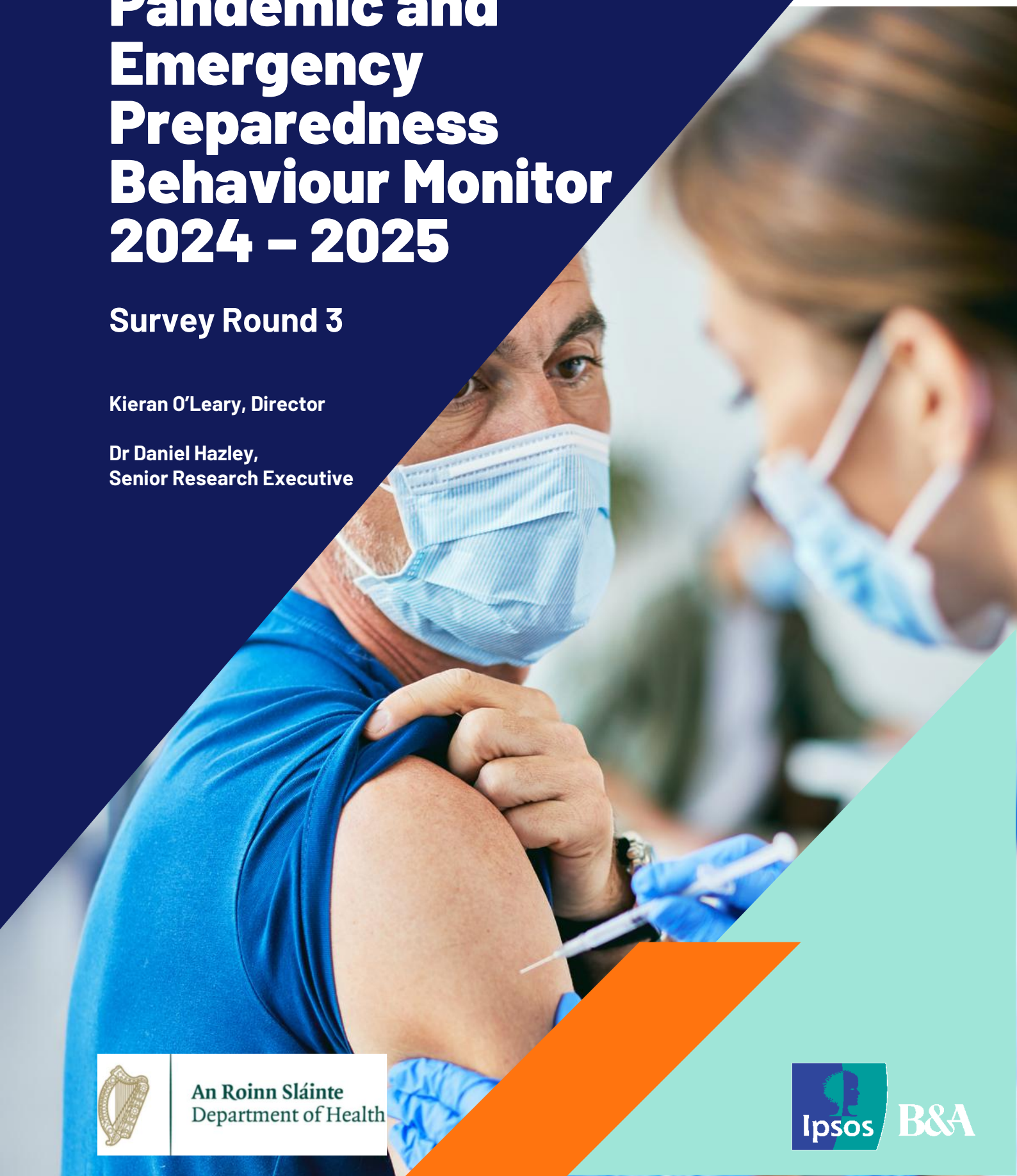
Pandemic and Emergency Preparedness Behaviour Monitor 2024 – 2025

Survey Round 3

Kieran O'Leary, Director

Dr Daniel Hazley,
Senior Research Executive



An Roinn Sláinte
Department of Health

Ipsos B&A

Contents

1 Executive Summary 5
2 Introduction 8
2.1 Background 8
2.2 Research aims and objectives 8
2.3 Methodology 9
3 Descriptive Outcomes 12
3.1 Outcomes 12
3.1.1 General Health 12
3.1.2 Mental Health 13
3.1.3 Global Activity Limitation Indicator 14
3.1.4 Financial Health 16
3.1.5 Perceived preparedness 16
3.1.6 Personal preparedness 17
3.1.7 Employer preparedness 17
3.1.8 Workplace/business preparedness (among those who are self-employed/have their own business) 18
3.1.9 Government preparedness 18
3.2 Flu vaccination 19
3.2.1 Flu vaccination rate 19
3.2.2 Reason they did not get the flu vaccine 19
3.2.3 Childs flu vaccination rate 20
3.2.4 Reasons their child did not get the flu vaccine 21
3.3 Behaviour 22
3.3.1 Hand washing 22
3.3.2 Use of hand sanitizer 24
3.3.3 Self-protective behaviour 25
3.3.4 Staying home when sick 26
3.3.5 Working from home 29
3.3.6 Physical and social contact 30
3.3.7 Preparedness behaviours 31
3.4 Generic Determinants 35
3.4.1 Health Literacy 35
3.4.2 Resilience 39
3.4.3 Unmet healthcare needs 40
3.4.4 Social support 41
3.4.5 General Trust 43
3.4.6 Risk perception for future pandemics and disasters 45
3.4.7 Conspiratorial thinking 45
3.5 Extreme weather events 47

3.5.1 Experience of extreme weather events 47
3.5.2 Extreme weather preparedness 49
3.5.3 Support needed for future extreme weather events 51
3.5.4 Met Éireann weather warnings 52
3.5.5 Information for extreme weather events 54

1 Executive Summary

This report, commissioned by the Department of Health, presents findings from the third wave (April 2025) of a two-year survey examining preparedness for extreme events like pandemics in Ireland. The survey monitors preparedness levels and informs potential interventions.

This wave included 1,050 online surveys of Irish adults (aged 18+), conducted using Ipsos B&A's nationally representative Acumen Online panel. Data was weighted by age and gender, occupation, education, and region. The updated questionnaire, developed by the National Institute for Public Health and the Environment in the Netherlands (RIVM), included several new questions relating to generic determinants of health behaviour and preparedness for extreme weather events.

Key Findings - Preparedness Perceptions

Personal vs. Government Preparedness: Just over a quarter (28%) of people felt well or very well prepared if a lockdown was imposed next month due to the spread of a new virus, with 32% feeling not prepared or not at all prepared. Although a similar portion (25%) felt the government was well or very well prepared, 45% thought the government was not prepared or not at all prepared. This highlights a potential gap in the publics' confidence in a governmental response to a future pandemic.

Employee vs Businesses Preparedness: Among employed respondents, 40% felt their employer was well or very well prepared if a lockdown was imposed next month due to the spread of a new virus, with 27% feeling they were not prepared or not at all prepared. Among those who were self-employed or business owners, 42% said they would be well or very prepared for a lockdown and 30% said they would be not prepared or not at all prepared for a lockdown.

Key Findings - Infection Reduction Behaviours

Hygiene Practices: Handwashing was common after toilet use (89%) and before eating (86%) and least frequent after coughing/sneezing (56%). This suggests opportunities to improve the public's respiratory hygiene practices.

Self-Protective Actions: Just under a third (30%) distanced themselves when someone nearby coughed or sneezed, while over a quarter (26%) did nothing to protect themselves. This indicates a need to improve the adoption of self-protective measures.

Staying Home When Sick: Only 15% stayed at home completely when sick. Over a third (35%) went to work, school, or training while sick, 30% went out to run errands, 17% went to visit friends and 14% went to go to a restaurant/bar or a cultural venue. Besides when they went somewhere for medical assistance (74% said they wore a mask), mask-wearing while feeling sick was relatively low (4-39% depending on the activity).

Key Findings - Flu Vaccination:

Vaccination rate: Two in five people (40%) said they got the flu vaccine this season, with 56% saying they did not get it and 4% not sure if they did. Vaccine uptake was significantly higher among older age groups.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Reason they did not get vaccinated: The top three reasons people selected for why they did not get vaccinated were: they did not want to get vaccinated (35%), they felt they were not at risk from the flu (25%), they were worried about the side effects (17%).

Child vaccination rate: Three in ten parents (30%) said their child got the flu vaccine this season, with 62% reporting that their child did not get the vaccinated and 8% not sure if they did.

Reason their child did not get vaccinated: The top three reason parents selected for why their child did not get vaccinated were: they did not want their child to be vaccinated (28%), their child was not at risk from flu (17%), they were worried about side effects (15%).

Key Findings – Generic determinants:

The survey utilised the COM-B model to assess key determinants influencing health behaviours, focusing on capability, opportunity, and motivation. These determinants were examined through metrics assessing health literacy, resilience, unmet healthcare needs, social support, trust in institutions, risk perception, and conspiratorial thinking.

Health Literacy: The average European Health Literacy Short Scale (HLS-EU-Q16) score was 12.9 (range 0-16), with 67% of respondents exhibiting sufficient health literacy. Females reported higher health literacy than males (73% versus 60%). Older adults aged 55+ demonstrated the highest literacy levels (mean score 13.5), contrasting with lower scores among the 18-24 age group (mean 11.4). Regional disparities were noted, with Dublin residents scoring above average.

Resilience: Respondents showed a moderate level of resilience to difficult situations, with a mean modified Brief Resilience Scale score of 3.1. Males generally reported higher resilience than females, and resilience scores increased with age and education level.

Unmet Healthcare Needs: 60% of respondents reported needing medical care in the past year. A significant proportion, 77%, received care when needed. However, younger adults were less likely to report that they always got a medical examination when they really needed one.

Social Support: The average Oslo Social Support Scale (OSSS-3) score was 9.1 (range 3-14), indicating moderate social support overall. Alarmingly, 43% reported poor social support and was more pronounced among younger adults and those living in Connacht/Ulster.

Trust in Institutions: Trust was highest in science and healthcare professionals. However, trust was notably low in political and media institutions. Trust varied by demographic indicators and regions.

Risk Perception: Over half of respondents perceived a high likelihood of natural disasters and/or disease outbreaks in the next five years. Respondents felt man-made disasters, terrorist attacks and armed conflict were less likely. Risk perception was influenced by age and residential setting.

Conspiratorial Thinking: A mean Conspiracy Mentality Questionnaire (CMQ) score of 3.4 across the sample indicated moderate susceptibility to conspiratorial beliefs. Higher education levels and self-perceived social class were associated with lower conspiratorial mentality.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Key Findings – Extreme weather events:

Past vs. future preparedness: Around two in five people (42%) reported that they were not prepared or somewhat unprepared to face the most recent extreme weather event, with only 16% feeling well or very well prepared. Regarding future extreme weather events, a similar portion (38%) feel not prepared or somewhat unprepared and only 17% feel well or very well prepared.

Local/regional/national authorities Preparedness: 38% felt their local/regional/national authorities were not prepared or somewhat unprepared for a future extreme weather event, with 45% believing they were moderately prepared and only 17% thinking they were well or very well prepared.

Perceived seriousness of Met Éireann weather warnings: Most people felt Met Éireann red weather warnings were very serious, with 70% rating these warnings between 8 and 10 on a 10-point seriousness scale. Concerningly, 14% of people felt red warnings were not serious, with scores of 5 or less, and a further 15% thought these warnings were only moderately serious, with scores between 6 and 7.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

2 Introduction

2.1 Background

The Department of Health has identified pandemic preparedness as a critical element of its strategic vision, as articulated in its 2023-2025 Statement of Strategy. This prioritisation reflects a growing global understanding of the profound impact pandemics can have on health systems, economies, and societies. Central to the Department's approach is the recognition that individual behaviours play a crucial role in influencing the trajectory of infectious disease outbreaks. The Department advocates for a "cold phase" approach, emphasising the importance of establishing preventative measures and fostering a culture of preparedness during non-pandemic periods. This proactive strategy aims to equip individuals, communities, and government bodies with the necessary resources and knowledge to respond effectively to future pandemic threats, thereby mitigating their potential impact.

Following a 2023 request from the Dutch Ministry for Health, Welfare and Sport, RIVM developed a pandemic preparedness programme with a behavioural focus. This included an international survey instrument to monitor pandemic preparedness determinants and behaviours, deployed in March 2024 across the Netherlands, Ireland, Spain, and Slovenia by Ipsos under contract with RIVM.

Ipsos B&A were contracted by the Department of Health to conduct three additional waves of the survey in Ireland. The second wave was completed in September 2024, and the third wave was conducted in April 2025. This report presents the key findings from the third wave of the survey in Ireland. The fourth wave of this two-year research program commissioned by the Department of Health is scheduled for September 2025.

2.2 Research aims and objectives

The primary aim of this survey is to provide the Department of Health with robust and timely data on the state of pandemic preparedness in Ireland. This information will be used to inform policy development, refine public health messaging, and enhance preparedness strategies at both individual and societal levels. The specific objectives of the survey are to:

- Assess public awareness and understanding of pandemic risks and recommended preventative measures.
- Measure the prevalence of key behaviours related to pandemic preparedness, including hygiene practices, vaccination uptake, and willingness to comply with public health guidance.
- Identify the key determinants influencing these behaviours, including perceived risk, self-efficacy, social norms, and trust in information sources.
- Assess public perceptions, experiences and preparedness for past and future extreme weather events.
- Track changes in preparedness levels over time, allowing for the evaluation of the effectiveness of interventions and the identification of emerging challenges.
- Provide comparative data with other participating countries, facilitating a deeper understanding of the factors contributing to national differences in preparedness.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

2.3 Methodology

This survey employed a quantitative, cross-sectional design. Data were collected online using Ipsos B&A's Acumen Online panel, a nationally representative panel of Irish adults. Data were weighted during the analysis stage to be nationally representative, based on the latest Central Statistics Office (CSO) population data. Weights have been applied to the following demographic variables: age by gender, occupation status, education, and region. The target sample size was 1,000 respondents, consistent with the March 2024 and September/ October studies. A total of 1,050 surveys were conducted among respondents aged 18 and older.

Respondents completed the survey throughout the week of field work, with the highest concentration of completes on Tuesday (Table 1). Therefore, the results of the survey do not represent an equally distributed days of the week reference.

Table 1. Percentage of survey completes on each day of field work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
% of completes	18	40	12	19	4	1	5

The questionnaire used in this wave was an updated version of the instrument employed in the September/ October 2024 study, developed by RIVM and provided to Ipsos B&A by the Department of Health. The questionnaire covered a range of topics including demographics, health status, flu vaccination, and determinants of health-related behaviours.

The majority of questions were closed-ended, multiple-choice format, with a maximum of three open-ended questions. The September/October 2024 questionnaire incorporated new questions on behaviour-specific determinants (self-efficacy, social norm), replacing questions on general determinants from the March 2024 survey. The April 2025 questionnaire removed questions on behaviour-specific determinants and replaced them with new questions on health literacy, trust in institutions, and perceptions, experiences and perceived preparedness for extreme weather events. Data analysis, including descriptive statistics, were conducted to explore relationships between key variables, the results of which are detailed in this report.

To maintain the highest data quality standards, the Ipsos B&A team employs rigorous, ongoing data quality checks throughout the fieldwork process. Our surveys incorporate automated flags and trap questions designed to identify potentially undesirable response patterns. These real-time quality control systems enable a tiered response from the Panel Management Team, ranging from the removal of suspect survey data to the permanent removal of panellists from the panel. The seamless integration of the Acumen Panel survey platform and panel management systems allows for comprehensive tracking of panellist behaviour over time, facilitating a fair and calibrated approach to maintaining data integrity

Data weights are included to ensure that the resulting sample is aligned with the profile of the target population. Due to the survey quotas applied during data collection the extent of weighting was relatively small across most key variables.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Table 2. Sample profile – unweighted and weighted.

		Unweighted	Weighted
Gender	Male	48%	49%
	Female	51%	51%
Age	18-24	15%	16%
	25-34	18%	15%
	35-54	35%	36%
	55+	32%	33%
Region	Dublin	29%	29%
	Rest of Leinster	25%	27%
	Munster	26%	27%
	Connacht/Ulster	19%	18%
Area in which respondent lives (self-reported)	City	29%	28%
	Large town (5000+ population)	27%	28%
	Small town (1,500 – 4,999 population)	14%	15%
	Rural area/a town or area with fewer than 1,499 population	30%	29%
Education	Low (Lower secondary/ primary/ no formal education)	7%	27%
	Middle (Upper secondary/ technical or vocational education)	37%	34%
	High (Advanced certificate/ bachelor's degree or higher)	56%	39%
Self-perceived social class	ABC1F	51%	44%
	C2DE	49%	56%

2.4 Potential limitations and interpretations of results

When interpreting the findings of any survey, it is important to consider the potential limitations around self-reported behaviours. In the context of this study, two limitations are particularly noteworthy:

Social Desirability Bias: Survey responses may be influenced by social desirability bias, where respondents tend to answer questions in a manner that they believe will be viewed favourably by others. In the context of pandemic preparedness, individuals might overreport their level of preparedness (e.g., having adequate supplies, knowing emergency procedures) to align with perceived social norms or expectations. This could lead to an overestimation of actual preparedness levels in the general population.

'Cold' versus. 'Hot' State Behaviours: This survey captures perceptions and intentions in a relatively calm, 'cold' state, albeit one only a few years following the Covid-19 pandemic restrictions. However, behaviour during an actual pandemic ('hot' state) can differ significantly due to factors such as fear, stress, and panic. For example, while respondents may indicate a willingness to adhere to public health guidelines in the survey, their actual behaviour during a pandemic might be different. Therefore, the results should be interpreted as indicators of *intended* behaviour and perceived preparedness, rather than definitive predictions of behaviour during a real pandemic event.

Given these limitations, the survey results should be interpreted with caution. While the data provides valuable insights into public perceptions and self-reported preparedness, it is essential to acknowledge the potential for overestimation due to social desirability bias and the discrepancy between 'cold' state

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

intentions and 'hot' state behaviour. These findings should be used to inform public health communication strategies and interventions, with the understanding that actual behaviours during a pandemic may vary.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

3 Descriptive Outcomes

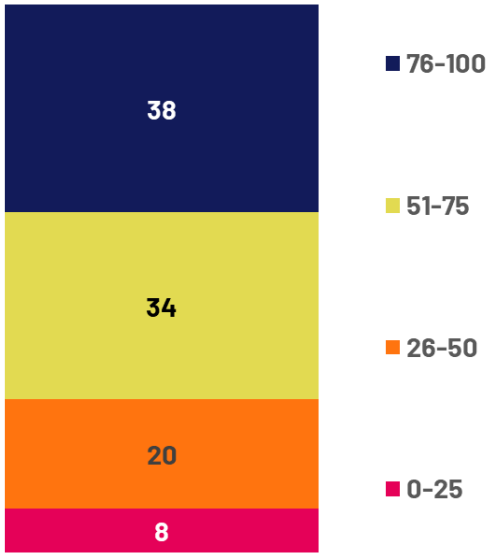
3.1 Outcomes

3.1.1 General Health

General health was measured by asking respondents to mark on a scale how good or bad their health was on the day of the survey. On the scale, 100 means the best health imaginable and 0 means the worst health imaginable. The scale used was the EQ-5D-5L.The online questionnaire displayed the scale on which participants could then click a point and the corresponding number would be displayed automatically.

The mean reported health score was 64.8. Almost two in five people (38%) reported a health score between 76 and 100 and a further 34% reported a health score between 51 and 75. On the lower end of the scale, 20% reported a score between 26 and 50 and 8% reported a score between 0 and 25, indicating a low level of perceived health.

Figure 1 How good or bad is your health today?



There was no gender differences in the mean reported health scores (women: 64.9, men: 64.7) or health score groups. Mean reported health scores did vary by age. Those aged between 25 and 34 (70.2) reported above average mean health scores and were more likely reported a health score between 76 and 100 (46%).

Those with a high level of education (i.e. people with an advanced certificate or bachelor's degree or higher) had above average mean health scores (68.1) and were less likely to report scores between 26-50 (14%) and 0-25 (5%). Similarly, those classified into the ABC1F self-perceived social class had higher than average mean health scores (69.8) and were more likely to report scores above 76 (46%) and less likely to report score lower than 25 (4%). Conversely, those classified into the C2DE social class reported below average health scores (60.8) and were less likely to report scores above 76 (33%) and more likely to report scores lower than 25 (11%).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

From a regional perspective, people living in Dublin reported above average health scores (69.2) and those living in Munster (61.4) reported below average health scores. Moreover, those living in the Rest of Leinster (excluding Dublin) were more likely to report scores between 26 and 50 (27%).

3.1.2 Mental Health

Respondents were also asked the Mental Health Inventory-5 (MHI-5). The MHI-5 is a brief, five-item questionnaire used to assess peoples' psychological distress and well-being. Respondents were provided with a 6-point Likert scale from 1 (permanently) to 6 (never) and asked how much of the time in the previous four weeks they felt the way described in the five statements. To calculate the final MHI-5 scale score, respondent's responses to all five statements were added together and scaled on a 0-100 scale. Lower scores indicated worse mental health.

Overall, the average MHI-5 score was 70.3. Just over one in five people (23%) had MHI-5 scores of less than 56, which is indicative of a probable mental health problem. Respondents who stated that they had been diagnosed with a mental health condition (mean score 57.9) had significantly lower mean MHI-5 scores, with over half (53%) reporting scores below 56.

