

# Interviewer No.

#### Interviewer note: Show the respondent the participant information sheet and then ask:

**QA (Consent).** Can you please confirm that you have read and understood the information sheet I have shown you and are happy to proceed?

Yes	1
No	2 <u>CLOSE</u>

#### ASK ALL SINGLE CODE SHOW CARD A1

Q.58 How would you define your current situation with regard to work?

Norking for payment or profit	
Looking for first regular job	
Jnemployed, having lost or given up previous job	
Actively looking for work after voluntary interruption of working life (for 12 months or more) for persor	nal
or domestic reasons	
Student or pupil	
Engaged on home duties	
Retired from employment	
Jnable to work due to permanent sickness or disability	
Other (please specify)	

#### SINGLE CODE

Q.52 Code Gender

Male	1
Female	2



**GENERAL HEALTH** 

#### ASK ALL

Firstly, I would like to ask you a few questions about your general health...

ASK ALL SINGLE CODE SHOW CARD B1

**Q.1** How is your health in general?

Very Good	1
Good	2
Fair	3
Bad	4
Very Bad	
Don't Know (DNRO)	6
Refused (DNRO)	7

#### SINGLE CODE

**Q.2** Do you have any long standing illness or health problem i.e. problems which have lasted or will last for at least <u>6 months</u> or more?

Yes	1
No	2
Don't Know (DNRO)	3
Refused (DNRO)	4

#### SINGLE CODE SHOW CARD B2

**Q.3** For at least the past six months to what extent have you been limited in everyday activities because of health problems i.e. an on-going physical or mental health problem, illness or disability?

Severely Limited	1
Limited but not severely	2
Not limited at all	
Don't Know (DNRO)	4
Refused (DNRO)	5



#### MULTI CODE

Q.4 Do you currently have any of the following conditions that has been confirmed by a medical diagnosis?

#### SHOW CARD B3

Chronic lung disease such as chronic bronchitis or emphysema	
Asthma	
Arthritis (including osteoarthritis, or rheumatism)	
Osteoporosis, sometimes called thin or brittle bones	
Cancer or a malignant tumour (including leukaemia or lymphoma but	
excluding minor skin cancers)	
Parkinson's disease	
Any emotional, nervous or psychiatric problems, such as depression or	
anxiety	
Alcohol or substance abuse	
Alzheimer's disease	
Dementia, organic brain syndrome, senility	
Serious memory impairment	
Stomach ulcers	
Varicose Ulcers (an ulcer due to varicose veins)	
Cirrhosis, or serious liver damage	
High blood pressure or hypertension	
Angina	
A heart attack (including myocardial infarction or coronary thrombosis)	
Congestive heart failure	
Diabetes or high blood sugar	
A stroke (cerebral vascular disease)	
Ministroke or TIA	
High cholesterol	
A heart murmur	
An abnormal heart rhythm	
Any other heart trouble (specify)	
Don't Know	
Refused	
None of these	



Moving on, I would now like to ask you a few questions relating to tobacco consumption.....

ASK ALL SINGLE CODE SHOW CARD C1

Q.6 Do you smoke tobacco products?

Yes, daily	1 <u>GO TO Q9a</u>
Yes, occasionally	2 GO TO Q9b
No	3 GO TO Q7
Don't Know (DNRO)	4 GO TO Q10
Refused (DNRO)	

#### ASK Q.7 IF CODE 3 SELECTED AT Q.6 SINGLE CODE SHOW CARD C2

Q.7 Did you ever smoke tobacco products (in the past)?

Yes, daily	1 <u>GO TO Q8</u>
Yes, occasionally	2 GO TO Q8
No	3 GO TO Q10
Don't Know (DNRO)	4 GO TO Q10
Refused (DNRO)	

#### ASK Q.8 IF CODE 1 OR 2 SELECTED AT Q.7 SINGLE CODE SHOW CARD C3

**Q.8** About how long has it been since you last smoked tobacco products?

Within the past month (anytime< than 1 month ago)	1
Within the past 3 months (1 month but < than 3 months ago)	2
Within the past 6 months (3 months but < than 6 months ago)	3
Within the past year (6 months but < than 1 year ago)	4
Within the past 5 years (1 year but < than 5 years ago)	5
Within the past 10 years (5 years but < than 10 years ago)	6
10 or more years ago	7
Don't Know (DNRO)	8
Refused (DNRO)	9

#### ASK Q.9a IF CODE 1 AT Q.6. LIMIT RANGE TO 0-199. INTERVIEWER NOTE: IF RESPONDENT HAS DIFFICULTY ASK THEM TO ESTIMATE THE AMOUNT THEY SMOKE FOR THE PRODUCT THEY SMOKE MOST OFTEN. SHOW CARD C4

Q.9a On average how many of the following tobacco products do you smoke each day?

#### **RECORD NO. OF CIGARETTES ETC. SMOKED DAILY**

Manufactured cigarettes	
Hand-rolled cigarettes	
Pipes full of tobacco	
Cigars	
Any others (please specify)	

#### Ipsos MRBI ASK Q.9b IF CODE 2 AT Q.6. LIMIT RANGE TO 0-499. INTERVIEWER NOTE: IF RESPONDENT HAS DIFFICULTY, ASK THEM TO ESTIMATE THE AMOUNT THEY SMOKE FOR THE PRODUCT THEY SMOKE MOST OFTEN. SHOW CARD C5

Q.9b On average how many of the following tobacco products do you smoke each week?

Manufactured cigarettes	
Hand-rolled cigarettes	
Pipes full of tobacco	
Cigars	
Any others (please specify)	
Smokes less often than once a week	

#### ASK ALL SINGLE CODE SHOW CARD C6

**Q.10** Which of the following statements BEST applies to you?

I have never heard of e-cigarettes and	
have never tried them	1
I have heard of e-cigarettes but	
have never tried them	2
I have tried e-cigarettes but do not use them (anymore)	3
I have tried e-cigarettes and still use them	4
Don't know (DNRO)	5
Refused (DNRO)	6

IF CODE 3 AT Q6 AND 3 AT Q7. Go to next Section ' Physical Activity'

#### ASK Q.11 IF CODE 1 OR 2 AT Q.6 OR IF CODE 1, 2, 3 OR 4 AT Q.8 SINGLE CODE

**Q.11** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Yes	1
No	2
Don't Know (DNRO)	
Refused (DNRO)	

#### ASK Q.12 IF CODE 1 AT Q.11 MULTICODE SHOW CARD C7

Q.12 During your last attempt to give up, did you use any help?

