

Lansdowne Market Research

FULL NAME

(Block Capitals)

MR/MRS/MS.....
----------------

FULL

ADDRESS

(Block Capitals)

.....
.....
.....

\*PHONE IN HOUSEHOLD

NO .....

1

YES (Code \_\_\_\_\_ &

2

SPECIFY - Tel. No)

Lansdowne Market Research

see below

<p><b>*SEX</b>                  Male ..... 1                  Female ..... 2</p> <p><b>*RESPONDENT IS</b>                  Chief Income Earner ..... 1                  Not chief Income Earner ..... 2</p> <p><b>*OCCUPATION OF CHIEF INCOME EARNER</b>                  Record full job details                  ..... 1                  ..... 2</p> <p>If Manager/Self employed state No. of employees. SPECIFY qualifications /training                  .....                  .....                  IF FARMER STATE NO OF ACRES                  .....</p>		<p><b>* AGE</b> <span style="float: right;">[ ][ ]</span>                  (STATE EXACT ..... &amp; CODE)                  15 ..... 1                  16-17 ..... 2                  18 ..... 3                  19-24 ..... 4                  25-29 ..... 5                  30-34 ..... 6                  35-39 ..... 7                  40-44 ..... 8                  45-49 ..... 9</p> <p>50-54 ..... 1                  55-59 ..... 2                  60-64 ..... 3                  65+ ..... 4</p>		<p><b>DATE OF INTERVIEW</b>                  e.g. 5th = [0][5]                  DATE                  [ ][ ] [ ][ ]</p> <hr/> <p><b>ASSIGNMENT NO.</b>                  [ ][ ] [ ][ ][ ][ ]</p> <p><b>INTERVIEWER NO:</b>                  [ ][ ][ ][ ]</p>	
<p><b>CLASS</b></p> <p>AB ..... 1                  C1 ..... 2                  C2 ..... 3                  D ..... 4                  E ..... 5                  F50+ ..... 6                  F50- ..... 7</p>		<p><b>COUNTY</b></p> <p>Carlow ..... 1                  Cavan ..... 2                  Clare ..... 3                  Cork ..... 4                  Donegal ..... 5</p> <p>Dublin ..... 6                  Galway ..... 7                  Kerry ..... 8                  Kildare ..... 9                  Kilkenny ..... 10                  Laois ..... 11                  Leitrim ..... 12                  Limerick ..... 13</p> <p>Longford ..... 14                  Louth ..... 15                  Monaghan ..... 16                  Mayo ..... 17                  Meath ..... 18                  Offaly ..... 19                  Roscommon ..... 20                  Sligo ..... 21                  Tipperary ..... 22</p> <p>Waterford ..... 23                  Westmeath ..... 24                  Wexford ..... 25                  Wicklow ..... 26</p>		<p><b>FRONT COVER COLOUR</b></p> <p>Blue ..... 1                  Pink ..... 2                  Yellow ..... 3                  Green ..... 4</p>	
<p><b>*CHIEF INCOME EARNER</b>                  Which member of your household would you say is the <u>Chief income Earner</u> -that is the person with the largest income whether from employment, pensions, state benefits, investments or any other source. If "EQUAL INCOME" relate to OLDEST</p>		<p>I hereby certify that the above interview has been carried out strictly according to your instructions                  *SIGNATURE OF INTERVIEWER                  _____</p>			

**SECTION 'A' : GENERAL HEALTH STATUS**

*Good day/evening. My name is \_\_\_\_\_ from Lansdowne Market Research.  
 This survey is about the Irish Health Services, your experience of them and attitudes towards them. I'd be very grateful for your time to complete an interview.*

<p>A1 In general, would you say your health is ...?</p> <p><b>READ OUT EACH</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Excellent.....</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Very good .....</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Good .....</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">Fair .....</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">Poor .....</td> <td style="text-align: right; padding: 2px;">5</td> </tr> </table>	Excellent.....	1	Very good .....	2	Good .....	3	Fair .....	4	Poor .....	5
Excellent.....	1										
Very good .....	2										
Good .....	3										
Fair .....	4										
Poor .....	5										

<p>A2. Thinking about your <u>physical health</u>, which includes physical illness and injury, for how many days during the past 30 days was your physical health <u>not</u> good?</p> <p><b>IF NONE RECORD AS:</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="width: 15%; text-align: center;"><b>WRITE IN</b></td> <td style="width: 70%;"></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> <b>RECORD USING 2 DIGIT CODE E.G 5 =</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/> </td> </tr> </table>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>WRITE IN</b>		<b>RECORD USING 2 DIGIT CODE E.G 5 =</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>		
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<p>A3. Thinking about your <u>mental health</u>, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health <u>not</u> good?</p> <p><b>IF NONE RECORD AS:</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="width: 15%; text-align: center;"><b>WRITE IN</b></td> <td style="width: 70%;"></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> <b>RECORD USING 2 DIGIT CODE E.G 5 =</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/> </td> </tr> </table>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>WRITE IN</b>		<b>RECORD USING 2 DIGIT CODE E.G 5 =</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>		
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<p>A4. 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 work or recreation?</p> <p><b>IF NONE RECORD AS:</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="width: 15%; text-align: center;"><b>WRITE IN</b></td> <td style="width: 70%;"></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> <b>RECORD USING 2 DIGIT CODE E.G 5 =</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/> </td> </tr> </table>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>WRITE IN</b>		<b>RECORD USING 2 DIGIT CODE E.G 5 =</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>		
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<p>A5. Is your daily activity or work limited by a long term illness, health problem or disability?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes .....</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">No .....</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Don't know .....</td> <td style="text-align: right; padding: 2px;">3</td> </tr> </table>	Yes .....	1	No .....	2	Don't know .....	3
Yes .....	1						
No .....	2						
Don't know .....	3						

**SHOWCARD A6**

A6 Where do you get your information about health?

You may mention as few or as many as you wish.

General Practitioner .....	1	
Other Health Professionals .....	2	
Health Promotion Service/HSE .....	3	
Health Promotion Unit /Department of Health & Children.....	4	
Health Organisations .....	5	
Internet / World Wide Web.....	6	
Family / Friends.....	7	
Media(TV, radio, newspaper, magazines) .....	8	
Helplines (e.g. national information line) .....	9	
Other (SPECIFY _____ _____ & CODE)	10	
Don't know .....	11	

**SHOWCARD A7**

A7 When you look for information, how likely or unlikely are you to call a telephone helpline such as the HSE National Information Line?

Very likely .....	1	
Likely.....	2	
Neither likely nor unlikely.....	3	
Unlikely .....	4	
Very unlikely.....	5	
Don't know.....	6	

**SHOWCARD A8**

A8 How good or poor would you rate your quality of life?

Very poor.....	1	
Poor .....	2	
Neither poor nor good.....	3	
Good.....	4	
Very good .....	5	

**SHOWCARD A9**

A9 How satisfied or dissatisfied are you with your health?

Very satisfied.....	1	
Satisfied.....	2	
Neither satisfied nor dissatisfied.....	3	
Dissatisfied .....	4	
Very Dissatisfied.....	5	

★ INTERVIEWER INSTRUCTIONS AFTER ASKING B1 ★

**IF BLUE FRONT COVER**

1. IF 'HOSPITAL AS AN INPATIENT OR DAY PATIENT' CODED <sup>\*</sup>2 OR <sup>\*</sup>3 B1, GO TO SECTION C. IF NOT, GO TO INSTRUCTION 2 BELOW.



**IF PINK FRONT COVER**

2. IF 'HOSPITAL AS AN OUT-PATIENT' OR 'A & E (Accident and Emergency)' CODED <sup>•</sup>2 OR <sup>•</sup>3 B1, GO TO SECTION D. IF NOT, GO TO INSTRUCTION 3 BELOW.



