

AMF CODEBOOK

Irish Health Survey Anonymised Micro data 2015

Please note that

- Data may be subject to future revision.
- Survey data may be subject to sampling error. Great care should be taken when interpreting small cell sizes.

Contents

- There are **9291** observations the dataset. Descriptions of each variable follow below.

Irish Health Survey provides data on various aspects of health. These include data on the health status of the population, the health care usage of the population, and the health determinants of the population. This survey was carried out as a module of the Quarterly National household Survey (QNHS). The QNHS is a large-scale, nationwide survey of households in Ireland. It was designed to produce quarterly labour force estimates that include the official measures of employment and unemployment in the state using the International Labour Organisation basis. The reference period for the survey is 2015. Respondents were sampled from quarter four of 2014, as well as quarters one, two, three and four of 2015, and this sample includes data from each of these quarters. A single individual, aged 15 years or older, was randomly selected from each household. Once selection of the individual is complete, a copy of the questionnaire was left for them to complete and return via post.

Variable Name	Data-Type	Description	Response Options
q1		How is your health in general? Is it...	1. Very good 2. Good 3. Fair 4. Bad 5. Very bad
q2		Do you have any long standing illness or health problem?	1. Yes 2. No
Q3		For at least the past 6 months: To what extent have you been limited in everyday activities because of health problems?	1. Severely limited 2. Limited but not severely 3. Not limited at all
Q4_1		Have you suffered from any of the following conditions in the past 12 months: Asthma	1. Yes 2. No
Q4_2		Chronic bronchitis, chronic obstructive pulmonary disease or emphysema	1. Yes 2. No
Q4_3		Heart attack or chronic consequences of heart attack	1. Yes 2. No
Q4_4		Coronary heart disease or angina pectoris	1. Yes 2. No
Q4_5		High blood pressure	1. Yes 2. No
Q4_6		A stroke or the chronic consequences of stroke (cerebral hemorrhage or cerebral thrombosis)	1. Yes 2. No

Q4_7	Arthrosis (excluding arthritis)	1. Yes 2. No
Q4_8	Lower back disorder or other chronic back defects	1. Yes 2. No
Q4_9	Neck disorder or other chronic neck defects	1. Yes 2. No
Q4_10	Diabetes	1. Yes 2. No
Q4_11	Allergy such as rhinitis, eye inflammation, dermatitis, food allergy or other (excluding allergic asthma)	1. Yes 2. No
Q4_13	Urinary incontinence or problems in controlling the bladder	1. Yes 2. No
Q4_14	Kidney problems	1. Yes 2. No
Q4_15	Depression	1. Yes 2. No
chronic_ill	Based off Q14 Responses Chronic illness	1. Yes 2. No
Q5_1	Were you involved in any of the following types of accidents in the last 12 months that resulted in injury: A road traffic accident	1. Yes 2. No
Q5_2	An accident at home	1. Yes 2. No
Q5_3	A leisure accident (i.e. playing sports, engaging in hobbies etc.)	1. Yes 2. No

Q6	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?	<ol style="list-style-type: none"> 1. No intervention required 2. Care received from GP or nurse in community practice 3. Care received at Accident and Emergency 4. Care received during overnight stay in hospital
Q7	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)	<ol style="list-style-type: none"> 0 days 1-5 days 6-10 days 11+ days
Q10_2	Hearing what is said in a conversation with one other person in a quiet room, even if using a hearing aid	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
Q10_3	Hearing what is said in a conversation with one other person in a noisy room, even if using a hearing aid	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all.
Q10_4	Walking half a kilometre (a third of a mile) on level ground without the use of any aid	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all

Q10_5	Walking up or down a flight of stairs?	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
Q11	Overall during the past 4 weeks how much physical pain or discomfort did you have?	<ol style="list-style-type: none"> 1. None 2. Very mild 3. Mild 4. Moderate 5. Severe 6. Very Severe
Q12	If you have suffered pain, to what extent has it interfered with your bit normal work (both within the home and outside) during the past 4 weeks?	<ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely
Q13_1	On how many days during the past 2 weeks did you...Feel down, depressed or hopeless	<ol style="list-style-type: none"> 1. 0 days 2. 1-7 days 3. 8-12 days 4. 13-14 days
Q13_2	Take little pleasure or interest in doing things	<ol style="list-style-type: none"> 1. 0 days 2. 1-7 days 3. 8-12 days 4. 13-14 days
Q13_3	Have trouble falling asleep, staying asleep or sleeping too much	<ol style="list-style-type: none"> 1. 0 days 2. 1-7 days 3. 8-12 days 4. 13-14 days
Q13_4	Feel tired or have little energy	<ol style="list-style-type: none"> 1. 0 days 2. 1-7 days 3. 8-12 days