Nicotine patches, gum, lozenges, spray Varenicline/Champix or Buproprion/Zyban	1
(prescribed medication)	2
Äcupuncture	3
Smokers telephone Quitline/Helpline	4
www.quit.ie	5
www.facebook.com/HSEquit	6
E-cigarettes	7
Other aid, help, support (please specify)	8
No help used	9
Don't Know (DNRO)	10
Refused (DNRO)	11



#### ASK Q.341 IF NOT CODED 4, 5 OR 6 AT Q.12

Q.341 For what reason did you not use any help from a smoking cessation service?

Unaware I could get help	1
Aware I could get help, but preferred	
to quit without help	2
Had used help on a previous quit attempt,	
but it didn't work	3
Don't Know (DNRO)	4
Refused (DNRO)	5

#### SHOW CARD C8

**Q.340** Thinking of your most recent attempt to quit, what single reason best describes what led you to make the attempt to quit?

I was concerned about my own health Friends/family concerned about my health I was concerned about the health of people	1 2
inhaling my second-hand smoke	3
I was advised to quit by a health professional	4
Advertising in newspapers, radio, TV or online	5
Health warnings on tobacco packaging	6
Restrictions on smoking in workplace/public	
places made it hard to continue	7
I felt left out/socially stigmatised as a smoker	8
I was concerned about the cost	9
Don't Know (DNRO)	10
Refused (DNRO)	11

#### ASK Q.342 IF CODE 1 AT Q.11 AND CODE 1 OR 2 AT Q.6

SINGLE CODE

**Q.342** For how long did you stop smoking on your last attempt to quit?

Less than 1 week	1
Between 1 week and 1 month	2
More than 1 month, up to 6 months	3
More than 6 months	4
Don't Know (DNRO)	5
Refused (DNRO)	6

#### ASK Q.13 IF CODE 1 OR 2 AT Q.6 SINGLE CODE SHOW CARD C9

Q.13 Are you currently ...?

Trying to quit	1
Actively planning to quit	
Thinking about quitting but not planning to	3
Not thinking about quitting	4
Don't Know (DNRO)	5
Refused (DNRO)	6





**Q.115** In the last 12 months did any of the following health professionals discuss ways of giving up smoking with you?

	Saw this health professional in the last 12 months and discussed ways of giving up smoking	Saw this health professional in the last 12 months but did not discuss ways of giving up smoking	Did not see this health professional in the last 12 months	Don't Know (DNRO)
GP/family doctor	1	2	3	4
Dentist	1	2	3	4
Pharmacist	1	2	3	4
Hospital doctor	1	2	3	4
Nurse	1	2	3	4
HSE Smoking Cessation Officer	1	2	3	4
Other health professional	1	2	3	4



#### I am now going to ask about your physical activity and inactivity levels

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 house and work in the garden, to get from place to place, and in

your spare time for recreation, exercise or sport.

#### ASK ALL

Now, think about all the vigorous activities which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may <u>include</u> heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at

#### least 10 minutes at a time.

**Q.401** During the <u>last 7 days</u> on how many days did you do <u>vigorous physical activities</u> like heavy lifting, competitive sport or fast cycling?

#### RECORD DAYS PER WEEK.

No vigorous physical activities ...... 1 GO TO Q.403

#### ASK IF 1 OR MORE DAYS SPECIFIED AT Q.401. DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Q.402 How much time did you spend doing vigorous physical activities on one of those days?

<b>RECORD ANSWER</b>	
Minutes per day	
Don't Know/Not Sure (I	DNRO)98

Validate if more than 120 mins, or less than 5 mins - "You have indicated that the respondent has spent X minutes doing vigorous physical activities, please confirm that this is correct. Please ensure you are entering minutes and not hours"

#### ASK ALL

<u>Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities</u> <u>that take moderate physical effort and make you breathe somewhat harder than normal. Think</u>

only about those physical activities that you did for at least 10 minutes at a time.

#### ASK ALL

**Q.403** During the <u>last 7 days</u> on how many days did you do <u>moderate physical activities</u> like carrying light loads, cycling at a regular pace, or light jogging? <u>Do not include walking</u>.

#### RECORD DAYS PER WEEK.

No moderate physical activities ...... 1 GO TO Q.405

#### ASK IF 1 OR MORE DAYS SPECIFIED AT Q.403 DON'T ALLOW 0. CAN'T BE MORE THAN 1440.



**Q.404** How much time did you usually spend doing moderate physical activities on one of those days?

<b>RECORD ANSWER</b>	
Minutes per day	
Don't Know/Not Sure (I	DNRO)98

<u>Validate if more than 120 mins, or less than 5 mins -</u> "You have indicated that the respondent has spent X minutes doing moderate physical activities, please confirm that this is correct. Please ensure you are entering minutes and not hours"

#### ASK ALL

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.

Q.405 During the last 7 days on how many days did you walk for at least 10 minutes at a time?

#### **RECORD DAYS PER WEEK.**

No walking..... 1 GO TO Q.407

#### ASK IF 1 OR MORE DAYS SPECIFIED AT Q.405 DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Q.406 How much time did you usually spend walking on one of those days?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (I	ONRO)98

<u>Validate if more than 120 mins, or less than 5 mins -</u> "You have indicated that the respondent has spent X minutes doing walking, please confirm that this is correct. Please ensure you are entering minutes and not hours"

#### ASK ALL

The following questions are about the time you spent sitting on weekdays/workdays, and separately, on weekends/days off during the last 7 days. Include time spent sitting at work, while travelling and during leisure time.

