



Four empty boxes for I.D. No.

I.D. No.

Four empty boxes for Interviewer No.

Interviewer No.

I just want to confirm that you have been randomly selected to take part in the Healthy Ireland Survey. The survey deals with various issues relating to health behaviours in Ireland and is managed by the Department of Health.

Your participation is voluntary and your answers will be confidential. The survey complies with all aspects of GDPR. If you feel you require further information on the research before deciding to take part we can provide this to you.

Q. A Can I just check that I have given you enough information and you are happy to proceed?

Yes
No

1 CONTINUE
2 OFFER FURTHER
DETAILS

ASK ALL
SINGLE CODE

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

- Working for payment or profit..... 1
- Looking for first regular job..... 2
- Unemployed (either long term or due to Covid-19)..... 3
- A student or pupil 4
- Retired from employment..... 5
- Unable to work due to permanent sickness or disability 6
- Looking after home or family..... 7
- Other 8

ASK Q.58b if code 1,2,3,4,8 AT Q.58a
SINGLE CODE

Q.701 And, did Covid-19 affect your employment status or job in any way?

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



ASK Q.702 if code 1 AT Q.701

SINGLE CODE

READ OUT

Q.702 In what ways did Covid-19 affect your employment status or job? Please select all that apply.

- Loss of employment 1
- Temporary lay-off 2
- Closure of own business/ceased trading 3
- Remained in current job but work environment changed 4
- 4
- Started a new job 5
- Unable to start a new job 6
- Started a new business..... 7
- Changed business model e.g. online/takeaway..... 8
- Other (Specify:____) 9
- Don't Know (DNRO)..... 9
- Refused (DNRO)..... 9

SINGLE CODE

Q.52 What is your gender

- Male 1
- Female 2
- Other (specify: _____)..... 3



GENERAL HEALTH

ASK ALL

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

ASK ALL

SINGLE CODE

READ OUT

Q.1 How is your health in general? Would you say it is.....?

- Very Good 1
- Good..... 2
- Fair 3
- Bad 4
- Very Bad..... 5
- 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 6 months or more?

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

SINGLE CODE

READ OUT

Q.3 For the past 6 months or more, to what extent have you been limited in everyday activities due to 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

SINGLE CODE

READ OUT

Q.703 Do you currently have any long-term health conditions that has been confirmed by a medical diagnosis?

- Yes 1
- No..... 2
- DK/ Refusal (SPONTANEOUS) 999



ASK Q.704 IF CODE 1 AT Q.703

MULTI CODE

PROBE TO PRECODES

Q.704 What conditions are these?

PROBE FULLY. MULTICODE (APART FROM NONE OF THESE, DON'T KNOW, REFUSED)

Chronic lung disease such as chronic bronchitis or emphysema	1
Asthma	2
Arthritis (including osteoarthritis, or rheumatism).....	3
Osteoporosis, sometimes called thin or brittle bones	4
Cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers).....	5
<hr/>	
Parkinson's disease	6
Any emotional, nervous or psychiatric problems, such as depression or anxiety..	7
Alcohol or substance abuse	8
Alzheimer's disease	9
<hr/>	
Dementia, organic brain syndrome, senility	10
Serious memory impairment	11
Stomach ulcers.....	12
Varicose Ulcers (an ulcer due to varicose veins).....	13
Cirrhosis, or serious liver damage	14
<hr/>	
High blood pressure or hypertension	15
Angina	16
A heart attack (including myocardial infarction or coronary thrombosis)	17
Congestive heart failure	18
Diabetes or high blood sugar	19
<hr/>	
A stroke (cerebral vascular disease).....	20
Mini-stroke or TIA	21
High cholesterol.....	22
A heart murmur	23
An abnormal heart rhythm	24
<hr/>	
Any other heart trouble (specify _____)	25
Any other condition (specify _____).....	26
None of these	27
Don't Know	997
Refused	999

ASK ALL

READ OUT

Q705a To your knowledge, are you, or have you been, infected with COVID-19?

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

ASK Q705b IF CODE 1 AT Q705a

SINGLE CODE

Q705b And was it mild or severe?

Mild.....	1
Severe	2
Don't Know (DNRO).....	3
Refused (DNRO).....	4



ASK Q705c IF CODE 1 AT Q705a
SINGLE CODE
READ OUT

Q705c If Yes: And was it:

- Confirmed by a test 1
- Not confirmed by a test 2
- Don't Know (DNRO)..... 3
- Refused (DNRO) 4

GP Utilisation

ASK ALL

Q.5a When was the last time you consulted a GP or family doctor on your own behalf? This includes home visits phone consultations, video consultations but excludes nurse-only consultations.

