

## AMF CODEBOOK

## Irish Health Survey Anonymised Micro data 2015

Please note that

- Data may be subject to future revision.
- Survey data may be subject to sampling error. Great care should be taken when interpreting small cell sizes.

### Contents

- There are **10323** observations the dataset. Descriptions of each variable follow below.

Irish Health Survey provides data on various aspects of health. These include data on the health status of the population, the health care usage of the population, and the health determinants of the population. This survey was carried out as a module of the Quarterly National household Survey (QNHS). The QNHS is a large-scale, nationwide survey of households in Ireland. It was designed to produce quarterly labour force estimates that include the official measures of employment and unemployment in the state using the International Labour Organisation basis. The reference period for the survey is 2015. Respondents were sampled from quarter four of 2014, as well as quarters one, two, three and four of 2015, and this sample includes data from each of these quarters. A single individual, aged 15 years or older, was randomly selected from each household. Once selection of the individual is complete, a copy of the questionnaire was left for them to complete and return via post.

Variable	Filter	Question	Answer
Observation_ID		The observation ID of the interviewee	n/a
q1		How is your health in general? Is it...	<ol style="list-style-type: none"> <li>1. Very good</li> <li>2. Good</li> <li>3. Fair</li> <li>4. Bad</li> <li>5. Very bad</li> </ol>
q2		Do you have any long standing illness or health problem?	<ol style="list-style-type: none"> <li>1. Yes 2. No</li> </ol>
			<ol style="list-style-type: none"> <li>1. Yes 2. No</li> </ol>
Q3		For at least the past 6 months: To what extent have you been limited in everyday activities because of health problems?	<ol style="list-style-type: none"> <li>1. Severely limited</li> <li>2. Limited but not severely</li> <li>3. Not limited at all</li> </ol>
			<ol style="list-style-type: none"> <li>1. Yes 2. No</li> </ol>
Q4_1		Have you suffered from any of the following conditions in the past 12 months: Asthma	<ol style="list-style-type: none"> <li>1. Yes 2. No</li> </ol>
Q4_2		Chronic bronchitis, chronic obstructive pulmonary disease or emphysema	<ol style="list-style-type: none"> <li>1. Yes 2. No</li> </ol>
			<ol style="list-style-type: none"> <li>1. Yes 2. No</li> </ol>
Q4_3			<ol style="list-style-type: none"> <li>1. Yes 2. No</li> </ol>

		Heart attack or chronic consequences of heart attack	1. Yes 2. No
Q4_4		Coronary heart disease or angina pectoris	1. Yes 2. No
			1. Yes 2. No
Q4_5		High blood pressure	1. Yes 2. No
			1. Yes 2. No
Q4_6		A stroke or the chronic consequences of stroke (cerebral hemorrhage or cerebral thrombosis)	1. Yes 2. No
			1. Yes 2. No
Q4_7		Arthrosis (excluding arthritis)	1. Yes 2. No
			1. Yes 2. No
Q4_8		Lower back disorder or other chronic back defects	1. Yes 2. No
			1. Yes 2. No
Q4_9		Neck disorder or other chronic neck defects	1. Yes 2. No
			1. Yes 2. No
Q4_10		Diabetes	1. Yes 2. No
			1. Yes 2. No
Q4_11		Allergy such as rhinitis, eye inflammation, dermatitis, food allergy or other (excluding allergic asthma)	1. Yes 2. No
			1. Yes 2. No
Q4_12		Cirrhosis of the liver	1. Yes 2. No
			1. Yes 2. No
Q4_13		Urinary incontinence or problems in controlling the bladder	1. Yes 2. No
			1. Yes 2. No
Q4_14		Kidney problems	1. Yes 2. No
			1. Yes 2. No
Q4_15		Depression	1. Yes 2. No
			1. Yes 2. No
chronic_ill		Chronic illness	1. Yes 2. No

	Based off Q14 Reponses		1. Yes 2. No
Q5_1		Were you involved in any of the following types of accidents in the last 12 months that resulted in injury:	1. Yes 2. No
		A road traffic accident	1. Yes 2. No
Q5_2		An accident at home	1. Yes 2. No
			1. Yes 2. No
Q5_3		A leisure accident (i.e. playing sports, engaging in hobbies etc.)	1. Yes 2. No
			1. Yes 2. No
Q6		If yes to any of the above in the past 12 months, what was the most serious medical care you needed as a result of an accident?	1. No intervention required 2. Care received from GP or nurse in community practice 3. Care received at Accident and Emergency 4. Care received during overnight stay in hospital
Q7		How many days were you absent from work due to personal health problems in the last 12 months? (count all days between start and end of absence incl. Saturday and Sunday)	0 days
			1-5 days
			6-10 days
			Q7="11-20 days
			Q7="21-30 days

