

Irish Health Survey (IHS)

Purpose of survey: The Irish Health Survey (IHS) collects information on people's health and general lifestyle. Since interviewing every person in Ireland would be very expensive and difficult to do, we have randomly selected individuals to represent others like them. Your participation is vital therefore because you represent thousands of other adults throughout the country.

Confidentiality is guaranteed: The information you will provide will be treated as strictly confidential in accordance with the Statistics Act 1993. In strict conformity with the act, the CSO guarantee that the confidentiality of individual data will be fully protected at all times. No information that would permit the identification of the individual will be released or published.

Online option: You can complete an online version of this form at <https://eforms.cso.ie/public/ihs/htm>

Survey Results:

Results from this survey will be published on the CSO website www.cso.ie

Enquiries to:

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Ta leagan gaeilge do fhoim seo ar fail mas mian leat.

The questionnaire will be electronically scanned. In order to get the best possible results from the scanning process, please follow these instructions:

Please write clearly in black or blue ink and enter a number in each box.

Please fill in the numeric boxes like this. ____ otherwise leave blank ____

Clearly X boxes where applicable, for example when ticking a YES or NO answer.

(1 - 3) Health status

HS1: Self-perceived general health How is your health in general? Is it...

- very good
- good
- fair
- bad
- very bad

HS2: Long-standing health problem Do you have any longstanding illness or longstanding health problem?

Note: By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more.

- Yes
- No

HS3 To what extent have you been limited in everyday activities because of health problems?

- Severely limited
- Limited but not severely
- Not limited at all

Top of page "Please answer by marking X or writing in the answer in the appropriate box

(4) Diseases and chronic conditions

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

4A Asthma?

Yes

No

4B Chronic bronchitis, chronic obstructive pulmonary disease or emphysema?

Yes

No

4C Heart attack or chronic consequences of heart attack?

Yes

No

4D Coronary heart disease or angina pectoris?

Yes

No

4E High blood pressure?

Yes

No

4F A stroke or the chronic consequences of stroke (cerebral hemorrhage or cerebral thrombosis)?

Yes

No

4G Arthrosis (excluding arthritis)?

Yes

No

4H Lower back disorder or other chronic back defects?

Yes

No

4I Neck disorder or other chronic neck defects?

Yes

No

4J Diabetes?

Yes

No

4K Allergy such as rhinitis, eye inflammation, dermatitis, food allergy or other
(excluding allergic asthma)

Yes

No

4L Cirrhosis of the liver?

Yes

No

4M Urinary incontinence or problems in controlling the bladder?

Yes

No

4N Kidney problems?

Yes

No

4O Depression?

Yes

No

(5 - 7) Accidents and injuries

5. Accidents and injuries Were you involved in any of the following types of accidents in the last 12 months that resulted in injury:

Continue

5A A road traffic accident

Yes

No

5B An accident at home

Yes

No

5C A leisure accident?

Yes

No

Only answer this question if (5A Contains Any 1 Yes) Or (5B Contains Any 1 Yes) Or (5C Contains Any 1 Yes)

6 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?

No intervention required

Care received from GP or nurse in community practice

Care received at Accident and Emergency

Care received during overnight stay in hospital

7 How many days were you absent from work due to personal health problems in the last 12 months?

(8 - 10) Physical and sensory functions

8 Glasses Do you wear glasses or contact lenses?

 Yes No

9 Hearing Do you use a hearing aid?

 Yes No

10 Difficulties Do you have difficulty doing any of the following:

 Continue

10A Seeing, even when wearing glasses or contact lenses?

No difficulty

Some difficulty

A lot of difficulty

Cannot do at all

10B Hearing what is said in a conversation with one other person in a quiet room, even if using a hearing aid?

No difficulty

Some difficulty

A lot of difficulty

Cannot do at all

10C Hearing what is said in a conversation with one other person in a noisy room, even if using a hearing aid?

No difficulty

Some difficulty

A lot of difficulty

Cannot do at all

10D Walking half a kilometre (a third of a mile) on level ground without the use of any aid?

No difficulty

Some difficulty

A lot of difficulty

Cannot do at all

10E Walking up or down a flight of stairs?

No difficulty

Some difficulty

A lot of difficulty

Cannot do at all

(11 - 12) Pain

11 Overall during the past 4 weeks how much physical pain or discomfort did you have?

None

Very mild

Mild

Moderate

Severe

Very severe

12 If you have suffered pain, to what extent has it interfered with your normal work (both within the home and outside) during the past 4 weeks?

Not at all

A little bit

Moderately

Quite a bit

Extremely

(13) Wellbeing

13 On how many days during the past 2 weeks did you...

Continue

13A Feel down, depressed or hopeless

0 days

1-7 days

8-12 days

13-14 days

13B Take little pleasure or interest in doing things?

