



Ipsos MRBI

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I.D. No.
(1-4)

Healthy Ireland
Wave 4
DRAFT FOR SIGN OFF

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Interviewer No.
(5-8)

5 - 0
6 - 1

Ass. No. _____

Q'aire No. _____

Ipsos MRBI/16-048825

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
SINGLE CODE
SHOW CARD A1**

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

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.52 Code Gender

Male..... 1
Female 2



GENERAL HEALTH

ASK ALL

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

ASK ALL

SINGLE CODE

SHOW CARD B1

Q.1 How is your health in general?

- 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

SHOW CARD B2

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?

- 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 Do you currently have any of the following conditions that has been confirmed by a medical diagnosis?

SHOW CARD B3

Chronic lung disease such as chronic bronchitis or emphysema	
Asthma	
Arthritis (including osteoarthritis, or rheumatism)	
Osteoporosis, sometimes called thin or brittle bones	
Cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers)	
Parkinson's disease	
Any emotional, nervous or psychiatric problems, such as depression or anxiety	
Alcohol or substance abuse	
Alzheimer's disease	
Dementia, organic brain syndrome, senility	
Serious memory impairment	
Stomach ulcers	
Varicose Ulcers (an ulcer due to varicose veins)	
Cirrhosis, or serious liver damage	
High blood pressure or hypertension	
Angina	
A heart attack (including myocardial infarction or coronary thrombosis)	
Congestive heart failure	
Diabetes or high blood sugar	
A stroke (cerebral vascular disease)	
Ministroke or TIA	
High cholesterol	
A heart murmur	
An abnormal heart rhythm	
Any other heart trouble (specify)	
DK	
RF	
None of these	

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 B4

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

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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 B5

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

ASK Q.5d IF CODE 1 AT Q.5c

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

SINGLE CODE

ASK ALL

SHOW CARD B6

Q.201 When was the last time you visited a dentist on your own behalf?

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

ASK Q.202 IF CODE 1 AT Q.201

Q.202 How often in the last four weeks did you visit a dentist on your own behalf?

RECORD OCCASIONS.

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

ASK Q.202B IF CODE 1 AT Q.201

SHOW CARD B7

Q.202B And which of these was the main reason for your most recent visit to the dentist?

For a check-up, including routine scaling/cleaning	1
Because of pain	2
Where treatment was needed, but no pain	3
Other (specify: _____)	4



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- Don't Know (DNRO) 5
- Refused (DNRO) 6

ASK ALL

Q.203 When was the last time you attended an Emergency Department on your own behalf?

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

ASK Q.204 IF CODE 1 AT Q.203

Q.204 How often in the last four weeks did you attend an Emergency Department on your own behalf?

- [GO TO](#)
- Q.204A**
- Have not attended in the past 4 weeks CTRL + 1 [GO TO Q.205](#)
 - Don't Know (DNRO) CTRL + 2 [GO TO Q.205](#)
 - Refused (DNRO) CTRL + 3 [GO TO Q.205](#)

ASK IF ANSWERED 1 OR MORE OCCASIONS at Q.204

Q.204A Were you admitted to hospital on any of these occasions?

- Yes 1 [GO TO Q.205](#)
- No 2 [GO TO Q.205](#)

ASK IF ANSWERED MORE THAN 1 OCCASION at Q.204 and YES at Q.204A

Q.204B How many of these occasions were you admitted to hospital?

ASK ALL

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

- Yes 1
- No 2

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

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

_____ NIGHTS

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

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

_____ NIGHTS

ASK ALL

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

- Yes 1
- No 2

ASK Q.209 IF CODE 1 AT Q.208

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

_____ ADMISSIONS

ASK Q.210 IF CODE 1 AT Q.208

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



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

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

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

ASK Q.302 TO Q.30 IF CODED 1 OR HIGHER AT ANY OPTION AT Q.301. OTHERS SKIP TO Q.305

SHOW CARD B8 MULTICODE

Q.302 Thinking of the last time you used one of these services, did you consult any of these before attending that service?