			Q7="31-40 days
			31-50 days
			50 greater than days
Q8		Do you wear glasses or contact lenses?	1. Yes
			2. No
			3. Blind or cannot see at all
Q9		Do you use a hearing aid? (including cochlear implant or similar)	1. Yes
			2. No
			3. Profoundly deaf
Q10_1		Do you have difficulty doing any of the following:	1. No difficulty
		Seeing, even when wearing glasses or contact lenses	2. Some difficulty
			3. A lot of difficulty
			4. Cannot do at all
Q10_2		Hearing what is said in a conversation with one other person in a quiet room, even if using a hearing aid	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do at all
Q10_3		Hearing what is said in a conversation with one other person in a noisy room, even if using a hearing aid	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do at all.

Q10_4		Walking half a kilometre (a third of a mile) on level ground without the use of any aid	<ol style="list-style-type: none"> <li>1. 1. No difficulty</li> <li>2. 2. Some difficulty</li> <li>3. 3. A lot of difficulty</li> <li>4. 4. Cannot do at all</li> </ol>
Q10_5		Walking up or down a flight of stairs?	<ol style="list-style-type: none"> <li>1. 1. No difficulty</li> <li>2. 2. Some difficulty</li> <li>3. 3. A lot of difficulty</li> <li>4. 4. Cannot do at all</li> </ol>
Q11		Overall during the past 4 weeks how much physical pain or discomfort did you have?	<ol style="list-style-type: none"> <li>1. 1. None</li> <li>2. 2. Very mild</li> <li>3. 3. Mild</li> <li>4. 4. Moderate</li> <li>5. 5. Severe</li> <li>6. 6. Very Severe</li> </ol>
Q12		If you have suffered pain, to what extent has it interfered with your bit normal work (both within the home and outside) during the past 4 weeks?	<ol style="list-style-type: none"> <li>1. 1. Not at all</li> <li>2. 2. A little bit</li> <li>3. 3. Moderately</li> <li>4. 4. Quite a bit</li> <li>5. 5. Extremely</li> </ol>
Q13_1		On how many days during the past 2 weeks did you...	<ol style="list-style-type: none"> <li>1. 1. 0 days</li> </ol>
		Feel down, depressed or hopeless	<ol style="list-style-type: none"> <li>2. 2. 1-7 days</li> </ol>
			<ol style="list-style-type: none"> <li>3. 3. 8-12 days</li> </ol>
			<ol style="list-style-type: none"> <li>4. 4. 13-14 days</li> </ol>
Q13_2		Take little pleasure or interest in doing things	<ol style="list-style-type: none"> <li>1. 1. 0 days</li> <li>2. 2. 1-7 days</li> <li>3. 3. 8-12 days</li> </ol>

			4. 13-14 days
Q13_3		Have trouble falling asleep, staying asleep or sleeping too much	1. 0 days
			2. 1-7 days
			3. 8-12 days
			4. 13-14 days
Q13_4		Feel tired or have little energy	1. 0 days
			2. 1-7 days
			3. 8-12 days
			4. 13-14 days
Q13_5		Have a poor appetite or overeat	1. 0 days
			2. 1-7 days
			3. 8-12 days
			4. 13-14 days
Q13_6		Feel bad about yourself or feel a failure	1. 0 days
			2. 1-7 days
			3. 8-12 days
			4. 13-14 days
Q13_7		Have trouble concentrating on things such as reading a newspaper, watching television etc.	1. 0 days
			2. 1-7 days
			3. 8-12 days
			4. 13-14 days
Q13_8		watching television etc. Move or speaking so slowly or be so fidgety or restless that other people noticed	1. 0 days
			2. 1-7 days
			3. 8-12 days
			4. 13-14 days
Q14		During the past 12 months how many nights did you spend as a patient in a hospital?	Number of nights:
			· 0 nights
			· 1 night

