



Healthy Ireland Technical Report

Prepared by Ipsos MRBI
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Report

1. Introduction

Healthy Ireland is the National Framework for action to improve health and wellbeing of people living in Ireland. It is a response to the many risks that threaten Ireland's future health and wellbeing, as well as its economic recovery.

Healthy Ireland's vision is where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

It describes four high-level goals:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

An important feature of Healthy Ireland is a focus on research and evidence to ensure goals, policy and programming decisions are based on robust evidence, best practice approaches, and integrated with service delivery to maximise impact.

The Healthy Ireland Survey is an annual interviewer administered face-to-face survey commissioned by the Department of Health. The objectives of this survey are to:

- Provide and report on current and credible data, to enhance the monitoring and assessment of the various policy initiatives under the Framework
- Support and enhance Ireland's ability to meet many of its international reporting obligations
- Feed into the Outcomes Framework and overall Research, Data and Innovation Plan for Healthy Ireland and it will be important in assessing, monitoring and realising the benefits of the overall health reform strategy
- Allow targeted monitoring where necessary, with an outcomes-focussed approach, lending enhanced responsiveness and agility from a policymaking perspective
- Support the Department of Health in ongoing engagement and awareness-raising activities, in the various policy areas and support better understanding of policy priorities

In June 2014 the Department of Health commissioned Ipsos MRBI to undertake this survey. Following a detailed survey design process, fieldwork for the initial wave of this survey got underway in November 2014 and was completed in August 2015.

2. Background

The Healthy Ireland Survey utilises an interviewer-administered questionnaire with interviews conducted on a face-to-face basis with individuals aged 15 and over. The initial wave of this survey involved 7,539 interviews with the survey covering a variety of topics including:

- General health
- Smoking
- Alcohol
- Diet and nutrition
- Physical activity
- Weight management
- Social connectedness
- Wellbeing
- Dementia
- Sexual health

In addition to completing a survey questionnaire individuals interviewed on this wave of the survey were asked to undertake a physical measurement module. Within this module interviewers measured and recorded the respondent's height, weight and waist circumference. A total of 6,142 respondents (81%) participated in this module.

After completing the survey questionnaire, respondents aged 17 and over were asked to complete a self-completion questionnaire on issues relating to sexual health. A total of 6,529 respondents (87% of those aged 17 and over) completed at least part of this questionnaire.

Approval to conduct the study was provided by the Research Ethics Committee at the Royal College of Physicians of Ireland.

3. Development of Survey Instruments

3.1 Questionnaire Design

An initial questionnaire was provided to Ipsos MRBI by the Department of Health. In designing the questionnaire consideration was given to aligning survey topics with key objectives of the Healthy Ireland Framework as well as ensuring comparability with other relevant data sources, both nationally and internationally.

Following some questionnaire revision, a series of cognitive interviews were conducted in order to ensure that the questionnaire functioned as intended.

3.2 Cognitive Testing

Cognitive interviewing involves testing quantitative questions as part of a qualitative interview to observe how respondents understand, retrieve information for, decide upon and ultimately arrive at responses to questions. Cognitive testing is a technique that is routinely used to evaluate questionnaire content to ensure that questions are being understood by respondents in the way that is intended by the researchers. Cognitive interviews were utilised to test the Healthy Ireland questionnaire in terms of how easily understood and relevant each question is, to ensure that the questionnaire is designed to collect the most valuable and accurate information as part of the Healthy Ireland survey.

The approach used in this testing phase involved “think-aloud interviewing” whereby the respondent is asked to talk through their thought process as they arrive at an answer, and “verbal probing” which required the respondent to provide further information on their answer (for example - Why did you hesitate when answering that question? How did you decide that you visited a GP 3 rather than 4 times?).

The key output from this stage in the process is an evaluation of the questionnaire on a question-by-question basis indicating potential shortcomings and sources of confusion as well as strategies to overcome these. Show cards were utilised for most questions to test if they aided in understanding. In addition, interviewer notes/instructions were used to investigate if they also aided in understanding among respondents.

In implementing this process, 10 cognitive interviews were conducted in August 2014 by Ipsos MRBI researchers among members of the Irish population. This sample included a mix of gender, social class and age in order to test the Healthy Ireland questionnaire among a range of respondents to ensure relevancy and ease of understanding among all cohorts of the Irish population. Height, weight or waist measurements were recorded as part of the cognitive interviews.

The results of this stage indicated that the majority of the questionnaire worked well in its existing form, with most questions being understood easily. As a whole, the questionnaire was not considered particularly sensitive in nature, with respondents comfortable answering questions. The addition of show cards at most questions did aid in respondent understanding.

However, several sections contained questions that required further consideration. In particular, discussion was needed around several amendments potentially required in the Diet and Nutrition and Physical activity sections.

3.3 CAPI Scripting

Following agreement on changes to be implemented after the cognitive testing stage, the questionnaire was converted into a CAPI script suitable for interviewing.

In setting up this study, the following procedures were put in place to ensure that the data were suitably validated, further enhancing the quality of the data. Examples of key procedures used were as follows:

- Survey routing to ensure that respondents are only asked those questions relevant to them. For example, only those who smoked were asked questions in relation to quitting.
- Text substitutions in question wording to ensure questions are worded effectively and easily understood. For example, changing the tense of questions to reflect current working status.
- Not allowing contradictions at certain questions. For example, the interviewer was not permitted to record that the respondent never drank six or more standard drinks, if it had already been recorded that the respondent typically drank a higher amount than this.
- Sense checks to validate potential outliers and discrepancies. For example, the interviewer was required to verify the very low or very high physical measurements, and potential inconsistencies within these data (e.g. a very tall individual with a very low weight).

The survey used Dimensions software which is designed with ease of use and minimal training in mind. Question wording and instructions were clearly displayed at the top of the screen, and answer options at the bottom of the screen.

3.4 Pilot Survey

In advance of the main survey stage, a pilot survey was conducted in order to get an understanding of how the survey operates in an in-field setting and how well the survey content and material is received by respondents.

Fieldwork for the Healthy Ireland Pilot took place between the 3rd and 7th of October 2014. A total of 53 respondents were interviewed including a mixture of ages (15-87) and a roughly equal gender split (25 males, 28 females).

The interviews were conducted through CAPI, with all relevant supporting documentation (i.e. contact sheets, self-completion questionnaires and consent forms). All interviewers received an in-person briefing from the Project Manager at Ipsos MRBI. In order to be compatible with the methodology for the main stage fieldwork, all individuals aged 15 and over in each of the participating households were eligible for interview with quotas set to ensure a spread of respondents.

The pilot study validated many of the findings from the cognitive testing stage with a generally positive reaction to the study by most respondents.

Each interviewer attended a feedback discussion following completion of the pilot, with changes made to the survey where appropriate.

4. Sample Design

In selecting a sample design strategy, consideration was required in terms of a key objective of the study – to provide data that is in line with best international practice. In this regard it was decided to utilise a probability sample.

Stage 1 – Identifying a suitable sampling frame

There are a number of different approaches for drawing the sampling frame, and each has its limitations. The solution, therefore, was to find the approach which minimises these limitations.

One obvious approach would be the use of the electoral register. However, based on our experience, the electoral register has a number of shortcomings, not least its well-known tendency to under-represent certain sub-groups, such as the more mobile and ethnic minority communities. As individuals also have the option of being excluded from the published register, this means that it is a far from comprehensive.

This study used the An Post/Ordnance Survey Ireland GeoDirectory, as the primary sampling frame. GeoDirectory is a complete database of every building in the Republic of Ireland. Each of the 2.2 million addresses contained in GeoDirectory includes an accurate standardised postal address, usage details for each building (commercial or residential), a unique 8-digit identity number and geo-coordinates which accurately locate the centre point of each building to within one metre.

This file is comprehensive, regularly updated, and has a high degree of accuracy which was required in this study. Ipsos MRBI commonly use it across all nationally representative studies that it conducts for a number of reasons:

It contains every address point in Ireland and is designed for use for research and data collection, and therefore provides full coverage of the target population (eliminating non-coverage bias from the sample);

- It is updated on a quarterly basis;
- It avoids double counting as buildings, which have alternative names (e.g. 15 New Road, Thurles and The Beeches, New Road, Thurles), would be counted only once;
- It provides geographic co-ordinates for each building;
- It provides separate lists for businesses and residential addresses;
- It links every address to its electoral division, allowing for the separation of data from both large and small geographic areas (e.g. EDs) alike;

- Demographic data from the CSO can be easily obtained at an ED level and incorporated into databases provided by GeoDirectory;
- The address lists provided by GeoDirectory would also include those who may not be on the electoral register for one reason or another.

The use of a probability sample for this study provides accurate data that stands up to independent scrutiny and permits comparison with best practice on other studies internationally. A randomly drawn sample is one in which every member of the defined population (in this case, those aged 15+) has a calculable chance of being included in the sample. If this is to be the case, it follows that every member of the defined population must be known in order to have that chance. Therefore, the first step in drawing a random sample is to make a list of all the members of the population, and this is the sampling frame.

A two-stage equal-probability sample of addresses was drawn, with the aim of attempting to interview a randomly selected individual at each selected address.

Below is described the process for clustering addresses, for stratification and for selecting primary sampling units, addresses and individuals at sampled addresses.

The sample was issued in Electoral Division clusters each comprising 20 addresses. With 10.5% of addresses anticipated to be ineligible and a target 60% response rate (which is considered the gold standard on population based studies such as this one) this would deliver an average of 10.74 addresses per cluster. This is an appropriate cluster size in the light of the following requirements:

- impact on precision of survey estimates (larger clusters tend to be associated with larger design effects and hence with lower precision);
- impact on response rate: if clusters are too small, response rates can fall simply because the interviewer is likely to visit the area on fewer occasions: this may translate into greater non-response bias;

In line with good sampling practice, all Electoral Divisions containing fewer than 500 addresses were combined with adjacent sectors before the first stage of sampling (i.e. before clusters are selected). This ensured that each cluster covered a sufficiently large geographic area.

The sample was stratified by region and within this by relevant variables. Stratification is effective to the extent that variables chosen as stratifiers correlate with key survey variables. In the light of this, stratified within region, by urban/rural and proportion of owner occupiers.

