

‘OUR GEELS’
AITHS QUESTIONNAIRE 2008

Table of Contents

Section A: Traveller Census.....	2
Section B1: Child’s Health.....	8
Section B2: Child’s Health (5 Year Old).....	11
Section B3: Child’s Health (9 Year Old).....	12
Section B4: Child’s Health (14 Year Old).....	15
Section C: Adult Health Questionnaires.....	18
Section C1: Adult Health Status.....	19
Section C1: Adult Health Status by Proxy.....	27
Section C2: Health Services Utilisation	29
Section C2: Health Services Utilisation by Proxy.....	34
Pull Down Menus.....	36
Province/Region/County ID Codes.....	37

SECTION A: TRAVELLER CENSUS FORM

Date: / /200

One form to be used for each family

County ID number

Please see attached coding sheet

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Sub-Region code (CCA etc)

Peer Researcher code

--	--	--	--

Site ID number

--	--	--	--

Unit ID number

(Number for the bay/house/unit)

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Family ID number

Two families in the same unit will have two different ID numbers

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If you agree to take part in this study everything you say will be treated in total confidence. No data will be seen by anyone outside the survey team. The survey includes some questions about sensitive issues and topics and we understand that these issues and topics can be difficult for people to talk about. Naturally, you can refuse to answer any question you do not wish to respond to and you will be free to stop the interview at any time you want without effect.

Does any member of your family consider themselves to be an Irish Traveller?

Yes [] No []

If "Yes" please continue with the questionnaire.

If "No", please discontinue and thank the interviewee

Are you a member of the Irish Traveller community?

("ARE YOU AN IRISH TRAVELLER YOURSELF?")

Yes [] No []

Has the study being explained to you to your satisfaction?

("DO YOU UNDERSTAND WHAT THIS STUDY IS ABOUT?")

Yes [] No []

Do you consent to participate in this study?

("DO YOU AGREE TO DO THE STUDY?")

Yes [] No [] Have completed this study before []

If "Yes" please continue to complete the questionnaire

Have you obtained consent from your family members to provide information to the research team on their behalf?

("DOES YOUR FAMILY AGREE THAT YOU GIVE INFORMATION ABOUT THEM IN THE STUDY")

Yes [] No []

If "Yes": Before you continue on with the questionnaire please take out the green form and get the respondent to tick the box.

The following sections on Accommodation and Demographics are based on the following documents 'Demographic Advice to the D0H&C for the Travellers All-Ireland Study' by Dr. Yukiko Kobayashi Feb 2006 and The Traveller Population Estimation Questionnaire 2006 (Pavee Point and the Dr. Yukiko Kobayashi)

1. How many Traveller family members (including yourself) normally live with you?

--	--

("HOW MANY TRAVELLER FAMILY MEMBERS (INCLUDING YOURSELF AND THOSE IN HOSPITALS, PRISONS ETC.) NORMALLY LIVE WITH YOU?")

2. Does your family live in a?

House Flat Apartment Chalet Trailer/Mobile Home/Caravan Other

Skip to 2d if not in a House/Flat

2a. If you live in a House/Flat or Apartment is it?

Local Authority ("COUNCIL OR CORPORATION") Voluntary/Social Housing Group Housing Own House/Flat Rented House/Flat Agency Accommodation ("RENT PAID BY THE COMMUNITY WELFARE OFFICER") Other

2b How many rooms does your home have? [], **CSO Census 2006, Volume 5, Ethnic or Cultural Background** ("EVERY ROOM EXCEPT BATHROOM AND KITCHEN")

2c. Does it have Central Heating? Yes No *Skip to question 3*

2d. If you family lives in a Chalet, Trailer, Mobile Home, Caravan, is it parked on a?

Halting site Transient Site ("SITE YOU MOVE IN & OUT OF") Unofficial/Roadside site Other

3. In your accommodation does your family have the following?

3a. Water

Yes No Don't know Refused

If yes ask 3a otherwise skip to 3c.

3a (i). Is it: *Please tick all that apply*

Cold water only Cold & Hot water Drinkable Don't Know Refused

3a (ii). No of people sharing water [] Don't Know Refused

3b Washing Facilities

Individual bath or shower Shared bath or shower No bath or shower Don't Know Refused

3b(i) No of people sharing washing facilities [] Don't Know Refused

3c Toilet

Portaloos Flush None Don't Know Refused

If none, don't know, or refused skip to Q5

3c(i) No of people sharing toilet [] Don't Know Refused

If not portaloos skip to question 5,

4. Portaloos Collection: ("HOW OFTEN IS YOUR PORTALOO EMPTIED?")

Weekly Every 2 weeks Every month Irregular Never Don't Know Refused

5. Electricity: ("WHAT TYPE OF ELECTRICITY SUPPLY DO YOU HAVE?")

Generator Mains Don't Know Refused

5a) If Mains supply is it Direct or Extension Don't Know Refused

6. Rubbish Collection ("HOW OFTEN IS YOUR RUBBISH COLLECTED?")

Weekly Every 2 weeks Every month Irregular Never Don't Know Refused

7. Postal Service

Do you get post?

Yes No Don't know Refused

[If yes ask the following questions, if no skip to Q8]

7.a How do you get post? NEW

Direct [] (“DELIVERED TO YOUR HOME”) Indirect [] (“DELIVERED THROUGH ANOTHER ADDRESS”) Don't know [] Refused []

7.b Do you get post regularly? NEW

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

8. Do you have family transport? CSO Census 2006, Volume 5, Ethnic or Cultural Background

Car [] Van [] Both [] None [] Don't Know [] Refused []

9. Is there public transport within a 20 minute walk (about a 1 mile) from your home? NEW

Yes [] No [] Don't Know [] Refused []

10. How long have you been in your current accommodation? NEW

(“HOW LONG HAVE YOU BEEN LIVING HERE”)

Less than a month [] One month to six months [] More than six months but less than a year [] *Less than one year, skip to question 12* More than one year [] Don't know [] Refused []

11. If more than one year, please insert number of years _____ years. Skip to question 13

(“IF MORE THAN ONE YEAR, HOW MANY YEARS?”)

12. If less than one year, what type of accommodation did you live in before? NEW

a) House [], Flat [] Apartment []
b) Chalet [] Trailer [] Mobile Home [] Caravan [] Other

if b Was it on a:

Serviced site [] Unserviced site/Roadside []

13. Which of the following best describes why you moved on the last occasion? Please tick all that apply NEW (“WHY DID YOU MOVE THE LAST TIME?”)

Personal choice (“DID YOU GO BY YOURSELF”) []

Official eviction (“MOVED BY COUNCIL OR GARDAI”) []

Forced to move by local community []

Better facilities (“ACCOMODATION ETC”) []

Better access to services (“HOSPITAL, WORK ETC”) []

Internal conflict (“INTERNAL PROBLEMS ON SITE”) []

Other []

Not applicable [] Don't know [] Refused []

The following questions are for families living on sites or in Group Housing only-For families who live in settled housing skip to question 16

14. Where you live at the moment do you have...? Please tick one box for each line NEW

	Yes	No	Don't Know	Refused
Footpaths	[]	[]	[]	[]
Working public lighting (“WORKING OUTDOOR LAMPS”)	[]	[]	[]	[]
Working fire hydrants/hose	[]	[]	[]	[]
Safe play area for children	[]	[]	[]	[]

15. Are there barriers on the entrance to the site? NEW

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

If no skip to Q16

15a. Do you or someone on site have access to the keys 24 hours a day for emergencies? NEW

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

16. Are any of the following a problem where you live? Please tick all that apply NEW

Rubbish Dump [] Rats [] River [] Pylons (“OVERHEAD CABLES”) [] Lodged water [] Main Road [] None of these [] Don't know [] Refused []

17. Overall, how healthy do you consider the place where your family live (Mark from 1-4, where 1 is very unhealthy and 4 is very healthy)? NEW

Very unhealthy Unhealthy Healthy Very healthy Don't know Refused

1 2 3 4

[] [] [] [] [] []

18. Overall, how safe do you consider the place where your family live (Mark from 1-4, where 1 is very unsafe and 4 is very safe)? NEW

Very unsafe Unsafe Safe Very safe Don't know Refused

1 2 3 4

[] [] [] [] [] []

19. Please answer the following questions in relation to yourself and any other members of your family who normally live with you (including those in hospital, nursing home, prison etc.)

