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SLÁN-06

CONFIDENTIAL

Annotated Questionnaire

Cluster Number: ☐☐☐ Respondent Number: ☐☐

Interviewer's Name _____ Interviewer's Number: ☐☐☐☐☐

Start Date of Interview: ____ / ____ / _____ Time Began (24 hour clock): ____: ____

Height & Weight Measurement:	Yes ☐1	No – not requested ☐2	No – refused ☐3
Physical Exam Follow-up:	Yes ☐1	No – not requested ☐2	No – refused ☐3

Section A: General Health

DEMOGRAPHIC

A1 *[INT: IS THE RESPONDENT]* Male … ☐1 Female … ☐2

DEMOGRAPHIC

A2 **What age are you?** _____ years

SLÁN-02; BRFSS

A3 **In general would you say your health is...?**

Excellent.....☐1 Very good .....☐2 Good .....☐3 Fair..... ☐4 Poor.....☐5

BRFSS

A4 **Is your daily activity limited by a long term illness, health problem or disability?**

Yes … ☐1 No … ☐2

SLÁN-02; BRFSS

A5 **During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care (that is looking after yourself), work or recreation?**

Number of days _____ None … ☐0

EUROPEAN HEALTH INTERVIEW SURVEY (EHIS) (MODIFIED)

A6 [CARD 1] **Have you had any of the following in the last 12 months?**
If yes, was this condition diagnosed by a doctor?

		In the last 12 months?		*[IF YES]* Was this ever diagnosed by a doctor?	
		Yes	No	Yes	No
A	Asthma	☐1	☐2	☐1	☐2
B	Chronic bronchitis, chronic obstructive lung (pulmonary) disease, emphysema	☐1	☐2	☐1	☐2
C	Heart attack	☐1	☐2	☐1	☐2
D	Angina	☐1	☐2	☐1	☐2
E	Stroke	☐1	☐2	☐1	☐2
F	Rheumatoid arthritis (inflammation of the joints)	☐1	☐2	☐1	☐2
G	Osteoarthritis (arthrosis, joint degeneration)	☐1	☐2	☐1	☐2
H	Lower back pain or other chronic back condition	☐1	☐2	☐1	☐2

I	Diabetes	☐1	☐2		☐1	☐2	
J	Cancer (malignant tumour, also including leukaemia & lymphoma)	☐1	☐2		☐1	☐2	
K	Urinary incontinence, problems in controlling the bladder	☐1	☐2		☐1	☐2	
L	Anxiety	☐1	☐2		☐1	☐2	
M	Depression	☐1	☐2		☐1	☐2	
N	Other, specify	☐1	☐2		☐1	☐2	

NEW

A7 [CARD 2] **In the last 12 months, have you been screened or tested for any of the following?**

		YES …. **Was this done by/at …** *[TICK ALL THAT APPLY]?*					*NO*
		GP/Family doctor	Health clinic	Hospital	Workplace	Other	
a.	Diabetes	☐1	☐2	☐3	☐4	☐5	☐6
b.	Blood pressure	☐1	☐2	☐3	☐4	☐5	☐6
c.	Cholesterol	☐1	☐2	☐3	☐4	☐5	☐6
d.	Colon cancer or Bowel cancer	☐1	☐2	☐3	☐4	☐5	☐6
e.	(Women) Breast cancer – mammogram	☐1	☐2	☐3	☐4	☐5	☐6
f.	(Women) Cervical cancer	☐1	☐2	☐3	☐4	☐5	☐6
g.	(Men) Prostate cancer	☐1	☐2	☐3	☐4	☐5	☐6
h.	(Men)Testicular cancer	☐1	☐2	☐3	☐4	☐5	☐6

NEW

A7b [If yes at A7 item b] **In the last 12 months, have you been told by a doctor that you have high blood pressure?**

Yes..... ☐1 No ..... ☐2

NEW

A7c [If Yes at A7 item c] **In the last 12 months, have you been told by a doctor that you have high cholesterol?**

Yes..... ☐1 No ..... ☐2

The next set of questions is about time spent in hospital. All types of hospitals are included.
[INT: FOR WOMEN, TIME SPENT IN HOSPITAL FOR GIVING BIRTH SHOULD BE INCLUDED]

