Section A: General Health

DEMOGRAPHIC
A1 [INT: IS THE RESPONDENT] Male ... 1  Female ... 2

DEMOGRAPHIC
A2 What age are you? ____ years

SLÁN-02; BRFSS
A3 In general would you say your health is...?
   Excellent........ 1  Very good......... 2  Good .......... 3  Fair....... 4  Poor.......... 5

BRFSS
A4 Is your daily activity limited by a long term illness, health problem or disability?
   Yes ... 1  No ... 2

SLÁN-02; BRFSS
A5 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care (that is looking after yourself), work or recreation?
   Number of days _______  None ... 0

EUROPEAN HEALTH INTERVIEW SURVEY (EHIS) (MODIFIED)
A6 [CARD 1] Have you had any of the following in the last 12 months?
   If yes, was this condition diagnosed by a doctor?

<table>
<thead>
<tr>
<th></th>
<th>In the last 12 months?</th>
<th>[IF YES] Was this ever diagnosed by a doctor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Asthma</td>
<td>Yes 1  No 2</td>
</tr>
<tr>
<td>B</td>
<td>Chronic bronchitis, chronic obstructive lung (pulmonary) disease, emphysema</td>
<td>1 2</td>
</tr>
<tr>
<td>C</td>
<td>Heart attack</td>
<td>1 2</td>
</tr>
<tr>
<td>D</td>
<td>Angina</td>
<td>1 2</td>
</tr>
<tr>
<td>E</td>
<td>Stroke</td>
<td>1 2</td>
</tr>
<tr>
<td>F</td>
<td>Rheumatoid arthritis (inflammation of the joints)</td>
<td>1 2</td>
</tr>
<tr>
<td>G</td>
<td>Osteoarthritis (arthrosis, joint degeneration)</td>
<td>1 2</td>
</tr>
<tr>
<td>H</td>
<td>Lower back pain or other chronic back condition</td>
<td>1 2</td>
</tr>
</tbody>
</table>
The next set of questions is about time spent in hospital. All types of hospitals are included.  

**EHIS (2 QUESTIONS COMBINED)**  
A8  During the past 12 months, that is since [INT: GIVE MONTH ONE YEAR AGO] have you been in hospital as an in-patient, that is overnight or longer, or for a day procedure? [TICK ALL THAT APPLY]  
Yes, as inpatient ...... → Go to A9  
Yes, for day procedure ...... → Go to A10  
No, → Go to A10  

**EHIS**  
A9  How many nights in total did you spend in hospital since [INT: GIVE MONTH ONE YEAR AGO. COUNT ALL NIGHTS FOR ALL INPATIENT STAYS THAT ENDED IN THIS PERIOD.]  
_______ nights  

NEW  
A7  [CARD 2] In the last 12 months, have you been screened or tested for any of the following?  

<table>
<thead>
<tr>
<th>YES …</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this done by/at … [TICK ALL THAT APPLY]?</td>
<td></td>
</tr>
<tr>
<td>GP/Family doctor</td>
<td>Health clinic</td>
</tr>
<tr>
<td>a. Diabetes</td>
<td></td>
</tr>
<tr>
<td>b. Blood pressure</td>
<td></td>
</tr>
<tr>
<td>c. Cholesterol</td>
<td></td>
</tr>
<tr>
<td>d. Colon cancer or Bowel cancer</td>
<td></td>
</tr>
<tr>
<td>e. (Women) Breast cancer – mammogram</td>
<td></td>
</tr>
<tr>
<td>f. (Women) Cervical cancer</td>
<td></td>
</tr>
<tr>
<td>g. (Men) Prostate cancer</td>
<td></td>
</tr>
<tr>
<td>h. (Men) Testicular cancer</td>
<td></td>
</tr>
</tbody>
</table>

NEW  
A7b  [If yes at A7 item b] In the last 12 months, have you been told by a doctor that you have high blood pressure?  
Yes ..........  □ 1  No ..........  □ 2  

NEW  
A7c  [If Yes at A7 item c] In the last 12 months, have you been told by a doctor that you have high cholesterol?  
Yes ..........  □ 1  No ..........  □ 2  

**The next set of questions is about time spent in hospital. All types of hospitals are included.**  

**[INT: FOR WOMEN, TIME SPENT IN HOSPITAL FOR GIVING BIRTH SHOULD BE INCLUDED]**  

**EHIS (2 QUESTIONS COMBINED)**  
A10  When was the last time you consulted a GP or family doctor for your own health or health-related needs?  

In the last 4 weeks Between 1 and 12 mths ago 1-2 years ago More than 2 years ago Never  
□ 1  □ 2  □ 3  □ 4  □ 5  

**SLÁN-02**  
A11  Have you ever attended an alternative/complementary practitioner? (e.g. acupuncturist, homeopath, reflexologist)  
Yes, in the last 12 months  □ 1  Yes, but not in the last 12 months  □ 2  No  □ 3
The next questions are about visits to dentists, dental hygienists or orthodontists and your dental health.

**EHIS (2 QUESTIONS COMBINED)**

A12 When was the last time you visited a dentist, dental hygienist or orthodontist on your own behalf?

- In the last 4 weeks
- Between 1 and 12 mths ago
- 1-2 years ago
- More than 2 years ago
- Never

SLÁN-02

A13 Which best describes the teeth you have? [TICK ONE ONLY]

- a. I have all my own natural teeth – none missing ............
- b. I have my own teeth, no dentures – but some missing..
- c. I have dentures as well as some of my own teeth .......
- d. I have full dentures ........................................
- e. I have no teeth or dentures ................................

Go to A15

NEW

A14 How many times do you brush your teeth each day?

- Twice a day or more often......
- Once a day...................
- Less than once a day.........

NEW

A15 Given your age and height, would you say that you are?

- About the right weight............
- Too heavy ....................
- Too light......
- Not sure ......

SLÁN-02

A16 What is your weight without clothes? ______ stones ______ pounds (or _______ kilos)

SLÁN-02

A17 What is your height without shoes? ______ feet ______ inches (or _______ cm)

---

**FILTER**

A18 [INT: IS THE RESPONDENT] Male ....... Go to A24 Female ... Go to A19

SLÁN-02

A19 Can I ask you firstly if you have any children? Yes ... No ... Go to A24

SLÁN-02

A20 The following questions are about breastfeeding. Did you breastfeed any of your children?

- Yes ............
- No ............

Go to A24

SLÁN-02

N/A............

A20 Go to A24

FILTER

A21 Is your youngest child less than 5 years of age?

- Yes ............
- No ............

Go to A24

N/A............

Go to A24

NEW

A22 Did you/Are you breastfeeding that child?