**IF YELLOW FRONT COVER**

3. IF 'GP/GENERAL PRACTITIONER SERVICES' CODED 2 OR 3 B1, GO TO SECTION E. IF NOT, GO TO INSTRUCTION 4 BELOW.



**IF GREEN FRONT COVER**

4. IF ANY CODED 2 OR 3 FROM 'MENTAL HEALTH SERVICES' (NO.6) DOWN TO 'HOME SUPPORT' (NO.29) THEN GO TO SECTION F. OTHERWISE, GO TO INSTRUCTION 5 BELOW.



5. IF NONE CODED 2 OR 3 IN SECTION B, THEN GO TO SECTION G. OTHERWISE GO TO INSTRUCTION 1 ABOVE.

## SECTION 'B' : PROFILE OF SERVICE USERS

### SHOWCARD B1

Which, if any, of following services have you used in the last 12 months?

**IF USED, PROBE TO ESTABLISH IF USED ONCE OR MORE THAN ONCE.**

	Not Used	Once	More than Once
1. Hospital as an inpatient .....	1	2* *	3* *
2. Hospital as a day patient .....	1	2	3
3. Hospital as an out-patient.....	1	2	3
4. A&E (Accident and Emergency) .....	1	2	3
5. GP (General Practitioner) services.....	1	2	3
6. Mental Health Services (including non-acute Psychiatric hospitals) .....	1	2	3
7. Public health nurse .....	1	2	3
8. Physiotherapist .....	1	2	3
9. Occupational therapist .....	1	2	3
10. Psychology services.....	1	2	3
11. Social worker .....	1	2	3
12. Community Welfare Officer.....	1	2	3
13. Home Help Services .....	1	2	3
14. Chiropody/Podiatry .....	1	2	3
15. Drug/Alcohol Outreach Services .....	1	2	3
16. Speech Therapy .....	1	2	3
17. Dietician .....	1	2	3
18. Ophthalmology .....	1	2	3
19. Audiology .....	1	2	3
20. Dental Services (Public only Not Private).....	1	2	3
21. Palliative care e.g.(care of the dying) .....	1	2	3
22. Residential services for older people.....	1	2	3
23. Day services for older people.....	1	2	3
24. Respite services for older people .....	1	2	3
25. Home support for older people .....	1	2	3
26. Residential services for the intellectual/physical or sensory disabled .....	1	2	3
27. Day services for the intellectual/physical or sensory disabled .....	1	2	3
28. Respite services for the intellectual/physical or sensory disabled .....	1	2	3
29. Home support for the intellectual/physical or sensory disabled .....	1	2	3

**SECTION 'C' : EXPERIENCE OF IN-PATIENT OR DAY PATIENT HOSPITAL SERVICES**

**ASK ONLY IF HOSPITAL IN-PATIENT OR DAY PATIENT CODED 2\* OR 3\* AT B1**

C1a Which was your most recent experience of hospital, was it as a day patient or in-patient?

Day patient .....	1	
In-patient .....	2	

I would now like to talk to you about your most recent (ANSWER TO C1a) experience.

**IF IN-PATIENT – CONTINUE TO C1G**

**IF DAY PATIENT – GO TO C8**

C1b You say you have been an in-patient at a hospital in the last 12 months. With regard to your most recent hospital in-patient visit, how many nights did you spend in the hospital?

**RECORD USING 2 DIGIT CODE E.G: 2 =**

0	2
---	---

<b>WRITE IN</b>			
<table border="1"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>			

C2 Why were you in for your last stay in hospital during the last 12 months

**PROBE TO PRECODES**

Accident in the home/in the street/at work .....	1	
Childbirth .....	2	
For an operation.....	3	
For an illness .....	4	
For a check-up or test.....	5	
For some other reason (SPECIFY _____ & CODE).....	6	

**SHOWCARD C3**

C3 How were you admitted to the hospital?

**PROBE TO PRECODES**

A&E (Accident and Emergency) .....	1	
On a waiting list, but came in via A & E .....	2	
GP referral, urgent admission.....	3	
Waiting list .....	4	
Out-Patient clinic - Same day admit.....	5	
National Treatment Purchase Fund.....	6	
Direct transfer from another hospital .....	7	
Other (SPECIFY _____ & CODE).....	8	
Don't know.....	9	

C4 After admission, were you given an indication of the length of stay in hospital you required?

Yes .....	1	
No .....	2	
Don't know .....	3	

C5	How much advance notice were you given about the date of your discharge? <b>PROBE TO PRECODES</b>	I was told on day of discharge.....	1	
		1-3 days .....	2	
		4+ days .....	3	
		Don't know/can't recall .....	4	

C6	Overall, from the time you were first told you needed to be admitted to hospital, how long did you wait to be admitted?	No wait, admitted immediately .....	1	
		Up to 1 month .....	2	
		Over 1 and up to 3 months.....	3	
		Over 3 up to 6 months .....	4	
		Over 6 months and up to 9 months .....	5	
		More than 9 months .....	6	
		Don't know/can't remember .....	7	

**ASK IF CODE 2-6 C6. OTHERS GO TO C8**

C7a	Were you told why you would have to wait?	Yes .....	1	
		No .....	2	

**ASK IF NO (C7a). OTHERS GO TO C8**

C7b	Would you have liked an explanation?	Yes .....	1	
		No .....	2	

**ASK ALL**

C8	When you first saw the person you were referred to, did he/she seem to have all the necessary information about you and your condition/treatment? <b>PROBE TO PRECODES</b>	Yes, completely .....	1	
		Yes, to some extent .....	2	
		No .....	3	

C9	Did you have confidence and trust in the people/health professionals treating you? <b>PROBE TO PRECODES</b>	Yes, always .....	1	
		Yes, sometimes.....	2	
		No .....	3	

C10	Were you given a choice about where you were referred, that is which location? <b>PROBE TO PRECODES</b>	Yes .....	1	
		No, but I would have liked a choice .....	2	
		No, but I did not mind.....	3	



C11	Were you given enough time to discuss your health/medical problem with the healthcare professionals? <b>PROBE TO PRECODES</b>	Yes, Completely ..... 1	
		Yes, to some extent ..... 2	
		No ..... 3	

C12	Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, Completely ..... 1	
		Yes, to some extent ..... 2	
		No ..... 3	

C13	Did a member of staff give you information about your condition/treatment.....? <b>READ OUT</b>	In writing ..... 1	
		Verbally ..... 2	
		Both ..... 3	
		None at all ..... 4	

C14	How much information about your condition/treatment was given to you? <b>READ OUT</b>	Not enough ..... 1	
		The right amount ..... 2	
		Too much ..... 3	
		None ..... 4	

C15	Did you have any operations or procedures in the hospital?	Yes .....1 <b>CONTINUE</b>	
		No .....2 <b>GO TO C.17</b>	

C16	Did a member of staff explain what would be done during the operation or procedure?	Yes, completely ..... 1	
		Yes to some extent ..... 2	
		I did not want an explanation ..... 3	
		No ..... 4	

**ASK ALL**  
**SHOW CARD 'C17'**

C17 How would you rate the following hospital facilities...?

<b>READ OUT ↓</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Don't Know</b>	
Contacting the hospital by phone .....	1.....	2.....	3.....	4.....	5.....	6.....	
Availability of car parking facilities .....	1.....	2.....	3.....	4.....	5.....	6.....	
Ease of finding your way around the hospital .....	1.....	2.....	3.....	4.....	5.....	6.....	
Adequacy/cleanliness of public toilets .....	1.....	2.....	3.....	4.....	5.....	6.....	
Adequacy of shop facilities .....	1.....	2.....	3.....	4.....	5.....	6.....	
Wheelchair access.....	1.....	2.....	3.....	4.....	5.....	6.....	

