



I.D. 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, having lost or given up previous job ..... 3
- Actively looking for work after voluntary interruption of working life (for 12 months or more) for personal or domestic reasons 4
- A student or pupil ..... 5
- Retired from employment..... 6
- Unable to work due to permanent sickness or disability 7
- Looking after home or family..... 8
- Other (Specify: \_\_\_\_\_) ..... 9
- Don't Know (DNRO)..... 10
- Refused (DNRO)..... 11

**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**

**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
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



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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 .....	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, moderate or severe?

Mild.....	1
Moderate.....	2
Severe .....	3
No symptoms/asymptomatic.....	4
Don't Know (DNRO).....	5
Refused (DNRO).....	6

### ASK ALL

**Q.901** Do you have any of the following long-lasting conditions or difficulties?

Condition	Yes, to a great extent	Yes, to some extent	No
Blindness or a vision impairment	1	2	3
Deafness or a hearing impairment	1	2	3
A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	1	2	3
An intellectual disability	1	2	3



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A difficulty with learning, remembering or concentrating	1	2	3
A psychological or emotional condition or a mental health issue	1	2	3
A difficulty with pain, breathing or any other chronic illness or condition	1	2	3

### ASK ALL CODED 1 OR 2 FOR ANY CONDITION AT Q.901

**Q.902** As a result of a long-lasting condition, do you have difficulty doing any of the following?

<b>Condition</b>	<b>Yes, to a great extent</b>	<b>Yes, to some extent</b>	<b>No</b>
Dressing, bathing or getting around inside the home	1	2	3
Going outside the home to shop or visit a doctor's surgery	1	2	3
Working at a job or business or attending school or college	1	2	3
Participating in other activities, for example leisure or using transport	1	2	3



**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.903 IF CODES 1 OR 2 SELECTED AT Q.6 OR Q.7**

**PROBE FOR BEST ESTIMATE**

**Q.903** At what age did you FIRST try a cigarette, even just a few puffs

Age in years: \_\_\_\_\_

**ASK Q.904 IF CODE 1 SELECTED AT Q.6 OR Q.7**

**PROBE FOR BEST ESTIMATE**

**Q.904** At what age did you FIRST START smoking DAILY?

Age in years: \_\_\_\_\_

(Answer to Q.804 cannot be lower than the answer to Q.803)

**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 12 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 12 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 12 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).....





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## 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 12 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 12 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 9 at Q18, only accept 6 or higher at Q142

**Q.142** During the last 12 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).....



The next set of questions I would like to ask you are about health information around alcohol.

**ASK ALL**  
**SINGLE CODE – READ OUT – FLIP ORDER**

**Q.905** When looking at alcohol packaging how often, if at all, do you **see** health messages, health warnings or health-related information? Would you say you see it....

- Always ..... 1
- Often ..... 2
- Sometimes ..... 3
- Rarely ..... 4
- Never ..... 5
- Don't know (DNRO) ..... 6
- Refused (DNRO) ..... 7

**ASK Q.905a IF CODE 1, 2, 3 OR 4 AT Q.905**

**Q.905a** And how often, if at all, do you **read or look closely** at this information? Would you say you do this....

- Always ..... 1
- Often ..... 2
- Sometimes ..... 3
- Rarely ..... 4
- Never ..... 5
- Don't know (DNRO) ..... 6
- Refused (DNRO) ..... 7

**ASK Q.905b IF CODE 1, 2, 3 OR 4 AT Q.905**

**Q905(b)** When looking closely at alcohol packaging, what information do you notice? Indicate all that apply.

- Alcohol content (%) ..... 1
- Nutritional, ingredient or calorie information ..... 2
- Government or other consumption warning ..... 3
- Warning about the dangers of drinking alcohol when pregnant ..... 4
- Other information, please specify \_\_\_\_\_ ..... 5
- Don't know (DNRO) ..... 6
- Refused (DNRO) ..... 7

**ASK ALL**  
**SINGLE CODE – READ OUT – FLIP ORDER**

**Q.906** When looking at alcohol advertising how often, if at all, do you **see** or hear health messages, health warnings or health-related information? Would you say you see or hear it....

- Always ..... 1
- Often ..... 2
- Sometimes ..... 3
- Rarely ..... 4
- Never ..... 5
- Don't know (DNRO) ..... 6
- Refused (DNRO) ..... 7



**ASK Q.906a IF CODE 1, 2, 3 OR 4 AT Q.906**

**Q.906(a)** And how often, if at all, do you **read or pay close attention to** this information? Would you say you do this....