Modified, CSO Census 2006, Volume 5, Ethnic or Cultural Background

	Relationship to the key respondent A*	Year of Birth	Age	Gender C*	Marital Status D*	Economic status E*	Highest level of education completed F*	Is this member of the family currently in ...G*
Key Respondent								

**See appendix I for pull down menus
ONLY ASK GENDER IF THE RESPONDENT ANSWERS "PARTNER", "GRANDPARENT" or "OTHER" IN RESPONSE TO RELATIONSHIP TO KEY RESPONDENT. OTHERWISE SKIP.*

20. Can you usually read and fill out forms you might have to deal with? Lifeways R15

Yes [] No [] *if no, skip to question 21*

20a Can you usually read them: easily [] with difficulty [] **Lifeways R16**

21. When you buy things in shops with a €5 or €10 note, can you usually tell if you have the right change? Lifeways, P26,

Yes [] No [] Don't Know [] Refused []

if no, skip to question 22

21a Can you usually do this: easily [] with difficulty []

22. How often have you/your family travelled "gone on the road" for more than 3 days in the past year? Questions 24+25 R. McVeigh, Report on Traveller Nomadism, ITM, 2007 (Modified)

Not at all Once twice More often Continuous travel Don't know Refused

[] [] [] [] [] [] []

If not at all, don't know or refused skip to Q24

23. In which months were you away for more than 3 days? NEW Please tick all that apply

January [] February [] March [] April [] May [] June [] July [] August [] September []
October [] November [] December [] Don't know [] Refused []

24. Overall how often do you feel that you or your family are discriminated against because you are a Traveller? Question 26+27,; Krieger et al., Social Science and Medicine, vol. 61(2005, 1576-1596) modified

Never Rarely Sometimes Often Very often Don't know Refused

1 2 3 4 5

[] [] [] [] [] [] []

25. How important are each of the following to your family? Mark from 1-4 where 1 is very unimportant and 4 is very important: R.McVeigh, Report on Traveller Nomadism, ITM, 2007 (Modified) Please tick one box for each line

	Very unimportant 1	Unimportant 2	Important 3	Very important 4	Don't know	Refused
Membership of the Traveller community	[]	[]	[]	[]	[]	[]
Nomadism / Travelling ("TRAVELLING AROUND")	[]	[]	[]	[]	[]	[]
Traveller Culture	[]	[]	[]	[]	[]	[]
Traveller identity	[]	[]	[]	[]	[]	[]
Religion/faith*	[]	[]	[]	[]	[]	[]

***T30 Lifeways study**

26. What is your religion? CSO Census 2006, Volume 5, Ethnic or Cultural Background Modified

Roman Catholic [] Church of Ireland [] Presbyterian [] Other religion [] No religion []
Don't know [] Refused []

27. Do you have an up-to-date medical card? THU Eastern Region RCSI 2002

Yes [] No [] Don't Know [] Refused []

If yes, skip to question 29

28. I don't have a current medical card because....Tick most appropriate response THU Eastern Region RCSI 2002

My card is out of date []
My application is still being processed []
I've recently moved to a different location []
I don't know how to apply []
I'm not eligible ("I'M NOT ENTITLED TO") []
Can't get a GP to sign family []
I haven't applied for a medical card []
Other []
Don't Know []
Refused []

29. Are you or any member of your family who are living with you pregnant at this time? New

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

If yes prompt for yellow form

30. In principle if at a future time funds were available for further health examinations would you be interested in being contacted?

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

31. Have any members of your family who normally lived with you died on the Island of Ireland in the last year? **New**

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

If yes prompt for blue form(s).

32. Have any members of your extended family died on the Island of Ireland in the last year?

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

If yes prompt for blue form(s).

Your Child's Health

Section B.1. ASKED OF ALL MOTHERS WITH CHILDREN AGED 5/AGE 9/AGE14)

We would now like to ask you a few questions regarding your child's health who is aged [insert age here].

1. NLSC B1 How much did your child weigh at birth?

____Pounds and ____ounces OR ____kilos and ____grams

2. NLSC B2 Was your child born ...

late (42 weeks or more) on time (37-41 weeks) somewhat early (33-36 weeks)
(OVERDUE) (PREMATURE)
very early (32 weeks or less) don't know refused

3. NLSC B8 Was your child ever breastfed, even if only for a short time? (DID YOU BREAST FEED THIS CHILD, EVEN FOR A SHORT TIME?)

Yes No Don't Know Refused

4. NLSC B11 Does your child have any on-going chronic physical or mental health problem, illness or disability?

Yes No Don't Know Refused

If yes go to question 5, otherwise skip to question 6

5. NLSC B12 modified Is the nature of this problem, illness or disability any of the following?

Please tick all that apply.

Asthma	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Epilepsy ("EPILEPSY-TAKE TURNS/HAVE BLACKOUTS")	<input type="checkbox"/>	Hunters	<input type="checkbox"/>	Hurlers	<input type="checkbox"/>	PKU	<input type="checkbox"/>
Galactocaemia	<input type="checkbox"/>	Brittle Bone disease	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Refused	<input type="checkbox"/>

6. Gastrointestinal Symptoms in Ireland North and South – A Telephone Survey Q.9. Modified

During the past 4 weeks, has your child suffered from the following symptoms?

	Yes	No	Don't know	Refused
a. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, did they vomit 3 or more times per day</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, did they have diarrhoea 3 or more times per day</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Urinary infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. NLSC B17 Most children have accidents at some time. Has your child ever had an accident or injury that required hospital treatment or admission?

Yes No Don't Know Refused

If yes continue, otherwise skip to Q10

8. NLSC B18 How many separate accidents has your child ever had that required hospital treatment or admission?

-- Don't Know Refused

9. Has your child ever experienced any of the following...

Please tick a box for each line

	Yes	No	Don't know	Refused
a. Accidental poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Near drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Burn/ Scald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Road accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. NLSC C2 In the past 12 months, how many visits has your child made to the A & E (emergency department) of a hospital? (IN THE PAST 12 MONTHS, HOW MANY VISITS HAS YOUR CHILD MADE TO THE CASUALTY IN HOSPITAL?)

-- Don't Know [] Refused []

11. Lifeways Cross-Generation Cohort Follow-up A.24 During the last 12 months, has your child ever stayed in hospital for at least one night for any illness?

(“HAS YOUR CHILD STAYED IN HOSPITAL OVERNIGHT IN THE LAST 12 MONTHS?”) NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS

Yes [] No [] Don't Know [] Refused []

If yes continue to 11a otherwise skip

11a Number of times _____

(“HOW MANY TIMES DID HE OR SHE GO BACK INTO HOSPITAL”)

11b For what reasons? *Tick up to 3 reasons*

Fever or viral infection (“FEVER OR VIRUS”)	[]	Bronchiolitis (“BRONCHITIS”)	[]	Grommets/tympanostomy tubes	[]
Asthma	[]	Urine infection	[]	Throat infection	[]
Gastroenteritis	[]	Croup	[]	Other illness/condition, surgery needed (“NEEDED SURGERY”)	[]
Pneumonia	[]	Febrile Convulsion (“CONVULSION”)	[]	Other illness/condition, surgery not needed	[]
Don't know	[]	Refused	[]		

12. NLSC C3 modified with scale In the last 12 months how many times have you seen, or talked on the phone with any of the following about your child's physical, emotional or mental health? (IN THE LAST 12 MONTHS, HOW MANY TIMES HAVE YOU SEEN, OR TALKED ON THE PHONE WITH ANY OF THE FOLLOWING ABOUT YOUR CHILD'S OVERALL HEALTH?) *Please complete a number for each line*

A general practitioner (GP) -- (“A FAMILY DOCTOR”)	Don't Know []	Refused []
Another medical doctor e.g. in a hospital --	Don't Know []	Refused []
Other professional, psychologist, psychiatrist, counsellor etc. --	Don't Know []	Refused []

13. NLSC C4 Was there any time in the last 12 months when, in your opinion, your child needed medical care or treatment for a health problem but he/she did not receive it? (IN THE LAST 12 MONTHS DID YOUR CHILD NEED MEDICAL CARE BUT HE OR SHE DID NOT GET IT?)

Yes [] No [] Don't Know [] Refused []

If no, please skip to question 15

14. NLSC C5 Why did your child not get medical care or treatment? (WHY DID YOUR CHILD NOT GET THE MEDICAL CARE THAT HE/SHE NEEDED?)

Please tick a box for each line

	Yes	No	Don't Know	Refused
You couldn't afford to pay	[]	[]	[]	[]
The necessary medical care wasn't available or accessible to you (“WASN'T NEAR TO WHERE YOU LIVE”)	[]	[]	[]	[]
You could not take time off work to visit the doctor	[]	[]	[]	[]
You wanted to wait and see if the problem got better	[]	[]	[]	[]
Study child is still on the waiting list (“YOUR CHILD IS STILL ON THE WAITING LIST”)	[]	[]	[]	[]
Not registered with a GP	[]	[]	[]	[]
Other	[]	[]	[]	[]

15. NLSC C10 Does your child currently have or at any time in the past had any of the following: (DOES YOUR CHILD HAVE ANY EYE PROBLEM OR DID THEY HAVE IN THE PAST?) (DOES YOUR CHILD HAVE ANY HEARING PROBLEMS OR DID THEY HAVE IN THE PAST?)