A total of 686 clusters were selected with probability proportional to address count. Twenty addresses were then selected systematically (random start and fixed interval skip) from the list of addresses in each PSU, thereby ensuring a spread of addresses across the cluster.

Selecting households and adults

In the cases where an address generates more than one household, one was selected by the interviewer in the field using a random selection method. This method was simple for the interviewer to apply and has a minimal impact on design effects.

In each selected household, individuals aged 15+ were listed and the interviewer selected one eligible individual through a randomised approach (e.g. KISH Grid). This is the only individual within that household that could be interviewed, and the interviewer could not seek a replacement if that individual was unwilling to participate.

Summary of sample design	
Number of clusters	686
Number of addresses per cluster	20
Gross sample of addresses	13,720
Estimated number eligible (89.5%)	12,277
Anticipated number of completed interviews (60% response rate)	7,366

5. Fieldwork Procedures

5.1 Briefing and Training Of Interviewers

A total of 82 interviewers attended a two day training session in October 2014, with further interviewers trained at later stages. In total 119 interviewers were trained to work on the project. The training sessions were led by the Project Director at Ipsos MRBI and included input from the Health and Wellbeing team at the Department of Health. The session provided comprehensive instructions on all aspects of the project. Topics covered by the training sessions included:

- Background to the study
- Questionnaire coverage
- Physical measurements
- Social class coding
- Sampling and Contact Sheets
- Ethical considerations
- Maximising survey response
- Project administration

A core part of these sessions was training on recording accurate physical measurements. To do so interviewers were instructed on how to use the equipment correctly and were provided with hands-on demonstrations and practice sessions. Each interviewer was assessed on their ability to record measurements accurately and were required to complete a certification process before completing training.

In addition to the in-person training received, all interviewers were also provided with detailed written instructions on all aspects of the project. Interviewer laptops were also preloaded with video-recorded demonstrations (by a trained nurse) on the correct usage of physical measurement equipment. Interviewers also had ongoing access to telephone support from field management staff throughout the fieldwork period.

5.2 Interviewer Materials

Upon completion of interviewer training, all interviewers were issued with their initial assignment of twenty addresses as well as a workpack containing the necessary fieldwork materials. This workpack included:

- Survey materials
 - Interviewer manual
 - A paper copy of the CAPI questionnaire
 - Assignment sheets
 - Contact sheets
 - KISH grid
 - Showcards and information sheets
 - Self-completion questionnaire
 - Envelopes for self-completion questionnaire
- Advance communications
 - Letter of introduction for each household (2 copies of each letter)
 - Envelopes and postage stamps for each letter
 - Call back cards
 - Appointment cards
 - Garda introduction and form
 - Copy of Healthy Ireland letter to household
- Respondent materials
 - Consent form
 - Thank you slips

5.3 Undertaking Survey Fieldwork

Whilst the interviewing methodology is relatively straightforward to administer, ensuring it is done in the correct manner requires the implementation of specific strategies to ensure respondents understand what is involved in the survey and can provide informed consent. Details on the specific strategies used on this study are provided below.

5.3.1 Sending advance letters to potential respondents

Two advance letters were provided to all households that were selected to take part in the study. One letter was sent on Department of Health – Healthy Ireland headed paper to inform the householder that it had commissioned Ipsos MRBI to undertake this study and that their household had been selected to take part. It also provided an overview of what was involved in taking part in the study. The second letter was issued on Ipsos MRBI headed paper and provided further detail on the survey process and a respondent information sheet providing information on the household selection process and survey content.

Both letters were sent separately in advance of the interviewer commencing work on an assignment. The letter from Healthy Ireland was dispatched centrally, with interviewers themselves delivering the letters from Ipsos MRBI by post or hand. In addition, as those living in households that share addresses with other households may not have received a letter from Healthy Ireland (due to insufficient address details for delivery through the postal system), the interviewer had a copy of this letter to show to respondents in those households.

This practical step provides reassurance to the occupants of the household, as they will be forewarned about the survey and had both Ipsos MRBI's and Healthy Ireland's details. It also formalises the process lending weight to the notion of a 'pre-selected address' where no other address could be substituted in its place.

5.3.2 Informing the Garda Síochána

In advance of commencing the fieldwork Ipsos MRBI sent a letter to the Garda Headquarters to inform them of the nature of the survey and that interviewers would be working throughout the country. In addition, interviewers were required to visit local Garda stations in the areas they were working in and deliver a form that informed the local Gardaí that they would be working in the area during a particular time period. This form provided information about their car as well as contact details for the interviewer and the Project Manager. This was accompanied by a copy of the letter that was sent to Garda Headquarters.

This step ensured that Gardaí could provide reassurances about interviewers visiting their area, in particular given that a car they do not recognise may be driving around the area and visiting different households.

5.3.3 Informed consent

Verbal consent was obtained from all participants. In providing this consent, respondents were informed that their participation in the survey was voluntary, that they are free to refuse to answer any particular question, to stop the interview at any point and to request that all data they provided to Ipsos MRBI be destroyed. Signed consent from the parent of those aged under 18 was received prior to an interview taking place with a minor.

5.3.4 Additional forms of communication

In addition to the information provided to respondents through a variety of written and verbal communication from Healthy Ireland, Ipsos MRBI and the interviewer, respondents could request further information through a variety of forms of contact. All materials provided to respondents included a telephone number and email address to make contact with the project management team. In addition, the Ipsos MRBI website included a dedicated section with an outline of the study and a contact form should further detail be required.

5.3.5 Multiple contacts with households

Interviewers carried out up to five calls – an initial call, plus four call-backs – at each address for each potential respondent in each household, at different times and days. In practice, some addresses would have received more calls in order to convert “soft refusals” and to follow-up on appointments with other members of the household.

Interviewers also left appointment cards at households where a respondent was not at home. This card provided brief details of the study and a name and telephone number to call either to arrange an interview at a time most convenient to them or to find out more about the study.

5.4 Fieldwork Quality Controls

Ipsos MRBI’s ISO 9001 certified fieldwork management procedures were used to ensure timely and effective completion of interviewing. This involved a number of specific procedures:

- Ongoing contact with interviewers and supervisors to monitor progress across individual sampling points and regions;
- Completed interviews were uploaded by interviewers on a daily basis to ensure that interim data files could be produced to check the quality and integrity of the data;
- Interviewers had the support of supervisors and head office field management staff throughout the project, ensuring a swift resolution to any problems that emerged.

In order to monitor progress, and calculate response rates, interviewers completed a contact sheet for each address that was issued to them. These contact sheets were prefilled with household address and sample identifier numbers, and required interviewers to record details of each visit to the household and outcomes for individual household members.

A key element of the quality control process involves randomly selecting 10% of all assignments and contacting each household. In doing so, householders are asked a series of questions including:

- Whether an interviewer has called to their house recently
- What the subject of the survey was
- How long the survey took in total
- Overall rating of the interviewer
- Whether respondent was asked to complete a self-completion questionnaire (among those 17+)

A total of 103 interviewing assignments were randomly selected and contacted by telephone. In order to maximise the number of households contacted, each telephone number was attempted up to three times. All who were contacted verified the survey information that was collected. As such no changes were made to the data as a result of these quality checks.

6. Fieldwork Response

In order to conduct the Healthy Ireland survey, 13,720 addresses were pre-selected in advance of fieldwork in line with the sampling procedures outlined in section four of this report. In order to maximise the robustness of this approach it is crucial to achieve a high response rate. A core requirement of the Healthy Ireland Survey is to achieve a response rate of 60% amongst all eligible households.

Table 6.1 below details the response rate for each household that was sampled.

Table 6.1 Overview of fieldwork response

Category	Outcome	Cases
Complete interview	Full interview	7,539
Unproductive address	No reply after five contacts	1,579
	Address inaccessible/dangerous	233
	Address not found	80
	Appointment not maintained by respondent	6
	Partial interview	5
	Other reason unproductive	446
Refusal	Upfront refusal to interviewer	2,243
	Respondent refusal by contacting head office	191
Ineligible	Property vacant	975
	Occupied, but not main residence (e.g. holiday home)	186
	Non-residential address	119
	Communication difficulties	118
	Total	13,720

The response rate is calculated by dividing the number of complete interviews by the sum of all addresses minus ineligible addresses. The response rate therefore is 61.2% (7,539 divided by 12,322).

Further analysis of the response rate indicates a much lower response rate in Dublin compared to other regions (48.7% within Dublin compared to 66.1% outside Dublin). This is comparable to other surveys and is addressed through the post-survey weighting structure that is applied.

Table 6.2 Fieldwork response by region

Category	Outcome	Dublin	Rest of Leinster	Munster	Connacht /Ulster
Complete interview	Full interview	1,707	1,978	2,120	1,734
Unproductive address	No reply after five contacts	646	335	412	186
	Address inaccessible/dangerous	128	41	39	25
	Address not found	27	18	23	12
	Appointment not maintained by respondent	5	0	1	0
	Partial interview	0	0	5	0
	Other reason unproductive	132	97	131	86
Refusal	Upfront refusal to interviewer	776	536	667	264
	Respondent refusal by contacting head office	83	33	61	14
Ineligible	Property vacant	210	231	306	228
	Occupied, but not main residence (e.g. holiday home)	13	32	88	53
	Non-residential address	30	22	50	17
	Communication difficulties	23	37	36	22
	Total	3,780	3,360	3,939	2,641
	Response rate	48.7%	65.1%	61.3%	74.7%

Over the course of the fieldwork period, 38,738 contacts were made to the 13,720 households that were selected. This equates to an average of 2.82 contacts per household, with 2,852 households being contacted at least five times before a final outcome was achieved.

Table 6.3 Number of contacts made to each selected household

Number of contacts made to household	Number of households
1	4,172
2	3,146
3	2,052
4	1,498
5	1,377
6	1,272
7	98
8	54
9 or more	51
Total	13,720

Two of the modules on the questionnaire – physical measurement and sexual health – were optional for respondents. Whilst respondents were encouraged to complete these sections, a proportion of respondents opted not to complete one or both sections. At an overall level, 81% participated in the physical measurement module and 88% participated in the sexual health module. Participation rates differed by demographic group, with younger respondents typically more likely to participate in each modules. Additionally men were more likely than women to participate in the physical measurement module.