<b>SHOWCARD "C18"</b>														
C18	How would you rate the standard of food you received in hospital? <b>PROBE TO PRECODES</b>	<table border="1"> <tbody> <tr> <td>Excellent .....</td> <td>1</td> </tr> <tr> <td>Good .....</td> <td>2</td> </tr> <tr> <td>Fair .....</td> <td>3</td> </tr> <tr> <td>Poor.....</td> <td>4</td> </tr> <tr> <td>Very poor .....</td> <td>5</td> </tr> <tr> <td>Don't know .....</td> <td>6</td> </tr> </tbody> </table>	Excellent .....	1	Good .....	2	Fair .....	3	Poor.....	4	Very poor .....	5	Don't know .....	6
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Good .....	2													
Fair .....	3													
Poor.....	4													
Very poor .....	5													
Don't know .....	6													
C19	How satisfied or dissatisfied were you with the range of foods available? <b>PROBE TO PRECODES</b>	<table border="1"> <tbody> <tr> <td>Very satisfied .....</td> <td>1</td> </tr> <tr> <td>Mostly satisfied .....</td> <td>2</td> </tr> <tr> <td>Not very satisfied.....</td> <td>3</td> </tr> <tr> <td>Not at all satisfied .....</td> <td>4</td> </tr> <tr> <td>Don't know .....</td> <td>5</td> </tr> </tbody> </table>	Very satisfied .....	1	Mostly satisfied .....	2	Not very satisfied.....	3	Not at all satisfied .....	4	Don't know .....	5		
Very satisfied .....	1													
Mostly satisfied .....	2													
Not very satisfied.....	3													
Not at all satisfied .....	4													
Don't know .....	5													
C20	If you had special dietary requirements, were you satisfied with the meals you received?	<table border="1"> <tbody> <tr> <td>Yes.....</td> <td>1</td> </tr> <tr> <td>No.....</td> <td>2</td> </tr> <tr> <td>Not relevant/No special requirements.....</td> <td>3</td> </tr> </tbody> </table>	Yes.....	1	No.....	2	Not relevant/No special requirements.....	3						
Yes.....	1													
No.....	2													
Not relevant/No special requirements.....	3													
<b>SHOW CARD 'C21'</b>														
C21	Would you agree or disagree that the ward facilities (e.g. bed, wardrobe, room, bathrooms) were of a clean standard?	<table border="1"> <tbody> <tr> <td>Strongly agree.....</td> <td>1</td> </tr> <tr> <td>Agree .....</td> <td>2</td> </tr> <tr> <td>Disagree.....</td> <td>3</td> </tr> <tr> <td>Strongly disagree .....</td> <td>4</td> </tr> <tr> <td>Don't know .....</td> <td>5</td> </tr> </tbody> </table>	Strongly agree.....	1	Agree .....	2	Disagree.....	3	Strongly disagree .....	4	Don't know .....	5		
Strongly agree.....	1													
Agree .....	2													
Disagree.....	3													
Strongly disagree .....	4													
Don't know .....	5													
C22	Did the healthcare team treat you with respect and dignity? <b>PROBE TO PRECODES</b>	<table border="1"> <tbody> <tr> <td>Yes, all of the time.....</td> <td>1</td> </tr> <tr> <td>Yes, some of the time.....</td> <td>2</td> </tr> <tr> <td>No.....</td> <td>3</td> </tr> </tbody> </table>	Yes, all of the time.....	1	Yes, some of the time.....	2	No.....	3						
Yes, all of the time.....	1													
Yes, some of the time.....	2													
No.....	3													
C23	Were you given enough privacy when <u>discussing</u> your condition or treatment? <b>PROBE TO PRECODES</b>	<table border="1"> <tbody> <tr> <td>Yes, always.....</td> <td>1</td> </tr> <tr> <td>Yes, sometimes .....</td> <td>2</td> </tr> <tr> <td>No.....</td> <td>3</td> </tr> </tbody> </table>	Yes, always.....	1	Yes, sometimes .....	2	No.....	3						
Yes, always.....	1													
Yes, sometimes .....	2													
No.....	3													
<b>SHOW CARD 'C24'</b>														
C24	Were ministers or priests of your faith available to you as frequently as you required?	<table border="1"> <tbody> <tr> <td>Always.....</td> <td>1</td> </tr> <tr> <td>Very often.....</td> <td>2</td> </tr> <tr> <td>Sometimes.....</td> <td>3</td> </tr> <tr> <td>Rarely.....</td> <td>4</td> </tr> <tr> <td>Never .....</td> <td>5</td> </tr> <tr> <td>No faith/religion.....</td> <td>6</td> </tr> </tbody> </table>	Always.....	1	Very often.....	2	Sometimes.....	3	Rarely.....	4	Never .....	5	No faith/religion.....	6
Always.....	1													
Very often.....	2													
Sometimes.....	3													
Rarely.....	4													
Never .....	5													
No faith/religion.....	6													

<b>SHOW CARD 'C25'</b>		
C25	Did the healthcare team give your family or someone close to you, all the information they needed to help you recover?	Yes, definitely .....1 Yes, to some extent .....2 No family or friends involved.....3 My family did not need/want information .....4 I did not want my family or friends to talk to a doctor .....5 No.....6 Don't know .....7

<b>SHOW CARD 'C25' AGAIN</b>		
C26	If your family wanted to talk to the healthcare team, did they have enough opportunity to do so? <b>PROBE TO PRE-CODES</b>	Yes, definitely .....1 Yes, to some extent .....2 No family or friends involved.....3 My family did not need/want information .....4 I did not want my family or friends to talk to a doctor .....5 No.....6 Don't know .....7

<b>SHOW CARD 'C27'</b>		
C27	Were you involved in decisions regarding <u>your discharge</u> from hospital?	Not at all involved .....1 Not very involved.....2 Fairly involved .....3 Very involved .....4 Don't know .....5

C28	After discharge, was there good continuity of care and support given by the hospital?	Yes.....1 No.....2 I did not need it.....3
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C29	If your illness/injury meant you could <u>not work</u> , were you given support and advice in relation to this?	Yes.....1 No.....2 I did not need it.....3
-----	---	--

<b>SHOWCARD 'C28'</b>		
C30	Overall, how would you rate the quality of care you received while in hospital?	Excellent .....1 Very good.....2 Good .....3 Fair .....4 Poor.....5 Very poor .....6 Don't know .....7

C31	Would you recommend the hospital where you were treated most recently to someone else?	Yes.....1 No.....2 Don't know .....3
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**NOW GO TO SECTION G**

**SECTION 'D' : EXPERIENCE OF OUT-PATIENT HOSPITAL SERVICES**

**ONLY ASK IF HOSPITAL OUT-PATIENT / A+E CODED 2 OR 3 AT B1**

D1 How often have you been to an out-patient clinic or A+E department in hospital in the last 12 months? **WRITE IN NO. OF TIMES**

<p><b>WRITE IN</b></p> <div style="display: flex; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
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**IF RESPONDENT HAS BEEN BOTH OUT-PATIENT AND A+E IN THE PAST 12 MONTHS ASK ONLY ABOUT MOST RECENT EXPERIENCE**

**IF HOSPITAL OUTPATIENT CODED 2 OR 3 AT B1 ASK D2.**

**IF A & E (ACCIDENT AND EMERGENCY) CODED 2 OR 3 AT B1 GO TO D8**

*Thinking about your most recent hospital out-patient visit:*

D2 Were you given a choice of appointment times?  
**PROBE TO PRECODES**

<p>Yes.....1 No, but I did not need/want a choice.....2 No, but I would have liked a choice.....3 Don't know .....4</p>	
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D3 Before your appointment, did you know what would happen to you during the appointment?

