



Ipsos MRBI

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I.D. No.  
(1-4)

Healthy Ireland

Wave 2  
FINAL

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Interviewer No.  
(5-8)

5 - 0  
6 - 1

Ass. No. \_\_\_\_\_

Q'aire No. \_\_\_\_\_

Ipsos MRBI/14-050310

ASK ALL

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

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

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

ASK ALL

SINGLE CODE

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

**SHOWCARD Q.58**

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



**GENERAL HEALTH**

ASK ALL

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

ASK ALL

SINGLE CODE

**Q.1** How is your health in general?  
**SHOW CARD Q.1**

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

SINGLE CODE

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

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

SINGLE CODE

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

**SHOW CARD Q.3**

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



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## MULTI CODE

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

**SHOW CARD Q.4**

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

## SINGLE CODE

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

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

**SHOW CARD Q.5a**

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

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

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

### **RECORD OCCASIONS.**

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

## ASK ALL

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

**SHOW CARD Q.5c**

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



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## ASK Q.5d IF CODE 1 AT Q.5c

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

### RECORD OCCASIONS.

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

### ASK ALL

#### SINGLE CODE

#### SHOW CARD Q.5e

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

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

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

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

### RECORD OCCASIONS.

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

### ASK ALL

**Q.130** During the past 12 months, how many times have you attended an Emergency (A&E) department on your own behalf?

### RECORD OCCASIONS.

- Have not been to A+E in past 12 months .....CTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3

### ASK ALL

**Q.131a** During the past 12 months, how many times have you been admitted to a hospital as an in-patient?

### RECORD OCCASIONS.

- Have not been admitted to hospital as an in-patient in the past 12 months CTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3



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**ASK ALL CODED 1 OR MORE AT Q131A**

**SHOWCARD 131b**

**Q.131b** How many of these in-patient stays were in a private hospital?

**RECORD OCCASIONS..ANSWER MUST BE EQUAL TO OR LESS THAN ANSWER AT Q.131A**

- Have not been admitted to a hospital an in-patient at a private hospital in the past 12 months CTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3

**ASK ALL**

**Q.132** During the past 12 months, how many times have you been admitted to hospital as a day-patient?

**RECORD OCCASIONS.**

- Have not been admitted to a hospital as a day patient in the past 12 months CTRL + 1
- Don't Know (DNRO)..... CTRL + 2
- Refused (DNRO)..... CTRL + 3

**TOBACCO**

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

**ASK ALL**

**SINGLE CODE**

**SHOW CARD Q.6**

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

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

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

**SINGLE CODE**

**SHOW CARD Q.7**

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

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

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

**SINGLE CODE**

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

**SHOWCARD Q.8**

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



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

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

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

**SHOWCARD Q.9a**

**RECORD NO. OF CIGARETTES ETC. SMOKED DAILY**

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

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

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

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

**SHOWCARD Q9b**

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

**ASK ALL**

**SINGLE CODE**

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

**SHOWCARD Q.10**

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



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

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

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

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

**MULTICODE**

**SHOWCARD Q.12**

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

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

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

**SINGLE CODE**

**SHOWCARD Q.13**

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

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





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

### SINGLE CODE

**SHOW CARD Q.115**

**READ OUT STATEMENTS.**

**Q.115** In the last 12 months did any of the following health professionals discuss ways of giving up smoking with you?

	Saw this health professional in the last 12 months and discussed ways of giving up smoking	Saw this health professional in the last 12 months but did not discuss ways of giving up smoking	Did not see this health professional in the last 12 months	Don't Know (DNRO)
GP/family doctor	1	2	3	4
Dentist	1	2	3	4
Pharmacist	1	2	3	4
Hospital doctor	1	2	3	4
Nurse	1	2	3	4
Other health professional	1	2	3	4

### ASK ALL

### SINGLE CODE

**SHOW CARD Q.116**

**INTERVIEWER NOTE: By indoors we mean at home, at work, at public places, at restaurants etc.**

**Q.116** How often are you exposed to the tobacco smoke of other people indoors?

- Never or almost never..... 1
- Less than 1 hour per day ..... 2
- 1 hour or more per day ..... 3
- Don't know .....4
- Refused.....5