Table 6.4 Participation in physical measurement and sexual health modules

	Physical measurement	Sexual health*
Total	81%	88%
Men	85%	89%
Women	78%	88%
15-24*	90%	98%
25-34	86%	97%
35-44	84%	95%
45-54	80%	91%
55-64	81%	87%
65+	74%	72%

*Only those aged 17 and older were asked to participate in the sexual health module. As such the participation rates for sexual health are based on those aged 17 and older

Necessary adjustments were made when weighting the data in order to account for differential participation rates.

7. Data Preparation

7.1 Data Processing

As the survey was conducted through CAPI (Computer Assisted Personal Interviewing) the survey routing and many of the survey logic checks were automated and completed during fieldwork. This minimised the extent of data cleaning that was required post-fieldwork. However, extensive data checking was conducted following data collection and appropriate editing and data coding was conducted to ensure the accuracy of the final dataset.

Data processing was conducted on an ongoing basis during survey fieldwork. This involved a number of tasks:

- Data entry of contact sheets
- Data entry of self-completion questionnaires
- Merging and validation checks between different data sources (CAPI interview, self-completion questionnaire and contact sheet)
- Logic checking of data
- Formatting of values for missing, don't know and refused answers
- Review and recoding of other specify codes
- Creating derived variables to facilitate data analysis (for example, variables indicating total amount consumed by day of week, total spend across the week etc.)
- Formatting of variable names to ensure they appear in a sensible manner in the dataset
- Converting final data into SPSS format and checking that transition was made correctly

Whilst some of this process was semi-automated, it also involved an extensive amount of manual checking of data and comparisons between different data sources. Extensive analysis was also conducted at this stage and compared to other population studies and national statistics to ensure comparability with other datasets.

All data processing was conducted by Ipsos MRBI's specialist data management team and data were delivered in SAS format.

7.2 Data Weighting

A survey of this nature requires data weighting for two reasons. Firstly, differential response rates mean that some groups in the population are less likely to respond to the survey than others. This may be due to them being less accessible (for example, younger males typically spend less time at home than other groups and are less likely to take part in surveys), or are being less amenable to an approach to participate in a survey (for example, those living in Dublin are typically less likely to take part in surveys than those living in rural areas).

Secondly, the sampling approach used for this survey (one individual selected at random within a household) means that those living in households with fewer people were more likely to be selected than those living in households with more people. For example, if someone living alone in a selected household is three times more likely to be selected than someone living with two other individuals aged 15 or older.

As such, data weighting is used to overcome potential distortions that could arise as a result of these factors.

In producing weights for the Healthy Ireland survey it was necessary to do this at three levels – firstly for the overall dataset, and additionally for the physical measurement and sexual health modules. The latter two modules were optional for survey participants, and although response rates were high in both cases it was observed that (for example) older individuals in particular were less likely to participate which could potentially distort the results.

Overall weights

The first stage in producing these weights is to identify a selection weight. This is done in order to address any issues that may arise due to those living in smaller households being more likely to be selected than those in larger households. In doing so a weight is calculated that is the inverse of the selection probabilities – i.e. those living in larger households had a higher weight applied than those living in smaller households.

The second stage in this process is to overcome discrepancies that arise due to differential response rates. In doing so the weighting variables should be related to response behaviours (i.e. impacting on healthy or unhealthy behaviours). With this in mind, weights were produced by the following variables:

- Age by sex
- Education
- Working status (respondent)
- Region

Population information taken from Central Statistics Office (Census 2011 and Quarterly National Household Survey, Q2 2015), and a raking weighting process was used.

Weights for physical measurement and sexual health modules

Weights for physical measurement and sexual health modules were generated using logistic regression modelling. This method is generally used where other information about each respondent is known. In this instance, although someone may not have participated in the sexual health or physical measurement modules, a wide variety of information is known about them from other questions that they did respond to. The logistic regression model makes best use of the available data to model non-response behaviour and predict the likelihood that a respondent will participate, given their individual and household characteristics. The weights are then generated as the inverse of this predicted probability.

Only respondents aged 17 and over were eligible for the sexual health questions, hence any individuals aged 15 or 16 were excluded from the sexual health non-response model. This means the non-response model is modelling response behaviour for eligible individuals only – i.e. those aged 17 and over, rather than the overall profile.

Variables used to produce weights for the physical measurement module were as follows:

- Age by sex
- Education
- Region
- General health (Q.1)
- Marital status

Variables used to produce weights for the sexual health module were as follows:

- Age by sex
- Education
- Working status
- Region
- General health (Q.1)
- Marital status
- Ethnicity

Appendices

Appendix A	Final Questionnaire
Appendix B	Showcards
Appendix C	Self-Complete Questionnaire
Appendix D	Contact Sheet
Appendix E	Letter of Introduction (Ipsos MRBI)
Appendix F	Letter of Introduction (Department of Health)
Appendix G	Consent Form
Appendix H	Information Sheets

Appendix A: Final Questionnaire

GENERAL HEALTH

ASK ALL

Interviewer note: Show the respondent the participant information sheet and then ask:

Consent Q. Can you please confirm that you have read and understood the information sheet I have shown you and are happy to proceed?

Yes 1
 No..... 2 **CLOSE**

ASK ALL

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

ASK ALL

SINGLE CODE

Q.1 How is your health in general?

SHOW CARD Q.1

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

Q.3 For at least the past six months to what extent have you been limited in everyday activities because of health problems i.e. an on-going physical or mental health problem, illness or disability?

SHOW CARD Q.3

Severely Limited.....	1
Limited but not severely	2
Not limited at all.....	3
Don't Know (DNRO).....	4
Refused (DNRO).....	5

MULTI CODE

Q.4 Have you suffered from any of the following conditions in the past 12 months?

SHOW CARD Q.4

	YES
Asthma (allergic asthma included)	1
Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema	2
Heart Attack or chronic consequences of heart attack	3
High blood pressure	4
A stroke or the chronic consequences of stroke (cerebral hemorrhage or cerebral thrombosis)	5
Arthrosis (excluding arthritis)	6
Arthritis	7
Lower back disorder or other chronic back defects	8
Neck disorder or other chronic neck defects	9
Diabetes	10
Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	11
Cirrhosis of the liver	12
Urinary incontinence or problems in controlling the bladder	13
Kidney problems	14
Depression	15
None of these	16

SINGLE CODE

INTERVIEWER NOTE: THE FOLLOWING SHOULD BE EXCLUDED FOR THE PURPOSES OF THESE QUESTIONS: VISITS FOR PRESCRIBED LABORATORY TESTS, VISITS TO PERFORM PRESCRIBED AND SCHEDULED TREATMENT PROCEDURES E.G. INJECTIONS, PHYSIOTHERAPY ETC., VISITS TO DENTISTS.

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

SHOW CARD Q.5a

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	CTRL + 1
Don't Know (DNRO).....	CTRL + 2
Refused (DNRO).....	CTRL + 3

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 Q.5c

- 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

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

ASK ALL

SINGLE CODE

SHOW CARD Q.5e

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

TOBACCO

Moving on, I would now like to ask you a few questions relating to tobacco consumption.....

ASK ALL

SINGLE CODE

SHOW CARD Q.6

Q.6 Do you smoke tobacco products?

- Yes, daily..... 1 [GO TO Q9a](#)
- Yes, occasionally 2 [GO TO Q9b](#)
- No..... 3 [GO TO Q7](#)
- Don't Know (DNRO)..... 4 [GO TO Q10](#)
- Refused (DNRO)..... 5 [GO TO Q10](#)

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

SINGLE CODE

SHOW CARD Q.7

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

- Yes, daily..... 1 **GO TO Q8**
- Yes, occasionally 2 **GO TO Q8**
- No..... 3 **GO TO Q10**
- Don't Know (DNRO)..... 3 **GO TO Q10**
- Refused (DNRO)..... 3 **GO TO Q10**

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

SINGLE CODE

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

SHOWCARD Q.8

- Within the past month (anytime < than 1 month ago) 1
- Within the past 3 months (1 month but < than 3 months ago) 2
- Within the past 6 months (3 months but < than 6 months ago) 3
- Within the past year (6 months but < than 1 year ago) 4
- Within the past 5 years (1 year but < than 5 years ago) 5
- Within the past 10 years (5 years but < than 10 years ago) 6
- 10 or more years ago 7
- Don't Know (DNRO)..... 8
- Refused (DNRO)..... 9

ASK Q.9a IF CODE 1 AT Q.6. LIMIT RANGE TO 0-199.

INTERVIEWER NOTE: IF RESPONDENT HAS DIFFICULTY ASK THEM TO ESTIMATE THE AMOUNT THEY SMOKE FOR THE PRODUCT THEY SMOKE MOST OFTEN.

Q.9a On average how many of the following tobacco products do you smoke each day?

SHOWCARD Q.9a

RECORD NO. OF CIGARETTES ETC. SMOKED DAILY

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

ASK Q.9b IF CODE 2 AT Q.6. LIMIT RANGE TO 0-499.

INTERVIEWER NOTE: IF RESPONDENT HAS DIFFICULTY, ASK THEM TO ESTIMATE THE AMOUNT THEY SMOKE FOR THE PRODUCT THEY SMOKE MOST OFTEN.

Q.9b On average how many of the following tobacco products do you smoke each week?

SHOWCARD Q9b

Manufactured cigarettes	
Hand-rolled cigarettes	
Pipes full of tobacco	
Cigars	
Any others (please specify)	
Smokes less often than once a week	

ASK ALL

SINGLE CODE

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

SHOWCARD Q.10

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

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

SHOWCARD Q.12

Q.12 During your last attempt to give up, did you use any help?

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

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

SINGLE CODE

SHOWCARD Q.13

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

ALCOHOL

I would now like to ask you a few questions relating to alcohol consumption.....

ASK ALL

SINGLE CODE

Q.14 Have you ever drunk any of these types of alcoholic beverages?

SHOWCARD Q.14

- Yes 1 **GO TO Q.15**
- Never..... 2 **GO TO Q.20**
- Have only had a few sips of alcohol in my lifetime 3 **GO TO Q.20**
- Don't Know (DNRO)..... 4 **GO TO Q.20**
- Refused (DNRO)..... 5 **GO TO Q.20**

ASK IF CODE 1 AT Q.14

SINGLE CODE

Q.15 How often have you consumed alcohol in the last 12 months?