- GP 1
- Nurse in a GP Practice..... 2
- Public Health Nurse 3
- Pharmacist 4
- Ambulance 5
- Other healthcare professional (specify: _____) 6
- Don't Know (DNRO)..... 7
- Refused (DNRO) 8

SINGLE CODE

Q.303 And were you advised by a healthcare professional to attend for emergency care on this occasion?

- Yes 1
- No..... 2

SINGLE CODE

Q.304 Were you admitted to hospital as an in-patient on this occasion?

- Yes 1
- No..... 2



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SHOW CARD B9

MULTICODE

Q.304b In relation to your last episode of emergency care, which, if any, of the following do you think could have helped you avoid using emergency care?

- Advice from a healthcare professional (e.g. GP, public health nurse, practice nurse, Dentist, Physiotherapist social worker) 1
- Support to help me manage a longstanding or chronic illness 2
- Access to intravenous treatment (e.g. antibiotics) in the community 3
- Access to a diagnostic test (e.g. blood test or X-ray) in the community 4
- Access to home help or home care package 5
- Access to nursing home care 6
- Access to an out-patient appointment 7
- Access to a pre-scheduled planned in-patient admission 8
- Other (specify: _____) 9

- None of these (DNRO) 9
- Don't Know (DNRO) 10
- Refused (DNRO) 11

SINGLE CODE

ASK ALL

Q.305 Have you had your blood pressure measured in the past 12 months?

- Yes 1 [GO TO Q.306](#)
- No 2 [GO TO Q.307](#)

ASK Q.306 IF CODE 1 AT Q.305. MULTICODE

SHOW CARD B10

Q.306 Which of these best describes how the blood pressure measurement was taken?

- In a hospital, by a doctor/nurse 1
- In a GP surgery, by a doctor/nurse 2
- At a healthy screening clinic/event, by a doctor/nurse 3
- In a pharmacy, by a pharmacist 4
- By yourself using a self-measurement machine 5
- In another way (specify: _____) 6
- Don't Know (DNRO) 7
- Refused (DNRO) 8



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SINGLE CODE

ASK ALL

SHOW CARD B11

Q.307 Which of these best describes the teeth you have?

- I have all my own teeth. None are missing 1
- I have my own teeth but some are missing (no false teeth/dentures)..... 2
- I have false teeth/dentures as well as some of my own teeth 3
- I have full dentures 4
- I have no teeth and no dentures 5
- Don't Know (DNRO) 6
- Refused (DNRO) 7

SINGLE CODE

ASK ALL

SHOW CARD B12 (FLIP SCALE)

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

- Very Good 1
- Good..... 2
- Fair 3
- Bad..... 4
- Very Bad..... 5
- Don't Know (DNRO)..... 6
- Refused (DNRO) 7



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MULTI CODE

ASK ALL

SHOW CARD B13

Q.309 In the past 6 months, have any problems with your mouth, teeth or dentures caused you to have any of the following?

- Difficulty eating food 1
- Difficulty speaking clearly 2
- Problems with smiling, laughing and showing teeth without embarrassment 3
- Become more upset than normal 4
- Problems enjoying the company of other people such as family or friends 5
- None of these (single code) 6
- Don't Know (DNRO) 7
- Refused (DNRO) 8

SINGLE CODE

ASK ALL

Q.310 Did you receive the flu vaccine last winter? That is between September last year and April this year.

- Yes 1 [GO TO Q.311](#)
- No 2 [GO TO Q.6](#)

ASK Q.306 IF CODE 1 AT Q.310. MULTICODE

SHOW CARD B14

Q.311 For which of these reasons did you receive the vaccine?

- You were pregnant 1
- You were at risk due to chronic disease or disability 2
- You were at risk due to your age 3
- You had contact with or cared for those at risk 4
- Your GP or Pharmacist suggested it 5
- Your employer offered it 6
- Some other reason (specify: _____) 7
- Don't Know (DNRO) 8
- Refused (DNRO) 9

ANTIBIOTICS

The following questions are about antibiotics, which are a group of medicines used to treat certain illnesses.

