

Healthy Ireland Wave 8 (FINAL)



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	1 CONTINUE
No	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)	
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)	



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 Temporary lay-off Closure of own business/ceased trading Remained in current job but work environment changed	2
	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	
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 <u>6 months</u> or more?

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

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

SINGLE CODE

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 Cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers)	4 5
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
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
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
A stroke (cerebral vascular disease)	20
Mini-stroke or TIA	21
High cholesterol	22
A heart murmur	23
An abnormal heart rhythm	24
Any other heart trouble (specify)	25
Any other condition (specify)	26
None of these	27
Don't Know	997
Refused	999

ASK ALL

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

Yes No	
Don't Know (DNRO)	
Refused (DNRO)	4

ASK Q705b IF CODE 1 AT Q705a SINGLE CODE

Q705b And was it mild or severe?

Mild	1
Severe	2
No symptoms/asymptomatic	3
Don't Know (DNRO)	
Refused (DNRO)	5



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

ASK ALL

Q.829 Over the past year, would you, or any other members of your household have ever experienced problems with buying enough hygiene products because of cost (e.g. soap, household cleaning agents, bathroom tissue, nappies, period products etc.)

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



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	<u>GO TO Q.7</u>

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	<u>GO TO Q.8</u>
Yes, occasionally		GO TO Q.8
No	3	<u>GO TO Q.10</u>

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? <u>RECORD NO. OF CIGARETTES ETC. SMOKED DAILY</u>

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)	

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?

Smokers telephone Quitline/Helpline 8 www.quit.ie 6 www.facebook.com/HSEquit 7 E-cigarettes 8 Other aid, help, support (please specify) 9 Don't Know (DNRO) 7	2 3 4 5 6 7 8
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	
Thinking about quitting but not planning to	
Not thinking about quitting	4
Don't Know (DNRO)	5
Refused (DNRO)	6



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



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
Never	
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. <u>RECORD NUMBER OF STANDARD DRINKS</u>

Don't Know (DNRO) Refused (DNRO)

GO TO Q.15

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 <u>RECORD NUMBER OF STANDARD DRINKS</u>

Don't Know (DNRO)
Refused (DNRO)

Q.713a Since the start of the COVID -19 restrictions in March 2020, 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	
Refused	5



Q.801 Thinking of the last day you had an alcoholic drink, who, if anyone, were you drinking with?

Interviewer instruction: Single answer. If respondent unsure, please probe for with whom the <u>majority</u> of their time was spent. Note that the other person doesn't necessarily have to have been drinking alcohol.

PROBE TO PRECODES. SINGLE CODE

On my own	
With my spouse/partner only	2
With one other person (not spouse/partner)	
In a group of people	3
Don't Know	4
Refused	5

Q.802 Thinking of the last day you had an alcoholic drink, where were you drinking? Interviewer instruction: Single answer. If respondent unsure, please probe for where they majority of their time was spent.

PROBE TO PRECODES. SINGLE CODE

At home (inside or outside)	1
In someone else's home (inside or outside)	2
In/outside a pub	3
In/outside a restaurant, hotel or café	4
In a public place outdoors (e.g. park)	5
In a nightclub	6
At a sport/music event	7
While on the move (e.g. train, airplane)	8
Somewhere else (specify:)	9
Don't know	10
Refused	11

ASK Q.803 IF CODE 1, 2, 5, 7, 8 OR 9 AT Q.802

Q.803 Where was this drink purchased?

Interviewer instruction: Single answer.

PROBE TO PRECODES. SINGLE CODE

Pub/bar/hotel/restaurant/nightclub/	
social club/sports club	1
Supermarket	2
Convenience shop	3
Standalone off-licence	
Duty free shop	6
Received it as a gift	8
Somewhere else (specify:)	9
Don't know	10
Refused	11

ASK Q.804 IF CODES 1 TO 9 AT Q.18

Q.804 Earlier you said that you drink 6 or more standard drinks <ANSWER FROM Q.18>. On these occasions how often would children under the age of 16 have been present? Would you say it is...

ROTATE ANSWERS. READ OUT. SINGLE CODE

Every time	1
Sometimes	
Never	3
Don't know (DNRO)	4



Refused (DNRO)..... 5

WEIGHT MANAGEMENT, Diet and Nutrition

Moving on, I would like to ask some questions relating to weight management, diet and nutrition

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 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 2020, would you say you have gained weight, lost weight or your weight has remained about the same?