0 days

1-7 days

8-12 days

13-14 days

13C Have trouble falling asleep, staying asleep or sleeping too much

0 days

1-7 days

8-12 days

13-14 days

13D Feel tired or have little energy?

- 0 days
- 1-7 days
- 8-12 days
- 13-14 days

13E Have a poor appetite or overeat?

- 0 days
- 1-7 days
- 8-12 days
- 13-14 days

13F Feel bad about yourself or feel a failure?

- 0 days
- 1-7 days
- 8-12 days
- 13-14 days

13G Have trouble concentrating on things such as reading a newspaper, watching television etc.?

- 0 days
- 1-7 days
- 8-12 days
- 13-14 days

13H Move or speaking so slowly or be so fidgety or restless that other people noticed

- 0 days
- 1-7 days
- 8-12 days
- 13-14 days

(14 - 15) Use of inpatient and day care

14 During the past 12 months how many nights did you spend as a patient in a hospital?

15 During the past 12 months how many times were you admitted as a day patient in a hospital?

(16 - 18) Use of medical and home care

16A 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)

Less than 12 months ago

More than 12 months ago

Never consulted

16B How often in the last four weeks did you consult a GP on your own behalf?

16C When was the last time you consulted a nurse within a GP practice on your own behalf?

Less than 12 months ago

More than 12 months ago

Never consulted

16D How often in the last four weeks did you consult a nurse working within a GP practice on your own behalf?

16E When was the last time you did any of the following activities:

Continue

16F1 Visited a dentist or orthodontist on your own behalf ?

Less than 12 months ago

More than 12 months ago

Never consulted

16F2 Consulted a medical or surgical consultant on your own behalf

Less than 12 months ago

More than 12 months ago

Never consulted

16F3 How many times have you consulted such a medical or surgical specialist in the past 4 weeks ?

17 In the past 12 months, have you...

Continue

17A Consulted a physiotherapist, osteopath or chiropractor?

Yes

No

17B Consulted a psychiatrist, psychologist or psychotherapist?

Yes

No

18 Have you used or received any home care services for your personal needs during the past 12 months?

Yes

No

(19) Medicine use

19A During the past 2 weeks have you used any medicines prescribed by a doctor (excluding contraception)?

Yes

No

19B During the past 2 weeks have you used any medicines, herbal medicines or vitamins not prescribed by a doctor (excluding contraception)?

Yes

No

(20 - 21) Preventitive services

20 When was the last time you had the following procedures:

Continue

20A Had blood pressure measured by a health professional

Within the last 12 months

1 to less than 2 years ago

2 to less than 3 years ago

More than 3 years ago

Never

20B Had blood cholesterol measured by a health professional

- Within the last 12 months
- 1 to less than 2 years ago
- 2 to less than 3 years ago
- More than 3 years ago
- Never

20C Had a colonoscopy?

- Within the last 12 months
- 1 to less than 2 years ago
- 2 to less than 3 years ago
- More than 3 years ago
- Never

20D Had blood sugar measured by a health professional?

- Within the last 12 months
- 1 to less than 2 years ago
- 2 to less than 3 years ago
- More than 3 years ago
- Never

20E Had a faecal occult blood test?

- Within the last 12 months
- 1 to less than 2 years ago
- 2 to less than 3 years ago
- More than 3 years ago
- Never

20F If you are female: Had a mammogram?

- Within the last 12 months
- 1 to less than 2 years ago
- 2 to less than 3 years ago
- More than 3 years ago
- Never

20G If you are a female: Cervical smear test?

- Within the last 12 months
- 1 to less than 2 years ago
- 2 to less than 3 years ago
- More than 3 years ago
- Never

21 When was the last time you were vaccinated against flu?

(22) Unmet health care needs

22 Did you have any unmet health care needs in the past 12 months because of:

Continue

22A Waiting lists?

- Yes (needs not met)
- No (needs met)
- No need for health care

22B Distance or transportation problems?

- Yes (needs not met)
- No (needs met)
- No need for health care

(23) Affordable health care

23 In the past 12 months could you afford the following services:

Continue

23A Medical examination or treatment?

Yes

No

No need for services

23B Dental examination or treatment?

Yes

No

No need for services

23C Prescribed medicines?

Yes

No

No need for services

23D Mental health care?

Yes

No

No need for services

(24) Health determinants

24 How tall are you without shoes?

25 How much do you usually weigh?

(26 - 30) Physical activity / exercise

26 Which of the following best describes the type of tasks you mainly do every day (including paid and unpaid activities)?

Mostly sitting or standing

Mostly walking or tasks of moderate physical effort

Mostly heavy labour or physically demanding work

27 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)

___ Number of days

Never walk

28 If you do walk to get to and from places: How much time do you spend walking on a typical day?

10-29 minutes

30-59 minutes

1 hour to less than 2 hours

2 hours to less than 3 hours

3 hours or more

29 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

Never cycle

30 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?

