



I.D. No.
(1-4)

Interviewer No.
(5-8)

Ass. No. _____

Q'aire No. _____

Ipsos MRBI/14-050310

GENERAL HEALTH

ASK ALL

Interviewer note: Show the respondent the participant information sheet and then ask:

Consent Q. Can you please confirm that you have read and understood the information sheet I have shown you and are happy to proceed?

- Yes 1
- No..... 2 **CLOSE**

ASK ALL

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

ASK ALL

SINGLE CODE

Q.1 How is your health in general?

SHOW CARD Q.1

- 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

Q.3 For at least the past six months to what extent have you been limited in everyday activities because of health problems i.e. an on-going physical or mental health problem, illness or disability?

SHOW CARD Q.3

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



SINGLE CODE

Q.4 Have you suffered from any of the following conditions in the past 12 months?

SHOW CARD Q.4

	YES
Asthma (allergic asthma included)	1
Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema	2
Heart Attack or chronic consequences of heart attack	3
High blood pressure	4
A stroke or the chronic consequences of stroke (cerebral hemorrhage or cerebral thrombosis)	5
Arthrosis (excluding arthritis)	6
Arthritis	7
Lower back disorder or other chronic back defects	8
Neck disorder or other chronic neck defects	9
Diabetes	10
Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	11
Cirrhosis of the liver	12
Urinary incontinence or problems in controlling the bladder	13
Kidney problems	14
Depression	15
None of these	16

SINGLE CODE

INTERVIEWER NOTE: THE FOLLOWING SHOULD BE EXCLUDED FOR THE PURPOSES OF THESE QUESTIONS: VISITS FOR PRESCRIBED LABORATORY TESTS, VISITS TO PERFORM PRESCRIBED AND SCHEDULED TREATMENT PROCEDURES E.G. INJECTIONS, PHYSIOTHERAPY ETC., VISITS TO DENTISTS.

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

SHOW CARD Q.5a

- 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 weeksCTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3

ASK ALL

Q.5c When was the last time you consulted a nurse within a GP practice on your own behalf, excluding visits where you also consulted the GP?

SHOW CARD Q.5c

- 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.5d IF CODE 1 AT Q.5c

Q.5d How often in the last four weeks did you consult such a nurse working within a GP practice on your own behalf, excluding visits where you also consulted the GP?

RECORD OCCASIONS.

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

ASK ALL

SINGLE CODE

SHOW CARD Q.5e

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 weeksCTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3



Moving on, I would now like to ask you a few questions relating to tobacco consumption.....

ASK ALL

SINGLE CODE

SHOW CARD Q.6

Q.6 Do you smoke tobacco products?

- Yes, daily..... 1 [GO TO Q9a](#)
- Yes, occasionally 2 [GO TO Q9b](#)
- No..... 3 [GO TO Q7](#)
- Don't Know (DNRO)..... 4 [GO TO Q10](#)
- Refused (DNRO)..... 5 [GO TO Q10](#)

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

SINGLE CODE

SHOW CARD Q.7

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

- Yes, daily..... 1 [GO TO Q8](#)
- Yes, occasionally 2 [GO TO Q8](#)
- No..... 3 [GO TO Q10](#)
- Don't Know (DNRO)..... 3 [GO TO Q10](#)
- Refused (DNRO)..... 3 [GO TO Q10](#)

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

SINGLE CODE

Q.8 About how long has it been since you last smoked tobacco products?

SHOWCARD Q.8

- Within the past month (anytime< than 1 month ago)..... 1
- Within the past 3 months (1 month but < than 3 months ago) 2
- Within the past 6 months (3 months but < than 6 months ago) 3
- Within the past year (6 months but < than 1 year ago).. 4
- Within the past 5 years (1 year but < than 5 years ago) 5
- Within the past 10 years (5 years but < than 10 years ago) 6
- 10 or more years ago 7
- Don't Know (DNRO)..... 8
- Refused (DNRO)..... 9



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.

Q.9a On average how many of the following tobacco products do you smoke each day?

SHOWCARD Q.9a

RECORD NO. OF CIGARETTES ETC. SMOKED DAILY

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

ASK Q.9b IF CODE 2 AT Q.6. LIMIT RANGE TO 0-499.

