INSTRUCTIONS

This questionnaire is a part of The Irish LongituDinal Study on Ageing (TILDA). We greatly value your participation in our study, and we hope that you will find this questionnaire interesting to complete. Your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this [X]

Or writing a number in a box like this [3]

Or circling an answer like this 1 2 (3) 4 5

Sometimes you will find an instruction telling you which questions to answer next like this

YES [ ]

NO [X] IF 'NO' GO TO QUESTION 1

HOW TO RETURN THIS QUESTIONNAIRE

Please give the questionnaire to the interviewer or post it back in the prepaid envelope provided.

If you have any questions about the questionnaire, please feel free to call us at 01 896 4120.

1. WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PARTICIPATION IN SOCIAL ACTIVITIES. HOW OFTEN, IF AT ALL, DO YOU DO ANY OF THE FOLLOWING ACTIVITIES?

PLEASE TICK ONE BOX PER LINE	DAILY/ ALMOST DAILY	ONCE A WEEK OR MORE	TWICE A MONTH OR MORE	ABOUT ONCE A MONTH	EVERY FEW MONTHS	ABOUT ONCE OR TWICE A YEAR	LESS THAN ONCE A YEAR	NEVER
Watch television.	☐	☐	☐	☐	☐	☐	☐	☐
Go out to films, plays and concerts.	☐	☐	☐	☐	☐	☐	☐	☐
Attend classes and lectures.	☐	☐	☐	☐	☐	☐	☐	☐
Travel for pleasure.	☐	☐	☐	☐	☐	☐	☐	☐
Work in the garden, or your home, or on a car.	☐	☐	☐	☐	☐	☐	☐	☐
Read books or magazines for pleasure.	☐	☐	☐	☐	☐	☐	☐	☐
Listen to music, radio.	☐	☐	☐	☐	☐	☐	☐	☐
Spend time on hobbies or creative activities.	☐	☐	☐	☐	☐	☐	☐	☐
Play cards, bingo, games in general.	☐	☐	☐	☐	☐	☐	☐	☐
Go to the pub.	☐	☐	☐	☐	☐	☐	☐	☐
Eat out of the house.	☐	☐	☐	☐	☐	☐	☐	☐
Participate in sport activities or exercise.	☐	☐	☐	☐	☐	☐	☐	☐
Visit to or from family or friends, either in person or talking on the phone.	☐	☐	☐	☐	☐	☐	☐	☐
Do voluntary work.	☐	☐	☐	☐	☐	☐	☐	☐

2. THE NEXT QUESTIONS ARE ABOUT HOW YOU FEEL ABOUT DIFFERENT ASPECTS OF YOUR LIFE. FOR EACH ONE, PLEASE SAY HOW OFTEN YOU FEEL THAT WAY.

PLEASE TICK ONE BOX PER LINE	OFTEN	SOME OF THE TIME	HARDLY EVER OR NEVER
How often do you feel you lack companionship?	☐	☐	☐
How often do you feel left out?	☐	☐	☐
How often do you feel isolated from others?	☐	☐	☐
How often do you feel in tune with the people around you?	☐	☐	☐
How often do you feel lonely?	☐	☐	☐

3. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR SPOUSE OR PARTNER WITH WHOM YOU LIVE.

IF YOU DO NOT HAVE A HUSBAND, WIFE OR PARTNER WITH WHOM YOU LIVE, PLEASE GO TO QUESTION 5

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much does he/she really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on him/her if you have a serious problem?	☐	☐	☐	☐
How much can you open up to him/her if you need to talk about your worries?	☐	☐	☐	☐
How much does he/she make too many demands on you?	☐	☐	☐	☐
How much does he/she criticise you?	☐	☐	☐	☐
How much does he/she let you down when you are counting on him/her?	☐	☐	☐	☐
How much does he/she get on your nerves?	☐	☐	☐	☐

4. HOW CLOSE IS YOUR RELATIONSHIP WITH YOUR SPOUSE OR PARTNER WITH WHOM YOU LIVE?

PLEASE TICK ONE BOX

- Very close ☐
- Quite close ☐
- Not very close ☐
- Not at all close ☐

5. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR CHILDREN.