EHIS (2 QUESTIONS COMBINED)

A8 **During the past 12 months, that is since** *[INT: GIVE MONTH ONE YEAR AGO]* **have you been in hospital as an in-patient, that is overnight or longer, or for a day procedure?** *[TICK ALL THAT APPLY]*

Yes, as inpatient .....☐1 → *Go to A9* Yes, for day procedure... ☐2 → *Go to A10* No.. ☐3 → *Go to A10*

EHIS

A9 **How many nights in total did you spend in hospital since** *[INT: GIVE MONTH ONE YEAR AGO. COUNT ALL NIGHTS FOR ALL INPATIENT STAYS THAT ENDED IN THIS PERIOD.]*

_____ **nights**

NEW

A9a *[IF RESPONDENT IS A FEMALE AGE 50 OR UNDER]* **How many of these nights were for (uncomplicated) childbirth?**

_____ (number of nights)

EHIS (2 QUESTIONS COMBINED)

A10 **When was the last time you consulted a GP or family doctor for your own health or health-related needs?**

In the last 4 weeks	Between 1 and 12 mths ago	1-2 years ago	More than 2 years ago	Never
☐1	☐2	☐3	☐4	☐5

SLÁN-02

A11 **Have you ever attended an alternative/complementary practitioner? (e.g. acupuncturist, homeopath, reflexologist)**

Yes, in the last 12 months	Yes, but not in the last 12 months	No
☐1	☐2	☐3

The next questions are about visits to dentists, dental hygienists or orthodontists and your dental health.

EHIS (2 QUESTIONS COMBINED)

A12 When was the last time you visited a dentist, dental hygienist or orthodontist on your own behalf?

In the last 4 weeks ☐1 | Between 1 and 12 mths ago ☐2 | 1-2 years ago ☐3 | More than 2 years ago ☐4 | Never ☐5

SLÁN-02

A13 Which best describes the teeth you have? *[TICK ONE ONLY]*

a. I have all my own natural teeth – none missing ..... ☐1
b. I have my own teeth, no dentures – but some missing.. ☐2
c. I have dentures as well as some of my own teeth ..... ☐3
d. I have full dentures ..... ☐4
e. I have no teeth or dentures ..... ☐5 → *Go to A15*

NEW

A14 How many times do you brush your teeth each day?

Twice a day or more often..... ☐1 | Once a day..... ☐2 | Less than once a day..... ☐3

NEW

A15 Given your age and height, would you say that you are?

About the right weight..... ☐1 | Too heavy ..... ☐2 | Too light..... ☐3 | Not sure ..... ☐4

SLÁN-02

A16 What is your weight without clothes? _____ stones _____ pounds (or _____ kilos)

SLÁN-02

A17 What is your height without shoes? _____ feet _____ inches (or _____ cm)

FILTER

A18 *[INT: IS THE RESPONDENT]* Male .... ☐1 → *Go to A24* Female ... ☐2 → *Go to A19*

SLÁN-02

A19 Can I ask you firstly if you have any children? Yes … ☐1 No … ☐2 → *Go to A24*

SLÁN-02

A20 The following questions are about breastfeeding. Did you breastfeed any of your children?

Yes ..... ☐1 | No ..... ☐2 → *Go to A24* | N/A..... ☐3 → *Go to A24*

FILTER

A21 Is your youngest child less than 5 years of age?

Yes ..... ☐1 | No ..... ☐2 → *Go to A24* | N/A..... ☐3 → *Go to A24*

NEW

A22 Did you/Are you breastfeeding that child?

Yes ..... ☐1 | No ..... ☐2 → *Go to A24* | N/A..... ☐3 → *Go to A24*

NEW (MODIFIED FROM SLÁN-02)

A23 [IF YES] **How long did you breast feed exclusively for? (i.e. how long did the infant receive only breast milk and no other liquids, or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines)**

_____ Months Still breastfeeding ☐97

SLÁN-02

A24 [CARD 3] **How would you rate your quality of life?**

Very Poor ... ☐1 | Poor..... ☐2 | Neither Good nor Poor... ☐3 | Good..... ☐4 | Very Good... ☐5

NEW – FROM MEDICAL OUTCOME SHORT FORM HEALTH SURVEY (SF-36) - MENTAL HEALTH INVENTORY (MHI-5) & VITALITY INDEX

A25 [CARD 4] **The next set of questions is about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.**