			· 2 nights
			· 3 or more nights
Q15		During the past 12 months how many times were you admitted as a day patient in a hospital?	Number of days:
			· 0 days
			· 1 days
			· 2 days
			· 3 or more days
Q16_1		When was the last time you consulted a general practitioner (GP) on your own behalf? (include home visits and phone consultations but exclude nurse-only consultations)	1. Less than 12 months ago
			2. More than 12 months ago
			3. Never consulted
Q16_2		When was the last time you consulted a nurse within a GP practice on your own behalf? (Exclude visits where you also consulted the GP)	1. Less than 12 months ago
			2. More than 12 months ago
			3. Never consulted
Q16_3		When was the last time you did any of the following activities: Visited a dentist or orthodontist on your own behalf	1. Less than 12 months ago
			2. More than 12 months ago
			3. Never consulted
Q16_4		Consulted a medical or surgical consultant on your own behalf	1. Less than 12 months ago
			2. More than 12 months ago
			3. Never consulted
Q17_1		In the past 12 months, have you...	1. Yes
		Consulted a physiotherapist, osteopath or chiropractor	2. No

Q17_2		Consulted a psychiatrist, psychologist or psychotherapist	1.Yes
			2.No
Q18		Have you used or received any home care services for your personal needs during the past 12 months?	1.Yes
			2.No
Q19_1		During the past 2 weeks have you used any medicines prescribed by a doctor (excluding contraception)?	1.Yes
			2.No
Q19_2		During the past 2 weeks have you used any medicines, herbal medicines or vitamins not prescribed by a doctor (excluding contraception)?	1.Yes
			2.No
Q20_1		When was the last time you had the following procedures: Had blood pressure measured by a health professional	1. Within the last 12 months
			2. 1 to less than 2 years ago
			3. 2 to less than 3 years ago
			4. More than 3 years ago
			5. Never
Q20_2		Had blood cholesterol measured by a health professional	1. Within the last 12 months
			2. 1 to less than 2 years ago
			3. 2 to less than 3 years ago
			4. More than 3 years ago
			5. Never
Q20_3		Had a colonoscopy	1. Within the last 12 months

			2. 1 to less than 2 years ago
			3. 2 to less than 3 years ago
			4. More than 3 years ago
			5. Never
Q20_4		Had blood sugar measured by a health professional	1. Within the last 12 months
			2. 1 to less than 2 years ago
			3. 2 to less than 3 years ago
			4. More than 3 years ago
			5. Never
Q20_5		Had a faecal occult blood test	1. Within the last 12 months
			2. 1 to less than 2 years ago
			3. 2 to less than 3 years ago
			4. More than 3 years ago
			5. Never
Q20_6	If sex=female	Had a mammogram (breast X-ray)	1. Within the last 12 months
			2. 1 to less than 2 years ago
			3. 2 to less than 3 years ago
			4. More than 3 years ago
			5. Never

Q20_7	If sex=female	Cervical smear test	1. Within the last 12 months
			2. 1 to less than 2 years ago
			3. 2 to less than 3 years ago
			4. More than 3 years ago
			5. Never
Q21		When was the last time you were vaccinated against flu?	at most 90 days
			91-180 days
			181-270 days
			271-360 days
			more than 360 days
Q22_1		Did you have any unmet health care needs in the past 12 months because of:	1. Yes (needs not met)
		Waiting lists	2. No (needs met)
			3. No need for health care
Q22_2		Distance or transportation problems	1. Yes (needs not met)
			2. No (needs met)
			3. No need for health care
Q23_1		In the past 12 months could you afford the following services:	1. Yes
		Medical examination or treatment	2. No
			3. No need for services
Q23_2		Dental examination or treatment	1. Yes

			2. No
			3. No need for services
Q23_3		Prescribed medicines	1. Yes
			2. No
			3. No need for services
Q23_4		Mental health care (by a psychologist or psychiatrist for example)	1. Yes
			2. No
			3. No need for services
KG		How tall are you without shoes (cm)?	
			less than 140
			140-149
			149.1-159
			159.1-169
			169.1-179
			179.1-189
			greater than 189
Q25		How much do you usually weigh (without clothes and shoes)?	"40-49"
			"49.1-59"
			"59.1-69"
			"69.1-79"
			"79.1-89"
			"89.1-99"
			"99.1-109"
			"109.1-119"

