



Survey on Mental Health, February 2006  
(Additional)

Area

Resp

Stem

Int. Number

Hello. My name is \_\_\_\_\_ and I'm from the Economic and Social Research Institute (the ESRI) in Dublin. We carry out social and economic surveys.

We are doing a survey at the moment about your physical and psychological health and your use of health services. I will be asking you some questions about how you have been feeling over the last while. For example, if you have experienced anxiety or depression or any other mental, nervous or emotional problems. I will also be asking you about services that you may or may not have used in the last year (e.g. GP, counsellor, psychologist, psychiatrist) and if you are currently taking any medication for mental, nervous or emotional problems. I would like to remind you that all the information you provide is confidential. The information will be used for research purposes only and you are free to stop the interview at any time. I would like to interview (describe type of respondent) as part of that survey. It should take about 20 minutes.

Time Interview began \_\_\_\_ \_\_: \_\_\_\_ \_\_ (24hr clock)

I'd first like to read some general information about yourself.

Q1 Gender of Respondent Male..... <sub>1</sub> Female .....<sub>2</sub>

Q2 Could I ask into which age group you would fall:

- 16-19.....<sub>1</sub>      55-59.....<sub>6</sub>
- 20-29.....<sub>2</sub>      60-64.....<sub>7</sub>
- 30-39.....<sub>3</sub>      65-69.....<sub>8</sub>
- 40-49.....<sub>4</sub>      70+.....<sub>9</sub>
- 50-54.....<sub>5</sub>

Q3 Size of Household (Include the respondent). Exclude children living permanently outside the household.) Number of household members:

- a) Aged *under* 18 \_\_\_\_\_
- b) Aged 18 or more \_\_\_\_\_

Q4 Which of the following best describes your marital Status:

- Married.....<sub>1</sub>      Living with partner.....<sub>2</sub>
- Separated.....<sub>3</sub>      Widowed.....<sub>4</sub>
- Divorced.....<sub>5</sub>      Never Married.....<sub>6</sub>

Q5 Which of the following best describes your present employment status?

- Employee.....<sub>1</sub>
- Self employed farmer.....<sub>2</sub>
- Self employed other than farmer .....<sub>3</sub>
- Retired but doing some paid work.....<sub>4</sub>
- Retired (no paid work).....<sub>5</sub>
- Unemployed.....<sub>6</sub>
- Long-term sickness/disability.....<sub>7</sub>
- In full-time education.....<sub>8</sub>
- Engaged in home duties.....<sub>9</sub>
- Other.....<sub>10</sub>

Q6 How many hours of paid work do you do in a normal week? \_\_\_\_\_ HOURS

**Q7 Occupation of Respondent**

What is your main occupation? If housewife, retired or unemployed, give previous occupation. If studying or training, state future occupation. If never worked write 'NEVER WORKED' (**Write full title and tick appropriate box below**)

- 
- Self-employed (not farmer) .....1
  - Farmer (self-employed).....2
  - Professional/Senior Managerial....3
  - Other non-manual worker.....4
  - Skilled manual worker.....5
  - Unskilled manual worker.....6
  - Never worked.....7
  - Other.....8
  - Don't know.....9

**Q8 Are you the main earner in this household?**

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

If Yes go to Q10                      If No go to Q9

**Q9 Occupation of Main Earner**

What is the occupation of the main earner in the household? If retired or unemployed give previous occupation. If never worked write 'NEVER WORKED' (**Write full title and tick appropriate box below**)

- 
- Self-employed (not farmer) .....1
  - Farmer (self-employed) .....2
  - Professional/Senior Managerial....3
  - Other non-manual worker.....4
  - Skilled manual worker.....5
  - Unskilled manual worker.....6
  - Never worked.....7
  - Other.....8
  - Don't Know.....9

**Q10 What is the highest level of education which you have completed?**

- Primary level.....1
- Group, Inter, Junior Cert.....2
- Leaving Cert. .... 3
- Other Second Level .....4  
(Nursing, agricultural or commercial college, etc.)
- Third level .....5  
(University, college of technology, art college, teacher training, professional qualifications etc.)