<p>Yes.....1 No.....2 Not sure.....3</p>	
--	--

D4 Was your most recent appointment changed to a later date by the hospital?  
**PROBE TO PRECODES**

<p>No.....1 Yes, once.....2 Yes, 2 or more times.....3 Yes, 4 times or more.....4 Can't recall .....5</p>	
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D5 How long after the stated appointment time did your actual appointment start?  
**PROBE TO PRECODES**

<p>Seen on time or early .....1 } Go to D8          Waited up to 5 minutes.....2 }          Waited 6-15 minutes.....3 }          Waited 16-30 minutes.....4 }          Waited 31-60 minutes.....5 } Ask D6a          Waited more than 1 hour          but no more than 2 hours.....6 }          Waited more than 2 hours .....7 }          Don't know / Can't remember .....8 } Go to D8</p>	
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**ASK ALL OUTPATIENTS WHO HAD TO WAIT. OTHERS GO TO D8**

D6a	Were you told <b>how long</b> you would have to wait?	Yes..... 1 <b>CONTINUE</b>	
		No..... 2 <b>GO TO D.8</b>	

**ASK IF YES: OTHERS GO TO D8**

D6b	Was the wait longer, shorter or about the same compared to what you were told?	Longer..... 1	
		Shorter ..... 2	
		About the same ..... 3	
		Don't know/can't remember ..... 4	

D7a	Were you told <b>why</b> you would have to wait?	Yes..... 1	
		No..... 2	
		Don't know/can't remember ..... 3	

**ASK IF NO D7a. OTHERS GO TO D8**

D7b	Would you have liked an explanation?	Yes, I would have..... 1	
		No, I didn't mind ..... 2	

**ASK ALL**

D8	When you first saw the person you were referred to, did he/she seem to have all the necessary information about you and your condition/ treatment? <b>PROBE TO PRECODES</b>	Yes, completely ..... 1	
		Yes, to some extent ..... 2	
		No..... 3	

D9	Did you have confidence and trust in the healthcare professionals examining and treating you? <b>PROBE TO PRECODES</b>	Yes, definitely ..... 1	
		Yes, to some extent ..... 2	
		No..... 3	

D10	Were you given a choice about <u>where</u> you were referred for out-patient services - that is the location of the hospital?	Yes..... 1	
		No, but I would have liked a choice..... 2	
		No, but I did not mind ..... 3	

D11	Were you given enough time to discuss your health/medical problem with the healthcare professionals?	Yes, completely ..... 1	
		Yes, to some extent ..... 2	
		No..... 3	

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D12	Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes completely .....1	
		Yes - to some extent .....2	
		No .....3	
		Don't know/Can't recall.....4	

D13	Was the information given to you about your condition/ treatment too much, not enough or just the right amount?	Not enough.....1	
		The right amount .....2	
		Too much .....3	

D14	Did the healthcare team explain the reasons for any treatment or action in a way that you could understand? <b>PROBE TO PRECODES</b>	Yes, completely .....1	
		Yes, to some extent .....2	
		No.....3	
		No treatment or action taken .....4	

D15	If you had questions to ask the healthcare team, did you get answers you could understand? <b>PROBE TO PRECODES</b>	Yes, definitely .....1	
		Yes, to some extent .....2	
		I did not have an opportunity to ask questions.....3	
		No.....4	
		I had no questions.....5	

D16	<i>SHOW CARD 'D16'</i> Was it easy to get through the main entrance and move around in the Outpatients Department or A+E area?	Yes, it was very easy .....1	
		Yes, it was easy.....2	
		Neither easy nor difficult .....3	
		No it was difficult .....4	
		No it was very difficult .....5	
		Don't know/Can't remember .....6	

D17	<i>SHOWCARD 'D17'</i> In your opinion, how clean was the Outpatient's Department or A+E area?	Very clean .....1	
		Fairly clean.....2	
		Not very clean .....3	
		Not at all clean.....4	
		Don't know/no reply .....5	

D18	<i>SHOWCARD 'D17' AGAIN</i> In your opinion, how clean were the toilets in the Outpatient's Department or	Very clean .....1	
		Fairly clean.....2	
		Not very clean .....3	
		Not at all clean.....4	

A+E area?

Don't know/no reply .....5	
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D19	Did the healthcare professionals treat you with respect and dignity? <b>PROBE TO PRECODES</b>	Yes, all of the time.....1	
		Yes, some of the time.....2	
		No.....3	

D20	Were you given enough privacy when <u>discussing</u> your condition or treatment? <b>PROBE TO PRECODES</b>	Yes, always.....1	
		Yes, sometimes .....2	
		No.....3	

D21	Were you given enough privacy when being <u>examined</u> or treated?	Yes, always.....1	
		Yes, sometimes .....2	
		No.....3	

**SHOW CARD 'D22'**

D22	Did the healthcare professionals give your family or someone close to you, all the information they needed to help you recover?	Yes, definitely .....1	
		Yes, to some extent .....2	
		No family or friends involved.....3	
		My family did not need/want information .....4	
		I did not want anyone to be given information.....5	
		No.....6	
		Don't know .....7	

**SHOW CARD 'D22' AGAIN**

D23	If your family wanted to talk to a healthcare professional, did they have enough opportunity to do so?	Yes, definitely .....1	
		Yes, to some extent .....2	
		No family or friends involved.....3	
		My family did not need/want information .....4	
		I did not want anyone to be given information.....5	
		No.....6	
		Don't know .....7	

D24	Were arrangements made to continue your care or treatment after you left outpatients or A+E? <b>PROBE TO PRECODES</b>	Yes, definitely .....1	
		Yes, to some extent .....2	
		No.....3	
		None were needed.....4	
		Don't know/Can't remember .....5	

**SHOW CARD 'D25'**

D25	Overall, how would you rate the quality of care you received while at the out-patient's clinic or A+E?	Excellent .....1	
		Very good.....2	
		Good .....3	
		Fair .....4	
		Poor.....5	
		Very poor .....6	
		Did not respond .....7	

D26	Would you recommend the out-patient or A+E service, where you were treated most recently, to someone else?	Yes.....1	
		No.....2	
		Don't know .....3	

**NOW GO TO SECTION G**

**SECTION 'E' : EXPERIENCE OF GP SERVICES**

△ △  
**ONLY ASK IF GP (GENERAL PRACTITIONER) CODED 2 OR 3 AT B1**

*You say you have visited your GP in the last 12 months. The following questions are about visiting your GP on your own behalf.*

<p>E1 How many times have you visited your GP in the last 12 months? <b>WRITE IN →</b></p>	<p align="center"><b>WRITE IN</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>																		
<p>E2 Thinking about your <b>most recent GP visit</b>, did you visit the GP as a ...  <b>SINGLE CODE</b></p>	<table border="1"> <tr> <td>Public patient.....</td> <td align="right">1</td> </tr> <tr> <td>Private patient .....</td> <td align="right">2</td> </tr> </table>	Public patient.....	1	Private patient .....	2														
Public patient.....	1																		
Private patient .....	2																		
<p>E3 What was the reason for your <u>most recent</u> GP visit for yourself in the last 12 months?  <b>MULTICODES OK</b></p>	<table border="1"> <tr> <td>For a repeat prescription .....</td> <td align="right">1</td> </tr> <tr> <td>For a doctor's certificate for work due to short illness/injury .....</td> <td align="right">2</td> </tr> <tr> <td>To consult for a <b>minor</b> ailment or condition.....</td> <td align="right">3</td> </tr> <tr> <td>For a follow-up visit due to a <b>major</b> chronic illness or condition.....</td> <td align="right">4</td> </tr> <tr> <td>For a routine check-up or test .....</td> <td align="right">5</td> </tr> <tr> <td>For a maternity check-up during or after pregnancy .....</td> <td align="right">6</td> </tr> <tr> <td>To accompany a child.....</td> <td align="right">7</td> </tr> <tr> <td>Other, SPECIFY &amp; CODE .....</td> <td align="right">8</td> </tr> <tr> <td>Can't recall/don't know .....</td> <td align="right">9</td> </tr> </table>	For a repeat prescription .....	1	For a doctor's certificate for work due to short illness/injury .....	2	To consult for a <b>minor</b> ailment or condition.....	3	For a follow-up visit due to a <b>major</b> chronic illness or condition.....	4	For a routine check-up or test .....	5	For a maternity check-up during or after pregnancy .....	6	To accompany a child.....	7	Other, SPECIFY & CODE .....	8	Can't recall/don't know .....	9
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To accompany a child.....	7																		
Other, SPECIFY & CODE .....	8																		
Can't recall/don't know .....	9																		
<p>E4 The last time you saw your GP or practice nurse, how long, if at all, did you have to wait for an appointment?  <b>PROBE TO PRECODES</b></p>	<table border="1"> <tr> <td>No I was seen without an appointment.....</td> <td align="right">1</td> </tr> <tr> <td>I was seen on the same working day .....</td> <td align="right">2</td> </tr> <tr> <td>I had to wait one or two working days.....</td> <td align="right">3</td> </tr> <tr> <td>I had to wait more than two working days.....</td> <td align="right">4</td> </tr> <tr> <td>It was a pre-planned appointment .....</td> <td align="right">5</td> </tr> <tr> <td>Can't recall/Don't know .....</td> <td align="right">6</td> </tr> </table>	No I was seen without an appointment.....	1	I was seen on the same working day .....	2	I had to wait one or two working days.....	3	I had to wait more than two working days.....	4	It was a pre-planned appointment .....	5	Can't recall/Don't know .....	6						
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I had to wait more than two working days.....	4																		
It was a pre-planned appointment .....	5																		
Can't recall/Don't know .....	6																		
<p>E5 Have you ever been put off going to your GP because opening hours at the surgery were inconvenient for you?  <b>PROBE TO PRECODES</b></p>	<table border="1"> <tr> <td>Yes, often.....</td> <td align="right">1</td> </tr> <tr> <td>Yes, sometimes .....</td> <td align="right">2</td> </tr> <tr> <td>No.....</td> <td align="right">3</td> </tr> </table>	Yes, often.....	1	Yes, sometimes .....	2	No.....	3												
Yes, often.....	1																		
Yes, sometimes .....	2																		
No.....	3																		

E6	Were you given enough time to discuss your health/medical problem with the person treating you? <b>PROBE TO PRECODES</b>	Yes, definitely .....1	
		Yes, to some extent .....2	
E7	Were you involved as much as you wanted to be in decisions about your care and treatment?	No.....3	
		I did not need to discuss anything .....4	
		Yes, definitely .....1	
		Yes, to some extent .....2	
		No.....3	

E8a	In the last 12 months, has anyone at your general practice referred you to a specialist for example a hospital consultant, a dietician, a physiotherapist, a speech therapist, etc?	Yes.....1	
		No.....2	
		<b>GO TO E8c</b>	
		<b>CONTINUE</b>	

**ASK IF NO (E8a). OTHERS GO TO E8c**

E8b	Should you have been referred?	Yes.....1	
		No, there was no need in past 12 months.....2	

**ASK IF YES (E8a). OTHERS GO TO E9.**

E8c	Were you given a choice about where you were referred – that is which hospital or which therapist?	Yes, I was given a choice.....1	
		No.....2	
		Can't remember.....3	

**ASK IF NO (E8c). OTHERS GO TO E9**

E8d	Would you have liked a choice?	Yes.....1	
		No, I was happy for the GP to decide .....2	

**ASK ALL**

E9	Were you given a copy of any letters exchanged between doctors about you?	Yes.....1	
		No.....2	
		Don't know/Can't remember .....3	
		No letters were exchanged .....4	

E10	Do you feel patients should receive such letters?	Yes.....1	
		No.....2	
		Don't know .....3	

<p>E11 Do you agree or disagree with the following statement ...  <i>"I am confident I can tell my doctor concerns I have, even when he or she does not ask"</i>  <b>PROBE TO PRE-CODES</b></p>	<p>Strongly agree.....1          Agree .....2          Disagree.....3          Strongly disagree .....4</p>	
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<p>E12 Did the healthcare professional explain the reasons for any treatment or action in a way that you could understand?  <b>PROBE TO PRECODES</b></p>	<p>Yes, completely .....1          Yes, to some extent .....2          No - did not explain.....3          No treatment/action taken.....4          Don't know/Can't recall.....5</p>	
--	---	--

<p>E13 If you had questions to ask the healthcare professional, did you get answers you could understand?  <b>PROBE TO PRECODES</b></p>	<p>Yes, definitely .....1          Yes, to some extent .....2          I did not have an opportunity to ask questions.....3          No - did not understand.....4          I had no questions.....5          Don't know/Can't recall.....6</p>	
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**SHOW CARD 'E14'**

E.14 How strongly do you agree or disagree with each of the following?  
**READ OUT EACH IN TURN**

<b>READ OUT EACH</b> ↓	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Disagree Strongly</b>	<b>Don't Know/Not Relevant</b>
My doctor or nurse gave me help and advice on improving my diet.....	1	2	3	4	5
My doctor or nurse gave me help and advice on regular exercise.....	1	2	3	4	5
I understand the nature and causes of my health problems or condition .....	1	2	3	4	5
I know about the different medical treatments and self-treatment options for my health problems or condition .....	1	2	3	4	5
I am confident I can follow through on medical treatments I need to do at home.....	1	2	3	4	5
I am confident I can follow through on medical recommendations my doctor makes.....	1	2	3	4	5
I am able to handle symptoms of my health (or chronic conditions) in my own at home .....	1	2	3	4	5

E15	Was your privacy respected by the doctor?	Yes.....1 No.....2	
<b>SHOW CARD 'E16'</b>			
E16	Are you able to get a seat in the waiting room at your GP surgery?	Yes, all of the time.....1 Yes, most of the time .....2 Some of the time.....3 Never or hardly ever .....4 Can't recall .....5	
<b>SHOW CARD 'E17'</b>			
E17	In your opinion, how easy or difficult would it be for people with disabilities to move around your GP surgery?	Very easy .....1 Fairly easy .....2 Fairly difficult .....3 Very difficult.....4 Don't know .....5	
<b>SHOW CARD 'E18'</b>			
E18	In your opinion, how clean was the GP surgery?	Very clean .....1 Fairly clean.....2 Not very clean .....3 Not at all clean.....4 Can't recall .....5	
E19	Did the healthcare professional listen carefully to what you had to say? <b>PROBE TO PRECODES</b>	Yes, all of the time.....1 Yes, some of the time.....2 No.....3	
E20	Did the healthcare professional treat you with respect and dignity? <b>PROBE TO PRECODES</b>	Yes, all of the time.....1 Yes, some of the time.....2 No.....3	
E21	Did you have confidence and trust in the healthcare professional? <b>PROBE TO PRECODES</b>	Yes, definitely .....1 Yes, to some extent .....2 No.....3	

E22	<p><b>SHOW CARD 'E22'</b></p> <p>Did the healthcare professionals give your family or someone close to you, all the information they needed to help you recover?</p>	Yes, definitely .....1	
		Yes, to some extent .....2	
		No.....3	
		No family or friends involved.....4	
		My family did not need/want information .....5	
		I did not want anyone to be given information .....6	

E23	<p><b>SHOW CARD 'E22' AGAIN</b></p> <p>If your family wanted to talk to a healthcare professional, did they have enough opportunity to do so?</p>	Yes, definitely .....1	
		Yes, to some extent .....2	
		No.....3	
		No family or friends involved.....4	
		My family did not need/want information .....5	
		I did not want anyone to be given information .....6	

E24	<p>Were arrangements made to continue your care or treatment after you left the surgery?</p> <p><b>PROBE TO PRECODES</b></p>	Yes, definitely .....1	
		Yes, to some extent .....2	
		No.....3	
		None were needed.....4	
		Don't know/can't remember .....5	

E25	<p>Was the main reason you went to your GP surgery dealt with to your satisfaction?</p> <p><b>PROBE TO PRECODES</b></p>	Yes, completely .....1	
		Yes, to some extent .....2	
		No.....3	

E26	<p><b>SHOW CARD 'E26'</b></p> <p>Overall, how would you rate the quality of care you received while at the GP surgery?</p>	Excellent .....1	
		Very good.....2	
		Good .....3	
		Fair .....4	
		Poor.....5	
		Very poor .....6	
		Did not respond .....7	

E27	<p>Would you recommend the GP you most recently attended to someone else?</p>	Yes .....1	
		No.....2	
		Don't know .....3	

**NOW GO TO SECTION G**

**SECTION 'F' : EXPERIENCE OF COMMUNITY HEALTH SERVICES**

**ASK ONLY IF ONE OR MORE OF NUMBER 6 TO NUMBER 29 AT B1 CODED 2 OR 3. OTHERS GO TO SECTION G**

**SHOWCARD F1**

F1 You mentioned you used some of the following community services in the last 12 months. Which of these Community Services have you availed of **most** recently?  
**SINGLE CODE**

• Mental Health Services (including non-acute Psychiatric hospitals).....	1	
• Public health nurse .....	2	
• Physiotherapist .....	3	
• Occupational therapist.....	4	
• Psychology services.....	5	
• Social worker .....	6	
• Community Welfare Officer.....	7	
• Home Help Services .....	8	
• Chiropody/Podiatry .....	9	
• Drug/ Alcohol Outreach Services .....	10	
• Speech Therapy.....	11	
• Dietician .....	12	
• Ophthalmology .....	13	
• Audiology .....	14	
• Dental Services (Public only Not Private) .....	15	
• Palliative care.(i.e. care of the dying) .....	16	
• Residential services for older people.....	17	
• Day services for older people.....	18	
• Respite services for older people .....	19	
• Home support for older people .....	20	
• Residential services for the intellectual/physical or sensory disabled.....	21	
• Day services for the intellectual/physical or sensory disabled.....	22	
• Respite services for the intellectual/physical or sensory disabled.....	23	
• Home support for the intellectual/physical or sensory disabled.....	24	

I would now like to talk to you just about your experience of \_\_\_\_\_  
**(SERVICE USED MOST RECENTLY IN F1)**

F2 How long have you been in contact with community health services? <b>PROBE TO PRECODES</b>	1 year or less .....	1	
	2 - 5 years.....	2	
	6 - 10 years.....	3	
	More than 10 years.....	4	
	Don't know/can't remember .....	5	

F3 Overall, from the time you were first referred to this service, how long did you have to wait for an appointment?	Did not wait/immediate.....	1	
	Up to a month.....	2	
	Over 1 and up to 3 months .....	3	
	4 - 6 months.....	4	
	7 - 9 months.....	5	
	More than 9 months.....	6	



**PROBE TO PRECODES**

Don't know/can't remember .....7

**ASK IF HAD TO WAIT CODES 2 - 6(F3). OTHERS GO TO F7**

F4 Were you told why you would have to wait?

Yes.....1  
No.....2  
Don't know .....3

**ASK IF NO AT F4. OTHERS GO TO F6**

F5 Would you have liked an explanation?

Yes.....1  
No, I didn't mind .....2  
Don't know .....3

F6 Do you think you should have got your appointment a bit sooner, a lot sooner or was it ok?

A bit sooner.....1  
A lot sooner.....2  
It was ok .....3

**ASK ALL**

F7 Did the healthcare team treating you **listen carefully** to you?

**PROBE TO PRECODES**

Yes, definitely .....1  
Yes, to some extent .....2  
No.....3

F8 Did you have **confidence and trust** in the healthcare team treating you?

**PROBE TO PRECODES**

Yes, definitely .....1  
Yes, to some extent .....2  
No.....3

F9 Did you have enough say in **decisions** about your care and treatment?

**PROBE TO PRECODES**

Yes, definitely .....1  
Yes, to some extent .....2  
No.....3

F10 Were you given enough time to discuss your health/medical problem with the person providing the service?

**PROBE TO PRECODES**

Yes, completely .....1  
Yes, to some extent .....2  
No.....3

**SHOWCARD F11**

F11 Did you receive copies of letters sent between the person providing the service and your doctor?

Yes, I received copies of all letters .....	1	
I received copies of some, but not all, letters .....	2	
No, I did not receive copies of any letters .....	3	
I do not know if any letters were sent.....	4	
I asked not to receive copies of any letters.....	5	

F12 Were you given information about the different medical treatments and self-treatment options for your health problems or condition?

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

**ASK IF YES (F12). OTHERS GO TO F16**

F13 Was the information given ...  
**READ OUT**

In writing .....	1	
Verbally .....	2	
Both.....	3	

F14 How much information about your condition or treatment was given to you?  
**READ OUT**

Not enough.....	1	
The right amount .....	2	
Too much .....	3	

F15 Did you understand the information given to you?

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

**ASK ALL**

F16 Was your privacy respected by the person providing the service?

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

**SHOWCARD 'F17'**

F17 In your opinion, how clean or not were the rooms or clinic where you received the service?

Very clean .....	1	
Fairly clean.....	2	
Not very clean .....	3	
Not at all clean.....	4	
Can't say.....	5	

**INTERVIEWER READ OUT:**

*Some community health service users attend day services where staff are available to help with problems, and activities are arranged.*

F18 In the past two months, how often have you attended day services?

Most days.....	1	
Once or twice a week.....	2	
Once or twice a month .....	3	
I have not attended day services in the last two months .....	4	

**ASK IF CODE 1-3 F18. OTHERS GO TO F22**

F19	Did you find the day services helpful?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No..... 3	
-----	--	---	--

F20	Did the person providing the service <b>listen carefully</b> to what you had to say?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No..... 3	
-----	--	---	--

F21	Did the person providing the service treat you with <b>respect and dignity</b> ?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No..... 3	
-----	--	---	--

**ASK ALL  
SHOWCARD F22**

F22	Has a member of your family or someone else close to you been given enough information from the community health services about your health problems?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No, but they would have liked some information ..... 3 No, but they got information from somewhere else ..... 4 No information was needed ..... 5 I did not want information given to my family ..... 6	
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**SHOWCARD F23**

F 23	Has a member of your family or someone else close to you had enough support from the community health services?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No, they have not had any support from the Health services ..... 3 No support was needed ..... 4	
------	---	---	--

F 24	If this was an going service, were you involved in the decision about your discharge from the service?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No..... 3 Not applicable ..... 4	
------	--	---	--

F25	Were you satisfied that everyone who needed to be informed (GP, other health professionals, family) got adequate information?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No..... 3 Not applicable ..... 4	
-----	---	---	--

**CHECK BACK TO F1. IF USED MENTAL HEALTH SERVICES PAST 12 MONTHS  
(CODE 1) ASK F26-F30. OTHERS GO TO F31**

F26	Have you seen a psychiatrist/ doctor/psychiatric nurse in the last 12 months?	Yes..... 1 No..... 2
-----	---	-------------------------

F27	Were various options such as counselling offered to you?	Yes..... 1 No..... 2 Don't know/can't remember ..... 3
-----	---	--

F28	Did you have enough say in decisions about your care and treatment?	Yes, Definitely ..... 1 Yes, to some extent ..... 2 No..... 3
-----	---	---

F29	In the last 12 months, have you taken any <b>medications</b> for your mental health problems?	Yes..... 1 No..... 2 Can't remember..... 3
-----	---	--

F30	Do you have a say in <b>decisions</b> about the medication you take?	Yes, definitely ..... 1 Yes, to some extent ..... 2 No..... 3
-----	--	---

**ASK ALL**

F31	Was the <b>main reason</b> that you required community health services dealt with to your satisfaction?	Yes, completely ..... 1 Yes, to some extent ..... 2 No..... 3
-----	--	---

**SHOW CARD 'F32'**

F32	Overall, how would you rate the services or care you have received from community health services in the last 12 months?	Excellent ..... 1 Very good..... 2 Good ..... 3 Fair ..... 4 Poor..... 5 Very poor ..... 6 Did not respond ..... 7
-----	--	--

**NOW GO TO SECTION G**

<b>SECTION 'G' : STORIES</b>
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**INTERVIEWER:** IF RESPONDENT WAS NOT ELIGIBLE FOR ANY SECTION C TO F SO FAR - I.E NO SERVICES USED AT B1 - SHOW EACH OF THE 4 STORIES BELOW AND RECORD ANSWER FOR EACH ONE.

IF RESPONDENT HAS ANSWERED ANY SECTION C,D,E OR F THEN ONLY SHOW THE ONE STORY MATCHING THE COLOUR OF FRONT COVER OF THIS QUESTIONNAIRE.

**SHOW CARD G1-G4**

These stories are about different experiences of health care services. Please tell us how you would rate these experiences - on a scale of 1 - 5 where 1 = very good and 5 = bad.

**ASK BLUE FRONT COVER ONLY - SHOWCARD G1**

<b>Vincent</b> has a history of chest pain. He usually goes to the public hospital for his check-up. One day, he had severe pain in his chest and had to be rushed to hospital. As soon as he got there, the doctors decided that they had to quickly run tests and take a blood sample. They did not ask him for his permission because of the rush and because the tests were not dangerous or painful. <b>HOW WOULD YOU RATE VINCENTS EXPERIENCE?</b>						
Very good 1	Good 2	Moderate 3	Very bad 4	Bad 5	Don't know 6	

**ASK PINK FRONT COVER ONLY - SHOWCARD G2**

<b>Patricia</b> regularly uses a nearby clinic. She often has headaches. The nurses there gave her little attention during her last visit. The nurse said to Patricia that she doesn't need to come so often; there were sicker people that needed the clinic's attention. <b>HOW WOULD YOU RATE PATRICIAS EXPERIENCE?</b>						
Very good 1	Good 2	Moderate 3	Very bad 4	Bad 5	Don't know 6	

**ASK YELLOW FRONT COVER ONLY - SHOWCARD G3**

<b>Dora</b> has to stay in hospital for two months after breaking her leg. Her mother could not come to see her as visiting hours coincided with her working hours. On request, the hospital allowed Dora's mother to visit at a more convenient hour. <b>HOW WOULD YOU RATE DORAS XPERIENCE?</b>						
Very good 1	Good 2	Moderate 3	Very bad 4	Bad 5	Don't know 6	

**ASK GREEN FRONT COVER ONLY - SHOWCARD G4**

<b>Thomas</b> has noticed that he cannot see very well anymore. He goes to the doctor, who tells him he has cataracts and that he needs an operation. The doctor has explained to Thomas what has to be done. He does not understand everything and asks the doctor to explain more. The doctor does take time to explain the procedure again, but Thomas still does not fully understand. <b>HOW WOULD YOU RATE THOMAS' EXPERIENCE?</b>						
Very good 1	Good 2	Moderate 3	Very bad 4	Bad 5	Don't know 6	

**SECTION 'H' : KNOWLEDGE ABOUT HEALTH SERVICES**

**ASK EVERYONE**

H1a The Irish health services have recently been reformed. Do you know what the letters HSE mean or not?  
**DO NOT PROMPT**

Yes - Health Service Executive ..... 1	
Yes - other (WRITE IN _____ _____ & CODE)..... 2	
No..... 3	

H1b Do you know what the HSE replaced?  
**DO NOT PROMPT**

Yes - The Health Boards ..... 1	
Yes - other (WRITE IN _____ _____ & CODE)..... 2	
No..... 3	

H1c Do you know what the HSE does?  
**DO NOT PROMPT**

No..... 1	
Yes - Manages Health Service..... 2	
Yes - other (WRITE IN _____ _____ & CODE)..... 3	

H1d There are four administrative units in the new HSE. Can you name the one you are living in?  
**DO NOT PROMPT**

HSE Dublin North East ..... 1	
HSE Dublin Mid-Leinster ..... 2	
HSE West ..... 3	
HSE South ..... 4	
Don't know ..... 5	

H2 Do you know what PCCC stands for?  
**DO NOT PROMPT**

Yes - Primary, Community and Continuing Care..... 1	
Yes - other (WRITE IN _____ _____ & CODE)..... 2	
No..... 3	
Did not respond ..... 4	

H3	Do you know what the Department of Health and Children is? <b>DO NOT PROMPT</b>	Yes - Government Department .....1 Yes - A government department with policy responsibility for health matters ..... 2 No..... 3 Did not respond ..... 4	
H4	Are you registered with a GP?	Yes..... 1 No..... 2	
H5	To your knowledge, how far do you live from your nearest GP – (in miles or kilometres)?	<p style="text-align: center;"><b>Interviewer record distance</b></p> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> In Miles <i>Or ...</i> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> In kilometers CODE DON'T KNOW AS: <input type="text"/> <input type="text"/>	
H6	To your knowledge, how far do you live from your nearest general hospital – (in miles or kilometres)?	<p style="text-align: center;"><b>Interviewer record distance</b></p> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> In Miles <i>Or ...</i> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> In kilometers CODE DON'T KNOW AS: <input type="text"/> <input type="text"/>	
H7	Do you think that <u>A&amp;E hospital services</u> should be provided in every county?	Yes .....1 No..... 2 Don't know..... 3	
H8	Do you think that <u>Acute hospital services</u> should be provided in every county?	Yes .....1 No..... 2 Don't know..... 3	
H9	Research evidence indicates that specialist centres provide better outcomes for illnesses such as cancer and better rehabilitation from conditions such as stroke. However this means concentrating services in fewer centres. In such circumstances would you want to be treated in such a centre if you became ill?	Yes .....1 No..... 2 Don't know..... 3	

H10	How important is <b>ease of access</b> to you in accessing such a specialist centre?	Very important .....	1	
		Somewhat important .....	2	
		Not very important .....	3	
		Not important at all.....	4	
		Don't know.....	5	

H11 To what extent do you feel you have the same, better or worse opportunities to access the following services as everyone else? **PROBE TO PRECODES**

READ OUT ↓	Same	Better	Worse	Don't Know
GP/primary care .....	1	2	3	4
Accident & Emergency .....	1	2	3	4
Mental health services.....	1	2	3	4

H12	Compared to <u>other health services</u> , do you feel <u>mental health services</u> are more accessible, less accessible or just as accessible to you and your family?	More accessible.....	1	
		Less accessible .....	2	
		Just as accessible as other health services.....	3	
		Don't know .....	4	

H13	Are you aware that the Data Protection Act protects information about you and your medical records?	Yes.....	1	
		No.....	2	

H14	Are you aware that the Freedom of Information Act allows you to access your patient records?	Yes.....	1	
		No.....	2	

H15	Are you aware of the Patient's Charter?	Yes.....	1	
		No.....	2	

**ASK IF YES. OTHERS H17**

H16	Which patient charter have you read?	The EU Patient's charter.....	1	
		The patient's charter of 1994 for all Irish hospitals .....	2	
		Charters specific to the hospital in my area .....	3	
		Other ( <b>WRITE IN</b> _____ <b>CODE</b> ) .....	4	
		Don't know/Can't recall .....	5	

H17	Are you aware of the complaints procedure within the hospital/GP practice/community	Yes.....	1	
		No.....	2	



	health service?		
H18	Did you ever wish to make a complaint about some aspect of the Health Service?	Yes.....1 No.....2	
H19	If you wanted to make a complaint, would you know how to make it?	Yes.....1 No.....2	
H20	What would prevent you from making a complaint? <b>PROBE TO PRECODES</b>	Wouldn't know how.....1 Afraid to .....2 Concerned it would affect my care.....3 Other ( <b>Write in</b> _____ <b>Code</b> ) .....4 Don't know .....5	
H21	<i><b>SHOWCARD 'H21'</b></i> If you ever made a complaint about health services, were you satisfied with the outcome of your complaint? <b>PROBE TO PRECODES</b>	Yes - Satisfied .....1 Yes - Somewhat satisfied .....2 No - Not satisfied .....3 No - Not at all satisfied .....4 Never made complaint.....5	
H22	Are you aware that under the Health Act 2003, there is provision for a <b>complaints procedure</b> to be rolled out in January 2007?	Yes.....1 No.....2	