CAN'T BE MORE THAN 1440. DON'T ALLOW '0'-

<u>Validate if more than 120 mins, or less than 60 mins -</u> "You have indicated that the respondent has spent X minutes doing sitting, please confirm that this is correct? Please ensure you are entering minutes and not hours"

Q.407 During the last 7 days, how much time did you spend sitting on a weekday or work day?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (I	DNRO)98



#### **INTERVIEWER NOTE:**

<u>1 HOUR = 60 MINS, 2 HOURS = 120 MINS, 3 HOURS = 180 MINS, 4 HOURS = 240 MINS, 5 HOURS = 300 MINS, 6 HOURS = 360 MINS, 7 HOURS = 420 MINS, 8 HOURS = 480 MINS, 9 HOURS = 540 MINS, 10 HOURS = 600 MINS, 11 HOURS = 660 MINS, 12 HOURS = 720 MINS, 13 HOURS = 780 MINS, 14 HOURS = 840 MINS, 15 HOURS = 900 MINS, 16 HOURS = 960 MINS.</u>

Q.408 During the last 7 days, how much time did you spend sitting on a weekend day or day off?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (I	ONRO)98

CAN'T BE MORE THAN 1440. DON'T ALLOW '0'

<u>Validate if more than 120 mins, or less than 60 mins -</u> "You have indicated that the respondent has spent X minutes doing sitting, please confirm that this is correct? Please ensure you are entering minutes and not hours"

#### **INTERVIEWER NOTE:**

<u>1 HOUR = 60 MINS, 2 HOURS = 120 MINS, 3 HOURS = 180 MINS, 4 HOURS = 240 MINS, 5 HOURS = 300 MINS, 6 HOURS = 360 MINS, 7 HOURS = 420 MINS, 8 HOURS = 480 MINS, 9 HOURS = 540 MINS, 10 HOURS = 600 MINS, 11 HOURS = 660 MINS, 12 HOURS = 720 MINS, 13 HOURS = 780 MINS, 14 HOURS = 840 MINS, 15 HOURS = 900 MINS, 16 HOURS = 960 MINS.</u>

#### ASK ALL SINGLE CODE

Q.409 Would you like to be more active than you are at the moment?

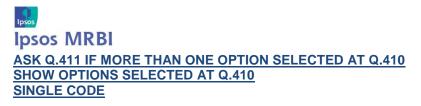
Yes	1
No	2
Don't Know (DNRO)	3
Refused (DNRO)	

#### ASK Q.410 IF CODE 1 AT Q.409 MULTICODE

Q.410 For what reasons are you not more physically active than you are at the moment?

Too busy – looking after family	1
Too busy – work/study	2
Too busy – other reasons	3
Too tired	4
Prefer to spend time doing other things	5
Injury/disability prevents physical activity	6
No suitable facilities	7
Can't afford the costs of participating	8
Afraid of injury	9
Embarrassed about how I look	10
Something else (please specify)	11
Don't Know (DNRO)	12
Refused (DNRO)	13





**Q.411** And which of these is the main reason why you are not more physically active than you are at the moment?

Too busy – looking after family	
	2
Too busy – other reasons	3
Too tired	4
Prefer to spend time doing other things	5
Injury/disability prevents physical activity	6
No suitable facilities	7
Can't afford the costs of participating	8
Afraid of injury	9
Embarrassed about how I look	10
Something else (please specify)	11
Don't Know (DNRO)	12
Refused (DNRO)	13



Moving on, I would now like to ask you some questions about your use of sunbeds and your exposure to the sun

#### ASK ALL SINGLE CODE

Q.413 Thinking now of sunbeds. Which of these statements best applies to you?

#### SHOWCARD 413

I use sunbeds regularly	1
I use sunbeds from time-to-time	2
I have used sunbeds in the past, but do not use	
them any more	3
I have never used a sunbed, but may use one	
in the future	4
I have never used a sunbed, and never intend	
to use one in the future	5
Don't Know (DNRO)	6
Refused (DNRO)	7

#### ASK ALL MULTICODE, EXCEPT CODE 8

**Q.412** Which, if any, of these sun protection methods do you use when in the sun for more than 30 minutes at a time?

#### SHOWCARD 412

1
2
3
4
5
6
7
8
9
10



#### I would now like to ask about your sleep habits.

**Q.414** How many hours of sleep do you have on an average week night or work night? You can tell me to the nearest half hour.

RECORD ANSWER	
Hours per day	XX.X
Don't Know/Not Sure (I	DNRO)98

Permitted range: 1 hour to 15 hours

<u>Validate if more than 10.0 hours or less than 5.0 hours -</u> "You have indicated that the respondent sleeps X hours on an average week night or work night, please confirm that this is correct."

ASK ALL SINGLE CODE

Q.415 How likely are you to doze off or fall asleep during the day?

#### **SHOWCARD 415**

Would never doze 1	
Slight chance of dozing 2	2
Moderate chance of dozing	3
High chance of dozing 4	4
Don't Know (DNRO) 5	5
Refused (DNRO)	

#### ASK ALL SINGLE CODE

Q.416 How often do you have trouble falling asleep?

#### **SHOWCARD 416**

Most of the time	1
Sometimes	2
Rarely	3
Never	4
Don't Know (DNRO)	5
Refused (DNRO)	6

#### ASK ALL SINGLE CODE

Q.417 How often do you have trouble with waking up too early and not being able to fall asleep again?

#### SHOWCARD 417

Most of the time	1
Sometimes	2
Rarely	3
Never	4
Don't Know (DNRO)	5
Refused (DNRO)	6





**Q.418** Thinking about the last 12 months, how often are you bothered or distrubed by noise you when you are trying to sleep?

#### **SHOWCARD 418**

Most of the time	1
Sometimes	2
Rarely	3
Never	4
Don't Know (DNRO)	5
Refused (DNRO)	

#### ASK ALL SINGLE CODE

Q.419 During the past month, how would you rate your sleep quality overall? Would you say it was...

#### INTERVIEWER READ OUT. FLIP SCALE

#### FLIP SCALE – HALF OF RESPONDENTS GET ROTATION 1 AND HALF GET ROTATION 2

#### **Rotation 1**

Very good	1
Fairly good	2
Neither good nor bad	3
Fairly bad	4
Very bad	5
Don't Know (DNRO)	6
Refused (DNRO)	7
Rotation 2 Very bad Fairly bad Neither good nor bad Fairly good Very good Don't Know (DNRO) Refused (DNRO)	5 4 3 2 1 6 7

#### WEIGHT MANAGEMENT

Moving on, I would like to ask some questions relating to weight management.....

<u>ASK ALL</u> <u>SINGLE CODE</u> <u>SHOW CARD F1</u>

Q.38 Which of the following statements best describes you?

I am trying to lose weight	1
I am trying to maintain weight	2
I am trying to gain weight	3
None of the above	4



#### ASK IF CODE 1, 2 AT Q.38 MULTICODE SHOW CARD F2

**Q.39** Are you trying to lose weight (IF CODE 1 AT Q.38) or maintain your weight (IF CODE 2 AT Q.38) by doing any of the following?