IF YOU DO NOT HAVE CHILDREN, PLEASE GO TO QUESTION 6

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

6. APART FROM YOUR SPOUSE/PARTNER AND CHILDREN (IF ANY), DO YOU HAVE ANY OTHER FAMILY MEMBERS (SUCH AS BROTHERS, SISTERS, PARENTS, COUSINS, ETC.)?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 8

7. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THESE FAMILY MEMBERS.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

8. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR FRIENDS.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

9. THIS QUESTION IS ABOUT HOW YOU HAVE FELT IN THE PAST MONTH.

PLEASE TICK ONE BOX PER LINE	HARDLY EVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN
In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

10. WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW CONCERNED YOU ARE ABOUT THE POSSIBILITY OF FALLING. FOR EACH OF THE FOLLOWING ACTIVITIES, PLEASE INDICATE HOW CONCERNED YOU ARE THAT YOU MIGHT FALL IF YOU DID THIS ACTIVITY.

IF YOU CURRENTLY DON'T DO THE ACTIVITY (E.G. IF SOMEONE DOES YOUR SHOPPING FOR YOU), PLEASE ANSWER TO SHOW WHETHER YOU THINK YOU WOULD BE CONCERNED ABOUT FALLING IF YOU DID THE ACTIVITY.

PLEASE TICK ONE BOX PER LINE	NOT AT ALL CONCERNED	SOMEWHAT CONCERNED	FAIRLY CONCERNED	VERY CONCERNED
Cleaning the house (e.g. sweep, vacuum, dust).	☐	☐	☐	☐
Getting dressed or undressed.	☐	☐	☐	☐
Preparing simple meals.	☐	☐	☐	☐
Taking a bath or shower.	☐	☐	☐	☐
Going to the shop.	☐	☐	☐	☐
Getting in or out of a chair.	☐	☐	☐	☐
Going up or down stairs.	☐	☐	☐	☐
Walking around in the neighbourhood.	☐	☐	☐	☐
Reaching for something above your head or on the ground.	☐	☐	☐	☐
Going to answer the telephone before it stops ringing.	☐	☐	☐	☐
Walking on a slippery surface (e.g. wet or icy).	☐	☐	☐	☐
Visiting a friend or relative.	☐	☐	☐	☐
Walking in a place with crowds.	☐	☐	☐	☐
Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement).	☐	☐	☐	☐
Walking up or down a slope.	☐	☐	☐	☐
Going out to a social event (e.g. religious service, family gathering, or club meeting).	☐	☐	☐	☐

11. THE FOLLOWING ARE WAYS PEOPLE REACT TO VARIOUS DIFFICULT, STRESSFUL, OR UPSETTING SITUATIONS. PLEASE CIRCLE A NUMBER FROM 1 TO 5 ON EACH LINE FOR EACH OF THE FOLLOWING ITEMS. INDICATE HOW MUCH YOU ENGAGE IN THESE TYPES OF ACTIVITIES WHEN YOU ENCOUNTER A DIFFICULT, STRESSFUL OR UPSETTING SITUATION.

PLEASE CIRCLE ONE NUMBER PER LINE	NOT AT ALL				VERY MUCH
Take some time off and get away from the situation.	1	2	3	4	5
Focus on the problem and see how I can solve it.	1	2	3	4	5
Blame myself for having gotten into this situation.	1	2	3	4	5
Treat myself to a favourite food or snack.	1	2	3	4	5
Feel anxious about not being able to cope.	1	2	3	4	5
Think about how I solved similar problems.	1	2	3	4	5
Visit a friend.	1	2	3	4	5
Determine a course of action and follow it.	1	2	3	4	5
Buy myself something.	1	2	3	4	5
Blame myself for being too emotional about the situation.	1	2	3	4	5
Work to understand the situation.	1	2	3	4	5
Become very upset.	1	2	3	4	5
Take corrective action immediately.	1	2	3	4	5
Blame myself for not knowing what to do.	1	2	3	4	5
Spend time with a special person.	1	2	3	4	5
Think about the event and learn from my mistakes.	1	2	3	4	5
Wish that I could change what had happened or how I felt.	1	2	3	4	5
Go out for a snack or meal.	1	2	3	4	5
Analyse the problem before reacting.	1	2	3	4	5
Focus on my general inadequacies.	1	2	3	4	5
Phone a friend.	1	2	3	4	5

12. HERE IS A LIST OF STATEMENTS THAT PEOPLE HAVE USED TO DESCRIBE THEIR LIVES OR HOW THEY FEEL. HOW OFTEN DO YOU FEEL LIKE THIS?