ASK ALL

Q.211 In the past 12 months, have you been prescribed an antibiotic?

- Yes 1
- No 2
- Don't know 3

ASK ALL

Q.212 In the past 12 months, have you taken an antibiotic?

- Yes 1
- No 2
- Don't know 3

Q.213 Please indicate whether you agree or disagree with the following statements:

	AGREE	DISAGREE	DON'T KNOW
a. When I get a cold, I will take antibiotics to help me get better more quickly	1	1	1
b. Antibiotics can kill bacteria	1	1	1
c. Antibiotics can kill viruses	1	1	1
d. Antibiotics work on most coughs and colds	1	1	1
e. Resistance to antibiotics is a problem in hospitals	1	1	1
f. If taken too often or when you don't need them, antibiotics might not work in the future			
g. I am happy to trust my GP's advice as to whether I need antibiotics or not			
h. I am happy to trust my pharmacist's advice as to whether I need antibiotics or not			
i. A course of antibiotics should always be completed			
j. Once you start to feel better, you should stop taking the antibiotic	-	-	-



TOBACCO

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

ASK ALL
SINGLE CODE
SHOW CARD C1

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 C2

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
SHOW CARD C3

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

- 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.
SHOW CARD C4

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

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.

SHOW CARD C5

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

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

SHOW CARD C6

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

- 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

SHOW CARD C7

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.340 IF CODE 1 AT Q.11 SINGLE CODE

ASK Q.341 IF NOT CODED 4, 5 OR 6 AT Q.12

Q.341 For what reason did you not use any help from a smoking cessation service?

- Unaware I could get help 1
- Aware I could get help, but preferred to quit without help 2
- Had used help on a previous quit attempt, but it didn't work 3
- Don't Know (DNRO) 4
- Refused (DNRO) 5

SHOW CARD C8

Q.340 Thinking of your most recent attempt to quit, what single reason best describes what led you to make the attempt to quit?

- I was concerned about my own health 1
- Friends/family concerned about my health 2
- I was concerned about the health of people inhaling my second-hand smoke 3
- I was advised to quit by a health professional 4
- Advertising in newspapers, radio, TV or online 5
- Health warnings on tobacco packaging 6
- Restrictions on smoking in workplace/public places made it hard to continue 7
- I felt left out/socially stigmatised as a smoker 8
- I was concerned about the cost 9
- Don't Know (DNRO) 10
- Refused (DNRO) 11

ASK Q.342 IF CODE 1 AT Q.11 AND CODE 1 OR 2 AT Q.6

SINGLE CODE

Q.342 For how long did you stop smoking on your last attempt to quit?

- Less than 1 week 1
- Between 1 week and 1 month 2
- More than 1 month, up to 6 months 3
- More than 6 months 4
- Don't Know (DNRO) 5
- Refused (DNRO) 6

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

SINGLE CODE

SHOW CARD C9

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





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

SINGLE CODE

SHOW CARD C10

READ OUT STATEMENTS.

Q.115 In the last 12 months did any of the following health professionals discuss ways of giving up smoking with you?

	Saw this health professional in the last 12 months and discussed ways of giving up smoking	Saw this health professional in the last 12 months but did not discuss ways of giving up smoking	Did not see this health professional in the last 12 months	Don't Know (DNRO)
GP/family doctor	1	2	3	4
Dentist	1	2	3	4
Pharmacist	1	2	3	4
Hospital doctor	1	2	3	4
Nurse	1	2	3	4
HSE Smoking Cessation Officer	1	2	3	4
Other health professional	1	2	3	4

ASK ALL

SINGLE CODE

Q.116 How often are you exposed to the tobacco smoke of other people indoors?

