Welcome.

Thank you for volunteering to participate in this study being undertaken by the Higher Education Authority in conjunction with the Geary Institute in University College Dublin. The survey will take approximately 20 minutes to complete. We hope you find the study interesting and we appreciate your help. Participation in the survey is voluntary you will not be identified in any reports on this study.

We realise that your time is valuable. To thank you for your time and efforts in helping us with this study, your completion of this survey enters you into a competition for one of 8 prizes, each of 500 euro, restricted to registered students. The winners will be announced in May, following completion of the study.

If you are willing to help us with this study, please enter your email address below and proceed. This address will be used to assess the response rate and also to allocate the incentives. It will never be linked to your responses. Unfortunately, non-college email addresses are not acceptable.

BM_001 1 - WHAT COLLEGE
At what college are you studying?
1 University College Cork
2 University College Dublin
3 National University of Ireland, Galway
4 National University of Ireland, Maynooth
5 The University of Dublin, Trinity College
6 The University of Limerick
7 Dublin City University
8 Royal College of Surgeons Ireland
9 National College of Art and Design
10 Mater Dei Institute of Education
11 Mary Immaculate College Limerick
12 St Angela's College of Education
13 St Patrick's College, Drumcondra
14 Athlone Institute of Technology
15 Institute of Technology, Blanchardstown
16 Institute of Technology, Carlow
17 Cork Institute of Technology
18 Dublin Institute of Technology
19 Dun Laoghaire Institute of Art, Design, and Technology
20 Dundalk Institute of Technology
21 Galway-Mayo Institute of Technology
22 Letterkenny Institute of Technology
23 Limerick Institute of Technology
24 Institute of Technology, Sligo
25 Institute of Technology, Tallaght
26 Institute of Technology, Tralee
27 Waterford Institute of Technology
28 St. Catherines College of Education for Home Economics
29 The Church of Ireland College of Education
30 Coláiste Mhuire, Marino
31 Froebel College of Education
32 Tipperary Institute
33 All Hallows College, Drumcondra
34 American College Dublin
35 Dublin Business School
36 Griffith College
37 Institute of Public Administration
38 Holy Ghost College, Development Studies Centre, Kimmage Manor
39 HSI College, Limerick
40 Irish Management Institute
41 Mid-West Business Institute
42 National College of Ireland
43 Portobello College
44 Shannon College of Hotel Management
45 Griffith College Cork (incorporating Skerry's College)
46 St. Nicholas Montessori College Ireland
47 Carlow College, St Patrick's
48 St. Patricks College, (Pontifical University), Maynooth
49 The Burren College of Art
50 The Milltown Institute of Theology & Philosophy
51 The Montessori College, Mount St. Mary's Campus, Milltown
52 Galway Business School, GCI House, Salthill
53 Irish School of Ecumenics (Trinity College Dublin), Milltown Park
54 Mayoralty College, Galway
55 National Maritime College of Ireland, Cork

[Questions BM_002 to BM_003 are displayed as a table]

BM_002  2 - CURRENT STUDENT STATUS
Which description best fits your current status as a student?
1 Full-time student
2 Part-time student
3 Exchange student
4 Student of distance education
5 Student of continuing professional development or life-long learning
6 Other (please specify)

BM_003  2 - OTHER STUDENT STATUS
Please specify the other description
Memo

[Questions BM_004 to BM_005 are displayed as a table]

BM_004  3 - QUALIFICATION EXPECTED
What qualification should you get at the end of your course?
1 Higher Certificate
2 Diploma
3 Ordinary Degree
4 Honours Bachelors Degree
5 Postgraduate Diploma
6 Taught Masters Degree
7 Research Masters Degree
8 PhD
9 Other (please specify)

BM_005 3 - OTHER QUALIFICATION
Please specify the other qualification
Memo

[Questions BM_006 to BM_007 are displayed as a table]

BM_006 4A - MAIN AREA OF STUDY
What is your present main area of study?
1 Education
2 Humanities & Arts
3 Social Science/Business/Law
4 Science
5 Maths
6 Computing
7 Computer Science
8 Engineering, Manufacturing and Construction
9 Agriculture/Veterinary
10 Health/Welfare
11 Sport/Catering/Services
12 Other (please specify)

BM_007 4A - OTHER AREA OF STUDY
Please specify the other area of study
Memo

BM_018 5A - LENGTH OF COURSE
How many years long is the course in total?
Integer

BM_019 5B - YEAR OF COURSE
What year of the course are you currently in?

BM_020 6 - ENTRY ON BASIS OF LEAVING CERTIFICATE
Did you first enter Third Level on the basis of your Leaving Certificate [or equivalent] only?
1 Yes
2 No

IF 6 - ENTRY ON BASIS OF LEAVING CERTIFICATE = 2 THEN
   [Questions BM_021 to BM_022 are displayed as a table]
   | BM_021 6 - BASIS ENTER THIRD LEVEL
   | In what basis did you enter Third Level?
   | 1 FETAC/NCVA qualification
2 On the basis of mature years (23 plus)
3 Access/Foundation programme
4 Other (please specify)

BM_022  6 - OTHER ENTRY BASIS
Please specify the other basis for entry
Memo

ENDIF

BM_023  7 - OTHER THIRD LEVEL
Have you previously been registered for any other Third Level courses?
1 Yes
2 No

IF 7 - OTHER THIRD LEVEL = 1 THEN

| BM_024  7 - YEARS OF STUDY THIRD LEVEL
| How many years did you study on these courses?
| Integer

ENDIF

BM_035  9A - ACCOMMODATION DURING TERM
Where do you live during term time?
1. Lodgings/digs
2. With parents/relatives
3. College residence on/off campus
4. Rented house/flat
5. Own household

BM_036  9B - ACCOMMODATION DISTANCE
How far is your accommodation from college in kilometers?
Integer

BM_037  9C - FAMILY HOME IN IRELAND
Is your family home in Ireland?
1 Yes
2 No

IF 9C - FAMILY HOME IN IRELAND = 1 THEN

| BM_038  9C - HOME DISTANCE FROM COLLEGE
| How far is your family home from college in kilometers?
| Integer

| BM_039  9C - HOME COUNTY
| In which county is it located?
| 1 Dublin
| 2 Wicklow
| 3 Wexford
Please try to calculate the average [MONTHLY/WEEKLY/ANNUAL] income in Euros at your personal disposal from each of the following sources. Please enter 0 where appropriate.