How much of the time during the past 4 weeks …	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
(a) **Did you feel full of life**?	☐1	☐2	☐3	☐4	☐5	☐6
(b) **Have you been a very nervous person?**	☐1	☐2	☐3	☐4	☐5	☐6
(c) **Have you felt so down in the dumps that nothing could cheer you up?**	☐1	☐2	☐3	☐4	☐5	☐6
(d) **Have you felt calm and peaceful?**	☐1	☐2	☐3	☐4	☐5	☐6
(e) **Did you have a lot of energy?**	☐1	☐2	☐3	☐4	☐5	☐6
(f) **Have you felt downhearted and blue?**	☐1	☐2	☐3	☐4	☐5	☐6
(g) **Did you feel worn out?**	☐1	☐2	☐3	☐4	☐5	☐6
(h) **Have you been a happy person?**	☐1	☐2	☐3	☐4	☐5	☐6
(i) **Did you feel tired?**	☐1	☐2	☐3	☐4	☐5	☐6

NEW

A26 **Have you often felt lonely in the last 4 weeks?** Yes ☐1 No ☐2

NEW – WHO'S COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW, SHORT FORM (CIDI-SF) - A27-A75

A27 **During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?**
[INT: IF THE RESPONDENT VOLUNTEERS THAT THEY ARE ON ANTIDEPRESSANTS THEY SHOULD STILL ANSWER YES ON NO TO THE QUESTION]
Yes..... ☐1 No..... ☐2 → *Go to A44*

[IF YES] **For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst.**

A28 **During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day or less than half the day?**
All day long … ☐1 → *Go to A29* Most of the day … ☐2 → *Go to A29* About half … ☐3 → *Go to A44* Less than Half … ☐4 → *Go to A44*

A29 **During those two weeks, did you feel this way every day, almost every day or less often?**
Every day … ☐1 Almost every day … ☐2 Less often … ☐3 → *Go to A44*

A30 **During those two weeks did you lose interest in most things like hobbies, work or activities that usually give you pleasure?**
Yes..... ☐1 No..... ☐2

A31 **Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?**
Yes..... ☐1 No..... ☐2

A32 **Did you gain or lose weight without trying, or did you stay about the same?** *[INT: TICK ALL THAT APPLY, NOTE IF ON DIET]*
Gain... ☐1 Lose... ☐2 Stay about the same... ☐3 → *Go to A34* Was on diet... ☐4 → *Go to A34*

A33 **About how much did you gain/ lose/ did your weight change?** _____kgs or lbs
[INT: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE]
INT: DID WEIGHT CHANGE BY MORE THAN 5KGS (11 LBS)? Yes … ☐1 *No …* ☐2

A34 **Did you have more trouble falling asleep than you usually do during those two weeks?**
Yes..... ☐1 No..... ☐2 → *Go to A36*

A35 **If yes, did this happen every night, nearly every night or less often during those two weeks?**
Every night… ☐1 Nearly every night … ☐2 Less often …☐3

A36 **During those two weeks, did you have a lot more trouble concentrating than usual?**
Yes..... ☐1 No..... ☐2

A37 People sometimes feel down on themselves, no good or worthless. During that two week period, did you feel this way?

Yes..... ☐1 No ..... ☐2

A38 Did you think a lot about death – either your own, someone else's, or death in general during those two weeks?

Yes..... ☐1 No ..... ☐2

A39 To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems [FROM PREVIOUS RESPONSES]. About how many weeks altogether did you feel this way during the past 12 months?

_____ weeks

A40 Think about the most recent time when you had two weeks in a row when you felt this way. How long ago was that?

_____ months in the past

A41 Did you tell a doctor about these problems? Yes … ☐1 No … ☐2

A42 Did you tell any other professional (such as psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

Yes ..... ☐1 No ..... ☐2

A43 How much did these problems interfere with your life or activities – a lot, some, a little, or not at all?