- Never or almost never..... 1
- Less than 1 hour per day 2
- 1 hour or more per day 3
- Don't know..... 4
- Refused..... 5

ALCOHOL

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

ASK ALL
SINGLE CODE
SHOW CARD D1

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

- 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
SHOW CARD D2

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

- Daily 1
- 5-6 times a week 2
- 4 times a week 3
- 3 times a week 4**
- Twice a week 5
- Once a week 6
- 2-3 times a month 7
- Once a month 8
- 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)
SHOW CARD D3

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

SHOW CARD D4

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

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

SINGLE CODE

SHOW CARD D5

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

Q.142 What is the highest number of standard drinks that you have **drunk** on a single day in the last year?

RECORD NUMBER OF STANDARD DRINKS

- Don't know
- Refused

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

SINGLE CODE

READ OUT STATEMENTS

Q.144 During the last 12 months, have you ...

	Yes	No	Don't know (DNRO)
Had feelings of guilt or remorse after drinking	1	2	3
Had a friend or family member tell you about things you said or did while drinking that you did not remember	1	2	3
Failed to do what was normally expected from you because of drinking, for example missed days and poor performance at work or school/college; or been suspended or expelled from school/college; or neglected children and/or other family members	1	2	3
Needed a first drink in the morning to get yourself going after a heavy drinking session	1	2	3



**ASK ALL
SINGLE CODE**

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

SHOW CARD D6. 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

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

ASK ALL

SINGLE CODE

Q.229 Firstly looking at the types of foods shown on this SHOW CARD (these include chocolate, sweets and ice-cream), how often do you eat foods like these?

SHOW CARD E1

- 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

Q.230 Now looking at the types of foods shown on this SHOW CARD (these include cakes, muffins and biscuits), how often do you eat foods like these?

SHOW CARD E2

- 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

Q.231 Now looking at the types of foods shown on this SHOW CARD (these include popcorn, salted nuts and crisps), how often do you eat foods like these?

SHOW CARD E3

- 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

Q.232 Now looking at the types of foods shown on this SHOW CARD (these include pastries such as meat pies, sausage rolls, croissants and danish pastries), how often do you eat foods like these?

SHOW CARD E4

- 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

Q.233 Now looking at the types of foods shown on this SHOW CARD (these include takeaways, ready meals and chips), how often do you eat foods like these?

SHOW CARD E5

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

SINGLE CODE

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

SHOW CARD E6

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?

SHOW CARD E7

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

ASK IF CODE 1 AT Q.24

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

RECORD NUMBER OF PORTIONS DAILY

Don't Know (DNRO)
Refused (DNRO)

SINGLE CODE

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

- 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.120 Are you currently taking a folic acid supplement?

- Yes 1
- No 2
- Don't know/refused (DNRO) 3

ASK ALL

SINGLE CODE FOR EACH LINE

Q.330 Over the course of the past 7 days on how many days, if at all, did you drink each of the following drinks?

SHOW CARD ES

	I did not drink this during the past 7 days	On 1 to 3 out of the past 7 days	On 4 to 6 out of the past 7 days	Everyday - once per day	Everyday - twice per day	Everyday, 3 or more times per day	Don't know	Refused
Regular sugar-sweetened fizzy or soft drinks, squashes or cordials, energy or sports drinks	1	2	3	4	5	6	8	9
Diet, low sugar or no added sugar fizzy or soft drinks, squashes, cordials, energy or sports drinks.	1	2	3	4	5	6	8	9
Unsweetened fruit or vegetable juice such as orange juice, apple juice or carrot juice	1	2	3	4	5	6	8	9
Milk including full fat, low fat, skimmed and semi-skimmed milk. Please exclude milk used in tea, coffee, cereals or other preparations	1	2	3	4	5	6	8	9
Water either from tap or	1	2	3	4	5	6	8	9



Ipsos MRBI

bottle. Please exclude water
used in tea, coffee or other
preparations

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BREASTFEEDING

ASK ALL

Q.215 I would now like to ask you a few questions relating to breastfeeding. For each of the following statements, can you tell me whether you agree or disagree.