		4. 13-14 days
Q13_5	Have a poor appetite or overeat	<ol style="list-style-type: none"> 1. 0 days 2. 1-7 days 3. 8-12 days 4. 13-14 days
Q13_6	Feel bad about yourself or feel a failure	<ol style="list-style-type: none"> 1. 0 days 2. 1-7 days 3. 8-12 days 4. 13-14 days
Q13_7	Have trouble concentrating on things such as reading a newspaper, watching television etc.	<ol style="list-style-type: none"> 1. 0 days 2. 1-7 days 3. 8-12 days 4. 13-14 days
Q14	During the past 12 months how many nights did you spend as a patient in a hospital?	<p>Number of nights:</p> <ul style="list-style-type: none"> · 0 nights · 1 night · 2 nights · 3 nights
Q15	During the past 12 months how many times were you admitted as a day patient in a hospital?	<p>Number of days:</p> <ul style="list-style-type: none"> · 0 days · 1 days · 2 days · 3 or more days
Q16_1	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)	<ol style="list-style-type: none"> 1. Less than 12 months ago 2. More than 12 months ago 3. Never consulted
Q16_2	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)	<ol style="list-style-type: none"> 1. Less than 12 months ago

		<ul style="list-style-type: none"> 2. More than 12 months ago 3. Never consulted
Q16_3	When was the last time you did any of the following activities: Visited a dentist or orthodontist on your own behalf	<ul style="list-style-type: none"> 1. Less than 12 months ago 2. More than 12 months ago 3. Never consulted
Q16_4	Consulted a medical or surgical consultant on your own behalf	<ul style="list-style-type: none"> 1. Less than 12 months ago 2. More than 12 months ago 3. Never consulted
Q17_1	In the past 12 months, have you...Consulted a physiotherapist, osteopath or chiropractor	<ul style="list-style-type: none"> 1. Yes 2. No
Q17_2	Consulted a psychiatrist, psychologist or psychotherapist	<ul style="list-style-type: none"> 1.Yes 2.No
Q18	Have you used or received any home care services for your personal needs during the past 12 months?	<ul style="list-style-type: none"> 1.Yes 2.No
Q19_1	During the past 2 weeks have you used any medicines prescribed by a doctor (excluding contraception)?	<ul style="list-style-type: none"> 1.Yes 2.No
Q19_2	During the past 2 weeks have you used any medicines, herbal medicines or vitamins not prescribed by a doctor (excluding contraception)?	<ul style="list-style-type: none"> 1.Yes 2.No
Q20_1	When was the last time you had the following procedures: Had blood pressure measured by a health professional	<ul style="list-style-type: none"> 1. Within the last 12 months 2. 1 to less than 2 years ago 3. 2 to less than 3 years ago 4. More than 3 years ago 5. Never
Q20_2	Had blood cholesterol measured by a health professional	<ul style="list-style-type: none"> 1. Within the last 12 months

			<ol style="list-style-type: none"> 2. 1 to less than 2 years ago 3. 2 to less than 3 years ago 4. More than 3 years ago 5. Never
Q20_3		Had a colonoscopy	<ol style="list-style-type: none"> 1. Within the last 12 months 2. 1 to less than 2 years ago 3. 2 to less than 3 years ago 4. More than 3 years ago 5. Never
Q20_4		Had blood sugar measured by a health professional	<ol style="list-style-type: none"> 1. Within the last 12 months 2. 1 to less than 2 years ago 3. 2 to less than 3 years ago 4. More than 3 years ago 5. Never
Q20_5		Had a faecal occult blood test	<ol style="list-style-type: none"> 1. Within the last 12 months 2. 1 to less than 2 years ago 3. 2 to less than 3 years ago 4. More than 3 years ago 5. Never
Q20_6	If sex=female	Had a mammogram (breast X-ray)	<ol style="list-style-type: none"> 1. Within the last 12 months 2. 1 to less than 2 years ago 3. 2 to less than 3 years ago 4. More than 3 years ago 5. Never
Q20_7	If sex=female	Cervical smear test	<ol style="list-style-type: none"> 1. Within the last 12 months 2. 1 to less than 2 years ago