- Yes ............
- No ............

Go to A24

N/A............

Go to A24

NEW (MODIFIED FROM SLÁN-02)

A23 [IF YES] How long did you breast feed exclusively for? (i.e. how long did the infant receive only breast milk and no other liquids, or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines)

_________________________ Months Still breastfeeding

SLÁN-02

A24 [CARD 3] How would you rate your quality of life?

- Very Poor ...
- Poor......
- Neither Good nor Poor ...
- Good......
- Very Good...

NEW – FROM MEDICAL OUTCOME SHORT FORM HEALTH SURVEY (SF-36) - MENTAL HEALTH INVENTORY (MHI-5) & VITALITY INDEX
The next set of questions is 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.

<table>
<thead>
<tr>
<th>How much of the time during the past 4 weeks …</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Did you feel full of life?</td>
<td></td>
<td></td>
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<tr>
<td>(b) Have you been a very nervous person?</td>
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<tr>
<td>(c) Have you felt so down in the dumps that nothing could cheer you up?</td>
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<tr>
<td>(d) Have you felt calm and peaceful?</td>
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</tr>
<tr>
<td>(e) Did you have a lot of energy?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(f) Have you felt downhearted and blue?</td>
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<tr>
<td>(g) Did you feel worn out?</td>
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<tr>
<td>(h) Have you been a happy person?</td>
<td></td>
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<td></td>
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<tr>
<td>(i) Did you feel tired?</td>
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<td></td>
</tr>
</tbody>
</table>

NEW
A26 Have you often felt lonely in the last 4 weeks? Yes □1 No □2

NEW – WHO’S COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW, SHORT FORM (CIDI-SF) - A27-A75

A27 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row? [INT: IF THE RESPONDENT VOLUNTEERS THAT THEY ARE ON ANTIDEPRESSANTS THEY SHOULD STILL ANSWER YES ON NO TO THE QUESTION]

Yes…………□1 No …… □2 → Go to A44

[IF YES] For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst.

A28 During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day or less than half the day?

<table>
<thead>
<tr>
<th>All day long … □1</th>
<th>Most of the day … □2</th>
<th>About half … □3</th>
<th>Less than Half … □4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to A29</td>
<td>Go to A29</td>
<td>Go to A44</td>
<td>Go to A44</td>
</tr>
</tbody>
</table>

A29 During those two weeks, did you feel this way every day, almost every day or less often?

Every day … □1 Almost every day … □2 Less often … □3 → Go to A44

A30 During those two weeks did you lose interest in most things like hobbies, work or activities that usually give you pleasure?

Yes……….. □1 No …… □2

A31 Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

Yes……….. □1 No …… □2

A32 Did you gain or lose weight without trying, or did you stay about the same? [INT: TICK ALL THAT APPLY, NOTE IF ON DIET]

Gain... □1 Lose... □2 Stay about the same... □3 → Go to A34 Was on diet... □4 → Go to A34

A33 About how much did you gain/ lose/ did your weight change? __________________kgs or lbs

[INT: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE]

[INT: DID WEIGHT CHANGE BY MORE THAN 5KGS (11 LBS)? Yes … □1 No … □2

A34 Did you have more trouble falling asleep than you usually do during those two weeks?

Yes……….. □1 No …… □2 → Go to A36

A35 If yes, did this happen every night, nearly every night or less often during those two weeks?

Every night… □1 Nearly every night … □2 Less often … □3

A36 During those two weeks, did you have a lot more trouble concentrating than usual?

Yes……….. □1 No …… □2
A37 People sometimes feel down on themselves, no good or worthless. During that two week period, did you feel this way?
Yes........... ☐₁  No ....... ☐₂

A38 Did you think a lot about death – either your own, someone else’s, or death in general during those two weeks?
Yes........... ☐₁  No ....... ☐₂

A39 To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems [FROM PREVIOUS RESPONSES]. About how many weeks altogether did you feel this way during the past 12 months?
__________ weeks

A40 Think about the most recent time when you had two weeks in a row when you felt this way. How long ago was that?
__________ months in the past

A41 Did you tell a doctor about these problems?  Yes ☐₁  No ☐₂

A42 Did you tell any other professional (such as psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?
Yes......... ☐₁  No ........ ☐₂

A43 How much did these problems interfere with your life or activities – a lot, some, a little, or not at all?
A lot ... ☐₁  Some ... ☐₂  A little ... ☐₃  Not at all ... ☐₄

A44 During the past 12 months was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure? [INT: IF THE RESPONDENT VOLUNTEERS THAT THEY ARE ON ANTIDEPRESSANTS THEY SHOULD STILL ANSWER YES OR NO TO THE QUESTION]
Yes............ ☐₁  No ........ ☐₂ Go to A60

[IF YES] For the next few questions, please think of the two-week period during the past 12 months when you had most complete loss of interest in things.

A45 During that time, did the loss of interest last all day long, most of the day, about half the day or less than half the day?
All day long ... ☐₁  Most of the day ... ☐₂  About half ... ☐₃  Less than Half ... ☐₄
Go to A46

A46 During those two weeks, did you feel this way every day, almost every day or less often?
Every day ... ☐₁  Almost every day ... ☐₂  Less often ... ☐₃  Go to A60

A47 During those two weeks did you feel tired out or low on energy than is more usual for you?
Yes........... ☐₁  No ........ ☐₂

A48 Did you gain or lose weight without trying, or did you stay about the same? [INT: TICK ALL THAT APPLY, NOTE IF ON DIET]
Gain... ☐₁  Lose... ☐₂  Stay about the same... ☐₃  Go to A50  Was on diet... ☐₄  Go to A50

A49 About how much did you gain/you lose/your weight change __________ kgs or lbs
[INT: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE]
[INT: DID WEIGHT CHANGE BY MORE THAN 5KGS (11 LBS)? Yes ... ☐₁  No ... ☐₂]

A50 Did you have more trouble falling asleep than you usually do during those two weeks?
Yes........... ☐₁  No ........ ☐₂

A51 If yes, did this happen every night, nearly every night or less often during those two weeks?
Every night ... ☐₁  Nearly every night ... ☐₂  Less often ... ☐₃

A52 During those two weeks, did you have a lot more trouble concentrating than usual?
Yes........... ☐₁  No ........ ☐₂

A53 People sometimes feel down on themselves, no good or worthless. During that two week period, did you feel this way?
A60 I will now ask you some questions on whether you have felt worry, tension, nervousness or anxiety. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious? Yes …  No …

A61 People differ a lot in how they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation? Yes ….  No …. → Go to SECTION B

A62 Has that period ended or is it still going on?  Ended …  Still going on … → Go to A64

A63 If ended, how many months or years did it go on before it ended?  