		Agree	Disagree	Don't Know
1	Infant formula is as good as breast milk			
2	Feeding a baby formula instead of breast milk increases the chances the baby will get sick			
3	Breast milk meets a baby's nutritional needs for the first 6 months			
4	Babies can continue to be breastfed after the introduction of solid food			
5	If a child is not breastfed she/he will be more likely to become overweight			
6	Women should be encouraged to breastfeed			
7	A mother needs lots of support to breastfeed her baby			
8	I am comfortable when mothers breastfeed their babies near me in a public place, such as a shopping centre, train station, etc.			
9	Women have the right to breastfeed in public places			

ASK ALL

Q.216 Do you have any children?

Yes 1
 No 2

ASK IF ANSWERED CODE 1 at Q.216

Q.217 Were any of your children breastfed?

Yes 1
 No 2

PHYSICAL ACTIVITY

ASK ALL IF ANSWERED CODE 1 or 5 at Q.58

I am now going to ask you a few questions relating to travel to work/college/wherever it is you usually spend the day

Q.218 How do you usually travel from home to your regular place of work or college? Please pick one only.

- On foot.....1
- Bicycle.....2
- Bus, minibus or coach.....3
- Luas.....4
- Train or DART.....5
- Motorcycle or scooter.....6
- Driving a car.....7
- Passenger in a car with driver going to same destination 8
- Passenger in a car with driver going to different destination 9
- Taxi.....10
- Lorry or van.....11
- Other (specify: _____).....12
- Work mainly at or from home.....13 **GO TO NEXT SECTION**
- No regular place of work.....14 **GO TO NEXT SECTION**
- Job is spent travelling (taxi driver etc.).....15 **GO TO NEXT SECTION**

Q.219 If you ever use a different mode of travel from home to your regular place of work or college, which of these modes of travel do you use? Please choose all modes that apply

- On foot.....1
- Bicycle.....2
- Bus, minibus or coach.....3
- Luas.....4
- Train or DART.....5
- Motorcycle or scooter.....6
- Driving a car.....7
- Passenger in a car with driver going to same destination 8
- Passenger in a car with driver going to different destination 9
- Taxi.....10
- Lorry or van.....11
- Other (specify: _____).....12
- Do not occasionally use a different mode of transport...14

Q.220 How far do you travel to work/college (approximately)?

- Less than 1km/0.6 miles.....1
- Between 1 and 3km/0.6 and 2 miles.....2
- Between 3 and 5km/2 and 3 miles.....3
- Between 5 and 10km/3 and 6 miles.....4
- More than 10km/More than 6 miles.....5

Q.221 How long does your usual journey to work/college etc take?

_____ minutes

Q.222 Over the past two years, have you changed the mode of transport you use to travel between home and work?

Yes	1
No	2
Don't know	3

ASK IF ANSWERED CODE 1 at Q.222

Q.223 And what was the main reason for this change? (choose one only):

Financial reasons	1
Health or fitness reasons	2
Workplace travel initiatives in your workplace e.g. Cycle to Work promotion, Tax Saver sales.	3
The infrastructure available to you changed (buses introduced/ removed, cycle lanes installed etc)	4
You changed job or the nature of your work changed	5
You moved house	6
Time restraints (due to child minding, caring etc.)	7
Other (please specify)	8

WEIGHT MANAGEMENT

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

ASK ALL SINGLE CODE SHOW CARD F1

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

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

ASK IF CODE 1, 2 AT Q.38 MULTICODE SHOW CARD F2

Q.39 Are you trying to lose weight (IF CODE 1 AT Q.38) or maintain your weight (IF CODE 2 AT Q.38) by doing any of the following?

Eating fewer calories	1
Eating less fat	2
Eating/drinking fewer sugar sweetened foods/drinks	3
Taking up more exercise	4
Other (please specify)	5

RECORD WEIGHT MEASUREMENTS



CIGARETTE PACKAGING

FOR SMOKERS: I'd now like to ask you a few more questions about the tobacco you smoke
FOR NON-SMOKERS: Thinking now of cigarette packaging

ASK Q.343 to Q.355 IF CODE 1 OR 2 SELECTED AT Q.6

SINGLE CODE

SHOW CARD G1 (FLIP SCALE)

Q.343 To what extent do you agree or disagree with the following statement?

