Ollscoil *na* hÉireann, Gaillimh
National University of Ireland, Galway

SLÁN

National Health and Lifestyle Survey 2002

Section A: General Health Status

This first section is all to do with your general health.

A1. In general, would you say your health is…

Excellent [ ] Very good [ ] Good [ ] Fair [ ]
Poor [ ]

A2.
a) Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of Days _____
None [ ]

b) Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of Days _____
None [ ]

c) During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

Number of Days _____
None [ ]

A3. Is your daily activity or the work limited by a long term illness, health problem or disability?

Yes [ ] No [ ] Do not have any of the above [ ]

A4. I think my own health would be better if I had... (Please tick all that apply)

Change in my weight [ ]
Regular checks from my family doctor [ ]
Fewer changes in my life [ ]
Less stress [ ]
Employment [ ]
More money [ ]
More willpower [ ]
A different job [ ]

Less alcohol [ ]
Less time in smoky places [ ]
Someone to talk to [ ]
Better information about where to go for health care [ ]
Easier to read health information [ ]
Better information about how to stay healthy [ ]
Less international/national pollution [ ]
Less local pollution (e.g. noise) [ ]
None of these [ ]

A5. Where do you get your information about health? (Please tick all that apply)

General Practitioner (GP) [ ]
Other Health Professionals [ ]
Health Promotion Service / Health Board [ ]
Health Promotion Unit / Department of Health [ ]
Health Organisations [ ]
Internet / World Wide Web [ ]
Family / Friends [ ]
Media [ ]
Other [ ]

A6. Which of the following do you think prevents people from improving their general health? (Please tick all that apply)

Feel no need [ ]
Financial problems [ ]
Lack of facilities/resources [ ]
Not being able to read and understand information [ ]
Lack of information [ ]
Lack of time [ ]
Lack of support from family/friends [ ]
Other, please specify _____

A7. Your own health state today

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.

Mobility

I have no problems in walking about	[ ]
I have some problems in walking about	[ ]
I am confined to bed	[ ]

Self-care

I have no problems with self-care	[ ]
I have some problems with washing and dressing myself	[ ]
I am unable to wash and dress myself	[ ]

Usual activities

(e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities	[ ]
I have some problems with performing my usual activities	[ ]
I am unable to perform my usual activities	[ ]

Pain/discomfort

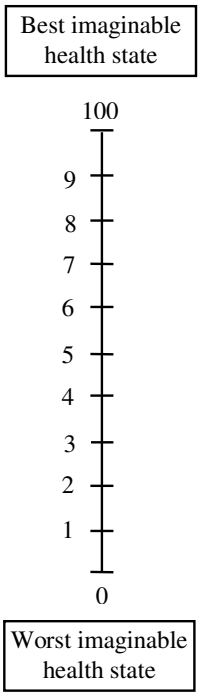
I have no pain/discomfort	[ ]
I have moderate pain/discomfort	[ ]
I have extreme pain/discomfort	[ ]

Anxiety/depression

I am not anxious or depressed	[ ]
I am moderately anxious or depressed	[ ]
I am extremely anxious or depressed	[ ]

To help people say how good or bad a health state is, we have drwan a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst sate you can imagine is 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is.



A8. How would you rate your quality of life?

Very poor	[ ]	Poor	[ ]	Neither poor nor good	[ ]
Good	[ ]	Very good	[ ]		

A9. How satisfied are you with your health?

Very dissatisfied	[ ]	Dissatisfied	[ ]		
Neither satisfied nor dissatisfied	[ ]	Satisfied	[ ]	Very satisfied	[ ]

A10. Have you ever attended an alternative/complementary practitioner?
(e.g. acupuncturist, homoeopath, reflexologist)

Yes [ ] No [ ]

If yes, what kind of practitioner did you attend?

_____

Which of the following did you attend for? (Please tick all that apply)

Aches and pains / muscle problems	[ ]
Stress	[ ]
To help give up smoking	[ ]
Weight loss	[ ]
Ear, nose and throat problems	[ ]
Skin problems	[ ]
Other, please specify	[ ]

A11. Adults can have up to 32 natural teeth. Which best describes you? (Please tick one box only)

I have all my own teeth - none missing	[ ]	
I have my own teeth, no dentures - but some missing	[ ]	
I have dentures as well as some of my own teeth	[ ]	
I have full dentures	[ ]	Please go to A13
I have no teeth or dentures	[ ]	Please go to A13

A12. How much toothpaste do you use? (Please tick one box only)

Amount to cover the entire brush	[ ]
Amount to cover half the brush	[ ]
Peasized amount	[ ]
None	[ ]

A13. What is your weight without clothes?

_____stones _____pounds (or _____kilos)

A14. What is your height without shoes?

_____feet _____inches (or _____cm)

A15. When was the last time you had your blood pressure checked?