		<ol style="list-style-type: none"> 3. 2 to less than 3 years ago 4. More than 3 years ago 5. Never
Q22_1	Did you have any unmet health care needs in the past 12 months because of: Waiting lists	<ol style="list-style-type: none"> 1. Yes (needs not met) 2. No (needs met) 3. No need for health care
Q22_2	Distance or transportation problems	<ol style="list-style-type: none"> 1. Yes (needs not met) 2. No (needs met) 3. No need for health care
Q23_1	In the past 12 months could you afford the following services: Medical examination or treatment	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for services
Q23_2	Dental examination or treatment	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for services
Q23_3	Prescribed medicines	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for services
Q23_4	Mental health care (by a psychologist or psychiatrist for example)	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for services
Height	How tall are you without shoes (cm)?	Height grouping in cm
Weight	How much do you usually weigh (without clothes and shoes)?	Weight grouping in kg
Q26	Which of the following best describes the type of tasks you mainly do every day (including paid and unpaid activities)?	<ol style="list-style-type: none"> 1. Mostly sitting or standing 2. Mostly walking or tasks of moderate physical effort 3. Mostly heavy labour or physically demanding work

Q28	If prev q = Yes	How much time do you spend walking on a typical day?	<ol style="list-style-type: none"> 1. 10-29 minutes 2. 30-59 minutes 3. 1 hour to less than 2 hours 4. 2 hours to less than 3 hours 5. 3 hours or more
Q29		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
Q30	If prev q = Yes	If you do cycle to get to and from places: How much time do you spend on cycling to get to and from places, on a typical day?	<ol style="list-style-type: none"> 1. 10-29 minutes per day 2. 30-59 minutes per day 3. 1 hour to less than 2 hours per day 4. 2 hours to less than 3 hours per day 5. 3 hours or more per day
Q31		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
Q33		How many days in a typical week do you do muscle-strengthening activities? (excluding jogging, swimming or cycling)	Number of days "0 days"; "1-2 days" "3-4 days" "5+ days"
Q34		How often do you eat fruit, excluding fruit juice?	<ol style="list-style-type: none"> 1. At least once a day 2. 4 to 6 times a week 3. 1 to 3 times a week 4. less than once a week 5. Never

Q35	If prev q =yes	If you do eat fruit: How many portions a day on average do you have (a portion is a small apple, a pear, orange or similar sized fruit)	Number of portions 0 portions 1 portions 2 portions 3 portions 4 portions 5 portions 6+ portions
Q36		How often do you eat vegetables or salad, excluding juice and potatoes?	1. Once or more a day 2. 4 to 6 times a week 3. 1 to 3 times a week 4. Less than once a week 5. Never
Q37		If you do eat vegetables or salad, excluding juice and potatoes: 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.)	Number of portions 0 portions 1 portions 2 portions 3 portions 4 portions 5 portions 6+ portions
Q38		How often do you smoke?	1. Daily 2. Occasionally 3. Never
Q39		If you do smoke: What kind of tobacco products do you consume?	1. Cigarettes 2. Cigars 3. Pipe tobacco

		4. Other
Q40	How often are you exposed to the tobacco smoke of other people indoors?	<ol style="list-style-type: none"> 1. Never or almost never 2. Less than 1 hour per day 3. 1 hour or more per day
Q41	In the past 12 months, how often have you had an alcoholic drink (beer, wine, spirits, liquors etc.)	<ol style="list-style-type: none"> 1. Every day 2. 5-6 days a week 3. 3-4 days a week 4. 1-2 days a week 5. 2-3 days in a month 6. Once a month 7. Less than once a month 8. Not in the past 12 months, as I no longer drink alcohol 9. Never, or only had a few sips in my whole life
Q42	If you do drink: On how many of the days from Monday to Thursday would you usually have a drink?	<ol style="list-style-type: none"> 1. On all 4 days 2. On 3 of the 4 days 3. On 2 of the 4 days 4. On 1 of the 4 days 5. Never
Q43	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)	<ol style="list-style-type: none"> 1. 16 or more units a day 2. 10-15 units a day 3. 6 - 9 units a day