I like the look of my regular cigarette package.

- Strongly agree 1
- Tend to agree 2
- Neither agree nor disagree 3
- Tend to disagree 4
- Strongly disagree 5
- Not applicable (DNRO) 6
- Don't know (DNRO) 7
- Refused (DNRO) 8

SINGLE CODE

Q.344 Compared to a year ago, how do you rate your current brand of cigarettes, roll your own or cigars in terms of [ATTRIBUTE]. Would it be higher, lower or about the same?

ATTRIBUTE 1: Value for money

ATTRIBUTE 2: Appeal of pack

- Higher 1
- Lower 2
- About the same 3
- Not applicable (DNRO) 4
- Don't know (DNRO) 5
- Refused (DNRO) 6

SINGLE CODE

Q.345 Compared to a year ago, is the taste of your current cigarette, roll your own or cigar better, worse or about the same?

- Better 1
- Worse 2
- About the same 3
- Not applicable (DNRO) 4
- Don't know (DNRO) 5
- Refused (DNRO) 6

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Thinking about different brands of cigarettes like John Player, Benson and Hedges, Marlboro, Pall Mall and all other brands – not the varieties within each individual brand. We are interested in your thoughts on how brands compare to each other.

SINGLE CODE

Q.346 In your opinion, how different are cigarette brands in how they taste? Is that...

FLIP SCALE

Not at all different	1
A little different	2
Somewhat different	3
Very different	4
Not applicable (DNRO)	5
Don't know (DNRO)	6
Refused (DNRO)	7

SINGLE CODE

Q.347 In your opinion, do some cigarette brands have more prestige than others or are they all the same?

Yes, some have more prestige	1
No, they are all the same	2
Not applicable (DNRO)	3
Don't know (DNRO)	4
Refused (DNRO)	5

SINGLE CODE

Q.348 When you look at a cigarette or tobacco pack, what do you usually notice first?

Warning label	1
Warning picture	2
Branding (name, colour, design)	3
Something else (specify: _____)	4
Never really look at the pack	5
Not applicable (DNRO)	6
Don't know (DNRO)	7
Refused (DNRO)	8

SINGLE CODE

SHOW CARD G2 (FLIP SCALE)

Q.349 In the past month, to what extent, if at all, have the health warnings on packs motivated you to quit smoking?

Not at all motivated	1
A little more motivated	2
Somewhat more motivated	3
Much more motivated	4
Not applicable (DNRO)	5
Don't know (DNRO)	6
Refused (DNRO)	7

SINGLE CODE

Q.350 In the past month, have you covered up or concealed your tobacco pack or put cigarettes in another container?

- No, never 1
- Yes, once or twice 2
- Yes, several times 3
- Yes, many times 4
- Not applicable (DNRO) 5
- Don't know (DNRO) 6
- Refused (DNRO) 7

SINGLE CODE

Q.351 In the past month, have you asked for a pack with a specific health warning or a different one to that on the pack you were offered?

- Yes 1
- No 2
- Not applicable (DNRO) 3
- Don't know (DNRO) 4
- Refused (DNRO) 5

SINGLE CODE

Q.352 In your opinion, are some cigarette brands more harmful than others or are they all equally harmful?

- Yes, some are more harmful than others 1
- No, they are all equally harmful 2
- Not applicable (DNRO) 3
- Don't know (DNRO) 4
- Refused (DNRO) 5

SINGLE CODE

Q.353 Compared to a year ago, how do you rate your current brand of cigarettes, roll your own or cigars in terms of harmfulness? Would it be higher, lower or about the same?