**BM_040 10 - INCOME FAMILY**
Your family
Integer

**BM_041 10 - INCOME GRANTS**
Local Authority/VEC/Other state grants
Integer

**BM_042 10 - INCOME EMPLOYMENT**
Earnings/savings from employment
Integer
BM_043 10 - INCOME STATE SCHOLARSHIPS
State fellowships/scholarships
Integer

BM_044 10 - INCOME PRIVATE SCHOLARSHIPS
Private fellowships/scholarships
Integer

BM_045 10 - INCOME SOCIAL WELFARE
Social Welfare
Integer

BM_046 10 - INCOME LOAN
Loan from bank/building society/credit union
Integer

BM_047 10 - INCOME STUDENT ASSISTANCE
Student assistance fund (hardship fund)
Integer

BM_048 10 - INCOME OTHER SOURCES
Other sources (please specify)
Integer

BM_049 10 - OTHER INCOME SOURCE
Please specify the other sources of income
Memo

[Questions BM_224 to BM_104 are displayed as a table]

BM_224 12 - INTRO EXPENSES
Please try to calculate your average [MONTHLY/WEEKLY/ANNUAL] expenses in Euros by type of expense. Please note that you should calculate separately between expenses incurred yourself and expenses incurred by your family/parents. Please enter 0 where appropriate.

BM_052 12 - OWN ACCOMMODATION EXPENSES
Accommodation
Integer

BM_054 12 - ACCOMMODATION EXPENSES PAID FOR BY FAMILY
Accommodation
Integer

BM_056 12 - OWN REGULAR BILLS
Regular Bills
Integer

BM_058 12 - REGULAR BILLS PAID FOR BY FAMILY
Regular Bills
Integer

BM_060 12 - OWN FOOD EXPENSES
Food
Integer

BM_062 12 - FOOD EXPENSES PAID FOR BY FAMILY
Food
Integer

BM_064 12 - OWN CLOTHING AND TOILETRIES EXPENSES
Clothing and toiletries
Integer

BM_066 12 - CLOTHING EXPENSES PAID FOR BY FAMILY
Clothing and toiletries
Integer

BM_068 12 - OWN TRANSPORT EXPENSES
Transport
Integer

BM_070 12 - TRANSPORT EXPENSES PAID FOR BY FAMILY
Transport
Integer

BM_072 12 - OWN MEDICAL EXPENSES
Medical expenses
Integer

BM_074 12 - MEDICAL EXPENSES PAID FOR BY FAMILY
Medical expenses
Integer

BM_076 12 - OWN MOBILE PHONE EXPENSES
Mobile phone
Integer

BM_078 12 - MOBILE PHONE EXPENSES PAID FOR BY FAMILY
Mobile phone
Integer

BM_080 12 - OWN ALCOHOL EXPENSES
Alcohol
Integer

BM_082 12 - ALCOHOL EXPENSES PAID FOR BY FAMILY
Alcohol
Integer
BM_084 12 - OWN TOBACCO EXPENSES
Tobacco
Integer

BM_086 12 - TOBACCO EXPENSES PAID FOR BY FAMILY
Tobacco
Integer

BM_088 12 - OWN ENTERTAINMENT EXPENSES
Entertainment
Integer

BM_090 12 - ENTERTAINMENT EXPENSES PAID FOR BY FAMILY
Entertainment
Integer

BM_092 12 - OWN LOAN REPAYMENT EXPENSES
Loan repayments
Integer

BM_094 12 - LOAN REPAYMENTS PAID FOR BY FAMILY
Loan repayments
Integer

BM_096 12 - OWN BOOK EXPENSES
Study books & materials
Integer

BM_098 12 - BOOK EXPENSES PAID FOR BY FAMILY
Study books & materials
Integer

BM_251 12 - OWN EXAMINATION FEES
Examination fees
Integer

BM_252 12 - EXAMINATION FEES PAID FOR BY FAMILY
Examination fees
Integer

BM_253 12 - OWN STUDENT FEES
Student services charge/registration fee
Integer

BM_254 12 - STUDENT FEES PAID FOR BY FAMILY
Student services charge/registration fee
Integer

BM_255 12 - OWN CONTRIBUTIONS TO STUDENT ASSOCIATIONS
Contributions to student associations
Integer
BM_256 12 - OWN CONTRIBUTIONS TO STUDENT ASSOCIATIONS
Contributions to student associations
Integer

BM_257 12 - OWN CHILDCARE COSTS
Childcare costs
Integer

BM_258 12 - CHILDCARE COSTS PAID FOR BY FAMILY
Childcare costs
Integer

BM_100 12 - OWN OTHER EXPENSES
Other (please specify)
Integer

BM_102 12 - OTHER EXPENSES PAID FOR BY FAMILY
Other (please specify)
Integer

BM_104 12 - OTHER EXPENSES
Please specify the other expenses
Memo

BM_105 13 - FULL-TIME UNDERGRADUATE
Are you a full-time undergraduate student?
1 Yes
2 No (part-time or postgraduate)

IF 13 - FULL-TIME UNDERGRADUATE = 1 THEN

| BM_106 14 - REGISTRATION FEE SOURCE
| How was your registration fee (student services charge) paid/funded this year?
| 1 By yourself
| 2 Your family
| 3 State
| 4 Other

ENDIF

[Questions BM_235 to BM_243 are displayed as a table]

BM_235 OWE MONEY - INTRO
How much money in Euros do you owe to each of the following?
Please enter 0 in cases where you do not owe any money.

BM_236 OWE MONEY - PARENTS
Parents
Integer
Bank Loans

Car Loans

Credit Card

Bank Overdraft

Student Loan

Store Cards

Fines

[Questions BM_112 to BM_119 are displayed as a table]

Please rate your general satisfaction with the following. Please tick one box on each line.

Your accommodation
1 Very satisfied
2 Satisfied
3 Acceptable
4 Dissatisfied
5 Very Dissatisfied

Your work-load (study & job combined)
1 Very satisfied
2 Satisfied
3 Acceptable
4 Dissatisfied
5 Very Dissatisfied

Please rate your general satisfaction with the following.
Your financial/material well-being
1 Very satisfied
2 Satisfied
3 Acceptable
4 Dissatisfied
5 Very Dissatisfied

BM_116 17 - SATISFACTION WITH FRIENDSHIPS
Your friendships
1 Very satisfied
2 Satisfied
3 Acceptable
4 Dissatisfied
5 Very Dissatisfied

BM_117 17 - SATISFACTION WITH RELATIONSHIPS
Your relationships
1 Very satisfied
2 Satisfied
3 Acceptable
4 Dissatisfied
5 Very Dissatisfied

BM_118 17 - SATISFACTION WITH STUDIES
Your studies
1 Very satisfied
2 Satisfied
3 Acceptable
4 Dissatisfied
5 Very Dissatisfied

BM_119 17 - SATISFACTION WITH THE COLLEGE
The college you are studying in
1 Very satisfied
2 Satisfied
3 Acceptable
4 Dissatisfied
5 Very Dissatisfied

[Questions BM_120 to BM_127 are displayed as a table]

BM_120 18A - INTRO TIME
During term-time, how many hours per day do you spend on the following activities?
Please enter 0 where appropriate