			"119+"
Q26		Which of the following best describes the type of tasks you mainly do every day (including paid and unpaid activities)?	<p>1. Mostly sitting or standing</p> <p>2. Mostly walking or tasks of moderate physical effort</p> <p>3. Mostly heavy labour or physically demanding work</p>
Q27		How many days in a typical week do you walk (for at least 10 minutes continuously at a time) to get to and from places? (e.g. home to work)	<p>1. Number of days</p> <p>2. never walk</p>
Q28	If prev q = Yes	How much time do you spend walking on a typical day?	<p>1. 10-29 minutes</p> <p>2. 30-59 minutes</p> <p>3. 1 hour to less than 2 hours</p> <p>4. 2 hours to less than 3 hours</p> <p>5. 3 hours or more</p>
Q29		How many days in a typical week do you cycle (for at least 10 minutes continuously at a time) to get to and from places?	Number of days or never cycle

Q30	If prev q = Yes	If you do cycle to get to and from places: How much time do you spend on cycling to get to and from places, on a typical day?	1. 10-29 minutes per day
			2. 30-59 minutes per day
			3. 1 hour to less than 2 hours per day
			4. 2 hours to less than 3 hours per day
			5. 3 hours or more per day
Q31		How many days in a typical week do you do sports, fitness or recreational (leisure) physical activities that cause at least a small increase in breathing or heart rate for at least 10 minutes continuously? (exclude walking & cycling activity mentioned previously)	Number of days
			"0 days";
			"1-2 days"
			"3-4 days"
			"5+ days";
Q33		How many days in a typical week do you do muscle-strengthening activities? (excluding jogging, swimming or cycling)	Number of days
			"0 days";
			"1-2 days"
			"3-4 days"
			"5+ days"
Q34		How often do you eat fruit, excluding fruit juice?	1. At least once a day
			2. 4 to 6 times a week
			3. 1 to 3 times a week
			4. less than once a week
			5. Never
Q35	If prev q =yes	If you do eat fruit: How many portions a day on average do you have (a portion is a small apple, a pear, orange or similar sized fruit)	Number of portions
			0 portions
			1-2 portions
			3-4 portions
			5-6 portions

			7+ portions
Q36		How often do you eat vegetables or salad, excluding juice and potatoes?	1. Once or more a day
			2. 4 to 6 times a week
			3. 1 to 3 times a week
			4. Less than once a week
			5. Never
Q37		If you do eat vegetables or salad, excluding juice and potatoes: How many portions a day on average do you have (a portion is one medium tomato or onion, 3 heaped tablespoons of peas, mixed vegetables or one sixth of a cabbage etc.)	0 portions
			1-2 portions
			3-4 portions
			5-6 portions
			7+ portions
Q38		How often do you smoke?	1. Daily
			2. Occasionally
			3. Never
Q39		If you do smoke: What kind of tobacco products do you consume?	1. Cigarettes
			2. Cigars
			3. Pipe tobacco
			4. Other
Q39		If you do smoke cigarettes or cigars: What is the average number of cigarettes you smoke a day?	

Q40		How often are you exposed to the tobacco smoke of other people indoors?	1. Never or almost never
			2. Less than 1 hour per day
			3. 1 hour or more per day
Q41		In the past 12 months, how often have you had an alcoholic drink (beer, wine, spirits, liquors etc.)	1. Every day
			2. 5-6 days a week
			3. 3-4 days a week
			4. 1-2 days a week
			5. 2-3 days in a month
			6. Once a month
			7. Less than once a month
		no longer drink alcohol	8. Not in the past 12 months, as I
		my whole life	9. Never, or only had a few sips in

Q42		If you do drink: On how many of the days from Monday to Thursday would you usually have a drink?	1. On all 4 days
			2. On 3 of the 4 days
			3. On 2 of the 4 days
			4. On 1 of the 4 days
			5. Never
Q43		How many units of alcohol would you have on average for any one of these days (Monday to Thursday)? (A unit of alcohol is a half pint or glass of beer, lager or cider, a single measure of spirits (e.g. whiskey, vodka or gin), a glass of wine or a bottle of long-neck alcopops)	1. 16 or more units a day
			2. 10-15 units a day
			3. 6 - 9 units a day
			4. 4 - 5 units a day
			5. 3 units a day
			6. 2 units a day
			7. 1 unit a day
			8. 0 units a day
Q44		On how many of the days from Friday to Sunday would you usually have a drink?	1. On all 3 days
			2. On 2 of the 3 days
			3. On 1 of the 3 days
			4. On none of the 3 days
Q45		How many units of alcohol would you have on average for any one of these days (Friday to Sunday)? (A unit of alcohol is a half pint or glass of beer, lager or cider, a single measure of spirits (e.g. whiskey, vodka or gin), a glass of wine or a bottle of long-neck alcopops)	1. 16 or more units a day
			2. 10-15 units a day
			3. 6 - 9 units a day
			4. 4 - 5 units a day
			5. 3 units a day
			6. 2 units a day