Men (72.5) had higher mean MHI-5 scores than women (68.3), indicating women had worse mental health on average. Moreover, 28% of women had score less than 56, whereas only 18% of men did. Older adults were found to have better mental health than younger adults. Those aged 55 and older (75.1) were found highest mean MHI-5 scores, whereas people aged 18 to 24 (61.5) were found to have the lowest scores. More than two in five (42%) of respondents aged 18 to 24 had MHI-5 score of less than 56, while only 14% of those aged 18-24 did.

People who had a high level of education (71.9) reported above average mean MHI-5 scores and only 17% had scores less than 56. Similarly, people living in a town with fewer than 1499 inhabitants (15%) were less likely to have a score below 56. In contrast, people living in Munster (68.2) had lower than average mean MHI-5 scores.

Figure 2 Distribution of Mental Health Inventory-5 (MHI-5) scores (range 0 to 100)

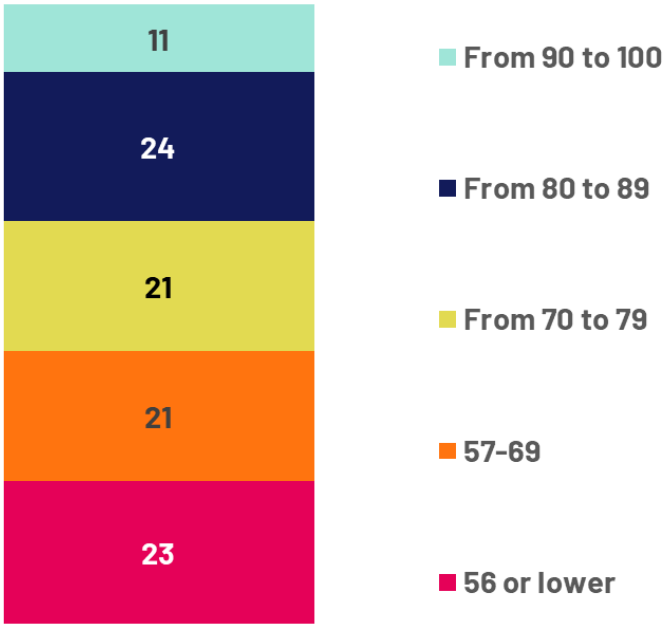


Table 3 Responses to the 5-items of the Mental Health Inventory-5 (MHI-5).

In the previous four weeks how much of the time...	Permanently (%)	Mostly (%)	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Were you feeling very nervous?	2	10	17	32	28	10
Were you so depressed that nothing could cheer you up?	2	6	9	18	30	36
Did you feel calm and collected?	3	33	24	30	10	1
Did you feel down and depressed?	2	5	10	30	34	19
Did you feel happy?	3	36	25	28	8	1

3.1.3 Global Activity Limitation Indicator

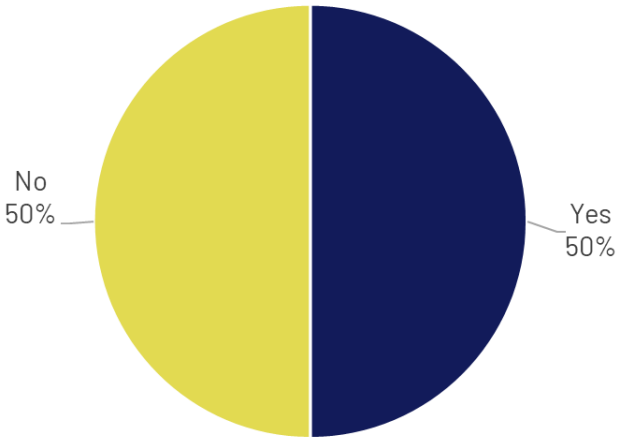
To measure the presence and severity of long-standing activity limitations, respondents were asked to two items. The first assessed if respondents had any health problems that have lasted or will last for at least 6 months. The second evaluated the extent these health problems limited their usual activities. The scale used was the Global Activity Limitation Indicator (GALI).

Overall, 50% of respondents said they had a health problem that has lasted or will last at least 6 months. Older adults were more likely say they had a health problem, with 68% of those aged 55 and older reported a long-term health issue, this compares with only 35% of those aged 25 to 34 and 40% of those aged 18 to 24.

People classified into the C2DE self-perceived social class were more likely to report a health problem (58%) compared with only 41% of those classified into the ABC1F social class. Similarly, those with a high level of education (43%) were less likely to report a health problem that has lasted or will last 6 months or longer.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

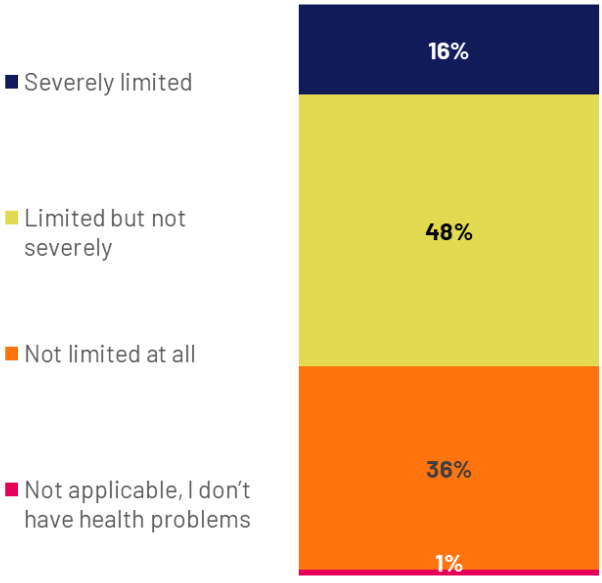
Figure 3 Do you have any health problems that have lasted or will last for at least 6 months or more?



Respondents who said they had a health problem were then asked the extent their health problems limited their usual activities. Overall, 8% of people said they had a health problem that severely limited their usual activities, with around a quarter (24%) feeling their health problem had a limited but not severe impact on their usual activities. The remaining 18% who said they had a health problem felt it did not limit their activities at all (%).

Younger adults were less likely to report having a health problem that impacted their usual activities. Among the 40% of adults aged 18 to 24 who said they had a health problem, 21% felt it did not limit their usual activities at all. Concerningly, 5% of people in this age cohort thought their health problem had a severe impact on their activities, with a further 14% feeling it had a limited but not severely impact.

Figure 4 For at least the last 6 months, how much have your health problems limited the activities you would usually do?

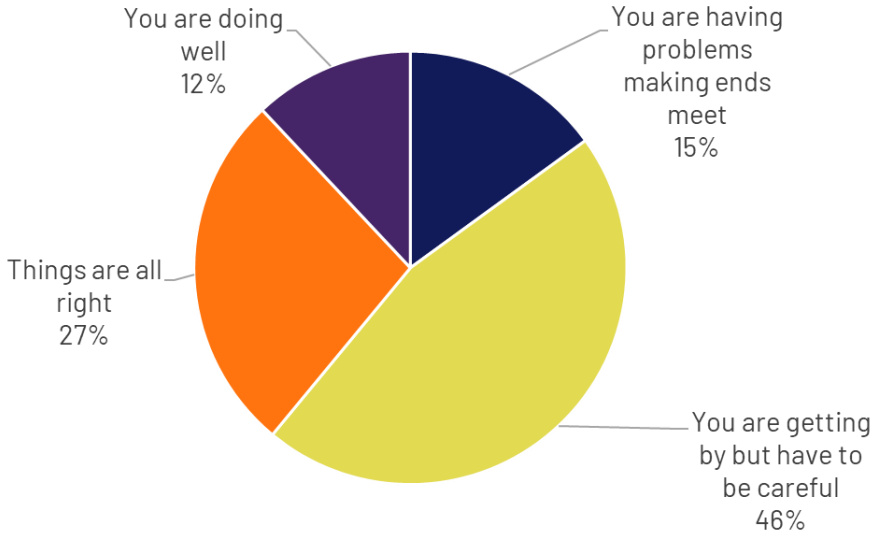


Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

3.1.4 Financial Health

When asked about their financial situation, 46% said they were getting by but have to be careful, 27% said things were all right, and 12% said they were doing well financially. 15% said they were having problems making ends meet when it came to their financial situation.

Figure 5 How is your financial situation?



Women (20%) were more likely than men (11%) to say they were having problems making ends meet financially. Those aged between 18 to 24 (36%) were the less likely to report that they are getting by but have to be careful financially (51% 25 to 34, 49% 35 to 54, 45% 55 and older). Those aged 35-54 (7%) were the less likely to report they are doing well financially (17% 18 to 24, 13% 25 to 34, 14% 55 and older).

Those educated to a high level (Advanced certificate/ bachelor's degree or higher) (16%) were more likely to report doing well financially (10% middle and 7% low) and the less likely (10%) to say they were having problems making ends meet (14% middle and 24% low). Similarly, those classified into the ABC1F self-perceived social class (11%) were less likely to report having problems making ends meet (19% C2DE social class).

Those living in Dublin (33%) were more likely to report doing well financially and those living Connacht/Ulster were less likely to report this. Those living in Dublin (38%) were less likely to report they are getting by but have to be careful and those living Connacht/Ulster (56%) were more likely to report this.

3.1.5 Perceived preparedness

Perceived preparedness was assessed by asking respondents a series of questions about their preparedness for a new pandemic. The following description was provided to respondents at the start of this survey section.

'A lockdown is a measure in which movements and activities are limited such that only organisations supplying basic needs and essential services can function normally. For example, non-essential shops are closed, people work from home as much as possible and travel restrictions apply.'

Respondents were then asked a series of questions in relation to their personal pandemic preparedness, as well as the preparedness of their employer, their own workplace/business (if self-employed/have their own

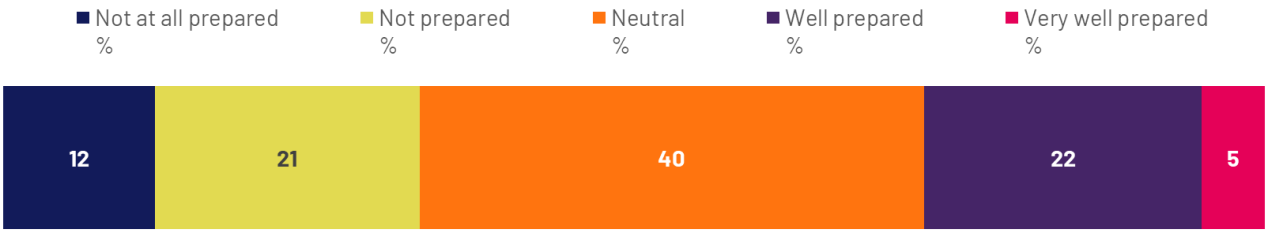
Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

business), and their government. The questions were answered on a 5-point Likert scale from 1 (not at all prepared) to 5 (very well prepared).

3.1.6 Personal preparedness

Just over a quarter (28%) of people said they would feel well or very well prepared if a lockdown was imposed next month due to the spread of a new virus. A similar proportion (32%) said they would feel not prepared or not at all prepared and the remaining 40% gave a neutral response to this statement.

Figure 6 If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel prepared for this?



Adults aged 55 and older (33%) were more likely to say they would be prepared for a lockdown and those aged 18 to 24 (18%) were less likely to say this. Similarly, those aged 55 and older were less likely to say they were not prepared for a lockdown (36% 18 to 24, 13% 25 to 34, 14% 55 and older).

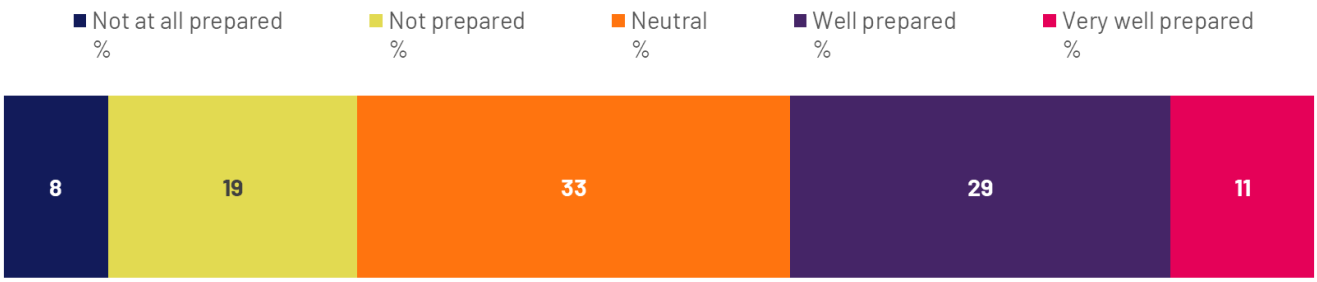
Those classified into the ABC1F self-perceived social class (34%) were more likely to report being prepared for a lockdown and those classified into the C2DE group (22%) were less likely to say this.

People living in Munster (40%) were more likely to say they are not prepared for a lockdown and those living in the Rest of Leinster (excluding Dublin; 26%) were less likely to say they were not prepared.

3.1.7 Employer preparedness

Those who were employed were asked how prepared their employer would be if a lockdown was imposed in the next month. 40% of employees said their employer would be well or very well prepared if a lockdown was imposed, while 27% said their employer would be not prepared or not at all be prepared for a lockdown. The remaining 33% gave a neutral response.

Figure 7 If a lockdown were imposed next month because of a new virus, how prepared would your employer be? (n=613)



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Employees aged 25 to 35 (52%) were more likely to say their employer would be prepared for a lockdown and those aged 18 to 24 (23%) were less likely to say their employer would be prepared.

Employees classified into the ABC1F self-perceived social class (54%) were more likely to think their employer would be prepared for a lockdown and those classified into the C2DE social class were less likely to think this (25%).

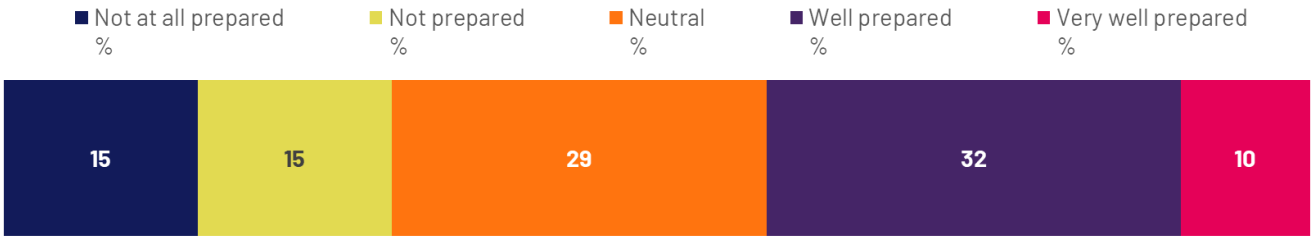
3.1.8 Workplace/business preparedness (among those who are self-employed/have their own business)

Those who were self-employed or who owned their own business were asked about the preparedness of their workplace/business if a lockdown were imposed in the next month. It should be noted that only a small number of people in the sample were self-employed/business owners (n = 68). Due to this small sub-sample size, the following results should be read with caution.

Among those who were self-employed or business owners, 42% said they would be well or very prepared for a lockdown and 30% said they would be not prepared or not at all prepared for a lockdown. The remaining 29% gave a neutral response to this question.

People that were self-employed or business owners who lived in Dublin (69%) were more likely to feel prepared for a lockdown (23% Rest of Leinster, 42% Munster, 20% Connacht/Ulster).

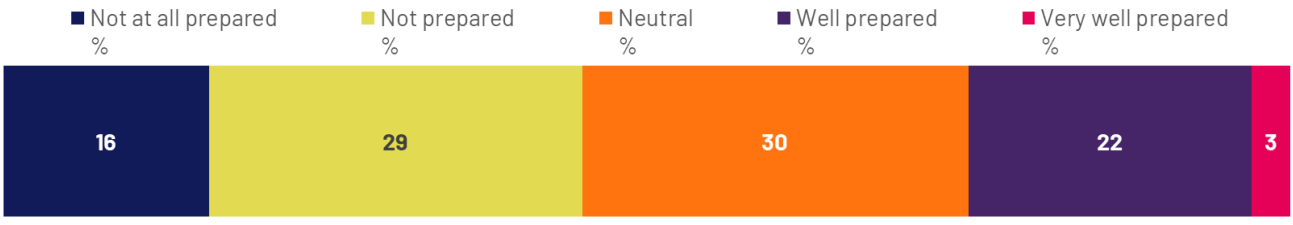
Figure 8 If a lockdown were imposed next month because of a new virus, how prepared would your workplace/business be? (n=68)



3.1.9 Government preparedness

Government preparedness was assessed by asking how prepared people think their government would be if a lockdown was imposed next month. A quarter (25%) said their government would be well or very well prepared, while just under half (45%) said their government would be not prepared or not at all be prepared for a lockdown due to a new virus. A further 30% gave a neutral response to this question.

Figure 9 If a lockdown were imposed next month because of a new virus, how prepared would your government be?



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Those aged 18 to 24 (15%) were less likely to say their government would be prepared for a lockdown.

People with a high level of education (31%) were more likely to say their government was prepared for a lockdown. Moreover, people living in Munster (30%) were more likely to say their government would be not prepared for a lockdown and people living in Connacht/Ulster (19%) were less likely to say their government were prepared.

3.2 Flu vaccination

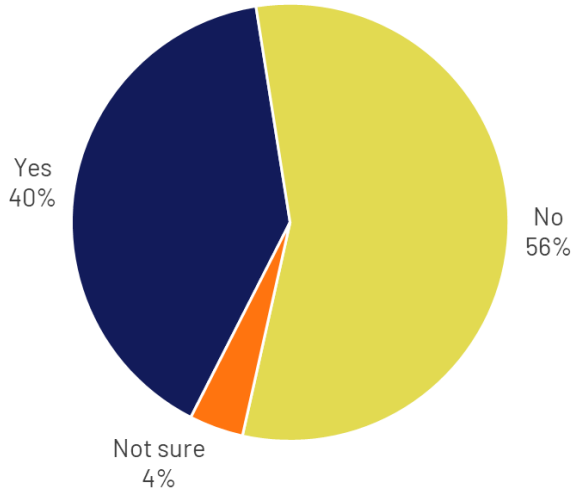
Questions about flu vaccination were asked of all respondents. The questions asked to respondents were modified from those asked in the September 2024 wave. In this wave, instead of asking respondents about their intentions to get vaccinated, they were asked if they had got the flu vaccine this past season. If respondents didn't get vaccinated, they were asked to select from a list of statements as to why they did not get vaccinated.

Respondents with children were also asked if their child had been vaccinated for flu this season. As with personal vaccinations, those that said their child did not get vaccinated were asked to select from a list of statements as to why their child was not vaccinated.

3.2.1 Flu vaccination rat

Two in five people (40%) reported that they got the flu vaccine this season. 56% reported that they did not get the flu vaccine and 4% were not sure whether they got the flu vaccine this season.

Figure 10 Did you get the flu vaccine this season?



Vaccination rates varied considerably by age and were highest among adults at highest risk. Those aged 55 and older (65%) were more likely to have been vaccinated, whereas those younger than 55 years were less likely to have been vaccinated (30% 18 to 24, 24% 25 to 34, 29% 35 to 54).

People living in Dublin (48%) were more likely to have been vaccinated for flu and those living in Connacht/Ulster (33%) were less likely to have been vaccinated.

3.2.2 Reason they did not get the flu vaccine

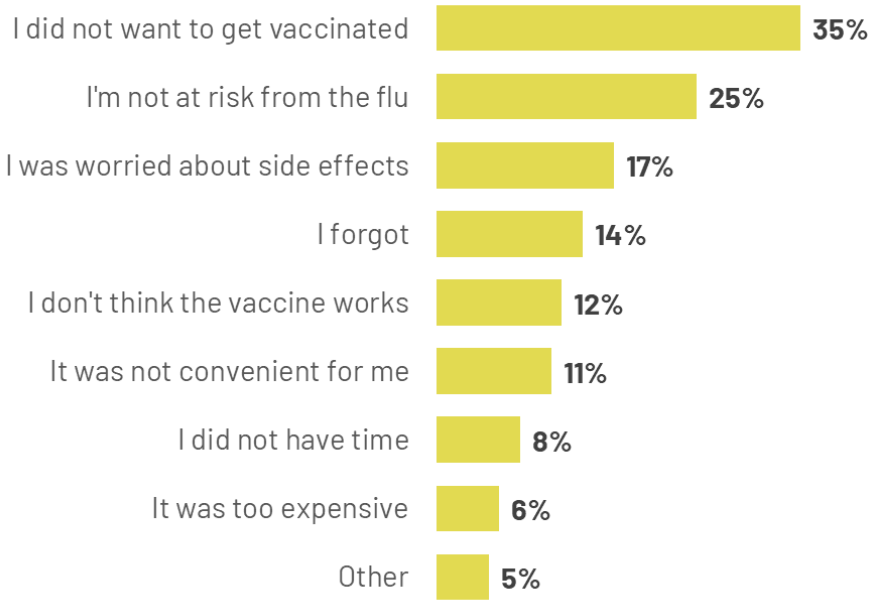
Respondents who did not get the flu vaccine this season were asked why they didn't get it. Over a third (35%) said they did not get it because they did not want to get vaccinated. One in four (25%) said they didn't

get it because they felt they were not at risk from the flu. A small but notable portion of people didn't get the flu vaccine as they were worried about the side effects (17%), or they felt it would not work (12%).

Females (43%) were more likely to report that they didn't get the flu vaccine because they didn't want to, compared with only 27% of men who selected this. Conversely, men (16%) were more likely and females (5%) were less likely to not get the flu vaccine because it wasn't convenient.

Younger adults aged 18 to 24 were more likely to say they didn't get vaccinated because they were not at risk from the flu (42%), or because they forgot (29%) or didn't have time (18%), but they were less likely to say they did not want to get vaccinated (22%) or that they were worried about. These younger adults were less likely to say they did not want to get vaccinated (22%) or that they were worried about side effects (6%) or because they felt the vaccine didn't work (2%). Concerningly, older adults aged 55 and older were more likely to not get the flu vaccine because they were worried about side effects (28%).

