Healthy Ireland

## Wave 5

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?

$$
\begin{aligned}
& \text { Yes ............................................................................................................................................................. } 2 \text { CLOSE } \\
& \text { No......... }
\end{aligned}
$$

ASK ALL
SINGLE CODE
SHOW CARD A1
Q. 58 How would you define your current situation with regard to work?

| Working for payment or profit |
| :--- |
| Looking for first regular job |
| Unemployed, having lost or given up previous job |
| Actively looking for work after voluntary interruption of working life (for 12 months or more) for personal <br> or domestic reasons |
| Student or pupil |
| Engaged on home duties |
| Retired from employment |
| Unable to work due to permanent sickness or disability |
| Other (please specify) |

## SINGLE CODE

## Q. 52 Code Gender

Male ..... 1
Female ..... 2

## Ipsos MRBI

## 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?


## 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 6 months 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 ..... 3
Don't Know (DNRO) ..... 4
Refused (DNRO) ..... 5

Ipsos MRBI
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 <br> excluding minor skin cancers) |  |
| Parkinson's disease |  |
| Any emotional, nervous or psychiatric problems, such as depression or <br> 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 GO TO Q9a |
| :---: | :---: |
| Yes, occasionally | 2 GO TO Q9b |
| No. | 3 GO TO Q7 |
| Don't Know (DNRO) | 4GO TO Q10 |
| Refused (DNRO) | 5 GO TO Q10 |

## 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 GO TO Q8 |
| :---: | :---: |
| Yes, occasionally | 2 GO TO Q8 |
| No | 3 GO TO Q10 |
| Don't Know (DNRO). | 4 GO TO Q10 |
| Refused (DNRO) | 5 GO TO Q10 |

## ASK Q. 8 IF CODE 1 OR 2 SELECTED AT Q. 7

 SINGLE CODESHOW 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 ALLSINGLE CODESHOW 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
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 weretrying to quit smoking?
Yes ..... 1
No. ..... 2
Don't Know (DNRO) ..... 3
Refused (DNRO) ..... 4
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 ..... 1
Varenicline/Champix or Buproprion/Zyban (prescribed medication) ..... 2
Acupuncture ..... 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

Ipsos MRBI
ASK Q. 340 IF CODE 1 AT Q. 11 SINGLE CODE
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.......................... 1
Friends/family concerned about my health ................... 2
I was concerned about the health of people
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 .............................................. 2
Thinking about quitting but not planning to ................... 3
Not thinking about quitting........................................... 4
Don't Know (DNRO)................................................... 5
Refused (DNRO)......................................................... 6

## Ipsos MRBI

ASK Q. IF CODE 1 OR 2 AT Q. 6
SINGLE CODE
SHOW CARD C10
READ OUT STATEMENTS.
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 <br> professional in the <br> last 12 months and <br> discussed ways of <br> giving up smoking | Saw this health <br> professional in the <br> last 12 months but <br> did not discuss <br> ways of giving up <br> smoking | Did not see this <br> health professional <br> in the last 12 <br> months | Don't Know <br> (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 <br> Cessation Officer | 1 | 2 | 3 | 4 |
| Other health <br> professional | 1 | 2 | 4 |  |

Ipsos MRBI
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 include
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 last 7 days on how many days did you do vigorous physical activities 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 those days?

| RECORD ANSWER |
| :--- |
| Minutes per day |
| Don't Know/Not Sure (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

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

## ASK ALL

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

## RECORD DAYS PER WEEK.

No moderate physical activities
1 GO TO Q. 405

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

| RECORD ANSWER |  |
| :--- | :--- |
| Minutes per day |  |
| Don't Know/Not Sure (DNRO)....................... 98 |  |

Validate if more than 120 mins, or less than 5 mins - "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 (DNRO)..................... 98 |

Validate if more than 120 mins, or less than 5 mins - "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'-

Validate if more than 120 mins , or less than 60 mins - "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 $\quad$ |  |
| Don't Know/Not Sure (DNRO)........................ 98 |  |

## INTERVIEWER NOTE:

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.
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 (DNRO)....................... 98 |  |

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

Validate if more than 120 mins, or less than 60 mins - "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:

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.