- Always ..... 1
- Often ..... 2
- Sometimes ..... 3
- Rarely ..... 4
- Never ..... 5
- Don't know (DNRO) ..... 6
- Refused (DNRO)..... 7

**ASK ALL  
SINGLE CODE – READ OUT – FLIP ORDER**

**Q.907** In the last 12 months have you sought out information about the effects of drinking alcohol?

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

**ASK Q.908 IF CODE 1 AT Q.907  
MULTI CODE – READ OUT – ROTATE ORDER**

**Q.908** And which, if any, of these sources did you use to find this information? Indicate all that apply.

- Attended an alcohol support group or one-to-one counselling ... 1
- Contacted an alcohol support helpline ..... 2
- Visited the hse.ie or askaboutalcohol.ie website ..... 3
- Visited the drinkaware.ie website..... 4
- Online searches (e.g., Google or WebMD)..... 5
- Social media..... 6
- Used an app on a smartphone or tablet..... 7
- Information from friends or family ..... 8
- Information from a doctor or other healthcare professional ..... 9
- Something else (specify: \_\_\_\_\_)..... 10
- Don't know ..... 11
- Refused (DNRO)..... 12

**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

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

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

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

**Permitted range: €0 to €100**

**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 IF CODE 1 AT Q.5c**



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**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 OCCASIONS.

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

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

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

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

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

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

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

**Permitted Range: 0 to 18**

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

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

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

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

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



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**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

<b>RECORD ANSWER</b>	
Number of visits	
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

**Q.436** Thinking of your child's most recent GP consultation, how much did you pay for this consultation? By this I mean how much you paid for the consultation alone not including any additional tests or medicines.

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

**Permitted range: €0 to €100**

## Hospital and Consultant Utilisation

### 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 .....	2
Never Consulted .....	3
Don't Know (DNRO).....	4
Refused (DNRO).....	5

### 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.205** During the past 12 months, have you been admitted to a hospital as an in-patient?

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

### ASK Q.206 IF CODE 1 AT Q.204A or CODE 1 at Q.205



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**Q.206** In total over the past 12 months, how many nights did you spend in a private hospital?

\_\_\_\_\_ NIGHTS

**ASK Q.207 IF CODE 1 AT Q.204A or CODE 1 at Q.205**

**Q. 207** In total over the past 12 months, how many nights did you spend in a public hospital?

\_\_\_\_\_ NIGHTS

**ASK ALL**

**Q.208** During the past 12 months have you been admitted to hospital as as day-patient?

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

**ASK Q.209 IF CODE 1 AT Q.208**

**Q.209** How many admissions were in a private hospital?

\_\_\_\_\_ ADMISSIONS

**ASK Q.210 IF CODE 1 AT Q.208**

**Q. 210** How many admissions were in a public hospital?

\_\_\_\_\_ ADMISSIONS

**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 Department in a private hospital including Swiftcare or similar	



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**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.810 IF CODED 1 AT Q.5A**

**MULTICODE**

**READ OUT. ROTATE ORDER**

**Q.810** Thinking of the times you saw a GP in the past 12 months, did you discuss any of the following?

- Ways of giving up smoking  
(ONLY IF CODE 1 OR 2 AT Q.6) ..... 1
- Ways of reducing alcohol consumption  
(ONLY IF CODE 1 AT Q.14 (AND NOT CODE 10,  
11 OR 12 AT Q.15) ..... 2
- Ways of reducing regular sugar-sweetened fizzy or soft drinks, squashes or cordials, energy or sports drinks.... 3
- Ways of reducing unhealthy snack foods ..... 4
- Don't Know (DNRO)..... 5
- Refused (DNRO)..... 6





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### ASK Q.811 IF DENTIST SELECTED AT Q.710

#### MULTICODE

#### READ OUT. ROTATE ORDER

**Q.811** Thinking of the times you saw a dentist in the past 12 months, did you discuss any of the following?

Ways of giving up smoking (ONLY IF CODE 1 OR 2 AT Q.6) .....	1
Ways of reducing alcohol consumption (ONLY IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) .....	2
Ways of reducing regular sugar-sweetened fizzy or soft drinks, squashes or cordials, energy or sports drinks....	3
Ways of reducing unhealthy snack foods .....	4
Don't Know (DNRO).....	5
Refused (DNRO).....	6