SHOWCARD Q.15

- 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
- 6-11 times a year 9
- 2-5 times a year 10
- Once a year..... 11
- I did not drink in the last year but I drank longer ago 12 **GO TO Q.20**
- Dramatically changed drinking in the last 12 months (DNRO) 13 **GO TO Q.19**
- Don't know (DNRO) 14
- Refused (DNRO)..... 15

NO QUESTION 16

ASK Q.17 IF CODE 1 AT Q.14 (AND NOT CODE 12 OR 13 AT Q.15)

SHOWCARD Q.17

Q.17 Thinking of a typical day in the last 12 months on which you had an alcoholic drink, how many standard drinks would you drink?

RECORD NUMBER OF STANDARD DRINKS

- Don't know
- Refused



ASK Q.18 IF CODE 1 AT Q.14 (AND NOT CODE 12 OR 13 AT Q.15)

SINGLE CODE

Q.18 During the last 12 months, how often have you consumed (drunk) the equivalent of 6 standard drinks on one drinking occasion?

SHOWCARD Q.18

Daily	1
5-6 times a week	2
4 times a week	3
3 times a week	4
2 times a week	5
Once a week	6
2-3 times a month	7
Once a month.....	8
6-11 times a year	9
2-5 times a year	10
Once a year.....	11
Never.....	12
Don't know (DNRO)	14
Refused (DNRO).....	15

ASK Q.19 IF CODE 1 AT Q.14 (and not code 12 @ 15)

SINGLE CODE

Q.19 During the last 12 months, have you?

READ OUT STATEMENTS

	YES	NO
Got into a physical fight when you had been drinking	1	2
Been in an accident of any kind when you had been drinking	1	2
Ever felt that you should cut down on your drinking	1	2
Regretted something you said or did after drinking	1	2
Felt that your drinking harmed your friendship or social life	1	2
Felt that your drinking harmed your home life or marriage	1	2
Felt that your drinking harmed your work or studies	1	2
Felt that your drinking harmed your health	1	2

ASK ALL

SINGLE CODE

Q.20 During the last 12 months, have you?

SHOWCARD 20. READ OUT STATEMENTS

	No, never	Yes, once	Yes, more than once	Don't Know (DNRO)
Had property vandalized by someone who had been drinking	1	2	3	4
Been a passenger in a vehicle with a driver who had too much to drink	1	2	3	4
Been hit or assaulted by someone who had been drinking	1	2	3	4
Had financial trouble because of someone else's drinking	1	2	3	4
Had family problems or relationship difficulties as a result of someone else's drinking	1	2	3	4

DIET & NUTRITION

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

ASK ALL**SINGLE CODE**

INTERVIEWER NOTE: IF RESPONDENT QUERIES THE DEFINITION OF “BREAKFAST”, ASK THEM TO THINK OF WHATEVER “BREAKFAST” USUALLY MEANS TO THEM.

Q.21a How often do you usually have breakfast on weekdays?

SHOWCARD Q.21a

Never.....	1
One day.....	2
Two days.....	3
Three days.....	4
Four days.....	5
Five days.....	6
Don't Know (DNRO).....	7
Refused (DNRO).....	8

SINGLE CODE

Q.21b How often do you usually have breakfast on the weekend?

SHOWCARD Q.21b

Never.....	1
One day.....	2
Both Saturday and Sunday.....	3
Don't Know (DNRO).....	4
Refused (DNRO).....	5

SINGLE CODE

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

SHOWCARD Q.22

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

ASK IF CODE 1 AT Q.22

Q.23 How many portions a day on average do you eat? A portion is an apple, a pear, orange or similar sized fruit.

RECORD NUMBER OF PORTIONS DAILY

Don't Know (DNRO)
Refused (DNRO)

ASK ALL

SINGLE CODE

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

SHOWCARD Q.24

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

ASK IF CODE 1 AT Q.24

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

RECORD NUMBER OF PORTIONS DAILY

Don't Know (DNRO)
Refused (DNRO)

ASK ALL

Q.26 How many portions of snack foods (other than fruit, vegetables or yoghurt) do you usually eat each day?

SHOWCARD Q.26

RECORD NUMBER OF PORTIONS DAILY

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

ASK ALL

SINGLE CODE

Q.27 How often do you drink sugar-sweetened drinks?

SHOWCARD Q.27

INTERVIEWER READ OUT: This includes sugary fizzy drinks, energy drinks, sports drinks, sugar sweetened cordials and squashes and sugar sweetened fruit juices

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

ASK ALL**SINGLE CODE**

Q.28 Which of these statements best describes your eating and/or cooking habits most of the time?

SHOWCARD Q.28

I eat/cook homemade meals from scratch using fresh, raw ingredients.....	1
I eat/cook meals using a combination of fresh ingredients and packets/jars of ingredients/sauces	2
I heat up ready meals in the oven/microwave oven (i.e. pizza, lasagne, frozen fish, chicken and veg)	3
I eat out	4
I eat take away food	5
Don't Know (DNRO).....	6
Refused (DNRO).....	7

SINGLE CODE**SHOWCARD Q.29**

Q.29 How often do you add salt to food while cooking?

Always	1
Usually.....	2
Sometimes	3
Rarely	4
Never.....	5
N/A (DNRO)	6
Don't Know (DNRO).....	7
Refused (DNRO).....	8

SINGLE CODE**SHOWCARD Q.30**

Q.30 How often do you add salt to food while at the table?

Always	1
Usually.....	2
Sometimes	3
Rarely	4
Never.....	5
Don't Know (DNRO).....	6
Refused (DNRO).....	7

PHYSICAL ACTIVITY

I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and work in the garden, to get from place to place, and in your spare time for recreation, exercise or sport.

ASK ALL

Now, think about all the vigorous activities which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time.

Q.31 During the last 7 days on how many days did you do vigorous physical activities like heavy lifting, competitive sport or fast cycling?

RECORD DAYS PER WEEK.

No vigorous physical activities CTRL+ 1 **GO TO Q.33**

ASK IF 1 OR MORE DAYS SPECIFIED AT Q.31. DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Validate if more than 120 mins, or less than 5 mins –

“You have indicated that the respondent has spent X minutes doing vigorous physical activities, please confirm that this is correct. Please ensure you are entering minutes and not hours”_

Q.32 How much time did you spend doing vigorous physical activities on one of those days?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

ASK ALL

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

ASK ALL

Q.33 During the last 7 days on how many days did you do moderate physical activities like carrying light loads, cycling at a regular pace, or doubles tennis? Do not include walking.

RECORD DAYS PER WEEK.

No moderate physical activities CTRL+ 1 **GO TO Q.35**

ASK IF 1 OR MORE DAYS SPECIFIED AT Q.33 DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Validate if more than 120 mins, or less than 5 mins - “

You have indicated that the respondent has spent X minutes doing moderate physical activities, please confirm that this is correct. Please ensure you are entering minutes and not hours”

Q.34 How much time did you usually spend doing moderate physical activities on one of those days?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

ASK ALL

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

ASK ALL

Q.35 During the last 7 days on how many days did you walk for at least 10 minutes at a time?

RECORD DAYS PER WEEK.

No walking..... CTRL+ 1 **GO TO Q.37**

ASK IF 1 OR MORE DAYS SPECIFIED AT Q.35 DON'T ALLOW 0. CAN'T BE MORE THAN 1440.

Validate if more than 120 mins, or less than 5 mins –

“You have indicated that the respondent has spent X minutes doing walking, please confirm that this is correct. Please ensure you are entering minutes and not hours”

Q.36 How much time did you usually spend **walking** on one of those days?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

ASK ALL

This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television or driving.

CAN'T BE MORE THAN 1440. DON'T ALLOW '0'**Validate if more than 120 mins, or less than 60 mins –**

“You have indicated that the respondent has spent X minutes doing sitting, please confirm that this is correct? Please ensure you are entering minutes and not hours”

Q.37 During the last 7 days, how much time did you spend sitting on a weekday?

RECORD ANSWER	
Minutes per day	
Don't Know/Not Sure (DNRO)	

INTERVIEWER NOTE: (Bullet point list under q.37)

1 HOUR = 60 MINS, 2 HOURS = 120 MINS, 3 HOURS = 180 MINS, 4 HOURS = 240 MINS, 5 HOURS = 300 MINS, 6 HOURS = 360 MINS, 7 HOURS = 420 MINS, 8 HOURS = 480 MINS, 9 HOURS = 540 MINS, 10 HOURS = 600 MINS, 11 HOURS = 660 MINS, 12 HOURS = 720 MINS, 13 HOURS = 780 MINS, 14 HOURS = 840 MINS, 15 HOURS = 900 MINS, 16 HOURS = 960 MINS.

WEIGHT MANAGEMENT

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

ASK ALL**SINGLE CODE**

Q.38 Which of the following statements best describes you?

SHOWCARD Q.38

I am trying to lose weight	1
I am trying to maintain weight	2
I am trying to gain weight	3
None of the above	4

ASK IF CODE 1, 2 AT Q.38

MULTICODE**SHOWCARD Q.39**

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 more exercise	4
Other (please specify)	5

ASK ALL

SINGLE CODE

READ OUT: AS I MENTIONED EARLIER, AS PART OF THIS SURVEY WE ARE TAKING KEY MEASUREMENTS INCLUDING HEIGHT, WAIST AND WEIGHT.

Q.40a Are you happy for me to take these measurements?

- | | | |
|---|---|------------------------------------|
| Yes | 1 | <u>GO TO Q.40b</u> |
| No..... | 2 | <u>GO TO Q.43</u> |
| Cannot participate (DNRO) (Please specify reason) | 3 | <u>GO TO Q.43</u> |

ASK IF CODE 1 AT Q.40a.

Q.40b Please indicate the surface you are conducting the measurements on?

- | | |
|--------------------------------------|---|
| Hard surface e.g. tiles, stone | 1 |
| Soft surface e.g. carpet..... | 2 |
| Other (please specify) | 3 |

ASK IF CODE 1 AT Q.40a, Take each measurement twice.