Up to 3 months ago [ ] Up to 6 months ago [ ]
Up to 1 year ago [ ] Up to 3 years ago [ ] Never [ ]

A16. What is the level of your blood pressure?

High [ ] Normal or Low [ ] Don't know [ ]

A17. When did you last have your blood cholesterol measured?

Up to 3 months ago [ ] Up to 6 months ago [ ]
Up to 1 year ago [ ] Up to 3 years ago [ ] Never [ ]

A18. What is the level of your cholesterol?

High [ ] Normal or Low [ ] Don't know [ ]

A19. Have you had a general health check up in the last 3 years?

Yes [ ] No [ ]

If yes, where did you go for your most recent check? (Tick one box only)

Your own doctor's surgery / health centre [ ]
Your own place of work [ ]
A private medical company [ ]
A hospital [ ]
Other, please specify _____

A20. Are you attending any of the following for regular checks (e.g. once every three months) or treatment?
(Please tick all that apply)

Your own doctor's surgery / health centre [ ]
Your own place of work [ ]
Mental Health Services (e.g. Counselling, outpatient clinic, therapy) [ ]
Hospital [ ]
A private medical company [ ]
Other, please specify _____ [ ]

A21. Have you ever been told by a doctor that you have or have had any of the following?
If yes, please tick all that apply.
Angina [ ]
Heart attack (coronary thrombosis, myocardial infarction) [ ]
High blood pressure [ ]
Stroke [ ]
Diabetes [ ]
High cholesterol [ ]
Anxiety [ ]
Depression [ ]
Other, please specify _____ [ ]

A22. Are you regularly taking any prescribed pills or medication?

Yes [ ] No [ ]

If yes, do you ever have any difficulties reading the instructions?
Yes [ ] No [ ]

A23. How do you think the following affect risk of coronary heart disease and related diseases? (Please tick one box per line)

	EFFECT ON RISK			
	Increases Risk a Lot	Increases Risk a Little	Doesn't Affect Risk	Don't Know
A Blood Pressure of greater than 130/85mmHg				
A Blood Pressure of greater than 140/90mmHg				
A Total Cholesterol Level greater than 5 mmol / litre				
A Total Cholesterol Level greater than 3 mmol / litre				
An LDL Cholesterol Level greater than 3 mmol / litre				
An LDL Cholesterol Level greater than 2 mmol / litre				
Smoking zero cigarettes per day				
Smoking between 1-5 cigarettes per day				

A24. If you have been sexually active in the past twelve months, did you use contraception/protection?

Not sexually active [ ] If female please go to A26
If male please go to Section B

Always [ ] Sometimes [ ] Never [ ]

A25. If you have used contraception or protection in the past twelve months, please indicate which methods you used most frequently (Please tick all that apply)

Natural family planning [ ] Withdrawal [ ]
Contraceptive pill [ ] Cap/diaphragm [ ]
Coil [ ] Spermicides only [ ]
Condom [ ] Other, please specify _____

WOMEN ONLY:

A26. Are you pregnant now? Yes [ ] No [ ]

A27. Have you ever been on the contraceptive pill?

No [ ] Yes [ ] If yes, for how many years?
_____years

A28. Have you ever been advised to take Folic Acid supplements?

Yes [ ] No [ ]

WOMEN WITH CHILDREN ONLY:

A29. Did you breast feed any of your children?

Yes [ ] No [ ] If no, go to question B1.

A30. Did you breast feed your last child?

Yes [ ] No [ ] If no, go to question B1.

If yes how long did you breast feed only for, (Tick one box only)

less than 1 month [ ]
1-3 months [ ]
4-6 months [ ]
6 months or more [ ]
I breast and bottle fed my last child from the first month [ ]

A31. Age at which child stopped any breast feeding _____months

Section B: Exercise

This section is all to do with your activity in your leisure time, around the house and at your job.

LEISURE ACTIVITIES

B1. Considering a **7-day period** (a week), how many times on average do you do the following kinds of exercise for **more than 20 minutes during your free time**?

(Please write the appropriate number on each line)

	Times per Week
a) STRENUOUS EXERCISE (HEART BEATS RAPIDLY) (e.g. running, jogging, hurling, camogie, football, soccer, squash, basketball, judo, roller skating, vigorous swimming, vigorous long distance cycling, advanced aerobics)	_____
b) MODERATE EXERCISE (NOT EXHAUSTING) (e.g. fast walking, tennis, badminton, easy swimming, easy cycling, popular and folk dancing, intermediate aerobics, heavy gardening)	_____
c) MILD EXERCISE (MINIMAL EFFORT) (e.g. yoga, golf, easy walking, fishing from river bank, bowling, beginners aerobics, archery, light gardening)	_____
d) LITTLE / NO ACTIVITIES	_____

B2. How many days, if any, in an average week do you walk for 30 minutes or more? _____ days

B3. Do you attend a Gym / Leisure Centre?