Taught studies: lectures and tutorials etc

BM_121[1] 18A - MON
Monday
Integer
Tuesday
Integer

Wednesday
Integer

Thursday
Integer

Friday
Integer

Saturday
Integer

Sunday
Integer

Personal study time

Monday
Integer

Tuesday
Integer

Wednesday
Integer

Thursday
Integer

Friday
Integer

Saturday
Integer
Paid Jobs (Employment)

Monday
Integer

Tuesday
Integer

BM_123[3] 18A - WED
Wednesday
Integer

Thursday
Integer

Friday
Integer

Saturday
Integer

Engagement in college activities such as societies

Monday
Integer

Tuesday
Integer

Wednesday
Integer

Thursday
Integer
Friday
Integer

Saturday
Integer

Sunday
Integer

BM_128  18C - HOURS SLEEP
How many hours did you sleep last night?
Integer

OR 18A - SUN[3] > 0 THEN

<table>
<thead>
<tr>
<th>BM_131  19B - JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the name or title of your job?</td>
</tr>
<tr>
<td>String</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BM_132  19C - WORK HOURS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many hours do you usually work per week?</td>
</tr>
<tr>
<td>Integer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BM_133  19D - JOB RELATED TO STUDIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>How closely is your job related to your studies?</td>
</tr>
<tr>
<td>1 Very closely</td>
</tr>
<tr>
<td>2 Broadly related</td>
</tr>
<tr>
<td>3 Related to some extent</td>
</tr>
<tr>
<td>4 Not at all related</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BM_135  19F - WORK AFFECTS ACADEMIC PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel that your part-time work affects your academic performance?</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
</tbody>
</table>

ENDIF

[Questions BM_137 to BM_145 are displayed as a table]

BM_137  21 - INTRO LANGUAGES
What is your present knowledge of languages besides your mother-tongue?
Please tick one box on each line.

BM_138  21 - FLUENCY ENGLISH
English
1 Fluent
2 good
3 fair
4 poor
5 very poor
6 no knowledge

BM_139 21 - FLUENCY IRISH
Irish
1 Fluent
2 good
3 fair
4 poor
5 very poor
6 no knowledge

BM_140 21 - FLUENCY FRENCH
French
1 Fluent
2 good
3 fair
4 poor
5 very poor
6 no knowledge

BM_141 21 - FLUENCY GERMAN
German
1 Fluent
2 good
3 fair
4 poor
5 very poor
6 no knowledge

BM_142 21 - FLUENCY SPANISH
Spanish
1 Fluent
2 good
3 fair
4 poor
5 very poor
6 no knowledge

BM_143 21 - FLUENCY ITALIAN
Italian
1 Fluent
2 good
3 fair
4 poor
5 very poor
6 no knowledge
BM_144 21 - FLUENCY OTHER LANGUAGE
Other (please specify)
1 Fluent
2 good
3 fair
4 poor
5 very poor
6 no knowledge

BM_145 21 - OTHER LANGUAGE
Please specify the other language
Memo

[Questions BM_146 to BM_147 are displayed as a table]

BM_146 21B - HOME LANGUAGE
What language do you mostly speak in your family home?
1 English
2 Irish
3 Other (please specify)

BM_147 21B - OTHER HOME LANGUAGE
Please specify the other language you mostly speak in your family home
Memo

BM_148 22 - ABROAD FOR STUDY
Have you been abroad for study reasons or been enrolled abroad as a student
of higher education in the past? (study-course, language course, internship,
etc.)
1 Yes
2 No

IF 22 - ABROAD FOR STUDY = 1 THEN

[Questions BM_149 to BM_154 are displayed as a table]

BM_149 23 - INTRO ABROAD
What kind of study related activity abroad did you follow and for how many
months?

BM_150 23 - ABROAD REGULAR COURSE
Enrolment in a regular course
Integer

BM_151 23 - ABROAD LANGUAGE COURSE
A specialized language course
Integer

BM_152 23 - ABROAD INTERNSHIP
Work placement/internship
**BM_153 23 - ABROAD OTHER**
Other (please specify, e.g. summer school)

**BM_154 23 - OTHER ACTIVITY ABROAD**
Please specify the other study-related activity you followed

**Memo**

*Questions BM_155 to BM_259 are displayed as a table*

**BM_155 24A - COUNTRY STAYED LONGEST**
Please specify the country in which you stayed longest for study-related activity abroad and for how many months.

1 UK
2 Netherlands
3 Germany
4 Italy
5 France
6 Belgium
7 Switzerland
8 Denmark
9 Spain
10 Portugal
11 Iceland
12 Norway
13 Sweden
14 USA
15 Other (Specify)

**BM_156 24A - COUNTRY STAYED LONGEST NUMBER OF MONTHS**
Please specify the country in which you stayed longest for study-related activity abroad and for how many months.

**Integer**

**BM_259 24A - OTHER COUNTRY STAYED LONGEST**
Please specify the other country.

**Memo**

*Questions BM_157 to BM_158 are displayed as a table*

**BM_157 24A - STUDY PERIOD PROGRAMME**
Was this study period part of one of the following programmes?
Please tick all that apply.

1 ERASMUS/TEMPUS
2 LINGUA
3 Other EU-Programme
4 Other programme
5 No programme
Please specify the other programme

Approximately, what was the total cost in Euros of this period abroad?

How was this financed? Please ensure total equals 100%.

Family/parents' contribution

Own previous job income

Working abroad while studying

EU Grant

Home state grant

Host country grant

Bank Loan

Special support for studies abroad

Other (please specify)

Please specify the other source of financing

Your total on the previous screen did not equal 100%. Please return to the previous screen and fix this.
Do you plan any study-related activities abroad in the future? (study-course, language course, internship, others)
1 No, definitely not
2 I am not sure
3 Perhaps
4 Yes, definitely
5 Yes, already arranged

[Questions BM_172 to BM_188 are displayed as a table]

To what extent are your plans concerning a study-related stay abroad influenced by the following issues?
Please tick one box on each line.

Insufficient skills in foreign language
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

Difficulties in getting information
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

Problems with accommodation in the host country
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

Separation from partner
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
BM_177 25B - ABROAD PLANS SEPARATION FROM CHILD
Separation from child(ren)
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_178 25B - ABROAD PLANS SEPARATION FROM FRIENDS
Separation from friends
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_179 25B - ABROAD PLANS LOSS OF SOCIAL BENEFITS
Loss of social benefits (e.g. child allowance, price discounts for students)
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_180 25B - ABROAD PLANS LOSS OF EARNING OPPORTUNITIES
Loss of opportunities to earn money
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_181 25B - ABROAD PLANS ADDITIONAL FINANCIAL BURDEN
Expected additional financial burden
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_182 25B - ABROAD PLANS LACK OF INTEREST
Lack of personal interest
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_183 25B - ABROAD PLANS EXPECTED DELAY IN STUDIES
Expected delay in progress in my studies
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_184 25B - ABROAD PLANS LOW BENEFIT FOR STUDIES
Presumed low benefit for my studies at home
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_185 25B - ABROAD PLANS RECOGNITION OF RESULTS
Problems with recognition of results achieved in foreign countries
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_186 25B - ABROAD PLANS ACCESS MOBILITY PROGRAMMES
Limited access to mobility programmes in home country
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_187 25B - ABROAD PLANS ACCESS REGULATIONS
Problems with access regulations to the preferred country (visa, residence permit)
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_188 25B - ABROAD PLANS LIMITED ADMITTANCE
Limited admittance to the preferred institution and/or study programme in foreign country
1 Very strongly
2 Strongly
3 Moderately
4 Weakly
5 Not at all