Gained weight	1
Lost weight	
Weight has remained about the same	
Don't know (DNRO)	4
Refused (DNRO)	



READ OUT: AS PART OF THIS SURVEY WE ARE TAKING KEY MEASUREMENTS INCLUDING HEIGHT, WAIST AND WEIGHT. THIS HELPS HEALTHY IRELAND MONITOR HOW MANY PEOPLE IN THE COUNTRY ARE OVERWEIGHT TO HELP DESIGN PROGRAMMES TO HELP THEM LOSE WEIGHT. TO DO THIS I AM GOING TO ASK YOU FOR THREE MEASUREMENTS – YOUR HEIGHT, WEIGHT AND WAIST CIRCUMFERENCE.

Q.808 Are you happy for me to record your measurements?

Yes	1
No	2 SKIP TO NEXT SECTION

Q.809 How tall are you without shoes? You can tell me in centimetres or feet and inches.

_____ centimetres _____ feet _____ inches IF DK / REFUSAL, CODE 999

Q.810 How much do you weigh without clothes and shoes? You can tell me in kilogrammes or stones and pounds. (ADDITIONAL TEXT FOR WOMEN AGED UNDER 50: If you are currently pregnant please tell me your usual weight before pregnancy).

_____ kilogrammes ____ stone ____ pounds IF DK / REFUSAL, CODE 999

Q.811 What is your waist circumference? This would be the same as your trouser waist size. You can tell me in centimetres or inches. (ADDITIONAL TEXT FOR WOMEN AGED UNDER 50: If you are currently pregnant please tell me your usual waist measurement before pregnancy).

_____ centimetres _____ inches IF DK / REFUSAL, CODE 999

Q.812 Are there any reasons why you feel that any of your current measurements may not be a true reflection of your normal state, for example, you are pregnant, you're taking a course of medication that may cause water retention or you are currently wearing a cast on a broken limb, or you find it difficult to get accurate measurements for whatever reason?

PROBE TO PRECODES. MULTI CODE APART FROM CODES 1, 5 AND 6

No, all are a true reflection	1
Height is not a true reflection	2
Weight is not a true reflection	3
Waist is not a true reflection	
Don't know	5
Refused	6



Skin Protection

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

ASK ALL

Q.813 Which, if any, of these sun protection methods do you use frequently during the summer in Ireland? ROTATE ANSWERS. READ OUT. MULTI CODE

Limit the time spent in the sun	1
Wear long sleeves, a hat or sunglasses	
Use sunscreen of at least factor 30	3
None of these (DNRO)	4
Don't Know (DNRO)	5
Refused (DNRO)	6

ASK ALL

SINGLE CODE

Q.814 Thinking now of sunbeds, have you ever used a sunbed? SINGLE CODE

Yes	1
No	2
Don't Know	3
Refused	4

ASK IF YES AT Q.814

SINGLE CODE

Q.815 And do you use them regularly, from time-to-time or are they something you have done in the past but not anymore?

SINGLE CODE

Regularly	1
From time-to-time	
Used in the past, but not any more	3
Don't Know	4
Refused	5

ASK IF NO AT Q.814

SINGLE CODE

Q.816 And would you say you are likely or unlikely to use a sunbed in the future? **SINGLE CODE**

Likely	1
Unlikely	
Don't Know	
Refused	4



Dental and oral hygiene

Moving on, I would now like to ask you some questions about dental care and hygiene

ASK ALL

SINGLE CODE

Q.817 Firstly, thinking of yesterday, how many times did you brush your teeth? SINGLE CODE

I didn't brush my teeth yesterday	1
Once	2
Twice	3
Three times	4
Four or more times	5
Don't Know	6
Refused	7

ASK ALL SINGLE CODE

Q.818 When was the last time you visited a dentist on your own behalf?

1
2
3
4
5

ASK Q.819 IF CODE 1 AT Q.818

Q.819 How often in the last four weeks did you visit a dentist on your own behalf?

RECORD OCCASIONS.

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

ASK Q.820 IF CODE 1 AT Q.818

Q.820 And what was the main reason for your most recent visit to the dentist? SINGLE CODE. PROBE TO PRECODES

For a check-up, including routine scaling/cleaning	1
Because of pain	2
Where treatment was needed, but no prior pain	3
Other (specify:))	4
Don't Know (DNRO)	5
Refused (DNRO)	6



Q.821 When you last visited the dentist, how were the costs of the visit paid for? From the list I'm about to read out please tell me whether costs were covered in any of these ways, even if it was just part of the cost?