PLEASE TICK ONE BOX PER LINE	OFTEN	SOMETIMES	RARELY	NEVER
My age prevents me from doing the things I would like to.	☐	☐	☐	☐
I feel that what happens to me is out of my control.	☐	☐	☐	☐
I feel free to plan for the future.	☐	☐	☐	☐
I feel left out of things.	☐	☐	☐	☐
I feel that I can please myself in what I can do.	☐	☐	☐	☐
My health stops me from doing the things I want to do.	☐	☐	☐	☐
Shortage of money stops me from doing the things that I want to do.	☐	☐	☐	☐
I look forward to each day.	☐	☐	☐	☐
I feel that my life has meaning.	☐	☐	☐	☐
I enjoy being in the company of others.	☐	☐	☐	☐
I feel satisfied with the way my life has turned out.	☐	☐	☐	☐
I feel that life is full of opportunities.	☐	☐	☐	☐

13. HAVE YOU EVER HAD DRINKS CONTAINING ALCOHOL, E.G. GLASS OF WINE, GLASS OF BEER, ETC.?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 27

14. HAVE YOU HAD DRINKS CONTAINING ALCOHOL OF ANY KIND IN THE LAST 6 MONTHS?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 27

15. DURING THE LAST 6 MONTHS, HOW OFTEN HAVE YOU HAD DRINKS CONTAINING ALCOHOL, LIKE BEER, CIDER, WINE, SPIRITS OR COCKTAILS?

PLEASE TICK ONE BOX

Daily ☐

4-6 days a week ☐

2-3 days a week ☐

Once a week ☐

2-3 days a month ☐

Once a month ☐

One or a couple of days per year ☐ GO TO QUESTION 17

16. MORE RECENTLY (I.E. IN THE LAST MONTH), WOULD YOU DESCRIBE YOUR CURRENT ALCOHOL INTAKE AS:

PLEASE TICK ONE BOX

- Daily ☐
- 4-6 days a week ☐
- 2-3 days a week ☐
- Once a week ☐
- 2-3 days a month ☐
- Once a month ☐

17. FROM THE PICTURES BELOW, PLEASE TICK THE BOX THAT REPRESENTS THE DRINK YOU WOULD BE MOST LIKELY TO DRINK

PLEASE TICK ONE BOX

Full pint of beer/ cider/lager	Full pint of stout	1/2 pint or glass of stout/beer/ cider/lager	Large glass of wine	Measure of spirit	Pre-mixed spirit drink (e.g. Smirnoff Ice)
					
☐	☐	☐	☐	☐	☐

18. THINKING ABOUT YOUR DRINK OF CHOICE, ON AVERAGE, IN THE LAST 6 MONTHS ON THE DAYS THAT YOU DRANK, ABOUT HOW MANY DID YOU HAVE?

PLEASE TICK ONE BOX

1	☐	5	☐	9	☐
2	☐	6	☐	10	☐
3	☐	7	☐	11 or more	☐
4	☐	8	☐		

19. THINKING ABOUT YOUR DRINK OF CHOICE, DURING THE LAST 6 MONTHS, APPROXIMATELY WHAT WAS THE LARGEST NUMBER OF DRINKS YOU HAD ON ANY ONE DAY?

PLEASE TICK ONE BOX

1	☐	5	☐	9	☐
2	☐	6	☐	10	☐
3	☐	7	☐	11 or more	☐
4	☐	8	☐		

20. HOW OFTEN IN THE LAST 6 MONTHS WOULD YOU SAY YOU DRANK THE MAXIMUM NUMBER OF DRINKS YOU INDICATED IN THE LAST QUESTION?