Figure 11 Why did you not get the flu vaccine this season?



3.2.3 Childs flu vaccination rate

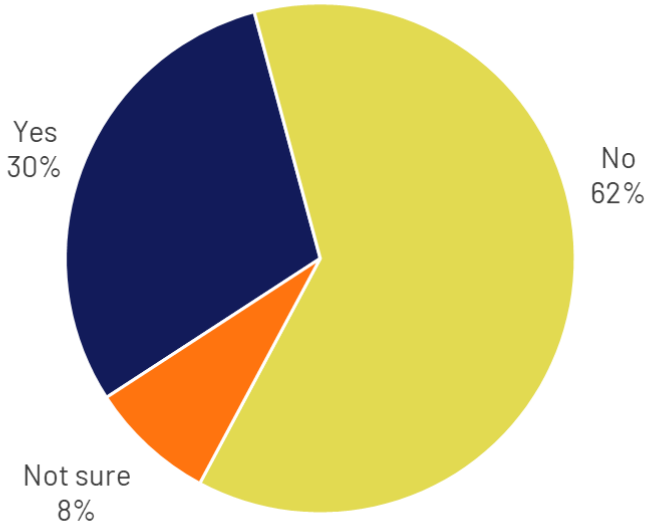
Parents were asked if their child had been vaccinated for the flu this season. Three in ten parents (30%) said their child got the flu vaccine this season. Over three in five parents (62%) said their child did not get the flu vaccine and 8% said they were not sure whether their child got the flu vaccine this season.

Parents with a high level of education (39%) and/or those classified into the ABC1F self-perceived social class (40%) were more likely to report that their child had been vaccinated. 22% of parents in the C2DE social class said their child had been vaccinated. Parents living in Connacht/Ulster were also less likely to say their child had been vaccinated (19%).

Parents who got vaccinated themselves were more likely to say their child was vaccinated. 65% of children whose parents were vaccinated got the flu vaccine, whereas only 14% of those whose parents weren't vaccinated got the vaccine.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 12 Did your child get the flu vaccine this season?

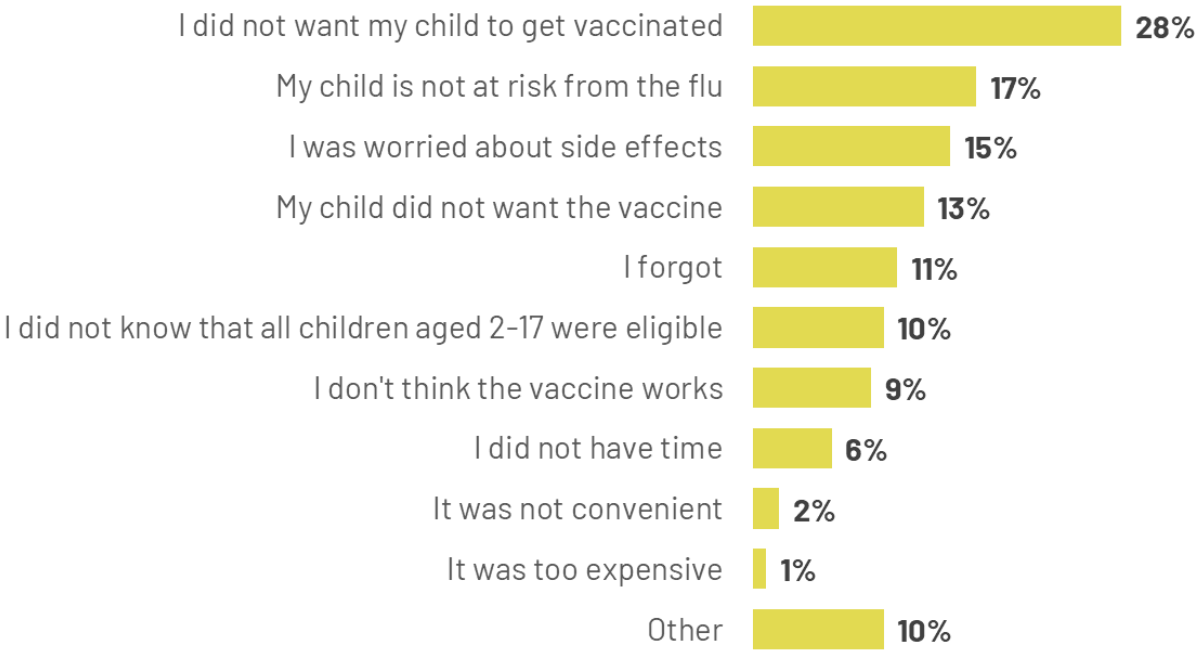


3.2.4 Reasons their child did not get the flu vaccine

When asked why their child didn't get vaccinated, over a quarter (28%) of parents said they did not want their child to be vaccinated and 13% said that their child didn't want to be vaccinated. 17% said their child was not at risk from flu. A small but notable portion of parents said they their child did not get vaccinated because they were worried about side effects (15%) or they felt the vaccine did not work (9%).

Parents living in Dublin were less likely to say they were worried about the side effects (5%), and those living in the rest of Leinster (i.e. excluding Dublin) were more likely to say their child did not want to be vaccinated (25%).

Figure 13 Why did your child not get the flu vaccine this season?



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

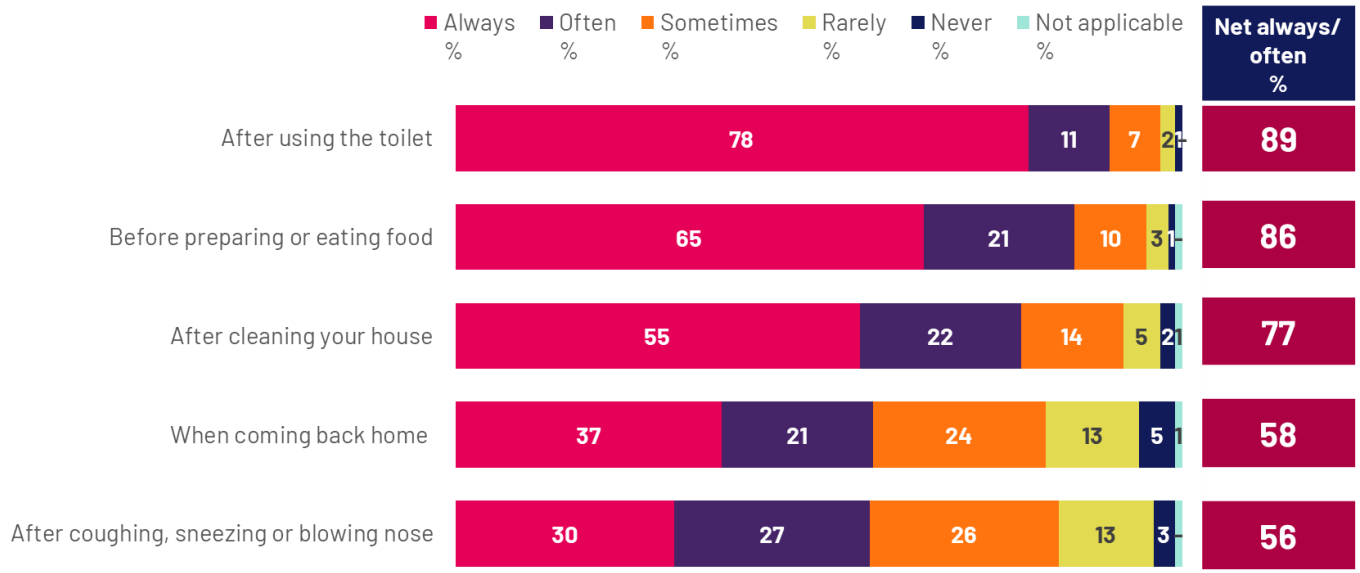
3.3 Behaviour

The survey contained a series of questions relating to behavioural health determinants. These ranged from handwashing and use of hand sanitizer to general preparedness behaviours for a potential lockdown.

3.3.1 Hand washing

The first set of behavioural questions asked how often people washed their hands with soap and water in a range of scenarios.

Figure 14 In the past week, how often did you wash your hands with soap and water...



After coughing, sneezing, or blowing nose

Just over half (56%) of people said they often or always washed their hands after coughing, sneezing or blowing their nose and 16% said they rarely or never washed their hands in this situation. Of all the scenarios presented, people were the least likely to say they washed their hands after coughing, sneezing, or blowing their nose.

Men (25%) were the less likely to say they always wash their hands after coughing, sneezing, or blowing their nose. No major differences in hand washing after coughing, sneezing, or blowing their nose were found across between different ages groups.

People with a high level of education (20%) were more likely to say they would never or rarely wash their hands after coughing, sneezing, or blowing their nose, while those with a low level of education (7%) were less likely to say they never or rarely washed their hands in this situation. Similarly, people classified into the C2DE self-perceived social class (36%) were more likely to say they always wash their hands after coughing, sneezing, or blowing their nose, and those classified into the ABC1F (22%) were less likely to say they always washed their hands in this scenario.

Before preparing or eating food

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

86% said they often or always washed their hands before preparing or eating food. Of these, 65% said they always washed their hands. The remaining 10% said they sometimes washed their hands and 4% said they rarely (3%) or never (1%) washed their hands before preparing or eating food.

Those aged 55 and older (91%) were more likely to say they often or always washed their hands before preparing or eating food.

After using the toilet

Around nine in every ten people (89%) said they often or always washed their hands after using the toilet, with 78% of those saying they always washed their hands. 7% said they sometimes washed their hands after using the toilet and 3% said they rarely (2%) or never (1%) washed their hands in this scenario.

Men were less likely (85%) and women were more likely (93%) to say they washed their hands often or always after using the toilet. Differences were also found across ages, with older adults aged 55 and older (95%) being were more likely to wash their hands after using the toilet and younger adults aged 18 to 24 (82%) being less likely to say this.

After cleaning your house

Around three quarters (78%) of people said they often or always wash their hands after cleaning their house, and 55% saying they always do this. A further 14% said they do this sometimes and 7% said they rarely (5%) or never (2%) wash their hands after cleaning their house.

No major differences were found between men and women or across age groups for this scenario. People living in the Rest of Leinster (excluding Dublin, 4%) were less likely to say they never or rarely washed their hands after cleaning their house.

When coming back home

Just under three in every five people (58%) wash their hands often or always when coming back home. An additional 24% say they do this sometimes. However, around a fifth (17%) of people say they rarely (13%) or never (5%) wash their hands when coming back home.

Women (43%) are more likely and men (30%) are less likely to say they always to wash their hands when coming home. No major differences were found across age groups in this scenario. People living in Dublin (66%) were more likely to say they often or always wash their hands when coming back home and those living in Munster (50%) were less likely to say this.

3.3.2 Coughing and sneezing in elbow

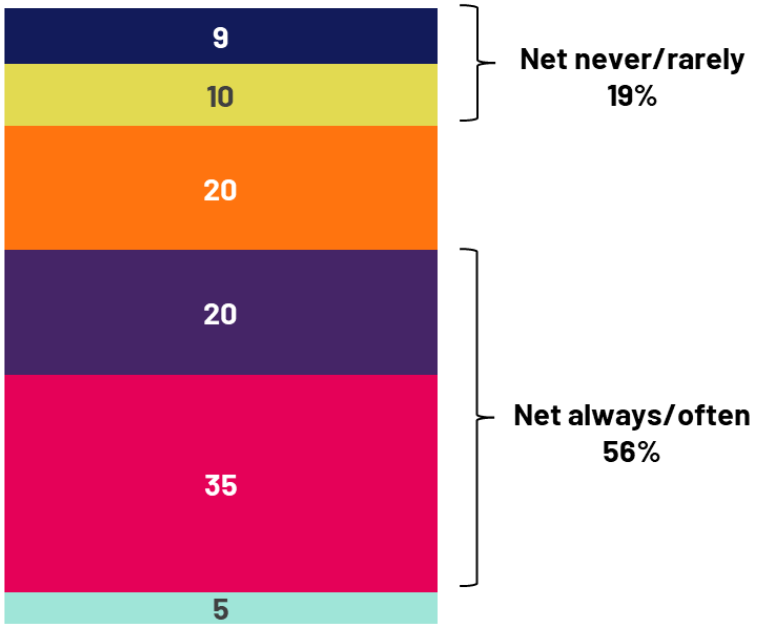
Coughing and sneezing into your elbow is a recommended behaviour against the spread of infection. Just over half (56%) of people said they often or always cough or sneeze into their elbow instead if their hand. A fifth (20%) said they sometimes do this and 19% said they rarely (11%) or never (8%) cough or sneeze into their elbow.

Women (40%) were more likely and men (29%) were less likely to say they always cough or sneeze into their elbow. Younger age groups were more likely to cough or sneeze into their elbow, with 64% of those aged 25

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

to 34 saying they did this often or always, while only 50% of those aged 55 and older reporting this behaviour often or always.

Figure 15 In the past 7 days (1 week), when you coughed or sneezed, how often did you do so into your elbow instead of your hand?



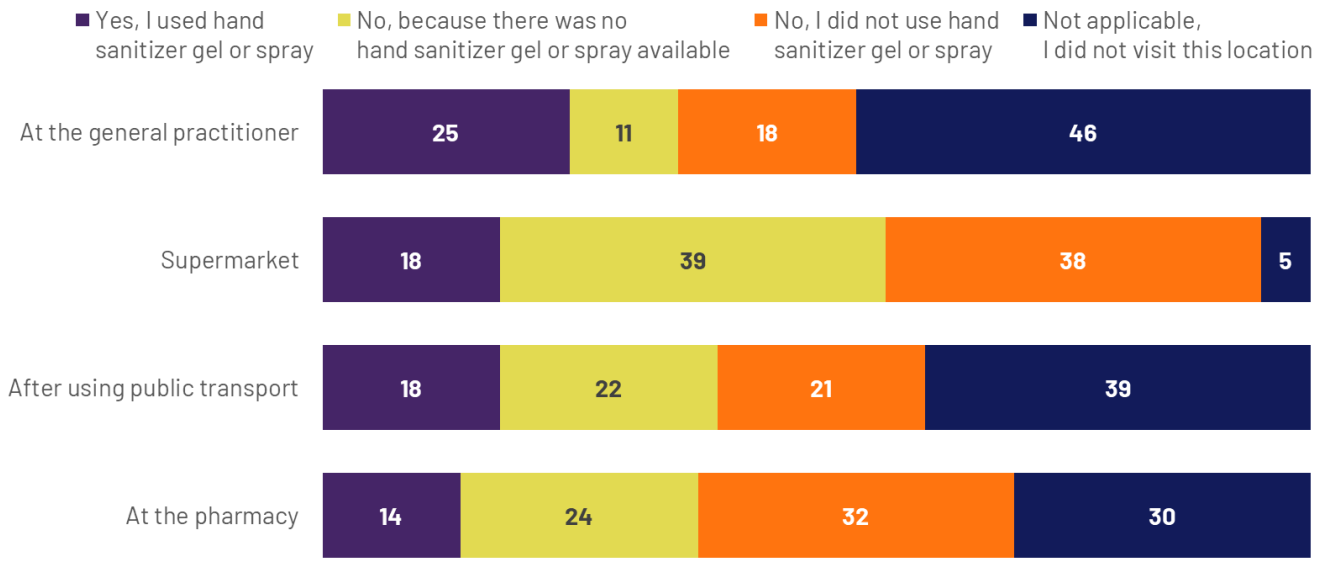
3.3.3 Use of hand sanitizer

People were most likely to use hand sanitizer at a general practitioner (GP) (25%), followed by after using public transport or at a supermarket (both 18%), and at a pharmacy (14%).

No notable differences in hand sanitizer use were found between genders. Younger adults aged 18 to 24 were more likely to say they did not use hand sanitizer at the GP (42%) or after using public transport (56%). Similarly, respondents aged 35 to 54 (83%) were more likely to say they did not use hand sanitizer at the supermarket. In contrast, older adults aged 55 or older were more likely to use hand sanitizer at the GP (33%).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

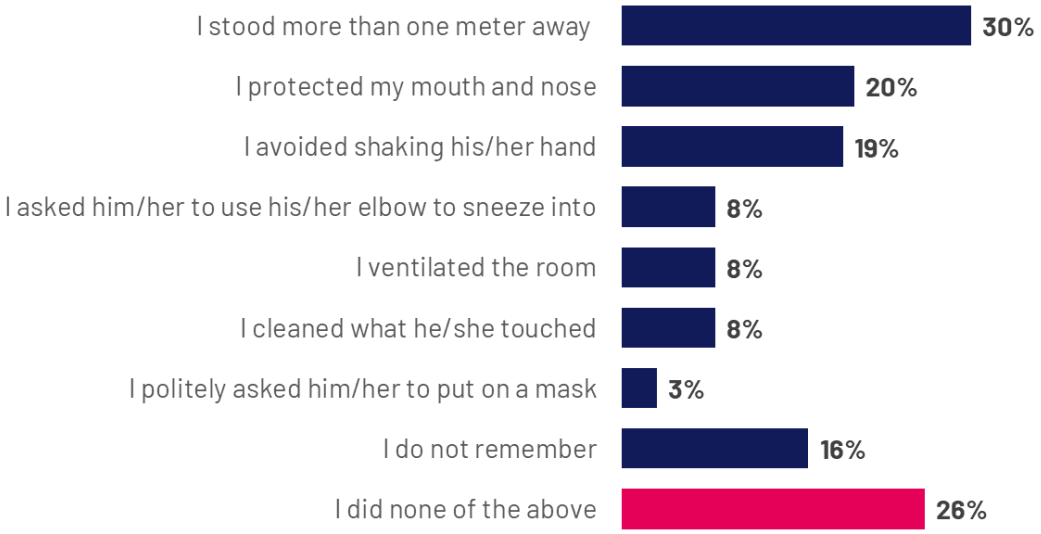
Figure 16 In the past 2 weeks, did you use hand sanitizer gel/spray at...



3.3.4 Self-protective behaviour

To assess self-protective behaviours, people were asked to think about the last time someone sneezed or coughed next to them and asked whether they did anything to protect themselves from an infection. Just under a third (30%) of people said they stood more than one meter away to protect themselves, 20% protected their mouth and nose, and 19% avoided shaking the person's hand. However, 26% said they did nothing to protect themselves from getting an infection.

Figure 17 Think about the last time someone sneezed or coughed next to you. Did you do anything to protect yourself from getting an infection?



Men and women did not differ substantially in their self-protective behaviour. However, some notable differences were observed across age groups. Adults aged 18 to 24 were more likely to say they engaged in self-protective behaviours, with only 11% saying they did nothing to protect themselves from infection. Of the self-protective behaviours provided, 18- to 24-year-olds were more likely to say they avoided shaking

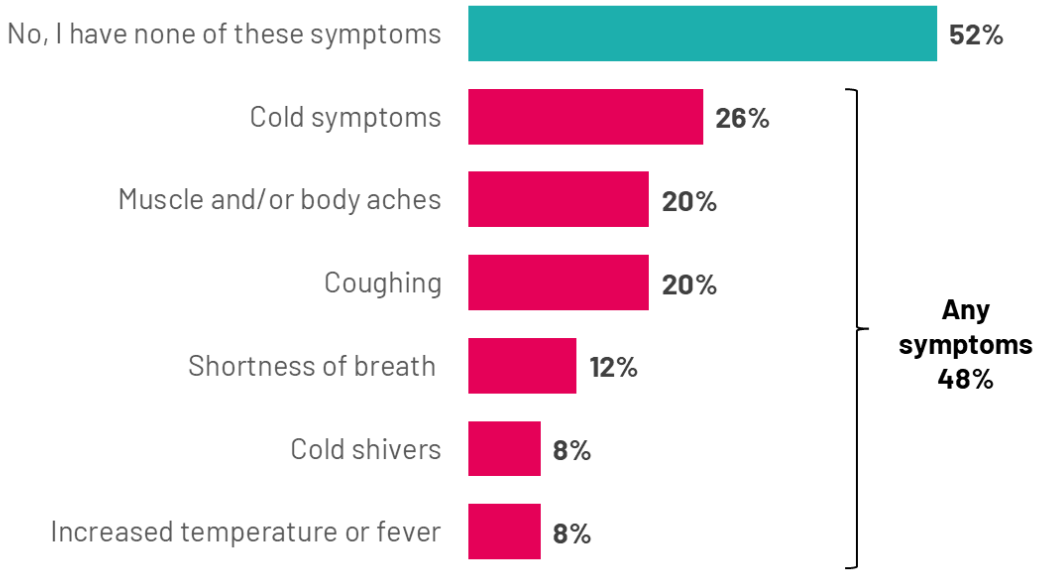
Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

his/her hands (29%), asked him/her to use his/her elbow to sneeze into (8%), and to politely ask him/her to put on a mask (22%).

3.3.5 Staying home when sick

Respondents were asked if they currently or in the past four weeks had any symptoms from a list. 52% said they had none of the listed symptoms. The remaining 48% said they had at least one of the listed symptoms, with around a quarter (26%) of all people saying they had cold symptoms, and one in five (20%) said they had experienced muscle and/or body aches and/or coughing.

Figure 18 Do you currently or in the past four weeks have (had) any of the following symptoms?