INTERVIEWER NOTE: IF RESPONDENT HAS DIFFICULTY, ASK THEM TO ESTIMATE THE AMOUNT THEY SMOKE FOR THE PRODUCT THEY SMOKE MOST OFTEN.

Q.9b On average how many of the following tobacco products do you smoke each week?

SHOWCARD Q9b

Manufactured cigarettes	
Hand-rolled cigarettes	
Pipes full of tobacco	
Cigars	
Any others (please specify)	
Smokes less often than once a week	

ASK ALL

SINGLE CODE

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

SHOWCARD Q.10

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



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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

SHOWCARD Q.12

Q.12 During your last attempt to give up, did you use any help?

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

ASK Q.13 IF CODE 1 OR 2 AT Q.6

SINGLE CODE

SHOWCARD Q.13

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



I would now like to ask you a few questions relating to alcohol consumption.....

ASK ALL

SINGLE CODE

Q.14 Have you ever drunk any of these types of alcoholic beverages?

SHOWCARD Q.14

- Yes 1 [GO TO Q.15](#)
- Never..... 2 [GO TO Q.20](#)
- Have only had a few sips of alcohol in my lifetime 3 [GO TO Q.20](#)
- Don't Know (DNRO)..... 4 [GO TO Q.20](#)
- Refused (DNRO)..... 5 [GO TO Q.20](#)

ASK IF CODE 1 AT Q.14

SINGLE CODE

Q.15 How often have you consumed alcohol in the last 12 months?

SHOWCARD Q.15

- 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
- 6-11 times a year 9
- 2-5 times a year 10
- Once a year..... 11
- I did not drink in the last year but I drank longer ago 12 [GO TO Q.20](#)
- Dramatically changed drinking in the last 12 months (DNRO) 13 [GO TO Q.19](#)
-
- Don't know (DNRO)..... 14
- Refused (DNRO)..... 15

NO QUESTION 16

ASK Q.17 IF CODE 1 AT Q.14 (AND NOT CODE 12 OR 13 AT Q.15)

SHOWCARD Q.17

Q.17 Thinking of a typical day in the last 12 months on which you had an alcoholic drink, how many standard drinks would you drink?

RECORD NUMBER OF STANDARD DRINKS

- Don't know
- Refused



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ASK Q.18 IF CODE 1 AT Q.14 (AND NOT CODE 12 OR 13 AT Q.15)

SINGLE CODE

Q.18 During the last 12 months, how often have you consumed (drunk) the equivalent of 6 standard drinks on one drinking occasion?

SHOWCARD Q.18

- Daily 1
- 5-6 times a week 2
- 4 times a week 3
- 3 times a week 4
- 2 times a week 5
- Once a week 6
- 2-3 times a month 7
- Once a month 8
- 6-11 times a year 9
- 2-5 times a year 10
- Once-a year 11
- Never 12
- Don't know (DNRO) 14
- Refused (DNRO) 15

ASK Q.19 IF CODE 1 AT Q.14

SINGLE CODE

Q.19 During the last 12 months, have you?

READ OUT STATEMENTS

	YES	NO
Got into a physical fight when you had been drinking	1	2
Been in an accident of any kind when you had been drinking	1	2
Ever felt that you should cut down on your drinking	1	2
Regretted something you said or did after drinking	1	2
Felt that your drinking harmed your friendship or social life	1	2
Felt that your drinking harmed your home life or marriage	1	2
Felt that your drinking harmed your work or studies	1	2
Felt that your drinking harmed your health	1	2

ASK ALL SINGLE CODE

Q.20 During the last 12 months, have you?

SHOWCARD 20. READ OUT STATEMENTS

	No, Never	Yes, once	Yes, more than once	Don't Know (DNRO)
Had property vandalized by someone who had been drinking	1	2	3	4
Been a passenger in a vehicle with a driver who had too much to drink	1	2	3	4
Been hit or assaulted by someone who had been drinking	1	2	3	4
Had financial trouble because of someone else's drinking	1	2	3	4
Had family problems or relationship difficulties as a result of someone else's drinking	1	2	3	4

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DIET & NUTRITION

I would now like to ask you a few questions relating to diet and nutrition.....

ASK ALL

SINGLE CODE

INTERVIEWER NOTE: IF RESPONDENT QUERIES THE DEFINITION OF “BREAKFAST”, ASK THEM TO THINK OF WHATEVER “BREAKFAST” USUALLY MEANS TO THEM.