PLEASE TICK ONE BOX

Daily or almost daily ☐

Weekly ☐

Monthly ☐

Less than monthly ☐

21. HAVE YOU EVER FELT THAT YOU SHOULD CUT DOWN ON DRINKING?

PLEASE TICK ONE BOX

YES ☐

NO ☐

22. HAVE YOU REDUCED YOUR ALCOHOL INTAKE IN THE LAST 2 YEARS?

PLEASE TICK ONE BOX

YES ☐

NO ☐ IF 'NO' GO TO QUESTION 24

23. WHY DID YOU REDUCE YOUR ALCOHOL INTAKE?

PLEASE TICK ONE BOX

Personal choice ☐

Doctor's advice ☐

Medication ☐

Illness or ill health ☐

Other reasons (please specify) ☐

24. HAVE PEOPLE EVER ANNOYED YOU BY CRITICISING YOUR DRINKING?

PLEASE TICK ONE BOX

YES ☐

NO ☐

25. HAVE YOU EVER FELT BAD OR GUILTY ABOUT DRINKING?

PLEASE TICK ONE BOX

YES ☐

NO ☐

26. HAVE YOU EVER TAKEN A DRINK FIRST THING IN THE MORNING TO STEADY YOUR NERVES OR GET RID OF A HANGOVER?

PLEASE TICK ONE BOX

YES ☐

NO ☐

27. WE WOULD NOW LIKE TO ASK SOME QUESTIONS ABOUT HOW MUCH YOU WORRY ABOUT THINGS. PLEASE INDICATE HOW TYPICAL OR CHARACTERISTIC EACH STATEMENT IS OF YOU.

PLEASE TICK ONE BOX PER LINE	NOT AT ALL TYPICAL		SOMEWHAT TYPICAL		VERY TYPICAL
My worries overwhelm me.	☐	☐	☐	☐	☐
Many situations make me worry.	☐	☐	☐	☐	☐
I know I should not worry about things, but I just cannot help it.	☐	☐	☐	☐	☐
When I am under pressure, I worry a lot.	☐	☐	☐	☐	☐
I am always worrying about something.	☐	☐	☐	☐	☐
As soon as I finish one task, I start to worry about everything else I must do.	☐	☐	☐	☐	☐
I have been a worrier all my life.	☐	☐	☐	☐	☐
I have been worrying about things.	☐	☐	☐	☐	☐

28. HAVE ANY OF YOUR CLOSE FRIENDS DIED IN THE PAST TWO YEARS?

PLEASE TICK ONE BOX

YES ☐

NO ☐

29. WHAT IS THE MAIN WAY IN WHICH YOU HEAT YOUR ACCOMMODATION IN THE WINTER (TICK ONE BOX ONLY)

PLEASE TICK ONE BOX

Central heating ☐

Open fire only ☐

Portable heaters only ☐

Open fire and portable heaters ☐

Closed solid fuel appliance only ☐

Closed solid fuel appliance and portable heaters ☐

30. COULD YOU TELL ME WHETHER YOU HAVE ANY OF THE FOLLOWING PROBLEMS IN YOUR ACCOMMODATION? IF SO, WOULD YOU SAY THAT THESE ARE A MINOR, MODERATE OR MAJOR PROBLEM FOR THE ACCOMMODATION?

PLEASE TICK ONE BOX PER LINE DO YOU HAVE PROBLEMS WITH...	NO PROBLEM	MINOR PROBLEM	MODERATE PROBLEM	MAJOR PROBLEM
A leaking roof?	☐	☐	☐	☐
Leaking or moisture getting in through walls?	☐	☐	☐	☐
Leaking or moisture getting in at door or windows?	☐	☐	☐	☐
Leaks from water pipes?	☐	☐	☐	☐
Rising damp?	☐	☐	☐	☐
Condensation dampness?	☐	☐	☐	☐
General dampness from unknown sources?	☐	☐	☐	☐
Mould on walls/ceilings etc?	☐	☐	☐	☐
Corrosion or rot around any external door(s)?	☐	☐	☐	☐
Badly fitting doors?	☐	☐	☐	☐
Corrosion or rot around any window(s)?	☐	☐	☐	☐
Leaky or draughty windows?	☐	☐	☐	☐
Windows that don't open/close properly?	☐	☐	☐	☐
Rot in timbers other than windows/doors, such as rot in joists, floor boards etc?	☐	☐	☐	☐
Structural cracks in internal or external SUPPORT walls?	☐	☐	☐	☐
Subsidence in floors?	☐	☐	☐	☐
Pests – rats, mice, cockroaches?	☐	☐	☐	☐
Noise from neighbouring houses?	☐	☐	☐	☐
Difficulty in heating your accommodation?	☐	☐	☐	☐
Other problems (tick level of problem and specify below)?	☐	☐	☐	☐