## SECTION 'J' : ABOUT YOU AND YOUR HOUSEHOLD (DEMOGRAPHICS)

*This part is about you and people in your household in general.*

J1	What age were you when you left school?	<b>Age leaving school (WRITE IN)</b> <div style="display: flex; justify-content: center; gap: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	
J2	What did your education include?	No schooling.....1 Primary school education only .....2 Some secondary education.....3 Complete secondary education.....4 <b>Some</b> third level education at college, university, RTC/ IT .....5 <b>Complete</b> third level education at college, university, RTC/ IT .....6	
J3	What is your present marital status?	Married.....1 Cohabiting.....2 Widowed.....3 Single/ never married.....4 Separated.....5 Divorced.....6 Refused.....7	
J4	What type of accommodation do you live in?	Detached house .....1 Apartment block .....2 Semi-detached/ end of terrace.....3 Mid terrace.....4 Multi-storey flats.....5 Other (WRITE IN _____ _____ & CODE).....6	
J5	Is your home ...?	Owned with mortgage .....1 Owned outright.....2 Rented privately.....3 Rented from Council .....4 Other (WRITE IN _____ _____ & CODE).....5	
J6	How many people are there in your household?	<b>No. of people in household (WRITE IN)</b> <div style="display: flex; justify-content: center; gap: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	



J7a Are there any children aged 15 years or under in your household?  
 J7b **IF YES:** How many?

Yes .....	1	<b>CONTINUE</b>		
No .....	2	<b>SKIP TO J8</b>		
<hr/>				
<b>No. of people in household 15 or under (WRITE IN)</b>				
<table border="1" style="display: inline-table; margin: 0 auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				

**ASK ALL**

J8 What is your job title? *(If you are not in a paid job at the moment give title of your last job if you had one). Descriptions like student, housewife, retired also accepted.*

<b>Job Title Now:</b> _____ <i>(IF YOU ARE THE PRINCIPAL WAGE EARNER, PLEASE SKIP TO J.10)</i>	
<b>Previous job title</b> (if applicable): _____	

**IF YOU ARE NOT THE PRINCIPAL WAGE EARNER, PLEASE ANSWER THE FOLLOWING ABOUT THE PRINCIPAL WAGE EARNER IN YOUR HOUSEHOLD IF THERE IS ONE.**

J9 What is his/her job title? *(If they are not in a paid job at the moment give title of their last job if they had one).*

<b>Job Title Now:</b> _____ <i>(IF YOU ARE THE PRINCIPAL WAGE EARNER, PLEASE SKIP TO J.10)</i>	
<b>Previous job title</b> (if applicable): _____	

**ASK ALL**

J10 **SHOW CARD 'J10'**  
 What is your current employment situation?

<b>At work:</b>	Employee.....	1
	Self employed .....	2
	Homemaker .....	3
	Seeking work for first time .....	4
	Unemployed .....	5
	At school, student .....	6
	Wholly Retired .....	7
	Unable to work owing to permanent sickness/ disability .....	8
	Other .....	9

J11 Are you ...

A manager.....	1
Foreman/supervisor .....	2
Other employee.....	3
Self employed .....	4
None .....	5

**IF SELF-EMPLOYED**

J12a Do you employ other people?

Yes .....1 CONTINUE  
No .....2 SKIP TO J13

J12b **IF YES:** How many people do you employ?

No. of people employed (WRITE IN)

--	--

**ASK ALL**

J13 If you are a farmer, how many acres of land do you/your partner farm?

No. of Acres Farmed (WRITE IN)

--	--

**ASK ALL**

J14a Do you have a medical card?

Yes .....1  
No .....2  
I applied but was refused .....3

J14b Do you have a GP visit card?

Yes .....1  
No .....2  
I applied but was refused .....3

**ASK IF APPLIED BUT REFUSED CODE 3 J14B. OTHERS GO TO J15**

J14c How satisfied were you with how your application was processed?

Yes- satisfied .....1  
Yes - somewhat satisfied .....2  
No - not satisfied .....3  
No - not at all satisfied .....4

**PROBE TO PRECODES**

**ASK ALL**

J15 Do you have private health insurance that covers the cost for private medical treatment (for example VHI, BUPA, VIVAS)?

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

J16 Do you have the use of a car (including vans, minibuses, etc)?

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

**SHOWCARD J17**

J17 Looking at this card, please tell me the letter that corresponds with what is your household's total net income **per week**, i.e. the take-home family weekly income from all sources (include social benefits, etc)?

A. Under €320 per week .....1  
B. €320 to under €950 per week .....2  
C. €950 or more per week .....3  
Refused .....4

J18	What is your nationality?	Irish.....1	
		Other nationality (Specify & _____ Code).....2	
		No nationality.....3	

J19a	Do you currently smoke cigarettes, cigars or a pipe?	Yes.....1	
		No.....2	

**ASK IF YES.J19a OTHERS GO TO J22**

J19b	Do you smoke cigarettes <u>now</u> ?	Used to but not now .....1	<b>Go to J28</b>	
		No.....2		
		Yes, regularly (2 plus per day) .....3	<b>CONTINUE</b>	
		Yes, occasionally (usually < 1 per day) .....4		

J20	In a day, how many of the following cigarettes do you usually smoke ... ... branded (write in no) ... hand rolled (write in no.) e.g. 5 = <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>5</td></tr></table> 0 = <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>0</td></tr></table>	0	5	0	0	<b>No of branded cigarettes smoked (WRITE IN)</b>	
		0	5				
		0	0				
		<table border="1" style="margin: auto;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>					
<b>No of hand-rolled cigarettes smoked (WRITE IN)</b>							
<table border="1" style="margin: auto;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>							

J21	For how many years have you been a smoker?	<b>No. of years smoking (WRITE IN)</b>	
		<table border="1" style="margin: auto;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>	

J22	Have you ever smoked cigars or cigarillos?	No.....1	
		Used to but not now .....2	
		Now smoke occasionally (usually less than 1 per day) .....3	
		Now smoke regularly (2 plus per day) .....4	

**ASK IF SMOKE AT J22 (CODE 3 OR 4), OTHERS GO TO J24**

J23	About how many cigars/ cigarillos do you smoke per week?	<b>No. of cigars/cigarillos smoked per week (WRITE IN)</b>	
		<table border="1" style="margin: auto;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>	

J24	Have you ever smoked a pipe?	No.....1	
		Used to but not now .....2	
		Now smoke occasionally (usually less than 1 per day) .....3	
		Now smoke regularly (2 plus per day) .....4	

**ASK IF SMOKE AT J24 (CODE 3 OR 4), OTHERS GO TO J26**

J25	About how much pipe tobacco do you smoke per week – in ounces (or in grams)	<p><b>Ounces of pipe tobacco smoked per week (WRITE IN)</b></p> <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p><i>or ... Grams of pipe tobacco smoked per week (WRITE IN)</i></p> <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>					

**ASK IF SMOKER AT J19a. OTHERS GO TO J28**

J26	As a smoker, do you ever receive information on stopping smoking?	Yes.....1 No.....2 -----	
J27	<b>IF YES:</b> Was it from ...	Quit Smoking helpline .....1 Information leaflet .....2 One to one information and support .....3 Other ( <b>WRITE IN</b> ..... <b>CODE</b> ) ...4 Don't know/can't recall.....5	

**ASK ALL  
SHOW CARD 'J28'**

J28	A national ban on smoking in all indoor public areas and the workplace was implemented in Ireland in April 2004? How strongly do you agree or disagree with the ban?	Strongly agree.....1 Agree .....2 Disagree.....3 Strongly Disagree.....4 Not relevant .....5	
-----	--	--	--

**SHOW CARD 'J28' AGAIN**

J29	Would you agree or disagree with a total site ban on smoking in all <u>health care facilities</u> in Ireland, including the outdoor grounds?	Strongly agree.....1 Agree .....2 Disagree.....3 Strongly Disagree.....4 Not relevant .....5	
-----	--	--	--

*Thank you for participating.  
Just to reiterate that all your answers are totally confidential.*