(DOES YOUR CHILD HAVE ANY SPEECH PROBLEMS OR DID THEY HAVE IN THE PAST?)

	Yes, currently	Yes, in the past	No
A sight problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A speech problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Lifeways Cross-Generation Cohort Follow-up D.3. Do you usually add salt to your child's food during cooking?

Yes, I use regular salt (TABLE SALT)	<input type="checkbox"/>	Yes, I use 'Lo Salt' alternative (LO SALT)	<input type="checkbox"/>
No, I do not use salt in cooking	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
		Refused	<input type="checkbox"/>

17. How many portions of fruit/vegetables (including fresh, dried, tinned, juiced and frozen) does your child usually eat each day? *The Young Persons Behaviour & Attitudes Survey*

0	<input type="checkbox"/>	4	<input type="checkbox"/>
1	<input type="checkbox"/>	5	<input type="checkbox"/>
2	<input type="checkbox"/>	More than 5	<input type="checkbox"/>
3	<input type="checkbox"/>		

B.2. SUPPLEMENTARY SECTION FOR THE MOTHERS OF 5 YEAR OLDS

1. Lifeways Cross-Generation Cohort Follow-up A.1. In general, how would you say your child's current health is?

(“HOW WOULD YOU RATE YOUR CHILDS HEALTH NOW?”)

Mark from 1-5 where 1 is poor and 5 is excellent:

Poor 1 [] Fair 2 [] Good 3 [] Very Good 4 [] Excellent 5 [] Don't Know [] Refused []

2. Lifeways Cross-Generation Cohort Follow-up A.5. modified Has your child ever received any immunisations/needles/ vaccines?

Yes [] No [] Don't Know [] Refused []

If no, please skip to question 3

2. a. Needles were given at..... *Please tick all that apply*

Birth to 1 month [] 2 months [] 4 months [] 6 months []
12-15 months [] 4-5 years [] Don't know [] Refused []

3. NLSC C8 Does your child brush his/her teeth at least once per day?

Yes [] No [] Don't Know [] Refused []

4. New Has your child been seen by a dentist in the last 12 months?

(“HAS YOUR CHILD SEEN A DENTIST IN THE LAST 12 MONTHS”)

Yes [] No [] Don't Know [] Refused []

5. Lifeways Cross-Generation Cohort Follow-up F. 1. Has your child started primary/ national school yet?

Yes [] No [] Don't Know [] Refused []

6. New What time does your child have his or her 1st meal of the day?

Before 6am [] 6-7am [] 7-8am [] 8-9am [] 9-10am []
10-11am [] 11-12pm [] Later than 12pm [] Don't know [] Refused []

7. New Do you think your child is:

Underweight [] Normal weight [] Overweight []

8. Lifeways follow up cohort D.2. How would you describe the variety of foods that your child generally eats? Does he/she?

(“DOES YOUR CHILD: ”)

Eat most things [] (“EATS MOST THINGS, A MIXTURE OF EVERYTHING”)

Eat a reasonable variety of things [] (“EATS NEARLY EVERYTHING”)

He/she is a fussy or picky eater [] (“ARE THEY CHOOSEY ABOUT THEIR FOOD”)

Don't Know []

Refused []

Section B.3. SUPPLEMENTARY SECTION FOR THE MOTHER OF 9 YEAR OLDS

1. HBSC 6.1. Would you say your health is.....?

HBSC 6.1 Modified *Would you say your child's health is...?*

Mark from 1-4 where 1 is poor and 4 is excellent:

Poor 1[] Fair 2[] Good 3[] Excellent 4[] Don't Know[] Refused[]

2. HBSC 2.5. How often do you brush your teeth?

HBSC 2.5. Modified *How often does your child brush his/her teeth?*

Never [] Less than once a week [] At least once a week but not daily [] Once a day [] More than once a day [] Don't know [] Refused []

3. New Has your child been seen by a dentist in the last 12 months?

Yes [] No [] Don't Know [] Refused []

4. HBSC 4.1. modified Have you ever smoked tobacco? (At least one cigarette)

HBSC 4.1. modified *Has your child ever smoked tobacco?*

(“HAS YOUR CHILD EVER SMOKED IN THEIR LIFE AT LEAST ONE CIGARETTE?”)

Yes [] No [] Don't Know [] Refused []

5. HBSC 8.7 How often do you use a seatbelt when you sit in a car?

HBSC 8.7 modified *How often does your child use a seatbelt when they sit in a car?*

Never travel by car [] Usually there is no seatbelt where I sit [] Rarely or never [] Sometimes [] Often [] Always [] Don't know [] Refusal []

6. NLSC Main questionnaire for 9 year olds B.8. Do you have a computer at home?

NLSC Main questionnaire for 9 year olds B8 Modified *Does your child have a computer at home?*

Yes [] No [] Don't Know [] Refused []

If yes continue to question 7, otherwise skip to question 8.

7. NLSC Main questionnaire for 9 year olds B.9. Do you use it?

NLSC Main questionnaire for 9 year olds B.9. Modified. *Does your child use this computer?*

A lot [] A little [] Not at all [] Don't know [] Refused []

8. HBSC 3.1. Over the past week, on how many days were you physically active for a total of at least an hour per day?

HBSC 3.1. Modified. *Over the past week, on how many days was your child physically active for a total of at least an hour per day?*

(“OVER THE PAST WEEK, HOW MANY DAYS WAS YOUR CHILD PHYSICALLY ACTIVE FOR AT LEAST AN HOUR A DAY?”)

0 days [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 days [] Don't know [] Refused []

9. NLSC Main questionnaire for 9 year olds B.18. Do you have your own mobile phone?

NLSC Main questionnaire for 9 year olds B.18. Modified. *Does your child have their own mobile phone?*

Yes [] No [] Don't Know [] Refused []

10. HBSC 12.1 About how many hours a day do you usually watch television (including videos and DVDs) in your free time?

HBSC 12.1 Modified *About how many hours a day does your child usually watch television (including videos and DVDs) in their free time:*

During the week [] At the weekend []

11. New What time does your child have the 1st meal of the day?

Before 6am [] 6-7am [] 7-8am [] 8-9am []
9-10am [] 10-11am [] 11-12pm [] Later than 12pm []
Don't know [] Refused []

12. HBSC 2.1 How often do you usually have breakfast (more than a glass of milk or fruit juice):
HBSC 2.1 Modified. How often does your child usually have breakfast (more than a glass of milk or fruit juice)

During the week [_ _] At the weekend [_ _]

13. HBSC 2.2. How many days a week do you usually eat or drink...?

HBSC 2.2. Modified. How many days a week does your child usually eat or drink... ?

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day more than once	Don't know	Refused
Fruit	[]	[]	[]	[]	[]	[]	[]	[]	[]
Vegetables	[]	[]	[]	[]	[]	[]	[]	[]	[]
Sweets (candy or chocolate)	[]	[]	[]	[]	[]	[]	[]	[]	[]
Coke or other soft drinks that contain sugar	[]	[]	[]	[]	[]	[]	[]	[]	[]
Diet coke or diet soft drinks	[]	[]	[]	[]	[]	[]	[]	[]	[]
Crisps	[]	[]	[]	[]	[]	[]	[]	[]	[]
Chips/ fried potatoes	[]	[]	[]	[]	[]	[]	[]	[]	[]
Fish	[]	[]	[]	[]	[]	[]	[]	[]	[]

14. KIDSCREEN Modified Thinking about the last week... *Please tick a box for each line*
 (“THINKING ABOUT YOUR CHILDS HEALTH IN THE LAST WEEK”)

	Not at all	Seldom	Quite often	Very often	Always	Don't know	Refused
a. Has your child felt fit and well?	[]	[]	[]	[]	[]	[]	[]
b. Has your child felt full of energy?	[]	[]	[]	[]	[]	[]	[]
c. Has your child felt sad?	[]	[]	[]	[]	[]	[]	[]
d. Has your child felt lonely?	[]	[]	[]	[]	[]	[]	[]
e. Has your child had enough time for him/herself?	[]	[]	[]	[]	[]	[]	[]
f. Has your child been able to do the things that he/she wants to do in his/her free time?	[]	[]	[]	[]	[]	[]	[]
g. Has your child felt that you as his/her parent treated him/her fairly?	[]	[]	[]	[]	[]	[]	[]
h. Has your child had fun with his/her friends?	[]	[]	[]	[]	[]	[]	[]
i. Has your child got on well at school?	[]	[]	[]	[]	[]	[]	[]
j. Has your child been able to pay attention?	[]	[]	[]	[]	[]	[]	[]

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 KIDSCREEN-10 Index, Parent Version

15. NLSC Core sensitive questionnaire for 9 year olds B.20 Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

NLSC Core sensitive questionnaire for 9 year olds B.20. Modified. Thinking back over the last year would you say that anyone (either a child or an adult) picked on your child?