**ALCOHOL**

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

**ASK ALL**

**SINGLE CODE**

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

**SHOWCARD Q.14**

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

**ASK IF CODE 1 AT Q.14**

**SINGLE CODE**

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

**SHOWCARD Q.15**

- Daily ..... 1
- 5-6 times a week ..... 2
- 4 times a week ..... 3
- 3 times a week ..... 4
- Twice a week ..... 5
- Once a week ..... 6
- 2-3 times a month ..... 7
- Once a month..... 8
- 6-11 times a year ..... 9
- 2-5 times a year ..... 10
- Once a year..... 11
- I did not drink in the last year but I drank longer ago ..... 12 [GO TO Q.20](#)
- Dramatically changed drinking in the last 12 months (DNRO) 13 [GO TO Q.19](#)
- .....
- Don't know (DNRO)..... 14
- Refused (DNRO)..... 15

**NO QUESTION 16**

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

**SHOWCARD Q.17**

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

**RECORD NUMBER OF STANDARD DRINKS**

- Don't know
- Refused



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

SINGLE CODE

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

**SHOWCARD Q.18**

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

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

SINGLE CODE

**SHOWCARD Q.142 (with standard drink amounts)**

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

**Q.142** What is the highest number of standard drinks that you have drank on a single day in the last year?

**RECORD NUMBER OF STANDARD DRINKS**

- Don't know
- Refused

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

SINGLE CODE

**SHOW CARD Q.143**

**Q.143** Please look at the statements on this show card and tell me which of them you feel best applies to you...

I am a heavy drinker.....	1
I am a heavy drinker and sometimes I binge drink .....	2
I am a moderate drinker .....	3
I am a moderate drinker and sometimes I binge drink...	4
I am a light drinker.....	5
I am a light drinker and sometimes I binge drink .....	6
Don't know .....	7
Refused .....	8



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

**SINGLE CODE**

**READ OUT STATEMENTS**

**Q.144** During the last 12 months, have you ...

	Yes	No	Don't know (DNRO)
Had feelings of guilt or remorse after drinking	1	2	3
Had a friend or family member tell you about things you said or did while drinking that you did not remember	1	2	3
Failed to do what was normally expected from you because of drinking, for example missed days and poor performance at work or school/college; or been suspended or expelled from school/college; or neglected children and/or other family members	1	2	3
Needed a first drink in the morning to get yourself going after a heavy drinking session	1	2	3



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## ASK ALL SINGLE CODE

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

### SHOWCARD 20. READ OUT STATEMENTS

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

( )

( )

( )

( )

## ASK ALL SINGLE CODE

### SHOW CARD Q.145

**Q.145** Looking at this showcard, can you please tell me which of the following you are at increased risk of developing by drinking more than the recommended number of standard drinks in a week...

Liver disease
Pancreatitis
Stomach ulcers
High blood pressure
Breast cancer among women
Skin cancer
Bowel cancer
All of these (not on showcard)



**DIET & NUTRITION**

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

**ASK ALL**

**SINGLE CODE**

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

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

**SHOWCARD Q.21a**

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

**SINGLE CODE**

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

**SHOWCARD Q.21b**

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

**SINGLE CODE**

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

**SHOWCARD Q.22**

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

**ASK IF CODE 1 AT Q.22**

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

**RECORD NUMBER OF PORTIONS DAILY**

Don't Know (DNRO)  
Refused (DNRO)

**ASK ALL**



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

**SHOWCARD Q.24**

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

**ASK IF CODE 1 AT Q.24**

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

**RECORD NUMBER OF PORTIONS DAILY**

Don't Know (DNRO)  
Refused (DNRO)

**ASK ALL**

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

**SHOWCARD Q.26**

**RECORD NUMBER OF PORTIONS DAILY**

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

**ASK ALL**

**SINGLE CODE**

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

**SHOWCARD Q.27**

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

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



SINGLE CODE

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

**SHOWCARD Q.28**

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

SINGLE CODE

**SHOWCARD Q.29**

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

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

SINGLE CODE

**SHOWCARD Q.30**

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

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

ASK ALL

SINGLE CODE

**Q.120** Are you currently taking a folic acid supplement?

- Yes ..... 1
- No..... 2
- Don't know/refused (DNRO) ..... 3





**PHYSICAL ACTIVITY**

I am now going to ask you a few questions relating to physical activity.