31. THINKING ABOUT THE FOOD THAT YOU EAT, WE WOULD LIKE YOU TO TELL US HOW OFTEN YOU USUALLY EAT THE FOLLOWING FOODS.

FOR EACH FOOD THERE IS AN AMOUNT SHOWN, EITHER WHAT WE THINK IS A "MEDIUM SERVING" OR A COMMON HOUSEHOLD UNIT SUCH AS A SLICE OR TEASPOON. PLEASE PUT A TICK IN THE BOX TO INDICATE HOW OFTEN, ON AVERAGE, YOU HAVE EATEN THE SPECIFIED AMOUNT OF EACH FOOD (TO THE NEAREST WHOLE NUMBER) DURING THE PAST YEAR, I.E. FROM WHEN YOU RECEIVE THIS QUESTIONNAIRE TO THE SAME MONTH THE PREVIOUS YEAR.

Examples:

The following are examples on how to estimate how often and how much bread and potatoes you ate over the past year. Please estimate your food intake for all foodstuffs in the same way.

Potatoes: If you ate a medium serving of potatoes 3 times per week over the past year, put a tick in the box "2-4 per week". If you think you usually ate more or less than a medium serving, please try to estimate which box suits best.

EXAMPLE 1:

	AVERAGE USE LAST YEAR								
Potatoes, Rice, Pasta (medium serving)	**Never/ less than once a month**	**1-3 per month**	**Once a week**	**2-4 per week**	**5-6 per week**	**Once a day**	**2-3 per day**	**4-5 per day**	**6+ per day**
Potatoes, including boiled, mashed, baked potatoes, but **excluding** roast potatoes, chips or potato products (e.g. waffles)	☐	☐	☐	X	☐	☐	☐	☐	☐

For white bread a medium serving is one medium-sized slice. Therefore if you usually ate 1 medium slice 4 or 5 times per day, then you should put a tick in the column headed "4-5 per day". If you ate 2 medium slices 4-5 times per day, then you should put a tick in the column "6+ per day".

EXAMPLE 2:

	AVERAGE USE LAST YEAR								
Cereals and Breads (one bowl or one slice)	**Never/ less than once a month**	**1-3 per month**	**Once a week**	**2-4 per week**	**5-6 per week**	**Once a day**	**2-3 per day**	**4-5 per day**	**6+ per day**
White bread	☐	☐	☐	☐	☐	☐	☐	X	☐

PLEASE ESTIMATE YOUR AVERAGE FOOD USE AS BEST YOU CAN. PLEASE ANSWER EVERY QUESTION, DO NOT LEAVE ANY LINES BLANK.