BM_260 26 - RESPONDENT AGE
How old are you?
BM_192 27 - GENDER
What is your gender?
1 Male
2 Female

BM_193 28 - IRISH NATIONAL
Are you an Irish national?
1 Yes
2 No

BM_194 29 - MARITAL STATUS
Which of the following best describes your status?
1 Single
2 Married
3 Living as a couple
4 Divorced/Widowed/Separated
5 Going out with someone

BM_195 30 - CHILDREN
Do you have any children?
1 Yes
2 No

IF 30 - CHILDREN = 1 THEN
  | BM_196 30 - NUMBER OF CHILDREN
  | How many children do you have?
  | Integer
  | BM_197 30 - YOUNGEST CHILD AGE
  | What is the age of your youngest child?
  | Integer
  | BM_198 30 - OLDEST CHILD AGE
  | What is the age of your oldest child?
  | Integer
ENDIF

[Questions BM_261 to BM_262 are displayed as a table]

BM_261 31 - LONG-LASTING CONDITIONS
Do you have any of the following long-lasting conditions?

BM_265 31 - SENSORY IMPAIRMENT
Blindness, deafness or a severe vision or hearing impairment
1 Yes
2 No

BM_266 31 - PHYSICAL LIMITATION
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
1 Yes
2 No

BM_267  31 - LEARNING DIFFICULTY
A specific learning difficulty (e.g. dyslexia)
1 Yes
2 No

BM_268  31 - PSYCHOLOGICAL CONDITION
A psychological or emotional condition (includes a mental health difficulty)
1 Yes
2 No

BM_269  31 - OTHER CONDITION
Other, including any chronic illness
1 Yes
2 No

BM_262  31 - ADDITIONAL EDUCATIONAL SUPPORT
If you answered 'Yes' to any of the conditions specified above, do you require additional educational support(s)?
1 Yes
2 No

BM_201  32 - WORK EXPERIENCE
What work experience did you have before entering Third Level?
Please tick all that apply.
1 Casual/holiday work
2 Regular full-time job
3 Apprenticeship
4 FAS or other state-sponsored course
5 None

BM_202  33 - PARENT STATUS FATHER
What is the current employment status of your father?
1 Self-employed with employees (including farmer)
2 Self-employed with no employees (including farmer)
3 Employee
4 Unemployed
5 Economically not active (e.g. home duties)
6 Retired
7 Deceased/parent not present

BM_203  33 - PARENT STATUS MOTHER
What is the current employment status of your mother?
1 Self-employed with employees (including farmer)
2 Self-employed with no employees (including farmer)
3 Employee
4 Unemployed
5 Economically not active (e.g. home duties)
6 Retired
7 Deceased/parent not present

BM_204  34 - PARENT TITLE FATHER
What is/was the name or title of your father's job?
If he is no longer at work, what did he do when he had a job?
Please describe as fully as possible: if farmer indicate acreage; if in Civil
Service, Army or Gardai, indicate rank or grade.
String

BM_205  34 - PARENT TITLE MOTHER
What is/was the name or title of your mother's job?
If she is no longer at work, what did she do when she had a job?
Please describe as fully as possible: if farmer indicate acreage; if in Civil
Service, Army or Gardai, indicate rank or grade.
String

BM_206  35 - OCCUPATION FATHER
What is the actual (or former if economically not active) occupation of your
father? Please classify the job according to one of the following categories
of occupation.
1 Senior official/manager
2 Professional
3 Technician or associate professional
4 Clerk
5 Service worker/sales worker
6 Skilled agricultural or fishery worker
7 Craft and related trades worker
8 Plant and mechanical operator or assembler
9 Elementary occupation/housework
10 Military

BM_207  35 - OCCUPATION MOTHER
What is the actual (or former if economically not active) occupation of your
mother? Please classify the job according to one of the following categories
of occupation.
1 Senior official/manager
2 Professional
3 Technician or associate professional
4 Clerk
5 Service worker/sales worker
6 Skilled agricultural or fishery worker
7 Craft and related trades worker
8 Plant and mechanical operator or assembler
9 Elementary occupation/housework
10 Military

BM_208  36 - EDUCATION FATHER
What is the highest level of education achieved by your father?
1 No formal qualification
What is the highest level of education achieved by your mother?

1. No formal qualification
2. Primary only
3. Group/Inter/Junior Certificate
4. Leaving Certificate
5. Apprenticeship with Leaving Certificate
6. Apprenticeship without Leaving Certificate
7. Leaving Certificate and professional qualification
8. Third-level diploma/certificate
9. Third-level degree or higher

How many brothers do you have?

Integer

IF NUMBER OF BROTHERS > 0 THEN

| BM_270 37 - NUMBER OF OLDER BROTHERS |
| How many older brothers do you have? |
| Integer |

| BM_272 37 - NUMBER OF YOUNGER BROTHERS |
| How many younger brothers do you have? |
| Integer |

ENDIF

How many sisters do you have?

Integer

IF NUMBER OF SISTERS > 0 THEN

| BM_271 37 - NUMBER OF OLDER SISTERS |
| How many older sisters do you have? |
| Integer |

| BM_273 37 - NUMBER OF YOUNGER SISTERS |
| How many younger sisters do you have? |
| Integer |
IF 37 - NUMBER OF BROTHERS > 0 OR 37 - NUMBER OF SISTERS > 0 THEN

[Questions BM_212 to BM_218 are displayed as a table]

How many of your brothers and sisters fit into each category below?