10-29 minutes per day

30-59 minutes per day

1 hour to less than 2 hours per day

2 hours to less than 3 hours a day

3 hours or more per day

31 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

Never do such sports

32 If you do such sports: How much time do you spend on such sports, fitness or recreational (leisure) activities in a typical week?

33 How many days in a typical week do you do muscle-strengthening activities? (excluding jogging, swimming or cycling)

___ Number of days

(34 - 37) Consumption of fruit and vegetables

34 How often do you eat fruit, excluding fruit juice?

At least once a day

4 to 6 times a week

1 to 3 times a week

less than once a week

Never

35 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)

36 How often do you eat vegetables or salad, excluding juice and potatoes?

Once or more a day

4 to 6 times a week

1 to 3 times a week

Less then once a week

Never

37 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.)

(38 - 40) Smoking

How often do you smoke?

Daily

Occasionally

Never

39A If you do smoke: What kind of tobacco products do you consume?

Cigarettes*

Cigars

Pipe tobacco

Other

39B If you do smoke cigarettes or cigars: What is the average number of cigarettes you smoke a day?

40 How often are you exposed to the tobacco smoke of other people indoors?

Never or almost never

Less than 1 hour per day

1 hour or more per day

(41 - 46) Alcohol consumption

41 In the past 12 months, how often have you had an alcoholic drink (beer, wine, spirits, liquors etc.)

Every day

5 - 6 days a week

3 - 4 days a week

1 - 2 days a week

2 - 3 days a week

Once a month

Less than once a month

Not in the past 12 months, as I no longer drink alcohol

Never, or only had a few sips in my whole life

42 If you do drink: On how many of the days from Monday to Thursday would you usually have a drink?

On all 4 days

On 3 of the 4 days

On 2 of the 4 days

On 1 of the 4 days

Never

43 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)

16 or more units a day

10-15 units a day

6 - 9 units a day

4 - 5 units a day

3 units a day

2 units a day

1 unit a day

0 units a day

44 On how many of the days from Friday to Sunday would you usually have a drink?

On all 3 days

On 2 of the 3 days

On 1 of the 3 days

On none of the 3 days

45 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)

16 or more units a day

10-15 units a day

6 - 9 units a day

4 - 5 units a day

3 units a day

2 units a day

1 unit a day

0 units a day

46 During the past 12 months how often did you have 6 or more units of alcohol on one occasion?

- Every day
- 5 - 6
- 3 - 4
- 1 - 2
- 2 - 3
- Once a month
- Less than once a month
- Not in the past 12 months
- Never drank this much

(47 - 49) Social support

47 How many people do you feel are close enough to you that you could count on them if you had a serious personal problem

- None
- 1 or 2
- 3 to 5
- 6 or more

48 How much concern and interest do other people show in what you are doing?

- A lot of concern and interest
- Some concern and interest
- Uncertain
- Little concern and interest
- No concern and interest

49 How easy would it be to get practical help from neighbours if you needed it?

- Very easy
- Easy
- Possible
- Difficult
- Very difficult

(50 - 52) Provision of informal care or assistance

50 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)?

- Yes
- No

51 If yes: Are the person or persons concerned family members?

Yes

No

52 How many hours a week do you give the care or assistance?

(53 - 56) Personal care activities, if you are 65 years or older

53A Do you have difficulty doing any of the following:

Continue

53A Feeding yourself?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

53B Getting in and out of a bed or a chair?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

53C Dressing and undressing?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

53D Using toilets?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

53E Bathing or showering?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

54A If you are 65 years or older: In relation to the activities of the previous question:

Do you usually receive help with one or more of the activities?

Yes

No

54B If you are 65 years or older: In relation to the activities of the previous question:

Do you need to receive help for one or more of the activities?

Yes

No

55 If you are 65 years or older: Do you have difficulty doing any of the following:

Continue

55A Preparing meals

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do it by myself
- Never tried it or do not need to do it

55B Using the telephone?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do it by myself
- Never tried it or do not need to do it

55C Shopping?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do it by myself
- Never tried it or do not need to do it

55D Managing medication?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

Never tried it or do not need to do it

55E Doing light housework?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

Never tried it or do not need to do it

55F Doing heavy housework?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

Never tried it or do not need to do it

55G Taking care of finances and everyday administrative tasks?

No difficulty

Some difficulty

A lot of difficulty

Cannot do it by myself

Never tried it or do not need to do it

56A If you are 65 years or older: In relation to the activities of the previous question:

Do you usually receive help with one or more of the activities?

Yes (for at least one activity)

No

56B If you are 65 years or older: In relation to the activities of the previous question:

Do you need to receive help for one or more of the activities?

Yes (for at least activity)

No

TEXT box to capture respondents name

Thank you for your cooperation with this survey