A lot … ☐1 Some … ☐2 A little … ☐3 Not at all … ☐4

⇒**A44 During the past 12 months was there ever a time lasting two weeks or more when you <u>lost interest</u> in most things like hobbies, work or activities that usually give you pleasure?**
[INT: IF THE RESPONDENT VOLUNTEERS THAT THEY ARE ON ANTIDEPRESSANTS THEY SHOULD STILL ANSWER YES OR NO TO THE QUESTION]

Yes..... ☐1 No ..... ☐2 → *Go to A60*

[IF YES] **For the next few questions, please think of the two-week period during the past 12 months when you had most complete loss of interest in things.**

A45 During that time, did the loss of interest last all day long, most of the day, about half the day or less than half the day?

All day long … ☐1 → *Go to A46* | Most of the day … ☐2 → *Go to A46* | About half … ☐3 → *Go to A60* | Less than Half … ☐4 → *Go to A60*

A46 During those two weeks, did you feel this way every day, almost every day or less often?

Every day … ☐1 Almost every day … ☐2 Less often … ☐3 → Go to A60

A47 During those two weeks did you feel tired out or low on energy than is more usual for you?

Yes..... ☐1 No ..... ☐2

A48 Did you gain or lose weight without trying, or did you stay about the same? *[INT: TICK ALL THAT APPLY, NOTE IF ON DIET]*

Gain... ☐1 Lose... ☐2 Stay about the same... ☐3 → *Go to A50* Was on diet... ☐4 → *Go to A50*

A49 About how much did you gain/you lose/your weight change _____ kgs or lbs
[INT: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE]
[INT: DID WEIGHT CHANGE BY MORE THAN 5KGS (11 LBS)? Yes … ☐1 No … ☐2]

A50 Did you have more trouble falling asleep than you usually do during those two weeks?

Yes..... ☐1 No ..... ☐2

A51 If yes, did this happen every night, nearly every night or less often during those two weeks?

Every night … ☐1 Nearly every night … ☐2 Less often … ☐3

A52 During those two weeks, did you have a lot more trouble concentrating than usual?

Yes..... ☐1 No ..... ☐2

A53 People sometimes feel down on themselves, no good or worthless. During that two week period, did you feel this way?

Yes..... ☐1 No ..... ☐2

A54 Did you think a lot about death – either your own, someone else's, or death in general during those two weeks?

Yes..... ☐1 No ..... ☐2

A55 To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like [FROM PREVIOUS RESPONSES]. About how many weeks altogether did you feel this way during the past 12 months?

_____ weeks

A56 Think about the most recent time when you had two weeks in a row when you felt this way. How long ago was that?

_____ months in the past

A57 Did you tell a doctor about the problems it was causing? Yes … ☐1 No … ☐2

A58 Did you tell any other professional (such as psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

Yes..... ☐1 No ..... ☐2

A59 How much did these problems interfere with your life or activities?

A lot … ☐1 Some … ☐2 A little … ☐3 Not at all … ☐4

⇒ **A60 I will now ask you some questions on whether you have felt worry, tension, nervousness or anxiety.**
During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

Yes..... ☐1 No ..... ☐2

A61 People differ a lot in how they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

Yes …. ☐1 No …. ☐2→ *Go to SECTION B*

A62 Has that period ended or is it still going on? Ended … ☐1 Still going on … ☐2→ *Go to A64*

A63 If ended, how many months or years did it go on before it ended?

_____Months or _____ Years "All my life" or "As long as I can remember" ☐77
→ *Go to A64b* → *Go to A64b* → *Go to A65*

A64 If still going on, how many months or years has it been going on?

_____Months or _____ Years "All my life" or "As long as I can remember" ☐77

A64b *[INT: LESS THAN 6 MONTHS..... ☐1→ Go to SECTION B*
SIX MONTHS or MORE ..... ☐2→ Go to A65

A65 During that period, was/is your worry stronger (greater) than in other people? Yes …☐1 No …☐2

A66 Did/Do you worry most days? Yes … ☐1 No … ☐2

A67 Did/Do you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

One thing… ☐1 More than one thing … ☐2

A68 Did/Do you find it difficult to stop worrying? Yes … ☐1 No … ☐2

A69 Did/Do you ever have different worries on your mind at the same time? Yes … ☐1 No … ☐2

A70 How often was/is your worry so strong that you couldn't/can't put it out of your mind no matter how hard you tried/try – often, sometimes, rarely or never?