  Months or Years  "All my life" or "As long as I can remember"  

  → Go to A64b  → Go to A64b  → Go to A65

A64 If still going on, how many months or years has it been going on?  

  Months or Years  "All my life" or "As long as I can remember"  

   [INT: LESS THAN 6 MONTHS]..........................  → Go to SECTION B 

  SIX MONTHS OR MORE ......................................  → Go to A65

A65 During that period, was/is your worry stronger (greater) than in other people? Yes …  No …

A66 Did/Do you worry most days?  Yes …  No …. 

A67 Did/Do you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?  

  One thing…  More than one thing …

A68 Did/Do you find it difficult to stop worrying?  Yes …  No …. 

A69 Did/Do you ever have different worries on your mind at the same time?  Yes …  No …. 

A70 How often was/is your worry so strong that you couldn't/can't put it out of your mind no matter how hard you tried/try – often, sometimes, rarely or never?  

  Often …  Sometimes …  Rarely …  Never …

A71 How often did/do you find it difficult to control your worry – often, sometimes, rarely, or never?  

  Often …  Sometimes …  Rarely …  Never …

A72 When you were/are worried or anxious, were/are you also…..  

  Yes  No
a. Restless?  

b. Were/Are you keyed up or on edge?  
c. Were/Are you easily tired?  
d. Did/Do you have difficulty keeping your mind on what you were/are doing?  
e. Were/Are you more irritable than usual?  
f. Did/Do you have tense, sore or aching muscles?  
g. Do/Did you have trouble falling asleep or staying asleep?  

[INT: How many YES’ Responses at A72? 0 -1 1 2 2 or more 2 2 → Go to SECTION B 2 or more 2 2 → Go to A73]

A73 Did you tell a doctor about the problems it was causing?  

Yes … 1  

No … 2

A74 Did you tell any other professional (such as psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?  

Yes…... 1  

No….... 2

A75 How much did the worry or anxiety interfere with your life or activities – a lot, some, a little, or not at all?  

A lot … 1  

Some … 2  

A little … 3  

Not at all … 4

Section B: Physical Activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives.

SLÁN-02
B1 First, consider a 7 day period (a week). How many times on average do you do the following kinds of exercise for more than 20 minutes during your free time?  

Strenuous exercise (heart beats rapidly) (e.g. running, jogging, hurling, camogie, football, soccer, squash, basketball, judo, roller skating, vigorous swimming, vigorous long distance cycling, advanced aerobics)  

Moderate exercise (not exhausting) (e.g. fast walking, tennis, badminton, easy swimming, easy cycling, popular and folk dancing, intermediate aerobics, heavy gardening)  

Mild exercise (minimal effort) (e.g. yoga, golf, easy walking, fishing from river bank, bowling, beginners aerobics, archery, light gardening)

SLÁN-02
B2 How many days, if any, in an average week do you walk for 30 minutes or more?  

________________ days

I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your housework and in the garden, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

IPAOQ - NI/BRFSS
B3 During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?  

______ days  

None 0  ⚠ Go to B5

IPAOQ - NI/BRFSS
B4 How much time did you usually spend doing vigorous physical activities on one of those days?  

______/__________ hours and minutes per day  

Not sure/don’t know 9999
[INT: AN AVERAGE TIME FOR ONE OF THE DAYS ON WHICH YOU DO VIGOROUS ACTIVITY IS BEING SOUGHT. IF THE RESPONDENT CAN’T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: "HOW MUCH TIME IN TOTAL DID YOU SPEND OVER THE LAST 7 DAYS DOING VIGOROUS PHYSICAL ACTIVITIES?"

____ /_____ HOURS/ MINS TOTAL ]

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (IPAQ) - NORTHERN IRELAND HEALTH AND SOCIAL WELLBEING SURVEY, 2005 (NIHSWBS)/ US 2005 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM QUESTIONNAIRE (BRFSS)

B5 Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? [Do not include walking].

_____ days 

None □ 0 → Go to B7

IPAQ - NIHSWBS/BRFSS

B6 How much time did you usually spend doing moderate physical activities on one of those days?

_____/___________ hours and minutes per day 

Not sure/don’t know □ 9999

[INT: AN AVERAGE TIME FOR ONE OF THE DAYS ON WHICH YOU DO MODERATE ACTIVITY IS BEING SOUGHT. IF THE RESPONDENT CAN’T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: "HOW MUCH TIME IN TOTAL DID YOU SPEND OVER THE LAST 7 DAYS DOING MODERATE PHYSICAL ACTIVITIES?"

____ /_____ HOURS/ MINS TOTAL ]

IPAQ - NIHSWBS/BRFSS

B7a Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you walk at for at least 10 minutes at a time?

_____ days per week 

None □ 0 → Go to B9

NIHSWBS

B7b Which of the following best describes your usual walking pace?

A slow pace 
A steady average pace 
A fairly brisk pace 
A fast pace – at least 4 mph

□ 1 □ 2 □ 3 □ 4

IPAQ - NIHSWBS/BRFSS

B8 How much time did you usually spend walking on one of those days?

_____/___________ hours and minutes per day 

Not sure/don’t know □ 9999

[INT: AN AVERAGE TIME FOR ONE OF THE DAYS ON WHICH YOU WALK IS BEING SOUGHT. IF THE RESPONDENT CAN’T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: “WHAT IS THE TOTAL AMOUNT OF TIME YOU SPENT WALKING OVER THE LAST 7 DAYS?” __ __ /___________ HOURS/MINS]

IPAQ - NIHSWBS/BRFSS

Thinking now about regular physical activity, by that I mean: taking part in exercise or sports 2-3 times per week for a minimum of 20 minutes at a time, or more general activities like walking, cycling or dancing 4-5 times per week accumulating to at least 30 minutes per day.

NIHSWBS

B9 [CARD 5] With this in mind, could you look at this card and tell me which statement best describes how physically active you have been over the last six months?

I am not regularly physically active and do not intend to be so in the next six months……………………………….□ 1
I am not regularly physically active but am thinking about starting to do so in the next six months……………….□ 2
I do some physical activity but not enough to meet the description of regular physical activity ……………………□ 3

□
I am regularly physically active but only began in the last six months....................  
I am regularly physically active and have been so for longer than six months..............  