**Q11** Could I ask about the approximate level of net household income? This means the total income, after tax, PRSI and other statutory deductions, of *all* members of the household. It includes all types of income: income from employment, social welfare payments, rents, interest, pensions etc. We would just like to know into which one of four broad groups the total income of your household falls – the income from all members of the household and from all sources. I'd like to assure you once again that all information you give me is entirely confidential. I can read the categories as an amount per week, per month or per year. Which would you prefer? [Int: Tick one box as appropriate]

<i>Amount per week</i>	<i>Amount per month</i>	<i>Amount per year</i>	
under €300	under €1200	under €15500	<input type="checkbox"/> <sub>1</sub>
€300 - €399	€1200 - €1599	€15500 - €19999	<input type="checkbox"/> <sub>2</sub>
€400 - €499	€1600 - €1999	€20000 - €25999	<input type="checkbox"/> <sub>3</sub>
€500 - €749	€2000 - €2999	€26000 - €38999	<input type="checkbox"/> <sub>4</sub>
€750 - €899	€3000 - €3599	€39000 - €46999	<input type="checkbox"/> <sub>5</sub>
€900 - €1249	€3600 - €4999	€47000 - €64999	<input type="checkbox"/> <sub>6</sub>
over €1249	over €4999	over €64999	<input type="checkbox"/> <sub>7</sub>

**MH1.** Are you covered by a medical card, either in your own name or through someone else's card?

Yes, holder of medical card.....<sub>1</sub> Yes, on someone else's card.....<sub>2</sub> Not covered.....<sub>3</sub>

**MH2.** Are you (also) covered by private health insurance (through VHI, BUPA or any other health insurance company/occupational scheme) either in your own name or through another family member?

Yes, in own name.....<sub>1</sub> Yes, through family member.....<sub>2</sub> Not medically insured.....<sub>3</sub>

**MH3a.** How would you rate your mental health in the last 12 months?

Very Poor.....<sub>1</sub> Poor.....<sub>2</sub> Fair.....<sub>3</sub> Good.....<sub>4</sub> Very Good.....<sub>5</sub>

**MH3b.** How would you rate your physical health in the last 12 months?

Very Poor.....<sub>1</sub> Poor.....<sub>2</sub> Fair.....<sub>3</sub> Good.....<sub>4</sub> Very Good.....<sub>5</sub>

**MH3c.** How would you rate your quality of life in the last 12 months?

Very Poor.....<sub>1</sub> Poor.....<sub>2</sub> Fair.....<sub>3</sub> Good.....<sub>4</sub> Very Good.....<sub>5</sub>

**MH4.** Over the last few weeks, have you:

**1. Been able to concentrate on what you're doing?**

Better than usual.....<sub>1</sub> Same as usual.....<sub>2</sub> Less than usual.....<sub>3</sub> Much less than usual....<sub>4</sub>

**2. Lost much sleep over worry?**

Not at all....<sub>1</sub> No more than usual.....<sub>2</sub> Rather more than usual....<sub>3</sub> Much more than usual....<sub>4</sub>

**3. Felt that you are playing a useful part in things?**

More so than usual....<sub>1</sub> Same as usual.....<sub>2</sub> Less than usual....<sub>3</sub> Much less than usual....<sub>4</sub>

**4. Felt capable of making decisions over things?**

More so than usual....<sub>1</sub> Same as usual.....<sub>2</sub> Less than usual....<sub>3</sub> Much less than usual....<sub>4</sub>

**5. Felt constantly under strain?**

Not at all....<sub>1</sub> No more than usual.....<sub>2</sub> Rather more than usual....<sub>3</sub> Much more than usual....<sub>4</sub>

**6. Felt you couldn't overcome your difficulties?**

Not at all...1 No more than usual....2 Rather more than usual...3 Much more than usual...4

**7. Been able to enjoy your normal day-to-day activities?**

More so than usual...1 Same as usual.....2 Less than usual...3 Much less than usual...4

**8. Been able to face up to your problems?**

More so than usual...1 Same as usual.....2 Less than usual...3 Much less than usual...4

**9. Been feeling unhappy or depressed?**

Not at all...1 No more than usual....2 Rather more than usual...3 Much more than usual...4

