>Don't know</i>	<i>Refused</i>
Missed work, school or college	1	2	3	4	5	6
Felt unable to participate in sports	1	2	3	4	5	6
Felt less able to pay attention in work, school or college	1	2	3	4	5	6
Missed social events or meeting friends	1	2	3	4	5	6

**Q.837** Thinking of period products, which of the following [do / did] you most commonly use?

**SINGLE CODE**

**ROTATE. READ OUT.**

- Disposable period products..... 1
- Reusable period products ..... 2
- Don't know..... 3
- Refused ..... 4



## Ipsos MRBI

**Q.838** And have you ever experienced any of the following?

**MULTI CODE**

**ROTATE. READ OUT.**

Had to change to a less suitable period product for cost reasons.....	1
You have struggled to afford period products .....	2
Had to ask to borrow period products because you couldn't afford it .....	3
Had to improvise with materials not intended for use during your period .....	4
Had run out of period products and had been unable to source more (e.g. remote location, out-of hours, not enough change for a vending machine, shops closed) .....	5
Forgotten to bring enough products with you for work, college, school or a day out .....	6
None of these (DNRO) .....	7
Don't know.....	8
Refused .....	9





**DEMOGRAPHICS**

I would now like to ask you some general questions about you.....

ASK ALL

**Q.51** Firstly, what is your age?  
**RECORD AGE IN YEARS**

SINGLE CODE

**Q.53** What is your current marital status?

- Single, never married and never in a civil partnership... 1
- Married (first marriage)..... 2
- Re-married ..... 3
- In a registered same-sex civil partnership ..... 4
- Separated..... 5
- Divorced ..... 6
- Widowed..... 7

SINGLE CODE

**Q.54a** Do you have a full medical card?

- Yes ..... 1
- No..... 2

ASK IF CODE 2 AT Q.54a

**Q.54b** Do you have a GP visit card?

- Yes ..... 1
- No..... 2

**DUMMY VARIABLE**

**IF CODE 2 AT 54A AND 54B, FORCE INTO “NO MEDICAL CARD”**

**SINGLE CODE**

**Q.55** Do you have private health insurance?

- Yes ..... 1
- No..... 2

**SINGLE CODE – PROBE TO PRECODES**

**Q.57** What is the highest level of education/training (full-time or part-time) which you have completed to date?

No formal education or training .....	1
Primary education (FETAC Level 1 or 2 Cert. or equivalent). NFQ levels 1 or 2 .....	2
Lower secondary education (Junior/Inter/Group Cert, Fetac Level 3 Cert, FÁS Introductory Skills, NCVA Foundation Cert. or equivalent. NFQ level 3 .....	3
Upper secondary education (Leaving Cert. (including Applied and Vocational programmes) or equivalent. NFQ levels 4 or 5 .....	4
Technical or Vocational, FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent. NFQ levels 4 or 5 .....	5
Advanced Certificate / Completed Apprenticeship, FETAC Advance Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent. NFQ level 5 .....	6
Higher Certificate, NCEA/HETAC National Cert. or equivalent. NFQ level 6 .....	7
Ordinary Bachelor Degree or National Diploma. NFQ Level 7 .....	8
Honours Bachelor Degree/Professional qualification or both. NFQ Level 8 .....	9
Postgraduate diploma, Masters Degree or equivalent. NFQ Level 9 .....	10
Doctorate (Ph.D) or higher. NFQ level 10 .....	11

**SINGLE CODE**

**Q.59a** Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability? Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing.

- Yes ..... 1
- No..... 2

**ASK IF CODE 1 AT Q.59a**

**Q.59b** How many hours per week?

**RECORD HOURS**

Around the clock care for someone you live with..... 1

**I would now like to ask you a few questions about your working situation. Earlier you said that you are <ANSWER AT Q.58>.**

**ASK IF CODE 3 AT Q.58**

**Q.60a** How long is it since you had a job?

**RECORD MONTHS**



**ASK IF CODE 2 AT Q.58**

**Q.60B** How long have you been looking for your first regular job?

**RECORD MONTHS**

**ASK IF CODE 1, 3 OR 5 AT Q.58a**

**SINGLE CODE**

**Q.61** Do (**IF CODE 1 AT Q.58a**)/did (**IF CODE 3 OR 5 AT Q.58a**) you work as an employee or are/were you self-employed in your main job?