NEW  
B10  What would you say is the main reason why you are not (more) physically active at this time?  
Not interested  Interested but not willing to spend the time  No time to do it  No facilities to exercise/be active  Injury/disability/medical condition  Other, specify

FILTER  
B11  Are you actively trying to manage your weight?  Yes …  No …  

BRFSS (REPHRASED)  
B12  Is it to lose, gain or maintain weight?  Lose weight  Maintain weight  Gain weight

BRFSS (REPHRASED)  
B13  Are you using any of the following to lose/maintain weight?  Eating fewer calories  Eating less fat  Taking exercise

BRFSS (REPHRASED)  
B14  In the past 12 months has a doctor, nurse or other health professional advised you to lose, maintain or gain weight?  Yes, lose weight  Yes, maintain current weight  Yes, gain weight  No

SLÁN-02  
B15  Thinking about how active you are in your job, in general would you say you are…?  
Very physically active  Not very physically active  Fairly physically active  Not at all physically active  Not applicable

NEW  
B16  In terms of encouraging people to live healthily, would you say your area ...

(a) Is safe to walk about and to get exercise in during the day and evening

(b) Has footpaths or open public spaces which make it easy to be active

(c) Has sporting amenities like a swimming pool or sports field nearby

Section C: Diet & Nutrition

SLÁN-02  
C1  How often do you eat fried food?  
Daily …  4-6 times a week …  1-3 times a week …  Less than once a week …

SLÁN-02 (+ ADDITIONAL RESPONSES)  
C2  What type of milk do you use most often?  
None …  Skimmed …  Whole milk/Full fat …  Super/fortified …  Low fat …  Soya …  Other, please specify
SLÁN-02
C3  How much milk do you drink each day?
None … 2  250ml (half pint) … 3  568 ml (one pint) … 4  One litre … 5  More than 1 litre … 6

SLÁN-02
C4  How often do you add salt to food while cooking?
Always … 1  Usually … 2  Sometimes … 3  Rarely … 4  Never … 5  N.A….. 6

SLÁN-02
C5  How often do you add salt to food while at the table?
Always … 1  Usually … 2  Sometimes … 3  Rarely … 4  Never … 5

NEW
The following questions are about the meals you had yesterday.
C6  [CARD 6] Where did you eat your breakfast, light meal and main/largest meal yesterday? [TICK ONE BOX IN EACH COLUMN.]

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Light meal (e.g. light lunch, supper, tea)</th>
<th>Main/Large Meal (e.g. dinner or heavy lunch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t have a…</td>
<td>01</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>At home</td>
<td>02</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>While travelling, taken from home</td>
<td>03</td>
<td>03</td>
<td>03</td>
</tr>
<tr>
<td>While travelling, take away</td>
<td>04</td>
<td>04</td>
<td>04</td>
</tr>
<tr>
<td>At work/school/college packed at home</td>
<td>05</td>
<td>05</td>
<td>05</td>
</tr>
<tr>
<td>At work/school/college take away</td>
<td>06</td>
<td>06</td>
<td>06</td>
</tr>
<tr>
<td>At a work/school/college canteen</td>
<td>07</td>
<td>07</td>
<td>07</td>
</tr>
<tr>
<td>At a coffee shop/café</td>
<td>08</td>
<td>08</td>
<td>08</td>
</tr>
<tr>
<td>At a restaurant</td>
<td>09</td>
<td>09</td>
<td>09</td>
</tr>
<tr>
<td>Take away from a deli</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Take away from a fast food restaurant</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Somewhere else, (please specify)</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

NEW
C7  [CARD 7] What did you eat for your breakfast, light meal, and main meal yesterday? [TICK ALL THAT APPLY FOR EACH MEAL]

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Light meal (e.g. light lunch, supper, tea)</th>
<th>Large Meal (e.g. Dinner or heavy lunch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t have a…</td>
<td>01</td>
<td>01</td>
<td>01</td>
</tr>
</tbody>
</table>

**BREAKFAST FOODS**
- Bread/toast/roll/bap/pitta bread (not as a sandwich) 02 02 02
- High fibre breakfast cereal (including porridge) 03 03 03
- Other breakfast cereal (including cereal bars) 04 04 04
- Fruit 05 05 05
- Cooked breakfast (including full Irish; eggs-boiled, fried, poached, scrambled) 06 06 06
- Filled breakfast roll 07 07 07
- Yoghurt 08 08 08
- Croissant/Pastry/Scone 09 09 09
- Other 10 10 10

**LUNCH/DINNER FOODS**
- Meat/Fish/Vegetarian sandwich/bap/wrap/pitta 11 11 11
- Soup 12 12 12
- Pizza 13 13 13
- Green salad/vegetables 14 14 14
- Coleslaw/potato salad/egg salad 15 15 15
- Cheese 16 16 16
- Pasta/Rice 17 17 17
- Potato-boiled/mashed/roast 18 18 18
C8  Did you eat snacks between your meals yesterday? [INT: PROMPT RESPONDENT TO INCLUDE ALL SNACKS EATEN BETWEEN MEALS]
   Yes............  □ 1  No ........  □ 2 → Go to C11

C9  [IF YES] How many __________

C10  If yes, what types of snacks did you eat? [TICK ALL THAT APPLY]
   Biscuits/Cake........................................  □ 1
   Crisps/Popcorn/Pretzels ..........................  □ 3
   Fruit....................................................  □ 5
   Nuts......................................................  □ 7
   Vegetables.............................................  □ 9
   Scone....................................................  □ 2
   Chocolate.............................................  □ 4
   Dried fruit ..........................................  □ 6
   Yoghurt...............................................  □ 8
   Other__________________________.................  □ 10

C11  What type of spread do you usually use on bread
   Butter or hard margarine......................  □ 1
   A low fat or polyunsaturated spread...........  □ 2
   A cholesterol lowering spread ...............  □ 3
   None...................................................  □ 5
   Other____________________________________...  □ 4

C12  What type of fat/oil would you usually use for cooking?
   Vegetable oil.................................  □ 1
   Sunflower oil.................................  □ 2
   Olive oil/rapeseed oil............................  □ 3
   Lard or dripping...............................  □ 4
   Other____________________________________...  □ 5
   None...................................................  □ 6

C13  Can you afford to buy enough food for your household?
   Always ...  □ 1  Usually...  □ 2  Sometimes ...  □ 3  Rarely ...  □ 4  Never ...  □ 5

Section D: Smoking

D1  Which statement best describes the rules about smoking inside your home?
   Smoking is not allowed anywhere inside the house........  □ 1
   Smoking is allowed in some places or at some times........  □ 2
   Smoking is allowed everywhere inside the house............  □ 3
   Don’t know............................................  □ 4

BRFSS
D2  Have you yourself smoked at least 100 cigarettes in your entire life? [5 PACKS = 100 CIGARETTES]
   Yes ...  □ 1  No ...  □ 2 → Go to SECTION E