Yes [ ] No [ ] If no, please go to B4

If yes, how often do you attend?
Every day [ ] 3- 4 times a week [ ] once a week [ ]
once a month [ ] less than once a month [ ]

If yes, what do you do there? (please take all that apply)
Work with weights [ ]
Swimming [ ]
Aerobics (or step) classes [ ]
Circuit training [ ]
Exercise machines (e.g. stationary bike, rowing machine, running machine) [ ]

Other (please specify) _____

HOUSEHOLD ACTIVITIES

B4. Do you do light household work? (e.g. dusting, washing dishes, repairing clothes)

Seldom / Never	[ ]	1-3 times per month	[ ]
Once per week	[ ]	3-4 times per week	[ ]
Most days	[ ]		

B5. Do you do heavy household work (e.g. washing floors and windows, carrying rubbish bags, vacuuming/ hoovering)?

Seldom / Never	[ ]	1-3 times per month	[ ]
Once per week	[ ]	3-4 times per week	[ ]
Most days	[ ]		

B6. If you go out shopping, what kind of transport do you usually use?

Car	[ ]	Walk	[ ]	Bicycle	[ ]
Public Transport	[ ]	I never go out shopping		[ ]	

PLEASE ANSWER THE FOLLOWING QUESTION IF CURRENTLY IN PAID EMPLOYMENT:

B7. Thinking about your job in general would you say that you are...

Very physically active	[ ]	Fairly physically active	[ ]
Not very physically active	[ ]	Not at all physically active	[ ]

TIME SPENT SITTING

The final questions are about the time spent sitting while at work, at home, whilst 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.

B8. During the last 7 days, how much time in total did you usually spend sitting on a <u>week day</u>? _____hours _____minutes

B9. During the last 7 days, how much time in total did you usually spend sitting on a <u>weekend day</u>? _____hours _____minutes

B10. How many hours per day do you spend watching television or playing computer games?

Less than 1 hour [ ] 2-3 hours [ ] Four hours or more [ ]

Section C: Tobacco Use

Whether you are a smoker, ex smoker or have never smoked please answer the following questions.

C1. Do you smoke cigarettes <u>now</u>?

No	[ ]	Go to question C4
Yes, regularly	[ ]	
Yes, occasionally (usually less than 1 per day)	[ ]	

C2. In a day how many of the following do you usually smoke? (Please write a number)

_____ branded cigarettes
_____ hand rolled cigarettes

C3. How long have you been a smoker for? _____ years

C4. Did you ever smoke cigarettes in the <u>past</u>?

No, never	[ ]
Current smoker	[ ]
Occasionally (usually less than one cigarette per day)	[ ]
Yes, regularly	[ ]

C5. Have you ever smoked cigars / cigarillos?

No	[ ]	Go to C7
Used to but not now	[ ]	Go to C7
Now smoke occasionally (usually less than 1 per day)	[ ]	
Now smoke regularly	[ ]	

C6. About how many cigars / cigarillos do you smoke per week? _____

C7. Have you ever smoked a pipe?

No	[ ]	Go to C13
Used to but not now	[ ]	Go to C13
Now smoke occasionally (usually less than once a day)		[ ]
Now smoke one regularly		[ ]

C8. About how much pipe tobacco do you smoke per week?

_____ounces (or _____grams)

C9. Have you tried to stop smoking. (Please tick one box only). You may need to write a number.

Never [ ]
Yes, but not in the past 2 years [ ]
Yes, _____ times in the past 2 years [ ]

C10. Have you ever used nicotine replacement therapy to help you give up smoking?

Yes [ ] No [ ]

C11. Do you want to...

Carry on smoking [ ]
Stop smoking in the next 12 months [ ]
Stop smoking at some point in the future [ ]

C12. Which of the following would you need to help you stop smoking? (Please tick one or more boxes)

Support from family / friends [ ]
Less stress [ ]
More willpower [ ]
More confidence that I could stop [ ]
To give up something I enjoy (i.e. smoking) [ ]
No smoking policies at work [ ]
A special stop smoking scheme or group [ ]
To know my own health is being damaged [ ]
Advice from a doctor or nurse [ ]
Cigarettes to be more expensive [ ]
Nicotine Replacement Therapy [ ]
Other, please specify what _____

C13. I often spend part of my day where other people are smoking (Please tick all that apply)

At home [ ]
In the workplace [ ]
On public transport [ ]
In a pub or club [ ]
Other places [ ]
I don't often spend time with smokers [ ]

Section D: Alcohol

Whether you drink alcohol or not please answer the following questions.

D1. How long ago did you last have an alcoholic drink?

During the last week	[ ]	
One week to 1 month ago		[ ]
One month to 3 months ago	[ ]	
Three months to 12 months ago	[ ]	
More than 12 months ago		[ ] go to question D6
Never had alcohol beyond sips or tastes	[ ]	go to question D6

D2. On the days that you drank alcohol, how many drinks did you have on average?