Q.40c Height Measurement

RECORD HEIGHT MEASUREMENT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

Refused (To appear at first measurement)

OPEN END BOX

Height Validation

- Height should be recorded as a three digit number to one decimal place (for example, 172.3 centimetres)
- If recorded height is outside the range 150 to 195, the interviewer should be asked to confirm that the value is correct:
“You have indicated that the respondent is { } centimetres tall, please confirm that this is correct”
- If the second measurement differs by more than 0.5 centimetres, then ask for the measurement to be recorded a third time

Q.41 Weight

RECORD WEIGHT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

Refused (To appear at first measurement) CTRL + 1

Scales displayed STOP CTRL + 2

Weight Validation

- Height should be recorded as a two or three digit number to one decimal place (for example, 74.2 kilogrammes)
 - If recorded height is outside the range 45 to 140, the interviewer should be asked to confirm that the value is correct:
“You have indicated that the respondent weighs { } kilogrammes, please confirm that this is correct”
 - If the second measurement differs by more than 0.1 kilogrammes, then ask for the measurement to be recorded a third time
-

Q.42 Waist Measurement

RECORD WAIST MEASUREMENT. PLEASE RECORD UP TO ONE DECIMAL PLACE.

Refused (To appear at first measurement)

Waist Validation

- Waist should be recorded as a two digit number to one decimal place (for example, 86.5 centimetres)
- If recorded measurement is outside the range 80 to 180, the interviewer should be asked to confirm that the value is correct:
“You have indicated that the respondent has a waist measurement of { } centimetres, please confirm that this is correct”
- If the second measurement differs by more than 1 centimetre, then ask for the measurement to be recorded a third time

Correlations between measurements

- Final waist measurement should be between 40% and 65% of the final height measurement. If not, the interviewer should be asked to confirm that the value is correct:
 - “You have indicated that the respondent has a height of { } centimetres and a waist measurement of { } centimetres, please confirm that this is correct”
- Final weight measurement value should be between 35% and 60% of the final height measurement. If not, the interviewer should be asked to confirm that the value is correct:
 - “You have indicated that the respondent has a height of { } centimetres and a weight of { } centimetres, please confirm that this is correct”

Multicode Allowed

Interviewer Note: Take into consideration circumstances such as pregnancy, an arm cast etc., that may be distorting the respondent’s true measurements.

Q.42b Interviewer, are there any reasons why you feel that any of these measurements may not be a true reflection of the respondent’s usual measurements?

- No, all are a true reflection of the respondent’s usual measurements 1
- Height is not a true reflection (please specify why) 2
- Weight is not a true reflection (please specify why)..... 3
- Waist is not a true reflection (please specify why) 4

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

Yes/No

IF YES, CAPI SCRIPT DISPLAY MEASUREMENTS

SOCIAL CONNECTEDNESS

The next set of question relate to social groups and your neighbourhood.

ASK ALL

SINGLE CODE

INTERVIEWER NOTE: THIS INCLUDES GAA OR OTHER SPORTS CLUBS, RESIDENTS' ASSOCIATION, ART/DRAMA/DANCING, BOOK CLUB, CARDS CLUB, CHURCH CONNECTED GROUP, SELF-HELP OR SUPPORT GROUP, CHARITABLE BODY OR COMMUNITY GROUPS, OR A DAY CARE CENTRE.

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

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

SINGLE CODE

Q.44 How much of a problem are each of the following in your neighbourhood?

SHOWCARD Q.44 READ OUT STATEMENTS.

	A big problem	A bit of a problem	Not a problem
Rubbish or litter lying around	1	2	3
Graffiti on walls or buildings	1	2	3
Vandalism and deliberate damage to property	1	2	3
Insults or attacks to do with someone's race or colour	1	2	3
House break ins	1	2	3
Poor public transport	1	2	3
Lack of food shops / supermarkets that are easy to get to	1	2	3
People being drunk in public	1	2	3
Lack of open public spaces	1	2	3

WELLBEING

Moving on, I would now like to ask you some questions relating to well-being....

ASK ALL

SINGLE CODE

Q.45 How much of the time during the past 4 weeks....

SHOWCARD Q.45. READ OUT STATEMENTS.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of life?	1	2	3	4	5	6
Have you been a very nervous person?	1	2	3	4	5	6
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
Have you felt calm and peaceful?	1	2	3	4	5	6
Did you have a lot of energy?	1	2	3	4	5	6
Have you felt downhearted and blue?	1	2	3	4	5	6
Did you feel worn out?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6
Did you feel tired?	1	2	3	4	5	6

MULTI CODE

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

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

ATTITUDES TO DEMENTIA

This next section involves a number of questions relating to awareness and understanding of dementia....

ASK ALL

MULTI CODE

Interviewer Note: PLEASE CODE “EXTENDED FAMILY” AS “YES, SOMEONE ELSE”

Q.47 Have you ever personally known anyone with dementia or had it yourself?
SHOWCARD Q.47

No, I don't know anyone who has or had, dementia	1
Yes, my job involves / involved working with people who have dementia	2
Yes, I have dementia myself	3
Yes, my partner or a member of my close / immediate family	4
Yes, a friend(s) I know fairly well	5
Yes, a friend(s) or acquaintance(s) I know less well	6
Yes, a colleague / someone at my work	7
Yes, someone else	8
Not sure (DNRO)	9

SINGLE CODE

Q.48 We are interested in what people think of dementia. Could you tell me whether you think the following statements are true or false?
SHOWCARD Q.48. READ OUT STATEMENTS.

	TRUE	FALSE	DON'T KNOW
Dementia is a disease of the brain	1	2	3
Dementia is a mental illness	1	2	3
Dementia is part of the normal process of ageing	1	2	3
Dementia is another term for Alzheimer's disease	1	2	3

SINGLE CODE

Q.49 I am now going to read out some more statements. Could you tell me whether you think the following statements are true or false?

SHOWCARD Q.49. READ OUT STATEMENTS.

	TRUE	FALSE	DON'T KNOW
High blood pressure increases your chances of getting dementia	1	2	3
If one of your parents gets dementia, you are more likely to get it too	1	2	3
Smoking has nothing to do with dementia	1	2	3
If you eat a healthy diet you are less likely to get dementia	1	2	3
People who drink heavily are more likely to get dementia	1	2	3

SINGLE CODE

Q.50 If someone close to you was becoming forgetful or distressed in a way that made you think they might be showing early signs of dementia, which of the following would you do in the first instance?

SHOWCARD Q.50

Talk to the person themselves about the best thing to do	1
Talk to a family member or friend	2
Talk to a doctor or nurse	3
Phone a helpline	4
Contact a charity or support group (e.g. The Alzheimer Society of Ireland)	5
Search the internet	6
Do nothing	7
Other (Please specify)	8
Don't Know (DNRO)	9

DEMOGRAPHICS**Moving on, I would now like to ask you some general questions about you.....****ASK ALL**

Q.51 Age in years

RECORD AGE IN YEARS**SINGLE CODE**

Q.52 Code Gender

Male.....	1
Female	2

SINGLE CODE**SHOWCARD Q.53**

Q.53 What is your current marital status?

Single, never married and never in a civil partnership	1
Married or in a civil partnership	2
Widowed or with civil partnership that ended with death of partner (not remarried or in civil partnership)	3
Divorced or with civil partnership that was legally dissolve (not remarried or in new civil partnership).....	4
Separated (including deserted)	5

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

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

SINGLE CODE**Q.58** How would you define your current situation with regard to work?**SHOWCARD Q.58**

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

SINGLE CODE

Q.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

ASK IF CODE 3 AT Q.58

Q.60a How long is it since you had a job?

RECORD MONTHS

ASK IF CODE 2 AT Q.58

Q.60B How long have you been looking for your first regular job?

RECORD MONTHS

ASK IF CODE 1, 3, 4 OR 7 AT Q.58

SINGLE CODE

SHOWCARD Q.61

Q.61 Do (if code 1 at q.58)/did (if code 3,4,7 at q.58) you work as an employee or are/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

ASK IF CODE 1, 3, 4 OR 7 AT Q.58

Interviewer Note: You need a full description. Probe for ‘manufacturing’, ‘processing’, ‘distributing’, etc and main goods produced, materials used, wholesale or retail etc.

Q.62a ‘What does (if code 1 at q.58)/ did (if code 3,4,7 at q.58) the firm/organisation you work/ (if code 1 at q.58)/ worked (if code 3,4,7 at q.58) for mainly make or do (at the place where you work if code 1 at q.58)/ worked (if code 3,4,7 at q.58)?’

RECORD VERBATIM

Q.62b ‘What is (if code 1 at q.58)/was (if code 3,4,7 at q.58) your (main) job?’

RECORD VERBATIM

Interviewer Note: Check for any special qualifications, training, etc needed to do the job

Q.62c ‘What do (if code 1 at q.58)/did (if code 3,4,7 at q.58) you mainly do in your job?’

RECORD VERBATIM

INTERVIEWER NOTE: IF RESPONDENT IS A FARMER, PLEASE ASK THE FOLLOWING QUESTION. IF NOT, CODE AS 'NOT A FARMER'. There are 2.5 acres in a hectare.

Q.62d What is the size of the area farmed to the nearest hectare?

Don't Know CTRL + 1

ASK IF CODE 1, 3, 4 OR 7 AT Q.58

SINGLE CODE

INTERVIEWER NOTE: DO NOT INCLUDE SUPERVISORS OF CHILDREN, E.G. TEACHERS, NANNIES, CHILDMINDERS, SUPERVISORS OF ANIMALS, OR PEOPLE WHO SUPERVISE SECURITY OR BUILDINGS ONLY, E.G. CARETAKERS, SECURITY GUARDS/

Q.63a In your job, do (if code 1 at q.58) did (if code 3,4,7 at q.58) you have any formal responsibility for supervising the work of other employees?

Yes 1
 No..... 2

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

Yes 1 **GO TO Q.64**
 No..... 2 **Repeat questions 58, 61, 62a, 62b, 62c, 62d, 63a with "CHIEF INCOME EARNER" instead of "YOUR/YOU"**

ASK ALL

SINGLE CODE

Q.64 To which one of the following groups do you consider you belong?