(“THINKING BACK OVER THE LAST YEAR WOULD YOU SAY THAT ANYONE (EITHER A CHILD OR AN ADULT) BULLIED YOUR CHILD?”)

Yes [] No [] Don't Know [] Refused []

16. HBSC 10.4 Generally speaking, I feel safe in the area where I live....

HBSC 10.4 Modified. In your opinion, does your child feel safe in the area where they live...

Never	Rarely	Sometimes	Most of the time	Always	Don't know	Refused
1	2	3	4	5	[]	[]
[]	[]	[]	[]	[]		

17. HBSC 11.1 Modified. At present how many close friends does your child have (friends who are related to your child also can also be counted here)?

Insert Number [__]

18. NLSC Main questionnaire for 9 year olds C.7. Which of the following have you done with your parents within the last week? Please tick a box for each line

NLSC Main questionnaire for 9 year olds C.7. Which of the following have you done with your child within the last week?

	Yes	No	Don't know	Refused
Eaten together	[]	[]	[]	[]
Visited relations ("VISITED RELATIVES")	[]	[]	[]	[]
Sat and watched TV	[]	[]	[]	[]
Chatted	[]	[]	[]	[]

Section B.4. SUPPLEMENTARY SECTION FOR THE MOTHER OF 14 YEAR OLDS

1. HBSC 6.1 Would you say your health is.....?

HBSC 6.1. Modified. Would you say your child's health is...?

Mark from 1-4 where 1 is poor and 4 is excellent:

Poor 1[] Fair 2[] Good 3[] Excellent 4[] Don't Know[] Refused[]

2. HBSC.2.5. How often do you brush your teeth?

HBSC 2.5. Modified. How often does your child brush their teeth?

Never [] Less than once a week [] At least once a week but not daily [] Once a day [] More than once a day [] Don't know [] Refused []

3. New Has your child been seen by a dentist in the last 12 months?

Yes [] No [] Don't Know [] Refused []

4. HBSC 4.1. modified Have you ever smoked tobacco? (At least one cigarette)

HBSC4.1. Modified Has your child ever smoked tobacco? (At least one cigarette)

Yes [] No [] Don't Know [] Refused []

5. HBSC 4.4. At present, how often do you drink anything alcoholic, such as beer, wine or spirits?

HBSC 4.4 Modified At present, how often does your child drink anything alcoholic such as beer, wine or spirits?

Try to include even those times when you only drink a small amount .Please tick one box for each line.

	Never	Rarely	Every month	Every week	Every day	Don't know	Refused
Beer (Guinness, lager)	[]	[]	[]	[]	[]	[]	[]
Wine	[]	[]	[]	[]	[]	[]	[]
Spirits/ Liquor (vodka, whiskey, shots, brandy)	[]	[]	[]	[]	[]	[]	[]
Alcopops (Bacardi Breezer, Smirnoff Ice)	[]	[]	[]	[]	[]	[]	[]
Cider (Bulmers, Scrumpy)	[]	[]	[]	[]	[]	[]	[]
Any other drink that contains alcohol	[]	[]	[]	[]	[]	[]	[]

6. HBSC 8.7. How often do you use a seatbelt when you sit in a car?

HBSC 8.7. Modified. How often does your child use a seatbelt when they sit in a car?

Never travel by car [] Usually there is no seatbelt where I sit [] Rarely or never [] Sometimes [] Often [] Always [] Don't know [] Refusal []

7. HBSC 3.1. Over the past week, on how many days were you physically active for a total of at least an hour per day?

HBSC 3.1. Modified. Over the past week, on how many days was your child physically active for a total of at least an hour per day?

0 days [] 1 day [] 2 days [] 3 days [] 4 days [] 5 days [] 6 days [] 7 days [] Don't know [] Refused []

8. HBSC 12.1 About how many hours a day do you usually watch television (including videos and DVDs) in your free time?

HBSC 12.1. About how many hours a day does your child usually watch television (including videos and DVDs) in their free time:

During the week [__] and At the weekend [__]

9. HBSC 12.2 About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time?

HBSC 12.2. Modified. About how many hours a day does your child usually use a computer for chatting on-line, internet, emailing, homework etc. in their free time:

During the week [__] At the weekend [__]
 (“ON A WEEKDAY FOR HOW MANY HOURS DOES YOUR CHILD USUALLY USE A COMPUTER”)

10. New What time does your child have the 1st meal of the day?

Before 6am [] 6-7am [] 7-8am [] 8-9am []
 9-10am [] 10-11am [] 11-12pm [] Later than 12pm []
 Don't know [] Refused []

11. HBSC 2.1. How often do you usually have breakfast (more than a glass of milk or fruit juice)?
HBSC2.1. Modified. How often does your child usually have breakfast (more than a glass of milk or fruit juice):

During the week [] At the weekend []
 (“ON WEEKDAYS, HOW OFTEN DO YOU EAT BREAKFAST”?)
 (“AT THE WEEKEND, HOW OFTEN DO YOU EAT BREAKFAST”?)

12. HBSC 2.2 How many days a week do you usually eat or drink...? *Please tick one box for each line*

HBSC2.2 Modified. How many days a week does your child usually eat or drink...?

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day more than once	Don't know	Refused
Fruit	[]	[]	[]	[]	[]	[]	[]	[]	[]
Vegetables	[]	[]	[]	[]	[]	[]	[]	[]	[]
Sweets (candy or chocolate)	[]	[]	[]	[]	[]	[]	[]	[]	[]
Coke or other soft drinks that contain sugar	[]	[]	[]	[]	[]	[]	[]	[]	[]
Diet coke or diet soft drinks	[]	[]	[]	[]	[]	[]	[]	[]	[]
Crisps	[]	[]	[]	[]	[]	[]	[]	[]	[]
Chips/ fried potatoes	[]	[]	[]	[]	[]	[]	[]	[]	[]
Fish	[]	[]	[]	[]	[]	[]	[]	[]	[]

13. New Is your child going to school?

Yes [] No [] Don't Know [] Refused []
Only ask Q15(i) if answered yes here. Otherwise don't ask this question. (CANNOT BE DONE)

14. New Is your child going to a training centre?

Yes [] No [] Don't Know [] Refused []

15. KIDSCREEN Thinking about the last week... *Please tick a box for each line*

	Not at all	Seldom	Quite often	Very often	Always	Don't know	Refused
a. Has your child felt fit and well?	[]	[]	[]	[]	[]	[]	[]
b. Has your child felt full of energy?	[]	[]	[]	[]	[]	[]	[]
c. Has your child felt sad?	[]	[]	[]	[]	[]	[]	[]
d. Has your child felt lonely?	[]	[]	[]	[]	[]	[]	[]
e. Has your child had enough time for him/herself?	[]	[]	[]	[]	[]	[]	[]
f. Has your child been able to do the things that he/she wants to do in his/her free time?	[]	[]	[]	[]	[]	[]	[]
g. Has your child felt his/her parent(s) treated him/her fairly?	[]	[]	[]	[]	[]	[]	[]
h. Has your child had fun with his/her friends?	[]	[]	[]	[]	[]	[]	[]
i. Has your child got on well	[]	[]	[]	[]	[]	[]	[]

at school?

j. Has your child been able to pay attention?

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KIDSCREEN-10 Index, Parent Version

16. NLSC Core sensitive questionnaire for 9 year olds B.17 Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

NLSC Core sensitive questionnaire for 9 year olds B.17. Modified Thinking back over the last year would you say that anyone (either a child or an adult) picked on your child?

(“THINKING BACK OVER THE LAST YEAR WOULD YOU SAY THAT ANYONE (EITHER A CHILD OR AN ADULT) BULLIED YOUR CHILD?”)

Yes No Don't Know Refused

17. HBSC 10.4 Generally speaking, I feel safe in the area where I live....

HBSC 10.4. Modified. Generally speaking, do you think your child feels safe in the area where you live...

Never	Rarely	Sometimes	Most of the time	Always	Don't know	Refused
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. HBSC 10.5 Modified At present how many close friends does your child have (friends who are related to your child also can also be counted here)?

Insert Number

19. HBSC 11.4. How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?

HBSC 11.4. Modified. How often does your child talk to their friend(s) on the phone or send them text messages or have contact through the internet?

Rarely or never	<input type="checkbox"/>	1 or 2 days a week	<input type="checkbox"/>	3 or 4 days a week	<input type="checkbox"/>	5 or 6 days a week	<input type="checkbox"/>
Everyday	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Refused	<input type="checkbox"/>		

SECTION C- ADULT HEALTH QUESTIONNAIRES

These questions are to be asked of every adult completing either C.1. The Health Status or C.2. the Health Service Utilisation questionnaires (NOT THE PROXIED VERSIONS)

These following questions are asking you specifically about your own experience, not your family or anyone else.