Q.21a How often do you usually have breakfast on weekdays?

SHOWCARD Q.21a

Never.....	1
One day.....	2
Two days.....	3
Three days.....	4
Four days.....	5
Five days.....	6
Don't Know (DNRO).....	7
Refused (DNRO).....	8

SINGLE CODE

Q.21b How often do you usually have breakfast on the weekend?

SHOWCARD Q.21b

Never.....	1
One day.....	2
Both Saturday and Sunday.....	3
Don't Know (DNRO).....	4
Refused (DNRO).....	5

SINGLE CODE

Q.22 How often do you eat fruit, excluding fruit juice?

SHOWCARD Q.22

Once or more a day.....	1
4 to 6 times a week.....	2
1 to 3 times a week.....	3
Less than once a week.....	4
Never.....	5
Don't Know (DNRO).....	6
Refused (DNRO).....	7

ASK IF CODE 1 AT Q.22

Q.23 How many portions a day on average do you eat? A portion is an apple, a pear, orange or similar sized fruit.

RECORD NUMBER OF PORTIONS DAILY

Don't Know (DNRO)
Refused (DNRO)

ASK ALL



Q.24 How often do you eat vegetables or salad, excluding juice and potatoes?

SHOWCARD Q.24

Once or more a day	1
4 to 6 times a week	2
1 to 3 times a week	3
Less than once a week	4
Never	5
Don't Know (DNRO)	5
Refused (DNRO)	6

ASK IF CODE 1 AT Q.24

Q.25 How many portions a day on average do you eat? A portion is one medium tomato or onion, 3 heaped tablespoons of peas, mixed vegetables

RECORD NUMBER OF PORTIONS DAILY

Don't Know (DNRO)
Refused (DNRO)

ASK ALL

Q.26 How many portions of snack foods (other than fruit, vegetables or yoghurt) do you usually eat each day?

SHOWCARD Q.26

RECORD NUMBER OF PORTIONS DAILY

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

ASK ALL

SINGLE CODE

Q.27 How often do you drink sugar-sweetened drinks?

SHOWCARD Q.27

INTERVIEWER READ OUT: This includes sugary fizzy drinks, energy drinks, sports drinks, sugar sweetened cordials and squashes and sugar sweetened fruit juices

Once or more a day	1
4 to 6 times a week	2
1 to 3 times a week	3
Less than once a week	4
Never	5
Don't Know (DNRO)	6
Refused (DNRO)	7



SINGLE CODE

Q.28 Which of these statements best describes your eating and/or cooking habits most of the time?

SHOWCARD Q.28

- I eat/cook homemade meals from scratch using fresh, raw ingredients 1
- I eat/cook meals using a combination of fresh ingredients and packets/jars of ingredients/sauces 2
- I heat up ready meals in the oven/microwave oven (i.e. pizza, lasagne, frozen fish, chicken and veg) 3
- I eat out 4
- I eat take away food 5
- Don't Know (DNRO)..... 6
- Refused (DNRO)..... 7

SINGLE CODE

SHOWCARD Q.29

Q.29 How often do you add salt to food while cooking?

- Always 1
- Usually..... 2
- Sometimes 3
- Rarely 4
- Never..... 5
- N/A (DNRO) 6
- Don't Know (DNRO)..... 7
- Refused (DNRO)..... 8

SINGLE CODE

SHOWCARD Q.30

Q.30 How often do you add salt to food while at the table?

- Always 1
- Usually..... 2
- Sometimes 3
- Rarely 4
- Never..... 5
- Don't Know (DNRO)..... 6
- Refused (DNRO)..... 7



PHYSICAL ACTIVITY

I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and work in the garden, to get from place to place, and in your spare time for recreation, exercise or sport.

ASK ALL

Now, think about all the vigorous activities which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time.

Q.31 During the last 7 days on how many days did you do vigorous physical activities like heavy lifting, competitive sport or fast cycling?

RECORD DAYS PER WEEK.