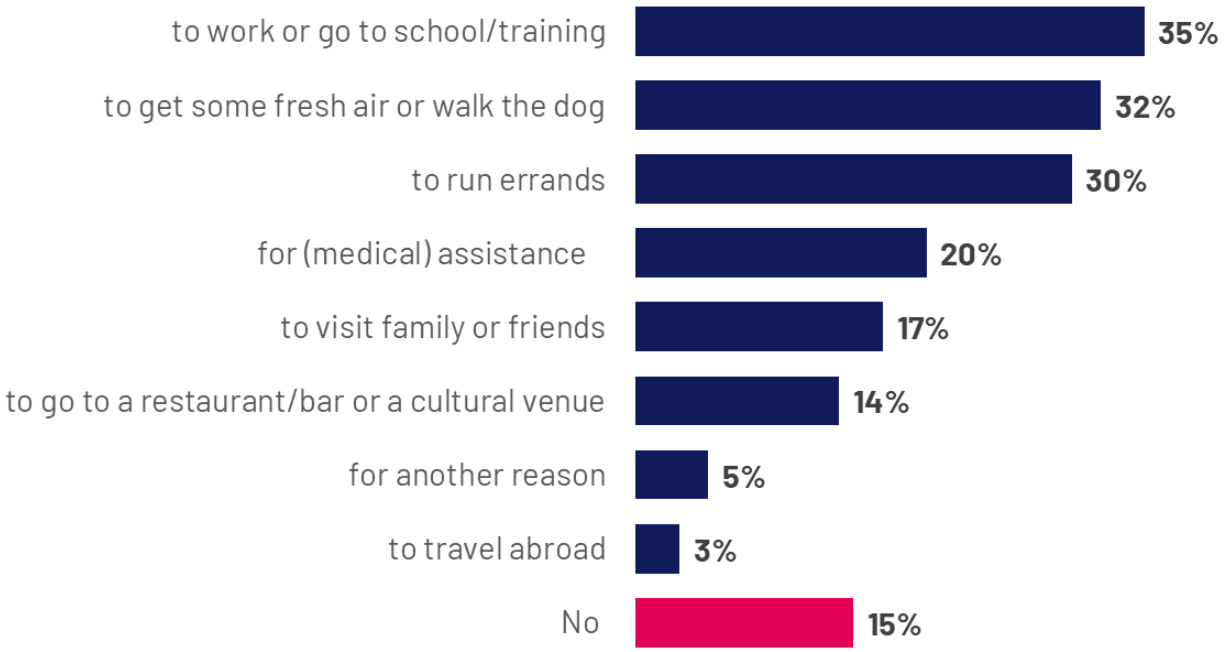


Going outside when sick

Those who said they felt sick while having symptoms such as cold symptoms, cough, or shortness of breath etc. were asked whether they went outside while they were feeling sick. Over a third (35%) went to work, school, or training while sick, 30% went out to run errands, 17% went to visit friends and 14% went to go to a restaurant/bar or a cultural venue. Around a third (32%) left the house to get some fresh air or to walk their dog. Two in five people (20%) went outside for medical assistance and 3% travelled abroad while feeling sick. Only 15% of people said they did not go outside or leave their home when they were sick.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 19 While you were feeling sick, did you go outside to go to work, run errands, take a walk or visit other people?



Men (12%) were less likely to go outside to get medical assistance. Younger adults were more likely to attend social, educational or work venues while sick. Just over half (51%) of those aged 18 to 24 said they went to work, school or training and a quarter (25%) said they went to a restaurant/bar or cultural venue when they were sick. In contrast, adults aged 55 and older were less likely to go to work, school or training (13%) or to visit family or friends (5%). It is important to note that these findings likely reflect differences in life stage. For instance, many of those aged 55 and older are retired, which likely reduced the likelihood that they would select the work, school or training option. Moreover, younger people tend to socialise more than older adults and they are more likely to work in service/ location-based jobs.

People with a high level of education (46%) were more likely to leave home to run errands when they were sick and those with low levels of education (14%) were less likely to do this. Additionally, those classified into the ABC1F self-perceived social class (46%) were more likely to leave the house to go to work, school or training when sick, and those in the C2DE social class (24%) were less likely to do this.

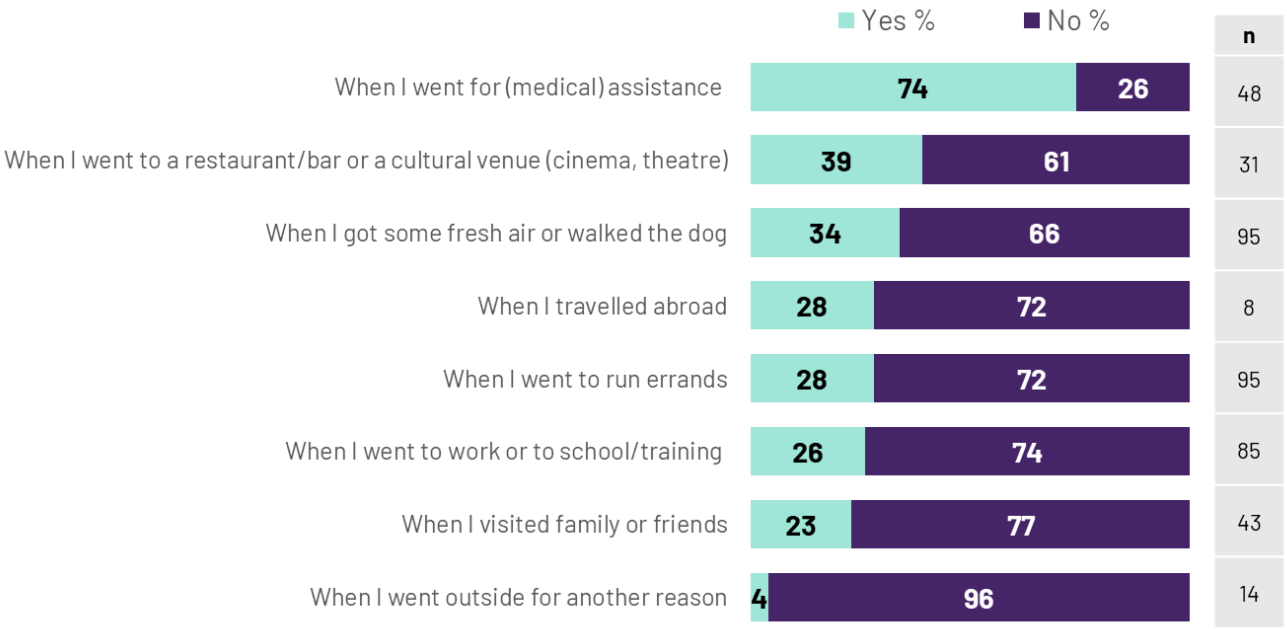
People living in Dublin (53%) were more likely to leave the home to go to work, school or training when sick, and those living in Munster were less likely to do this (23%). People living in a rural area (35%) were more likely to go somewhere for medical assistance when they were sick.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Face mask use when sick and out of the house

Of those that visited somewhere for medical assistance when they felt sick, 74% said they wore a face mask. In contrast, only 26% of those that went to work, school, or training while sick wore a face mask.

Figure 20 Did you wear a facemask in these situations while you were feeling sick?



*Caution: Small sample size.

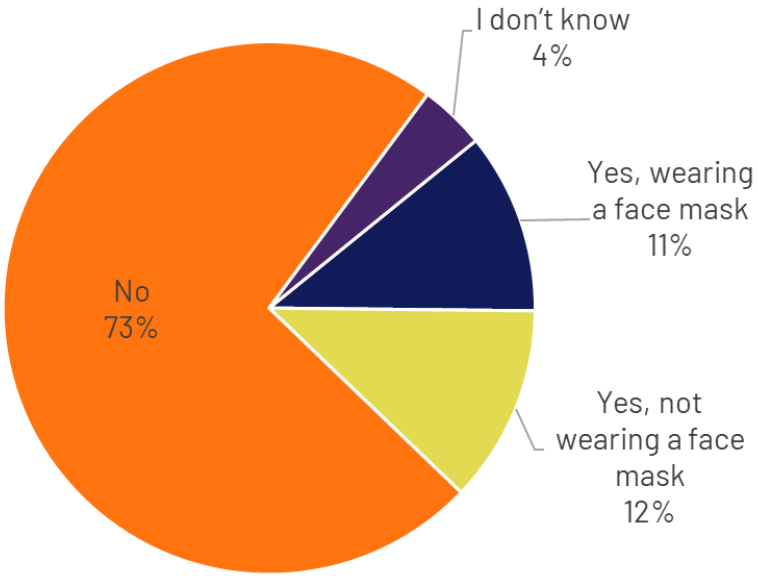
Visiting someone vulnerable while sick

Over one in five (23%) people visited someone who could become seriously ill from a respiratory infection while they felt sick. Of these, only 11% of them said they wore a face mask, with the remaining 12% not wearing one during the visit. A further 73% of people who have or had symptoms did not visit someone who may become ill.

No notable difference was observed between men and women for this behaviour. However, adults aged 55 years and older (13%) were less likely to visit someone who may become seriously ill while they were sick. People who lived in Connacht/Ulster (15%) were less likely to visit someone vulnerable when they were sick.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 21 While you have/had symptoms, did you visit someone who may become seriously ill from a respiratory infection?

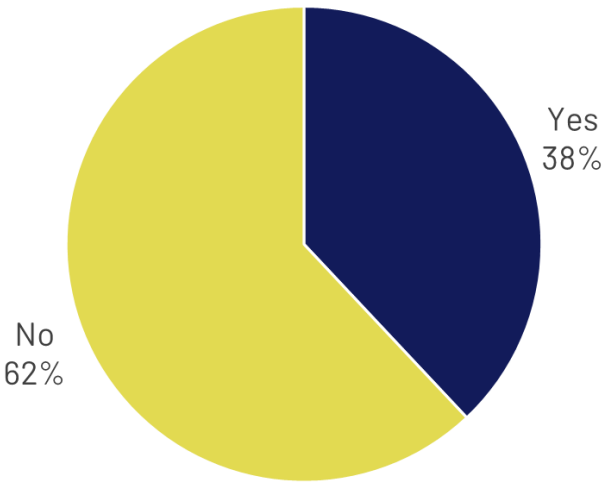


3.3.6 Working from home

Almost two in five (38%) people in employment were able to work from home. Those able to work from home spent an average of 20 hours doing so.

The highest proportion people who could work from home were aged 25 to 34 (46%), followed by those aged 35 to 54 (39%), 18 to 34 (34%), and those aged 55 and older (31%). Over half (55%) of people with a high education level could work from home, compared to those with a middle (29%) or low (10%) level of education. Similarly, people classified into the ABCF1 self-perceived social class were more likely to be able to work from home (58%), compared with only 16% of those classified into the C2DE social class.

Figure 22 Are you able to work from home?



3.3.7 Physical and social contact

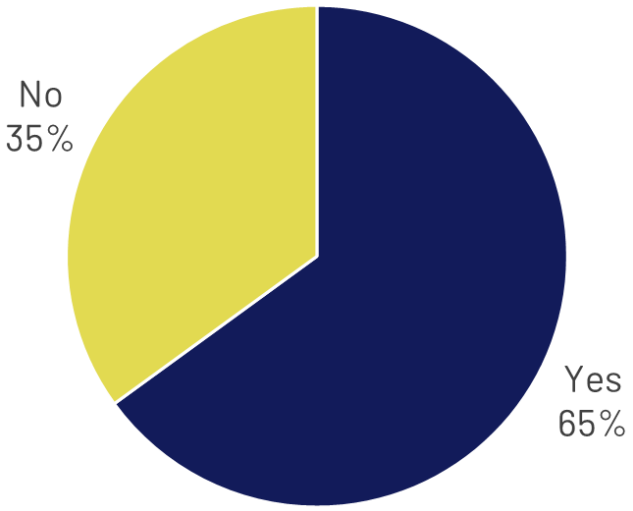
Around two in three (65%) people said they had physical contact with others in the previous day. Those who had physical contact with others were asked with how many people they had physical contact within the previous day.

It is important to note that surveys were not completed equally throughout the week (Table 4). This may have impacted the results of this question as people tend to socialise more during the weekend. Of the 1050 respondents who completed the survey, 23% completed their survey on a Sunday or Monday, which means their responses relate to their social interactions on a weekend day (i.e. Saturday or Sunday). The remaining 77% of respondents completed their survey between Tuesday and Saturday, meaning their responses relate to a weekday (i.e. Between Monday and Friday).

Table 4 Distribution of survey responses by day of week

Day of survey	Reference day	Percentage of surveys completed (%)
Monday	Sunday	18
Tuesday	Monday	40
Wednesday	Tuesday	12
Thursday	Wednesday	19
Friday	Thursday	4
Saturday	Friday	1
Sunday	Saturday	5

Figure 23 Did you have physical contact with others yesterday?

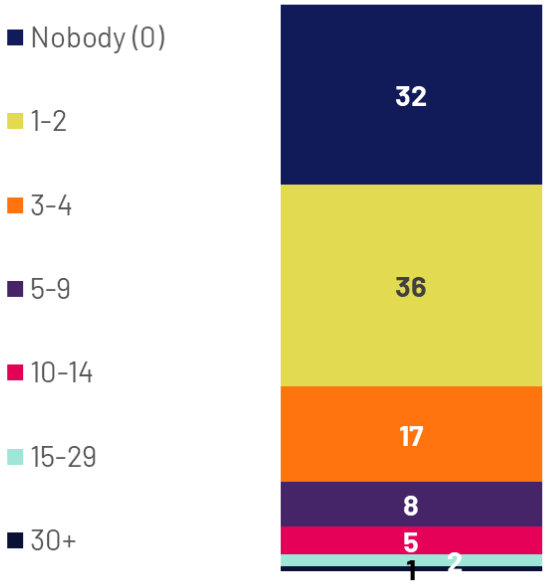


Number of people they had direct physical contact with

People who had physical contact with others on the previous day had contact with an average of 2.8 people. Younger people had physical contact with a higher number of people on average, with those aged 18 to 24 having physical contact with an average of 3.5 people compared with 2.2 people on average for those aged 55 or older.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

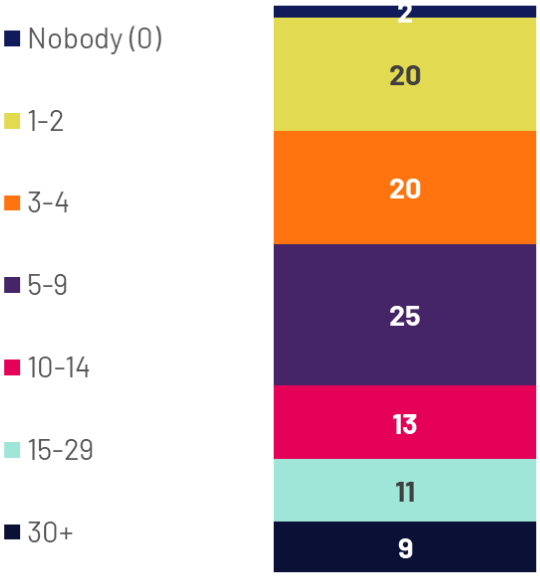
Figure 24 With how many did you also have direct physical contact or did you touch yesterday?



Number of people spoken with yesterday

In addition to physical contact, respondents were also asked how many people they spoke to in the previous day. Overall, people were found to speak with an average of 10 people the previous day.

Figure 25 How many people did you speak to in person yesterday?



3.3.8 Preparedness behaviours

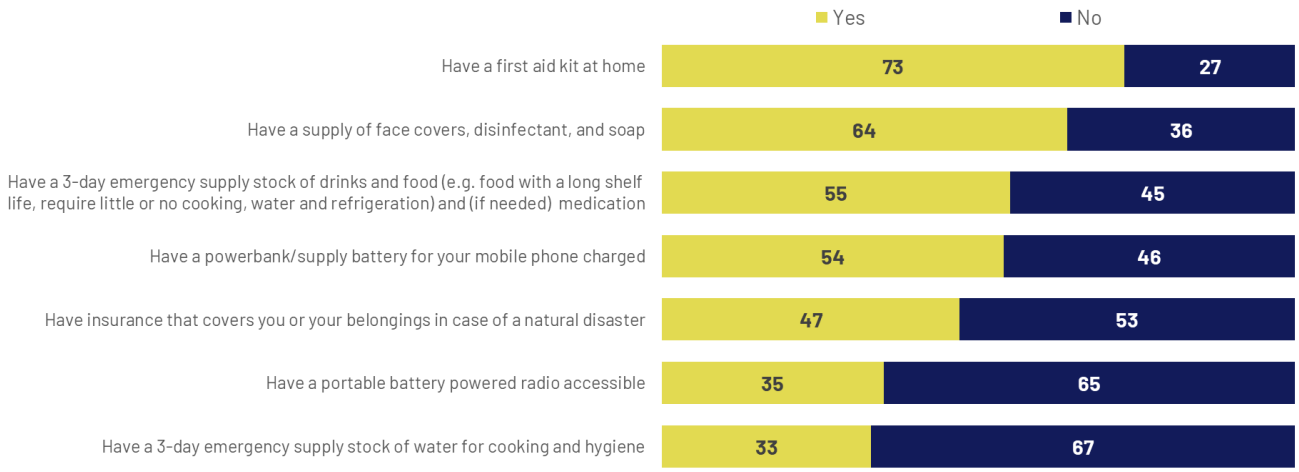
To assess how prepared people would be for a future pandemic and/or natural disaster/ extreme weather event, each respondent was asked if they have implemented a series of preparedness behaviours. These preparedness behaviours related to home preparation behaviours (e.g. having a first aid kit at home) and general readiness behaviours (e.g. keep important documents in a safe place).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Home preparation

The three most popular home preparedness behaviours were having a first aid kid at home (73%), having a supply of face covers, disinfectant and soap (64%), and having a three-day emergency supply stock of food and drinks (55%). People were less likely to have a three-day emergency supply stock of water for cooking and hygiene (33%) and/or to have a portable battery powered radio accessible (35%).

Figure 26 Have you implemented the following in your household



Have a first aid kit at home

- Those aged 55 and older (86%) were more likely to have a first aid kit at home, whereas younger adults aged 18 to 24 (64%) or 25 to 35 (64%) were less likely to have one.

Have a supply of face covers, disinfectant, and soap

- Those aged 55 and older (78%) were more likely to have a supply of face covers, disinfectant, and soap, and those aged 25 to 35 (64%) were less likely to have this in supply. People living in Connacht/Ulster (52%) were less likely to have a supply of face covers, disinfectant, and soap.

Have a 3 day emergency supply stock of water for cooking and hygiene

- Those aged 35 to 54 (25%) were less likely to have an emergency supply of water.

Have a three day emergency supply stock of drinks and food and (if needed) medication

- Older adults were more likely to have this emergency supply stock of food, drink, and medicine, with 67% of those aged 55 and older saying they had this supply, while only 47% of those aged 25 to 34 said they did. People living in Connacht/Ulster (52%) were less likely to have an emergency supply stock of drinks, food, and medication (46%)

Have a powerbank/ supply battery for your mobile phone charged

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

- Younger adults were more likely to have a powerbank or supply battery for their mobile phone, with 67% saying they had this supply, while only 44% of those aged 55 or older did. People living in a rural area (47%) were less likely to have powerbank or supply battery for their mobile phone.

Have a portable battery powered radio accessible

- Older adults were more likely to have a portable battery powered radio, with 43% of those aged 55 and older saying they had this accessible to them, while only 24% of those aged 25 to 34 said they did. People living in a rural area (42%) were more likely to say they had access to a portable battery powered radio.

Have insurance that covers you or your belongings in case of natural disaster

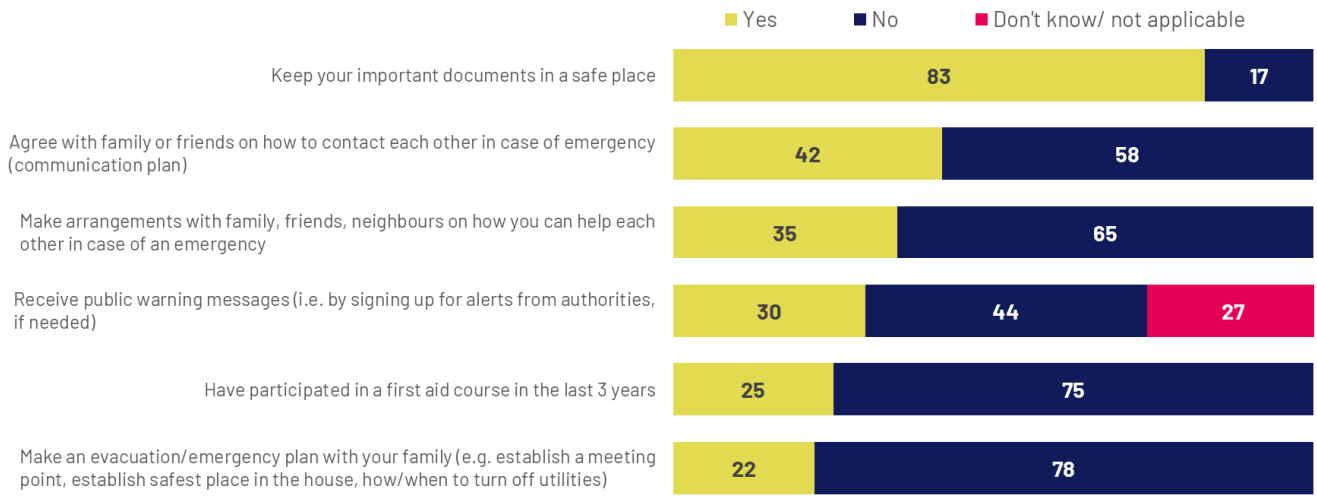
- Men (53%) were more likely than females (42%) to say they had insurance that covers them or their belongings in the case of a natural disaster. Those aged 18 to 24 (56%) and aged 55 and older (57%) were more likely to say they had natural disaster insurance, but those aged 25 to 34 (36%) or 35 to 54 (39%) were less likely to say they have such insurance.