BRFSS
D3  Do you now smoke every day, some days, or not at all?
   Every day...  □ 1  Some days ...  □ 2  Not at all ...  □ 3 → Go to D5

D4  What do you smoke? [TICK ALL THAT APPLY]
   Pipe ...........  □ 1 → Go to D6  Cigarettes .....  □ 2 → Go to D6  Cigars .......  □ 3 → Go to D6
NEW
D5 [IF NOT AT ALL ASK] About how long has it been since you last smoked?
Within the past month (anytime less than 1 month ago) .................. [ ]
Within the past 3 months (1 month but less than 3 months ago) ...... [ ]
Within the past 6 months (3 months but less than 6 months ago) ... [ ]
Within the past year (6 months but less than 1 year ago) .............. [ ]
Within the past 5 years (1 year but less than 5 years ago) .......... [ ]
Within the past 10 years (5 years but less than 10 years ago) ...... [ ]
10 or more years ago ........................................... [ ]

Go to SECTION E

NEW
[int: CURRENT SMOKERS ONLY]
D6 In the past 12 months did a doctor or health professional discuss ways of giving up smoking with you?
Yes ... [ ]
No ... [ ]
No, didn’t see doctor ... [ ]

BRFSS
D7 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
Yes ... [ ]
No ... [ ] → Go to D9

NEW
D8 If yes, during your last attempt to give up, did you use any help such as nicotine patches or gum, or things like acupuncture? [TICK ALL THAT APPLY]
Nicotine patches ................................................. [ ]
Nicotine gum, lozenges ........................................... [ ]
Acupuncture .......................................................... [ ]
Smoking helpline ................................................... [ ]
Other aid, help, support (please specify) ........................................... [ ]
No help used ......................................................... [ ]

HARP
D9 Are you currently?

<table>
<thead>
<tr>
<th>Trying to quit</th>
<th>Actively planning to quit</th>
<th>Thinking about quitting but not planning to quit</th>
<th>Not thinking about quitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

NEW
D10 If I gave up smoking ..... [TICK ALL THAT APPLY]

<table>
<thead>
<tr>
<th>My health would improve in the short term</th>
<th>My health would benefit in the long term</th>
<th>I would put on weight</th>
<th>It would be harder to handle stress in my life</th>
<th>I’d feel I had done something worthwhile</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Section E: Alcohol & Other Substances

ALCOHOL USE DISORDERS TEST-CONSUMPTION (AUDIT-C)
E1 [CARD 8] How often do you have a drink containing alcohol?

<table>
<thead>
<tr>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
<th>4 or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

SLÁN-02
E2a [CARD 9] How long ago did you last have an alcoholic drink?

<table>
<thead>
<tr>
<th>During the last week</th>
<th>During the last month, but not in the last week</th>
<th>Within the last three months, but not in the last month</th>
<th>Within the last 12 months, but not in the last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
More than 12 months ago .................................................. [ ] 5 \ Go to E6
Never had alcohol beyond sips or tastes ........................... [ ] 6 \ Go to E6

AUDIT-C (MODIFIED)
E2b [CARD 10] How many drinks containing alcohol do you have on a typical day when you are drinking?________________________

[INT: A DRINK IS:]
- A HALF PINT OR A GLASS OF BEER, LAGER OR CIDER
- A SINGLE MEASURE OF SPIRITS (E.G. WHISKEY, VODKA, GIN)
- A SINGLE GLASS OF WINE, SHERRY OR PORT
- BOTTLE OF ALCOPOPS (LONG NECK)

AUDIT-C; SLÁN-02
E3 How often do you have 6 or more [standard] drinks on one occasion?

<table>
<thead>
<tr>
<th>Every day</th>
<th>5-6 times a week</th>
<th>2-4 times a week</th>
<th>Once a week</th>
<th>1-3 times a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
<td>[ ] 6</td>
<td>[ ] 7</td>
</tr>
</tbody>
</table>

NEW
E4 During the past 7 days how many standard drinks of any alcoholic beverage did you have each day?

[INT: Tick box if none]

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 0</td>
<td>[ ] 0</td>
<td>[ ] 0</td>
<td>[ ] 0</td>
<td>[ ] 0</td>
<td>[ ] 0</td>
<td>[ ] 0</td>
</tr>
</tbody>
</table>

EUROPEAN COMPARATIVE ALCOHOL STUDY (ECAS); COLLEGE LIFESTYLE AND ATTITUdINAL NATIONAL (CLAN) STUDY
E5 During the last 12 months, have you?

Yes \ No
a. Got into a fight when you had been drinking ........................................... [ ] 1 \ [ ] 2
aa. Been in an accident of any kind when you had been drinking ...................... [ ] 1 \ [ ] 2
b. Ever felt that you should cut down on your drinking .................................. [ ] 1 \ [ ] 2
c. Regretted something you said or did after drinking .................................. [ ] 1 \ [ ] 2
d. Felt that your drinking harmed your friendship or social life .................... [ ] 1 \ [ ] 2
e. Felt that your drinking harmed your home life or marriage ....................... [ ] 1 \ [ ] 2
f. Felt that your drinking harmed your work or studies ................................ [ ] 1 \ [ ] 2
g. Felt that your drinking harmed your health ........................................... [ ] 1 \ [ ] 2

ECAS; CLAN
E6 During the last 12 months, have you experienced any of the following problems as a result of someone else’s drinking?

Yes \ No
a. Had family problems or marriage difficulties due to someone else’s drinking .... [ ] 1 \ [ ] 2
b. Been a passenger with a driver who had too much to drink ........................ [ ] 1 \ [ ] 2
c. Been pushed or hit or assaulted by someone who had been drinking .......... [ ] 1 \ [ ] 2
d. Had financial trouble because of someone else’s drinking ....................... [ ] 1 \ [ ] 2

SLÁN-02
E7 During the last 12 months have you ever driven a car after consuming 2 or more [standard] alcoholic drinks?

Yes .... [ ] 1 \ No .... [ ] 2 \ Do not normally drive .... [ ] 3

NEW
E8 During the last 12 months have you ever driven a car after taking illicit drugs?

Yes .... [ ] 1 \ No .... [ ] 2 \ Do not normally drive .... [ ] 3

SLÁN-02 (MODIFIED)
E9 [CARD 11] In the last 12 months, have you used any of the following drugs?

Yes \ No
a. Marijuana (grass, pot) or cannabis (hash, hash oil) ................................... [ ] 1 \ [ ] 2
b. Tranquillisers or sedatives (Barbs, Downers, Jellies)
**Section F: Injury**

**SLÁN-02**

F1  [CARD 12] How often do you wear a helmet when you ride a bicycle?