BM_212  38 - SIBLINGS COMPLETED 3RD LEVEL
Completed 3rd level education?
Integer

BM_213  38 - SIBLINGS IN 3RD LEVEL
Are currently in 3rd level education?
Integer

BM_214  38 - SIBLINGS AT SCHOOL
Are still at school?
Integer

BM_215  38 - SIBLINGS NOT YET AT SCHOOL
Are not yet at school?
Integer

BM_216  38 - SIBLINGS WORKING AFTER COMPLETING 3RD LEVEL
Are working after completing 3rd level education?
Integer

BM_217  38 - SIBLINGS WORKING AFTER SOME 3RD LEVEL
Are working after receiving some (but not completing) 3rd level education?
Integer

BM_218  38 - SIBLINGS WORKING WITHOUT 3RD LEVEL
Are working without having entered 3rd level education?
Integer

ENDIF

IF RANDOM NET FAMILY INCOME UNIT = 1 THEN

BM_219  39 - HOUSEHOLD NET INCOME MONTHLY
Please try to estimate the net (after tax) MONTHLY income of your family household
1 up to € 600
2 > € 600 - € 1,000
3 > € 1,000 - € 1,500
4 > € 1,500 - € 2,000
5 > € 2,000 - € 2,500
6 > € 2,500 - € 3,000
7 > € 3,000 - € 4,000
8 > € 4,000 and over
BM_221  40 - FURTHER COMMENT
Finally, please make any further comment you would like about your life as a student.
Memo

IF RANDOM MODULE NUMBER = 2 THEN
|
| [Questions PT_001 to PT_011 are displayed as a table]
| PT_001  INTRO TO NEXT 10 QUESTIONS
| Here are a number of personality traits that may or may not apply to you.  
| Please select an answer next to each statement to indicate the extent to 
| which you agree or disagree with that statement. You should rate the extent 
| to which the pair of traits applies to you, even if one characteristic 
| applies more strongly than the other.
PT_002  1-EXTRAVERTED ENTHUSIASTIC
Extraverted, enthusiastic
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_003  2-CRITICAL QUARRELsome
Critical, quarrelsome
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_004  3-DEPENDABLE SELF-DISCIPLINED
Dependable, self-disciplined
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_005  4-ANXIOUS EASILY UPSET
Anxious, easily upset
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_006  5-OPEN TO NEW EXPERIENCES COMPLEX
Open to new experiences, complex
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_007  6-RESERVED QUIET
Reserved, quiet
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_008 7-SYMPATHETIC WARM
Sympathetic, warm
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_009 8-DISORGANIZED CARELESS
Disorganized, careless
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_010 9-CALM EMOTIONALLY STABLE
Calm, emotionally stable
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_011 10-CONVENTIONAL UNCREATIVE
Conventional, uncreative
1 Disagree strongly
2 Disagree moderately
3 Disagree a little
4 Neither agree nor disagree
5 Agree a little
6 Agree moderately
7 Agree strongly

PT_012 RISKS
Please indicate on a scale of 0-10, how willing you are to take risks in
general, where 0 indicates "unwilling to take risks" and 10 indicates "fully prepared to take risks".

| 0 0 Unwilling to take risks |
| 1 1 |
| 2 2 |
| 3 3 |
| 4 4 |
| 5 5 |
| 6 6 |
| 7 7 |
| 8 8 |
| 9 9 |
| 10 10 Fully prepared to take risks |

[Questions PT_013 to PT_025 are displayed as a table]

PT_013 INTRO TO NEXT 12 QUESTIONS
For each of the statements below, please indicate whether or not the statement is characteristic of you. Please indicate if the statement is extremely uncharacteristic of you (not at all like you) or if the statement is extremely characteristic of you (very much like you). And, of course, use the options in the middle if you fall between the extremes.

PT_014 1-FUTURE
I consider how things might be in the future, and try to influence those things with my day to day behaviour.

1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_015 2-MANY YEARS
Often I engage in a particular behaviour in order to achieve outcomes that may not result for many years.

1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_016 3-IMMEDIATE CONCERNS
I only act to satisfy immediate concerns, figuring the future will take care of itself.

1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_017 4-IMMEDIATE OUTCOMES
My behaviour is only influenced by the immediate (i.e., a matter of days or weeks) outcomes of my actions.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_018 5-CONVENIENCE
My convenience is a big factor in the decisions I make or the actions I take.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_019 6-SACRIFICE IMMEDIATE HAPPINESS
I am willing to sacrifice my immediate happiness or well-being in order to achieve future outcomes.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_020 7-WARNINGS
I think it is important to take warnings about negative outcomes seriously even if the negative outcome will not occur for many years.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_021 8-CONSEQUENCES
I think it is more important to perform a behaviour with important distant consequences than a behaviour with less-important immediate consequences.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

PT_022 9-IGNORE WARNINGS
I generally ignore warnings about possible future problems because I think the problems will be resolved before they reach crisis level.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic
10-Sacrificing
I think that sacrificing now is usually unnecessary since future outcomes can be dealt with at a later time.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

11-Satisfy Immediate Concerns
I only act to satisfy immediate concerns, figuring that I will take care of future problems that may occur at a later date.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

12-Day to Day Work
Since my day to day work has specific outcomes, it is more important to me than behaviour that has distant outcomes.
1 Extremely uncharacteristic
2 Somewhat uncharacteristic
3 Uncertain
4 Somewhat characteristic
5 Extremely characteristic

Questions PT_026 to PT_039 are displayed as a table

Intro to Next 13 Questions
These statements are about general life ambitions. To what extent are the following important to you? Please tick one box on each line.

1-Fulfilling Career
Having a fulfilling career
1 Not at all important
2
3
4
5 Very important

2-Good Social Life
Having a good social life
1 Not at all important
2
3
4
5 Very important
| PT_029 3-WORTHWHILE CONTRIBUTION |
| Making a worthwhile contribution to society |
| 1 Not at all important |
| 2 |
| 3 |
| 4 |
| 5 Very important |

| PT_030 4-FINANCIALLY SECURE |
| Being financially secure |
| 1 Not at all important |
| 2 |
| 3 |
| 4 |
| 5 Very important |

| PT_031 5-PROMINENT POSITION |
| Attaining a prominent position in society |
| 1 Not at all important |
| 2 |
| 3 |
| 4 |
| 5 Very important |

| PT_032 6-GOOD RELATIONSHIP |
| Maintaining a good relationship with my family |
| 1 Not at all important |
| 2 |
| 3 |
| 4 |
| 5 Very important |

| PT_033 7-RELIGIOUS SPIRITUAL |
| Having a religious/spiritual commitment |
| 1 Not at all important |
| 2 |
| 3 |
| 4 |
| 5 Very important |

| PT_034 8-RECOGNIZED |
| Being recognised for my achievements |
| 1 Not at all important |
| 2 |
| 3 |
| 4 |
| 5 Very important |

| PT_035 9-FAMILY |
| Raising a family of my own |
| 1 Not at all important |
PT_036 10-TOP CAREER
Getting to the top of my chosen career
1 Not at all important
2
3
4
5 Very important

PT_037 11-COMMITTED LOVE RELATIONSHIP
Developing/maintaining a committed love relationship
1 Not at all important
2
3
4
5 Very important

PT_038 12-WELL BEING
Contributing to the well-being of other people
1 Not at all important
2
3
4
5 Very important

PT_039 13-WEALTHY
Being very wealthy
1 Not at all important
2
3
4
5 Very important

ENDIF

IF RANDOM MODULE NUMBER = 3 THEN

WB_024 HAPPINESS
Taking all things together, how happy would you say you are?
Please answer on a scale from 0-10 with 0 being extremely unhappy and 10 representing extremely happy.
0 0 Extremely unhappy
1 1
2 2
3 3
4 4
5 5

ENDIF
WB_001  PHYSICAL AND MENTAL HEALTH
How is your physical and mental health in general?
1 Very Good
2 Good
3 Fair
4 Bad
5 Very Bad

[Questions WB_002 to WB_014 are displayed as a table]

WB_002  INTRO TO NEXT 12 QUESTIONS
The following 12 statements may possibly describe the way you have been feeling over the last few weeks. For each statement I would like you to select the answer which best suits the way you have been feeling recently. Please tick one box on each line.