### ASK Q.812 IF PHARMACIST SELECTED AT Q.710

#### MULTICODE

#### READ OUT. ROTATE ORDER

**Q.812** Thinking of the times you saw a pharmacist in the past 12 months, did you discuss any of the following?

Ways of giving up smoking (ONLY IF CODE 1 OR 2 AT Q.6) .....	1
Ways of reducing alcohol consumption (ONLY IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) .....	2
Ways of reducing regular sugar-sweetened fizzy or soft drinks, squashes or cordials, energy or sports drinks....	3
Ways of reducing unhealthy snack foods .....	4
Don't Know (DNRO).....	5
Refused (DNRO).....	6



## Ipsos MRBI

### ASK Q.813 IF HOSPITAL DOCTOR SELECTED AT Q.710

#### MULTICODE

#### READ OUT. ROTATE ORDER

**Q.813** Thinking of the times you saw a hospital doctor in the past 12 months, did you discuss any of the following?

Ways of giving up smoking (ONLY IF CODE 1 OR 2 AT Q.6) .....	1
Ways of reducing alcohol consumption (ONLY IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) .....	2
Ways of reducing regular sugar-sweetened fizzy or soft drinks, squashes or cordials, energy or sports drinks....	3
Ways of reducing unhealthy snack foods .....	4
Don't Know (DNRO).....	5
Refused (DNRO).....	6

### ASK Q.814 IF NURSE SELECTED AT Q.710

#### MULTICODE

#### READ OUT. ROTATE ORDER

**Q.814** Thinking of the times you saw a nurse in the past 12 months, did you discuss any of the following?

Ways of giving up smoking (ONLY IF CODE 1 OR 2 AT Q.6) .....	1
Ways of reducing alcohol consumption (ONLY IF CODE 1 AT Q.14 (AND NOT CODE 10, 11 OR 12 AT Q.15) .....	2
Ways of reducing regular sugar-sweetened fizzy or soft drinks, squashes or cordials, energy or sports drinks....	3
Ways of reducing unhealthy snack foods .....	4
Don't Know (DNRO).....	5
Refused (DNRO).....	6



**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.**

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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 Q.915 IF AT LEAST 2 OF ITEMS 2, 3, 6, 7 OR 9 CODED 1 TO 4 OR CODES 4 OR 5 SELECTED AT Q.617**

**SINGLE CODE**

**Q.915** In the last 12 months, have you had a consultation with a health professional to address any concerns about your mental health?

- Yes ..... 1
- No..... 2
- Don't know ..... 3
- Refused..... 4



## Ipsos MRBI

### ASK Q.916 IF CODED 1 AT Q.915

#### SINGLE CODE

**Q.915** On a scale of 1 to 5, where 1 is very unhelpful and 5 is very helpful, how helpful or unhelpful did you find your most recent consultation to discuss concerns with your mental health?

Very unhelpful .....	1
Unhelpful .....	2
Somewhat helpful.....	3
Helpful .....	4
Very helpful .....	5
Don't know .....	6
Refused.....	7

## SOCIAL CONNECTEDNESS

### The next set of questions relate to your social contacts

#### ASK ALL

#### SINGLE CODE

**Q.717** Since Covid-19 restrictions were eased, 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.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



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



**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

**ASK IF NOT MARRIED/RE-MARRIED AT Q.53**

**SINGLE CODE**

**Q.53a** Do you live with a partner?

- Yes ..... 1
- No..... 2
- Don't know ..... 3
- Refused..... 4

**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

**Q54c** Are you accessing the Long Term Illness Scheme?

- 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 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.**

<b>White</b>	Irish	1
	Irish Traveller	2
	Roma	3
	Any other White background (specify) _____	4
<b>Black or Black Irish</b>	African	5
	Any other black background (specify) _____	6
<b>Asian or Asian Irish</b>	Chinese	7
	Indian	8
	Pakistani	9
	Bangladeshi	10
	Any other Asian background (specify) _____	11
<b>Other including mixed background</b>	Arab	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.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.....	

**ASK ALL  
SINGLE CODE**

**Q.917** This next question is voluntary, and you don't have to answer if you don't want to, however the results will assist the Department of Health in making policies as inclusive as possible for everyone in Ireland.