Always… □ 1  Nearly always… □ 2  Sometimes… □ 3  Seldom… □ 4  Never… □ 5  NA… □ 6

**NEW**

F2  During the past 12 months, how many times were you injured in a way that required you to receive treatment from a health professional?  ______ times  [INT: IF 0 → Go to F7]

Please answer the following questions in relation to the most serious injury you had in the last 12 months (i.e. the injury which took the most time to get better/recover from)

**NEW**

F3  Where did the injury occur?  [TICK ALL THAT APPLY]

Home (inside)………………………………… □ 1  Home (outside)………………………………… □ 2  Footpath………………………………… □ 08

Farm ……………………………………………… □ 3  Sports centre/facility …………………………………… □ 09

Industrial/construction area …………………… □ 4  Park/recreation area …………………………………… □ 10

Other public building …………………………………… □ 5  River/lake/ocean/stream …………………………………… □ 11

Shopping centre, restaurant, shop, bank, petrol station or other trade and service area…… □ 6  Other, specify………………………………… □ 12

Road or motorway………………………………… □ 7

**NEW**

F4  What were you doing when the injury occurred?  [TICK ALL THAT APPLY]

Driving or riding a motor vehicle………………………………… □ 1  Leisure activity (excluding sport)………………………………… □ 08

Working in paid work………………………………… □ 2  Resting, eating or drinking………………………………… □ 09

Working around the house or yard………………………………… □ 3  Cooking………………………………… □ 10

Working in unpaid work …………………………………… □ 4  Walking (as a pedestrian)………………………………… □ 11

Sport or physical activity………………………………… □ 5  Other, specify………………………………… □ 12

**NEW**

F5  What was the cause of your injury?  [INT: THIS IS THE PRIMARY MEANS OF INJURY E.G. IF A BROKEN ARM IS A CONSEQUENCE OF BEING HIT BY A CAR, THEN ‘MOTOR VEHICLE’ IS THE CORRECT RESPONSE OPTION]  [TICK 1 ANSWER, MAIN MEANS]

Motor vehicle………………………………… □ 1  Punch or other assault …………………………………… □ 08

Pedestrian-vehicle crash …………………………………… □ 2  Fire/burn………………………………… □ 09

Motorcycle………………………………… □ 3  Smoke inhalation………………………………… □ 10

Bicycle………………………………… □ 4  Poisoning………………………………… □ 11

Fall – from a height e.g. ladder …………………………………… □ 5  Near drowning/submersion …………………………………… □ 12

Fall – tripped………………………………… □ 6  Foreign body(e.g. dog/insect bite)………………………………… □ 13

Gunshot, firearm related………………………………… □ 7  Other mechanism, explain………………………………… □ 14

Cut/pierce/stab………………………………… □ 8

**NEW**

F6  As a result of this injury, how many days of work or other daily activity did you miss?

______________________ days  None □ 000

□ 000
NEW
F7 In the last 12 months have you deliberately taken an overdose (e.g. of pills or other medication) or tried to harm yourself in some other way (such as cut yourself)?

[Int: If More than one attempt: Please think of the most recent such attempt]

NEW
F8 Did you go to hospital because of this overdose or the attempt to harm yourself?

NEW
F9 [ON THAT OCCASION] Did you receive help from any of the following people or sources, before, immediately afterward or in the weeks and months afterwards?

[Int: Tick yes or no for each of a, b and c below.]

(a) Before

(b) Immediately afterwards

(c) In the weeks and months afterwards

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospital staff</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Someone in your family</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. A friend</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. A GP (family doctor)</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. A social worker</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. A psychologist or psychiatrist</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. A drop-in/advice centre</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Other source (e.g. internet, book, magazine, other person etc.) specify,</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Section G: Family, Social Networks & Neighbours

SLÁN-02
G1 [CARD 13] Do you regularly join in the activities of any of the following types of organisation?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sports clubs (Parish, GAA, Golf, Other), gym, exercise classes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Political parties, trade unions, environmental groups</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Parent-teacher associations, tenants groups, residents groups, neighbourhood watch, youth groups, other community action groups</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Church or other religious/parish groups, charitable or voluntary organisations (e.g. collecting for charity, helping the sick, elderly)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Evening classes, arts or music groups, education activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Social clubs (e.g. mother &amp; toddler group, rotary club, women’s groups, elderly group)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Other, please specify:</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

SLÁN-02 (MODIFIED)
G2 [CARD 14] How much of a problem are each of the following in your neighbourhood/area?

<table>
<thead>
<tr>
<th></th>
<th>A big problem</th>
<th>A bit of a problem</th>
<th>Not a problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Rubbish or litter lying around</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Vandalism and deliberate damage to property</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Insults or attacks to do with someone’s race or colour</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. House break ins</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Poor public transport</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Lack of food shops/supermarkets that are easy to get to</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Graffiti on walls or buildings</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. People being drunk in public</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Lack of open public places</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

NEW - OSLO SOCIAL SUPPORT SCALE
G3 How many people are so close to you that can count on them if you have serious personal problems?
The following are some questions about you and your household. The information is needed so that we can look at the health situation of people in different situations. I would like to repeat that the information you provide will be treated in the strictest confidence.

NEW

H1 What is the highest level of education you have completed to date?

Some primary (not complete) .......................................................... 1
Primary or equivalent ........................................................................... 2
Intermediate/junior/Group Certificate or equivalent ............................ 3
Leaving Certificate or equivalent .......................................................... 4
Diploma/Certificate ................................................................................ 5
Primary degree ....................................................................................... 6
Postgraduate/Higher degree ................................................................. 7
Refusal ................................................................................................. 8

NEW

H2 What is your current marital status? [TICK ONE ONLY]

Single (never married) .......................................................... 1
Cohabiting ......................................................................................... 2
Married ............................................................................................... 3
Separated ............................................................................................ 4
Divorced ............................................................................................. 5
Widowed ............................................................................................. 6

NEW

H3 How many individuals, in each of the following age categories, live in your household?