No vigorous physical activities CTRL+ 1 [GO TO Q.33](#)

ASK IF 1 OR MORE DAYS SPECIFIED AT Q.31. DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Validate if more than 120 mins, or less than 5 mins - "You have indicated that the respondent has spent X minutes doing vigorous physical activities, please confirm that this is correct. Please ensure you are entering minutes and not hours"

Q.32 How much time did you spend doing vigorous physical activities on one of those days?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

ASK ALL

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

ASK ALL

Q.33 During the last 7 days on how many days did you do moderate physical activities like carrying light loads, cycling at a regular pace, or doubles tennis? Do not include walking.

RECORD DAYS PER WEEK.

No moderate physical activities CTRL+ 1 [GO TO Q.35](#)

ASK IF 1 OR MORE DAYS SPECIFIED AT Q.33 DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Validate if more than 120 mins, or less than 5 mins - "You have indicated that the respondent has spent X minutes doing moderate physical activities, please confirm that this is correct. Please ensure you are entering minutes and not hours"

Q.34 How much time did you usually spend doing moderate physical activities on one of those days?



RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

ASK ALL

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

ASK ALL

Q.35 During the last 7 days on how many days did you walk for at least 10 minutes at a time?

RECORD DAYS PER WEEK.

No walking..... CTRL+1 [GO TO Q.37](#)

ASK IF 1 OR MORE DAYS SPECIFIED AT Q.35 DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Validate if more than 120 mins, or less than 5 mins - "You have indicated that the respondent has spent X minutes doing walking, please confirm that this is correct. Please ensure you are entering minutes and not hours"

Q.36 How much time did you usually spend **walking** on one of those days?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

ASK ALL

This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television or driving.

CAN'T BE MORE THAN 1440. DON'T ALLOW '0'

Validate if more than 120 mins, or less than 60 mins - "You have indicated that the respondent has spent X minutes doing sitting, please confirm that this is correct? Please ensure you are entering minutes and not hours"

Q.37 During the last 7 days, how much time did you spend sitting on a weekday?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

INTERVIEWER NOTE: (Bullet point list under q.37)

1 HOUR = 60 MINS, 2 HOURS = 120 MINS, 3 HOURS = 180 MINS, 4 HOURS = 240 MINS, 5 HOURS = 300 MINS, 6 HOURS = 360 MINS, 7 HOURS = 420 MINS, 8 HOURS = 480 MINS, 9 HOURS = 540 MINS, 10 HOURS = 600 MINS, 11 HOURS = 660 MINS, 12 HOURS = 720 MINS, 13 HOURS = 780 MINS, 14 HOURS = 840 MINS, 15 HOURS = 900 MINS, 16 HOURS = 960 MINS.

WEIGHT MANAGEMENT

Moving on, I would like to ask some questions relating to weight management.....

ASK ALL

SINGLE CODE

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

SHOWCARD Q.38

I am trying to lose weight	1
I am trying to maintain weight	2
I am trying to gain weight	3
None of the above	4

ASK IF CODE 1, 2 AT Q.38

MULTICODE

SHOWCARD Q.39

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 more exercise	4
Other (please specify)	5

ASK ALL

SINGLE CODE

READ OUT: AS I MENTIONED EARLIER, AS PART OF THIS SURVEY WE ARE TAKING KEY MEASUREMENTS INCLUDING HEIGHT, WAIST AND WEIGHT.

Q.40a Are you happy for me to take these measurements?

- Yes 1 [GO TO Q.40b](#)
- No 2 [GO TO Q.43](#)
- Cannot participate (DNRO) (Please specify reason) 3 [GO TO Q.43](#)

ASK IF CODE 1 AT Q.40a.

Q.40b Please indicate the surface you are conducting the measurements on?

- Hard surface e.g. tiles, stone 1
- Soft surface e.g. carpet 2
- Other (please specify) 3

ASK IF CODE 1 AT Q.40a, Take each measurement twice.