## ASK ALL SINGLE CODE

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

$\qquad$
Yes1

No
2

Don't Know (DNRO)...................................................... 3
Refused (DNRO)............................................................ 4

## 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

## Ipsos MRBI <br> ASK Q. 411 IF MORE THAN ONE OPTION SELECTED AT Q. 410 <br> SHOW OPTIONS SELECTED AT Q. 410 <br> SINGLE CODE

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 ..... 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

## Ipsos MRBI

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

## ASK ALL <br> 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

Limit the time I spend in hot sun .................................... 1
Stay in the shade when outdoors................................... 2
Keep skin covered with clothing (long sleeves etc.) ...... 3
Wear a hat....................................................................... 4
Wear sunglasses........................................................... 5
Use sunscreen/suncream (factor 30 or higher).............. 6
Something else (please specify) ..................................... 7
None of these.................................................................. 8
Don't Know (DNRO)....................................................... 9
Refused (DNRO)............................................................. 10

## Ipsos MRBI

## 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 (DNRO)...................... 98 |  |

## Permitted range: 1 hour to 15 hours

Validate if more than 10.0 hours or less than 5.0 hours - "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 <br> 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
Moderate chance of dozing............................................ 3
High chance of dozing.................................................... 4
Don't Know (DNRO)....................................................... 5
Refused (DNRO) ............................................................. 6

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 <br> 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

Ipsos MRBI
ASK ALL
SINGLE CODE

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

## WEIGHT MANAGEMENT

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

## ASK ALL

SINGLE CODE
SHOW CARD F1
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?

|  |  |
| :--- | :---: |
| 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?

$$
\begin{aligned}
& \text { Yes ............................................................................... } 1 \text { GO TO Q.40b } \\
& \text { No. } \\
& 2 \text { GO TO Q.5a } \\
& \text { Cannot participate (DNRO) (Please specify reason) ..... } 3 \text { GO TO Q.5a }
\end{aligned}
$$

## 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. <br> Q.40c1 Height Measurement <br> RECORD HEIGHT MEASUREMENT IN CENTIMETERS

Refused (DNRO) 99 GO TO Q.41.1
Q.40c2 Height Measurement

RECORD HEIGHT MEASUREMENT IN CENTIMETERS AGAIN

Refused (DNRO)

## 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: <br> RECORD WEIGHT IN KILOS

Refused (DNRO).............................................................. 99 GO TO Q.42_1
Scales displayed STOP $-1$
Q.41_2 Weight Measurement:

RECORD WEIGHT IN KILOS AGAIN

Refused (DNRO).............................................................. 99 GO TO Q. 421
Scales displayed STOP. $\qquad$ -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

Ipsos MRBI

- 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.
1 ( IF 1 MOVE TO Q.42b)
No. . 2 (IF 2 ASK QUESTION Q40c1, 40c2, Q41_1, Q41_2 and DELETE previous answers for these questions)
```


## Q.42_1 Waist Measurement

RECORD WAIST MEASUREMENT IN CENTIMETERS

Refused (DNRO)
99 GO TO Q.42b
Q.42_2 Waist Measurement

RECORD WAIST MEASUREMENT IN CENTIMETERS
Refused (DNRO)............................................................. 99 GO TO Q.42b

## 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........................................................................................................................................................................... IF 2 ASK QUESTION Q40c1, 40c2,
No........ 1 MOVE TO Q.42b)
Q42_1, Q42_2 and DELETE previous answers for these questions)

## 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?

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

Yes/No

## IF YES, CAPI SCRIPT DISPLAY MEASUREMENTS

HEIGHT $=(X) \mathrm{cm}$
WEIGHT $=(X) \mathrm{kg}$
WAIST $=(X) \mathrm{cm}$

## Ipsos MRBI

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.

## SHOW CARD B4



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:

| RECORD ANSWER |
| :--- |
| Number of visits $\quad$ : |
| Don't Know/Not Sure (DNRO) |

Have not consulted in the past 4 weeks ..........................................................................................................................................................

## 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.

| RECORD ANSWER |  |
| :--- | :--- |
| $€$ |  |
| Don't Know/Not Sure (DNRO).................... 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 services |  |
| Don't Know/Not Sure (DNRO) |  |

## 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........................................................................... }
Don't Know (DNRO)................................................ }
Refused (DNRO)..................................................... }
```