- People who were classified into the ABC1F self-perceived social class (53%) were more likely to claim they had natural disaster insurance, whereas those living in Connacht/ Ulster (35%) were less likely to have this form of insurance.

General readiness

The three most common general readiness behaviours were keeping important documents in a safe place (83%), agreeing with family or friends on how to contact each other in an emergency (42%) and making arrangements with family. Neighbours on how you can help each other in case of an emergency (35%). The general readiness behaviours that were least common were participated in a first aid course in the last three years (25%) and making an evacuation plan with their family (22%).

Figure 27 Have you implemented the following in your household



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Keep your important documents in a safe place

- No notable differences were found across demographics.

Agree with family or friends on how to contact each other in case of emergency (communication plan)

- Younger adults aged 18 to 24 (61%) were more likely to have agreed with family or friends how to contact each other in case of emergency, but those aged 35 to 54 were less likely to have such communication plans. People with a high level of education (37%) and/or those living in Connacht/ Ulster (34%) and/or a rural area (35%) were less likely to have these emergency communication plans.

Make arrangements with family, friends, neighbours on how you can help each other in case of an emergency

- People aged 18 to 24 (50%) were more likely to say they have made arrangements with family, friends, neighbours on how you can help each other in case of an emergency.

Receive public warning messages (i.e. by signing up for alerts from authorities, if needed)

- Respondents classified into the ABC1F self-perceived social class were more likely to say they receive public warning messages, compared with 23% of those classified in the C2DE social class. Similarly, individual who had a high level of education (36%) were more likely to say they receive public warning messages. People living in Connacht/ Ulster (20%) were less likely to report receiving public warning messages.

Have participated in a first aid course in the last 3 years

- Younger respondents aged 18 to 24 (45%) or 25 to 34 were more likely to have participated in a first aid course in the last 3 years, whereas those aged 55 and older (13%) were less likely to have done so.
- Those classified into the ABC1F self-perceived social class (31%) were more likely to say they had participated in a first aid course in the last 3 years, compared with only 20% of those classified in the C2DE social class.

Make an evacuation/emergency plan with your family (e.g. establish a meeting point, establish safest place in the house, how/when to turn off utilities)

- Female respondents (18%) and those living in Connacht/ Ulster (16%) were less likely to report that they have made an evacuation/emergency plan with their family. Conversely, people aged 18 to 24 (35%) were more likely to say they had made an evacuation/emergency plan with their family.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

3.4 Generic Determinants

This section focuses on generic behavioural determinants that underpin health behaviours. The questions in the survey were structured using the COM-B model, a widely adopted behavioural change framework that identifies three core components influencing behaviour: Capability (the individual's psychological and physical capacity), Opportunity (the social and environmental factors that enable behaviour), and Motivation (the reflective and automatic processes that drive behaviour). The capability-based determinants assessed in this survey sought to evaluate respondents' health literacy and resilience in coping with challenging situations. The opportunity-based determinants evaluated respondents unmet healthcare needs and perceived social support. Finally, the motivation-based questions examined respondents trust in institutions, their perceptions of risk regarding future pandemics and disasters, and their tendencies toward conspiratorial thinking.

3.4.1 Health Literacy

Health literacy was measured using the HLS-EU-Q16. This tool assesses people's knowledge and competency to make decisions around three areas of health literacy: healthcare, health promotion and disease prevention. It includes a list of 16 statements, to which respondents are asked to rate how difficult or easy they find them to do. A total HLS-EU-Q16 score was calculated by assigning 0 points for responses of "very difficult" or "difficult" and 1 point for "very easy" or "easy" to each of the 16 items. The points were summed across all items, resulting in a score ranging from 0 to 16, with higher scores indicating greater health literacy. Based on the total HLS-EU-Q16 score, respondents were then categorised into three groups: Inadequate (0–8), Problematic (9–12), and Sufficient (13–16) health literacy.

HLS-EU-Q16

The overall mean HLS-EU-Q16 score was 12.9. 67% of people were found to have sufficient health literacy, 19% were found to have a problematic level of healthy literacy and 14% reported inadequate health literacy. Female respondents (13.3) reported higher mean HLS-EU-Q16 score than men (12.4). Female respondents (73%) were also more likely to report a sufficient level of healthy literacy compared with males (60%).

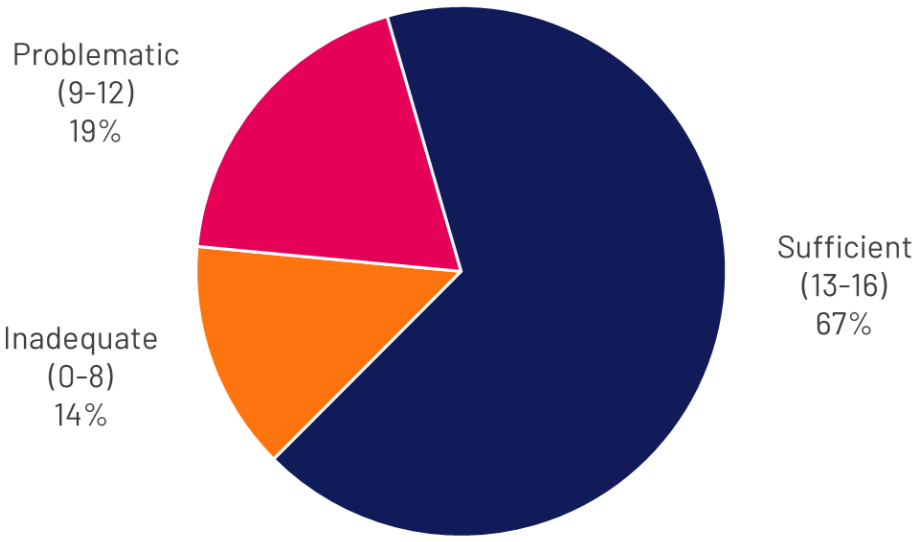
Older people aged 55 and older reported the highest level of health literacy, with a mean HLS-EU-Q16 score of 13.5 and 75% falling into the sufficient range and only 8% into the inadequate range. In contrast, younger adults aged 18 to 24 had the lowest mean HLS-EU-Q16 score (11.4), with 47% with a sufficient level of healthy literacy and 26% with an inadequate level of healthy literacy.

People living in Dublin had above average HLS-EU-Q16 scores (mean 13.5), with 73% reporting a sufficient level of health literacy and only 8% having an inadequate level.

People who said they had been diagnosed with a mental health condition had lower than average HLS-EU-Q16 scores (mean 12.0), with 22% reporting inadequate health literacy.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 28 Level of health literacy in the sample population measured using the HLS-EU-Q16 (range 0 to 16)



Healthcare

Overall, most people found the different healthcare related areas easy or very easy. The three healthcare related areas people found easiest (i.e. very easy or easy) to do were understanding their doctor's or pharmacist's instructions on how to take prescribed medicine (91%), following instructions from their doctor or pharmacist (89%), and finding out where to get professional heal when they are ill (83%). The only area that a notable portion of people found difficult was judging where they may need to get a second opinion from another doctor, with 37% of people finding this difficult or very difficult.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Table 5 Responses to the HLS-EU-Q16 healthcare related items.

How difficult or easy do you find it to...	Very difficult (%)	Difficult (%)	Easy (%)	Very easy (%)	Don't know (%)
Understand your doctor's or pharmacist's instruction on how to take a prescribed medicine?	2	6	45	46	1
Follow instructions from your doctor or pharmacist?	3	8	47	42	1
Find out where to get professional help when you are ill? (i.e. such as doctor, pharmacist, psychologist)	2	14	49	34	2
Understand what your doctor says to you?	5	11	52	30	2
Use information the doctor gives you to make decisions about your illness?	2	14	52	27	5
Find information on treatments of illnesses that concern you?	2	12	57	23	6
Judge when you may need to get a second opinion from another doctor?	5	32	36	16	10

Disease prevention

As with healthcare related statements, most people reported them as easy or very easy to do. The top three disease prevention related areas people found very easy or easy to do were understand why they need health screenings (86%), understand health warnings about behaviour such as smoking, low physical activity and drinking too much (88%), and deciding how they can protect themselves from illness based on information in the media (67%). However, just over one in four people (28%) found it difficult or very difficult to judge if the information on health risk in the media was reliable. Similarly, 25% of people found it difficult or very difficult to find information on how to manage mental health problems like stress or depression.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Table 6 Responses to the HLS-EU-Q16 disease prevention related items.

How difficult or easy do you find it to...	Very difficult (%)	Difficult (%)	Easy (%)	Very easy (%)	Don't know (%)
Understand why you need health screenings? (i.e. breast exam, blood sugar test, blood pressure)	2	9	48	38	3
Understand health warnings about behaviour such as smoking, low physical activity and drinking too much?	2	7	52	36	3
Decide how you can protect yourself from illness based on information in the media? (i.e. internet, newspapers, magazines)	4	21	44	23	9
Judge if the information on health risks in the media is reliable? (i.e. TV, internet or other media)	5	23	41	22	9
Find information on how to manage mental health problems like stress or depression?	6	19	44	20	10

Health promotion

Most people found the health promotion statements easy or very easy to do. The health promotion statements people found easiest to do were judging which everyday behaviours are related to their health (85%), understanding information in the media on how to get healthier (76%), understanding advice on health from family members or friends (75%). However, just under two in five (18%) people found it difficult or very difficult to understanding advice on health from family members or friends.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Table 7 Responses to the HLS-EU-Q16 health promotion related items.

How difficult or easy do you find it to...	Very difficult (%)	Difficult (%)	Easy (%)	Very easy (%)	Don't know (%)
Judge which everyday behaviour is related to your health? (i.e. Drinking and eating habits, exercise etc.)	2	10	52	33	3
Find out about activities that are good for your mental well-being? (i.e. meditation, exercise, walking, pilates etc.)	2	13	53	28	4
Understand information in the media on how to get healthier? (i.e. internet, newspapers, magazines)	2	14	50	26	8
Understand advice on health from family members or friends?	5	13	51	24	7

3.4.2 Resilience

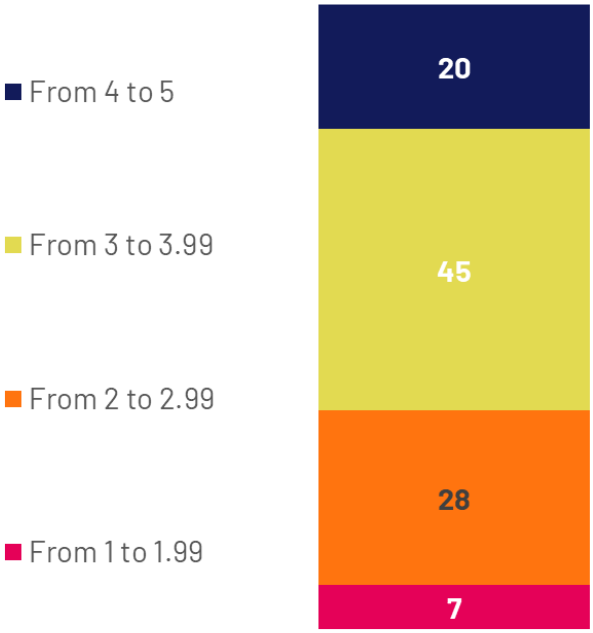
Resilience was assessed using three items taken from the World Health Organisations (WHO) tool for behavioural insights in the covid-19 pandemic that adapted them from the Brief Resilience Scale (BRS). These items evaluated respondents perceived ability to cope with difficult situations. Respondents were presented with three statements and asked to indicate the extent they agree or disagree with them. Two of the items ('*It is hard for me to snap back when something bad happens*' and 'I have a hard time making it through stressful events') were reverse scored. A final brief resilience scale (BRS) was calculated by calculating the average response for all three items, with higher scores indicating greater resilience (range 0-5).

The overall mean BRS score was 3.1. Men (3.2) reported higher mean BRS scores than females (3.0), suggesting men report a greater perceived resilience to difficult situations on average. Age also impacted BRS scores. People aged 55 and older (3.3) reported the highest resilience scores, whereas those aged 18 to 24 (2.9) had the lowest scores.

People classified into the ABC1F self-perceived social class (3.2), those with a high level of education (3.2) and/or those living in Dublin (3.2) were found to have above average BRS scores, indicating greater resilience. In contrast, respondents who said they had been diagnosed with a mental health condition (2.7) reported lower than average BRS scores.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 29 Level of resilience in the sample population measured using the Brief Resilience Scale (BRS). (range 0 to 5)



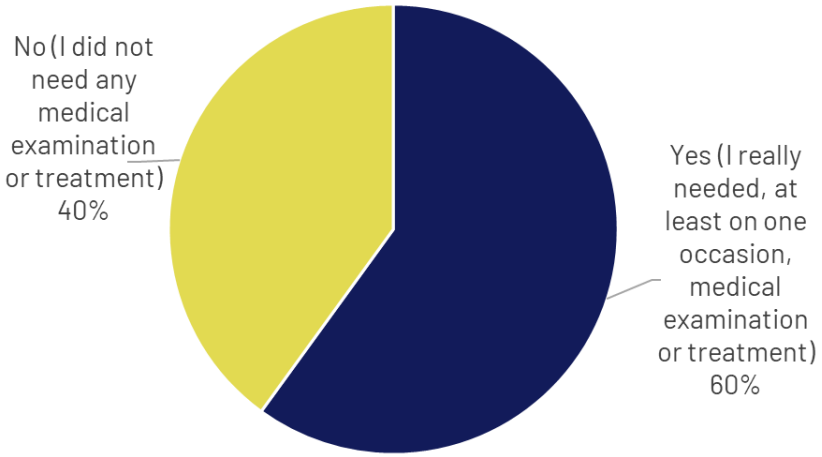
3.4.3 Unmet healthcare needs

Respondents were asked about their healthcare needs and if they whether they got a medical examination when they really needed one. 60% of people said they needed a medical examination or treatment in the last 12 months.

Older adults were more likely to say they needed a medical examination in the last 12 months, with 69% of those aged 55 or older saying they needed one. In contrast, those aged 25 to 34 (48%) were less likely to need a medical examination in the last 12 months. People living in Connacht/ Ulster (49%) were also less likely to report that they needed a medication examination.

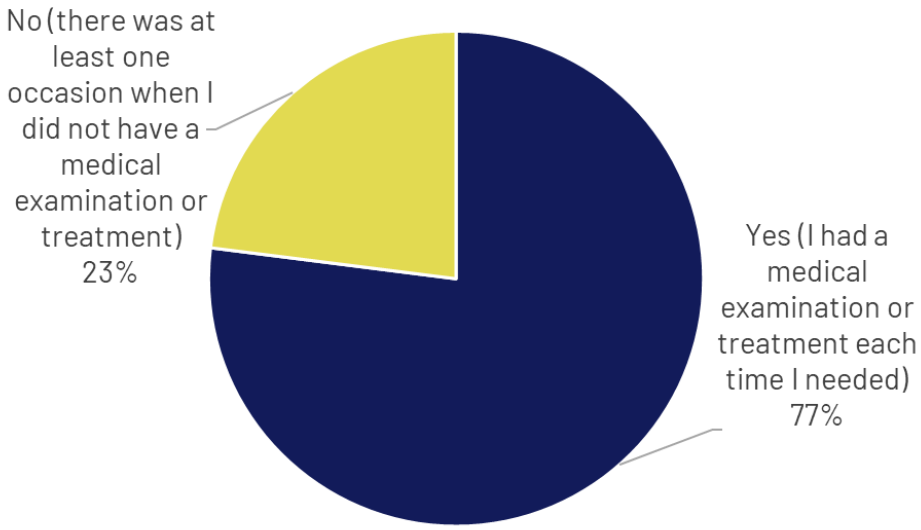
Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 30 Was there any time during the last 12 months when you really needed a medical examination or treatment (excluding dental) for yourself?



When asked if they got a medical examination or treatment every time they really needed one, 77% of people said they did and 23% said they didn't. Older adults aged 55 or older (85%) were more likely to say they got a medical examination or treatment every time they needed one, while those aged 25 to 34 (65%) were less likely to say this.

Figure 31 Did you have a medical examination or treatment each time you really needed one?



3.4.4 Social support

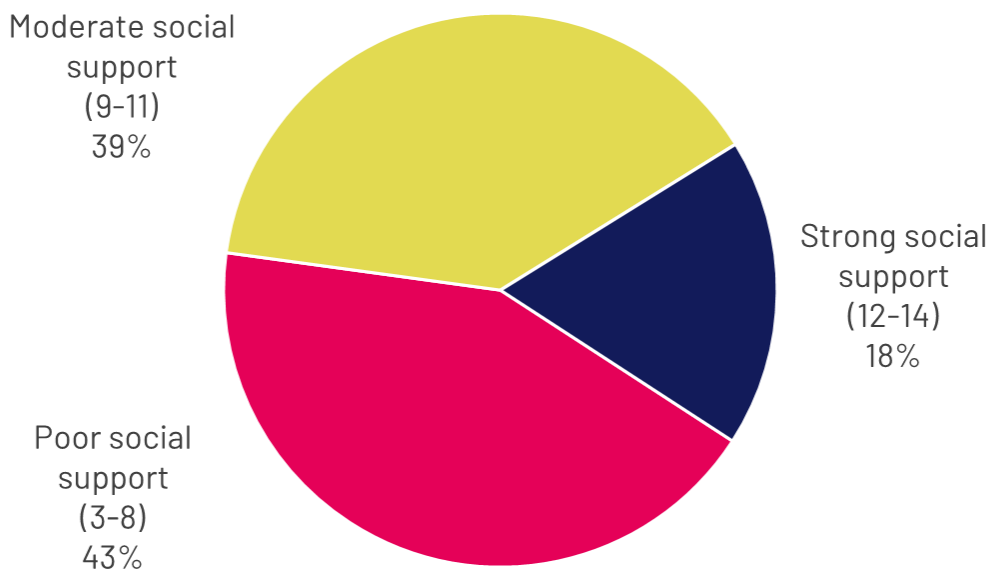
Respondents were asked about the social supports they have available to them using the Oslo Social Support Scale (OSSS-3). This scale asks respondents three questions. The first asks them to provide the number of people they are close to and can count on if they have great personal problems. The second asks them to rate how interested and concerned people show in what they do and the third asks them about how easy it would be to get practical help from neighbours if you should need it. A final OSSS-3 score is

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

calculated by summing the responses to the three items, with higher scores indicating greater social support (range 3 to 14). OSSS-3 scores can be operationalised into three categories of social support: poor social support (scores between 3 and 8), moderate social support (scores between 9 and 11), and strong social support (scores between 12 and 14).

The average OSSS-3 score was 9.1. Just under one in five (18%) people reported having a strong level of social support, 39% reported having a moderate level of social support and the remaining 43% reported having a poor level of social support.

Figure 32 Level of social support in the sample population measured using the Oslo Social Support Scale (range 3 to 14)



Younger people had lower than average social support, with those aged between 18 to 24 and 25 to 34 reporting OSSS-3 scores of 8.4 and 8.6, respectively. Moreover, 59% of those aged 18 to 24 and 50% of those aged 25 to 34 reported a low level of social support. In contrast, older adults aged 55 and older reported above average OSSS-3 scores (9.8), with 26% reporting a high level of social support and only 27% recording a low level of social support.

People living in Dublin reported higher than average OSSS-3 scores (9.6), with a quarter of those living in Dublin (25%) reporting strong social support. Conversely, individuals living in Connacht/Ulster had below average OSSS-3 scores (8.7), with only 13% reporting a high level of social support.

People who said they had been diagnosed with a mental health diagnosis recorded lower than average OSSS-3 scores (8.4), with 59% reporting a poor level of social support (scores below 8) and only 11% reporting a high level of social support (score of 12 or higher).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

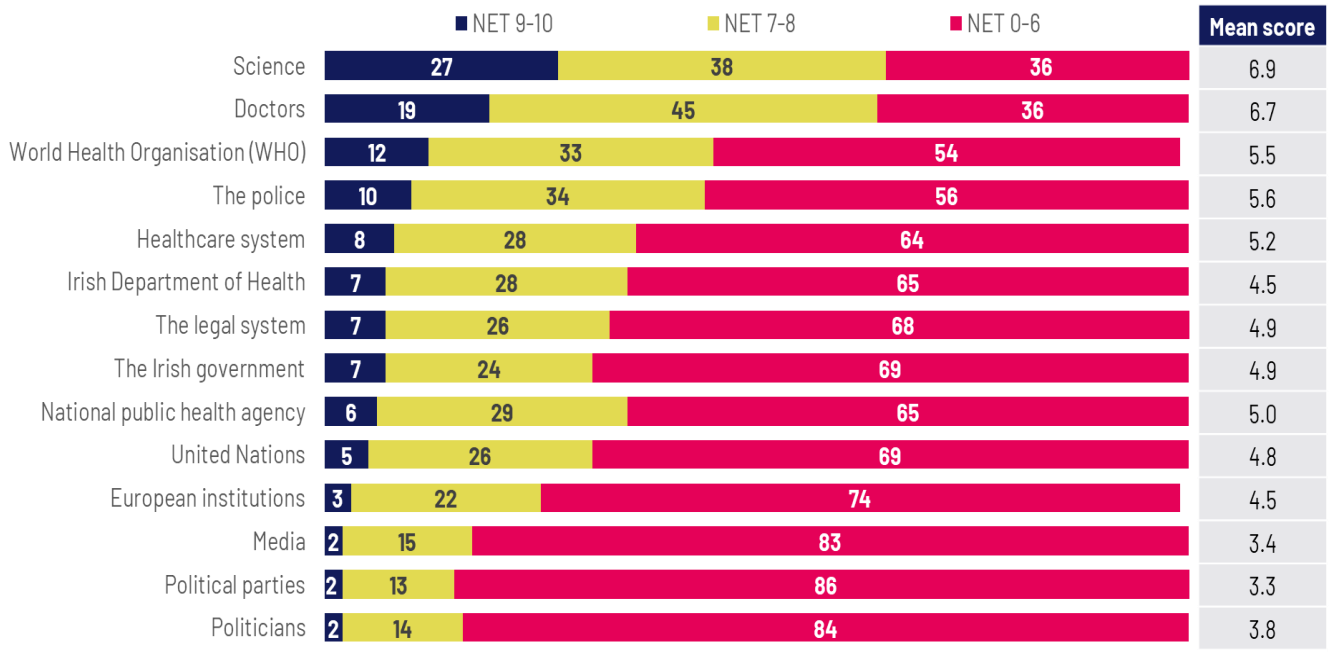
3.4.5 General Trust

To understand respondents' level of trust in different institutions, they were asked to rate how much they personally trusted different institutions on a 10-point scale, with 10 being complete trust and 0 being no trust at all.