1. In general, would you say your health is... SLÁN '02A1 & SLÁN'06 A3, BRFSS & Lifeways
Mark from 1-5 where 1 is poor and 5 is excellent:

Poor	Fair	Good	Very Good	Excellent	Don't Know	Refused
1[]	2[]	3[]	4[]	5[]	[]	[]

2. Are you currently registered with a GP? Insight '07 H4 modified

Yes []	No []	Don't know []	Refused []
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3. Do you have an up-to-date medical card? THU Eastern region RCSI 2002

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

4. During the last 7 days, on how many days did you walk at a brisk or fast pace, for at least 10 minutes at a time, to get from place to place, for recreation, pleasure or exercise? The Health & Wellbeing Survey

Insert number of days []

5. On each day when you walked briskly for at least 10 minutes, how much time on average (in minutes) did you spend walking? The Health & Wellbeing Survey

Insert number of minutes []

Section C1: Adult Health Status (15 years & older)

The following questions are in relation to your own health, not your family.

1- 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? **SLÁN '02A2a, CDC Atlanta** (“FOR HOW MANY DAYS DURING THE PAST 30 DAYS WAS YOUR PHYSICAL HEALTH NOT GOOD?”)

Number of Days _____ None [] Don't know [] Refused []

2. 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? **SLÁN '02Ab, CDC Atlanta**

(“THINKING ABOUT YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION AND PROBLEMS WITH EMOTIONS, FOR HOW MANY DAYS DURING THE PAST 30 DAYS DID YOU NOT FEEL WELL WITHIN YOURSELF?”)

Number of Days _____ None [] Don't know [] Refused []

3. During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? **SLÁN '02Ac, SLÁN'06A5, CDC Atlanta, BRFSS**

(“DURING THE PAST 30 DAYS, FOR HOW MANY DAYS DID POOR HEALTH KEEP YOU FROM DOING YOUR USUAL THINGS?”)

Number of Days _____ None [] Don't know [] Refused []

4. Is your daily activity or work limited by a long term illness, health problem or disability? **SLÁN'02 A3 SLÁN '06A4, BRFSS**

(“HAVE YOU ANY LONG TERM MEDICAL PROBLEM OR DISABILITY THAT STOPS YOU DOING YOUR DAILY WORK?”)

Yes [] No [] Do not have any of the above [] Don't know [] Refused []

5. To help people say how good or bad a health state is, we have drawn a scale

(rather like a thermometer) on which

the worst state you can imagine is

marked 0 and the best state

you can imagine is 100.

We would like you to indicate on

this scale how good or bad your

own health state is today, in your

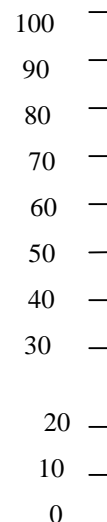
opinion. **Lifeways A6**

(HOW WOULD YOU RATE YOUR

HEALTH FROM

ZERO TO 100)

Best imaginable health state



Worst imaginable health state

Health state _____ [input number selected on the scale,
number is inputted on the computer]

Don't know [] Refused []

6. In the last 12 months, has a doctor diagnosed that you have any of the following? **SLÁN '06 A6, European Health Interview Survey (EHIS) modified**

Yes No Don't know Refused

Asthma	[]	[]	[]	[]
Long term breathing problems like bronchitis or emphysema	[]	[]	[]	[]
Heart attack	[]	[]	[]	[]
Angina	[]	[]	[]	[]
Stroke	[]	[]	[]	[]
Arthritis	[]	[]	[]	[]
Lower back pain or other chronic back condition	[]	[]	[]	[]
Diabetes	[]	[]	[]	[]
Cancer	[]	[]	[]	[]
Chest infection	[]	[]	[]	[]
Urinary infection	[]	[]	[]	[]
Eye/ear infection	[]	[]	[]	[]
Throat infection	[]	[]	[]	[]
Other	[]	[]	[]	[]

7. During the past 4 weeks, have you suffered from the following symptoms? Gastrointestinal Symptoms in Ireland North and South – A Telephone Survey MODIFIED

	Yes	No	Don't know	Refused
a. Vomiting	[]	[]	[]	[]
<i>If yes, 3 or more times per day</i>	[]	[]	[]	[]
b. Diarrhoea	[]	[]	[]	[]
<i>If yes, 3 or more times per day</i>	[]	[]	[]	[]

8. In the last 12 months, have you been screened or tested for any of the following? SLÁN '06 A7

	<i>Was this done by/at...</i>						Don't know	Refused
	GP/Family doctor	Health clinic	Hospital	Workplace	Other	NO		
a. Diabetes	[]	[]	[]	[]	[]	[]	[]	
b. Blood pressure	[]	[]	[]	[]	[]	[]	[]	
c. Cholesterol	[]	[]	[]	[]	[]	[]	[]	

[If yes at 8b] **In the last 12 months, have you been told by a doctor that you have high blood pressure? SLÁN '06 A7b**

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

[If yes at 8c] **In the last 12 months, have you been told by a doctor that you have high cholesterol? SLÁN '06 A7c**

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

9. Are you regularly taking any prescribed pills or medication? SLÁN '02 & Lifeways A22

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

If yes go to 9a otherwise skip to 10

9a. Do you ever have any difficulties reading the instructions?

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

10. Which best describes you? SLÁN '02 A11 & '06 modified

I have no teeth or dentures ("I HAVE NO TEETH OR FALSE TEETH")	[]
I have full dentures ("I HAVE FALSE TEETH")	[]
I have dentures as well as some of my own teeth ("I HAVE FALSE TEETH AS WELL AS MY OWN TEETH")	[]
I have my own teeth, no dentures (false teeth) - but some missing	[]
I have all my own teeth- none missing	[]
Don't know	[]
Refused	[]

11. Do you smoke cigarettes now? SLÁN '02C1 & Lifeways

Yes, regularly[] Yes, occasionally [] No [] Don't know [] Refused....[]

If no, please skip to question 13

12. In a day, how many of cigarettes do you usually smoke? Please write a number. SLÁN '02C2 & Lifeways modified

__ cigarettes a day Don't know [] Refused []

13. Did you ever smoke cigarettes in the past? SLÁN '02 C4 & Lifeways

No, never [] Occasionally (Usually less than 1 cigarette per day) [] Yes, regularly []
Current Smoker [] Refused [] Don't know []

14. How often do you have a drink containing alcohol? SLÁN '06 E1, Alcohol use disorder test-Consumption (AUDIT-C)

Never [] Monthly or less [] 2-4 times a month [] 2-3 times a week []
4 or more times a week [] Don't know [] Refused []

If never skip to question 16

15. How much alcohol would you normally consume on average? NEW

(“HOW MANY DRINKS OF ALCOHOL DO YOU DRINK WHEN YOU ARE DRINKING?”)

*[A drink is - a half pint or a glass of beer, lager or cider
- a single measure of spirits (e.g. whiskey, vodka, gin);
- a single glass of wine, sherry or port
- a bottle of alcopops (long neck).]*

__ drinks Don't know [] Refused []

16. Do you consider illicit drug use to be a problem in your community? Traveller Health Survey (DO YOU CONSIDER DRUGS TO BE A PROBLEM IN YOUR COMMUNITY?)

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

17. In the last 2 years have you had one or more injuries serious enough to interfere with your daily activities? SLÁN '02 F1

(“WITHIN THE LAST TWO YEARS HAVE YOU HAD ONE OR MORE SERIOUS INJURIES TO STOP YOU DOING YOUR DAILY WORK?”)

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

If no skip to Q21

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

18. Was your most recent injury mainly... SLÁN '02 F2

(“WAS YOUR MOST RECENT INJURY”)

Accidental [] Non Accidental [] Don't know [] Refused []

19. Where did your most recent injury happen? SLÁN '02 F3 modified

In the home [] On the site [] At work [] Playing sport []
On foot on the road or pavement [] Other [] Don't know [] Refused []

20. Who treated your injury? SLÁN '02 F5

Myself [] GP Service [] Family/friends [] Did not receive treatment []
Hospital- Accident & Emergency [] Hospital Out-patients [] Don't know [] Refused []

21. Do you regularly use seatbelts when you drive in a car or van? SLÁN '02 F7 modified

Never [] Seldom [] Sometimes [] Nearly Always [] Always [] Don't Know [] Refused []

22. How many times a week would you do the following kinds of exercise for more than 20 minutes during your free time?

Please write the appropriate number on each line. SLÁN '02 B1 SLÁN '06B1 Modified

(“HOW MANY TIMES WOULD YOU EXERCISE DURING A WEEK FOR MORE THAN 20 MINUTES?”)

a. Strenuous exercise (heart beats rapidly e.g. running, jogging, hurling and boxing.