## 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 ......................................................... 1
More than an hour, up to 3 hours.................................... 2
More than 3 hours, on same day ................................... 3
One day after contacting the GP practice ...................... 4
Two days after contacting the GP surgery ..................... 5
Longer than two days after contacting the GP surgery.. 6
Don't Know (DNRO)...................................................... 7
Refused (DNRO) ........................................................... 8

## 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
Ipsos MRBIASK Q. 425 IF CODE 1 AT Q.424. ALL OTHERS SKIP TO Q.5c
MULTI CODE
Q. 425 And for what reasons did you not visit the GP on these occasions?
Could not afford to ..... 1
Could not get a suitable appointment ..... 2
Did not have enough time to go to the GP due to other responsibilities (work, looking after children or others etc.) ..... 3
Too far to travel/did not have transportation ..... 4
Waited to see if the problem got better by itself ..... 5
Fear of doctor/hospital/examination/treatment ..... 6
Something else (specify: ..... 7
Don't Know (DNRO) ..... 8
Refused (DNRO) ..... 9

## 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) ........................................................ 5

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

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 ...........................................................................................................................................................
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
Less than an hour ..... 1
More than an hour, up to 3 hours ..... 2
More than 3 hours, on same day ..... 3
One day after contacting the GP surgery ..... 4
Two days after contacting the GP surgery ..... 5
Longer than two days after contacting the GP surgery ..... 6
Don't Know (DNRO) ..... 8
Refused (DNRO) ..... 9
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.

| RECORD ANSWER |  |
| :--- | :--- |
| $€$ |  |
| Don't Know/Not Sure (DNRO) |  |

## Permitted range: $\boldsymbol{€ 0}$ to $€ 100$

ASK ALLMULTI CODEQ. 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
Speech and language therapist ..... 4
Psychological services ..... 5
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?

| RECORD ANSWER |  |
| :--- | :--- |
| Number of visits $\quad$ (DNRO) |  |
| Don't Know/Not Sure (DN |  |

## Ipsos MRBI

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

| RECORD ANSWER |
| :--- | :--- |
| Number of visits $\quad$ |
| 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?

| RECORD ANSWER |  |
| :--- | :--- |
| $€$ |  |
| Don't Know/Not Sure (DNRO) |  |