	Ι
Eating fewer calories	1
Eating less fat	2
Eating/drinking fewer sugar sweetened foods/drinks	3
Taking up more exercise	4
Other (please specify)	5
None of these (DNRO)	6

#### **RECORD WEIGHT MEASUREMENTS**

#### ASK ALL

#### SINGLE CODE

### READ OUT: AS I MENTIONED EARLIER, AS PART OF THIS SURVEY WE ARE TAKING KEY MEASUREMENTS INCLUDING HEIGHT, WAIST AND WEIGHT.

Interviewer Note: Take into consideration circumstances such as pregnancy, an arm cast etc., that may be distorting the respondent's true measurements.

Q.40a Are you happy for me to take these measurements?

Yes	1 GO TO Q.40b
No	2 GO TO Q.5a
Cannot participate (DNRO) (Please specify reason)3	GO TO Q.5a

#### ASK IF CODE 1 AT Q.40a,

**Q.40b** Please indicate the surface you are conducting the measurements on?

Hard surface e.g. tiles, stone	1
Soft surface e.g. carpet	2
Other (please specify)3	

ASK IF CODE 1 AT Q.40a, Take each measurement twice. Q.40c1 Height Measurement RECORD HEIGHT MEASUREMENT IN CENTIMETERS

**Q.40c2** Height Measurement RECORD HEIGHT MEASUREMENT IN CENTIMETERS AGAIN



#### RECORD HEIGHT MEASUREMENT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

#### **Height Validation**

- Height measurement should be asked twice. To be recorded in centimeters, with a range of 100.1 to 210.9
- Height should be recorded as a three digit number to one decimal place (for example, 172.3 centimetres)
- If recorded height is outside the range 150 to 195, the interviewer should be asked to confirm that the value is correct:

"You have indicated that the respondent is { } centimetres tall, please confirm that this is correct"

- If the second measurement differs by more than 0.5 centimetres, then ask for the measurement to be recorded a third time
- All measurements should be recorded in the data.

#### **Q.41\_1** Weight Measurement:

RECORD WEIGHT IN KILOS

Scales displayed STOP..... -1

#### Q.41\_2 Weight Measurement:

RECORD WEIGHT IN KILOS AGAIN

Scales displayed STOP..... -1

#### RECORD WEIGHT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

#### Weight Validation

- Weight measurement should be asked twice. To be recorded in kilos, with a range of 30 to 199.9.
- Weight should be recorded as a two or three digit number to one decimal place (for example, 74.2 kilogrammes)
- If recorded weight is outside the range 45 to 140, the interviewer should be asked to confirm that the value is correct:

"You have indicated that the respondent weighs { } kilogrammes, please confirm that this is correct"

• If the second WEIGHT measurement differs by more than 0.1 kilogrammes from the first, then ask for the WEIGHT measurement to be recorded a third time



 If the Ratio between Q40 and Q41 (Taking the last answer given in each case) ((Q41/Q40)\*100) is less than or equal to 40 or greater than or equal to 65 get Interviewer to confirm both answers AS BELOW.

#### VALIDATION QUESTION

## READ OUT: "You have indicated that the respondent has a height of { } centimetres and a weight of <insert weight> kilos, please confirm that this is correct"

Yes	5	1	( IF 1 M	<b>OVE TO</b>	Q.42b)		
No.		2	(IF 2 A	SK QUEST		40c1, 4	10c2,
Q41_1, Q4	1_2 and DELETE previous answers for these	e qu	estions	)			

Q.42\_1 Waist Measurement

RECORD WAIST MEASUREMENT IN CENTIMETERS

#### Q.42\_2 Waist Measurement

RECORD WAIST MEASUREMENT IN CENTIMETERS

#### RECORD WAIST MEASUREMENT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

#### Waist Validation

- Waist measurement should be asked twice. To be recorded in centimenters, with a range of 40 to 180.9.
- Waist should be recorded as a two digit number to one decimal place (for example, 86.5 centimetres)
- If recorded measurement is outside the range 80 to 180, the interviewer should be asked to confirm that the value is correct:
  "You have indicated that the respondent has a waist measurement of { } centimetres, please confirm that this is correct"
- If the second WAIST measurement differs by more than 1 centimetre, then ask for the WAIST measurement to be recorded a third time
- If the Ratio between Q40 and Q42 (Taking the last answer given in each case) ((Q42/Q40)\*100) is less than or equal to 35 or greater than or equal to 60 get Interviewer to confirm both answers AS BELOW.

#### VALIDATION QUESTION

Ipsos MRBI

READ OUT: "You have indicated that the respondent has a height of { } centimetres and a waist measurement of { } centimetres, please confirm that this is correct"

	Yes	1	(IF 1 MOVE TO Q.42b)
	No	.2	(IF 2 ASK QUESTION Q40c1, 40c2,
Q42_1,	Q42_2 and DELETE previous answers for these of	qu	estions)

#### **Correlations between measurements**

- Final weight measurement should be between 40% and 65% of the final height measurement. If not, the interviewer should be asked to confirm that the value is correct:
  - "You have indicated that the respondent has a height of { } centimetres and a waist measurement of { } centimetres, please confirm that this is correct"
- Final waist measurement value should be between 35% and 60% of the final height measurement. If not, the interviewer should be asked to confirm that the value is correct:
  - "You have indicated that the respondent has a height of { } centimetres and a weight of { } centimetres, please confirm that this is correct"

#### Multicode Allowed

Interviewer Note: Take into consideration circumstances such as pregnancy, an arm cast etc., that may be distorting the respondent's true measurements.

**Q.42b** Interviewer, are there any reasons why you feel that any of these measurements may not be a true reflection of the respondent's usual measurements?

No, all are a true reflection of the respondent's usual measurements Height is not a true reflection (please specify why)....... 2 Weight is not a true reflection (please specify why)....... 3 Waist is not a true reflection (please specify why)....... 4

Q.42c Would you like a record of the measurements I have just taken?

Yes/No

IF YES, CAPI SCRIPT DISPLAY MEASUREMENTS

HEIGHT= (X) cm

WEIGHT= (X) kg

WAIST= (X) cm

1





I am now going to ask you some questions about your use of primary care services such as GPs, physiotherapists, occupational therapy etc.

INTERVIEWER NOTE: THE FOLLOWING SHOULD BE EXCLUDED FOR THE PURPOSES OF THESE QUESTIONS: VISITS FOR PRESCRIBED LABORATORY TESTS, VISITS TO PERFORM PRESCRIBED AND SCHEDULED TREATMENT PROCEDURES E.G. INJECTIONS, PHYSIOTHERAPY ETC., VISITS TO DENTISTS.