You may have heard that there is a recommended level of physical activity for health benefits. It is recommended that people do at least a certain amount of moderate activity every week. Moderate activities are those that take moderate physical effort and make you breathe somewhat harder than normal.

ASK ALL

SINGLE CODE

**Q.101** Firstly, on how many days a week do you think people should do physical activity in order to meet the recommendations?

RECORD NUMBER OF DAYS

Don't Know ..... CTRL + 1

ASK ALL

SINGLE CODE

**Q.102** Secondly, on each of the days someone does moderate physical activity, how many minutes a day should they do it for it to be good for their health?

RECORD NUMBER OF MINUTES

Don't Know ..... CTRL + 1

For the following set of questions, please ignore any current restrictions which you may have which are of a temporary nature e.g. if you are currently experiencing short-term ill-health or an injury or a temporary change in circumstances which restricts you.

ASK ALL

SINGLE CODE

**Q.103** Do you think you generally do enough physical activity?

- Yes ..... 1
- No..... 2
- Don't know/refused (DNRO) ..... 3

ASK ALL

SINGLE CODE

**Q.104** Would you generally like to be more physically active than you are at the moment?

- Yes ..... 1
- No..... 2
- Don't know/refused (DNRO) ..... 3

ASK ALL

SINGLE CODE

FLIP ORDER.

READ OUT

**Q.105** Compared with other people of your age, would you say the level of physical activity you do is...

- Well above average ..... 1
- Slightly above average..... 2
- About average..... 3
- Slightly below average..... 4
- Well below average..... 5
- Don't know/Refused (DNRO)..... 6

**ASK ALL**

**MULTI CODE**

**PROBE TO PRECODE**

**Q.106** For what reasons are you not more physically active than you are generally?

Do enough already.....	1
Don't want to do any more .....	2
It's boring.....	3
Too lazy.....	4
Too busy in work.....	5
Too busy caring for others .....	6
Too busy with other things .....	7
No-one to do it with .....	8
No suitable location that is convenient.....	9
No suitable equipment .....	10
Poor health .....	11
Injuries/fear of injuries .....	12
Self-conscious about how I look .....	13
Other (specify: _____) .....	14
Don't know/Refused .....	15

**ASK ALL**

**MULTI CODE**

**PROBE TO PRECODE**

**Q.107** I would like to ask you some more detail about the last time you deliberately chose to do some physical activity. What were your reasons for doing it?

Keep fit.....	1
Lose weight .....	2
Spend time with family .....	3
Spend time with friends .....	4
To walk the dog.....	5
Training for a competition.....	6
Participating in a competition .....	7
To help with injury/disability .....	8
For mental health/clear the head .....	9
Just for the enjoyment.....	10
No suitable equipment .....	11
Poor health .....	12
Injuries/fear of injuries .....	13
Self-conscious about how I look .....	14
Other (specify: _____) .....	15
Don't know/Refused .....	16

**ASK ALL CHOOSING MORE THAN ONE OPTION AT Q.107**

**SINGLE CODE**

**Q.108** What was the main reason for doing it?

**List of answers selected at Q.107**

No one particular reason (DNRO).....	2
Don't know/Refused (DNRO).....	3



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## ASK ALL WORKING FOR PAYMENT OR PROFIT (CODE 1 @ Q.58)

### SINGLE CODE

#### SHOW CARD Q.108a

Q.108a Which one of these best describes how you spend most of your time in work?

- Sitting down..... 1
- Standing up ..... 2
- Mostly walking or tasks of moderate physical effort ..... 3
- Mostly heavy labour or physically demanding work..... 4
- Don't know/Refused ..... 6

### ASK ALL

### SINGLE CODE

#### SHOW CARD Q.109

Q.109 Thinking about how you spend your weekdays, at work, school or college, in general would you say that you are...