- 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.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? **RECORD OCCASIONS.**

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

ASK Q.706 IF VALUE GIVEN AT Q.5B IS 1 OR HIGHER

SINGLE CODE

PROBE TO PRECODES

Q.706 Thinking of your most recent consultation with a GP where did the consultation take place?

- In GP surgery 1
- Over the phone 2
- Online video consult..... 3
- In my home..... 4
- Other (specify: _____)..... 5
- Refused (DNRO)..... 6

Antibiotic resistance

ASK ALL

Q.707 In the past 12 months, have you taken an antibiotic?

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



ASK ALL

Q.708 Please indicate whether you agree or disagree with the following statements:

Q.708A. Antibiotics can kill bacteria

- Agree 1
- Disagree 2
- Don't Know (DNRO) 3
- Refused (DNRO) 4

Q.708B. Antibiotics can kill viruses

- Agree 1
- Disagree 2
- Don't Know (DNRO) 3
- Refused (DNRO) 4



SMOKING

The next set of questions I would like to ask you are about tobacco consumption

ASK ALL
SINGLE CODE
READ OUT

Q.6 Do you smoke tobacco products?

- Yes, daily 1 [GO TO Q.9a](#)
- Yes, occasionally 2 [GO TO Q.9b](#)
- No..... 3 [GO TO Q.7](#)

ASK Q.7 IF CODE 3 SELECTED AT Q.6
SINGLE CODE

READ OUT

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

- Yes, daily 1 [GO TO Q.8](#)
- Yes, occasionally 2 [GO TO Q.8](#)
- No..... 3 [GO TO Q.10](#)

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

PROBE TO PRECODES

Q.8 How long has it been since you last smoked tobacco products?

- Less than 1 month..... 1
- 1 month or more but less than 3 months 2
- 3 months or more but less than 6 months..... 3
- 6 months or more but less than 1 year 4
- 1 year or more but less than 5 years 5
- 5 year or more but less than 10 years 6
- 10 years or more 7
- Don't Know 8
- Refused 9

ASK Q.709 IF CODES 1 TO 4 SELECTED AT Q.8
SINGLE CODE

PROBE TO PRECODES

Q.709 And in what month did you quit smoking?

Month: _____



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. READ OUT EACH CATEGORY

Q.9a Each day, on average, how many of the following tobacco products do you smoke?
RECORD NO. OF CIGARETTES ETC. SMOKED DAILY

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

ASK ALL SINGLE CODE READ OUT

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

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

IF CODE 3 AT Q.6 AND 3 AT Q7. GO TO NEXT SECTION.

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).....	3
Refused (DNRO).....	4

ASK Q.12 IF CODE 1 AT Q.11 MULTICODE

Q.12 During your last attempt to give up, did you use any help, such as products, medication or quit support services?

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



ASK Q.13 IF CODE 1 OR 2 AT Q.6

SINGLE CODE

READ OUT. REVERSE ORDER

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

ASK Q.710 IF CODE 1 OR 2 AT Q.6

SINGLE CODE

READ OUT. ROTATE ORDER

Q.710 For each of the following health professionals, can you tell me whether you saw this professional in the past 12 months or did not see this professional in the past 12 months?

	Saw this professional	Didn't see this professional	Don't Know
Dentist	1	2	3
Pharmacist	1	2	3
Hospital doctor	1	2	3
Nurse	1	2	3
HSE Smoking Cessation Officer	1	2	3
Any other health professional	1	2	3

ASK Q.711 IF CODE 1 OR 2 AT Q.6

SINGLE CODE

READ OUT. ROTATE ORDER

Q.711 And for each of these did you discuss ways of giving up smoking or did not discuss ways of giving up smoking?

	Discussed ways of giving up	Did not discuss ways of giving up	Don't Know
GP/family doctor (ASK If code 1 at Q5a)	1	2	3
Dentist	1	2	3
Pharmacist	1	2	3
Hospital doctor	1	2	3
Nurse.....	1	2	3
HSE Smoking Cessation Officer	1	2	3
Any other health professional.....	1	2	3



ASK Q.712a IF CODE 1 OR 2 AT Q.6

SINGLE CODE

ROTATE

Q712a: Comparing your smoking behaviour since the start of the Covid-19 restrictions would you say that you now:

- Smoke More 1
- Smoke Less..... 2
- Smoke about the same 3
- You didn't smoke before the Covid-19 restrictions 4
- Don't Know (DNRO)..... 5
- Refused (DNRO)..... 6

ASK Q.712b IF CODE 4 AT Q.712a

SINGLE CODE

Q712b: And were you an ex-smoker who took up smoking again, or a non-smoker who never smoked previously:

- Ex-smoker 1
- Non-smoker..... 2
- Don't Know (DNRO)..... 3
- Refused (DNRO)..... 4

ALCOHOL

The next set of questions I would like to ask you are about alcohol consumption

**ASK ALL
SINGLE CODE**

Q.14 Have you ever drunk any alcoholic beverages?