__ times per week Don't know [] Refused []

b. Moderate exercise (not exhausting e.g. fast walking, tennis, easy swimming)

__ times per week Don't know [] Refused []

c. Mild exercise (minimal effort e.g. yoga, easy walking, fishing from river bank)

__ times per week Don't know [] Refused []

23. Do you do light household work? (e.g. dusting, washing dishes, repairing clothes) SLÁN '02 B4

Seldom/Never	1-3 times per month	Once per week	3-4 times per week	Most days	Don't know	Refused
[]	[]	[]	[]	[]	[]	[]

(NOTE: We have distinguished between light and heavy housework as it is well known that travellers do a lot of heavy housework)

24. Do you do heavy household work? (e.g. washing floors and windows, carrying rubbish bags, vacuuming/hovering)? SLÁN '02 B5

Seldom/Never	1-3 times per month	Once per week	3-4 times per week	Most days	Don't know	Refused
[]	[]	[]	[]	[]	[]	[]

25. If you go out shopping, what kind of transport do you usually use? SLÁN '02 B6

Car	Public Transport	Walk	Bicycle	I never go out Shopping	Don't know	Refused
[]	[]	[]	[]	[]	[]	[]

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

SLÁN '02 B10

Less than 1 hour	[]	2-3 hours	[]	4 or more hours	[]	Don't know	[]	Refused	[]
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27. Do you follow any of the following diets? SLÁN '02 I3

Vegetarian/Vegan	Diabetic	Gluten Free	Weight Reducing	Low Cholesterol	Other	Do not follow a special diet	Don't Know	Refused
[]	[]	[]	[]	[]	[]	[]	[]	[]

28. How often do you have fruit or vegetables? NEW

Less than once a week	1-3 times a week	4-6 times a week	Daily	Don't know	Refused
[]	[]	[]	[]	[]	[]

If respondent doesn't answer daily skip to Q29

28.a How many times a day do you eat fruit or vegetables?

___ times a day	Don't know	[]	Refused	[]
-----------------	------------	-----	---------	-----

29. How often do you eat fried food? SLÁN '02 I6 / '06C1

Less than once a week	1-3 times a week	4-6 times a week	Daily	Don't know	Refused
[]	[]	[]	[]	[]	[]

30. How often do you eat the following spreads and fats? SLÁN '02 I7 modified, SLÁN '06C11

	Less than once a week	Once a week or more but not most days	Every/most days	Don't Know	Refused
a. Butter or hard margarine	[]	[]	[]	[]	[]
b. A low-fat spread	[]	[]	[]	[]	[]
c. Vegetable Oil	[]	[]	[]	[]	[]

31. How often do you add salt to food while at the table? SLÁN '02I10 / '06 C4

Mark from 1-5 where 1 is never and 5 is always

Never	Rarely	Sometimes	Usually	Always	Don't know	Refused
1[]	2[]	3[]	4[]	5[]	[]	[]

32. How often do you eat in (or eat food from) any of the following:

SLÁN '02 I13 modified

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	Every/most days	Don't Know	Refused
1					6		

		2	3	4	days 5			
a. Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Café	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fast food outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Home delivery (e.g. Chinese/ pizza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. These are some difficulties that people may have in trying to eat healthier. Can you tell me which of the following do you think are the main difficulties for you in trying to eat healthier? (YOU CAN CHOOSE MULTIPLE) *Low Income Diet and Nutrition Survey 2007 modified*

	Yes	No	Don't Know	Refused
None- no difficulty trying to eat healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy food takes too long to prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy food is more awkward to carry home from shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price of healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste preferences of household members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of storage facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know enough about eating healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you agree or disagree with the following statement: "Generally speaking, most people can be trusted?" *MODIFIED SLÁN '02 H5*

Mark from 1-5 where 1 is strongly disagree and 5 is strongly agree.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Refused
1	2	3	4	5		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How would you rate the support you are getting from those within your immediate household, extended family and friends? *Lifeways T2 modified*

Mark from 1-3 where 1 is little support and 3 is a lot of support:

	Not applicable in my situation	Little support 1	Some support 2	A lot of support 3	Don't know	Refused
From your spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other close relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From a priest/nun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Have you ever experienced discrimination, been stopped from doing something, or been hassled or made to feel inferior in any of the following situations because you are a member of the Traveller community? *Krieger et al. Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health. Social Science and Medicine, vol. 61 (2005, 1576-1596) modified*

("HAVE YOU EVER FELT DISCRIMINATED AGAINST?")

	Never	Once	Two or three times	Four or more times	Don't know	Refused

	1	2	3	4		
a. At school	[]	[]	[]	[]	[]	[]
b. Getting hired or getting a job						
c. At work	[]	[]	[]	[]	[]	[]
d. Getting on a sports team	[]	[]	[]	[]	[]	[]
e. Getting accommodation	[]	[]	[]	[]	[]	[]
f. Health care services	[]	[]	[]	[]	[]	[]
g. Getting social welfare	[]	[]	[]	[]	[]	[]
h. Getting served in a shop, restaurant, pub or other social venue	[]	[]	[]	[]	[]	[]
i. Getting insurance, bank loans or a	[]	[]	[]	[]	[]	[]
j. In the street or in a public setting	[]	[]	[]	[]	[]	[]
k. From the guards/police or in the courts	[]	[]	[]	[]	[]	[]
l. Landlord/ local authority	[]	[]	[]	[]	[]	[]

37. In the last year, how much did you worry about experiencing unfair treatment because you are a member of the Traveller community? Krieger et al. Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health. Social Science and Medicine, vol. 61 (2005, 1576-1596) modified

Never	Rarely	Some of the time	Most of the time	Don't know	Refused
[]	[]	[]	[]	[]	[]

Married, Divorced, Separated, Widowed & Cohabiting women only

38. Have you ever been on the contraceptive pill? SLÁN '02 A27

Yes No Don't know Refused

If yes, for how many years?

_____ years Don't know Refused

39. If you have required contraception or protection in the past twelve months, please indicate which methods you used most frequently. SLÁN '02 A25 modified

Natural Family planning	Barrier Method <input type="checkbox"/>	Contraceptive Pill <input type="checkbox"/>	Contraceptive Injection <input type="checkbox"/>	Contraceptive Implant <input type="checkbox"/>	Other method <input type="checkbox"/>
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Don't know Refused

40. Have you taken folic acid tablets or multivitamins containing folic acid during the past year? Mark from 1-3 where 1 is never and 3 is every day/most days SLÁN '02 A28 modified

Never 1 <input type="checkbox"/>	Sometimes 2 <input type="checkbox"/>	Every day/Most days 3 <input type="checkbox"/>	Don't know <input type="checkbox"/>	Refused <input type="checkbox"/>
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41. Have you ever been pregnant? NEW

Yes No Don't know Refused

If yes ask the following, for all others skip to Q45 if married & over 50

41a. How many times have you been pregnant? NEW

_____ times Don't know Refused

42. Have you ever lost a baby? NEW

Yes No Don't know Refused

If yes ask the following:

42a. How many times have you ever lost a baby? NEW

_____ times Don't know Refused

42b. Was it before or after birth that you lost your baby? (Insert number) NEW

Before birth [_ _] After birth [_ _] Don't know Refused

If "before birth" ask next question

42c. How many weeks pregnant were you when you lost your baby? NEW

_____ weeks Don't know Refused

Women with surviving children only

43. Did you breast feed any of your children? SLÁN '02 A29 SLÁN '06A20

Yes No Don't know Refused

If yes ask Q44, otherwise skip

44. Did you breast feed your last child? SLÁN '02 A30 SLÁN '06A22 modified

Yes No Don't know Refused

If yes, how long did you breast feed only for? Tick one box only.

Less than 1 month <input type="checkbox"/>	1-3 months <input type="checkbox"/>	4-6 months <input type="checkbox"/>	6 months or more <input type="checkbox"/>	I breast and bottle fed my last child from the first month <input type="checkbox"/>	Don't know <input type="checkbox"/>	Refused <input type="checkbox"/>
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Married, Divorced, Separated, Widowed & Cohabiting (Over 50)

45. In the last 12 months, have you been screened or tested for any of the following? SLAN '06 A7

	Yes	No	Don't Know	Refused
Breast cancer- Mammogram ("BREAST TEST")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical cancer ("SMEAR TEST")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Have you ever been invited to have a BreastCheck examination? NEW

Yes No Don't know Refused

47. If a woman in your family was having problems with the change of life, would she go for help?

NEW

1.Yes [] 2.No [] Don't know [] Refused []

If yes where would she go for help?

General Practitioner	Public Health Nurse	Traveller Community Health Workers	Other Health Professionals	Other	Don't Know	Refused
[]	[]	[]	[]	[]	[]	[]

Appendix 1

1. Hospital as an inpatient (bed)
2. Hospital as a day patient
3. Hospital as an out-patient
4. A&E (Accident and Emergency)
5. GP (General Practitioner) services
6. Public health nurse or health visitor. Other services

Section C1: Adult Health Status (15 years & older) by Proxy

Is your [insert relationship to key respondent] aged [insert age] available to answer some questions

Yes No Don't know Refused

[If Yes continue to unproxied version of Health Status]

[If no ask the following question]

Are you willing to answer some questions about your [insert relationship to key respondent] on their behalf?