On average, the institutions that people had the highest level of trust in were Science (mean 6.9), Doctors (mean 6.7), and the World Health Organisation (WHO) (mean 5.5). In contrast, the institutions that people were least trusting of were politicians (mean 3.8), political parties (mean 3.3), and the media (mean 3.4).

Most people recorded a moderate to low level of trust the Irish institutions evaluated. The Department of Health had mean trust score of 4.5 and the Irish government had a mean trust score of 4.9. Around one in four reported having a moderate level of trust (i.e. score of 7 to 8) in the Department of Health (28%) and/or the Irish government (24%). However, only 7% reported having a high level of trust (i.e. score of 9 to 10) in the Department of Health and/or the Irish government.

Figure 33 On a scale of 0-10 how much do you personally trust each of the following institutions?



Science

People classified into the ABC1F self-perceived social class were more trusting of Science (mean 7.5) than those classified into the C2D1 group (mean 6.4). Similarly, trust in the Science was higher for people who had a high level of education (mean 7.4), compared with those with a low level of education (mean 6.3). People living in Connacht/Ulster were less trusting of Science than average (mean 6.5).

Healthcare and Doctors

Females were less trusting than average of both the healthcare system (mean 6.5) and doctors (mean 4.9), whereas males were found to be more trusting than average of doctors (mean 7.0). Younger people were less trusting of doctors than older adults, with those aged 18 to 24 (6.1) and 25 to 34 (6.3) reporting below average trust scores, whereas those aged 55 and older (7.5) showing above average trust scores.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Political parties and politicians

People aged 55 and older were more trusting than average of political parties (mean 3.7), although like other age groups, levels of trust were still relatively low.

People classified into the ABC1F self-perceived social class were more trusting of polititians (mean 4.0) and political parties (mean 3.8) than those classified into the C2D1 group (polititians: mean 3.0; political parties: mean 2.9). Simialrly, people living in Dublin were more trusting than average of both polititians (mean 3.8) and political parties (mean 3.8), whereas those living in Connacht/Ulster were less trusting of political parties (mean 2.8).

The legal system and the police

Older adults aged 55 and older were more trusting of the legal system (mean 5.5) and the police (mean 6.3). However, younger adults were less trusting of these institutions. People aged 18 to 24 (mean 4.6) and 25 to 34 (mean 4.8) had below average trust scores for the police, with 76% and 64% reporting scores below 6, respectively.

People classified into the ABC1F self-perceived social class were more trusting of the legal system (mean 5.4) than those classified into the C2D1 group (mean 4.6). Similarly, trust in the legal system was greater for people who had a high level of education (mean 5.4).

European and global institutions (WHO, UN, European Institutions)

People aged 55 and older were more trusting of European and global institutions, like the WHO (mean 6.3), UN (mean 5.3), and European Institutions (mean 4.8). Whereas people aged 35 to 54 had below average trust in the WHO (mean 4.4) and UN (mean 5.0).

Media

People classified into the ABC1F self-perceived social class were more trusting of the media (mean 4.2) than those classified into the C2D1 group (mean 3.5). People living in Dublin reported above average trust in the media (mean 4.2). Despite these demographic differences, trust in the media remained relatively low overall.

Irish Government, Department of Health and National Public Health Agency

Women were less trusting of the Irish Govement than men, with 74% of women and 64% of men reporting low trust (score 0-6) in the Irish Government. Similarly, older adults were more trusting of the Irish Government and the Department of Health, with above average scores of 5.0 and 5.4, repectively.

People classified into the ABC1F self-perceived social class were more trusting of the Irish Government (mean 5.2), the Department of Health (mean 5.4) and the National Public Health Agency (mean 5.4) than those classified into the C2D1 group (Irish Government: mean 4.0; Department of Health: mean 4.5; National Public Health Agency: mean 4.6). Similarly, people with a high level of education had above average level of trust in the Irish Government (mean 5.1), the Department of Health (5.2) and the National Public Health Agency (mean 5.3).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

3.4.6 Risk perception for future pandemics and disasters

Respondents were asked to indicate how likely they felt different pandemics or disasters would be in the next five years. Responses were provided on a 6-point scale ranging from very unlikely to very likely.

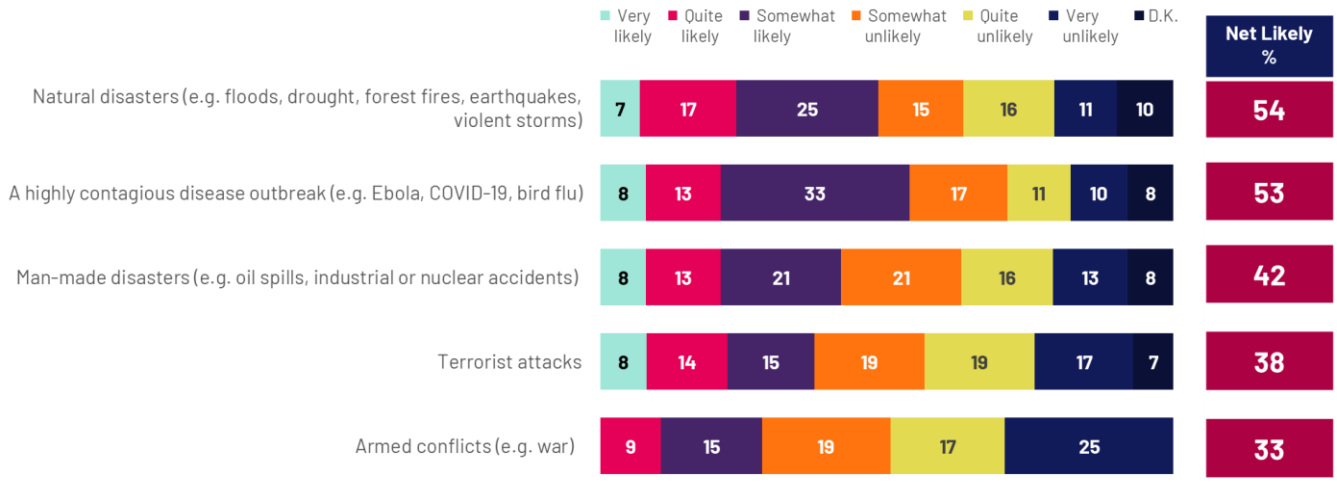
Overall, just over half of all people thought that a natural disaster (54%) or a highly contagious disease outbreak (53%) was at least somewhat likely in the next five years. In contrast, only 38% thought a terrorist attack was at least somewhat likely and only around a third (33%) of people thought an armed conflict was at least somewhat likely.

No notable differences in risk perceptions were found between men and women. Some differences were found across age groups. Older adults were more likely to think that a highly contagious disease outbreak (61%) and a natural disaster (61%) was likely. In contrast, people aged 18 to 24 were more likely to think that a highly contagious disease outbreak (54%) and a natural disaster (51%) was unlikely.

People classified into the ABC1F self-perceived social class (42%) were more likely to think that a highly contagious disease outbreak was unlikely in the next five years.

People living in a rural area were less likely to think a terrorist attack would occur in the next five years (61% unlikely).

Figure 34 How likely to occur in your region in the next five years...



3.4.7 Conspiratorial thinking

To understand respondent's general susceptibility to conspiratorial beliefs they completed the Conspiracy Mentality Questionnaire (CMQ). This scale included 5 statements and respondents were asked to express the extent they agree or disagree with them using a 5-point scale. A final CMQ score was calculated by taking the average response to the five statements, with higher scores indicated greater conspiratorial mentality (range 0-5).

The mean CMQ score for the total sample was 3.4. Broadly similar conspiracy mentality scores were observed across genders and age groups. However, people with a high level of education reported below average mean CMQ scores (3.3) and those classified into the ABC1F (3.3) self-perceived social class had lower mean CMQ scores (3.5) than those classified into the C2D1 group (3.5). These findings suggest people with higher education and self-perceived social class exhibit a lower conspiratorial mentality.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 35 Distribution of conspiracy mentality measured using the Conspiracy Mentality Questionnaire (range 0-5).

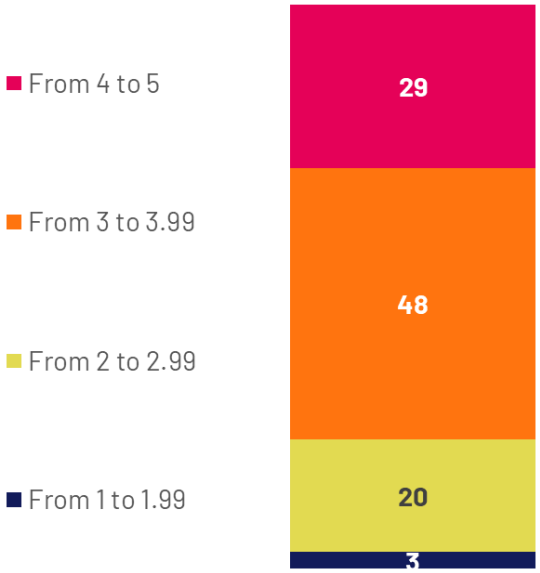


Table 8. Responses to the Conspiracy Mentality Questionnaire (CMQ) items.

I think that...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	NET Agree
Politicians usually do not tell us the true motives for their decisions	2	6	21	40	30	70
Many very important things happen in the world, which the public is never informed about	2	10	27	41	20	61
There are secret organisations that greatly influence political decisions	8	15	32	31	15	45
Government agencies closely monitor all citizens	6	22	33	27	12	39
Events which superficially seem to lack a connection are often the result of secret activities	6	17	42	27	8	35

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

3.5 Extreme weather events

An additional section was added to this survey wave to explore respondent's experiences and perceptions of extreme weather events. Respondents were asked about their experiences with extreme weather events, how prepared they felt/feel for past and future events and their perceptions of Met Éireann weather warnings.

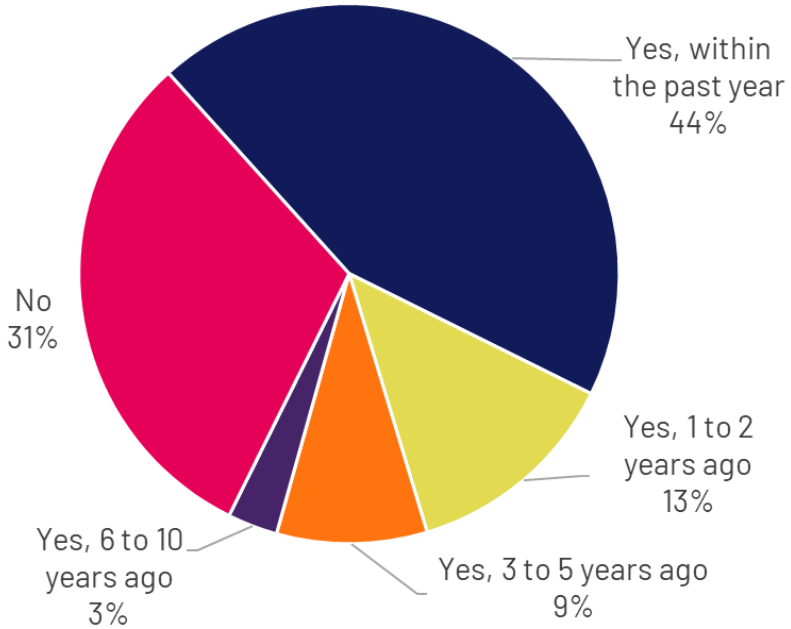
The fieldwork for this survey was conducted in April 2025. This is only a few months after Storm Éowyn, which struck Ireland in late January and stands as one of the country's most severe storms on record. Given the significant disruption the storm caused, particularly in the west, northwest, and midlands, respondents' perceptions and reported experiences of extreme weather are likely to have been influenced by this event. Areas more severely affected by the storm may reflect heightened concern and critical views of readiness, while regions less impacted may report a lower perceived risk.

3.5.1 Experience of extreme weather events

Respondents were first asked if their community had recently experienced an extreme weather event. Over two thirds (69%) of people said they had experienced an extreme weather event within the last 10 years. Over two in five (44%) people said they experienced an extreme weather event in the last year, 13% said they had 1 to 2 years ago, 9% said they had 3 to 5 years ago and 3 % said they had 6 to 10 years ago. The remain 31% said they had not experienced an extreme weather event.

People living in Dublin were less likely to have experienced an extreme weather event in the last 10 years (52%) or the last year (27%). In contrast, those living in Connacht/Ulster were more likely have experienced an extreme weather event in the last 10 years (91%) and/or last year (83%). Similarly, those living in urban area (38%) were less likely to have experienced an extreme weather event in the last year and those living in rural areas were more likely to have experienced extreme weather in the last year 10 years (76%) and/or last year (58%).

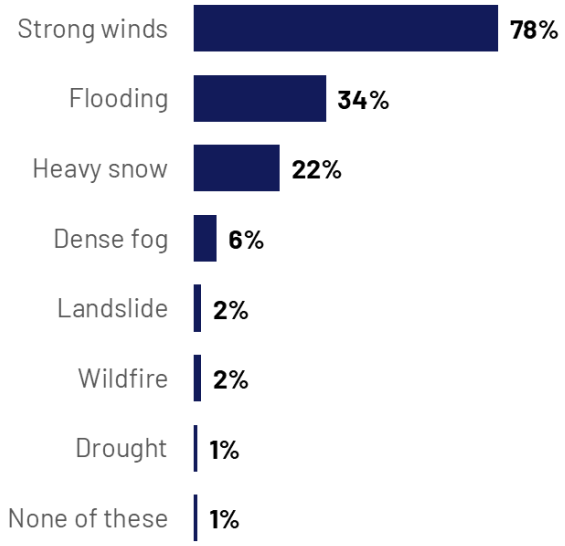
Figure 36 Has your community recently experienced an extreme weather event?



Of those that experienced an extreme weather event, over three quarters (78%) experienced strong winds. Around a third (34%) said their community experienced flooding and 22% said they experienced heavy snow (22%). Other less commonly experienced events were dense fog (6%), landsides (2%), wildfires (2%), and droughts (1%).

People living in Connacht/Ulster (94%) were more likely to have experienced strong winds and those living in Munster (44%) were more likely to have experienced flooding. People living in Dublin (31%) were more likely to have experienced heavy snow.

Figure 37 What kind of extreme weather event did your community experience

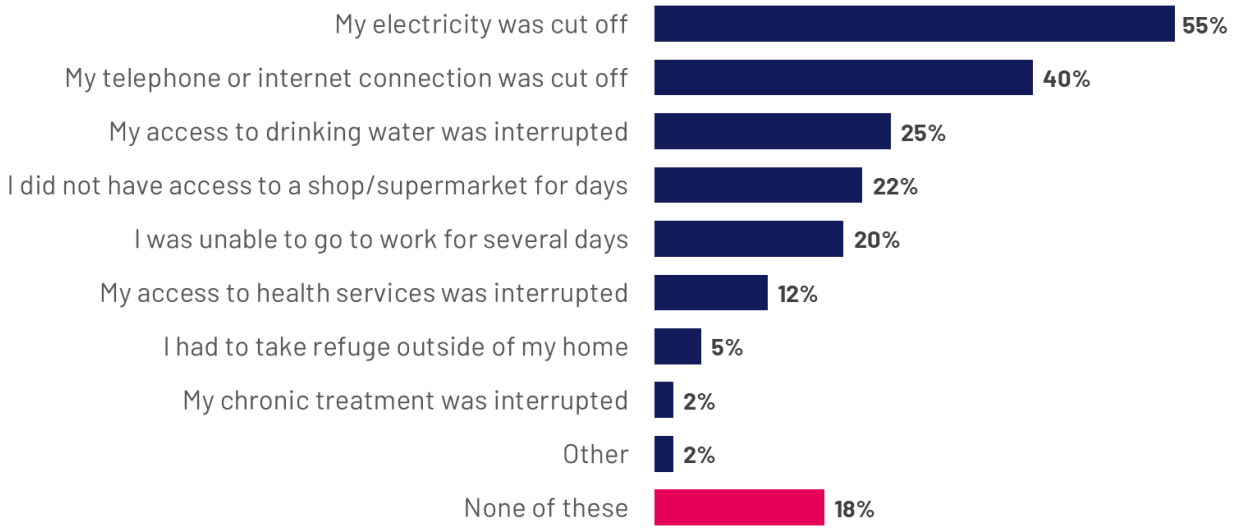


Respondents were also asked what impact the most recent extreme weather event they experienced had on them. The disruption of electricity was the most common issue experienced by people, affecting 55% of respondents. Two in five (40%) experienced loss of their telephone or internet connection because of their most recent extreme weather event. Additionally, interruptions in access to drinking water was reported by 25% of people, and 22% indicated they lacked access to a shop or supermarket for several days because of the extreme weather event.

People living in Connacht/Ulster and/or those living in a rural were more likely to have experienced a loss of drinking water (Connacht/Ulster: 37%; Rural: 34%) and a loss of electricity (Connacht/Ulster: 86%; rural: 78%) and/or telephone or internet connection (Connacht/Ulster: 70%; rural: 65%). People living in Munster (31%) and/or those living in a rural area (28%) were more likely to lost access to a shop or supermarket for days.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 38 Due to the most recent extreme weather event...



3.5.2 Extreme weather preparedness

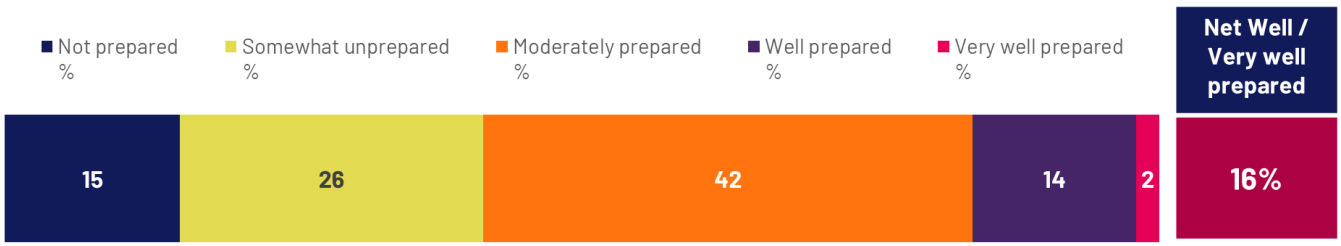
Respondents were asked a series of questions about how prepared they were for the extreme weather event they experienced, how prepared they feel they would be for a future extreme weather event, and how prepared they feel their local/regional/national authorities would be in the event of an extreme weather event.

Preparedness for previous extreme weather events

Overall, 42% of respondents described themselves as not (18%) or somewhat (23%) unprepared to face the most recent event, while an equal proportion felt moderately prepared (40%). Only 16% reported feeling well or very well prepared.

People living in Connacht/Ulster (56%) were more likely to say they were not prepared or somewhat unprepared for the most recent extreme weather event they experienced. Conversely, people living in Dublin (34%) were less likely to say they were not prepared or somewhat unprepared for the extreme weather they experienced.

Figure 39 How prepared were you to face this extreme weather event?



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

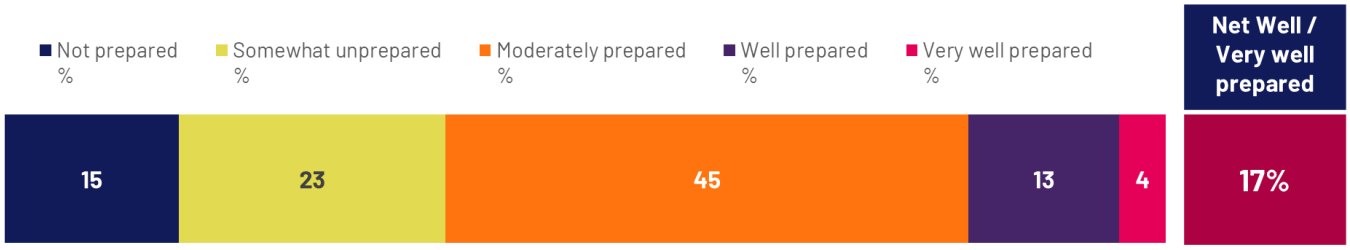
Preparedness for future extreme weather events

38% feel not prepared (15%) or somewhat (23%) unprepared for a future extreme weather event, whereas 45% consider themselves moderately prepared. Only 17% feel well or very well prepared for a future extreme weather event.

People aged between 25 to 34 (48%) were more likely to say they were not prepared or somewhat unprepared to deal with another extreme weather event. In contrast, older adults aged 55 and older (28%) were less likely to say they were not prepared or somewhat unprepared.

People living in Dublin (29%) were less likely to say they were not prepared or somewhat unprepared for future extreme weather.

Figure 40 How prepared do you think you are now to deal with another extreme weather event in your community?