- Yes 1 **GO TO Q.15**
- Never..... 2
- Have only had a few sips of alcohol in my lifetime 3
- Don't Know (DNRO)..... 4
- Refused (DNRO)..... 5

**ASK IF CODE 1 AT Q.14
SINGLE CODE – PROBE TO PRECODES**

Q.15 How often have you consumed alcohol in the past 6 months?

- Daily 1
- 5-6 times a week 2
- 4 times a week 3
- 3 times a week 4
- Twice a week 5
- Once a week 6
- 2-3 times a month 7
- Once a month..... 8
- Less than once a month..... 9
- I did not drink in the last 6 months but I drank longer ago 10
- Don't know (DNRO) 11
- Refused (DNRO)..... 12

ASK Q.17 IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15)

Q.17 During the last 6 months, thinking of a typical day on which you had an alcoholic drink, how many standard drinks would you drink? By standard drink I mean a half pint of beer, a small glass of wine or a pub measure of spirits. **RECORD NUMBER OF STANDARD DRINKS**

- Don't Know (DNRO).....
- Refused (DNRO).....



Ipsos MRBI

ASK Q.18 IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) SINGLE CODE – PROBE TO PRECODES

Q.18 During the last 6 months, how often have you consumed (drunk) the equivalent of 6 standard drinks on one drinking occasion? By 6 standard drinks I mean 3 pints of beer, just under a bottle of wine or 6 pub measures of spirits.

- Daily 1
- 5-6 times a week 2
- 4 times a week 3
- 3 times a week 4
- Twice a week 5
- Once a week 6
- 2-3 times a month 7
- Once a month..... 8
- Less than once a month..... 9
- I did not drink in the last 6 months but I drank longer ago 10
- Don't know (DNRO) 11
- Refused (DNRO)..... 12

ASK Q.18 IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) SINGLE CODE

Validate: if someone answers code 1 to 11 at Q18, only accept 6 or higher at Q142

Q.142 During the last 6 months what is the highest number of standard drinks that you have drunk on a single occasion? Again, by standard drink I mean a half pint of beer, a small glass of wine or a pub measure of spirits **RECORD NUMBER OF STANDARD DRINKS**

- Don't Know (DNRO).....
- Refused (DNRO).....

ASK IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 or 12 AT Q.15)

Q.601 At what age did you first drink alcohol, beyond sips or tastes?

INSERT AGE years

ASK Q.28a IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 or 12 AT Q.15) SINGLE CODE

READ OUT

Q.713a Since the start of the COVID -19 restrictions in March, would you say you have been drinking more, drinking less or has your drinking remained about the same?

- Drinking more 1
- Drinking less..... 2
- Drinking about the same 3
- Don't Know 4
- Refused 5



Ipsos MRBI

ASK Q.713B IF CODE 1 OR 2 AT Q.713a

SINGLE CODE

READ OUT

Q.713b Would you say the changes in the amount you drink affected any of the following either positively or negatively or has there been no change at all?

ROTATE ORDER

READ OUT STATEMENTS

	Very positive change	Positive change	No change	Negative change	Very negative change
Your physical health	5	4	3	2	1
Your mood or mental health	5	4	3	2	1
Your energy levels	5	4	3	2	1
Your quality of sleep	5	4	3	2	1
Your relationships	5	4	3	2	1

ASK ALL

SINGLE CODE

Q714. Thinking of pregnancy, can you tell me whether you think that drinking even a small amount of alcohol during pregnancy is safe or unsafe?

Safe 1
 Unsafe 2
 Don't Know (DNRO) 3
 Refused (DNRO) 4

WEIGHT MANAGEMENT

I would now like to ask some questions about weight management.....