## Permitted range: $\mathbf{€} \mathbf{0}$ to $\mathbf{€ 1 , 0 0 0}$

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

## 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 $\quad$ |  |
| Don't Know/Not Sure (DNRO) |  |

## Permitted range: 0 to 100

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

Ipsos MRBI

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 <br> 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.
Strongly agree ..... 1
Tend to agree ..... 2
Neither agree nor disagree ..... 3
Tend to disagree ..... 4
Strongly disagree ..... 5
Not applicable (DNRO) ..... 6
Don't know (DNRO) ..... 7
Refused (DNRO) ..... 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) ..... 6
SINGLE CODE
Q. 345or about the same?
Better. ..... 1
Worse ..... 2
About the same ..... 3
Not applicable (DNRO) ..... 4
Don't know (DNRO) ..... 5
Refused (DNRO) ..... 6
Ipsos MRBI
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 ..... 1
A little different ..... 2
Somewhat different ..... 3
Very different ..... 4
Not applicable (DNRO) ..... 5
Don't know (DNRO) ..... 6
Refused (DNRO) ..... 7
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) ..... 7
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 ..... 2
Not applicable (DNRO) ..... 3
Don't know (DNRO) ..... 4
Refused (DNRO) ..... 5
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) ..... 8
SINGLE CODE
(FLIP SCALE)
Q. 349 In the past month, to what extent, if at all, have the health warnings on packs motivated you toquit 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) ..... 6Refused (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 ..... 2
Yes, several times ..... 3
Yes, many times ..... 4
Not applicable (DNRO) ..... 5
Don't know (DNRO) ..... 6
Refused (DNRO) ..... 7
SINGLE CODE
Q. 351 In the past month, have you asked for a pack with a specific health warning or a different one tothat 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) ..... 3
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) ..... 6
SINGLE CODEQ. 354 Thinking about the varieties within each brand (Red, Blue, Purple, Gold etc), in your opinion, howdifferent 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) ..... 5
ASK ALL
SINGLE CODEQ. 356 As of October 2018 all cigarettes, roll your own tobacco, cigars and pipe tobacco are being soldin plain dark colour packs. The brand name is in plain text on the pack, but all other brand coloursand design elements have been removed. Overall, do you approve or disapprove of this plainpackaging legislation?
Strongly approve ..... 1
Somewhat approve ..... 2
Somewhat disapprove ..... 3
Strongly disapprove ..... 4
Not applicable (DNRO) ..... 5
Don't know (DNRO) ..... 6
Refused (DNRO) ..... 7

Ipsos MRBI

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.
$\qquad$
No
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 $\qquad$ 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 (DNRO) |

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.............................................................. 3
Other relative.................................................................. 4
Friend ........................................................................... 5
Don't know (DNRO) ........................................................ 6
Refused (DNRO)............................................................. 7
Q. 438 What is the approximate age of this person?

RECORD ANSWER

Ipsos MRBI

| Age |  |
| :--- | :--- |
| Don't Know/Not Sure (DNRO) |  |

## Permitted range: $\mathbf{0}$ to 120

## Ipsos MRBI

MULTI CODE
Q. 439 What type of illness, health condition or disability does this person have? SHOW CARD 439
Physical illness or disability (including problems related to ageing ..... 1
Intellectual disability ..... 2
Mental illness ..... 3
Dementia or cognitive impairment ..... 4
Other (specify ..... 5
Don't know (DNRO) ..... 6
Refused (DNRO) ..... 7
Q. 440 For how long have you been providing regular unpaid personal help to this person?

| RECORD ANSWER |  |
| :--- | :--- |
| Years |  |
| Don't Know/Not Sure (DNRO) |  |

Permitted range: 1 to 99

Ipsos MRBI

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 CODE

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

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

## 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?
$\qquad$
Yes
2

Ipsos MRBI

## 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

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

## 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 (if code 1 at q.58)/did (if code $3,4,7$ at q.58) you work as an employee or are (if code 1 at q.58)/were(if code 3,4,7 at q.58) you self-employed in your main job?

Employee ....................................................................... 1
Self-employed, with paid employees ............................. 2
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 (if code 1 at q.58)/ did (if code $3,4,7$ at q.58) the firm/organisation you work/ (if code 1 at q.58)/ worked (if code 3,4,7 at q.58) for mainly make or do (at the place where you work if code 1 at q.58)/ worked (if code 3,4,7 at q.58)?'

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 (if code 1 at q.58) did (if code 3,4,7 at q.58) 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 GO TO Q.64
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?

Ipsos MRBI

| 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 <br> personal or domestic reasons | 4 |
| 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 <br> SINGLE CODE <br> 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 ..... 2
Self-employed, without paid employees ..... 3
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

## Ipsos MRBI

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
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.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?
$\qquad$
Yes 1

No 2

Ipsos MRBI
ASK ALL
SINGLE CODE
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) $\qquad$ | 5 |
| Asian or Asian Irish | Chinese | 6 |
|  | Any other Asian background (specify) $\qquad$ | 7 |
| Other including mixed background | Specify | 8 |

## Ipsos MRBI

## SINGLE CODE

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

```
Yes1
```

No. ..... 2

## ASK IF CODE 2 AT Q.65a

## SINGLE CODE

Q.65b In what country were you born?

Select from list
(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)