Which one of the following best describes how you think of yourself? When you hear the option that you most identify with please say YES

Heterosexual/straight (attracted to people of the opposite sex).....	1
Bisexual (attracted to people of both sexes) .....	2
Gay/Lesbian (attracted to people of the same sex)	
Asexual (not attracted to other people).....	3
In some other way (specify: _____).....	4
Don't know (DNRO) .....	5
Refused (DNRO).....	6



**DRUG PREVALENCE**

**Q.918** Would you be happy to answer questions about prescription and recreational drug use?

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

**ASK IF CODE 1 AT Q.918**  
**MULTI CODE. ROTATE. READ OUT.**

**Q.919** Which, if any, of the following drugs have you ever used?

- Cannabis ..... 1
- Cocaine ..... 2
- Ecstasy or MDMA ..... 3
- Amphetamines ..... 4
- LSD ..... 5
- Ketamine ..... 6
- Magic mushrooms..... 7
- Sedatives or tranquilisers such as sleeping pills,  
Valium, benzos, Xanax, Diazepam ..... 8
- Legal highs or new psychoactive substances..... 9
- Another recreational drug (specify: \_\_\_\_\_)..... 10
- Don't know ..... 11
- Refused..... 12

**ASK FOR EACH DRUG USED AT Q.919**  
**SINGLE CODE. PROBE TO PRECODES.**

**Q.920** When did you last use [name of drug]. Was it...?

- In the last 30 days ..... 1
- In the last year..... 2
- Longer ago ..... 3
- Don't know (DNRO) ..... 4
- Refused (DNRO)..... 5

**ASK IF USED SEDATIVES/TRANQUILISERS IN THE PAST YEAR**  
**SINGLE CODE. PROBE TO PRECODES.**

**Q.921** Thinking about all the sedatives or tranquillisers you have used during the past 12 months, were they prescribed for you?

- Yes, they were all prescribed ..... 1
- No, none were prescribed..... 2
- Some were prescribed and others were not ..... 3
- Don't know ..... 4
- Refused..... 5



**SUICIDE** Many thanks for taking part in the Healthy Ireland Survey. There are some additional questions that we would like to ask you in relation to suicide. These questions are voluntary and you may choose to not answer some or all of the questions should you prefer. If you decide to answer the questions, the information you provide will be invaluable to informing the work that is being carried out under Connecting for Life, our whole-of-government strategy to helping us reduce suicide and self-harm in Ireland.

The proposed questions for respondents are included in the following table:

<b>1. Do you know someone who has died by suicide?</b>		<i>Tick one only</i>	
Yes.....		<input type="radio"/>	<b>If yes, go to Q2</b>
No.....		<input type="radio"/>	<b>If no, go to Q5</b>
<b>2 What was your relationship to the person who died?</b> (if exposed to multiple deaths focus on the closest relationship)		<i>Tick only one</i>	
<b>Family</b> .....		<input type="radio"/>	
Mother.....		<input type="radio"/>	
Father .....		<input type="radio"/>	
Sister.....		<input type="radio"/>	
Brother.....		<input type="radio"/>	
Daughter.....		<input type="radio"/>	
Son.....		<input type="radio"/>	
Husband.....		<input type="radio"/>	
Wife.....		<input type="radio"/>	
<b>Not Family</b> .....		<input type="radio"/>	
Friend.....		<input type="radio"/>	
Work colleague.....		<input type="radio"/>	
Acquaintance .....		<input type="radio"/>	
Neighbour.....		<input type="radio"/>	
<b>3. How close were you to the person who died?</b>		<i>Tick one only</i>	
Very close.....		<input type="radio"/>	
Close.....		<input type="radio"/>	
Moderately close.....		<input type="radio"/>	
A bit close.....		<input type="radio"/>	
Not close.....		<input type="radio"/>	
<b>4. Thinking about the effect of the person’s death on your life, please indicate the rating that best described your experience?</b>		<i>Tick one only</i>	
The death has a significant or devastating effect on me that I still feel.....		<input type="radio"/>	
The death disrupted my life in a significant and devastating way, but I no longer feel that way.....		<input type="radio"/>	
The death disrupted my life for a short time .....		<input type="radio"/>	
The death had some effect on me, but did not disrupt my life.....		<input type="radio"/>	
The death had little effect on my life .....		<input type="radio"/>	
<b>5. Have you ever thought of taking your life, even though you would not actually do it?</b>			
Yes.....		<input type="radio"/>	
No.....		<input type="radio"/>	
<b>6. Have you ever attempted to take your own life?</b>			
Yes.....		<input type="radio"/>	<b>If Yes, go to Q7</b>
No.....		<input type="radio"/>	<b>If no, then Finish</b>
<b>7. If yes, has this attempt been in the last year?</b>			
Yes.....		<input type="radio"/>	
No.....		<input type="radio"/>	