A drink is
- a half pint/glass of beer, lager, stout or cider
- a single measure of spirits (e.g. whiskey, rum, vodka, gin)
- a single glass of wine, sherry, port
- premixed drinks (e.g. Twodogs, Bacardi Breezer, Hooch)

Number of drinks _____

D3. Thinking about your drinking in the last year, did you usually drink alcohol in a typical week?

Yes [ ] No [ ]

D4. On how many days during a typical week did you usually drink alcohol, on average?

Number of days _____

D5. How often do you have 6 or more drinks?

Every day	[ ]
5-6 times a week	[ ]
2-4 times a week	[ ]
Once a week	[ ]
1-3 times a month	[ ]
Less than once a month, but in the last 12 months	[ ]

D6. During the last 12 months, have you experienced any of the following problems as a result of your own drinking or someone else's drinking? (Please tick all that apply)

	As a result of your own drinking	As a result of someone else's drinking
Been what you'd call drunk	[ ]	N/A
Felt you ought to cut down on your drinking	[ ]	N/A
Felt the effects of alcohol while you were at work	[ ]	N/A
Missed days from work due to a hangover or too much alcohol	[ ]	N/A
Had property vandalised	[ ]	[ ]
Had arguments with family and friends about drinking	[ ]	[ ]
Got into a fight	[ ]	[ ]
Had financial trouble	[ ]	[ ]
Had family / marital difficulties	[ ]	[ ]
Been a passenger with a driver who was drunk	[ ]	[ ]
Was in a motor car accident	[ ]	[ ]
Done something you wouldn't usually do	[ ]	[ ]
Had unprotected sex	[ ]	[ ]
Been verbally abused	[ ]	[ ]
Been hit or assaulted	[ ]	[ ]
Been sexually assaulted	[ ]	[ ]
None of these	[ ]	[ ]

D7. During the last 12 months have you driven a car after consuming 2 or more alcoholic drinks?

Yes [ ] No [ ] Do not normally drive[ ]

D8. How many days a week do you usually drink the following…? Please tick an answer for each line.

	Never / Rarely	Less than once a week	Once a week	2-4 days per week	5-6 days	Once a day, every day	Every day, more than once
Stimulant drinks e.g. red bull, jolt. (As a mixer)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Stimulant drinks e.g. red bull, jolt. (On it's own)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Section E: Other Substances

We would like to know about substances other than tobacco and alcohol. Whether you use them or not please answer the following questions.

E1. On how many occasions (if any) have you used marijuana (grass, pot) or cannabis (hash, hash oil)? (Please tick one answer for each line)

	Number of occasions				
	Never	1-2	3- 5	6-9	10+
In your life	[ ]	[ ]	[ ]	[ ]	[ ]
During the last 12 months	[ ]	[ ]	[ ]	[ ]	[ ]
During the last 30 days	[ ]	[ ]	[ ]	[ ]	[ ]

E2. On how many occasions (if any) have you used any of the following drugs in the last 12 months? (please tick one answer for each line)

	IN THE LAST 12 MONTHS		
	Never	Once or twice	3 or more
Tranquillisers or Sedatives (Barbs, Downers, Jellies) ***without*** a doctors prescription	[ ]	[ ]	[ ]
Tranquillisers or Sedatives (e.g Benzodiazepane) ***with*** a doctors prescription	[ ]	[ ]	[ ]
Amphetamine (Speed, Whizz)	[ ]	[ ]	[ ]
LSD (Acid, Trips)	[ ]	[ ]	[ ]
Cocaine (Coke, Crack)	[ ]	[ ]	[ ]
Relevin (Whoops)	[ ]	[ ]	[ ]
Heroin (Smack, Skag)	[ ]	[ ]	[ ]
Ecstasy (E. XTC)	[ ]	[ ]	[ ]
Drugs by injection with a needle (e.g. Heroin, Cocaine or Amphetamines)	[ ]	[ ]	[ ]
Solvents (Gas, Glue)	[ ]	[ ]	[ ]
Magic Mushrooms (Mushies, Pucai)	[ ]	[ ]	[ ]

E3. Have you **ever** (in your lifetime) used any of the drugs listed above in **E1 or E2**?

Yes [ ] No [ ]

Section F: Accidents and Injuries

This section is about injuries, how they happened and who treated them.

F1. In the last 2 years have you had one or more injuries serious enough to interfere with your daily activities?

Yes [ ] No [ ] If no go to question F6

For the rest of this section please think about your most recent injury only

F2. Was your most recent injury mainly...

Accidental [ ] Non-accidental [ ]

F3. Where did your most recent injury happen? (Please tick one box only)

At home in the house [ ]
At home in the garden [ ]
At work [ ]
Playing sport [ ]
On the road in a car or on a bike [ ]
On foot on the road or pavement [ ]
Other (please specify) [ ] _____

F4. Which of the following caused your injury? (Please tick one box only)

Hit, struck or bumped by a vehicle (e.g. car, motorbike, bicycle) [ ]
Hit, struck or bumped by another person [ ]
A fall [ ]
Being cut [ ]
An animal or insect bite [ ]
A burn or scald [ ]
Other (please specify) [ ]_____

F5. Who treated your injury? (Please tick one box only)

Myself [ ] Hospital - Accident and Emergency [ ]
GP Service [ ] Hospital - Out patients [ ]
Family / friends [ ] Other [ ]
Did not receive treatment [ ]

F6. How often do you use seatbelts when you drive or ride in the front of a car?

Always	[ ]	Nearly always	[ ]	Sometimes	[ ]
Seldom	[ ]	Never	[ ]	Don't know / Not sure	[ ]
I never ride in the back of a car			[ ]	I never drive or ride in a car	[ ]

F7. How often do you use seatbelts when you drive or ride in the back of a car?

Always	[ ]	Nearly always	[ ]	Sometimes	[ ]
Seldom	[ ]	Never	[ ]	Don't know / Not sure	[ ]
I never ride in the back of a car	[ ]			I never drive or ride in a car	[ ]

F8. How often do you wear a helmet when you……

	Always	Often	Sometimes	Rarely or never	I do not ride bicycle/ motorbikes
Ride a bicycle	[ ]	[ ]	[ ]	[ ]	[ ]
Ride a motorbike	[ ]	[ ]	[ ]	[ ]	[ ]

Section G: About you and your household

This part is about you and people in your household in general.

G1. Are you Male [ ] Female[ ]

G2. What county do you live in? _____

G3. What age are you at present? …….years ……months

G4. What age were you when you left school? …….years

G5. What did your education include?

No schooling [ ]
Primary school education only [ ]
Some secondary education [ ]
Complete secondary education [ ]
Some third level education at college, university, RTC/ IT [ ]
Complete third level education at college, university, RTC/ IT [ ]

G6. What is your present marital status? (Please tick all that apply)

Married [ ] Cohabiting [ ] Widowed [ ]
Separated [ ] Divorced [ ] Single / Never married [ ]

G7. What type of accommodation do you live in?

Detached [ ] Apartment block [ ]
Mid-terrace [ ] Multi-storey flats [ ]
Semi-detached / end of terrace [ ] Other [ ]

G8. Is your home...

Owned with mortgage [ ] Rented privately [ ]
Rented from Council [ ] Owned outright [ ]
Other [ ]

G9. How many people are there in your household? [ ] [ ]

G10. Are there any children aged 15 years or under in your household?

Yes [ ] No [ ] If yes, how many [ ] [ ]

G11. What is your job title? (If you are not in a paid job at the moment give title of your last job if you had one)

_____

If you are the principal wage earner, please go to G13.

If you are not the principal wage earner, please answer the following about the **principal wage earner in your household;**

G12. What is his/her job title? (If they are not in a paid job at the moment give title of last job)

_____

G13. What is your current employment situation?

Homemaker	[ ]	
Seeking work for first time		[ ]
Unemployed	[ ]	
At school, student		[ ]
Wholly Retired	[ ]	
Unable to work owing to permanent sickness / disability		[ ]
Other (please specify) _____		[ ]
At work: Employee	[ ]	
Self employed	[ ]	

G14. Are you…

A manager [ ] Foreman / supervisor [ ] Other employee [ ]

G15. If self-employed, do you employ other people?

No [ ] Yes [ ] If yes, how many _____

G16. What are your approximate hours of work?

Day	……..to……			
Evening	……..to……			
Night	……..to……			
Shift Work	Day/ Evening	[ ]	Don't do Shift Work	[ ]
	Day/ Evening/ Night	[ ]		

G17. If a farmer how many acres of land do you/your partner farm?

_____

G18. Do you have a medical card? Yes [ ] No [ ]

G19. Do you have private health insurance that covers the cost of private medical treatment (e.g. VHI, BUPA)?

Yes [ ] No [ ]

G20. Do you have the use of a car (including vans, minibuses, etc)?

Yes [ ] No [ ]

G21. What is your household's total net income per week, i.e. the take-home family weekly income from all sources (include social benefits, etc)?

Less than €65	[ ]	€450 to under €500	[ ]
€65 to under €130	[ ]	€500 to under €640	[ ]
€130 to under €190	[ ]	€640 to under €760	[ ]
€190 to under €260	[ ]	€760 to under €950	[ ]
€260 to under €320	[ ]	€950 to under €1150	[ ]
€320 to under €380	[ ]	€1150 to under €1270	[ ]
€380 to under €450	[ ]	€1270 to under €1,900	[ ]
		€1,900 or more	[ ]

G22. What is your nationality?

Irish [ ]
Other nationality [ ], please specify _____
No nationality [ ]

SECTION H: Family and Social Networks and Neighbourhood.

H1: How would you rate the support you are <u>getting</u> from those within your household, wide family, and people in your workplace? (Please tick the most appropriate box in each case).

	Not applicable in my situation	Very little support	Little support	So-so support	Some support	A lot of support
From your spouse/ partner	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
From your parents	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
From your children	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
From other close relatives	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
From friends	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
From employers/ boss	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
From others in the workplace	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

H2. Do you regularly join in the activities of any of the following types of organisation?

			If Yes, is it in your local area?	
	No	**Yes**	**Yes**	**No**
Sports clubs (Parish, GAA, Golf, Other), gym, exercise classes	[ ]	[ ]	[ ]	[ ]
Political parties, trade unions, environmental groups	[ ]	[ ]	[ ]	[ ]
Parent-teacher associations, tenants groups, residents groups, neighbourhood watch, youth groups, other community action groups	[ ]	[ ]	[ ]	[ ]
Church or other religious/ parish groups, charitable	[ ]	[ ]	[ ]	[ ]

or voluntary organisations (e.g. collecting for charity, helping the sick, elderly)				
Evening classes, arts or music groups, education activities	[ ]	[ ]	[ ]	[ ]
Social clubs (e.g. mother & toddler group, rotary club, women's groups, elderly group)	[ ]	[ ]	[ ]	[ ]
Other, please specify				

NEIGHBOURHOOD

By 'your local area/ neighbourhood' we mean your estate, suburb, or the area within a 20 minute walk (about a mile) from your home. By 'neighbours' is meant everybody who lives within a couple of minutes walk of your home or, if nobody lives this close, then the people who live nearest to you.

H3. How much of a problem are each of the following in your neighbourhood/ area?

	A big problem	A bit of a problem	Not a problem
Rubbish or litter lying around	[ ]	[ ]	[ ]
Vandalism and deliberate damage to property	[ ]	[ ]	[ ]
Insults or attacks to do with someone's race or colour	[ ]	[ ]	[ ]
House break ins	[ ]	[ ]	[ ]
Poor public transport	[ ]	[ ]	[ ]
Food shops/ supermarkets that are easy to get to	[ ]	[ ]	[ ]
Pollution, grime or other environmental problems	[ ]	[ ]	[ ]
Lack of open public spaces	[ ]	[ ]	[ ]

H4 Are there any places in your neighbourhood/ area where children can play safely?

Yes [ ] No [ ] Don't know [ ]

H5 For each of these statements please tick one box on each line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Generally speaking, most people can be trusted	[ ]	[ ]	[ ]	[ ]	[ ]
People around here are willing to help their neighbours	[ ]	[ ]	[ ]	[ ]	[ ]
People in this neighbourhood do not share the same values	[ ]	[ ]	[ ]	[ ]	[ ]
People in this area can be trusted	[ ]	[ ]	[ ]	[ ]	[ ]
This is a close knit neighbourhood/ area	[ ]	[ ]	[ ]	[ ]	[ ]
In this neighbourhood people feel safe from personal attacks	[ ]	[ ]	[ ]	[ ]	[ ]

H6. Do you regard yourself as belonging to any religion?

Yes [ ] No [ ]

If yes, what religious group or church do you belong to?

Catholic [ ] Church of Ireland/ England/ Anglican [ ]
Other protestant [ ] Other Christian [ ]
Other religion, please specify _____

Section I: Food Habits

This section is about your general eating habits. There is a more detailed section on nutrition at the end of the questionnaire which we need you to complete in order to estimate your actual food and nutrient intake. We would very much appreciate you filling in that section also.

I1. Do you think what you eat could be healthier?

Yes [ ] No [ ]

I2. Do you read food labels? Yes [ ] No [ ]

If yes, which of the following do you look for on the label?

Ingredients	[ ]
Nutrients (e.g. Fat, Fibre, Sugar)	[ ]
Calorific Value	[ ]
Weight of food	[ ]
Additives (e.g. E numbers)	[ ]
Serving size	[ ]
Instructions for competitions	[ ]
Cooking instructions	[ ]
Other, please specify	[ ]

I3. Do you follow any of the following diets? (Please tick all that apply)

Vegetarian	[ ]	Vegan	[ ]
Diabetic	[ ]	Gluten Free	[ ]
Weight Reducing	[ ]	Low Cholesterol	[ ]
Other	[ ]	Do not follow a special diet	[ ]

I4. Have you taken any vitamins, minerals or other food supplements during the past year?

Yes [ ] No [ ]

I5. Have you taken folic acid tablets or multivitamins containing folic acid during the past year?

Every day / Most days [ ] Sometimes [ ] Never [ ]

I6. How often do you eat fried food?

Daily [ ] 4-6 times a week [ ]
1-3 times a week [ ] Less than once a week [ ]

I7. How often do you eat the following spreads and fats? (Please tick one box on each line)

	less than once a week	once a week or more but not most days	every/most days
Butter or hard margarine as a spread or for cooking food			
A low-fat or polyunsaturated spread as a spread or in cooking			
Vegetable Oil			
Lard or dripping in fried, roasted or baked foods			

I8. What type of milk you use most often? (Please tick one only)

Full fat [ ] Low fat [ ] Skimmed [ ] High-low [ ]
Soya [ ] Buttermilk [ ] Dried [ ] Other [ ]
None [ ]

I9. How much milk do you yourself drink each day (including milk in tea, coffee, cereals)?

None [ ] 250 ml [ ] 1 pint (568ml) [ ] 1 litre [ ]
One pint [ ] More than 1 litre [ ]

I10. How often do you add salt to food while cooking?

Always [ ] Usually [ ] Sometimes [ ] Rarely [ ] Never [ ]

I11. How often do you add salt to food while at the table?

Always [ ] Usually [ ] Sometimes [ ] Rarely [ ] Never [ ]

I12. Generally how do you cook vegetables (excluding potatoes)? (Please tick one only)

Immersed in already boiling water for the minimum of time [ ]
Boiled from cold water [ ] Microwaved [ ]
Grilled [ ] Steamed [ ]
Fried [ ] Sautéed (e.g stirfry) [ ]
Sautéed then casseroled [ ]
Other, Please specify _____

I13. How often do you eat in (or eat food from) any of the following?
(please tick an answer for each line)

	Hardly ever / never	Less than once a month	Less than once a fortnight	Less than once a week	Once a week or more but not most days	Every / most days
Very expensive restaurant (main course over €25	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Expensive Restaurant (main course €18- €25)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Moderate Restaurant (main course over €10 - €17)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Inexpensive restaurant (main course under €10)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Cafe	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Fast food outlet	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Work Canteen	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Home delivery (e.g. Chinese / pizza)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

YOUR DIET OVER THE PAST YEAR

For each food there is an amount shown, either what we think is a "medium serving" or a common household unit such as a slice or teaspoon. Please put a tick in the box to indicate how often, **on average**, you have eaten the specified amount of each food, to the nearest whole number **during the past year i.e. from when you receive this questionnaire to the same month the previous year**.

If you think the portion of food you eat is greater or less than the indicated serving please tick in the box which best suits.

Please estimate your average food use as best you can. Please answer every question, do not leave ANY lines blank.

EXAMPLES:

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

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

	AVERAGE USE LAST YEAR								
POTATOES, RICE AND PASTA (medium serving)	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Boiled, instant or jacket potatoes				√					

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

	AVERAGE USE LAST YEAR								
BREAD AND SAVOURY BISCUITS (one medium slice or biscuit)	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
White bread and rolls								√	

Please check that you put a tick (√) on EVERY line

	AVERAGE USE LAST YEAR								
MEAT, FISH AND POULTRY (MEDIUM SERVING)	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Beef : roast									
Beef : steak									
Beef : mince									
Beef : stew									
Beef burgers (1 burger)									
Pork : roast									
Pork : chops									
Pork : slices									
Lamb : roast									
Lamb : chops									
Lamb : stew									
Chicken portion or other poultry (e.g. turkey)									
Bacon									
Ham									
Corned beef, Spam, Luncheon meats									
Sausages, Frankfurters (1 sausage)									
Savoury pies (e.g. meat pie, pork pie, steak & kidney pie, sausage rolls)									
Liver, heart, kidney									
Liver pate									
Fried fish in batter, as in fish & chips									
Fish fried in breadcumbs									
Ovenbaked / grilled fish									
Fish fingers, fish cakes									
Other white fish, fresh or frozen (e.g. cod, haddock, plaice, sole, halibut)									
Oily fish, fresh or canned (e.g. mackerel, kippers, tuna, salmon, sardines, herring)									
Shellfish e.g. crab, prawns, mussels									

Fish roe, taramasalata									

Please check that you put a tick (√) on EVERY line

	AVERAGE USE LAST YEAR								
BREAD AND SAVOURY BISCUITS (one slice or biscuit)	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
White bread and rolls									
Brown bread and rolls									
Wholemeal bread and rolls									
Cream crackers, cheese biscuits									
Crisp bread, e.g. Ryvita									
Brown Soda bread									
Pancakes									
CEREALS (one bowl)									
Porridge, Readybrek									
All Bran, Weetabix, Shredded Wheat									
Branflakes, Bran Buds									
Cornflakes, Rice Krispies									
Muesli (e.g. Country Store, Alpen)									
Sugar Coated Cereals (e.g. Frosties)									
POTATOES, RICE AND PASTA (medium serving)									
Boiled, instant or jacket potatoes									
Mashed potatoes									
Chips									
Roast potatoes									
Potato salad									
White rice									
Brown rice									
White or green pasta e.g. spaghetti, macaroni, noodles									
Wholemeal pasta									
Lasagne									
Moussaka									
Pizza									

Macaroni Cheese									

Please check that you put a tick (√) on EVERY line

	AVERAGE USE LAST YEAR								
DAIRY PRODUCTS AND FATS	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Cream (tablespoon)									
Full-fat yoghurt or Greek yoghurt (125g carton)									
Low fat yoghurt, fromage frais (125g carton)									
Dairy desserts (125g carton)									
Cheddar Cheese, (medium serving)									
Brie, Edam cheese (medium serving)									
Low-fat Cheddar Cheese, (medium serving)									
Cottage cheese, cream cheese, low fat soft cheese (medium serving)									
Eggs as boiled, fried, poached, scrambled (one)									
Quiche (medium serving)									
Light salad cream or light mayonnaise(tablespoon)									
Salad cream, mayonnaise (tablespoon)									
French dressing (tablespoon)									
Other salad dressing (tablespoon)									
The following on bread or vegetables									
Butter (teaspoon)									
Lite Butter e.g. Dawn Lite (teaspoon)									
Sunflower Margarine e.g. Flora (teaspoon)									
Low-fat margarine e.g. Low Low (teaspoon)									

Cream & Vegetable Oil Spread e.g. Golden Pasture, Kerrymaid (teaspoon)									
Olive Oil Spread e.g. Golden Olive (teaspoon)									

Please check that you put a tick (√) on EVERY line

	AVERAGE USE LAST YEAR								
FRUIT (1 fruit or medium serving)	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Apples									
Pears									
Oranges, satsumas, Mandarins									
Grapefruit									
Bananas									
Grapes									
Melon									
Peaches, Plums, Apricots									
Strawberries, Raspberries, Kiwi Fruit									
Tinned Fruit									
Dried fruit e.g. raisins									

	AVERAGE USE LAST YEAR								
VEGETABLES, Fresh, frozen or tinned (medium serving)	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Carrots									
Spinach									
Broccoli, Spring Greens, Kale									
Brussel Sprouts									
Cabbage									
Peas									
Green Beans, Broad Beans, Runner Beans									
Marrow, Courgettes									
Cauliflower									
Parsnips, Turnips									
Leeks									
Onions									
Garlic									
Mushrooms									
Sweet peppers									
Beansprouts									
Green salad, Lettuce									
Cucumber, Celery									
Watercress									
Tomatoes									
Sweetcorn									
Beetroot									
Coleslaw									
Avocado									
Baked Beans									
Dried Lentils, Beans, Peas									
Tofu, Soya Meat, TVP, Vegeburger									

Please check that you put a tick (√) on EVERY line

	AVERAGE USE LAST YEAR								
SWEETS AND SNACKS (medium serving)	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Chocolate Coated Sweet Biscuits e.g. Digestive (one)									
Plain Sweet Biscuits e.g. Marie (one)									
Cakes e.g. fruit, sponge									
Scones, flapjacks									
Buns, pastries e.g. croissants, doughnuts									
Fruit pies, tarts, crumbles									
Sponge puddings									
Milk puddings e.g. rice, custard, trifle									
Ice cream, choc ices, Frozen desserts									
Chocolates, singles or squares									
Chocolate snack bars e.g. Mars									
Sweets, toffees, mints									
Sugar added to tea, coffee, cereal (teaspoon)									
Crisps or other packet snacks									
Peanuts or other nuts									

Please check that you put a tick (√) on EVERY line

	AVERAGE USE LAST YEAR								
SOUPS, SAUCES AND SPREADS	Never or less than once/ month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Vegetable soups (bowl)									
Meat or cream soups (bowl)									
Sauces e.g. white sauce, cheese sauce, gravy (tablespoon)									
Tomato ketchup (tablespoon)									
Pickles, chutney (tablespoon)									
Marmite, Bovril (tablespoon)									
Jam, marmalade, honey, syrup (teaspoon)									
Peanut butter (teaspoon)									
DRINKS									
Tea (cup)									
Coffee (cup)									
Coffee, decaffeinated (cup)									
Coffee whitener e.g. Coffee-mate (teaspoon)									
Cocoa, Hot Chocolate (cup)									
Horlicks, Ovaltine (cup)									
Wine (glass)									
Beer, Lager or Cider (half pint)									
Port, Sherry, Vermouth, Liqueurs (glass)									
Spirits e.g. Gin, Whiskey (single measure)									
Low Calorie or Diet Fizzy Soft Drinks (glass)									
Fizzy Soft Drinks e.g. Coca Cola (glass)									
Pure Fruit Juice e.g. orange juice (glass)									
Fruit squash (glass)									

Please check that you put a tick (√) on EVERY line

Thank you very much for your help

Please put the questionnaire in the freepost envelope provided and return it as soon as possible. You do not need to put a stamp on the envelope.

If you have mislaid the return envelope, please post the questionnaire to:

The Centre for Health Promotion Studies
FREEPOST
Distillery Road
National University of Ireland, Galway

You do not need to put a stamp on the envelope.