Adults (18-65) ..............................................................
Adults (65+) .....................................................................................
Children (14-17) ..............................................................................
Children (5-13) ................................................................................
Children (<5) ...................................................................................
Total .................................................................................................
INT: TOTAL SHOULD EQUAL SUM OF PEOPLE IN EACH AGE GROUP

NEW

H4 How many in your household are currently working, please include all household members who work 15 or more hours per week? __________________

NEW

H5 [CARD 15] Using this card, which of these descriptions BEST describes your usual situation in regard to work? [TICK ONE ONLY]

Employee (incl. apprenticeship or Community Employment) .............. 1 → Go to H7
Self employed outside farming ............................................................. 2 → Go to H6
Farmer ................................................................................................. 3 → Go to H6
Student full-time ................................................................................ 4 → Go to H9

Section H: General Household Information
Current Work

NEW H6 [IF, ‘SELF EMPLOYED’ OR FARMER (CODE 2 OR 3 ABOVE)]
How many employees (if any) do you have? ____________ employees

NEW H7 [IF ‘WORKING’ AS EMPLOYEE, SELF-EMPLOYED OR FARMER (CODES 1, 2, OR 3 ABOVE)]
How many hours do you normally work per week, including any regular overtime work? If you
work at more than one job, please include the hours in all jobs. ____________ hours

NEW H7b What is your occupation in this job? (What do you mainly do in your job?) Please describe as
fully as possible. [INT: IF FARMER, PROBE TYPE/SIZE]

Worked in Past

NEW H10 In what year did you last work? _______________

NEW H10b When you last worked were you?
Employee (incl. apprenticeship or Community Employment) ...... □1 → Go to H12
Self employed outside farming .............................................. □2 → Go to H11
Farmer .................................................................................. □3 → Go to H12

NEW H11 If ‘self employed’, how many employees (if any) did you have? ____________ employees

NEW H12 If ‘working’ as employee or self-employed, in your most recent job, how many hours did you
normally work per week, including any regular overtime work? If you worked at more than one
job, please include the hours in all jobs. ____________ hours

NEW H13 What was your occupation in your most recent job? (What did you mainly do in your job?)
Please describe as fully as possible. [INT: IF FARMER, PROBE TYPE/SIZE]

NEW H14 Did you supervise or manage any personnel in your job?
Yes … □1 → How many? ____________ No … □2
**NEW**

**H15** Is your home...?

- Owned with mortgage ............
- Rented from Local Authority .......
- Rented privately ............... 
- Owned outright ........................
- Other (specify) ........................

**NEW**

**H16** Are you the person in whose name the accommodation is owned or rented?

- Yes, solely ... 1 □  → Go to H20  
- Yes, jointly ... 2 □ 
- No ... 3 □

**Work – (other) Person responsible for accommodation**

**NEW**

**H17** [CARD 15] Which of these BEST describes the employment status of the [other] person in whose name the accommodation is owned or rented? [TICK ONE ONLY]

- Employee (incl. apprenticeship or Community Employment) .............. 1 □
- Self employed outside farming .................................................. 2 □
- Farmer ................................................................. 3 □
- Student full-time .................................................................. 4 □
- On State training scheme (FÁS, Failte Ireland etc.).......................... 5 □
- Unemployed, actively looking for a job ....................................... 6 □
- Long-term sickness or disability ................................................... 7 □
- Home duties / looking after the home or family .............................. 8 □
- Retired ........................................................................... 9 □
- Other (specify) _________________________________ ...................... 10 □

**NEW**

**H18** Please describe as fully as possible his/her present (or most recent) occupation?

[INT: IF FARMER, PROBE TYPE/SIZE]

---

**NEW**

**H19** Does [Did] he or she supervise or manage any personnel in his or her job?

- Yes ... 1 □  → How many? ______ 
- No ... 2 □

**All**

**NEW**

**H20** Would you describe the place where your household is situated as being.....?

- In open country ................. 1 □ 
- In a city (other than Dublin) ...... 4 □
- In a village ......................... 2 □ 
- In Dublin City or County ............ 5 □
- In a town (1,500+) ............... 3 □

**NEW**

**H21** Do you have the use of a car (including vans, minibuses, etc)?

- Yes ... 1 □
- No ... 2 □

**NEW**

**H22** Could I just check - Do you have a telephone at home?

- No ... 
- Yes, Landline only ... 
- Yes, Mobile only ... 
- Yes, both ... 

**NEW**

**H23** Which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own income. [INT. TICK YES OR NO FOR EACH] And of these sources of income which is the largest source of income at present? [INT. TICK 1 BOX IN COL. B]

A. Receive?  
B. Largest?
Wages or Salaries………………………………………………………………………………………………………………. Yes No
Income from Self-Employment………………………………………………………………………………………………… Yes No
Income from Farming……………………………………………………………………………………………………………… Yes No
Social Welfare Income (incl. Child Benefit)……………………………………………………………………………………….. Yes No
Pension from (own or spouse’s) previous job……………………………………………………………………………………….. Yes No
Other Income (incl. income from private pensions, investments, savings, dividends, property, maintenance payments)……………………………………………………………………………………………………………………………………. Yes No

NEW

H24 [CARDS 16] Could I ask about the approximate level of net household income? This means the total income, after tax and PRSI, of ALL MEMBERS of the household. It includes ALL TYPES of income: income from employment, social welfare payments, child benefit, rents, interest, pensions etc. We would just like to know into which broad group the total income of your household falls. I’d like to assure you once again that all information you give me is entirely confidential. Perhaps you could look at this card [CARD 16] and tell me the letter corresponding to the total income range of your household. You can choose from the amounts per week, per month or per year – whichever is most convenient for you.

<table>
<thead>
<tr>
<th>Per week</th>
<th>Per month</th>
<th>Per year</th>
<th>[Tick one box]</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Under € 193</td>
<td>Under € 834</td>
<td>Under €10,000</td>
</tr>
<tr>
<td>B</td>
<td>€193 - €384</td>
<td>€834 - €1,667</td>
<td>€10,000 - €19,999</td>
</tr>
<tr>
<td>C</td>
<td>€385 - €575</td>
<td>€1,668 - €2,500</td>
<td>€20,000 - €29,999</td>
</tr>
<tr>
<td>D</td>
<td>€576 - €767</td>
<td>€2,501 - €3,333</td>
<td>€30,000 - €39,999</td>
</tr>
<tr>
<td>E</td>
<td>€768 - €959</td>
<td>€3,334 - €4,167</td>
<td>€40,000 - €49,999</td>
</tr>
<tr>
<td>F</td>
<td>€960 or more</td>
<td>€4,168 or more</td>
<td>€50,000 or more</td>
</tr>
</tbody>
</table>

H25 Perhaps you could look at this card now [INT: SHOW CARD 17A, 17B, 17C, 17D, 17E OR 17F, AS APPROPRIATE], and tell me a little more detail where the total income of your household would fall? [Tick ONE Box only below]. Please tell me the number on the card.