Yes No Don't know Refused

[If Yes start questionnaire, if No stop the interview]

The following set of questions are about your [insert relationship to key respondent] aged [insert age] general health. Please answer the questions only in relation to this person.

1. Have you had any of the following in the last 12 months? *SLÁN '06 A6, European Health Interview Survey (EHIS) modified*

*Have they had any of the following in the last 12 months? **SLÁN '06 A6, European Health Interview Survey (EHIS) modified***

	Yes	No	Don't Know	Refused
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term breathing problems like bronchitis or emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower back pain or other chronic back condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye/ear infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throat infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During the past 4 weeks, have you suffered from the following symptoms? *Gastrointestinal Symptoms in Ireland North and South – A Telephone Survey MODIFIED*

*During the past 4 weeks, have they suffered from the following symptoms? **Gastrointestinal Symptoms in Ireland North and South – A Telephone Survey MODIFIED***

	Yes	No	Don't know	Refused
a. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, 3 or more times per day</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, 3 or more times per day</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In the last 12 months, have you been screened or tested for any of the following? *SLÁN '06 A7*

*In the last 12 months, have they been screened or tested for any of the following? **SLÁN '06 A7 Modified***

	<i>Was this done by/at...</i>					NO
	GP/Family doctor	Health clinic	Hospital	Workplace	Other	
a. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you regularly taking any prescribed pills or medication? *SLÁN '02 & Lifeways A22*

*Are they taking any prescribed pills or medication? **SLÁN '02 & Lifeways A22 Modified***

Yes No Don't know Refused

If yes ask 4a otherwise skip to 5

4a. Do they ever have any difficulties understanding the instructions? NEW

Yes []

No []

Don't know []

Refused []

5. Do you smoke cigarettes now? SLÁN '02C1 & Lifeways

Do they smoke cigarettes now? SLÁN '02C1 & Lifeways Modified

Yes, regularly[]

Yes, occasionally []

No[]

Don't know []

Refused....[]

Section C2: Health Services Utilisation Questionnaire

The following questions are in relation to your own health service experience, not your family.

ACCESS TO SERVICES

1. Where do you get your information about health? (Tick all that apply) **A6-Insight '07, SLAN '02 modified**

General Practitioner (“FAMILY DOCTOR”)	<input type="checkbox"/>
Other Health Professionals	<input type="checkbox"/> <i>if YES</i>
	Public Health Nurse <input type="checkbox"/>
	Traveller Community Health Workers <input type="checkbox"/>
	Primary Health Care Projects <input type="checkbox"/>
	Traveller Organisations <input type="checkbox"/>
Health Promotion Service/HSE	<input type="checkbox"/>
Health Promotion Policy Unit/ Department of Health and Children	<input type="checkbox"/>
Other Health Organisations	<input type="checkbox"/>
Internet/ World Wide Web	<input type="checkbox"/>
Family/ Friends	<input type="checkbox"/>
Media (TV, radio, newspapers, magazines)	<input type="checkbox"/>
Help lines (e.g. national information line)	<input type="checkbox"/>
Other source	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

2. To what extent do you feel you have the same, better or worse opportunities to access the following services as everyone else? **H11-Insight '07, NESF modified**
 (“Compared to everyone else do you feel you have the same, better or worse opportunities to access the following?”)

	Worse	Better	Same	Don't Know	Refused
GP/ Primary Care (“FAMILY DOCTOR”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHN (“HEALTH NURSE”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident and Emergency (“CASUALTY”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If respondent answers ‘Worse’ on any of the above continue to question 3 and randomly select one of their chosen services if respondent chose ‘Worse’ for more than one., otherwise go to question 4.

3. These are some difficulties that people may have in trying to access health care services. Can you tell me which of the following do you think are the main difficulties for you in accessing [randomly chosen service]? **NEW**
 (“OUT OF THE FOLLOWING LIST WHAT ARE THE PROBLEMS FOR YOU IN GETTING ACCESS TO HEALTH CARE SERVICES?”)

	Yes	No
Expense	[]	[]
Long waiting lists	[]	[]
Don't like health settings	[]	[]
Lack of information	[]	[]
Feel embarrassed	[]	[]
Services difficult to get to	[]	[]
Refused Service	[]	[]
Other	[]	[]
Don't Know	[]	[]
Refused	[]	[]

4. Do you have an up-to-date medical card? THU Eastern Region RCSI 2002

Yes [] No [] Don't Know [] Refused []

If yes, skip to question 6

5. I don't have a current medical card because.... New Tick most appropriate response

My card is out of date	[]
My application is still being processed	[]
I've recently moved to a different location	[]
I don't know how to get one	[]
I'm not eligible	[]
I haven't applied for a medical card	[]
Cannot get a GP to sign family	[]
Other	[]
Don't Know	[]
Refused	[]

6. Thinking about the process of applying for a medical card, how would you rate the following?

New

(“WHEN APPLYING FOR A MEDICAL CARD WHAT DO YOU THINK OF THE FOLLOWING?”) Mark from 1-5 where 1 is very poor and 5 is very good:

	Very Poor 1	Poor 2	Neither good nor poor 3	Good 4	Very Good 5	Don't know	Refused
a. Ease of understanding application form	[]	[]	[]	[]	[]	[]	[]
b. Length of time between applying and getting a medical card	[]	[]	[]	[]	[]	[]	[]
c. Courtesy of HSE staff dealing with the application	[]	[]	[]	[]	[]	[]	[]

MOST RECENT SERVICE USED

7. Which, if any, of the following services have you used in the last 12 months? B-Insight '07

	Not used	Once	More than Once
Hospital as an inpatient (“KEPT IN”)	[]	[]	[]
Hospital as a day patient (“IN BED FOR A DAY”)	[]	[]	[]
Hospital as an out-patient (“WITH AN APPOINTMENT”)	[]	[]	[]
A & E (Accident and Emergency) (“CASUALTY”)	[]	[]	[]
GP (General Practitioner) services (“DOCTOR SERVICES”)	[]	[]	[]
Mental Health Services (including non- acute Psychiatric hospitals) (“INCLUDING MENTAL HEALTH HOSPITALS”)	[]	[]	[]
Community Health Services	[]	[]	[]
(Drop Down list)			
Public Health nurse	[]	[]	[]
Physiotherapist	[]	[]	[]

Occupational therapist	[]	[]	[]
Psychology services	[]	[]	[]
Social worker	[]	[]	[]
Community Welfare Officer	[]	[]	[]
Home Help Services	[]	[]	[]
Chiropody/Podiatry	[]	[]	[]
Drug/Alcohol Outreach Services	[]	[]	[]
Speech Therapy	[]	[]	[]
Ophthalmology	[]	[]	[]
Audiology	[]	[]	[]

Dental Services (Public only Not Private)	[]	[]	[]
Palliative care e.g.(care of the dying)	[]	[]	[]
Residential services for older people	[]	[]	[]
Day services for older People	[]	[]	[]
Respite services for older People	[]	[]	[]
Home support for older People	[]	[]	[]
Residential services for the intellectual/physical or sensory disabled	[]	[]	[]
Day services for the intellectual/physical or sensory disabled	[]	[]	[]
Respite services for the intellectual/physical or sensory disabled	[]	[]	[]
Home support for the intellectual/physical Or sensory disabled	[]	[]	[]

Didn't use any health services	[]	[]	[]	<i>Go to Q8</i>
Don't Know	[]	[]	[]	<i>Go to Q8</i>
Refused	[]	[]	[]	<i>Go to Q8</i>

Only ask Q8-10 if they answer didn't use any health services, don't know and refused.

8. Did you have any medical appointment in the last 12 months? THU MWHB

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

If yes continue to question 9 otherwise skip to Q19

9. Did you turn up for your last appointment? THU MWHB

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

If no continue to question 10 otherwise skip to Q19

10. I didn't turn up to my last appointment because. Tick most appropriate response THU MWHB

I forgot about it []

The appointment letter arrived late/I didn't receive the appointment

letter in the post []

I was unable to read/ understand the appointment letter []

I couldn't attend at the arranged time

(“I COULDN’T GO AT THE TIME”) []
 Services difficult to get to without a car/too far away []
 Other []
 Don’t Know []
 Refused []
Skip to Q19

EXPERIENCE OF SERVICE

[For those who answered “once” or “more than once” for any option on Q7]

**The computer will select ONE of the chosen services at Q7 AT RANDOM.*

Hospital as an inpatient; Hospital as an out-patient; A & E; GP services; Any Community Health Service or Mental Health Service

Only ask about respondent’s most recent experience in the health services.