**10. Been losing confidence in yourself?**

Not at all...1 No more than usual....2 Rather more than usual...3 Much more than usual...4

**11. Been thinking of yourself as a worthless person?**

Not at all...1 No more than usual....2 Rather more than usual...3 Much more than usual...4

**12. Been feeling reasonably happy, all things considered?**

More so than usual...1 Same as usual.....2 Less than usual...3 Much less than usual...4

**MH5. Have you experienced limitations in physical activities in the last year because of mental, nervous or emotional problems?**

None.....1 Mild.....2 Moderate.....3 Severe.....4 Extreme.....5

**MH6. Have you experienced limitations in social activities in the last year because of mental, nervous or emotional problems? By this I mean activities involving friends, family or others.**

None.....1 Mild.....2 Moderate.....3 Severe.....4 Extreme.....5

**MH7. I am going to read 12 statements. Please tell me how strongly you agree or disagree with each.**

**1. When I feel upset I usually confide in my friends.**

*Do you:* Strongly Disagree...1 Disagree...2 Neither Agree nor Disagree...3 Agree...4 Strongly Agree...5

**2. I prefer not to talk about my problems.**

*Do you:* Strongly Agree...1 Agree...2 Neither Agree nor Disagree...3 Disagree...4 Strongly Disagree...5

**3. When something unpleasant happens to me, I often look for someone to talk to.**

*Do you:* Strongly Disagree...1 Disagree...2 Neither Agree nor Disagree...3 Agree...4 Strongly Agree...5

**4. I typically don't discuss things that upset me.**

*Do you:* Strongly Agree...1 Agree...2 Neither Agree nor Disagree...3 Disagree...4 Strongly Disagree...5

**5. When I feel depressed or sad, I tend to keep those feelings to myself.**

*Do you:* Strongly Disagree...1 Disagree...2 Neither Agree nor Disagree...3 Agree...4 Strongly Agree...5

**6. I try to find people to talk with about my problems.**

*Do you:* Strongly Agree...1 Agree...2 Neither Agree nor Disagree...3 Disagree...4 Strongly Disagree...5

**7. When I am in a bad mood, I talk about it to my friends.**

*Do you:* Strongly Disagree...1 Disagree...2 Neither Agree nor Disagree...3 Agree...4 Strongly Agree...5

**8. If I have a bad day, the last thing I want to do is talk about it.**

*Do you:* Strongly Agree...1 Agree...2 Neither Agree nor Disagree...3 Disagree...4 Strongly Disagree...5

**9. I rarely look for people to talk to when I am having problems.**

*Do you:* Strongly Disagree...1 Disagree...2 Neither Agree nor Disagree...3 Agree...4 Strongly Agree...5

**10. When I am distressed I don't tell anyone.**

*Do you:* Strongly Disagree...1 Disagree...2 Neither Agree nor Disagree...3 Agree...4 Strongly Agree...5

**11. I usually seek out someone to talk to when I am in a bad mood.**

*Do you:* Strongly Agree...1 Agree...2 Neither Agree nor Disagree...3 Disagree...4 Strongly Disagree...5

**12. I am willing to tell others my distressing thoughts.**

*Do you:* Strongly Disagree...1 Disagree...2 Neither Agree nor Disagree...3 Agree...4 Strongly Agree...5

**MH8. In the last 12 months, how many times have you seen a GP for physical problems?**

\_\_\_\_\_ times.

**MH9a. In the last 12 months, (approximately) how many times have you spoken with a GP about being anxious or depressed, or about mental, nervous or emotional problems?**

\_\_\_\_\_ times.

**MH9b. In the last 12 months have you experienced any mental, nervous or emotional problems (eg anxiety or depression).**

Yes .....1 No .2

**MH10. In the past 12 months have any of the following factors prevented you from seeing a GP?**

**Please tick all that apply.**

- |  |  |
|--|--|
| Transportation..... <input type="checkbox"/> 1               | Its's not helpful..... <input type="checkbox"/> 5    |
| Cost of visiting doctor..... <input type="checkbox"/> 2      | Too ill..... <input type="checkbox"/> 6              |
| It takes too much time..... <input type="checkbox"/> 3       | Anything else..... <input type="checkbox"/> 7        |
| Embarassment/feeling awkward..... <input type="checkbox"/> 4 | Nothing prevented me..... <input type="checkbox"/> 8 |

**MH11. Have you at any time in the last 12 months been in contact with any of the following mental health services?**

- Outpatient Clinic.....Yes 1.....No 2  
 Day Centre.....Yes 1.....No 2  
 Day Hospital.....Yes 1.....No 2  
 Inpatient psychiatric hospital/unit....Yes 1.....No 2

**MH12. (a) I am going to read out 9 types of professionals. Could you tell me if you have been in contact with any of these in the last 12 months for help with a mental, nervous or emotional problem.**

**(b) If yes, how effective was each to you.**

	(a) Contact with?		(b) If yes, how effective was each to you?				
	Yes	No	Very effective	Moderately effective	Slightly effective	Not at all effective	Don't Know
<b>1. Psychiatrist</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>2. Nurse</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>3. Psychologist</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>4. Social Worker</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>5. Counsellor</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>6. Psychotherapist</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>7. Clergy</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>8. Alternative Practitioner</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>9. Other</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**MH13. (a) Did you take any prescribed medication for a mental, nervous or emotional problem in the last 12 months?**

Yes..... 1 No ..... 2 → Go to MH14a.

**(b) If yes, who prescribed this medication for you.**

Psychiatrist..... Yes 1.....No 2  
 GP..... Yes 1.....No 2  
 Medical doctor in hospital or clinic... Yes 1.....No 2  
 Other..... Yes 1.....No 2

**(c) Was the medication a tranquiliser, anti-depressant or other type of medication?**

**(d) How effective was it?**

	(c) Type			(d) How effective was it?				
	Yes	No	DK	Very Effective	Moderately Effective	Slightly Effective	Not at all effective	Don't Know
Tranquiliser	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Anti-depressant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**MH14a Did you take any non-prescribed medication for a mental, nervous or emotional problem in the last 12 months?**

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

**MH14b Did you take any alternative medication for a mental, nervous or emotional problem in the last 12 months?**

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

**MH14c. Suppose you were suffering from significant mental, nervous or emotional problems, would you contact any of the following?**

1. General Practitioner ..... Yes 1.....No 2
2. Psychiatrist ..... Yes 1.....No 2
3. Nurse ..... Yes 1.....No 2
4. Psychologist ..... Yes 1.....No 2
5. Social Worker ..... Yes 1.....No 2
6. Counsellor ..... Yes 1.....No 2
7. Psychotherapist ..... Yes 1.....No 2
8. Clergy ..... Yes 1.....No 2
9. Alternative Practitioner ..... Yes 1.....No 2
10. Other (please specify) ..... Yes 1.....No 2

**MH15a. Have you ever used the internet for any purpose?**

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

**MH15b. Have you ever used the internet as a source of information on health?**

Yes..... 1 Go to MH16 No ..... 2

**MH15c. Would you be willing to use the internet as a source of information on health?**

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

**MH16. Do you have any dependent children living with you?**

Yes..... 1 → (16b). How Many? \_\_\_\_\_ No..... 2  
 (dependent child is one aged less than 16 or 17/18 years if still in education)

**MH17. Finally could you tell me the size of the location in which your household is situated? Is it**

- |   |  |
|---|--|
| Open country ..... <input type="checkbox"/> 1         | Waterford City ..... <input type="checkbox"/> 7                      |
| Village (200-1,499) ..... <input type="checkbox"/> 2  | Galway City ..... <input type="checkbox"/> 8                         |
| Town (1,500-2,999)..... <input type="checkbox"/> 3    | Limerick City ..... <input type="checkbox"/> 9                       |
| Town (3,000-4,999)..... <input type="checkbox"/> 4    | Cork City ..... <input type="checkbox"/> 10                          |
| Town (5,000-9,999)..... <input type="checkbox"/> 5    | Dublin City (incl. Dun Laoghaire) ..... <input type="checkbox"/> 11  |
| Town (10,000 or more)..... <input type="checkbox"/> 6 | Dublin County (outside Dublin city)..... <input type="checkbox"/> 12 |

**Time Interview ended** \_\_\_\_ : \_\_\_\_ (24hr clock) **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_