**ASK ALL
SINGLE CODE**

READ OUT STATEMENTS. REVERSE ORDER

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 these (DNRO) | 4 |

**ASK IF CODE 1, 2 AT Q.38
MULTICODE**

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 |

**ASK ALL
SINGLE CODE**

Q.715 Since the start of the COVID -19 restrictions in March, would you say you have gained weight, lost weight or your weight has remained about the same?

- | | |
|--|---|
| Gained weight | 1 |
| Lost weight | 2 |
| Weight has remained about the same | 3 |
| Don't know (DNRO) | 4 |
| Refused (DNRO) | 5 |

DIET & NUTRITION

I would now like to ask you a few questions about diet and nutrition.....

ASK ALL

Q.26 Each day, how many portions of snack foods (other than fruit, vegetables or yoghurt) do you usually eat? A portion is two biscuits, a standard chocolate bar or a packet of crisps.

RECORD NUMBER OF PORTIONS DAILY

- Don't eat snack foods everyday 1
- Never eat snack foods 2
- Don't Know (DNRO)..... 3
- Refused (DNRO)..... 4

ASK ALL

Q.22 How often do you eat fruit, excluding fruit juice?

- Once or more a day 1
- 4 to 6 times a week 2
- 1 to 3 times a week 3
- Less than once a week 4
- Never..... 5
- Don't Know (DNRO)..... 6
- Refused (DNRO)..... 7

ASK IF CODE 1 AT Q.22

Q.23 Each day, how many portions do you eat, on average? A portion is an apple, a pear, orange or similar sized fruit. **RECORD NUMBER OF PORTIONS DAILY**

- Don't Know (DNRO).....
- Refused (DNRO).....

ASK ALL
SINGLE CODE

Q.24 How often do you eat vegetables or salad, excluding juice and potatoes?

- Once or more a day 1
- 4 to 6 times a week 2
- 1 to 3 times a week 3
- Less than once a week 4
- Never..... 5
- Don't Know (DNRO)..... 6
- Refused (DNRO)..... 7

ASK IF CODE 1 AT Q.24

Q.25 Each day, how many portions do you eat, on average? A portion is one medium tomato or onion, 3 heaped tablespoons of peas or mixed vegetables

RECORD NUMBER OF PORTIONS DAILY

- Don't Know (DNRO).....
- Refused (DNRO).....



Over the course of the last week how many days, out of 7, did you drink each of the following?
ASK ALL - SINGLE CODE – PROBE TO PRECODES

Q.330a Regular sugar-sweetened fizzy or soft drinks, squashes or cordials, energy or sports drinks:

- I did not drink this during the past 7 days 1
- On 1 to 3 out of the past 7 days 2
- On 4 to 6 out of the past 7 days 3
- Everyday, once per day 4
- Everyday, twice per day 5
- Everyday, 3 or more times per day 6
- Don't know..... 7
- Refused 8

Q.330b Diet, low sugar or no added sugar fizzy or soft drinks, squashes, cordials, energy or sports drinks.
SINGLE CODE – PROBE TO PRECODES

- I did not drink this during the past 7 days 1
- On 1 to 3 out of the past 7 days 2
- On 4 to 6 out of the past 7 days 3
- Everyday, once per day 4
- Everyday, twice per day 5
- Everyday, 3 or more times per day 6
- Don't know..... 7
- Refused 8

WELLBEING

I would now like to ask you some questions about well-being.

The answers to the first set of questions are All of the time, Most of the time, Some of the time, A little of the time or None of the time

**ASK ALL
SINGLE CODE**

READ OUT. REVERSE ORDER.

Q.617 How would you rate your quality of life at the moment? Would you say it is...

- Very good 1
- Good..... 2
- Neither good nor poor 3
- Poor..... 4
- Very poor..... 5
- Don't know..... 6
- Refused 7

**ASK ALL
SINGLE CODE**

Q.45 During the past 4 weeks, how much of the time...

READ OUT STATEMENTS.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Did you feel full of life?	1	2	3	4	5
Have you been a very nervous person?	1	2	3	4	5
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5
Have you felt calm and peaceful?	1	2	3	4	5
Did you have a lot of energy?	1	2	3	4	5
Have you felt downhearted and blue?	1	2	3	4	5
Did you feel worn out?	1	2	3	4	5
Have you been a happy person?	1	2	3	4	5
Did you feel tired?	1	2	3	4	5



ASK ALL
PROBE TO PRECODES

MULTI CODE

Q.46 Which changes, if any, would you like to make that would improve your health and wellbeing?