WB_003  1-CONCENTRATE
Have you recently been able to concentrate on whatever you’re doing?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_004  2-WORRY
Have you recently lost much sleep over worry?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_005  3-USEFUL
Have you recently felt that you were playing a useful part in things?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_006  4-DECISIONS
Have you recently felt capable of making decisions about things?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_007  5-STRAIN
Have you recently felt constantly under strain?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_008 6-DIFFICULTIES
Have you recently felt that you couldn't overcome your difficulties?
1 Not at all
2 No more than usual
3 Rather more than usual
4 Much more than usual

WB_009 7-ACTIVITIES
Have you recently been able to enjoy your normal day-to-day activities?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_010 8-PROBLEMS
Have you recently been able to face up to your problems?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_011 9-UNHAPPY OR DEPRESSED
Have you recently been feeling unhappy or depressed?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_012 10-CONFIDENCE
Have you recently been losing confidence in yourself?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_013 11-WORTHLESS
Have you recently been thinking of yourself as a worthless person?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_014 12-HAPPY
Have you recently been feeling reasonably happy, all things considered?
1 More so than usual
2 Same as usual
3 Less than usual
4 Much less than usual

WB_015 30 DAYS SAD LOW DEPRESSED
Overall in the last 30 days, how much of a problem did you have with feeling sad, low, or depressed?
2 None
3 Mild
4 Moderate
5 Severe
6 Extreme

WB_016 30 DAYS WORRY ANXIETY
In the last 30 days, how much of a problem did you have with worry or anxiety?
1 None
2 Mild
3 Moderate
4 Severe
5 Extreme

WB_017 SATISFIED
All things considered, how satisfied are you with your life as a whole nowadays?
Please answer using this scale where 0 means extremely dissatisfied and 10 means extremely satisfied.
0 0 Extremely dissatisfied
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10 Extremely satisfied

[Questions WB_018 to WB_023 are displayed as a table]

WB_018 INTRO TO NEXT 5 QUESTIONS
How often have you felt like this over the last two weeks?
Please tick one box on each line.

WB_019 1-CHEERFUL GOOD SPIRITS
I have felt cheerful and in good spirits
1 All of the time
2 Most of the time
3 More than half of the time
4 Less than half of the time
5 Some of the time
WB_020 2-CALM RELAXED
I have felt calm and relaxed
1 All of the time
2 Most of the time
3 More than half of the time
4 Less than half of the time
5 Some of the time
6 At no time

WB_021 3-ACTIVE VIGOROUS
I have felt active and vigorous
1 All of the time
2 Most of the time
3 More than half of the time
4 Less than half of the time
5 Some of the time
6 At no time

WB_022 4-REFRESHED RESTED
I have woken up feeling fresh and rested
1 All of the time
2 Most of the time
3 More than half of the time
4 Less than half of the time
5 Some of the time
6 At no time

WB_023 5-INTEREST
My daily life has been filled with things that interest me
1 All of the time
2 Most of the time
3 More than half of the time
4 Less than half of the time
5 Some of the time
6 At no time

ENDIF

IF RANDOM MODULE NUMBER = 4 THEN

HM_001 DRINKS TYPICAL DAY
How many drinks containing alcohol do you have on a typical day when you are drinking?
1 1 or 2
2 3 or 4
3 5 or 6
4 7-9
5 10 or more
HM_002  FIVE OR MORE DRINKS
How often do you have five or more drinks on one occasion?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

HM_003  DRINKING MEMORY LOSS
How often during the last year have you been unable to remember what happened the night before because of drinking?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily/almost every time I drink

HM_004  UNABLE TO STOP DRINKING
How often during the last year have you found that you were not able to stop drinking once you started?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

HM_005  FAILURE DUE TO DRINKING
How often during the last year have you failed to do what is normally expected from you because of drinking (e.g., missed deadlines, poor classroom or work attendance, failed committee responsibilities, inconsistent work patterns)?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

HM_006  INJURY DUE TO DRINKING
Have you or someone else been injured as a result of your drinking?
1 No
2 Yes, but not in the last year
3 Yes, during last year

HM_007  OTHERS CONCERNED ABOUT DRINKING
Has a relative or friend or doctor or other health worker been concerned about your drinking or suggested you cut down?
1 No
2 Yes, but not in the last year
3 Yes, during last year

HM_008  SMOKE
Do you smoke?
1 No
2 Yes, regularly
3 Yes, occasionally (usually less than 1 per day)

IF SMOKE > 1 THEN

HM_009 HOW MANY YEARS SMOKER
How many years have you been a smoker?
Integer

ENDIF

HM_010 SMOKE IN PAST
Did you ever smoke in the past?
1 No, never
2 Current smoker
3 Occasionally (usually less than one cigarette per day)
4 Yes, regularly

HM_011 HEALTH IN GENERAL
In general, would you say your health is:
1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

HM_012 HEALTH IN GENERAL NOW COMPARED TO YEAR AGO
Compared to one year ago, how would you rate your health in general now?
1 Much better now than one year ago
2 Somewhat better now than one year ago
3 About the same
4 Somewhat worse now than one year ago
5 Much worse now than one year ago

[Questions HM_013 to HM_023 are displayed as a table]

HM_013 INTRO TO NEXT 10 QUESTIONS
The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

HM_014 VIGOROUS ACTIVITIES
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

HM_015 MODERATE ACTIVITIES
Moderate activities, such as moving a table, pushing a vacuum cleaner, or
| playing golf                  | 1 Yes, limited a lot  
|                             | 2 Yes, limited a little 
|                             | 3 No, not limited at all 

| HM_016 GROCERIES            | Lifting or carrying groceries 
|                             | 1 Yes, limited a lot  
|                             | 2 Yes, limited a little 
|                             | 3 No, not limited at all 

| HM_017 SEVERAL FLIGHTS OF STAIRS | Climbing several flights of stairs 
|                                | 1 Yes, limited a lot  
|                                | 2 Yes, limited a little 
|                                | 3 No, not limited at all 

| HM_018 ONE FLIGHT OF STAIRS    | Climbing one flight of stairs 
|                                | 1 Yes, limited a lot  
|                                | 2 Yes, limited a little 
|                                | 3 No, not limited at all 

| HM_019 BENDING KNEELING STOOPING | Bending, kneeling or stooping 
|                                  | 1 Yes, limited a lot  
|                                  | 2 Yes, limited a little 
|                                  | 3 No, not limited at all 

| HM_020 WALKING MORE THAN A MILE | Walking more than a mile 
|                                  | 1 Yes, limited a lot  
|                                  | 2 Yes, limited a little 
|                                  | 3 No, not limited at all 

| HM_021 WALKING SEVERAL BLOCKS   | Walking several blocks 
|                                  | 1 Yes, limited a lot  
|                                  | 2 Yes, limited a little 
|                                  | 3 No, not limited at all 

| HM_022 WALKING ONE BLOCK        | Walking one block 
|                                  | 1 Yes, limited a lot  
|                                  | 2 Yes, limited a little 
|                                  | 3 No, not limited at all 

| HM_023 BATHING DRESSING        | Bathing or dressing yourself 
|                                  | 1 Yes, limited a lot  
|                                  | 2 Yes, limited a little 