- Very physically active..... 1
- Fairly physically active ..... 2
- Not very physically active..... 3
- Not at all physically active ..... 4

**I would now like to ask you a few questions about how much time you spent sitting down yesterday. It may be the case that yesterday was unusual in some way, but it is very important for this study that you answer these questions about yesterday rather than what you might consider to be a normal day.**

### ASK ALL

Q.110 Thinking of yesterday, how much time did you spend sitting watching TV or another type of screen such as a computer, tablet, Ipad, Smartphone, games console, Kindle etc.? Please do not include any time spent in front of a screen for work or study purposes.

#### RECORD HOURS AND MINUTES

- Did not do this yesterday..... CTRL + 1
- Don't know..... CTRL + 2

### ASK ALL

Q.111 Thinking again of yesterday, how much time did you spend sitting while engaged in other activities such as driving, eating, drinking, relaxing, reading etc. Please do not include any time that you already mentioned at the previous question.

#### RECORD HOURS AND MINUTES

- Did not do this yesterday..... CTRL + 1
- Don't know..... CTRL + 2

### ASK ALL

Q.112 And again thinking of yesterday, how much time did you spend sitting whilst working **or studying**. Please do not include any time that you already mentioned at the previous questions.

#### RECORD HOURS AND MINUTES

- Did not do this yesterday..... CTRL + 1
- Don't know..... CTRL + 2

**(SCRIPT CHECK TO VERIFY IF TOTAL AMOUNT OF TIME SPENT SITTING IS IN EXCESS OF 15 HOURS. DO NOT ALLOW ANSWERS IN EXCESS OF 24 HOURS). Verify if under 360 minutes**

**SHOW THE FOLLOWING ON SCREEN FOR q.110-112****INTERVIEWER NOTE:**

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

**WEIGHT MANAGEMENT**

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

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

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

**SHOWCARD Q.38**

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

**ASK IF CODE 1, 2 AT Q.38****MULTICODE****SHOWCARD Q.39**

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

Eating fewer calories	1
Eating less fat	2
Eating/drinking fewer sugar sweetened foods/drinks	3
Taking more exercise	4
Other (please specify)	5

**SOCIAL CONNECTEDNESS**

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

ASK ALL

SINGLE CODE

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

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

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

SINGLE CODE

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

SHOWCARD Q.44  
READ OUT STATEMENTS.

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

**WELLBEING**

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

**ASK ALL**

**SINGLE CODE**

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

**SHOWCARD Q.45. READ OUT STATEMENTS.**

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

**MULTI CODE**

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

**SHOWCARD Q.46**

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

**MENTAL HEALTH**

**The following questions ask about your experiences and views in relation to people who have mental health problems (for example, people seen by healthcare staff).**

**ASK ALL  
SINGLE CODE  
READ OUT STATEMENTS**

**Q.146**

	Yes	No	Don't know (DNRO)
Are you currently living with, or have you ever lived with, someone with a mental health problem?	1	2	3
Are you currently working with, or have you ever worked with, someone with a mental health problem?	1	2	3
Do you currently have, or have you ever had, a neighbour with a mental health problem?	1	2	3
Do you currently have, or have you ever had, a close friend with a mental health problem?	1	2	3

**ASK ALL  
SINGLE CODE  
SHOW CARD Q.114  
READ OUT STATEMENTS**

**Q.114** Please indicate the extent to which you agree or disagree with the following statements...

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't Know (DNRO)
In the future, I would be willing to live with someone with a mental health problem	1	2	3	4	5	6
In the future, I would be willing to work with someone with a mental health problem	1	2	3	4	5	6
In the future, I would be willing to live nearby to someone with a mental health problem	1	2	3	4	5	6
In the future, I would be willing to continue a relationship with a friend who developed a mental health problem	1	2	3	4	5	6

**Moving on, I would now like to ask you some general questions about you.....****ASK ALL****Q.51** Age in years**RECORD AGE IN YEARS****SINGLE CODE****Q.52** Code Gender

Male..... 1  
Female ..... 2

**SINGLE CODE****SHOWCARD Q.53****Q.53** What is your current marital status?

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

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

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

**ASK IF CODE 2 AT Q.54a****Q.54b** Do you have a GP visit card?

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

**DUMMY VARIABLE****If code 2 at 54a and 54b, force into “No medical card”****SINGLE CODE****Q.55** Do you have private health insurance?