Q.40c Height Measurement

RECORD HEIGHT MEASUREMENT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

Refused (To appear at first measurement)

OPEN END BOX

Height Validation

- Height should be recorded as a three digit number to one decimal place (for example, 172.3 centimetres)
- If recorded height is outside the range 150 to 195, the interviewer should be asked to confirm that the value is correct:
“You have indicated that the respondent is { } centimetres tall, please confirm that this is correct”
- If the second measurement differs by more than 0.5 centimetres, then ask for the measurement to be recorded a third time

Q.41 Weight

RECORD WEIGHT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

Refused (To appear at first measurement) CTRL + 1

Scales displayed STOP CTRL + 2

Weight Validation

- Height should be recorded as a two or three digit number to one decimal place (for example, 74.2 kilogrammes)
- If recorded height is outside the range 45 to 140, the interviewer should be asked to confirm that the value is correct:
“You have indicated that the respondent weighs { } kilogrammes, please confirm that this is correct”
- If the second measurement differs by more than 0.1 kilogrammes, then ask for the measurement to be recorded a third time

Q.42 Waist Measurement

RECORD WAIST MEASUREMENT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

Refused (To appear at first measurement)

Waist Validation

- Waist should be recorded as a two digit number to one decimal place (for example, 86.5 centimetres)
- If recorded measurement is outside the range 80 to 180, the interviewer should be asked to confirm that the value is correct:
“You have indicated that the respondent has a waist measurement of { } centimetres, please confirm that this is correct”
- If the second measurement differs by more than 1 centimetre, then ask for the measurement to be recorded a third time

Correlations between measurements

- Final waist measurement should be between 40% and 65% of the final height measurement. If not, the interviewer should be asked to confirm that the value is correct:



- “You have indicated that the respondent has a height of { } centimetres and a waist measurement of { } centimetres, please confirm that this is correct”
- Final weight measurement value should be between 35% and 60% of the final height measurement. If not, the interviewer should be asked to confirm that the value is correct:
 - “You have indicated that the respondent has a height of { } centimetres and a weight of { } centimetres, please confirm that this is correct”

Multicode Allowed

Interviewer Note: Take into consideration circumstances such as pregnancy, an arm cast etc., that may be distorting the respondent’s true measurements.

Q.42b Interviewer, are there any reasons why you feel that any of these measurements may not be a true reflection of the respondent’s usual measurements?

- No, all are a true reflection of the respondent’s usual measurements 1
- Height is not a true reflection (please specify why) 2
- Weight is not a true reflection (please specify why)..... 3
- Waist is not a true reflection (please specify why)..... 4

Q.42c Would you like a record of the measurements I have just taken?

Yes/No

IF YES, CAPI SCRIPT DISPLAY MEASUREMENTS

The next set of question relate to social groups and your neighbourhood.

ASK ALL

SINGLE CODE

INTERVIEWER NOTE: THIS INCLUDES GAA OR OTHER SPORTS CLUBS, RESIDENTS' ASSOCIATION, ART/DRAMA/DANCING, BOOK CLUB, CARDS CLUB, CHURCH CONNECTED GROUP, SELF-HELP OR SUPPORT GROUP, CHARITABLE BODY OR COMMUNITY GROUPS, OR A DAY CARE CENTRE.

Q.43 Do you participate in any social groups or clubs?

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

SINGLE CODE

Q.44 How much of a problem are each of the following in your neighbourhood?

SHOWCARD Q.44 READ OUT STATEMENTS.

	A big problem	A bit of a problem	Not a problem
Rubbish or litter lying around	1	2	3
Graffiti on walls or buildings	1	2	3
Vandalism and deliberate damage to property	1	2	3
Insults or attacks to do with someone's race or colour	1	2	3
House break ins	1	2	3
Poor public transport	1	2	3
Lack of food shops / supermarkets that are easy to get to	1	2	3
People being drunk in public	1	2	3
Lack of open public spaces	1	2	3

Moving on, I would now like to ask you some questions relating to well-being....

ASK ALL

SINGLE CODE

Q.45 How much of the time during the past 4 weeks....

SHOWCARD Q.45. READ OUT STATEMENTS.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of life?	1	2	3	4	5	6
Have you been a very nervous person?	1	2	3	4	5	6
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
Have you felt calm and peaceful?	1	2	3	4	5	6
Did you have a lot of energy?	1	2	3	4	5	6
Have you felt downhearted and blue?	1	2	3	4	5	6
Did you feel worn out?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6
Did you feel tired?	1	2	3	4	5	6

MULTI CODE

Q.46 Which of these changes, if any, would you like to make that would improve your health and wellbeing?