SHOWCARD Q.64

White	Irish	1
	Irish Traveller	2
	Any other White background (specify)_____	3
Black or Black Irish	African	4
	Any other black background (specify)_____	5
Asian or Asian Irish	Chinese	6
	Any other Asian background (specify)_____	7
Other including mixed background	Specify_____	8

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
- UK
- Lithuania
- Latvia
- Nigeria
- Romania
- India
- Philippines
- Germany
- USA
- China
- Slovakia
- France
- Brazil
- Hungary
- Italy
- Pakistan
- Spain
- Czech Republic
- South Africa
- Other (please specify)

SEXUAL HEALTH**ASK THIS SECTION ONLY FOR RESPONDENTS AGED 17 YEARS AND OVER****INTERVIEWER TO READ OUT GENERAL INTRODUCTION:**

For the next part of the interview I am going to give you some questions to fill in yourself. These are more in depth questions relating to your sexual health. Your answers to these questions will be completely confidential. You will have the opportunity to skip any question should you prefer not to answer.

Q – How is the respondent completing this part of the survey?

1. Pen and Paper
2. Laptop
3. Refused to complete – close survey

All who answered code 1 (PEN & PAPER). VALIDATION: ALLOW 1-7000.**ENTER SELF-COMPLETION SHEET NO. BELOW**

Please fill in assignment number and household number on the pen and paper self-completion questionnaire and then hand to respondent to complete.

READ OUT:

The answers to these questions are completely confidential. **WHEN YOU HAVE FINISHED THE QUESTIONNAIRE PLEASE PUT IN THE ENVELOPE AND SEAL IT.**

We would very much appreciate if **you could answer all the questions as honestly as possible.**

Interviewer: When respondent has finished, retain their questionnaire and proceed to next page.

All who answered code 2 (Laptop)

Read Out: The answers to these questions are completely confidential.
 We would very much appreciate if **you could answer all the questions as honestly as possible.**

There is a practice question at the start so that you can get the hang of it.

Interviewer: Please pass laptop to respondent

HOW TO FILL IN THIS PART OF THE SURVEY

- Please **read each question carefully** and take your time to answer.
- Answer simply **by entering the numbers** next to the answers you want to give.
- If you see a **question that you can't answer** or don't want to answer, just enter the number for "I'd rather not say/Refuse to answer" and go to the next question.
- Just **ask the interviewer** if you have any questions as you fill in the survey.

This survey is completely confidential and the interviewer will not have any access to your answers

Practice Q. How is your health in general?

- Very Good 1
- Good..... 2
- Fair 3_
- Bad 4_
- Very Bad 5
- Don't Know 6_
- I'd rather not say/refuse to answer..... 7_

SINGLE CODE

Q.67 Was the person you last had sexual intercourse with female or male?

- Female 1
- Male..... 2
- I'd rather not say/Refuse to answer 3
- Have never had sexual intercourse 4 **CLOSE: SHOW SCREEN: PLEASE PASS THE LAPTOP BACK TO THE INTERVIEWER**

SINGLE CODE

Q.68 Which one of these descriptions applies best to you and this person, at the time you last had sex?

You were living together as a couple/ married/ in a civil partnership at the time
You were in a steady relationship at the time
You used to be in a steady relationship, but were not at the time
You had known each other for a while, but were not in a relationship
You had recently met
You had just met for the first time
Other (specify)
I'd rather not say/Refuse to answer

SINGLE CODE

Q.69 Did you use a condom on the last occasion of sex?

- Yes 1
- No..... 2
- Don't Remember 3
- I'd rather not say/Refuse to answer 4

MULTI CODE

Q.70 Could you tell me if you used any other form of contraception on the last occasion of sex?

No method used
Contraceptive pill
Patch/ Ring/ Injection
IUD/ IUS/ Coil
Other (please specify)
Don't know
I'd rather not say/Refuse to answer <u>CLOSE</u>

Screen: Please pass the laptop back to the interviewer

Appendix B: Showcards& Information Sheets

14-050310

Healthy Ireland

Showcards

And

Information Sheets

SHOW CARD Q.1

Very Bad

Bad

Fair

Good

Very Good

SHOW CARD Q.3

Not limited at all

Limited but not severely

Severely Limited

SHOW CARD Q.4

15. Depression
14. Kidney problems
13. Urinary incontinence or problems in controlling the bladder
12. Cirrhosis of the liver
11. Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)
10. Diabetes
9. Neck disorder or other chronic neck defects
8. Lower back disorder or other chronic back defects
7. Arthritis
6. Arthrosis (excluding arthritis)
5. A stroke or the chronic consequences of stroke (cerebral hemorrhage or cerebral thrombosis)
4. High blood pressure
3. Heart Attack or chronic consequences of heart attack
2. Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema
1. Asthma (allergic asthma included)

SHOW CARD Q.5a/5c/5e

Less than 12 months ago

More than 12 months ago

Never Consulted

SHOW CARD Q.6/Q.7

No

Yes, occasionally

Yes, daily

SHOW CARD Q.8

Within the past month (anytime < than 1 month ago)

Within the past 3 months (1 month but < than 3 months ago)

Within the past 6 months (3 months but < than 6 months ago)

Within the past year (6 months but < than 1 year ago)

Within the past 5 years (1 year but < than 5 years ago)

Within the past 10 years (5 years but < than 10 years ago)

10 or more years ago

SHOW CARD Q.9a/9b

Cigars

Pipes full of tobacco

Hand-rolled cigarettes

Manufactured cigarettes

Any others

SHOW CARD Q.10

I have tried e-cigarettes and still use them

I have tried e-cigarettes but do not use them (anymore)

I have heard of e-cigarettes but have never tried them

I have never heard of e-cigarettes and have never tried them

SHOW CARD Q.12

7. E-cigarettes

6. www.facebook.com/HSEquit

5. www.quit.ie

4. Smokers telephone Quitline/ Helpline

3. Acupuncture

**2. Varenicline/Champix or Bupropion/Zyban
(prescribed medication)**

1. Nicotine patches, gum, lozenges, spray

8. Other aid, help, support (please specify)

SHOW CARD Q.13

Not thinking about quitting

Thinking about quitting but not planning to

Actively planning to quit

Trying to quit

SHOW CARD Q.14

Yes
Never
Have only had a few sips of alcohol in my lifetime
Shandy
Beer/lager/stout/ale
Cider
Wine
Buckfast/Fortified Wine
Champagne/Prosecco
Sherry/Martini/Vermouth
Port
Cream liqueurs (e.g. Baileys, Carolans)
Spirits (e.g. brandy /whisky /gin/vodka/rum/tequila)
Alcopops/Coolers/Spirit-based mixers (e.g. Smirnoff Ice, Bacardi Breezer, WKd)

SHOW CARD Q.15

1	Daily
2	5-6 times a week
3	4 times a week
4	3 times a week
5	Twice a week
6	Once a week
7	2-3 times a month
8	Once a month
9	6-11 times a year
10	2-5 times a year
11	Once a year
12	I did not drink in the last year but I drank longer ago

SHOW CARD Q.17

Did you know: 1 standard drink contains 10g of pure alcohol



...and some drinks are more than one standard drink



SHOW CARD Q.18

Examples of approx. 6 Standard Drinks

<p>3 pints beer, lager, stout (3 x 2 std. drinks)</p>	
<p>2 pints (2 x 2 std. drinks) + 2 shots (2 x 1 std. drinks)</p>	
<p>6 glasses wine (100 ml) (6 x 1 std. drinks)</p>	
<p>Just under 1 bottle of wine (approx. 7-8 std. drinks)</p>	

1	Daily
2	5/6 times a week
3	4 times a week
4	3 times a week
5	2 times a week
6	Once a week
7	2/3 times a month
8	Once a month
9	6-11 times a year
10	2-5 times a year
11	Once a year
12	Never

SHOW CARD Q.20

No, never

Yes, once

Yes, more than once

SHOW CARD Q.21a

One day

Two days

Three days

Four days

Five days

Never

SHOW CARD Q.21b

One day

Both Saturday and Sunday

Never

SHOW CARD Q.22

Once or more a day

4 to 6 times a week

1 to 3 times a week

Less than once a week

Never

SHOW CARD Q.24

Once or more a day

4 to 6 times a week

1 to 3 times a week

Less than once a week

Never

SHOW CARD Q.26

Examples of snack foods include....
Puddings and chilled desserts
Cakes, pastries and buns
Sugars, syrups, preserves and sweetener
Ice-creams
Chocolate
Crisps
Biscuits
Sweets

SHOW CARD Q.27

Once or more a day

4 to 6 times a week

1 to 3 times a week

Less than once a week

Never

SHOW CARD Q.28

I eat take away food

I eat out

I heat up ready meals in the oven/microwave oven (i.e. pizza, lasagne, frozen fish, chicken and veg)

I eat/cook meals using a combination of fresh ingredients and packets/jars of ingredients/sauces

I eat/cook homemade meals from scratch using fresh, raw ingredients

SHOW CARD Q.29

Never

Rarely

Sometimes

Usually

Always

SHOW CARD Q.30

Never

Rarely

Sometimes

Usually

Always

SHOW CARD Q.38

I am trying to gain weight

I am trying to maintain weight

I am trying to lose weight

None of the above

SHOW CARD Q.39

Taking more exercise

Eating/drinking fewer sugar sweetened foods/drinks

Eating less fat

Eating fewer calories

Other

SHOW CARD Q.44

Not a problem

A bit of a problem

A big problem

SHOW CARD Q.45

None of the time

A little of the time

Some of the time

A good bit of the time

Most of the time

All of the time

SHOW CARD Q.46

16.	Be more financially secure
15.	Find a job
14.	Change Job
13.	Have a better work/life balance
12.	Be more connected with my community
11.	Have more time for family
10.	Have more time for myself
9.	Relax more
8.	Sleep better
7.	Reduce the amount of stress in my life
6.	Eat more healthily
5.	Control weight or lose weight
4.	Be more physically active
3.	Cut down the amount of alcohol I drink
2.	Stop smoking
1.	Cut down smoking
17.	Other

SHOW CARD Q.47

8.	Yes, someone else
7.	Yes, a colleague / someone at my work
6.	Yes, a friend(s) or acquaintance(s) I know less well
5.	Yes, a friend(s) I know fairly well
4.	Yes, my partner or a member of my close / immediate family
3.	Yes, I have dementia myself
2.	Yes, my job involves / involved working with people who have dementia
1.	No, I don't know anyone who has or had, dementia

SHOW CARD Q.48/49

False

True

SHOW CARD Q.50

7.	Do nothing
6.	Search the internet
5.	Contact a charity or support group? (e.g. Alzheimer's Ireland)
4.	Phone a helpline
3.	Talk to a doctor or nurse
2.	Talk to a family member or friend
1.	Talk to the person themselves about the best thing to do
8.	Other

SHOW CARD Q.53

5	Separated (including deserted)
4	Divorced or with civil partnership that was legally dissolved (not remarried or in new civil partnership)
3	Widowed or with civil partnership that ended with death of partner (not remarried or in civil partnership)
2	Married or in a civil partnership
1	Single, never married and never in a civil partnership

SHOW CARD Q.57

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

SHOW CARD Q.58

1	Working for payment or profit
2	Looking for first regular job
3	Unemployed, having lost or given up previous job
4	Actively looking for work after voluntary interruption of working life (for 12 months or more) for personal or domestic reasons
5	Student or pupil
6	Engaged on home duties
7	Retired from employment
8	Unable to work due to permanent sickness or disability
9	Other

SHOW CARD Q.61

Employee

Self-employed, with paid employees

Self-employed, without paid employees

Assisting relative (not receiving a fixed wage or salary)

SHOW CARD Q.64

White	Irish	1
	Irish Traveller	2
	Any other White background (specify) _____	3
Black or Black Irish	African	4
	Any other black background (specify) _____	5
Asian or Asian Irish	Chinese	6
	Any other Asian background (specify) _____	7
Other including mixed background	Specify _____	8

Appendix C: Self-Complete Questionnaire

Healthy Ireland Self-Complete Module

Sheet No.