3 No, not limited at all

[Questions HM_024 to HM_028 are displayed as a table]

HM_024  INTRO TO NEXT 4 QUESTIONS
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

HM_025  CUT TIME ON WORK OR ACTIVITIES
Cut down the amount of time you spent on work or other activities
1 Yes
2 No

HM_026  ACCOMPLISHED LESS
Accomplished less than you would like
1 Yes
2 No

HM_027  LIMITED WORK OR ACTIVITIES
Were limited in the kind of work or other activities
1 Yes
2 No

HM_028  DIFFICULTY PERFORMING WORK OR ACTIVITIES
Had difficulty performing the work or other activities (for example, it took extra effort)
1 Yes
2 No

[Questions HM_029 to HM_032 are displayed as a table]

HM_029  INTRO TO NEXT 3 QUESTIONS
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

HM_030  CUT TIME ON WORK OR ACTIVITIES
Cut down on the amount of time you spent on work or other activities
1 Yes
2 No

HM_031  ACCOMPLISHED LESS
Accomplished less than you would like
1 Yes
2 No

HM_032  WORK OR ACTIVITIES NOT DONE AS CAREFULLY
Didn’t do work or other activities as carefully as usual
1 Yes
2 No
INTERFERRED WITH SOCIAL ACTIVITIES

During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely

BODILY PAIN

How much bodily pain have you had in the last 4 weeks?

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
6. Very Severe

PAIN INTERFERRED WITH WORK

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

[Questions HM_036 to HM_045 are displayed as a table]

INTRO TO NEXT 9 QUESTIONS

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. Please tick one box on each line.

FULL OF ENERGY

Did you feel full of energy?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

NERVOUS

Have you been a very nervous person?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
HM_039 DOWN IN THE DUMPS
Have you felt so down in the dumps that nothing could cheer you up?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

HM_040 CALM PEACEFUL
Have you felt calm and peaceful?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

HM_041 LOT OF ENERGY
Did you have a lot of energy?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

HM_042 DOWNHEARTED SAD
Have you felt downhearted and sad?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

HM_043 WORN OUT
Did you feel worn out?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

HM_044 HAPPY
Have you been a happy person?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

HM_045  TIRED
Did you feel tired?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

HM_046  INTERFERRED WITH SOCIAL ACTIVITIES
During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time

[Questions HM_047 to HM_051 are displayed as a table]

HM_047  INTRO TO NEXT 4 QUESTIONS
How true or false is each of the following statements for you?

HM_048  SICK
I seem to get sick a little easier than other people
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

HM_049  HEALTHY
I am as healthy as anybody I know
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

HM_050  HEALTH WORSE
I expect my health to get worse
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

HM_051 HEALTH EXCELLENT
My health is excellent
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

HM_052 HEALTH AT 40
Look ahead to when you will be 40 years old. Think about the general state of your health at that time in your life. What do you think is the percent chance (or what are the chances out of 100) that your health will be good or very good when you are 40 years old?

HM_053 HEALTH AT 60
Look ahead to when you will be 60 years old. Think about the general state of your health at that time in your life. What do you think is the percent chance (or what are the chances out of 100) that your health will be good or very good when you are 60 years old?

HM_054 HEALTH AT 80
Look ahead to when you will be 80 years old. Think about the general state of your health at that time in your life. What do you think is the percent chance (or what are the chances out of 100) that your health will be good or very good when you are 80 years old?

HM_055 SELF EXCESSIVE DRINKING
How excessive is your drinking?
1 Mild
2 Moderate
3 Severe
4 Excessive
5 Extreme

HM_056 INTO DRINKING VIGNETTES
On the following screens, you will be given hypothetical descriptions of two individuals and asked to rate how excessive their drinking is.

HM_057 DRINKING VIGNETTE PER WEEK
[Name] has a drink containing alcohol [number] times a week. How would you rate [his/her] drinking?
1 Mild
2 Moderate
3 Severe
4 Excessive
5 Extreme

HM_058 DRINKING VIGNETTE NIGHT OUT
[Name] is out on a given night and has [number] drinks containing alcohol.
How would you rate [his/her] drinking?
1 Mild
2 Moderate
3 Severe
4 Excessive
5 Extreme

HM_059 SELF MENTAL HEALTH
How much of a problem do you have with feeling sad or depressed?
1 None
2 Mild
3 Moderate
4 Severe
5 Extreme

HM_060 INTRO MENTAL HEALTH VIGNETTES
On the following screens, you will be given hypothetical descriptions of three individuals and asked to rate how much of a problem they have with feeling sad, low or depressed.

HM_061 MENTAL HEALTH OCCASIONAL
[Name] generally enjoys [his/her] studies. [He/She] gets depressed every 3 weeks for a day or two and loses interest in what [he/she] usually enjoys but is able to carry on with [his/her] day-to-day activities on the job.
How much of a problem does [Name] have with feeling sad, low or depressed?
1 None
2 Mild
3 Moderate
4 Severe
5 Extreme

HM_062 MENTAL HEALTH MOOD SWINGS
[Name] has mood swings at college. When [he/she] gets depressed, everything [he/she] does at college is an effort for [him/her] and [he/she] no longer enjoys [his/her] usual activities at college.
These mood swings are not predictable and occur two or three times during a month.
How much of a problem does [Name] have with feeling sad, low or depressed?
1 None
2 Mild
3 Moderate
4 Severe
5 Extreme

HM_063 MENTAL HEALTH WORRIED
[Name] feels worried all the time. [He/She] gets depressed once a week at work for a couple of days in a row, thinking about what could go wrong and that [his/her] boss will disapprove of [his/her] condition.
But [he/she] is able to come out of this mood if
[he/she] concentrates on something else.
How much of a problem does [Name] have with feeling sad, low or depressed?
1 None
2 Mild
3 Moderate
4 Severe
5 Extreme