			7. 1 unit a day
			8. 0 units a day
Q46		During the past 12 months how often did you have 6 or more units of alcohol on one occasion?	1. Every day
			2. 5-6 days a week
			3. 3-4 days a week
			4. 1-2 days a week
			5. 2-3 days in a month
			6. Once a month
			7. Less than once a month
			8. Not in the past 12 months
			9. Never drank this much
Q47		How many people do you feel are close enough to you that you could count on them if you had a serious personal problem	1. None
			2. 1 or 2
			3. 3 to 5
			4. 6 or more
Q48		How much concern and interest do other people show in what you are doing?	1. A lot of concern and interest
			2. Some concern and interest
			3. Uncertain
			4. Little concern and interest
			5. No concern or interest
Q49		How easy would it be to get practical help from neighbours if you needed it?	1. Very easy
			2. Easy

			3. Possible
			4. Difficult
			5. Very difficult
Q50		Are you providing care or assistance at least once a week to one or more people suffering from any chronic condition or infirmity due to old age (exclude professional activities)?	1. Yes
			2. No
Q51	If prev Q = 1	If yes: Are the person or persons concerned family members?	1. Yes
			2. No
Q53_1		Do you have difficulty doing any of the following:	1. No difficulty
		Feeding yourself	2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
Q53_2		Getting in and out of a bed or a chair	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
Q53_3		Dressing and undressing	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
Q53_4		Using toilets	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty

			4. Cannot do it by myself
Q53_5		Bathing or showering	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
Q54_1	If age GTE 65	In relation to the activities of the previous question:	1. Yes- (for at least 54 one activity)
		Do you usually receive help with one or more of the activities?	2. No
Q54_2	If age GTE 65	Do you need to receive help for one or more of the activities?	1. Yes- (for at least 54 one activity)
			2. No
Q55_1	If age GTE 65	Do you have difficulty doing any of the following:`	1. No difficulty
		Preparing meals	2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
			5. Never tried it or do not need to do it
Q55_2	If age GTE 65	Using the telephone	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
			5. Never tried it or do not need to do it
Q55_3	If age GTE 65	Shopping	1. No difficulty

			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
			5. Never tried it or do not need to do it
Q55_4	If age GTE 65	Managing medication	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
			5. Never tried it or do not need to do it
Q55_5	If age GTE 65	Doing light housework	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
			5. Never tried it or do not need to do it
Q55_6	If age GTE 65	Doing heavy housework	1. No difficulty
			2. Some difficulty
			3. A lot of difficulty
			4. Cannot do it by myself
			5. Never tried it or do not need to do it
Q55_7	If age GTE 65	Taking care of finances and everyday administrative tasks	1. No difficulty
			2. Some difficulty

			3. A lot of difficulty
			4. Cannot do it by myself
			5. Never tried it or do not need to do it
Q56_1	If age GTE 65	In relation to the activities of the previous question: Do you usually receive help with one or more of the activities?	1. Yes- (for at least one activity)
			2. No
Q56_2	If age GTE 65	Do you need to receive help for one or more of the activities?	1. Yes- (for at least one activity)
			2. No
Prescribed		Taking any prescribed medication?	1.Yes
			2. No
Observation_ID		Unique identifier for observation	
DI_5		Deprivation index	1. Very Affluent
			2. Affluent
			3. Average
			4. Disadvantaged
			5. Very disadvantaged
SEX		Sex	1. Male
			2. Female
Dis		Disability	1. Yes
			2. No
Region		Nuts3region	'1' = 'Border'
			'4' = 'Midland'
			'8' = 'West'
			'2' = 'Dublin'
			'3' = 'Mid-East'
			'5' = 'Mid-West'

			'6' = 'South-East'
			'7' = 'South-West'
Age_group		Age Group	15 to 24
			25 to 29
			30 to 34
			35 to 39
			40 to 44
			45 to 49
			50 to 54
			55 to 59
			60 to 64
			65 to 69
			70 to 74
			75 and over
pgf		Grossing Factor	
BMI		Body Mass Index	