SHOWCARD Q.46

- Cut down smoking..... 1
- Stop smoking 2
- Cut down the amount of alcohol I drink..... 3
- Be more physically active 4
- Control weight or lose weight..... 5
- Eat more healthily 6
- Reduce the amount of stress in my life 7
- Sleep better 8
- Relax more 9
- Have more time for myself 10
- Have more time for family 11
- Be more connected with my community 12
- Have a better work/life balance..... 13
- Change Job 14
- Find a job 15
- Be more financially secure 16
- Other (Please specify)..... 17
- None of the above 18

This next section involves a number of questions relating to awareness and understanding of dementia....

ASK ALL

MULTI CODE

Interviewer Note: PLEASE CODE “EXTENDED FAMILY” AS “YES, SOMEONE ELSE”

Q.47 Have you ever personally known anyone with dementia or had it yourself?

SHOWCARD Q.47

No, I don't know anyone who has or had, dementia	1
Yes, my job involves / involved working with people who have dementia	2
Yes, I have dementia myself	3
Yes, my partner or a member of my close / immediate family	4
Yes, a friend(s) I know fairly well	5
Yes, a friend(s) or acquaintance(s) I know less well	6
Yes, a colleague / someone at my work	7
Yes, someone else	8
Not sure (DNRO)	9

SINGLE CODE

Q.48 We are interested in what people think of dementia. Could you tell me whether you think the following statements are true or false?

SHOWCARD Q.48. READ OUT STATEMENTS.

	TRUE	FALSE	DON'T KNOW
Dementia is a disease of the brain	1	2	3
Dementia is a mental illness	1	2	3
Dementia is part of the normal process of ageing	1	2	3
Dementia is another term for Alzheimer's disease	1	2	3

SINGLE CODE

Q.49 I am now going to read out some more statements. Could you tell me whether you think the following statements are true or false?

SHOWCARD Q.49. READ OUT STATEMENTS.

	TRUE	FALSE	DON'T KNOW
High blood pressure increases your chances of getting dementia	1	2	3
If one of your parents gets dementia, you are more likely to get it too	1	2	3
Smoking has nothing to do with dementia	1	2	3
If you eat a healthy diet you are less likely to get dementia	1	2	3
People who drink heavily are more likely to get dementia	1	2	3



Q.50 If someone close to you was becoming forgetful or distressed in a way that made you think they might be showing early signs of dementia, which of the following would you do in the first instance?

SHOWCARD Q.50

Talk to the person themselves about the best thing to do	1
Talk to a family member or friend	2
Talk to a doctor or nurse	3
Phone a helpline	4
Contact a charity or support group (e.g. The Alzheimer Society of Ireland)	5
Search the internet	6
Do nothing	7
Other (Please specify)	8
Don't Know (DNRO)	9



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

ASK ALL

Q.51 Age in years

RECORD AGE IN YEARS

SINGLE CODE

Q.52 Code Gender

- Male..... 1
- Female 2

SINGLE CODE

SHOWCARD Q.53

Q.53 What is your current marital status?

- Single, never married and never in a civil partnership... 1
- Married or in a civil partnership 2
- Widowed or with civil partnership that ended with death of partner (not remarried or in civil partnership) 3
- Divorced or with civil partnership that was legally dissolve (not remarried or in new civil partnership) 4
- Separated (including deserted)..... 5

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 only medical 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



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

SHOWCARD Q.57

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

SINGLE CODE

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

SHOWCARD Q.58

Working for payment or profit	
Looking for first regular job	
Unemployed, having lost or given up previous job	
Actively looking for work after voluntary interruption of working life (for 12 months or more) for personal or domestic reasons	
Student or pupil	
Engaged on home duties	
Retired from employment	
Unable to work due to permanent sickness or disability.	
Other (please specify)	

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



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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, 4 OR 7 AT Q.58

SINGLE CODE

SHOWCARD Q.61

Q.61 Do (if code 1 at q.58)/did (if code 3,4,7 at q.58) 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

ASK IF CODE 1, 3, 4 OR 7 AT Q.58

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.58)/ did (if code 3,4,7 at q.58) the firm/organisation you work/ (if code 1 at q.58)/ worked (if code 3,4,7 at q.58) for mainly make or do (at the place where you work if code 1 at q.58)/worked (if code 3,4,7 at q.58)?'