- Employee ..... 1
- Self-employed, with paid employees ..... 2
- Self-employed, without paid employees ..... 3
- Assisting relative (not receiving a fixed wage or salary) ..... 4
- Not Applicable ..... 5 **GO TO Q.648**

**ASK IF CODE 1, 3 OR 5 AT Q.58a**

**Interviewer Note: You need a full description. Probe for ‘manufacturing’, ‘processing’, ‘distributing’, etc and main goods produced, materials used, wholesale or retail etc.**

**Q.62a** ‘What does (**IF CODE 1 AT Q.58a**) / did (**IF CODE 3 or 5 AT Q.58a**) the firm/organisation you work/ (**IF CODE 1 AT Q.58a**) / worked (**IF CODE 3 or 5 AT Q.58a**) for mainly make or do (at the place where you work **IF CODE 1 AT Q.58a**) / worked (**IF CODE 3 or 5 AT Q.58a**)?’

**RECORD VERBATIM**

**Q.62b** ‘What is (**IF CODE 1 AT Q.58a**)/was (**IF CODE 3 or 5 AT Q.58a**) your (main) job?’

**RECORD VERBATIM**

**INTERVIEWER NOTE: CHECK FOR ANY SPECIAL QUALIFICATIONS, TRAINING, ETC NEEDED TO DO THE JOB**

**Q.62c** ‘What do (**IF CODE 1 AT Q.58a**)/did (**IF CODE 3 or 5 AT Q.58a**) you mainly do in your job?’

**RECORD VERBATIM**

**INTERVIEWER NOTE: IF RESPONDENT IS A FARMER, PLEASE ASK THE FOLLOWING QUESTION. IF NOT, CODE AS ‘NOT A FARMER’. THERE ARE 2.5 ACRES IN A HECTARE.**

**Q.62d** What is the size of the area farmed to the nearest hectare?

- Don’t Know ..... 1

**ASK IF CODE 1, 3 OR 5 AT Q.58**

**SINGLE CODE**

**INTERVIEWER NOTE: DO NOT INCLUDE SUPERVISORS OF CHILDREN, E.G. TEACHERS, NANNIES, CHILDMINDERS, SUPERVISORS OF ANIMALS, OR PEOPLE WHO SUPERVISE SECURITY OR BUILDINGS ONLY, E.G. CARETAKERS, SECURITY GUARDS/**

**Q.63a** In your job, do (**IF CODE 1 AT Q.58a**) did (**IF CODE 3 or 5 AT Q.58a**) you have any formal responsibility for supervising the work of other employees?

- Yes ..... 1
- No..... 2



Q.63b Are you the Chief Income Earner in your household?

- Yes ..... 1 [GO TO Q.648](#)
- No ..... 2 [REPEAT Q'S 58, 61, 62A, 62B, 62C, 62D, 63A WITH "CHIEF INCOME EARNER" INSTEAD OF YOUR/YOU"](#)

**ASK ALL SINGLE CODE**

Q.648 To which one of the following groups do you consider you belong? First read out White, Black or Black Irish, Asian or Asian Irish or Another background. Then code accordingly.

<b>White</b>	Irish	1
	Irish Traveller	2
	Roma	3
	Any other White background (specify) _____	4
<b>Black or Black Irish</b>	African	5
	Any other black background (specify) _____	6
<b>Asian or Asian Irish</b>	Chinese	7
	Indian	8
	Pakistani	9
	Bangladeshi	10
	Any other Asian background (specify) _____	11
<b>Other including mixed background</b>	Arabic	12
	Mixed (write in description) _____	13
	Other (write in description) _____	14

**SINGLE CODE**

Q.65a Were you born in the Republic of Ireland?

- Yes ..... 1
- No ..... 2

**ASK IF CODE 2 AT Q.65a**

**SINGLE CODE**

Q.65b In what country were you born?

Select from list ..... 1

(If UK, select England, Scotland, Wales, NI, IOM, Jersey, Guernsey, Other (specify))

- Poland ..... 1
- UK ..... 2
- Lithuania ..... 3
- Latvia ..... 4
- Nigeria ..... 5
- Romania ..... 6
- India ..... 7
- Philippines ..... 8
- Germany ..... 9
- USA ..... 10
- China ..... 11
- Slovakia ..... 12
- France ..... 13
- Brazil ..... 14
- Hungary ..... 15
- Italy ..... 16
- Pakistan ..... 17
- Spain ..... 18
- Czech Republic ..... 19



## Ipsos MRBI

South Africa.....	20
Other (please specify) .....	21

### ASK ALL

**Q.720** There is a separate section to this survey dealing with experiences relating to self-harm or others harming themselves. If you are comfortable participating in this section we would like to send you an email with a link to complete the survey online. It should only take you 5 minutes to complete and your answers will be very valuable to understanding a very important topic. Can you please give me your email address so we can send you the link?

**Interviewer: Enter email address below and read it back to respondent to confirm details.**

Email address:	
Refused .....	