READ OUT. MULTI CODE.

Privately from your own funds	1
Through private health or dental insurance	2
Through your PRSI contributions	3
By a medical card	4
Through the HSE	5
Don't Know (DNRO)	
Refused (DNRO)	7

ASK Q.822 IF CODE 1 AT Q.821

Q.822 And how much did you pay from your own funds?

€	
Don't Know	
Refused	

SINGLE CODE

ASK ALL ROTATE. READ OUT Q.823 Do you have all your own teeth, or are some missing?

I have all my own teeth	1
Some are missing	
Don't Know (DNRO)	3
Refused (DNRO)	

SINGLE CODE

ASK Q.824 IF CODE 2 AT Q.823

ROTATE. READ OUT

Q.824 And thinking of your missing teeth, which of these best describes your situation?

I have no false teeth or dentures	1
I have some false teeth/dentures as well	
as some of my own teeth	2
I have full dentures	3
I have no teeth and no dentures	4
Don't Know (DNRO)	5
Refused (DNRO)	6

<u>SINGLE CODE</u> <u>ASK ALL</u> <u>ROTATE. READ OUT</u>

Q.308 Which of these best describes your dental health. That is your mouth, teeth and/or dentures.

Very Good	1
Good	
Fair	3
Bad	4
Very Bad	5
Don't Know (DNRO)	6
Refused (DNRO)	



MULTI CODE ASK ALL READ OUT. ROTATE.

Q.825 In the past 6 months, have any problems with your mouth, teeth or dentures caused you to have any of the following?

Difficulty eating or speaking	1
Embarassment or feeling uncomfortable socially	2
None of these (single code)	3
Don't Know (DNRO)	4
Refused (DNRO)	5

I am now going to ask you some questions about use of dental services by among children.

Q.826 Firslty, 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)	

ASK Q.827 IF CODE 1 AT Q.826. OTHERS SKIP TO NEXT SECTION

Q.827 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.828 TO Q.832 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.828 When was the last time you consulted a dentist on behalf of your <INSERT AGE> year old child?

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.829 IF CODE 1 AT Q.828

Q.829 How often in the last four weeks did you visit a dentist on your child's behalf?

RECORD OCCASIONS.

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

ASK Q.830 IF CODE 1 AT Q.828

Q.830 And what was the main reason for your most recent visit to the dentist? SINGLE CODE. PROBE TO PRECODES

For a check-up, including routine scaling/cleaning	1
Because of pain	2
Where treatment was needed, but no prior pain	3
Other (specify:))	4
Don't Know (DNRO)	5
Refused (DNRO)	6

ASK Q.831 IF CODE 1 AT Q.828

Q.831 When you last visited the dentist, how were the costs of the visit paid for? From the list I'm about to read out please tell me whether costs were covered in any of these ways, even if it was just part of the cost?

READ OUT. MULTI CODE.

Privately from your own funds	1
Through private health or dental insurance	2
Through your PRSI contributions	3
By a medical card	4
Through the HSE	5
Don't Know (DNRO)	6
Refused (DNRO)	

ASK Q.832 IF CODE 1 AT Q.831

Q.832 And how much did you pay from your own funds?

€
Don't Know
Refused



GP and hospital 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	
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? **<u>RECORD OCCASIONS.</u>**

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

SINGLE CODE

Q.5e When was the last time you consulted a medical or surgical consultant on your own behalf?

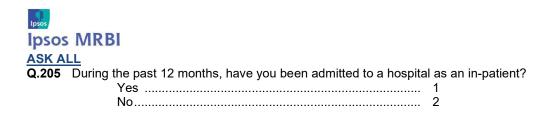
Less than 12 months ago	1
More than 12 months ago	
Never Consulted	3
Don't Know (DNRO)	4
Refused (DNRO)	

ASK Q.5f IF CODE 1 AT Q.5e

Q.5f How many times have you consulted such a medical or surgical consultant in the past 4 weeks?

RECORD OCCASIONS.

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



ASK ALL

Q.301 During the past 12 months, on how many occasions have you used each of the following services on your own behalf?