**Q.5a** When was the last time you consulted a GP or family doctor on your own behalf? This includes home visits and phone consultations but excludes nurse-only consultations. <u>SHOW CARD B4</u>

Less than 12 months ago	1
More than 12 months ago	2
Never Consulted	3
Don't Know (DNRO)	4
Refused (DNRO)	5

#### IF CODE 2, 3, 4, 5 AT Q.5a. GO TO Q.424

#### ASK Q.5b IF CODE 1 AT Q.5a

**Q.5b** How often in the last four weeks did you consult a GP on your own behalf ?, excluding nurse-only consultations? This includes home visits and phone consultations but excludes nurse only consultations.

#### RECORD OCCASIONS.

<b>RECORD ANSWER</b>	
Number of visits	
Don't Know/Not Sure (I	<del>DNRO)</del>

Have not consulted in the past 4 weeks	1
Don't Know (DNRO)	98
Refused (DNRO)	99

#### ASK Q.420 TO Q.422 IF CODE 1 AT Q.5a. ALL OTHERS SKIP TO Q.424

Q.420 Thinking of your most recent GP consultation, how much did you pay for this consultation? By this I mean how much you paid for the consultation alone not including any additional tests or medicines.

<b>RECORD ANSWER</b>	
€	
Don't Know/Not Sure (I	ONRO)98

Permitted range: €0 to €100



**Q.421** And thinking of your GP consultations over the past 12 months, did you receive services at any of those visits that were additional to the consultation? If so, can you remember the additional charge for any specific extra service that you received?

#### **SHOWCARD 421**

	€
Blood or urine tests	
Other diagnostic tests	
Medicines purchased at the	
GP practice	
Wound dressings	
Immunisations/vaccinations	
Other (specify)	
Did not receive any other ser	vices
Don't Know/Not Sure (DNRC	))
Did not receive any other ser	

#### Permitted range: €0 to €100

**Q.422** Thinking of the times you consulted a GP over the past 12 months, were any of these an urgent appointment where you were unwell and needed to see a GP as soon as possible?

Yes	1
No	2
Don't Know (DNRO)	3
Refused (DNRO)	4

#### ASK Q.423 IF CODE 1 AT Q.422. ALL OTHERS SKIP TO Q.424

#### SINGLE CODE

**Q.423** On the most recent occasion of consulting a GP for an urgent appointment, what was the earliest appointment time that you were offered after contacting the GP practice?

#### NOTE TO INTERVIEWER: IF RESPONDENT ATTENDED GP PRACTICE WITHOUT AN APPOINTMENT, PLEASE RECORD THE TIME TAKEN FROM ARRIVING AT THE GP PRACTICE TO SEEING THE GP

Less than an hour More than an hour, up to 3 hours More than 3 hours, on same day One day after contacting the GP practice	2 3
Two days after contacting the GP surgery Longer than two days after contacting the GP surgery Don't Know (DNRO) Refused (DNRO)	

#### ASK ALL

**Q.424** Over the past 12 months, were there any times when, in your own opinion, you needed to visit a GP for a health problem but did not visit a GP?

Yes	1
No	2
Don't Know (DNRO)	3
Refused (DNRO)	4



#### MULTI CODE

Q.425 And for what reasons did you not visit the GP on these occasions?

Could not afford to Could not get a suitable appointment Did not have enough time to go to the GP due to other responsibilities (work, looking	
after children or others etc.) Too far to travel/did not have transportation Waited to see if the problem got better by itself Fear of doctor/hospital/examination/treatment Something else (specify:) Don't Know (DNRO) Refused (DNRO)	4 5 6 7 8

#### ASK ALL

**Q.5c** When was the last time you consulted a nurse within a GP practice on your own behalf, excluding visits where you also consulted the GP?

#### SHOW CARD B5

Less than 12 months ago	1
More than 12 months ago	2
Never Consulted	3
Don't Know (DNRO)	4
Refused (DNRO)	

#### ASK Q.5d, Q.426 AND Q.427 IF CODE 1 AT Q.5c

**Q.5d** How often in the last four weeks did you consult such a nurse working within a GP practice on your own behalf, excluding visits where you also consulted the GP?

RECORD ANSWER	
Number of visits	

Have not consulted in the past 4 weeks	1
Don't Know (DNRO)	
Refused (DNRO)	



**Q.426** On the most recent occasion of consulting a nurse in a GP practice, what was the earliest appointment time that you were offered after contacting the GP practice for an appointment with the nurse?

#### NOTE TO INTERVIEWER: IF RESPONDENT ATTENDED GP PRACTICE WITHOUT AN APPOINTMENT, PLEASE RECORD THE TIME TAKEN FROM ARRIVING AT THE GP PRACTICE TO SEEING THE NURSE

**Q.427** Thinking of your most recent occasion of consulting a nurse in a GP practice, how much did you pay for this consultation? By this I mean how much you paid for the consultation alone not including any additional tests or medicines.

<b>RECORD ANSWER</b>	
€	
Don't Know/Not Sure (I	ONRO)

Permitted range: €0 to €100

ASK ALL <u>MULTI CODE</u> Q.428 In the last 12 months, have you attended any of the following services? SHOW CARD 428

Public Health or Community Nurse	1
Occupational therapist	2
Physiotherapist	3
Psychological services	
Psychiatric services	6
Counselling services	7
None of these	8
Don't Know (DNRO)	9
Refused (DNRO)	10

#### ASK Q.429 TO Q.430 FOR EACH SERVICE SELECTED AT Q.428

**Q.429** On how many times in the past 12 months did you attend a <INSERT SERVICE> provided by the HSE?

Number of visits	
Don't Know/Not Sure (DNRO)	

Permitted range: 0 to 100





**Q.430** On how many times in the past 12 months did you attend a <INSERT SERVICE> provided by a private practice?

<b>RECORD ANSWER</b>	
Number of visits	
Don't Know/Not Sure (DNRO)	

#### Permitted range: 0 to 100

#### ASK Q.431 FOR EACH SERVICE WITH AN ANSWER OF 1 OR HIGHER AT Q.430

**Q.431** And thinking of your most recent visit to a <INSERT SERVICE> provided by a private practice, how much did you pay for the consultation?