Cut down smoking.....	1
Stop smoking	2
Cut down the amount of alcohol I drink.....	3
Be more physically active.....	4
Control weight or lose weight.....	5
Eat more healthily	6
Reduce the amount of stress in my life.....	7
Sleep better.....	8
Relax more	9
Have more time for myself	10
Have more time for family	11
Be more connected with my community	12
Have a better work/life balance.....	13
Change Job.....	14
Find a job.....	15
Be more financially secure	16
Other (Please specify).....	17
None of the above.....	18

ASK ALL
SINGLE CODE

Q.716a Since the start of the Covid-19 restrictions in March, would you say that your mental health has improved, stayed the same or worsened?

Improved	1
Stayed the same	2
Worsened.....	3
Don't Know (DNRO).....	4
Refused (DNRO).....	5

ASK Q.716b if code 1 or 3 at Q.716a
SINGLE CODE

Q.716b Would you say that it has [improved/worsened] a lot or a little?

A lot.....	1
A little.....	2
Don't Know (DNRO).....	3
Refused (DNRO).....	4



ASK Q.716c if code 3 at Q.716a AND code 1 at Q.716b

SINGLE CODE

Q.716c In the last 6 months, have you had a consultation with a health professional to address the changes in your mental health?

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

ASK Q.716d if code 1 at Q.716c

SINGLE CODE

Q.716d Did you seek the consultation because of changes in your mental health arising from Covid-19?

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

ASK Q.716e if code 1 at Q.716c

SINGLE CODE

Q.716e Thinking of your most recent conversation with a health professional about your mental health, in person, online or over the phone, how helpful did you find the consultation?
(Rate 1-5 with 1 being very unhelpful and 5 being very helpful)

Very helpful	Helpful	Neither helpful nor unhelpful	Unhelpful	Very unhelpful	DK/Refused
5	4	3	2	1	6

SOCIAL CONNECTEDNESS

The next set of questions relate to your social contacts

ASK ALL
SINGLE CODE

Q.717 Since the start of the COVID -19 restrictions in March, would you say you feel more socially connected, less socially connected or this has not changed?

- More socially connected..... 1
- Less socially connected 2
- Has not changed 3
- Don't Know..... 4

ASK ALL
SINGLE CODE

READ OUT

Q.615a Have you often felt lonely in the last 4 weeks?

- Often/Always 1
- Some of the time 2
- Occasionally 3
- Hardly ever 4
- Never 5
- Don't know..... 6

ASK ALL
SINGLE CODE

Q.43 Do you currently participate in any social groups or clubs?

- Yes 1
- No..... 2
- Don't Know..... 3

ASK ALL
SINGLE CODE

Q.719 I'm now going to ask you a series of questions about your contact with other people. Firstly, can I ask are either of your parents still living?

- Yes, still living..... 1
- No, neither still living 2
- Don't Know..... 3

**ASK ALL
SINGLE CODE****READ OUT**

Q.720a In the last 4 weeks, how often did you have **face-to-face contact** with the following people from **outside your home**? Would you say it was at least once a week, less often or never?

	At least once a week	Less often	Never	Not applicable
Children – either your own or other people's children	1	2	3	4
Your parents (Only ask if code 1 at Q.719)	1	2	3	4
Other relatives	1	2	3	4
Neighbours	1	2	3	4
Friends	1	2	3	4
Colleagues (only ask if in employment)	1	2	3	4
Clubs, social or community groups (only ask if code 1 at Q.43)	1	2	3	4

**ASK ALL
SINGLE CODE****READ OUT**

Q.720b In the last 4 weeks, how often did you have contact by **phone, email or any other electronic means** with the following people from **outside your home**? Would you say it was at least once a week, less often or never?

	At least once a week	Less often	Never	Not applicable
Children – either your own or other people's children	1	2	3	4
Your parents (Only ask if code 1 at Q.719)	1	2	3	4
Other relatives	1	2	3	4
Neighbours	1	2	3	4
Friends	1	2	3	4
Colleagues (only ask if in employment)	1	2	3	4
Clubs, social or community groups (only ask if code 1 at Q.43)	1	2	3	4



**ASK ALL
SINGLE CODE**

READ OUT

Q.720c Since the outbreak of the COVID-19 pandemic, has the quality of these relationships improved, stayed the same or worsened?

	Improved	Stayed the same	Worsened	Not applicable	Don't know	Refuse
Children – either your own or other people's children	1	2	3	4	5	6
Your parents (Only ask if code 1 at Q.719)	1	2	3	4	5	6
Other relatives	1	2	3	4	5	6
Neighbours	1	2	3	4	5	6
Friends	1	2	3	4	5	6
Colleagues (only ask if in employment)	1	2	3	4	5	6
Clubs, social or community groups (only ask if code 1 at Q.43)	1	2	3	4	5	6

**ASK ALL
SINGLE CODE**

Q.616 How many people are so close to you that you can count on them if you have serious personal problems?