READ OUT AND RECORD NUMBER OF OCCASIONS FOR EACH. INCLUDE DON'T KNOW/REFUSED

GP Out of Hours Service	
Emergency Department in a public hospital	
Medical Assessment Unit in a public hospital	
Local Injury Unity in a public hospital	
Emergency Depatment in a private hospital including	
Swiftcare or similar	



Period poverty and menstrual health

ASK TO ALL IDENTIFYING AS FEMALE OR OTHER GENDER. MALES SKIP TO NEXT SECTION

I would now like to ask you a few questions about periods and menstrual health. I'm aware that this is a sensitive subject but your responses - whatever they may be- will really help to understand the challenges being faced by [women – *if identifying as female*] [women, girls, transgender, non-binary and other people who have periods – *if identifying as another gender*] living in Ireland. The information you provide will be used to support the Department of Health's important work regarding improving women's health.

Q.831 Which of these best applies to you? <u>SINGLE CODE</u> <u>READ OUT</u>

You have periods either monthly or irregularly	1
You are currently pregnant	2
You used to have periods, but don't anymore	3
Something else (specify:)	4
Don't know	5
Refused	6

If codes 2, 3 or 4 at Q.831: Please answer the remaining questions in this section based on your previous experience generally having periods.

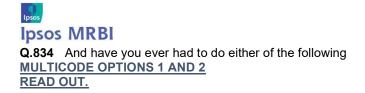
Q.832 To what extent, if at all, [are / were] you limited in daily activities before or during your period because of symptoms, for example pain, fatigue, heavy bleeding, pre-menstrual syndrome (PMS)? <u>SINGLE CODE</u>

READ OUT. ROTATE.

Severely limited on a regular basis	1
Severely limited on an occasional basis	
Limited, but not severely	3
Not limited at all	4
Don't know	5
Refused	6

Q.833 How often, if ever, [do / did] you do any of the following during your period SINGLE CODE ROTATE STATEMENTS

	Every period	Most periods	Some periods or occasional periods	Never	Don't know	Refused
Taken painkillers or other pain relief methods to help manage pain	1	2	3	4	5	6
Taken regular medication (such as the Pill) to control period symptoms	1	2	3	4	5	6



Had to go to a doctor because of the severity	
of the period symptoms	1
Had surgery to control period symptoms	2
Neither of these	3
Don't know	4
Refused	5

Q.835 Have you ever experienced any of the following? <u>MULTICODE</u> ROTATE. READ OUT.

Irregular periods Period pain	1 2
Pre-menstrual syndrome such as bloating,	
headaches or mood changes	3
Fatigue or tiredness due to your period	4
Polycystic ovary syndrome	
Endometriosis	6
Don't know	7
Refused	8

Q.836 Have you ever experienced the following because of any symptoms associated with your period ? <u>SINGLE CODE</u> <u>ROTATE STATEMENTS</u>

	Every period	Most periods	Some periods or occasional periods	Never	Don't know	Refused
Missed work, school or college	1	2	3	4	5	6
Felt unable to participate in sports	1	2	3	4	5	6
Felt less able to pay attention in work, school or college	1	2	3	4	5	6
Missed social events or meeting friends	1	2	3	4	5	6

Q.837 Thinking of period products, which of the following [do / did] you most commonly use? <u>SINGLE CODE</u> <u>ROTATE. READ OUT.</u>

Disposable period products	1
Reusable period products	2
Don't know	3
Refused	4



Had to change to a less suitable period product	
for cost reasons	1
You have struggled to afford period products	2
Had to ask to borrow period products	
because you couldn't afford it	3
Had to improvise with materials not intended for	
use during your period	4
Had run out of period products and had been unable	
to source more (e.g. remote location, out-of hours,	
not enough change for a vending machine,	
shops closed)	5
Forgotten to bring enough products with you for work,	
college, school or a day out	6
None of these (DNRO)	7
Don't know	8
Refused	9



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 Married (first marriage)	
Re-married	
In a registered same-sex civil partnership	
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? <u>RECORD MONTHS</u>



ASK IF CODE 2 AT Q.58

Q.60B How long have you been looking for your first regular job? <u>RECORD MONTHS</u>



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

Q.61 Do (<u>IF CODE 1 AT Q.58a</u>)/did (<u>IF CODE 3 OR 5 AT Q.58a</u>) 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	
Assisting relative (not receiving a fixed wage or salary)	
Not Applicable	5 <u>GO TO Q.648</u>

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 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.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.

	Irish	1
White	Irish Traveller	2
	Roma	3
	Any other White background (specify)	4
Black or Black Irish	African	5
Black or Black Irish	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
	19



South Africa	20
Other (please specify)	21

ASK ALL

Q.720 There is a separate section to this survey dealing with experiences relating to self-harm or others harming themselves. If you are comfortable participating in this section 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 a very important 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	