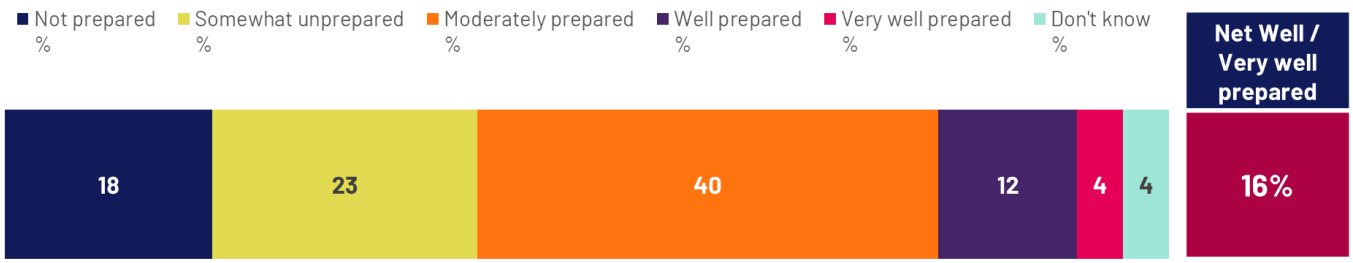
Preparedness of local/regional/national authorities for extreme weather events

38% felt their local/regional/national authorities were not prepared or somewhat unprepared for an extreme weather event. 45% believed their local/regional/national authorities were moderately prepared for an extreme weather event and 17% thought they were well or very well prepared to handle such events.

Adults aged 25 to 34 (49%) were more likely to say their local/regional/national authorities were not prepared or somewhat unprepared for a future extreme weather event, whereas those aged between 18 and 24 (25%) were less likely to say this.

People living in Connacht/Ulster (50%) were more likely to say local/regional/national authorities were not prepared or somewhat unprepared for a future extreme weather event.

Figure 41 How prepared do you think that local/regional/national authorities are to deal with an extreme weather event?



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

3.5.3 Support needed for future extreme weather events

Respondents were asked about which supports their community would need to be more prepared for extreme weather events. The supports most noted by respondents were a better understanding of how to mitigate risks (43%), improved warning and alert systems (42%), and improved understanding for helping the most vulnerable (38%).

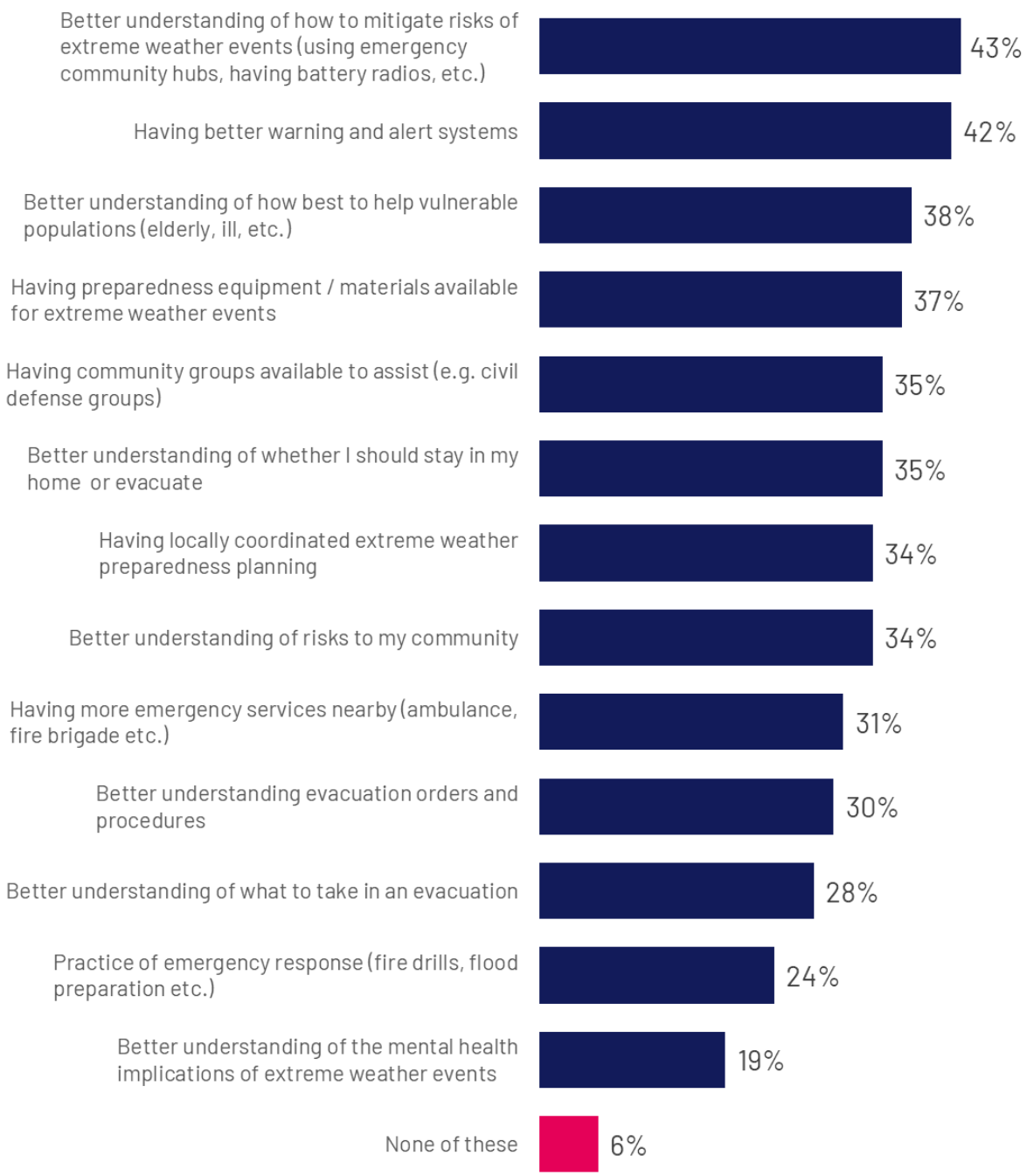
Women (43%) were more likely than men (31%) to report that they/or their community would need preparedness equipment / materials available for extreme weather events to be more prepared for an extreme weather event. Older adults aged 55 and older were more likely to say they/ or their community would need a better understanding of whether I should stay in my home or evacuate (45%), a better understanding of how best to help vulnerable populations (48%), having community groups available to assist (45%), having locally coordinated extreme weather preparedness planning (43%), having more emergency services nearby (37%) and having better warning and alert systems (55%) to be more prepared. In contrast, those aged 18 to 24 were less likely to say they/ or their community would need a better understanding of whether I should stay in my home or evacuate (24%), a better understanding of how best to help vulnerable populations (28%), having community groups available to assist (21%), having locally coordinated extreme weather preparedness planning (26%), and having better warning and alert systems (28) to be more prepared, as well as having a better understanding of how to mitigate risks of extreme weather events (33%), practice of emergency response (16%), having preparedness equipment / materials available for extreme weather events (27%).

People with a high level of education (43%) were more likely to report that they/or their community would need preparedness equipment / materials available for extreme weather events to be more prepared for an extreme weather event.

People living in Dublin were more likely to report that they/or their community would be more prepared if they had a better understanding of evacuation orders and procedures (36%) and less likely to report that they/or their community would need preparedness equipment/materials available for extreme weather events to be more prepared for an extreme weather event (27%). In contrast, people living in Connacht/Ulster were more likely to report that they/or their community would need preparedness equipment/materials available for extreme weather events to be more prepared for an extreme weather event (45%) and have better warning and alert systems (52%).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 42 What kind of support would you/and your community need to be more prepared before extreme weather events?



3.5.4 Met Éireann weather warnings

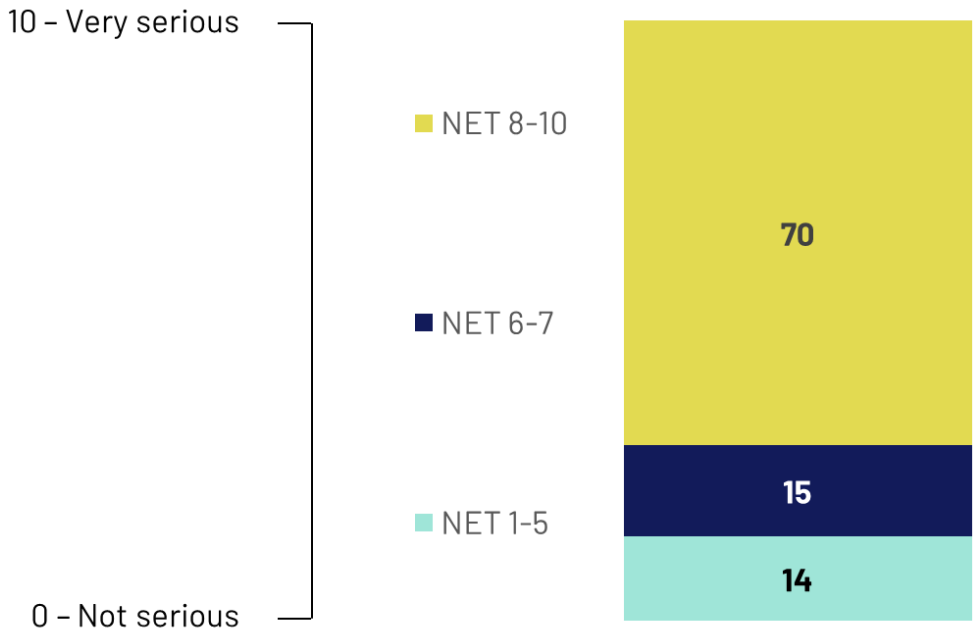
Respondent's perceptions of weather warnings from Met Éireann were evaluated using two items. Such perceptions can influence community responses and preparedness actions in the wake of meteorological advisories. When asked about the seriousness of red warnings from Met Éireann most people felt they were very serious, with a mean score of 8.19 out of 10, with 70% rating these warnings between 8 and 10 on the seriousness scale. Concerningly, 14% of people felt red warnings from Met Éireann were not serious, with scores of 5 or less, and a further 15% believing these warnings were only moderately serious, with scores between 6 and 7 out of 10.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Females were more likely to think red weather warnings were serious, with 77% rating it between 8 and 10 on a seriousness scale, whereas only 64% of males rated within this range. Similarly, older adults aged 55 and older (84%) were far more likely to rate red weather warnings as serious (i.e. between 8 to 10), especially when compared with those aged 18 to 24, of which only 43% rated these warnings in the 8 to 10 range.

People living in Connacht/Ulster (78%) and/ or living in rural areas (79%) were more likely to think red weather warnings were serious. Conversely, people living in Dublin (63%) were less likely to think these warnings were serious.

Figure 43 On a scale of 1-10 how serious is a red weather warning issued by Met Eireann?



Respondents were asked to select from a list of actions that they think apply during red weather warnings. Over three in four (78%) thought they should stay at home and around half of people were checking in on vulnerable family members and friends (53%) and/or not going to work or school/college unless being an emergency service worker. Other notable actions selected by respondents were keeping an eye on the weather (42%), cancelation of regular healthcare appointments (40%), and stockpiling food (30%).

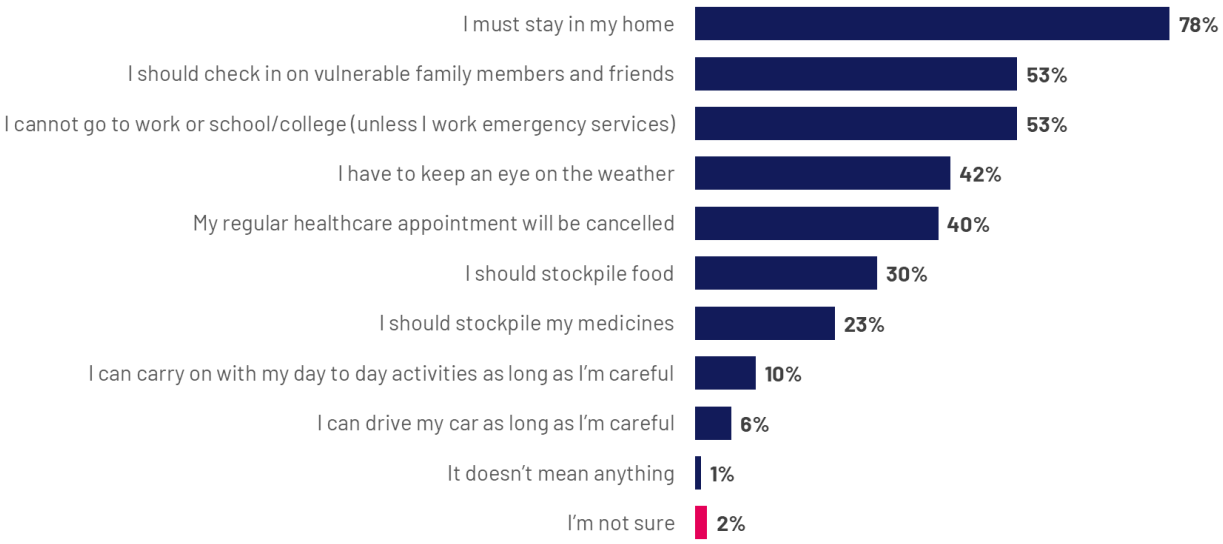
Females were more likely to think red weather warnings meant they needed to stay at home (82%; male, 74%), avoid going to work (61%; male, 45%) and that they should check in with vulnerable family members and friends (60%; male, 46%) and expect their regular healthcare appointments will be cancelled (47%; male, 33%). Similar differences were observed between older and younger adults. Adults aged 55 and older were more likely to think red weather warnings meant they needed to stay at home (86%; 18 to 24, 58%), keep an eye on the weather (50%; 18 to 24, 28%), check in with vulnerable family members and friends (65%; 18 to 24, 37%) and expect their regular healthcare appointments will be cancelled (47%; 18 to 24, 20%).

People who were educated to a high level were more likely to think red weather warnings meant they cannot go to work or school/collage (63%) or that their regular healthcare appointments will be cancelled. Whereas those with a low level of education were less likely to think red weather warnings meant they cannot go to work or school/collage (35%) or that they should stockpile my medicines (14%).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

People living in a rural area were more likely to think that red weather warnings meant they must stay at home (84%), they should keep an eye on the weather (49%), and that their regular healthcare appointments will be cancelled (48%).

Figure 44 Which of the following actions do you think apply under a red weather warning?



3.5.5 Information for extreme weather events

Respondents were asked about how they receive information to help them prepare for extreme weather events. Television the most relied upon source of information, with 65% of people selecting this medium to get information. Other notable mediums to get information to help prepare for extreme weather were radio (54%), Government websites (43%) and social media (43%).

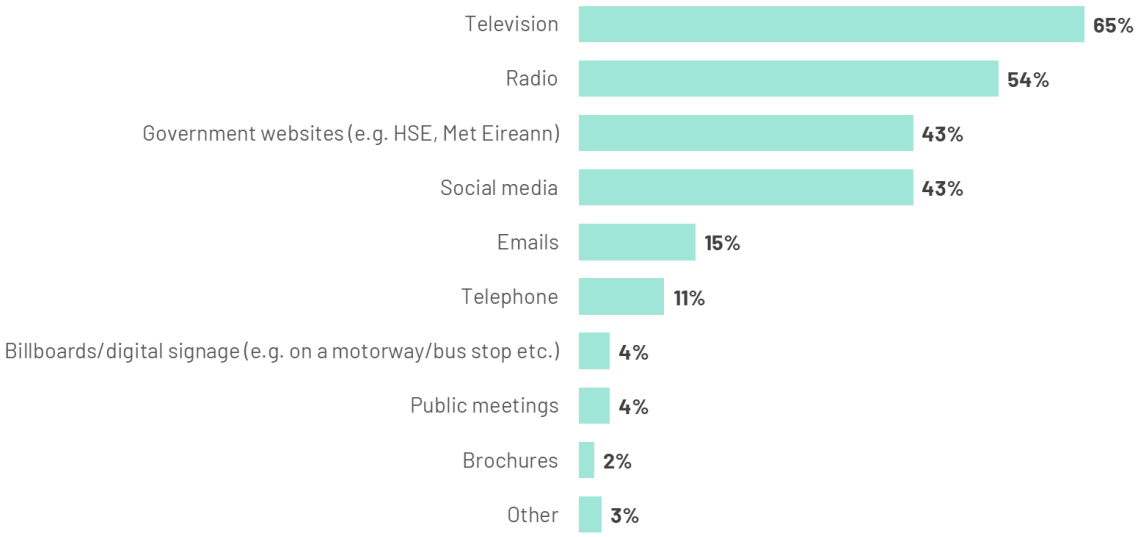
Younger and older adults differed greatly in where they received information for extreme weather preparation. Adults aged 55 and older were more likely to receive information from television (84%), and Radio (65%) and less likely to receive it from social media (31%), or telephone (5%), whereas those aged between 18 to 34 were the opposite, being less likely to receive information from television (18 to 24: 46%; 25 to 34: 45%), and Radio (18 to 24: 43%; 25 to 34: 41%) and more likely to receive it from social media (18 to 24: 59%; 25 to 34: 52%). Those aged 18 to 24 were also more likely to receive information via telephone (34%) and less likely to receive it from government websites (31%).

People with a high level of education were more likely to received information for extreme weather events via email (19%), social media (49%), and government websites (49%). Individuals with a low level of education were less likely to receive information from email (7%).

People living in Dublin (44%) were less likely to receive information from radio, whereas those living in Munster (61%) or Connacht/Ulster (62%) were more likely to receive information this way. People living in a rural rea were more likely to receive information from a radio (63%) and television (75%), and less likely to receive it from a telephone (7%) or billboard/digital signage (2%).

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Figure 45 How do you receive information to help you prepare for extreme weather events?



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Appendix - Questionnaire

Block A1: Demographics

Note: In this first block, only the essential demographic questions are asked. Other demographic questions are at the end of the questionnaire.

Gender self-identification

gender

Note: In the analysis we will use gender in three categories (male/female/other). You can ask this question in a way that is culturally appropriate for your country.

To which gender identity do you most identify?

1 Male
2 Female
3 Intersex
4 Non-binary
5 Transgender
6 In a different way not listed above
7 I don't know
8 I prefer not to say

Year of birth

Birthyear / age

What is your year of birth?

Answer type: integer [year]

Education level

education

Note: In the analysis we will use education in three categories. You can ask this question in a way that is relevant for your country, and recode the answers to three categories (low, middle, high).

Source: ISCED coding of levels
https://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf

What is your highest level of completed education?

1 No formal education or training
2 Primary education (Fetac Level 1 or 2 Cert. or equivalent). NFQ levels 1 or 2
3 Lower secondary education (Junior/Inter/Group Cert, Fetac Level 3 Cert, FÁS Introductory Skills, NCVA Foundation Cert. or equivalent. NFQ level 3)
4 Upper secondary education (Leaving Cert., including Applied and Vocational programmes, or equivalent.
NFQ levels 4 or 5)
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)

6 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)
7 Higher Certificate (NCEA/HETAC National Cert. or equivalent. NFQ level 6)
8 Ordinary Bachelor Degree or National Diploma. NFQ Level 7
9 Honours Bachelor Degree/Professional qualification or both. (NFQ Level 8)
10 Postgraduate diploma, Masters Degree or equivalent. (NFQ Level 9)
11 Doctorate (Ph.D) or higher. (NFQ level 10)

12 Not elsewhere classified

Primary occupation

occupation

Note: This question may be asked in different ways. For the routing in the questionnaire it is important to know if someone has paid work (employed or self-employed).

What is your work situation?
Multiple answers possible

occupation_1	Paid employment
occupation_2	Self-employed / own business
occupation_3	Voluntary work
occupation_4	Retired (including early)
occupation_5	Unemployed or job seeking
occupation_6	Disabled / unable to work
occupation_7	Social assistance benefit
occupation_8	Housewife or househusband
occupation_9	I am going to school / studying
occupation_10	None of the above **Exclusive*

Self perceived social level

On the following scale, step '1' corresponds to "the lowest level in the society"; step '10' corresponds to "the highest level in the society". Could you tell me on which step you would place yourself?

1 The lowest level in the society/ 10 The highest level in the society *(include a scale similar to general health)*

Block D1: Outcomes

General health

d01

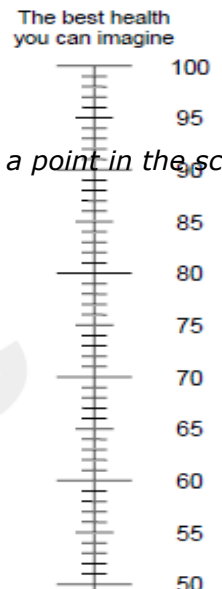
Note: In our online questionnaire we use a scale in which participants click a point in the scale, and the corresponding number is displayed automatically.

Source: EQ-5D-5L

How good or bad is your health is **today**?

1.

On the scale 100 means the best health you can



Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, d Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

imagine. 0 means the worst health you can imagine.
Mark an X on the scale to indicate how your health is **TODAY**

2.

Now, please write the number you marked on the scale in the below.

3.

4. Your health **today** =

5.

Mental health

d02

Source: MHI-5

In the previous 4 weeks how much of the time…

d02_1	Were you feeling very nervous?
d02_2	Were you so depressed that nothing could cheer you up?
d02_3	Did you feel calm and collected?
d02_4	Did you feel down and depressed?
d02_5	Did you feel happy?

1. Permanently
2. Mostly
3. Often
4. Sometimes
5. Rarely
6. Never

Global Activity Limitation Indicator (GALI)

d11
Do you have any health problems that have lasted or will last for at least 6 months or more?

1. Yes
2. No

d12
IF YES AT D11
For at least the last 6 months, how much have your health problems limited the activities you would usually do?

1. Severly limited
2. Limited but not severly
3. Not limited at all
4. Not applicable, I don't have health problems

Financial health

d03

How is your financial situation?