In relation to your most recent experience, please answer the following questions:

11. How long after the stated appointment time did your actual appointment start? D5 Insight ‘07

Seen on time or early []	Waited up to 5 minutes []	Waited 6-15 minutes []	Waited 16-30 minutes []	Waited 31-60 minutes []	More than 1 hour but no more than 2 hours []	Waited more than 2 hours []	Don’t know/can’t remember []
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12. Did you have confidence and trust in the people/ health professionals treating you? C9-Insight ‘07

No [] Yes, to some extent [] Yes, completely [] Don’t know [] Refused []

13. Were you given enough time to discuss your health/ medical problem with the healthcare professionals? C11-Insight ‘07

No [] Yes, to some extent [] Yes, completely [] Don’t know [] Refused []

14. How much information about your condition/ treatment was given to you? C14-Insight ‘07

None [] Not enough [] The right amount [] Too much [] Don’t know [] Refused []

15. Did the healthcare team treat you with respect and dignity? C22-Insight ‘07

No [] Yes, some of the time [] Yes all of the time [] Don’t know [] Refused []

16. Were you given enough privacy when discussing your condition or treatment? C23-Insight ‘07

No [] Yes, some of the time [] Yes all of the time [] Don’t know [] Refused []

17. Overall, how would you rate the quality of care you received? C30-Insight ‘07

Mark from 1-6 where 1 is very poor and 6 is excellent

Very Poor 1 [] Poor 2 [] Fair 3 [] Good 4 [] Very good 5 [] Excellent 6 [] Don’t know [] Refused []

18. Would you recommend the health service where you were treated most recently to someone else? C31-Insight ‘07

Yes [] No [] Don’t know [] Refused []

ALL RESPONDENTS

19. How often do you use a healer/ curing person for an illness or sickness? Traveller THU, WHB

Never [] Rarely [] Sometimes [] Most times [] Every time [] Don’t know [] Refused []

If never, don’t know, refused go to Q21

20. Which of the following sicknesses/ illnesses would you go to a healer for? Primary Health Care for Traveller Project, Project Report 1995

Please tick all that apply

Thrush [] Infectious diseases [] Eczema [] Arthritis [] Aches & pains [] Burns [] Flu/chest [] Asthma [] Depression/ Worries [] Other [] Don’t know [] Refused []

21. Did you ever wish to make a complaint about some aspect of the Health Service? H18-Insight '07

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

If yes continue, otherwise Q24 if applicable

22. If you wanted to make a complaint, would you know how to make it? H19-Insight '07

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

23. If you ever made a complaint about health services, were you satisfied with the outcome of your complaint? H21-Insight '07

Yes, satisfied [] Yes, somewhat satisfied [] No, not satisfied [] No, not at all satisfied [] Never made a complaint [] Refused [] Don't know []

ONLY ASK THIS QUESTION IF WOMAN IS AGED BETWEEN 50 and 64

24. Have you ever been invited to have a BreastCheck examination? New

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

If Yes ask Q25

25. Did you attend the appointment for your mammogram? New

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

Section C2: Health Services Utilisation Questionnaire by Proxy

Is your [insert relationship to key respondent] aged [insert age] available to answer some questions

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

[If Yes continue to unproxied version of Health Services]

[If no ask the following question]

Are you willing to answer some questions about your [insert relationship to key respondent] on their behalf?

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

[If Yes start questionnaire, if No stop the interview]

The following question is about your [insert relationship to key respondent] aged [insert age]. Please answer the questions only in relation to this person.

MOST RECENT SERVICE USED

1. Which, if any, of the following services have you used in the last 12 months? **B-Insight '07**

Which, if any, of the following services have they used in the last 12 months? B-Insight '07 modified

	Not used	Once	More than Once
Hospital as an inpatient (bed)	[]	[]	[]
Hospital as a day patient	[]	[]	[]
Hospital as an out-patient	[]	[]	[]
A & E (Accident and Emergency)	[]	[]	[]
GP (General Practitioner) services	[]	[]	[]
Mental Health Services (including non- acute Psychiatric hospitals)	[]	[]	[]
Healer/Cures	[]	[]	[]
Community Health Services	[]	[]	[]
<i>If yes Drop down list</i>			
Public Health nurse	[]	[]	[]
Physiotherapist	[]	[]	[]
Occupational therapist	[]	[]	[]
Psychology services	[]	[]	[]
Social worker	[]	[]	[]
Community Welfare Officer	[]	[]	[]
Home Help Services	[]	[]	[]
Chiropody/Podiatry	[]	[]	[]
Drug/Alcohol Outreach Services	[]	[]	[]
Speech Therapy	[]	[]	[]
Ophthalmology	[]	[]	[]
Audiology	[]	[]	[]
Dental Services (Public only Not Private)	[]	[]	[]
Palliative care e.g.(care of the dying)	[]	[]	[]
Residential services for older people	[]	[]	[]
Day services for older People	[]	[]	[]
Respite services for older People	[]	[]	[]
Home support for older People	[]	[]	[]

Residential services for the intellectual/physical or sensory disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day services for the intellectual/physical or sensory disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite services for the intellectual/physical or sensory disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home support for the intellectual/physical or sensory disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't use any health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pull down menus

A. Relationship to key respondent Modified Question, 10, CSO Census 2006, Volume 5, Ethnic or Cultural Background

Husband[], Wife[], Partner[], Son[], Son-in-law[], Daughter[], Daughter-in-law[], Father[], Mother[], Brother[], Sister[], Grandparent[], Grandchild[], Aunt[], Uncle[], Nephew[], Niece[], Cousin[], Other[], Don't know[] Refused[]

B Pull down menu with years for year of birth.

B (i)Age Band (if you are not recording date of birth or year of birth)

0-4[], 5-9[], 10-14[] 15-19[], 20-24[], 25-29[], 30-34[], 35-39[], 40-44[], 45-49[], 50-54[55-59[], 60-64[], 65-69[], 70-74[], 75-79[], 80-84[], 85-89[] 90-94[], 95-99[], 100 and over [], Don't know[], Refused[]

C. Gender : Male [],Female[],Don't know[], Refused

D. Marital Status Modified Question, 10, CSO Census 2006, Volume 5, Ethnic or Cultural Background

Married [], Single [], Divorced [], Separated [], Widowed [], Co-Habiting (“LIVING WITH A PARTNER”) [], Don't know [], Refused [],

E. Economic status? Modified Question, 26 +28, CSO Census 2006, Volume 5, Ethnic or Cultural Background

Employed (“WORKING”)[], Self-employed (“WORKING FOR YOURSELF”)[], Looking for first regular job[], Unemployed (“NO JOB”)[],
On a course/scheme (CE/FAS) [], Student or pupil[], Looking after home/family[],
Retired from employment[], Unable to work due to permanent sickness or disability[],
Don't know[], Refused[]

F*Highest level of education completed ? Modified Question, 23,CSO Census 2006, Volume 5, Ethnic or Cultural Background (“WHAT LEVEL OF EDUCATION DO YOU HAVE”)

F1.Republic of Ireland

Primary School[], Secondary School(Junior Cert) [], Secondary School (Leaving Cert) [], Third Level[], Community Education[], Training centre[], No formal education (**JUST WENT TO SCHOOL FOR COMMUNION/CONFIRMATION**) [],
Don't know[], Refused[],

F2.Northern Ireland

GCSE[], A-Level[], NCVQ[], City & Guilds[], University[], College[], Don't know[], Refused[],

G. Are any of your family currently ... CSO Census 2006, Volume 5, Ethnic or Cultural Background In Hospital [] In long term care (**NURSING HOME**)[] Children's home/In care[] Psychiatric care (**MENTAL HOSPITAL**) [] In a hostel [] In a Bed and Breakfast[], In a refuge[] In respite care[],In Prison], Corrective institution for young people (**HOME FOR YOUNG OFFENDERS**) [], Homeless[] None of above[], Don't know[], Refused[]

County ID Codes

- 1 = Carlow
- 2 = Dublin City
- 3 = Dun Laoghaire/Rathdown
- 4 = Fingal
- 5 = South Dublin
- 6 = Kildare
- 7 = Kilkenny
- 8 = Laois
- 9 = Longford
- 10 = Louth
- 11 = Meath
- 12 = Offaly
- 13 = Westmeath
- 14 = Wexford
- 15 = Wicklow
- 16 = Clare
- 17 = Cork City
- 18 = Cork County
- 19 = Kerry
- 20 = Limerick City
- 21 = Limerick County
- 22 = Tipperary North
- 23 = Tipperary
- 24 = Waterford City
- 25 = Waterford County
- 26 = Galway City
- 27 = Galway County
- 28 = Leitrim
- 29 = Mayo
- 30 = Roscommon
- 31 = Sligo
- 32 = Cavan
- 33 = Donegal
- 34 = Monaghan