	Never/less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Meat and meat alternatives (medium serving)									
Beef or Lamb-including roast, steak stew, mince	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pork-including roast, chops, slices	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ham, Bacon	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chicken or Turkey portion –including breast, thigh, leg	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chicken products-including chicken nuggets or breaded chicken	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fresh fish	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fish, including breaded, battered, or fish fingers	☐	☐	☐	☐	☐	☐	☐	☐	☐
Processed meat - including meat pies, pasties, sausage rolls, burgers, sausages,	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lentils, tofu, soya meat, vegeburger	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cereals and Breads (one bowl or one slice)									
White bread	☐	☐	☐	☐	☐	☐	☐	☐	☐
Brown bread	☐	☐	☐	☐	☐	☐	☐	☐	☐
Porridge, readybrek	☐	☐	☐	☐	☐	☐	☐	☐	☐
High fibre cereal e.g Weetabix, all bran branflakes, bran buds, muesli	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other cereal e.g. cornflakes, rice crispies	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Never/less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Potatoes, Rice, Pasta (medium serving)									
Potatoes, including boiled, mashed, baked potatoes, but excluding roast potatoes, chips or potato products eg waffles	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chips, roast potatoes, and potato products, eg potato waffles, smiles	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rice	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pasta	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dairy Products and Fats									
Yoghurt (carton)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cheese-including cheddar, cheese slices, soft cheese	☐	☐	☐	☐	☐	☐	☐	☐	☐
Eggs (one) including boiled, scrambled, poached, fried	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cream (tablespoon)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Salad dressings (tablespoon)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Butter (teaspoon)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Low fat spread (teaspoon)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cholesterol lowering spread e.g. benecol, flora pro active	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fruit and Vegetables									
Fruit including fresh, frozen, dried, tinned	☐	☐	☐	☐	☐	☐	☐	☐	☐
Green vegetables, including cabbage, broccoli, peas, green beans	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Never/less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Orange/Yellow vegetables, including carrots, turnips, cauliflower	☐	☐	☐	☐	☐	☐	☐	☐	☐
Salad or other vegetables, including leeks, onions, garlic, sweet peppers, mushrooms, sweetcorn, tomatoes, beetroot	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sweets and snacks									
Plain biscuits	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chocolate Biscuits, including wrapped chocolate biscuits, eg Twix, Kit-Kat, Penguin	☐	☐	☐	☐	☐	☐	☐	☐	☐
Confectionary, including sweets and chocolate bars	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cakes, buns, desserts, eg cheesecakes, apple tart	☐	☐	☐	☐	☐	☐	☐	☐	☐
Savoury snacks, eg crisps, tortilla chips	☐	☐	☐	☐	☐	☐	☐	☐	☐
Soups, sauces, spreads									
Vegetable soup (homemade/carton)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vegetable soup (packet, cup-a-soup)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sauces e.g. white sauce, cheese sauce, gravy (tablespoon)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marmite, bovril	☐	☐	☐	☐	☐	☐	☐	☐	☐
Jam, marmalade	☐	☐	☐	☐	☐	☐	☐	☐	☐
Drinks									
Water (glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Never/less than once a month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Tea (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Coffee (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cocoa, hot chocolate (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Horlicks, Ovaltine (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wine (glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Beer (half pint)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spirits (single measure)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Low Calorie or Diet Fizzy drinks (glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fizzy drinks (glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pure fruit juice (glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fruit squash, diluted orange (glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐

32. WHAT TYPE OF MILK DO YOU USE MOST OFTEN?

PLEASE TICK ONE BOX

- ☐ None — IF 'NONE' GO TO QUESTION 34
- ☐ Whole/full fat
- ☐ Low fat
- ☐ Skimmed
- ☐ Super/fortified
- ☐ Soya
- ☐ Other

33. HOW MUCH MILK DO YOU USE EACH DAY?

PLEASE TICK ONE BOX

- ☐ Less than half a pint
- ☐ 250ml (half pint)
- ☐ 568ml (1 pint)
- ☐ One litre
- ☐ More than one litre

34. WE ARE INTERESTED IN YOUR OWN PERSONAL VIEWS AND EXPERIENCES ABOUT GETTING OLDER. PLEASE INDICATE HOW STRONGLY YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS

PLEASE TICK ONE BOX PER LINE	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I am always aware of my age.	☐	☐	☐	☐	☐
I always classify myself as old.	☐	☐	☐	☐	☐
I feel my age in everything that I do.	☐	☐	☐	☐	☐
As I get older I get wiser.	☐	☐	☐	☐	☐
As I get older I continue to grow as a person.	☐	☐	☐	☐	☐
As I get older I appreciate things more.	☐	☐	☐	☐	☐
I get depressed when I think about how ageing might affect the things that I can do?	☐	☐	☐	☐	☐
Getting older makes me less independent.	☐	☐	☐	☐	☐
As I get older I do not cope as well with problems that arise.	☐	☐	☐	☐	☐
Slowing down with age is not something I can control.	☐	☐	☐	☐	☐
How mobile I am in later life is not up to me.	☐	☐	☐	☐	☐
I have no control over the effects which getting older has on my social life.	☐	☐	☐	☐	☐
I get depressed when I think about getting older.	☐	☐	☐	☐	☐
I go through cycles in which my experience of ageing gets better and worse.	☐	☐	☐	☐	☐
I feel angry when I think about getting older.	☐	☐	☐	☐	☐
I go through phases of feeling old.	☐	☐	☐	☐	☐
I go through phases of viewing myself as old.	☐	☐	☐	☐	☐