<b>RECORD ANSWER</b>	
€	
Don't Know/Not Sure (I	DNRO)

Permitted range: €0 to €1,000

I am now going to ask you some questions about use of primary care services by your children.

**Q.432** Do you have any children aged under 18 for whom you are a parent or guardian?

Yes	1
No	2
Don't Know (DNRO)	3
Refused (DNRO)	4

ASK Q.433 IF CODE 1 AT Q.432. OTHERS SKIP TO NEXT SECTION

**Q.433** Can you please tell me the ages of your children aged under 18, starting from the oldest to the youngest?

#### Interviewer Instruction : If child is < 1 Code as 0

#### Permitted Range: 0 to 18

	Age
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	
Child 6	
Child 7	
Child 8	
Refused	



ASK Q.433 AND Q.434 IN A LOOP FOR EACH CHILD, STARTING WITH THE OLDEST CHILD. IF MULTIPLE CHILDREN WITH SAME AGE, DISTINGUISH BETWEEN "OLDEST X YEAR OLD CHILD", "NEXT OLDEST X YEAR OLD CHILD" ETC.

**Q.434** When was the last time you consulted a GP or family doctor on behalf of your <INSERT AGE> year old child? This includes home visits and phone consultations but excludes nurse only consultations.

Less than 12 months ago	1
More than 12 months ago	2
Never Consulted	
Don't Know (DNRO)	4
Refused (DNRO)	

#### ASK Q.435 IF CODE 1 AT Q.434

**Q.435** How often in the last four weeks did you consult a GP or family doctor on behalf of your <INSERT AGE> year old child? This includes home visits and phone consultations but excludes nurse only consultations

RECORD ANSWER	
Number of visits	
Don't Know/Not Sure (I	ONRO)

#### Permitted range: 0 to 100

Have not consulted in the past 4 weeks	1
Don't Know (DNRO)	2
Refused (DNRO)	3



#### **CIGARETTE PACKAGING**

FOR SMOKERS: I'd now like to ask you a few more questions about the tobacco you smoke (Show this message IF CODE 1, 2 at Q.6)

FOR NON-SMOKERS: Thinking now of cigarette packaging (Show IF CODE 3,4,5 at Q.6)

ASK Q.343 to Q.355 IF CODE 1 OR 2 SELECTED AT Q.6 SINGLE CODE SHOW CARD G1 (FLIP SCALE)

**Q.343** To what extent do you agree or disagree with the following statement? I like the look of my regular cigarette package.

1
2
3
4
5
6
7
8

#### SINGLE CODE

**Q.344** Compared to a year ago, how do your rate your current brand of cigarettes, roll your own or cigars in terms of [ATTRIBUTE]. Would it be higher, lower or about the same?

ATTRIBUTE 1: Value for money ATTRIBUTE 2: Appeal of pack

Higher	1
Lower	2
About the same	3
Not applicable (DNRO)	4
Don't know (DNRO)	5
Refused (DNRO)	

#### SINGLE CODE

**Q.345** Compared to a year ago, is the taste of your current cigarette, roll your own or cigar better, worse or about the same?

Better	1
Worse	2
About the same	3
Not applicable (DNRO)	4
Don't know (DNRO)	5
Refused (DNRO)	



Thinking about different brands of cigarettes like John Player, Benson and Hedges, Marlboro, Pall Mall and all other brands – not the varieties within each individual brand. We are interested in your thoughts on how brands compare to each other.

#### SINGLE CODE

**Q.346** In your opinion, how different are cigarette brands in how they taste? Is that... **FLIP SCALE – Half of respondents get Rotation 1 and half get rotation 2** 

#### Rotation 1

Not at all different A little different Somewhat different Very different Not applicable (DNRO) Don't know (DNRO) Refused (DNRO)	2 3 4 5 6
Very different	4 3

#### Rotation 2

Very different	4
Somewhat different	3
A little different	2
Not at all different	1
Not applicable (DNRO)	5
Don't know (DNRO)	6
Refused (DNRO)	

#### SINGLE CODE

**Q.347** In your opinion, do some cigarette brands have more prestige than others or are they all the same?

Yes, some have more prestige	1
No, they are all the same	
Not applicable (DNRO)	3
Don't know (DNRO)	4
Refused (DNRO)	

#### SINGLE CODE

Q.348 When you look at a cigarette or tobacco pack, what do you usually notice first?

Warning label	1
Warning picture	2
Branding (name, colour, design)	3
Something else (specify:)	4
Never really look at the pack	5
Not applicable (DNRO)	6
Don't know (DNRO)	7
Refused (DNRO)	

#### SINGLE CODE

(FLIP SCALE)

**Q.349** In the past month, to what extent, if at all, have the health warnings on packs motivated you to quit smoking?

Not at all motivated	1
A little more motivated	2
Somewhat more motivated	3
Much more motivated	4
Not applicable (DNRO)	5
Don't know (DNRO)	6



Refused (DNRO)..... 7



**Q.350** In the past month, have you covered up or concealed your tobacco pack or put cigarettes in another container?

No, never	1
Yes, once or twice	
Yes, several times	3
Yes, many times	4
Not applicable (DNRO)	
Don't know (DNRO)	
Refused (DNRO)	

#### SINGLE CODE

**Q.351** In the past month, have you asked for a pack with a specific health warning or a different one to that on the pack you were offered?

Yes	1
No	2
Not applicable (DNRO)	3
Don't know (DNRO)	4
Refused (DNRO)	5

#### SINGLE CODE

**Q.352** In your opinion, are some cigarette brands more harmful than others or are they all equally harmful?

Yes, some are more harmful than others	1
No, they are all equally harmful	2
Not applicable (DNRO)	
Don't know (DNRO)	4
Refused (DNRO)	5

#### SINGLE CODE

**Q.353** Compared to a year ago, how do your rate your current brand of cigarettes, roll your own or cigars in terms of harmfulness? Would it be higher, lower or about the same?

Higher	1
Lower	2
About the same	3
Not applicable (DNRO)	4
Don't know (DNRO)	5
Refused (DNRO)	

#### SINGLE CODE

**Q.354** Thinking about the varieties within each brand (Red, Blue, Purple, Gold etc), in your opinion, how different in strength are the varieties within a cigarette brand? Would that be:

#### **FLIP SCALE**

Not at all different	1
A little different	2
Somewhat different	3
Very different	4
Not applicable (DNRO)	5
Don't know (DNRO)	6
Refused (DNRO)	7



**Q.355** In the past month, have you bought cigarettes, roll your own or cigars in a plain dark green colour pack with large picture health warnings?