- Higher 1
- Lower 2
- About the same 3
- Not applicable (DNRO) 4
- Don't know (DNRO) 5
- Refused (DNRO) 6

SINGLE CODE

Q.354 Thinking about the varieties within each brand (Red, Blue, Purple, Gold etc), in your opinion, how different in strength are the varieties within a cigarette brand? Would that be:

FLIP SCALE

- Not at all different 1
- A little different 2
- Somewhat different 3
- Very different 4
- Not applicable (DNRO) 5
- Don't know (DNRO) 6
- Refused (DNRO) 7



SINGLE CODE

Q.355 In the past month, have you bought cigarettes, roll your own or cigars in a plain dark green colour pack with large picture health warnings?

- Yes 1
- No..... 2
- Not applicable (DNRO) 3
- Don't know (DNRO) 4
- Refused (DNRO)..... 5

ASK ALL

SINGLE CODE

Q.356 As of October 2018 all cigarettes, roll your own tobacco, cigars and pipe tobacco are being sold in plain dark colour packs. The brand name is in plain text on the pack, but all other brand colours and design elements have been removed. Overall, do you approve or disapprove of this plain packaging legislation?

- Strongly approve 1
- Somewhat approve 2
- Somewhat disapprove..... 3
- Strongly disapprove 4
- Not applicable (DNRO) 5
- Don't know (DNRO) 6
- Refused (DNRO)..... 7



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

SHOW CARD HI

Q.53 What is your current marital status?

- Single, never married and never in a civil partnership ... 1
- Married (first marriage)..... 2
- Re-married 3
- In a registered same-sex civil partnership 4
- Separated..... 5
- Divorced 6
- Widowed..... 7

SINGLE CODE

Q.54a Do you have a full medical card?

- Yes 1
- No..... 2

ASK IF CODE 2 AT Q.54a

Q.54b Do you have a GP visit card?

- Yes 1
- No..... 2

DUMMY VARIABLE

If code 2 at 54a and 54b, force into “No medical card”

SINGLE CODE

Q.55 Do you have private health insurance?

- Yes 1
- No..... 2



SINGLE CODE

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

SHOW CARD H2

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.59a Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability? Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing.

- Yes 1
- No..... 2

ASK IF CODE 1 AT Q.59a

Q.59b How many hours per week?

RECORD HOURS

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

I would now like to ask you a few questions about your working situation. Earlier you said that you are <ANSWER AT Q.58>.

ASK IF CODE 3 AT Q.58

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

RECORD MONTHS

ASK IF CODE 2 AT Q.58

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

RECORD MONTHS



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

SINGLE CODE

SHOW CARD H3

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 NO INCLUDE SUPERVISORS OF CHILDREN, E.G. TEACHERS, NANNIES, CHILDMINDERS, SUPERVISORS OF ANIMALS, OR PEOPLE WHO SUPERVISE SECURITY OR BUILDINGS ONLY, E.G. CARETAKERS, SECURITY GUARDS/

Q.63a In your job, do (if code 1 at q.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?

SHOW CARD H4

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)



Interviewer No. _____ Sheet No. _____

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?

- 1 Female
- 2 Male.....
- 3 I'd rather not say/refuse to answer.....
- 4 Have never had sexual intercourse

Please place questionnaire into envelope provided and return to interviewer

Q.224 Have you had sexual intercourse with more than one person in the past 12 months?

- 01 Yes
- 02 No.....

Q.225 When was your most recent HIV test?

- 01 In the last 12 months
- 02 In the last 1-5 years.....
- 03 More than 5 years ago
- 04 Never had a HIV test.....

IF YOU HAVE EVER HAD A HIV TEST:

Q.226 Do you know the result of the test?

- 01 Yes
- 02 No.....

Q.227 When was your most recent STI/STD (Sexually Transmitted Infections/Diseases) test (other than HIV)?

- 01 In the last 12 months
- 02 In the last 1-5 years.....
- 03 More than 5 years ago
- 04 Never had a STI/STD test.....

IF YOU HAVE EVER HAD AN STI/STD TEST:

Q.228 Do you know the result of the test?

- 01 Yes
- 02 No.....

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