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





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

**SHOWCARD Q.57**

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

**SINGLE CODE**

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

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

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

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

**RECORD HOURS**

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

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

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

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

**RECORD MONTHS**

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

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

**RECORD MONTHS**



# Ipsos MRBI

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

## SINGLE CODE

### SHOWCARD Q.61

**Q.61** Do (if code 1 at q.58)/did (if code 3,4,7 at q.58) you work as an employee or are/were you self-employed in your main job?

- Employee ..... 1
- Self-employed, with paid employees ..... 2
- Self-employed, without paid employees ..... 3
- Assisting relative (not receiving a fixed wage or salary) 4

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

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

**Q.62a** 'What does (if code 1 at q.58)/ did (if code 3,4,7 at q.58) the firm/organisation you work/ (if code 1 at q.58)/ worked (if code 3,4,7 at q.58) for mainly make or do (at the place where you work if code 1 at q.58)/worked (if code 3,4,7 at q.58)?'

### RECORD VERBATIM

**Q.62b** 'What is (if code 1 at q.58)/was (if code 3,4,7 at q.58) your (main) job?'

### RECORD VERBATIM

**Interviewer Note: Check for any special qualifications, training, etc needed to do the job**

**Q.62c** 'What do (if code 1 at q.58)/did (if code 3,4,7 at q.58) you mainly do in your job?'

### RECORD VERBATIM

**INTERVIEWER NOTE: IF RESPONDENT IS A FARMER, PLEASE ASK THE FOLLOWING QUESTION. IF NOT, CODE AS 'NOT A FARMER'. There are 2.5 acres in a hectare.**

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

Don't Know CTRL + 1

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

## SINGLE CODE

**INTERVIEWER NOTE: DO NO INCLUDE SUPERVISORS OF CHILDREN, E.G. TEACHERS, NANNIES, CHILDMINDERS, SUPERVISORS OF ANIMALS, OR PEOPLE WHO SUPERVISE SECURITY OR BUILDINGS ONLY, E.G. CARETAKERS, SECURITY GUARDS/**

**Q.63a** In your job, do (if code 1 at q.58) did (if code 3,4,7 at q.58) you have any formal responsibility for supervising the work of other employees?

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



# Ipsos MRBI

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

Yes ..... 1 [GO TO Q.64](#)  
 No ..... 2 [Repeat questions 58, 61, 62a, 62b, 62c, 62d, 63a with "CHIEF INCOME EARNER" instead of "YOUR/YOU"](#)

**ASK ALL**

**SINGLE CODE**

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

**SHOWCARD Q.64**

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

**SINGLE CODE**

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

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



SINGLE CODE

**Q.65b** In what country were you born?

Select from list..... 1

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

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



**SEXUAL HEALTH**

**ASK THIS SECTION ONLY FOR RESPONDENTS AGED 17 YEARS AND OVER**

**INTERVIEWER TO READ OUT GENERAL INTRODUCTION:**

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

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

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

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

**ENTER SELF-COMPLETION SHEET NO. BELOW**

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

**READ OUT:**

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

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

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

**All who answered code 2 (Laptop)**

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

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

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**HOW TO FILL IN THIS PART OF THE SURVEY**

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

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

**Practice Q.** How is your health in general?

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

**SINGLE CODE**

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

- Female ..... 1
- Male..... 2
- I'd rather not say/Refuse to answer ..... 3
- Have never had sexual intercourse ..... 4

**PASS THE LAPTOP BACK TO THE INTERVIEWER**

**CLOSE: SHOW SCREEN: PLEASE**

**SINGLE CODE**

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

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

**SINGLE CODE**

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

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

**MULTI CODE**

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

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

**Screen: Please pass the laptop back to the interviewer**