<table>
<thead>
<tr>
<th>Per week</th>
<th>Per month</th>
<th>Per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>H25 A</td>
<td>€86 or less</td>
<td>€375 or less</td>
</tr>
<tr>
<td></td>
<td>€87 - €109</td>
<td>€376 - €475</td>
</tr>
<tr>
<td></td>
<td>€110 - €153</td>
<td>€476 - €667</td>
</tr>
<tr>
<td></td>
<td>€154 - €192</td>
<td>€668 - €833</td>
</tr>
<tr>
<td>H25 B</td>
<td>€193 - €240</td>
<td>€834 - €1,042</td>
</tr>
<tr>
<td></td>
<td>€241 - €288</td>
<td>€1,043 - €1,250</td>
</tr>
<tr>
<td></td>
<td>€289 - €336</td>
<td>€1,251 - €1,458</td>
</tr>
<tr>
<td></td>
<td>€337 - €384</td>
<td>€1,459 - €1,667</td>
</tr>
<tr>
<td>H25 C</td>
<td>€385 - €432</td>
<td>€1,668 - €1,875</td>
</tr>
<tr>
<td></td>
<td>€433 - €479</td>
<td>€1,876 - €2,083</td>
</tr>
<tr>
<td></td>
<td>€480 - €527</td>
<td>€2,084 - €2,292</td>
</tr>
<tr>
<td></td>
<td>€528 - €575</td>
<td>€2,293 - €2,500</td>
</tr>
<tr>
<td>H25 D</td>
<td>€576 - €623</td>
<td>€2,501 - €2,708</td>
</tr>
<tr>
<td></td>
<td>€624 - €671</td>
<td>€2,709 - €2,917</td>
</tr>
<tr>
<td></td>
<td>€672 - €719</td>
<td>€2,918 - €3,125</td>
</tr>
<tr>
<td></td>
<td>€720 - €767</td>
<td>€3,126 - €3,333</td>
</tr>
<tr>
<td>H25 E</td>
<td>€768 - €815</td>
<td>€3,334 - €3,542</td>
</tr>
<tr>
<td></td>
<td>€816 - €863</td>
<td>€3,543 - €3,750</td>
</tr>
<tr>
<td></td>
<td>€864 - €911</td>
<td>€3,751 - €3,958</td>
</tr>
<tr>
<td></td>
<td>€912 - €959</td>
<td>€3,959 - €4,167</td>
</tr>
<tr>
<td>H25 F</td>
<td>€960 - €1,151</td>
<td>€4,168 - €5,000</td>
</tr>
<tr>
<td></td>
<td>€1,152 - €1,343</td>
<td>€5,001 - €5,833</td>
</tr>
<tr>
<td></td>
<td>€1,344 - €1,534</td>
<td>€5,834 - €6,667</td>
</tr>
<tr>
<td></td>
<td>€1,535 or more</td>
<td>€6,668 or more</td>
</tr>
</tbody>
</table>
NEW

H26 Are you covered by a medical card?
Yes – full medical card … □1 → Go to H29
Yes – GP only medical card … □2 → Go to H29
No … □3

FILTER

H27 [INT: CHECK THE RESPONSE CATEGORY AT H23 - INCOME]
A, B, C or D … □1 → Go to H28
E, F, G or missing … □2 → Go to H29

NEW

H28 Have you ever thought of applying for a GP-only medical card? [INT: READ RESPONSES, TICK ONE]
No, haven’t heard of it………………………… □1
No, don’t need to visit a GP…………………… □2
No, would prefer to pay for GP………………… □3
Yes, but unsure if I would qualify……………. □4
Yes, but applying is too difficult…………….. □5
Yes, applied, but was not eligible…………… □6
Other response (please specify) ………….. □7

NEW

H29 Do you have private health insurance that covers the cost of private medical treatment (e.g. VHI, BUPA, VIVAS)?
Yes………… □1
No ……… □2

NEW

H30 In what country were you born? Ireland (Republic)………………………… □1 → Go to H32
Ireland (NI)…. □2
Other UK………… □3
Other, specify…………………………………… □4

NEW

H31 [INT: IF NOT BORN IN REPUBLIC OF IRELAND, ASK] When did you first move to Ireland?
_______ (year)

NEW - CENSUS

H32 What is your ethnic or cultural background?
(a) White or White Irish
Irish……………………………………………… □1
Irish Traveller … □2
Any other white background … □3
(b) Black or Black Irish
African … □4
Any other black background … □5
(c) Asian or Asian Irish
Chinese … □6
Any other Asian background … □7
(d) Other including mixed background … □8
Insert own description ______________________________

Section I: Height, Weight and Waist Measurement

NEW SECTION

I1 [INT: IS THE RESPONDENT UNDER AGE 45?]
Yes………… □1
No ……… □2 → Go to I4

I2 [INT: IS THE RESPONDENT ADDRESS IDENTIFIED ON THE ASSIGNMENT SHEET AS ‘FOR MEASUREMENT?’]
Yes………… □1
No ……… □2 → Go to Section J

I3 We are nearly finished. One final thing – we would like to record your height, weight and waist circumference. I have the necessary equipment and this will take about 5 minutes. Is that OK with you?
Yes [participant agrees] ……………………………………………………………………… □1 → Go to Measurement Record Sheet
No- participant is not willing……………………………………………………………….. □2 → Go to SECTION J
No - other reason, (e.g. unable to stand; - specify)…………………………………….. □3 → Go to SECTION J

I4 As part of this study, a small number of people age 45 and over will be invited to participate in a full physical exam conducted by trained medical personnel. Would you be willing to be contacted about this, if your name was selected? If you agree, and your name is selected, you
will be contacted by the staff working on that part of the study who will explain in more detail what is involved. You would of course be free to take part or not at that time.

Yes............. ☐1  No ........ ☐2

Section J: Consent for Check & Follow-up

J1 A few interviews in any survey are checked by Head Office to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number and name. Your contact details are also needed in case you are a prize-winner in the draw we will hold after the end of the survey. These contact details will be recorded separately from the questionnaire.

[Int: Check the Respondent contact details – name and telephone number – At B on the contact sheet]

J2 If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again? You would of course be free to take part or not at that time.

Yes............. ☐1  No ........ ☐2

End Date of Interview: _____ / _____ / ________  Time Ended (24 hour clock): _____: _____

FOOD FREQUENCY QUESTIONNAIRE TO BE COMPLETED NOW

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.

K. THESE QUESTIONS ARE FOR THE INTERVIEWER TO ANSWER

K1 How was the Food Frequency Questionnaire administered?
Completed by the respondent with no help from you (self completion) ............................................. ☐1
Completed by the respondent but with some help from you ................................................................. ☐2
Face to face interview .......................................................................................................................... ☐3

K2 Was the Food Frequency questionnaire...
Completed while you were present .................. ☐1  -> Number minutes to complete ______
Collected by you at a later date .................... ☐2
Going to be returned by post ....................... ☐3