1 You are having problems making ends meet
2 You are getting by but have to be careful
3 Things are all right
4 You are doing well

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Perceived preparedness

d04

The following questions are about preparedness for a new pandemic.

A lockdown is a measure in which movements and activities are limited such that only organizations supplying basic needs and essential services can function normally. For example, non-essential shops are closed, people work from home as much as possible and travel restrictions apply.

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel prepared for this?

1= Not at all prepared
2= Not prepared
3 = Neutral
4 = Well prepared
5 = Very well prepared

---

d07

Selection: Participant is employed (paid)

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel **your employer** is prepared for this?
1= Not at all prepared
2= Not prepared
3 = Neutral
4 = Well prepared
5 = Very well prepared

---

d13

Selection: Participant is self-employed / has an own business

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel **your workplace / business** is prepared for this?
1= Not at all prepared
2= Not prepared
3 = Neutral
4 = Well prepared
5 = Very well prepared

---

d10

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel **your government** is prepared for this?

1= Not at all prepared
2= Not prepared
3 = Neutral
4 = Well prepared
5 = Very well prepared

Block B1: Behaviour

In this section we measure preventive behaviours that are also relevant in a cold phase to mitigate spread of infections.

Hand washing

b01

Source: Dutch COVID-19 and behaviour cohort survey.

In the past 7 days (1 week), how often did you wash your hands with soap and water...

b01_1	after coughing, sneezing or blowing your nose
b01_2	before preparing food
b01_3	after using the toilet
b01_4	after cleaning your house
b01_5	when coming back home

5. Not applicable (Select "Not applicable" if you have not been in this situation)
0. Never
1. Rarely
2. Sometimes
3. Often
4. Always

Coughing and sneezing in elbow

b02

In the past 7 days (1 week), when you coughed or sneezed, how often did you do so into your elbow instead of your hand?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
5. Not applicable: I did not have to cough and/or sneeze

Use of hand sanitizer

b16

In the past 14 days (2 week), did you use hand sanitizer gel or spray at the following locations:

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

		(1) Not applicable, I did not visit this location	(2) No, because there was no hand sanitizer gel or spray available	(3) No, I did not use hand sanitizer gel or spray	(4) Yes, I used hand sanitizer gel or spray
b16_2	Supermarket				
b16_3	At the general practitioner				
b16_4	At the pharmacy				
b16_5	After using public transport				

Self-protective behaviour

b17

Think about the last time someone sneezed or coughed next to you. Did you do anything to protect yourself from getting an infection?

More than one answer possible

b17_1	I stood more than one meter away
b17_2	I politely asked him/herher to put on a mask
b17_3	I ventilated the room
b17_4	I protected my mouth and nose
b17_5	I cleaned what he/she touched
b17_6	I avoided shaking his/her hand
b17_7	I asked him/her to use his/her elbow to sneeze into
b17_8	I did none of the above **exclusive*
b17_9	I do not remember **exclusive*

Staying home when sick

Note: Items b03 up to b07 are relevant in the Netherlands, because it is an advice of the government to stay at home when someone is feeling sick. If this advice does not apply in your country, you can skip these questions.

b03

Do you currently or in the past four weeks have (had) any of the following symptoms? Count symptoms even if they only slightly affected you.
More than one answer possible.

b03_1	Cold symptoms (such as nasal cold, runny nose, sneezing, sore throat)
b03_2	Coughing
b03_3	Shortness of breath
b03_4	Increased temperature or fever

b03_5	Cold shivers
b03_6	Muscle and/or body aches
b03_7	No, I have none of these symptoms **Exclusive*

---

b04

Selection: Participant has any of the symptoms b03_1 up to b03_6

Do you think these symptoms come/came from a condition you have had for some time, such as allergies or a chronic health condition?

1 Yes, I am very sure about this
2 Yes, probably
3 Maybe, I am not sure
4 No, these symptoms feel different
5 No, I do not have any conditions that cause these types of symptoms

---

b05

Selection: Participant has any of the symptoms b03_1 up to b03_6

Do/did you feel sick when you had these symptoms?

1 Yes
2 A little
3 No
4 I don't know

---

b06

Selection: Participant is feeling sick (a little / yes)

The advice is to stay home when you are sick. This can be difficult if your symptoms are mild, no one can do your groceries, or you are busy at work.

While you were feeling sick, did you go outside to go to work, run errands, take a walk or visit other people, for example?
More than one answer possible.

b06_1	Yes, for (medical) assistance
b06_2	Yes, to run errands
b06_3	Yes, to work or go to school/training
b06_4	Yes, to get some fresh air or walk the dog
b06_5	Yes, to go to a restaurant/bar or a cultural venue (cinema, theatre)
b06_6	Yes, to visit family or friends
b06_9	Yes, to travel abroad
b06_7	Yes, for another reason
b06_8	No **Exclusive*

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

b20

Note: Only display the item(s) that are needed for the participant based on their answers on b06.

Selection: Participant went outside (any of b06_1 to b06_7 or b06_9 is yes)

You answered you went outside for the following situations while you were feeling sick. Did you wear a face mask in these situations while you were feeling sick?

		Did you wear a face mask?
b20_1	When I went for (medical) assistance	No / yes
b20_2	When I went to run errands	No / yes
b20_3	When I went to work or to school/training	No / yes
b20_4	When I got some fresh air or walked the dog	No / yes
b20_5	When I went to a restaurant/bar or a cultural venue (cinema, theatre)	No / yes
b20_6	When I visited family or friends	No / yes
b20_7	When I travelled abroad	No / yes
b20_8	When I went outside for another reason	No / yes

---

b07

Selection: Participant has any of the symptoms b03_1 up to b03_6

While you have/had symptoms, did you visit someone who may become seriously ill from a respiratory infection (for example, someone who is 70 years old or older, or someone with a severe immune disorder)?

1. Yes, wearing a face mask
4. Yes, not wearing a face mask
2. No
3. I don’t know

Working from home

b08

Selection: occupation is Employed (paid) or self-employed

In the last 7 days, how many hours did you work?

Answer type: Integer Min: 0 Max: 168

---

b21

Selection: occupation is Employed (paid) or self-employed

Are you able to work from home?

1. Yes

2. No

---

b09

Selection: has worked more than 1 hour (b08 > 0) and can work from home

Of the [b08] hours you worked in the last 7 days, how many hours did you work from home?

Answer type: Integer Min: 0 Max: [b08]

Physical contact

b10

We would like to know how many different people you had **physical** contact with yesterday (not including people you live with).
Physical contact occurs when, for example, you talk to someone, touch someone, kiss someone, or play sports with someone. Also consider contacts at school or work. Phone calls, e-mail, and other online contacts do not count.

The following questions can be tricky; if you don't know exactly, you can give an estimate.

Did you have **physical** contact with others yesterday (excluding people you live with and excluding virtual contacts)?

1. Yes
2. No

---

b11

Selection: Participant had physical contact with others yesterday (b10 = 1)

How many people did you speak to yesterday? (excluding people you live with and excluding virtual contacts)

Answer type: integer

---

b12

Selection: Participant talked to 1 or more person(s) (b11 > 0)

You indicated that you talked to [b11] person(s) yesterday.

With how many of these [b11] persons did you also have direct physical contact or did you touch yesterday?
(for example shaking hands, when playing sports, hugging or kissing)

Answer type: integer, [b11] or less

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

day_yesterday

Note: It is only needed to ask this question if the questionnaire software does not collect the date of completion automatically.

What day of the week was it yesterday?

(drop-down: Monday-Sunday)

Preparedness behaviours

b15

Source: European Commission CCBI disaster preparedness experimental survey

Below is a list of things you (and your household members) can do to be well prepared in case of a disaster or emergency. We would like to ask you to rate the below measures on whether you have implemented them or not.

Prepare your home

b15_1	Have a 3-day **emergency** supply stock of drinks and food (e.g. food with a long shelf life, require little or no cooking, water and refrigeration) and (if needed) medication
b15_2	Have a first aid kit at home
b15_3	Have a 3-day **emergency** supply stock of water for cooking and hygiene (at least 3 litre water per day per person)
b15_6	Have a supply of face covers, disinfectant, and soap
b15_7	Have insurance that covers you or your belongings in case of a natural disaster
b15_8	Have a portable battery powered radio accessible
b15_9	Have a powerbank/supply battery for your mobile phone charged

General readiness

b15_4	Receive public warning messages (i.e. by signing up for alerts from authorities, if needed)
b15_5	Have participated in a first aid course in the last 3 years
b15_10	Keep your important documents in a safe place
b15_11	Agree with family or friends on how to contact each other in case of emergency (communication plan)
b_12	Make an evacuation/emergency plan with your family (e.g. establish a meeting point, establish safest place in the house, how/when to turn off utilities)
b_13	Make arrangements with family, friends, neighbours on how you can help each other in case of an emergency

Answer type: Yes/No for every measure
Add a 'Don't know/Not applicable' answer for item b15_4

Block C1: Generic determinants

Capability

In this section we measure generic (i.e., not behaviour-specific) determinants of behaviours that may become relevant in a hot phase. We focus on determinants that are a) also relevant in a cold phase (i.e., because they are also associated with other health behaviours); b) changeable; c) cannot be changed overnight (in a hot phase); d) do not have negative (but do have positive) spill over effects.

Health literacy

c01

Source: HLS-EU-Q16

On a scale from very easy to very difficult, how easy would you say it is for you to:

c01_7	find information on treatments of illnesses that concern you?
c01_8	find out where to get professional help when you are ill? **(i.e. such as doctor, pharmacist, psychologist)**
c01_9	understand what your doctor says to you?
c01_10	understand your doctor's or pharmacist's instruction on how to take a prescribed medicine?
c01_1	judge when you may need to get a second opinion from another doctor?
c01_2	use information the doctor gives you to make decisions about your illness?
c01_11	follow instructions from your doctor or pharmacist?
c01_3	find information on how to manage mental health problems like stress or depression?
c01_12	understand health warnings about behavior such as smoking, low physical activity and drinking too much?
c01_13	understand why you need health screenings? **(i.e. breast exam, blood sugar test, blood pressure)**
c01_4	judge if the information on health risks in the media is reliable? (i.e. TV, internet or other media)
c01_14	decide how you can protect yourself from illness based on information in the media? (i.e. internet, newspapers, magazines)
c01_5	find out about activities that are good for your mental well-being? (i.e. meditation, exercise, walking, pilates etc.)
c01_15	understand advice on health from family members or friends?
c01_6	understand information in the media on how to get healthier? (i.e. internet, newspapers, magazines)
c01_16	judge which everyday behaviour is related to your health? **(i.e. Drinking and eating habits, exercise etc.)**

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

1. very easy
2. easy
3. difficult
4. very difficult
5. Don't know

Resilience

c02

Source: WHO Tool for behavioural insights in the covid-19 pandemic

Indicate how much you disagree or agree with each of the statements.

c02_1	I have a hard time making it through stressful events (reverse)
c02_2	It does not take me long to recover from a stressful event
c02_3	It is hard for me to snap back when something bad happens (reverse)

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Opportunity

Unmet healthcare needs

c03

Source: EU-SILC

Was there any time during the last 12 months when you really needed a medical examination or treatment (excluding dental) for yourself?

1. Yes (I really needed, at least on one occasion, medical examination or treatment)
2. No (I did not need any medical examination or treatment)

---

c04

Selection: If c03 = 1

Did you have a medical examination or treatment each time you really needed one?

1. Yes (I had a medical examination or treatment each time I needed)
2. No (there was at least one occasion when I did not have a medical examination or treatment)

Social support

c05

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Source: the Oslo Social Support Scale

How many people are so close to you that you can count on them if you have great personal problems?

1 none
2 1–2
3 3–5
4 5+

---

c06

How much interest and concern do people show in what you do?

1 none
2 little
3 uncertain
4 some
5 a lot

---

c07

How easy is it to get practical help from neighbours if you should need it?

1 very difficult
2 difficult
3 possible
4 easy
5 very easy

Motivation

Flu vaccination

c08

Replace C08 with this Question:
Source: Questions adapted from CDC Survey 'Reasons for non-vaccination with COVID-19, influenza, and RSV vaccines during the 2023–24 respiratory virus season'

Did you get the flu vaccine this season? (this means between October 2024 and now)

1. Yes
2. No
3. Not sure

c0X
IF NO AT c08

Why did you not get the flu vaccine this season? [select all that apply]

c0X_ 1	I'm not at risk from the flu
c0X _2	I forgot
c0X _3	I did not want to get vaccinated
c0X _4	It was too expensive
c0X _5	It was not convenient for me
c0X _6	I did not have time
c0X _7	I was worried about side effects
c0X _8	I don't think the vaccine works
c0X _9	Other (please specify)

c0Y
IF YES AT household_members 2 'Do you live with children under 18 years old?'

Did your child get the flu vaccine this season? (this means between October 2024 and now)

1. Yes
2. No
3. Not sure

c0Z
IF NO AT c0Y

Why did you child not get the flu vaccine this season?

c0Z _1	My child is not at risk from the flu
c0Z _2	I forgot
c0Z _3	I did not want my child to get vaccinated
c0Z _4	I did not know that all children aged 2-17 were eligible
c0Z _5	It was too expensive
c0Z _6	It was not convenient
c0Z _7	I did not have time
c0Z _8	I was worried about side effects
c0Z _9	I don't think the vaccine works
c0Z _10	My child did not want the vaccine
c0Z _11	Other (please specify) _____

General trust (in institutions)

c09

Source: European Social Survey

On a scale of 0-10 how much do you personally trust each of the following institutions?

0 no trust at all – 10 complete trust

c09_1	The (national) government
c09_2	The legal system
c09_3	The police
c09_4	Politicians

c09_5	Political parties
c09_6	European institutions
c09_7	United Nations
c09_8	World Health Organisation (WHO)
c09_9	Science
c09_10	Healthcare system
c09_11	Media
c09_12	(Country's) Ministry of Health
c09_13	National public health agency
c09_14	Doctors

Risk perception future pandemics and disasters

c10

Source: European Commission CCBI disaster preparedness experimental survey

How likely do you think the following disasters are to occur in your immediate region within the next five years?

c10_1	Man-made disasters (e.g. oil spills, industrial or nuclear accidents)
c10_2	A highly contagious disease outbreak (e.g. Ebola, COVID-19, bird flu)
c10_3	Natural disasters (e.g. floods, drought, forest fires, earthquakes, violent storms)
c10_4	Terrorist attacks
c10_5	Armed conflicts (e.g. war)

1 = Very unlikely
2 = Quite unlikely
3 = Somewhat unlikely
4 = Somewhat likely
5 = Quite likely
6 = Very likely
7 = Don't know

REMOVE C11

Conspiracy thinking

c12

Source: WHO Tool for behavioural insights in the covid-19 pandemic

For each of the following statements, please indicate the extent to which you agree or disagree with the statement.

I think that….

c12_1	… many very important things happen in the world, which the public is never informed about
c12_2	… politicians usually do not tell us the true motives for their decisions
c12_3	… government agencies closely monitor all citizens
c12_4	… events which superficially seem to lack a connection are often the result of secret activities
c12_5	… there are secret organizations that greatly influence political decisions

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

REMOVE C13

Block F1: Extreme Weather Events:

Now we are going to ask you about your perceptions and experiences in relation to your preparedness for extreme weather events (floods, storms, heavy snow, drought etc.)

F1. Has your community recently experienced an extreme weather event?
(An extreme weather event can be defined as unusual, severe, or unseasonal weather that cause sudden, serious disruption of the functioning of a community, involving widespread human, material, economic or environmental loss.)

F1_1 Yes, within the past year
F1_2 Yes, 1 to 2 years ago
F1_3 Yes, 3 to 5 years ago
F1_4 Yes, 6 to 10 years ago
F1_5 No (If Answer=No, skip to F5)

F2 What kind of extreme weather event did your community experience? (select all that apply)

F2_1 Flooding
F2_2 Drought
F2_3 Wildfire
F2_4 Landslide
F2_5 Dense fog
F2_6 Strong winds
F2_7 Heavy snow

F3 Due to the most recent extreme weather event (select all that apply):

F3_1 My access to health services was interrupted
F3_2 My chronic treatment was interrupted
F3_3 I was unable to go to work for several days
F3_4 My access to drinking water was interrupted
F3_5 I did not have access to a shop/supermarket for days
F3_6 I had to take refuge outside of my home

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

F3_8 My electricity was cut off
F3_9 My telephone or internet connection was cut off

F4 How prepared were you to face this extreme weather event?

F4_1 Not prepared
F4_2 Somewhat unprepared
F4_3 Moderately prepared
F4_4 Well prepared
F4_5 Very well prepared

F5 How prepared do you think you are now to deal with another extreme weather event in your community?

F5_1 Not prepared
F5_2 Somewhat unprepared
F5_3 Moderately prepared
F5_4 Well prepared
F5_5 Very well prepared

F7 How prepared do you think that local/regional/national authorities are to deal with an extreme weather event?

F7_1 Not prepared
F7_2 Somewhat unprepared
F7_3 Moderately prepared
F7_4 Well prepared
F7_5 Very well prepared
F7_6 Don't know

F8 What kind of support would you/and your community need to be more prepared before extreme weather events? (select all that apply)

F8_2 Better understanding of risks to my community
F8_3 Better understanding of how to mitigate risks of extreme weather events (using emergency community hubs, having battery radios, etc.)
F8_4 Better understanding evacuation orders and procedures
F8_5 Better understanding of what to take in an evacuation
F8_6 Better understanding of whether I should stay in my home or evacuate
F8_7 Better understanding of how best to help vulnerable populations (elderly, ill, etc.)
F8_8 Better understanding of the mental health implications of extreme weather events
F8_9 Practice of emergency response (fire drills, flood preparation etc)
F8_10 Having community groups available to assist (eg civil defense groups)
F8_11 Having preparedness equipment / materials available for extreme weather events
F8_12 Having locally coordinated extreme weather preparedness planning
F8_13 Having more emergency services nearby (ambulance, fire brigade etc)
F8_14 Having better warning and alert systems

F9 On a scale of 1-10 how serious is a red weather warning issued by Met Eireann? (*A red weather warning is defined as take action to protect yourself and follow instructions.)*
Likert scale from 1-10< very to not>

F10 A red weather warning is defined as take action to protect yourself and follow instructions. Which of the following actions do you think apply under a red weather warning? Select all that apply

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

- I must stay in my home
- I have to keep an eye on the weather
- I cannot go to work or school/college (unless I work emergency services)
- It doesn't mean anything
- I should stockpile food
- I can carry on with my day to day activities as long as I'm careful
- I can drive my car as long as I'm careful
- I should check in on vulnerable family members and friends
- I should stockpile my medicines
- My regular healthcare appointment will be cancelled
- I'm not sure

F10 How do you receive information to help you prepare for extreme weather events?
SELECT ALL THAT APPLY
F10_1 Brochures
F10_2 Public meetings
F10_3 Radio
F10_4 Television
F10_5 Telephone
F10_6 Emails
F10_7 Social media
F10_8 Billboards/digital signage (e.g., on a motorway/bus stop etc..)
F10_9 Government websites eg HSE, Met Eireann
F10_10 Other (Specify)

Block A2: Demographics

Note: The essential demographic questions are asked in block A1. The other demographic questions follow here at the end of the questionnaire.

Healthcare worker

healthcare_worker

Selection: occupation has paid employment or is self-employed

Do you work in healthcare?

1 Yes, as a direct healthcare provider (you have contact with patients)
2 Yes, but not as a direct healthcare provider (you do not have contact with patients)
3 No

Informal care

informal_care

Do you currently provide care or assistance to one or more individuals with an age-related condition, chronic illness, or disability at least once a week?
(Excluding care provided as part of your profession)

1 Yes
2 No

Country of origin

Note to researchers: For [country] you fill in the country where the research is conducted. The participants do not need to specify the exact country if they or their parents were born somewhere else.

country_born

Were you born in [country]?
1 Yes
2 No

country_mother

Was your mother born in [country]?
1 Yes
2 No
3 Do not know

country_father

Was your father born in [country]?
1 Yes
2 No
3 Do not know

Urbanisation

urbanisation

Where do you live?

1 In a rural area
2 In a suburban area
3 In an urban area

Household members

household_members

1 Do you live alone?

Selection: Participant does not live alone

2 Do you live with children under 18 years old?

Selection: Participant does not live alone

3 Do you live with individuals who are over 70 years old or with vulnerable health? (By vulnerable health, we mean people with medical conditions that could make them seriously ill more easily)

Answer type: yes/no for every question.

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

Note: The second and third question are only presented if the participant answers "no" on the first question.

Medical risk group

6. health_risk

Do you yourself have one or more of the following health problems?

- chronic respiratory or lung problems
- chronic heart diseases
- diabetes mellitus (diabetes)
- serious kidney disease leading to dialysis or kidney transplantation
- an HIV infection
- severe liver disease
- very severe obesity (BMI>40)
- lower resistance to infections:
    - due to medications for autoimmune diseases
    - after organ or stem cell transplantation
    - due to a non-functioning or missing spleen
    - due to blood diseases
    - due to severe immune disorders requiring treatment
    - due to chemotherapy and/or radiotherapy for cancer
    - due to immune-reducing medication

1 Yes
2 No

Mental health diagnosis

mental_health_diagnosis

Do you have any of the following mental health conditions that have been diagnosed by a medical professional (i.e. doctor or psychologist)?

1 Depression
2 Anxiety disorder
3 Other mental health condition

Answer type: yes/no to every condition

Department of Health, Ireland. This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions, which can be found at https://ipsos.uk/terms. © Ipsos B&A 2025

For more information

Ipsos B&A,
Block 3, Blackrock Business Park,
Carysfort Avenue,
Blackrock, Co. Dublin
Ireland
t: +353 (0) 1 438 900
www.ipsos.com/en-ie