RECORD VERBATIM

Q.62b 'What is (if code 1 at q.58)/was (if code 3,4,7 at q.58) 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.58)/did (if code 3,4,7 at q.58) 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 CTRL + 1



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ASK IF CODE 1, 3, 4 OR 7 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.58) did (if code 3,4,7 at q.58) 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.64](#)
- No..... 2 [Repeat questions 58, 61, 62a, 62b, 62c, 62d, 63a with "CHIEF INCOME EARNER" instead of "YOUR/YOU"](#)

ASK ALL

SINGLE CODE

Q.64 To which one of the following groups do you consider you belong?

SHOWCARD Q.64

White	Irish	1
	Irish Traveller	2
	Any other White background (specify) _____	3
Black or Black Irish	African	4
	Any other black background (specify) _____	5
Asian or Asian Irish	Chinese	6
	Any other Asian background (specify) _____	7
Other including mixed background	Specify _____	8



Ipsos MRBI
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
- UK
- Lithuania
- Latvia
- Nigeria
- Romania
- India
- Philippines
- Germany
- USA
- China
- Slovakia
- France
- Brazil
- Hungary
- Italy
- Pakistan
- Spain
- Czech Republic
- South Africa
- Other (please specify)



SEXUAL HEALTH

ASK THIS SECTION ONLY FOR RESPONDENTS AGED 17 YEARS AND OVER

INTERVIEWER TO READ OUT GENERAL INTRODUCTION:

For the next part of the interview I am going to give you some questions to fill in yourself. These are more in depth questions relating to your sexual health. Your answers to these questions will be completely confidential. You will have the opportunity to skip any question should you prefer not to answer.

Q – How is the respondent completing this part of the survey?

1. Pen and Paper
2. Laptop
3. Refused to complete – close survey

All who answered code 1 (PEN & PAPER). VALIDATION: ALLOW 1-7000.

ENTER SELF-COMPLETION SHEET NO. BELOW

Please fill in assignment number and household number on the pen and paper self-completion questionnaire and then hand to respondent to complete.

READ OUT:

The answers to these questions are completely confidential. WHEN YOU HAVE FINISHED THE QUESTIONNAIRE PLEASE PUT IN THE ENVELOPE AND SEAL IT.

We would very much appreciate if **you could answer all the questions as honestly as possible.**

Interviewer: When respondent has finished, retain their questionnaire and proceed to next page.

All who answered code 2 (Laptop)

Read Out: The answers to these questions are completely confidential.
We would very much appreciate if **you could answer all the questions as honestly as possible.**

There is a practice question at the start so that you can get the hang of it.
Interviewer: Please pass laptop to respondent

HOW TO FILL IN THIS PART OF THE SURVEY

- Please **read each question carefully** and take your time to answer.
- Answer simply **by entering the numbers** next to the answers you want to give.
- If you see **a question that you can't answer** or don't want to answer, just enter the number for "I'd rather not say/Refuse to answer" and go to the next question.
- Just **ask the interviewer** if you have any questions as you fill in the survey.

This survey is completely confidential and the interviewer will not have any access to your answers

Practice Q. How is your health in general?

Very Good	1
Good.....	2
Fair	3
Bad	4
Very Bad	5
Don't Know.....	6
I'd rather not say/refuse to answer.....	7

SINGLE CODE

Q.67 Was the person you last had sexual intercourse with female or male?

- Female 1
 - Male..... 2
 - I'd rather not say/Refuse to answer 3
 - Have never had sexual intercourse 4 **CLOSE: SHOW SCREEN: PLEASE**
- PASS THE LAPTOP BACK TO THE INTERVIEWER**

SINGLE CODE

Q.68 Which one of these descriptions applies best to you and this person, at the time you last had sex?

You were living together as a couple/ married/ in a civil partnership at the time
You were in a steady relationship at the time
You used to be in a steady relationship, but were not at the time
You had known each other for a while, but were not in a relationship
You had recently met
You had just met for the first time
Other (specify)
I'd rather not say/Refuse to answer

SINGLE CODE

Q.69 Did you use a condom on the last occasion of sex?

- Yes 1
- No..... 2
- Don't Remember 3
- I'd rather not say/Refuse to answer 4

MULTI CODE

Q.70 Could you tell me if you used any other form of contraception on the last occasion of sex?

No method used
Contraceptive pill
Patch/ Ring/ Injection
IUD/ IUS/ Coil
Other (please specify)
Don't know
I'd rather not say/Refuse to answer <u>CLOSE</u>

Screen: Please pass the laptop back to the interviewer