- None..... 1
- One or two..... 2
- Three to five 3
- More than five 4
- Don't know (DNRO) 5
- Refused (DNRO)..... 6

DEMOGRAPHICS

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

ASK ALL

Q.51 Firstly, what is your age?
RECORD AGE IN YEARS

SINGLE CODE

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 – PROBE TO PRECODES

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

No formal education or training	1
Primary education (FETAC Level 1 or 2 Cert. or equivalent). NFQ levels 1 or 2	2
Lower secondary education (Junior/Inter/Group Cert, Fetac Level 3 Cert, FÁS Introductory Skills, NCVA Foundation Cert. or equivalent. NFQ level 3	3
Upper secondary education (Leaving Cert. (including Applied and Vocational programmes) or equivalent. NFQ levels 4 or 5	4
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	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	6
Higher Certificate, NCEA/HETAC National Cert. or equivalent. NFQ level 6	7
Ordinary Bachelor Degree or National Diploma. NFQ Level 7	8
Honours Bachelor Degree/Professional qualification or both. NFQ Level 8	9
Postgraduate diploma, Masters Degree or equivalent. NFQ Level 9	10
Doctorate (Ph.D) or higher. NFQ level 10	11

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

Q.59b How many hours per week?

RECORD HOURS

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

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 OR 5 AT Q.58a

SINGLE CODE

Q.61 Do (**IF CODE 1 AT Q.58a**)/did (**IF CODE 3 OR 5 AT Q.58a**) you work as an employee or are/were 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
- Not Applicable 5 **GO TO Q.648**

ASK IF CODE 1, 3 OR 5 AT Q.58a

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.58a**) / did (**IF CODE 3 or 5 AT Q.58a**) the firm/organisation you work/ (**IF CODE 1 AT Q.58a**) / worked (**IF CODE 3 or 5 AT Q.58a**) for mainly make or do (at the place where you work **IF CODE 1 AT Q.58a**) / worked (**IF CODE 3 or 5 AT Q.58a**)?’

RECORD VERBATIM

Q.62b ‘What is (**IF CODE 1 AT Q.58a**)/was (**IF CODE 3 or 5 AT Q.58a**) 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.58a**)/did (**IF CODE 3 or 5 AT Q.58a**) 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 1

ASK IF CODE 1, 3 OR 5 AT Q.58

SINGLE CODE

INTERVIEWER NOTE: DO NOT 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.58a**) did (**IF CODE 3 or 5 AT Q.58a**) you have any formal responsibility for supervising the work of other employees?

- Yes 1
- No..... 2



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

- Yes 1 [GO TO Q.648](#)
- No 2 [REPEAT Q'S 58, 61, 62A, 62B, 62C, 62D, 63A WITH "CHIEF INCOME EARNER" INSTEAD OF YOUR/YOU"](#)

ASK ALL SINGLE CODE

Q.648 To which one of the following groups do you consider you belong?
First read out White, Black or Black Irish, Asian or Asian Irish or Another background. Then code accordingly.

White	Irish	1
	Irish Traveller	2
	Roma	3
	Any other White background (specify) _____	4
Black or Black Irish	African	5
	Any other black background (specify) _____	6
Asian or Asian Irish	Chinese	7
	Indian	8
	Pakistani	9
	Bangladeshi	10
	Any other Asian background (specify) _____	11
Other including mixed background	Arabic	12
	Mixed (write in description) _____	13
	Other (write in description) _____	14

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 1
- UK 2
- Lithuania 3
- Latvia 4
- Nigeria 5
- Romania 6
- India 7
- Philippines 8
- Germany 9
- USA 10
- China 11
- Slovakia 12
- France 13
- Brazil 14
- Hungary 15
- Italy 16
- Pakistan 17
- Spain 18
- Czech Republic 19



South Africa..... 20
 Other (please specify) 21

ASK ALL

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 ALL

Q.720 There is a separate section to this survey that we would like you to complete yourself. To do this we would like to send you an email with a link to complete the survey online. It should only take you 5 minutes to complete and your answers will be very valuable to understanding an important health topic. Can you please give me your email address so we can send you the link?

Interviewer: Enter email address below and read it back to respondent to confirm details.

Email address:	
Refused	