		<ol style="list-style-type: none"> 4. 4 - 5 units a day 5. 3 units a day 6. 2 units a day 7. 1 unit a day 8. 0 units a day
Q44	On how many of the days from Friday to Sunday would you usually have a drink?	<ol style="list-style-type: none"> 1. On all 3 days 2. On 2 of the 3 days 3. On 1 of the 3 days 4. On none of the 3 days
Q45	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)	<ol style="list-style-type: none"> 1. 16 or more units a day 2. 10-15 units a day 3. 6 - 9 units a day 4. 4 - 5 units a day 5. 3 units a day 6. 2 units a day 7. 1 unit a day 8. 0 units a day
Q46	During the past 12 months how often did you have 6 or more units of alcohol on one occasion?	<ol style="list-style-type: none"> 1. Every day 2. 5-6 days a week 3. 3-4 days a week 4. 1-2 days a week 5. 2-3 days in a month 6. Once a month 7. Less than once a month 8. Not in the past 12 months 9. Never drank this much

Q47	How many people do you feel are close enough to you that you could count on them if you had a serious personal problem	<ol style="list-style-type: none"> 1. None 2. 1 or 2 3. 3 to 5 4. 6 or more
Q48	How much concern and interest do other people show in what you are doing?	<ol style="list-style-type: none"> 1. A lot of concern and interest 2. Some concern and interest 3. Uncertain 4. Little concern and interest 5. No concern or interest
Q49	How easy would it be to get practical help from neighbours if you needed it?	<ol style="list-style-type: none"> 1. Very easy 2. Easy 3. Possible 4. Difficult 5. Very difficult
Q50	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)?	<ol style="list-style-type: none"> 1. Yes 2. No
Q51	If prev Q = 1 If yes: Are the person or persons concerned family members?	<ol style="list-style-type: none"> 1. Yes 2. No
Q53_2	Getting in and out of a bed or a chair	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself
Q53_3	Dressing and undressing	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty

			3. A lot of difficulty 4. Cannot do it by myself
Q53_4		Using toilets	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself
Q53_5		Bathing or showering	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself
Q54_1	If age GTE 65	In relation to the activities of the previous question: Do you usually receive help with one or more of the activities?	1. Yes- (for at least one activity) 2. No
Q54_2	If age GTE 65	Do you need to receive help for one or more of the activities?	1. Yes- (for at least one activity) 2. No
Q55_1	If age GTE 65	Do you have difficulty doing any of the following: Preparing meals	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself 5. Never tried it or do not need to do it
Q55_2	If age GTE 65	Using the telephone	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself 5. Never tried it or do not need to do it

Q55_3	If age GTE 65	Shopping	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself 5. Never tried it or do not need to do it
Q55_4	If age GTE 65	Managing medication	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself 5. Never tried it or do not need to do it
Q55_5	If age GTE 65	Doing light housework	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself 5. Never tried it or do not need to do it
Q55_6	If age GTE 65	Doing heavy housework	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it by myself 5. Never tried it or do not need to do it
Q55_7	If age GTE 65	Taking care of finances and everyday administrative tasks	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty

			4. Cannot do it by myself 5. Never tried it or do not need to do it
Q56_1	If age GTE 65	In relation to the activities of the previous question: Do you usually receive help with one or more of the activities?	1. Yes- (for at least one activity) 2. No
Q56_2	If age GTE 65	Do you need to receive help for one or more of the activities?	1. Yes- (for at least one activity) 2. No
Prescribed		Taking any prescribed medication?	1. Yes 2. No
DI_5		Deprivation index	1. Very Affluent 2. Affluent 3. Average 4. Disadvantaged 5. Very disadvantaged
SEX		Sex	1. Male 2. Female
Dis		Disability	1. Yes 2. No
Age_group		Age Group	15 to 39 40 to 64 65+
pgf		Grossing Factor	
BMI		Body Mass Index	<18.5 18.5 - 24.9 24.9 - 29.9 29.9 - 34.9