35. IN OUR STUDY WE ARE INTERESTED IN LOOKING AT THE MIGRATION PATTERNS OF PEOPLE THROUGHOUT THEIR LIFETIME BOTH WITHIN IRELAND AND TO AND FROM IRELAND. WE ALSO WANT TO INVESTIGATE THE POSSIBLE EFFECT OF WATER SUPPLY ON HEALTH.

WHERE DID YOU PREVIOUSLY LIVE?

PLEASE START WITH THE MOST RECENT PREVIOUS ADDRESS FIRST, THEN THE SECOND MOST RECENT AND SO ON. YOU DO NOT NEED TO ENTER YOUR CURRENT ADDRESS

	Address	Year	Number of Years	Type of water supply (please tick)

PLEASE ENTER ADDRESSES USING ONE BOX PER LETTER, AS IN THE EXAMPLES BELOW

		Address	Year	Number of Years	Type of water supply (please tick)
URBAN	Estate/Street	NORTH CIRCULAR RD	From: 1984 To: 1999	15	Public main X
	District/Townland				Group scheme
	Village/Town/City	DUBLIN 7			Private well
	County	DUBLIN			
	Country				
RURAL	Estate/Street		From: 1964 To: 1984	20	Public main
	District/Townland	CARRAVILLA			Group scheme
	Village/Town/City	HOLLYMOUNT			Private well X
	County	MAYO			
	Country				

PLEASE BEGIN HERE WITH YOUR MOST RECENT PREVIOUS ADDRESS

		Address	Year	Number of Years	Type of water supply (please tick)
1	Estate/Street		From: To:		Public main
	District/Townland				Group scheme
	Village/Town/City				Private well
	County				
	Country				
2	Estate/Street		From: To:		Public main
	District/Townland				Group scheme
	Village/Town/City				Private well
	County				
	Country				
3	Estate/Street		From: To:		Public main
	District/Townland				Group scheme
	Village/Town/City				Private well
	County				
	Country				

	Address	Year	Number of Years	Type of water supply (please tick)
4	Estate/Street District/Townland Village/Town/City County Country	From: To:		Public main ☐ Group scheme ☐ Private well ☐
5	Estate/Street District/Townland Village/Town/City County Country	From: To:		Public main ☐ Group scheme ☐ Private well ☐
6	Estate/Street District/Townland Village/Town/City County Country	From: To:		Public main ☐ Group scheme ☐ Private well ☐
7	Estate/Street District/Townland Village/Town/City County Country	From: To:		Public main ☐ Group scheme ☐ Private well ☐
8	Estate/Street District/Townland Village/Town/City County Country	From: To:		Public main ☐ Group scheme ☐ Private well ☐
9	Estate/Street District/Townland Village/Town/City County Country	From: To:		Public main ☐ Group scheme ☐ Private well ☐
10	Estate/Street District/Townland Village/Town/City County Country	From: To:		Public main ☐ Group scheme ☐ Private well ☐

36. IF THERE IS ANYTHING YOU WOULD LIKE TO TELL US, PLEASE WRITE IN THE SPACE BELOW. FEEL FREE TO ADD A PAGE IF THIS SPACE IS INSUFFICIENT.
WE SHALL BE VERY INTERESTED TO READ WHAT YOU HAVE TO SAY.

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS. PLEASE GIVE THE QUESTIONNAIRE TO THE INTERVIEWER OR POST IT BACK IN THE PREPAID ENVELOPE PROVIDED. ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL.