CONFIDENTIAL

1261

Irish Health Survey
Central Statistics Office
Skehard Road
Cork

Reference Number Q | | | | | | | | | | **Interviewer Number** | | | |

Irish Health Survey (IHS) - Reminder

Dear

Recently your household participated in the Quarterly National Household Survey and our interviewer left a questionnaire for you to complete for the CSO's Irish Health Survey.

Our records show that we have not received a completed questionnaire from you, and I would like to ask you once again to participate by completing this form and returning it in the enclosed prepaid envelope.

This survey is important because for the first time it will provide a comprehensive picture of the health of people across Ireland and it will also allow us to compare the health and health-care experiences of Irish people with those from other European countries.

Online option
You can complete an online version of this survey at https://eforms.cso.ie/public/ihs.htm, using the reference number at the top of this page.

Confidentiality
The information you provide will be treated as strictly confidential in accordance with the Statistics Act 1993. In strict conformity with the Act, the CSO guarantees that the confidentiality of individual data will be fully protected at all times. No information that would permit the identification of an individual will be released or published.

Further information
If you have any questions please email the IHS section at IHS@cso.ie, or phone Margot Phelan on 021 453 5421.

If you have already returned the questionnaire please ignore this reminder.

Pádraig Dalton
Director General

Guidelines for completing this Questionnaire

This questionnaire will be electronically scanned. In order to get the best possible results from the scanning process, please follow these instructions:

Please write clearly in black or blue ink and enter a number in each box.

Please fill in the numeric boxes like this, | | 8 | 5 | otherwise leave blank. | | | | |

Clearly **X** boxes where applicable, Yes [X] No [ ] otherwise leave blank. Yes [ ] No [ ]

PR 101126 IHS base form

Health status

1 **How is your health in general? Is it...** Very good [ ] Good [ ] Fair [ ] Bad [ ] Very bad [ ]

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 [ ] No [ ]

3 **For at least the past 6 months:**
To what extent have you been limited in everyday activities because of health problems? Severely limited [ ] Limited but not severely [ ] Not limited at all [ ]

Please turn over →

Please answer by marking X or writing in the answer in the appropriate box

Diseases and chronic conditions

4 **Have you suffered from any of the following conditions in the past 12 months:**

	Yes	No
Asthma	☐	☐
Chronic bronchitis, chronic obstructive pulmonary disease or emphysema	☐	☐
Heart attack or chronic consequences of heart attack	☐	☐
Coronary heart disease or angina pectoris	☐	☐
High blood pressure	☐	☐
A stroke or the chronic consequences of stroke (cerebral hemorrhage or cerebral thrombosis)	☐	☐
Arthrosis (excluding arthritis)	☐	☐
Lower back disorder or other chronic back defects	☐	☐
Neck disorder or other chronic neck defects	☐	☐
Diabetes	☐	☐
Allergy such as rhinitis, eye inflammation, dermatitis, food allergy or other (excluding allergic asthma)	☐	☐
Cirrhosis of the liver	☐	☐
Urinary incontinence or problems in controlling the bladder	☐	☐
Kidney problems	☐	☐
Depression	☐	☐

Accidents and injuries

5 **Were you involved in any of the following types of accidents in the last 12 months that resulted in injury:**
(excluding accidents that may have occurred at work)

	Yes	No
A road traffic accident	☐	☐
An accident at home	☐	☐
A leisure accident (i.e. playing sports, engaging in hobbies etc.)	☐	☐

6 **If yes to any of the above in the past 12 months, what was the most serious medical care you needed as a result of an accident?**
(tick one only)

No intervention required	Care received from GP or nurse in community practice	Care received at Accident and Emergency	Care received during overnight stay in hospital
☐	☐	☐	☐

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Absent from work (due to health problems) - including days lost due to accidents & injuries

7 **How many days were you absent from work due to personal health problems in the last 12 months? (count all days between start and end of absence incl. Saturday and Sunday)** ☐☐☐ Days

Please answer by marking X or writing in the answer in the appropriate box

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Physical and sensory functions

8 **Do you wear glasses or contact lenses?**

Yes ☐ No ☐ Blind or cannot see at all ☐

9 **Do you use a hearing aid?** (including cochlear implant or similar)

Yes ☐ No ☐ Profoundly deaf ☐

10 **Do you have difficulty doing any of the following:**

	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all
Seeing, even when wearing glasses or contact lenses	☐	☐	☐	☐
Hearing what is said in a conversation with one other person in a quiet room, even if using a hearing aid	☐	☐	☐	☐
Hearing what is said in a conversation with one other person in a noisy room, even if using a hearing aid	☐	☐	☐	☐
Walking half a kilometre (a third of a mile) on level ground without the use of any aid	☐	☐	☐	☐
Walking up or down a flight of stairs?	☐	☐	☐	☐

Pain

11 Overall during the past 4 weeks how much physical pain or discomfort did you have?

None ☐ Very mild ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe ☐

12 If you have suffered pain, to what extent has it interfered with your normal work (both within the home and outside) during the past 4 weeks?

Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely ☐

Wellbeing

13 **On how many days during the past 2 weeks did you...**

	0 days	1-7 days	8-12 days	13-14 days
Feel down, depressed or hopeless	☐	☐	☐	☐
Take little pleasure or interest in doing things	☐	☐	☐	☐
Have trouble falling asleep, staying asleep or sleeping too much	☐	☐	☐	☐
Feel tired or have little energy	☐	☐	☐	☐
Have a poor appetite or overeat	☐	☐	☐	☐
Feel bad about yourself or feel a failure	☐	☐	☐	☐
Have trouble concentrating on things such as reading a newspaper, watching television etc.	☐	☐	☐	☐
Move or speaking so slowly or be so fidgety or restless that other people noticed	☐	☐	☐	☐

Use of inpatient and day care

14 **During the past 12 months how many nights did you spend as a patient in a hospital?**

☐☐☐ Nights

15 **During the past 12 months how many times were you admitted as a day patient in a hospital?**

☐☐☐ Days

Please answer by marking X or writing in the answer in the appropriate box

Use of medical and home care

16 **When was the last time you consulted a general practitioner (GP) on your own behalf?** (include home visits and phone consultations but exclude nurse-only consultations)

Less than 12 months ago	More than 12 months ago	Never consulted
☐	☐	☐

How often in the last four weeks did you consult a GP on your own behalf? (exclude nurse-only consultations)

☐☐ Times

When was the last time you consulted a nurse within a GP practice on your own behalf? (Exclude visits where you also consulted the GP)

Less than 12 months ago	More than 12 months ago	Never consulted
☐	☐	☐

How often in the last four weeks did you consult a nurse working within a GP practice on your own behalf? (exclude visits where you also consulted the GP)

☐☐ Times

When was the last time you did any of the following activities:

	Less than 12 months ago	More than 12 months ago	Never consulted
Visited a dentist or orthodontist on your own behalf	☐	☐	☐
Consulted a medical or surgical consultant on your own behalf	☐	☐	☐

How many times have you consulted such a medical or surgical specialist in the past 4 weeks ☐☐ Times

17 **In the past 12 months, have you...**

	Yes	No
Consulted a physiotherapist, osteopath or chiropractor	☐	☐
Consulted a psychiatrist, psychologist or psychotherapist	☐	☐

18 **Have you used or received any home care services for your personal needs during the past 12 months?**

Yes	No
☐	☐

Medicine use

19 **During the past 2 weeks have you used any medicines prescribed by a doctor (excluding contraception)?**

Yes	No
☐	☐

During the past 2 weeks have you used any medicines, herbal medicines or vitamins not prescribed by a doctor (excluding contraception)?

Yes	No
☐	☐

Preventive services

20 **When was the last time you had the following procedures:**

	Within the last 12 months	1 to less than 2 years ago	2 to less than 3 years ago	More than 3 years ago	Never
Had blood pressure measured by a health professional	☐	☐	☐	☐	☐
Had blood cholesterol measured by a health professional	☐	☐	☐	☐	☐
Had a colonoscopy	☐	☐	☐	☐	☐
Had blood sugar measured by a health professional	☐	☐	☐	☐	☐
Had a faecal occult blood test	☐	☐	☐	☐	☐
If you are female:					
Had a mammogram (breast X-ray)	☐	☐	☐	☐	☐
Cervical smear test	☐	☐	☐	☐	☐

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21 **When was the last time you were vaccinated against flu?** Month ☐☐ / Year ☐☐☐☐ Never or too long ago ☐

Unmet health care needs

22 **Did you have any unmet health care needs in the past 12 months because of:**

	Yes (needs not met)	No (needs met)	No need for health care
Waiting lists	☐	☐	☐
Distance or transportation problems	☐	☐	

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Affordable health care

23 **In the past 12 months could you afford the following services:**

	Yes	No	No need for services
Medical examination or treatment	☐	☐	☐
Dental examination or treatment	☐	☐	☐
Prescribed medicines	☐	☐	☐
Mental health care (by a psychologist or psychiatrist for example)	☐	☐	☐

Health determinants

24 **How tall are you without shoes?**

feet ☐ inches ☐☐ **or** centimeters ☐☐☐

25 **How much do you usually weigh (without clothes and shoes)?** ☐☐ st ☐☐ lbs **or** ☐☐☐.☐☐ KG

Physical activity / exercise

26 **Which of the following best describes the type of tasks you mainly do every day (including paid and unpaid activities)?**

Mostly sitting or standing ☐ | Mostly walking or tasks of moderate physical effort ☐ | Mostly heavy labour or physically demanding work ☐

27 **How many days in a typical week do you walk (for at least 10 minutes continuously at a time) to get to and from places?** (e.g. home to work)

☐ Number of days **or** ☐ Never walk

If you do walk to get to and from places:

28 **How much time do you spend walking on a typical day?**

10-29 minutes ☐ | 30-59 minutes ☐ | 1 hour to less than 2 hours ☐ | 2 hours to less than 3 hours ☐ | 3 hours or more ☐

29 **How many days in a typical week do you cycle (for at least 10 minutes continuously at a time) to get to and from places?**

☐ Number of days **or** ☐ Never cycle

If you do cycle to get to and from places:

30 **How much time do you spend on cycling to get to and from places, on a typical day?**

10-29 minutes per day ☐ | 30-59 minutes per day ☐ | 1 hour to less than 2 hours per day ☐ | 2 hours to less than 3 hours per day ☐ | 3 hours or more per day ☐

Please answer by marking X or writing in the answer in the appropriate box

31 **How many days in a typical week do you do sports, fitness or recreational (leisure) physical activities that cause at least a small increase in breathing or heart rate for at least 10 minutes continuously?**
(exclude walking & cycling activity mentioned previously)

☐☐ Number of days **or** ☐ Never do such sports

If you do such sports:

32 **How much time do you spend on such sports, fitness or recreational (leisure) activities in a typical week?**

hours ☐☐ **minutes** ☐☐

33 **How many days in a typical week do you do muscle-strengthening activities?**
(excluding jogging, swimming or cycling)

☐☐ Number of days ☐ Never do such activity

Consumption of fruit and vegetables

34 **How often do you eat fruit, excluding fruit juice?**

At least once a day ☐ | 4 to 6 times a week ☐ | 1 to 3 times a week ☐ | less than once a week ☐ | Never ☐

If you do eat fruit:

35 How many portions a day on average do you have (a portion is a small apple, a pear, orange or similar sized fruit) ☐☐

36 **How often do you eat vegetables or salad, excluding juice and potatoes?**

Once or more a day ☐ | 4 to 6 times a week ☐ | 1 to 3 times a week ☐ | Less then once a week ☐ | Never ☐

If you do eat vegetables or salad, excluding juice and potatoes:

37 How many portions a day on average do you have
(a portion is one medium tomato or onion, 3 heaped tablespoons of peas, mixed vegetables or one sixth of a cabbage etc.) ☐☐

Smoking

38 **How often do you smoke?** Daily ☐ | Occasionally ☐ | Never ☐

If you do smoke:

39 What kind of tobacco products do you consume?

Cigarettes* ☐ | Cigars ☐ | Pipe tobacco ☐ | Other ☐

* (manufactured and/or hand rolled)

If you do smoke cigarettes or cigars:

What is the average number of cigarettes you smoke a day? ☐☐

40 **How often are you exposed to the tobacco smoke of other people indoors?**

Never or almost never ☐ | Less than 1 hour per day ☐ | 1 hour or more per day ☐

Alcohol consumption

41 **In the past <u>12 months</u>, how often have you had an alcoholic drink (beer, wine, spirits, liquors etc.)**

Every day ☐ | 5 - 6 days a week ☐ | 3 - 4 days a week ☐ | 1 - 2 days a week ☐ | 2 - 3 days in a month ☐ | Once a month ☐

Less than once a month ☐ | Not in the past 12 months, as I no longer drink alcohol ☐ | Never, or only had a few sips in my whole life ☐

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If you do drink:

42 **On how many of the days from Monday to Thursday would you usually have a drink?**

On all 4 days ☐ | On 3 of the 4 days ☐ | On 2 of the 4 days ☐ | On 1 of the 4 days ☐ | Never ☐

Alcohol consumption

43 **How many units of alcohol would you have on average for any one of these days (Monday to Thursday)?**

(A unit of alcohol is a half pint or glass of beer, lager or cider, a single measure of spirits (e.g. whiskey, vodka or gin), a glass of wine or a bottle of long-neck alcopops)

16 or more units a day ☐ | 10-15 units a day ☐ | 6 - 9 units a day ☐ | 4 - 5 units a day ☐

3 units a day ☐ | 2 units a day ☐ | 1 unit a day ☐ | 0 units a day ☐

44 **On how many of the days from Friday to Sunday would you usually have a drink?**

On all 3 days ☐ | On 2 of the 3 days ☐ | On 1 of the 3 days ☐ | On none of the 3 days ☐

45 **How many units of alcohol would you have on average for any one of these days (Friday to Sunday)?**

(A unit of alcohol is a half pint or glass of beer, lager or cider, a single measure of spirits (e.g. whiskey, vodka or gin), a glass of wine or a bottle of long-neck alcopops)

16 or more units a day ☐ | 10-15 units a day ☐ | 6 - 9 units a day ☐ | 4 - 5 units a day ☐

3 units a day ☐ | 2 units a day ☐ | 1 unit a day ☐ | 0 units a day ☐

46 **During the past <u>12 months</u> how often did you have 6 or more units of alcohol on one occasion?**

Every day ☐ | 5 - 6 days a week ☐ | 3 - 4 days a week ☐ | 1 - 2 days a week ☐ | 2 - 3 days in a month ☐

Once a month ☐ | Less than once a month ☐ | Not in the past 12 months ☐ | Never drank this much ☐

Social support

47 **How many people do you feel are close enough to you that you could count on them if you had a serious personal problem**

None ☐ | 1 or 2 ☐ | 3 to 5 ☐ | 6 or more ☐

48 **How much concern and interest do other people show in what you are doing?**

A lot of concern and interest ☐ | Some concern and interest ☐ | Uncertain ☐ | Little concern and interest ☐ | No concern or interest ☐

49 **How easy would it be to get practical help from neighbours if you needed it?**

Very easy ☐ | Easy ☐ | Possible ☐ | Difficult ☐ | Very difficult ☐

Provision of informal care or assistance

50 **Are you providing care or assistance at least once a week to one or more people suffering from any chronic condition or infirmity due to old age (exclude professional activities)?** Yes ☐ No ☐

If yes:

51 **Are the person or persons concerned family members?** Yes ☐ No ☐

52 **How many hours a week do you give the care or assistance?** ☐☐☐ Hours

*Care provided on a 24 hour basis, 7 days a week equates to 168 hours.

Personal care activities, if you are 65 years or older:

53 **Do you have difficulty doing any of the following:**

	No difficultly	Some difficulty	A lot of difficulty	Cannot do it by myself
Feeding yourself	☐	☐	☐	☐
Getting in and out of a bed or a chair	☐	☐	☐	☐
Dressing and undressing	☐	☐	☐	☐
Using toilets	☐	☐	☐	☐
Bathing or showering	☐	☐	☐	☐

If you are 65 years or older:

54 **In relation to the activities of the previous question:**

	Yes- (for at least one activity)	No
Do you usually receive help with one or more of the activities?	☐	☐
Do you need to receive help for one or more of the activities?	☐	☐

If you are 65 years or older:

55 **Do you have difficulty doing any of the following:**

	No difficulty	Some difficulty	A lot of difficulty	Cannot do it by myself	Never tried it or do not need to do it
Preparing meals	☐	☐	☐	☐	☐
Using the telephone	☐	☐	☐	☐	☐
Shopping	☐	☐	☐	☐	☐
Managing medication	☐	☐	☐	☐	☐
Doing light housework	☐	☐	☐	☐	☐
Doing heavy housework	☐	☐	☐	☐	☐
Taking care of finances and everyday administrative tasks	☐	☐	☐	☐	☐

If you are 65 years or older:

56 **In relation to the activities of the previous question:**

	Yes - (for at least one activity)	No
Do you usually receive help with one or more of the activities?	☐	☐
Do you need to receive help for one or more of the activities?	☐	☐

Respondent Details (To be completed in all cases)

Full Name: ☐☐☐

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Thank you for your cooperation with this survey