Ipsos MRBI/14-050310

Ass. No. _____ Add No. _____

Many thanks for taking part in this interview. This short questionnaire will take just a minute to complete and includes some questions in relation to sexual health. Upon completion, please return this questionnaire to the interviewer in the envelope provided. Your participation is greatly appreciated.

Q.67 Was the person you last had sexual intercourse with female or male?

- | | |
|---|--------------------------|
| Female | <input type="checkbox"/> |
| Male..... | <input type="checkbox"/> |
| I'd rather not say/Refuse to Answer | <input type="checkbox"/> |
| Have never had sexual intercourse | <input type="checkbox"/> |
- Please place questionnaire into envelope provided and return to interviewer**

Q.68 Which one of these descriptions applies best to you and this person, at the time you last had sex? **Please just tick the box beside the one statement you think best applies to you**

- | | |
|--|--------------------------|
| You were living together as a couple/ married/ in a civil partnership at the time... | <input type="checkbox"/> |
| You were in a steady relationship at the time | <input type="checkbox"/> |
| You used to be in a steady relationship, but were not at the time | <input type="checkbox"/> |
| You had known each other for a while, but were not in a relationship | <input type="checkbox"/> |
| You had recently met | <input type="checkbox"/> |
| You had just met for the first time | <input type="checkbox"/> |
| Other (please specify _____) | <input type="checkbox"/> |
| I'd rather not say/Refuse to Answer | <input type="checkbox"/> |

Q.69 Did you use a condom on the last occasion of sex?
Please just tick the box beside the one statement you think best applies to you

- | | |
|---|--------------------------|
| Yes | <input type="checkbox"/> |
| No..... | <input type="checkbox"/> |
| Don't Remember | <input type="checkbox"/> |
| I'd rather not say/Refuse to Answer | <input type="checkbox"/> |

Q.70 Could you tell me if you used any other form of contraception on the last occasion of sex?
Please tick the boxes beside all that apply to you

- | | |
|--|--------------------------|
| No method used..... | <input type="checkbox"/> |
| Contraceptive pill..... | <input type="checkbox"/> |
| Patch/ Ring/ Injection | <input type="checkbox"/> |
| IUD/ IUS/ Coil..... | <input type="checkbox"/> |
| Other (please specify _____)..... | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> |
| I'd rather not say/Refuse to Answer..... | <input type="checkbox"/> |

Thank you for completing this section. Please place this questionnaire into the envelope provided and return to the interviewer.

Appendix D: Contact Sheet

14-050310-CONTACT SHEET

Interviewer No.

--	--	--

(18-20)

I.D. No.

--	--	--	--

(12-16)

IDENTIFIERS	Assignment Number (1-4) <input style="width: 100%; height: 20px;" type="text"/>		Address (Blank 7-8) <input style="width: 100%; height: 20px;" type="text"/>				
	Household Number (5-6) <input style="width: 100%; height: 20px;" type="text"/>						
NEIGHBOURHOOD	In the immediate vicinity, how much litter and rubbish is there? (200) Very large amount <input type="checkbox"/> Large amount <input type="checkbox"/> Small amount <input type="checkbox"/> None/ almost none <input type="checkbox"/>	In the immediate vicinity, how much vandalism and/or graffiti is there? (201) Very large amount <input type="checkbox"/> Large amount <input type="checkbox"/> Small amount <input type="checkbox"/> None/ almost none <input type="checkbox"/>	Property type (202-203) <input style="width: 100%; height: 20px;" type="text"/>	Are any of these physical barriers to entry present at the house/flat/ building? Locked common entrance <input type="checkbox"/> (204) Locked gates <input type="checkbox"/> (205) Security staff or gatekeeper <input type="checkbox"/> (206) Entry phone access <input type="checkbox"/> (207) None of these <input type="checkbox"/> (208) Unable to obtain information <input type="checkbox"/> (209)			
INITIAL CONTACT	Gender & age of person answering the door Male <input type="checkbox"/> (210) Female <input type="checkbox"/>			Gender & age of respondent Male <input type="checkbox"/> (9) Female <input type="checkbox"/>			
	Under 20 <input type="checkbox"/> (211) 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Don't know <input type="checkbox"/>			Under 20 <input type="checkbox"/> (10) 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Don't know <input type="checkbox"/>			
RESPONDENT SELECTION	Respondent Selection						
	Stage 1 Enter the number of people aged 15+ living in the h'hold <input style="width: 100%; height: 20px;" type="text"/> (21-22)	Stage 2 Write names & ages of people below & go to STAGE 3 (Please order from oldest to youngest)			Stage 3 Identify respondent using selection from grid below?		
		(25-26)	(28)				
	Name or initial	Age	Selected Tick Box	No. of people aged 15+ living in h'hold			
	1		1	2	3		
	2		2	4	5		
	3		3	6			
	4		4				
	5		5				
	6		6				
	STAGE 1: If only one person aged 15+, this is the person that should be interviewed. If two or more people aged 15+, go to STAGE 2. AT STAGE 2, ORDER FROM OLDEST TO YOUNGEST. STAGE 3: In the top row identify the number of people aged 15+ living in the household. Using the number below this, select the corresponding person from STAGE 2.						
HOUSEHOLD CONTACT		Date	Month	Time (24 Hr)	Outcome	Notes	
	Visit 1						
	Visit 2						
	Visit 3						
	Visit 4						
	Visit 5						
	Visit 6						
RECONTACT	Name of respondent <input style="width: 100%; height: 20px;" type="text"/>			Please tick box if you feel this address should not be contacted by another interviewer and write below the reasons why <input type="checkbox"/>			
	Telephone number <input style="width: 100%; height: 20px;" type="text"/>			<input style="width: 100%; height: 20px;" type="text"/>			

Appendix E: Letter Of Introduction (Ipsos MRBI)

Dear Sir/Madam,

Major Household Survey – Healthy Ireland

Ipsos MRBI, the independent research and opinion polling company, is currently conducting a major survey on behalf of the Department of Health.

The survey will investigate people's views on a wide range of issues including their attitudes and behaviours relating to lifestyle issues such as health, wellbeing, nutrition, alcohol, smoking, physical activity and weight management. The results will help inform the implementation of the Healthy Ireland Framework which is taking important steps towards making Ireland a healthier place in which to live work and play and where everyone can enjoy physical and mental health and wellbeing to their full potential.

Ipsos MRBI has been commissioned to conduct over 7,400 interviews over the coming months. An interviewer may call to your door in the coming weeks and select a member of your household aged 15 years or over to take part in the survey.

Your participation in the research is completely voluntary. However, we would encourage you to take part as **the information that you provide will be very important in improving the health and wellbeing of people living in Ireland.**

About this survey

- Your interviewer will ask you for your name and address, but this information will not be kept or stored with any other information you give us in this survey, and your name will not be used in any research report. **We will not store your personal details with your answers, or give information about you to anyone else for any purpose.**
- This is a genuine research project and no one will try to sell you anything or send you any follow-up junk mail as a result of this interview.
- All our interviewers carry identity cards and local Gardaí have been informed of our presence in the area.

Any questions?

Further information about the survey is provided on the accompanying information sheet and we ask that you read this before the interviewer calls. If you do not wish to participate in this survey, or have any queries in relation to it, please contact me on 01-4389000, or by email at healthyireland@ipsos.com. Alternatively you may contact Health and Wellbeing Programme by email at healthyireland@health.gov.ie or by telephone at 01-6354341.

Yours sincerely,



Kieran O'Leary
Research Director

Appendix F: Letter of Introduction (Department of Health)

Dear Sir/Madam,

Major Household Survey – Healthy Ireland

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025 is the national framework for action to improve the health and wellbeing of the country over the coming generation. It sets out a new vision about health and wellbeing in Ireland where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

Ipsos MRBI, the independent research and opinion polling company, has been commissioned to conduct a national household survey, Healthy Ireland Survey, on behalf of the Department of Health.

This survey will investigate people's views on a wide range of issues including their attitudes and behaviours relating to nutrition, alcohol, smoking, physical activity, weight management and wellbeing. The results will help inform the implementation of the Healthy Ireland Framework. Ipsos MRBI has conducted many similar studies over the past fifty years.

Over ten thousand households were randomly selected, from An Post's list of all addresses in Ireland, to take part in the survey and your household was one of those selected.

I would like to assure you that **the data collected will remain confidential at all times** and it will not be possible to identify you or any other member of your household from the published information.

The data collection at the selected households will start in October 2014 and will finish in April 2015. In advance of interviewer contact, you will receive a letter from Ipsos MRBI providing you with more detailed information. There is no need for you to do anything at this stage.

I would like to thank you for taking the time to read this letter and ask that you consider the request to participate in this important survey.

Yours sincerely,



Kate O'Flaherty
Director Health and Wellbeing Programme
Department of Health

Appendix G: Consent Form

Parent's Information Sheet

Population Survey commissioned by the Department of Health

Your child has been randomly selected to take part in a survey commissioned by the Department of Health. Under the rules of the Market Research Society it is not permissible to ask children any questions without a parent/guardian's permission. Before you decide whether to consent to your child's participation it is important for you to understand why this research is being done and what will be involved. We would like you to read this information sheet carefully and take time to decide whether or not you consent to your child taking part.

What is this research about?

The Department of Health has commissioned Ipsos MRBI to complete a national survey about lifestyles on its behalf. The aim of this research is to explore a number of topics relating to lifestyle issues such as health, wellbeing, nutrition, alcohol, smoking, physical activity and weight management.

How was my household selected?

Over 10,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected.

Who can take part?

As part of this research we would like to survey approximately 7,400 people aged 15 years and over. There is a need to survey people as young as 15 years old as it is important to understand changes in lifestyles over time.

What will be involved if my child takes part?

A researcher from Ipsos MRBI will ask your child a series of questions about lifestyle issues, and your attitudes and behaviours towards these. In addition, the interviewer will ask to take your child's weight, height and waist measurements, although his/her participation in this is completely voluntary and he/she may opt out if you/they wish.

Including the physical measurements, the survey will take approximately 40 minutes to complete and the answers to the survey will be encrypted on a password protected laptop.

What if I decide not to consent to my child taking part?

Participation in the study is entirely voluntary. There is no obligation for you to consent to your child taking part. If you do not consent to your child taking part your child will not be contacted to participate.

In addition, your child's participation in the study is entirely voluntary. There is no obligation on your child to take part. If he/she decides to take part but then changes his/her mind he/she is free to withdraw at any time without having to give a reason and any information that he/she has given will not be used. He/she is also entitled to refuse to answer any questions he/she doesn't want to answer. You may wish to be present at your child's interview, although he/she may be more comfortable if you were not present.

What will happen to the information my child gives?

Any information that your child gives the interviewer will be strictly confidential. However if your child discloses any information which leads the interviewer to believe the child may be at risk of harm, the information will be dealt with in accordance with the appropriate legislation.

The data will be encrypted on a password protected computer. The confidential information your child provides will not be disclosed to anyone outside of the research team. The research team includes Ipsos MRBI and the Department of Health, however only Ipsos MRBI will have access to the full data. The Department of Health will only have access to the anonymised data, i.e. the dataset without information that could lead to an individual being identified.

The research data will remain confidential at all times and answers of all study participants will be grouped together so that no individual's responses will be identified. It will not be possible to identify your child or any other member of your household from the published information, research data or the retained anonymised dataset. The alpha-numeric link between your child's questionnaire and the household information sheet will be deleted once the data collection supervisor has reviewed and verified the data.

A supervisor from Ipsos MRBI may contact your child to check that the interviewer called and to verify your child's answers to a small number of questions. The household information sheet will also be destroyed once the data are reviewed and validated.

The anonymised data will be retained for additional analysis, including comparisons for future surveys. The data will not be used for commercial purposes or given to commercial entities for analysis. Anonymised data from the Healthy Ireland study may be analysed in the future by different researchers and health service personnel, from other organisations outside the Department of Health, under agreed conditions. The Department of Health will be the Data Controller and the body responsible for the secure holding/retention of the data.

The first results of the research will be published in 2015.

If I have any questions or problems, who can I contact?

If you have any questions or problems regarding this research you can contact Ipsos MRBI on 01 4389000 or by email at healthyireland@ipsos.com. Alternatively you may contact the Health and Wellbeing Programme by email at healthyireland@health.gov.ie or by telephone at 01-6354341.

It is important to note that whilst Ipsos MRBI interviewers are experienced data collectors and have received specific training relating to this project, they are not experts on health matters and will not be able to provide individual advice on these topics. If you or your child have any queries on health related matters please contact your GP or call the HSE Infoline on 1850 24 1850.

I confirm that I have been provided with the information I need to inform my decision to provide consent for my child to take part in this research. I also confirm that I am willing for the anonymised information my child provides to be analysed and archived by Ipsos MRBI and the Department of Health for research purposes.

Print Name:	
Signature:	
Relationship to the child:	
Date:	

For interviewer use:

Assignment number:	
Address number:	

Appendix H: Information Sheets

Participant's Information Sheet

Population Study commissioned by the Department of Health

You have been randomly selected to take part in a study commissioned by the Department of Health. Before you decide whether to participate it is important for you to understand why this research is being done and what will be involved. We would like you to read this information sheet carefully and take time to decide whether or not you would like to take part.

What is this research about?

The Department of Health has commissioned Ipsos MRBI to complete a national survey about lifestyles on its behalf. The aim of this research is to explore a number of topics relating to lifestyle issues such as health, wellbeing, nutrition, alcohol, smoking, physical activity and weight management.

How was my household selected?

Over 10,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected.

Who can take part?

As part of this research we would like to survey approximately 7,400 people aged 15 years and over. There is a need to survey people as young as 15 years old as it is important to understand changes in lifestyles over time.

What will be involved if I take part?

A researcher from Ipsos MRBI will ask you a series of questions about lifestyle issues, and your attitudes and behaviours towards these. We ask that you answer these questions as accurately as possible. In addition, the interviewer will ask to take your weight, height and waist measurements, although your participation in this is completely voluntary and you may opt out if you wish.

Including the physical measurements, the survey will take approximately 40 minutes to complete and your answers to the survey will be encrypted on a password protected laptop.

What if I decide not to take part?

There is no obligation for you to take part. If you decide to take part but then change your mind you are free to withdraw at any time without having to give a reason and any information that you have given will not be used. You are also entitled to refuse to answer any questions you don't want to answer.

What will happen to the information I give?

Any information that you give the interviewer will be strictly confidential. The data will be encrypted on a password protected laptop. The confidential information will not be disclosed to anyone outside of the research team. The research team includes Ipsos MRBI and the Department of Health. Only Ipsos MRBI will have access to all of the data. The Department of Health will only have access to the anonymised data, i.e. the data without information that could lead to an individual being identified.

The research data will remain confidential at all times and answers of all survey participants will be grouped together so that no individual's responses will be identified. It will not be possible to identify you or any other member of your household from the published information, research data or the retained anonymised dataset. The alpha-numeric link between your questionnaire and the household information sheet will be deleted once the data collection supervisor has reviewed and verified the data.

A supervisor from Ipsos MRBI may contact you to check that the interviewer called and to verify your answers to a small number of questions. The household information sheet will also be destroyed once the data are reviewed and validated.

The anonymised data will be retained for additional analysis, including comparisons for future surveys. The data will not be used for commercial purposes or given to commercial entities for analysis. Anonymised data from the Healthy Ireland study may be analysed in the future by different researchers and health service personnel, from other organisations outside the Department of Health, under agreed conditions. The Department of Health will be the Data Controller and the body responsible for the secure holding/retention of the data.

The first results of the research will be published in 2015.

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If you have any questions or problems regarding this research you can contact Ipsos MRBI on 01 4389000 or by email at healthyireland@ipsos.com. Alternatively you may contact the Health and Wellbeing Programme by email at healthyireland@health.gov.ie or by telephone at 01-6354341.

It is important to note that whilst Ipsos MRBI interviewers are experienced data collectors and have received specific training relating to this project, they are not experts on health matters and will not be able to provide individual advice on these topics. If you have any queries on health related matters please contact your GP or call the HSE Infoline on 1850 24 1850.

Young Person's Information Sheet

Population Study commissioned by the Department of Health

You have been asked to take part in a study commissioned by the Department of Health. Before you decide whether to participate it is important for you to understand why this research is being done and what will be involved. We would like you to read this information sheet carefully and take time to decide whether or not you would like to take part. Under the rules of the Market Research Society it is not permissible to ask young people under 18 years of age any questions without an adult's permission and your parent/guardian has given permission for us to approach you.

What is this research about?

The Department of Health has commissioned Ipsos MRBI to complete a national survey about lifestyles on its behalf. The aim of this research is to explore a number of topics relating to lifestyle issues such as health, wellbeing, nutrition, alcohol, smoking, physical activity and weight management.

How was my household selected?

Over 10,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected.

Who can take part?

As part of this research we would like to survey approximately 7,400 people aged 15 years and over. There is a need to survey people as young as 15 years old as it is important to understand changes in lifestyles over time.

What will be involved if I take part?

A researcher from Ipsos MRBI will ask you a series of questions about lifestyle issues, and your attitudes and behaviours towards these. We ask that you answer these questions as accurately as possible. In addition, the interviewer will ask to take your weight, height and waist measurements, although your participation in this is completely voluntary and you may opt out if you wish.

Including the physical measurements, the survey will take approximately 40 minutes to complete and your answers to the survey will be encrypted on a password protected laptop.

What if I decide not to take part?

There is no obligation for you to take part. If you decide to take part but then change your mind you are free to withdraw at any time without having to give a reason and any information that you have given will not be used. You are also entitled to refuse to answer any questions you don't want to answer.

What will happen to the information I give?

Any information that you give the interviewer will be strictly confidential. The data will be encrypted on a password protected laptop. The confidential information will not be disclosed to anyone outside of the research team. The research team includes Ipsos MRBI and the Department of Health. Only Ipsos MRBI will have access to all of the data. The Department of Health will only have access to the anonymised data, i.e. the data without information that could lead to an individual being identified.

The research data will remain confidential at all times and answers of all survey participants will be grouped together so that no individual's responses will be identified. It will not be possible to identify you or any other member of your household from the published information, research data or the retained anonymised dataset. The alpha-numeric link between your questionnaire and the household information sheet will be deleted once the data collection supervisor has reviewed and verified the data.

A supervisor from Ipsos MRBI may contact you to check that the interviewer called and to verify your answers to a small number of questions. The household information sheet will also be destroyed once the data are reviewed and validated.

The anonymised data will be retained for additional analysis, including comparisons for future surveys. The data will not be used for commercial purposes or given to commercial entities for analysis. Anonymised data from the Healthy Ireland study may be analysed in the future by different researchers and health service personnel, from other organisations outside the Department of Health, under agreed conditions. The Department of Health will be the Data Controller and the body responsible for the secure holding/retention of the data.

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It is important to note that whilst Ipsos MRBI interviewers are experienced data collectors and have received specific training relating to this project, they are not experts on health matters and will not be able to provide individual advice on these topics. If you have any queries on health related matters please contact your GP or call the HSE Infoline on 1850 24 1850.