ENDIF

IF RANDOM MODULE NUMBER = 5 THEN

| EB_001 POINTS IN LEAVING CERTIFICATE |
| How many points did you get in your Leaving Certificate? |
| Integer |

| EB_002 EXPECTED STARTING SALARY |
| What is your expected monthly starting salary in Euros (i.e. the net monthly |
starting salary) that you expect to earn in your first job after graduation? |
| Integer |

| EB_003 MAXIMUM NET MONTHLY INCOME |
| What is the maximum net monthly income in Euros that you expect to earn |
during your working life? |
| Integer |

| EB_004 SALARY VS TIME OFF |
| Is the level of salary that you hope to earn in the future more important to |
you than being able to take time off work and/or engage in leisure activities? |
| 1 Yes |
| 2 No |

[Questions EB_005 to EB_020 are displayed as a table]

| EB_005 PLANNED WORK SECTOR |
| What sector do you plan to work in? |
| 1 Agriculture, Forestry and Fishing |
| 2 Construction |
| 3 Wholesale or Retail Trade |
| 4 Hotels and Restaurants |
| 5 Transport, Storage and Communication |
| 6 Financial and other Business Services |
| 7 Public Administration or Defence |
| 8 Education |
| 9 Health |
| 10 Other (please specify) |

| EB_020 OTHER SECTOR |
| Please specify the other sector |
| Memo |
EB_006 PLAN WORK ABROAD
Do you plan to work abroad after you graduate?
1 Yes
2 No
3 Don't Know

EB_008 LIKELIHOOD CHILDREN
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that you will have children during your lifetime?

EB_009 LIKELIHOOD LIVE ABROAD
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that you will live abroad for more than 10 years?

EB_010 LIKELIHOOD 80 YEARS OLD
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that you live to be greater than 80 years old?

EB_011 LIKELIHOOD ONE PARTNER
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that you will remain with one partner for the duration of your lifetime?

EB_012 LIKELIHOOD BETTER HOUSE THAN PARENTS
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that you will live in a better house than your parents?

EB_013 LIKELIHOOD OWN HOME
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that you will own your own home as opposed to renting?

EB_014 LIKELIHOOD PROPERTY PRICES DECLINE
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that property prices will decrease markedly in Ireland in the next 10 years?

EB_015 LIKELIHOOD INHERITANCE
On a scale of 1 to 100, with 100 indicating most likely, how likely is it you will inherit money or property worth more than one hundred thousand euro during your lifetime?

EB_016 LIKELIHOOD GLOBAL WARMING IMPROVEMENT
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that the global warming situation will improve during your lifetime?

EB_017 LIKELIHOOD GLOBAL STABILITY IMPROVEMENT
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that global political stability will improve during your lifetime?

EB_018 LIKELIHOOD GLOBAL POVERTY ERADICATED
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that the global poverty will be eradicated during your lifetime?
EB_019 LIKELIHOOD LIVE IN NURSING HOME
On a scale of 1 to 100, with 100 indicating most likely, how likely is it that you will spend part of your life living in a nursing home?

ENDIF

IF 6 IN TEST OR RANDOM MODULE NUMBER = 6 THEN

PP_001 1 - INTENTION TO VOTE
How likely is it that you will vote in the next general election?
Please use this scale, which goes from 1 to 10, where 1 indicates that you will definitely not vote in the general election and 10 indicates that you will definitely vote in that election.
1 1 Will definitely will not vote
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10 Will definitely vote

PP_002 2A - ON ELECTORAL REGISTER
As far as you know, is your name on the electoral register, that is, the official list of people entitled to vote?
1 Yes
2 No
3 Don't Know

PP_003 2B - PLACE OF REGISTRATION
Where are you registered?
1 The address where you live
2 Some other address in the county where you live
3 Some other address in another county

PP_004 3 - LENGTH OF RESIDENCE
How many years have you been living at your current address?
Integer

PP_005 4 - PARENTAL VOTING
Do one or more of your parents regularly vote in elections?
1 Yes, one
2 Both
3 Neither
4 Don't know

PP_006 5 - PARTY DIFFERENTIAL
Now thinking about general elections, how much do you think it matters which
particular parties win more seats and which win fewer seats in a general election?
1 Matters a great deal
2 Matters somewhat
3 Matters very little
4 Does not matter at all
5 Don't know

PP_007  6 - POLITICAL DUTY GENERAL
Do you agree or disagree with the statement "Everyone has a duty to vote"?
1 Strongly disagree
2 Disagree
3 Neither agree/disagree
4 Agree
5 Strongly agree
6 Don't know

PP_008  6 - POLITICAL DUTY PERSONAL
If you did not vote how guilty would you feel?
1 Very guilty
2 Fairly guilty
3 Not very guilty
4 Not guilty at all
5 Don't know

PP_009  7 - CIVIC EDUCATION
Did you ever receive any form of civic education in school?
1 Yes
2 No
3 Don't know

PP_010  8 - SOCIAL NETWORKS
How often would you say you discuss political matters?
1 Frequently
2 Occasionally
3 Rarely
4 Never

PP_011  8 - DISCUSS POLITICS
How often, if at all, do you discuss politics and current affairs with your family and friends?
1 Every day
2 Several times a week
3 Once a week
4 Several times a month
5 Once a month
6 Less often
7 Never
8 Don't know

[Questions PP_012 to PP_014 are displayed as a table]
PP_012 9A - MEDIA USAGE TELEVISION
About how often do you watch politics and current affairs on television?
1 Every day
2 Several times a week
3 Once or twice a week
4 Less often
5 Never
6 DK/Refused

PP_013 9A - MEDIA USAGE NEWSPAPERS
About how often do you read about politics and current affairs in newspapers?
1 Every day
2 Several times a week
3 Once or twice a week
4 Less often
5 Never
6 DK/Refused

PP_014 9A - MEDIA USAGE RADIO
About how often do you listen to politics and current affairs on the radio?
1 Every day
2 Several times a week
3 Once or twice a week
4 Less often
5 Never
6 DK/Refused

PP_015 10 - AWARENESS OF POSTAL VOTING
Are you aware of the special provision for postal voting by students?
1 Yes
2 No
3 Don’t Know

PP_016 11 - SUNDAY/WEEKDAY VOTING
There has been some discussion regarding the day on which elections should be held. Given your circumstances, which day would be more convenient for you?
1 Friday
2 Another weekday
3 Saturday
4 Sunday
5 Doesn’t matter

PP_017 12 - NATIONAL IDENTITY
How proud would you say you are to be Irish?
1 Very proud
2 Fairly proud
3 Not very proud
4 Not at all proud

PP_018 13 - PARTY IDENTIFICATION
Do you consider yourself to be close to any particular party?
1 Yes
2 No
3 Don't Know

PP_019  13 - PARTY IDENTIFICATION USUALLY
Do you usually think of yourself as close to any political party?
1 Yes
2 No
3 Don't Know

ENDIF

Thank you for participating in this study.
This is the end of the questionnaire. You have successfully submitted your responses.
You may exit your browser to leave this website.