Yes	1
No	2
Not applicable (DNRO)	3
Don't know (DNRO)	4
Refused (DNRO)	

#### ASK ALL SINGLE CODE

**Q.356** As of October 2018 all cigarettes, roll your own tobacco, cigars and pipe tobacco are being sold in plain dark colour packs. The brand name is in plain text on the pack, but all other brand colours and design elements have been removed. Overall, do you approve or disapprove of this plain packaging legislation?

Strongly approve	
Somewhat approve	2
Somewhat disapprove	3
Strongly disapprove	4
Not applicable (DNRO)	5
Don't know (DNRO)	6
Refused (DNRO)	7



I am now going to ask you some questions about providing long term care/unpaid personal help for a friend of family member.

#### SINGLE CODE

**Q.59a** Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability? Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing.

Yes	1
No	2

#### ASK IF CODE 1 AT Q.59a ASK Q.59b AND Q.436 TO Q.440 IF CODE 1 AT Q.59a. SKIP TO NEXT SECTION IF CODE 2

Q.59b How many hours per week?

#### **RECORD HOURS**

RECORD ANSWER	
Don't Know/Not Sure ([	DNRO)

Around the clock care for someone you live with...... 1

Q.436 For how many people do you provide this regular unpaid personal help?

RECORD ANSWER	
Number of people	
Don't Know/Not Sure (I	ONRO)

#### Permitted range: 1 to 10

ASK Q.437 TO Q.440 IN ROTATION FOR EACH PERSON RESPONDENT PROVIDES CARE FOR

Text insertions to be used if multiple people identified at Q.436

Thinking of the person that you provide the highest number of hours of care for. (SHOW MESSAGE FOR 1st Person in LOOP)

#### Now, thinking of the person for whom you provide the next highest number of hours of care for. (SHOW MESSAGE FOR 2nd and then 3rd etc. etc. Person in LOOP)

#### SINGLE CODE

**Q.437** What is the relationship to you of this person that you provide regular unpaid personal help?

Parent/parent-in-law	1
Child	2
Spouse/partner	
Other relative	4
Friend	5
Don't know (DNRO)	6
Refused (DNRO)	

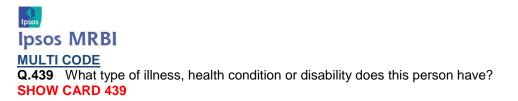
**Q.438** What is the approximate age of this person?

#### **RECORD ANSWER**



Age Don't Know/Not Sure (DNRO)

Permitted range: 0 to 120



Physical illness or disability (including problems	
related to ageing	1
Intellectual disability	
Mental illness	3
Dementia or cognitive impairment	4
Other (specify:))	5
Don't know (DNRO)	6
Refused (DNRO)	

Q.440 For how long have you been providing regular unpaid personal help to this person?

<b>RECORD ANSWER</b>	
Years	
Don't Know/Not Sure (I	DNRO)

Permitted range: 1 to 99



#### DEMOGRAPHICS

Moving on, I would now like to ask you some general questions about you.....

#### ASK ALL

Q.51 Age in years

**RECORD AGE IN YEARS** 

#### SINGLE CODE SHOW CARD H1

Q.53 What is your current marital status?

Single, never married and never in a civil partnership	1
Married (first marriage)	2
Re-married	3
In a registered same-sex civil partnership	4
Separated	5
Divorced	6
Widowed	7

#### SINGLE CODE

Q.54a Do you have a full medical card?

Yes	1
No	2

#### ASK IF CODE 2 AT Q.54a

Q.54b Do you have a GP visit card?

Yes	1
No	2

#### DUMMY VARIABLE

If code 2 at 54a and 54b, force into "No medical card"

#### SINGLE CODE

Q.55 Do you have private health insurance?

Yes	1
No	2



#### SINGLE CODE

**Q.57** What is the highest level of education/training (full-time or part-time) which you have completed to date?

#### SHOW CARD H2

No formal education or training Primary education (FETAC Level 1 or 2 Cert. or equivalent). NFQ levels 1 or 2 Lower secondary education (Junior/Inter/Group Cert, Fetac Level 3 Cert, FÁS Introductory Skills, NCVA Foundation Cert. or equivalent. NFQ level 3 Upper secondary education (Leaving Cert. (including Applied and Vocational programmes) or equivalent. NFQ levels 4 or 5 Technical or Vocational, FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent. NFQ levels 4 or 5 Advanced Certificate / Completed Apprenticeship, FETAC Advance Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent. NFQ level 5 Higher Certificate, NCEA/HETAC National Cert. or equivalent. NFQ level 6 Ordinary Bachelor Degree or National Diploma. NFQ Level 7 Honours Bachelor Degree/Professional qualification or both. NFQ Level 8 Postgraduate diploma, Masters Degree or equivalent. NFQ Level 9 Doctorate (Ph.D) or higher. NFQ level 10

### <u>I would now like to ask you a few questions about your working situation. Earlier you said that you are <ANSWER AT Q.58>.</u>

#### ASK IF CODE 3 AT Q.58

Q.60a How long is it since you had a job?

#### **RECORD MONTHS**

#### ASK IF CODE 2 AT Q.58

**Q.60B** How long have you been looking for your first regular job?

**RECORD MONTHS** 

#### ASK IF CODE 1, 3, 4 OR 7 AT Q.58 SINGLE CODE SHOW CARD H3

Q.61 Do (<u>if code 1 at q.58</u>)/did (<u>if code 3,4,7 at q.58</u>) you work as an employee or are (<u>if code 1 at q.58</u>)/were(<u>if code 3,4,7 at q.58</u>) you self-employed in your main job?

Employee	1
Self-employed, with paid employees	
Self-employed, without paid employees	3
Assisting relative (not receiving a fixed wage or salary)	4

Ipsos MRBI

Interviewer Note: You need a full description. Probe for 'manufacturing', 'processing', 'distributing', etc and main goods produced, materials used, wholesale or retail etc.

Q.62a 'What does (<u>if code 1 at q.58)/</u> did (<u>if code 3,4,7 at q.58)</u> the firm/organisation you work/ (<u>if code 1 at q.58)/</u> worked (<u>if code 3,4,7 at q.58)</u> for mainly make or do (at the place where you work <u>if code 1 at q.58)/</u> worked (<u>if code 3,4,7 at q.58)</u>?'

#### RECORD VERBATIM

Q.62b 'What is (if code 1 at q.58)/was (if code 3,4,7 at q.58) your (main) job?'

#### **RECORD VERBATIM**

Interviewer Note: Check for any special qualifications, training, etc needed to do the job

Q.62c 'What do (if code 1 at q.58)/did (if code 3,4,7 at q.58) you mainly do in your job?'

#### RECORD VERBATIM

#### INTERVIEWER NOTE: IF RESPONDENT IS A FARMER, PLEASE ASK THE FOLLOWING QUESTION. IF NOT, CODE AS 'NOT A FARMER'. There are 2.5 acres in a hectare.

**Q.62d** What is the size of the area farmed to the nearest hectare?

Don't Know CTRL + 1

ASK IF CODE 1, 3, 4 OR 7 AT Q.58

SINGLE CODE INTERVIEWER NOTE: DO NO INCLUDE SUPERVISORS OF CHILDREN, E.G. TEACHERS, NANNIES, CHILDMINDERS, SUPERVISORS OF ANIMALS, OR PEOPLE WHO SUPERVISE SECURITY OR BUILDINGS ONLY, E.G. CARETAKERS, SECURITY GUARDS/

**Q.63a** In your job, do (<u>if code 1 at q.58</u>) did (<u>if code 3,4,7 at q.58</u>) you have any formal responsibility for supervising the work of other employees?

Yes	1
No	2

#### ASK ALL

Q.63b Are you the Chief Income Earner in your household?

Yes	1 <u>GO TO Q.64</u>
No	2

#### IF CODE 2 AT Q.63b ASK QUESTIONS: 58\_2, 61\_2, 62a\_2, 62b\_2, 62c\_2, 62d\_2, 63a\_2

I would now like to ask you a few questions about the chief income earner's situation.

Q.58\_2 How would the chief income earner define their current situation with regard their work?



Working for payment or profit	1
Looking for first regular job	2
Unemployed, having lost or given up previous job	3
Actively looking for work after voluntary interruption of working life (for 12 months or more) for	4
personal or domestic reasons	
Student or pupil	5
Engaged on home duties	6
Retired from employment	7
Unable to work due to permanent sickness or disability	8
Other (please specify)	9

#### ASK Q.60a\_2 IF CODE 3 AT Q.58\_2

**Q.60a\_2** How long is it since the chief income earner had a job?

#### **RECORD MONTHS**

#### ASK Q 60B\_2 IF CODE 2 AT Q.58\_2

**Q.60b\_2** How long has the chief income earner been looking for their first regular job?

#### **RECORD MONTHS**

ASK IF CODE 1, 3, 4 OR 7 AT Q.58\_2 SINGLE CODE SHOW CARD H3

Q.61\_2 Does (if code 1 at q.58\_2)/did (if code 3,4,7 at q.58\_2) the chief income earner work as an employee or are (if code 1 at q.58\_2/were (if code 3,4,7 at q.58\_2) they self-employed in their main job?

Employee	1
Self-employed, with paid employees	
Self-employed, without paid employees	
Assisting relative (not receiving a fixed wage or salary)	4

#### ASK IF CODE 1, 3, 4 OR 7 AT Q.58\_2

Interviewer Note: You need a full description. Probe for 'manufacturing', 'processing', 'distributing', etc and main goods produced, materials used, wholesale or retail etc.

Q.62a\_2 'What does (if code 1 at q.58\_2)/ did (if code 3,4,7 at q.58\_2) the firm/organisation the chief income earner works/ (if code 1 at q.58\_2)/ worked (if code 3,4,7 at q.58\_2) for mainly make or do (at the place where the chief income earner works if code 1 at q.58\_2)/ worked (if code 3,4,7 at q.58\_2)/

#### **RECORD VERBATIM**

Q.62b\_2 'What is (if code 1 at q.58\_2) / was (if code 3,4,7 at q.58\_2) the chief income earner's main job?'

#### **RECORD VERBATIM**

Interviewer Note: Check for any special qualifications, training, etc needed to do the job



Q.62c\_2 'What does (if code 1 at q.58\_2)/did (if code 3,4,7 at q.58\_2) the chief income earner mainly do in their job?'

#### RECORD VERBATIM

## INTERVIEWER NOTE: IF RESPONDENT CHIEF INCOME EARNER IS A FARMER, PLEASE ASK THE FOLLOWING QUESTION. IF NOT, CODE AS 'NOT A FARMER'. There are 2.5 acres in a hectare.

**Q.62d\_2** What is the size of the area farmed to the nearest hectare?

Don't Know CTRL + 1

Not a farmer..... 99

ASK IF CODE 1, 3, 4 OR 7 AT Q.58\_2 <u>SINGLE CODE</u> <u>INTERVIEWER NOTE: DO NO INCLUDE SUPERVISORS OF CHILDREN, E.G. TEACHERS, NANNIES,</u> <u>CHILDMINDERS, SUPERVISORS OF ANIMALS, OR PEOPLE WHO SUPERVISE SECURITY OR</u> <u>BUILDINGS</u> <u>ONLY, E.G. CARETAKERS, SECURITY GUARDS/</u>

**Q.63\_2** In the chief income earner's job, do (if code 1 at q.58\_2) did (if code 3,4,7 at q.58\_2) they have any formal responsibility for supervising the work of other employees?

Yes	1
No	2



Q.64 To which one of the following groups do you consider you belong?

#### SHOW CARD H4

White	Irish	1
	Irish Traveller	2
	Any other White background (specify)	3
Black or Black Irish	African	4
	Any other black background (specify)	5
Asian or Asian Irish	Chinese	6
	Any other Asian background (specify)	7
Other including mixed background	Specify	8



#### SINGLE CODE

**Q.65a** Were you born in the Republic of Ireland?

Yes	1
No	2

ASK IF CODE 2 AT Q.65a SINGLE CODE

Q.65b In what country were you born?

Select from list..... 1

(If UK, select England, Scotland, Wales, NI, IOM, Jersey, Guernsey, Other (specify)

- Poland
- UK
- Lithuania
- Latvia
- Nigeria
- Romania
- India
- Philippines
- Germany
- USA
- China
- Slovakia
- France
- Brazil
- Hungary
- Italy
- Pakistan
- Spain
- Czech Republic
- South Africa
- Other (please specify)