Often … ☐1 Sometimes … ☐2 Rarely … ☐3 Never … ☐4

A71 How often did/do you find it difficult to control your worry – often, sometimes, rarely, or never?

Often … ☐1 Sometimes … ☐2 Rarely … ☐3 Never … ☐4

A72 When you were/are worried or anxious, were/are you also.....

Yes No

a.	Restless?	☐1	☐2
b.	Were/Are you keyed up or on edge?	☐1	☐2
c.	Were/Are you easily tired?	☐1	☐2
d.	Did/Do you have difficulty keeping your mind on what you were/are doing?	☐1	☐2
e.	Were/Are you more irritable than usual?	☐1	☐2
f.	Did/Do you have tense, sore or aching muscles?	☐1	☐2
g.	Do/Did you have trouble falling asleep or staying asleep?	☐1	☐2

[INT: How many YES' Responses at A72? 0 -1 ☐1 → *Go to SECTION B* 2 or more ☐2 → *Go to A73*]

A73 Did you tell a doctor about the problems it was causing? Yes … ☐1 No … ☐2

A74 Did you tell any other professional (such as psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

Yes..... ☐1 No..... ☐2

A75 How much did the worry or anxiety interfere with your life or activities – a lot, some, a little, or not at all?

A lot … ☐1 Some … ☐2 A little … ☐3 Not at all … ☐4

Section B: Physical Activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives.

SLÁN-02

B1 First, consider a 7 day period (a week). How many times on average do you do the following kinds of exercise for more than 20 minutes during <u>your free time</u>?

Strenuous exercise (heart beats rapidly) (e.g. running, jogging, hurling, camogie, football, soccer, squash, basketball, judo, roller skating, vigorous swimming, vigorous long distance cycling, advanced aerobics) _____ times

Moderate exercise (not exhausting) (e.g. fast walking, tennis, badminton, easy swimming, easy cycling, popular and folk dancing, intermediate aerobics, heavy gardening) _____ times

Mild exercise (minimal effort) (e.g. yoga, golf, easy walking, fishing from river bank, bowling, beginners aerobics, archery, light gardening) _____ times

SLÁN-02

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

_____days

I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your housework and in the garden, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the vigorous activities that you did <u>in the last 7 days</u>. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

IPAQ - NI/BRFSS

B3 During the last 7 days, on how many days did you do <u>vigorous physical activities</u> like heavy lifting, digging, aerobics, or fast bicycling?

_____ days None ☐0 → *Go to B5*

IPAQ - NI/BRFSS

B4 How much time did you usually spend doing vigorous physical activities on one of those days?

_____/_____ hours and minutes per day Not sure/don't know ☐9999

*[INT: AN AVERAGE TIME FOR ONE OF THE DAYS ON WHICH YOU DO VIGOROUS ACTIVITY IS BEING SOUGHT. IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: "HOW MUCH TIME IN TOTAL DID YOU SPEND **OVER THE LAST 7 DAYS** DOING VIGOROUS PHYSICAL ACTIVITIES?"*

__ __ /_____ HOURS/MINS TOTAL]

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (IPAQ) - NORTHERN IRELAND HEALTH AND SOCIAL WELLBEING SURVEY, 2005 (NIHSWBS)/ US 2005 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM QUESTIONNAIRE (BRFSS)

B5 Think about all the <u>moderate activities</u> that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? [Do not include walking].

_____ days None ☐0 → *Go to B7*

IPAQ - NIHSWBS/BRFSS

B6 How much time did you usually spend doing moderate physical activities on one of those days?

_____/_____ hours and minutes per day Not sure/don't know ☐9999

*[INT: AN AVERAGE TIME FOR ONE OF THE DAYS ON WHICH YOU DO MODERATE ACTIVITY IS BEING SOUGHT. IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: "HOW MUCH TIME IN TOTAL DID YOU SPEND **OVER THE LAST 7 DAYS** DOING MODERATE PHYSICAL ACTIVITIES?"*

__ __ /_____ HOURS/MINS TOTAL]

IPAQ - NIHSWBS//BRFSS

B7a Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you walk at for at least 10 minutes at a time?

_____ days per week None ☐0 → *Go to B9*

NIHSWBS

B7b Which of the following best describes your usual walking pace?

A slow pace ☐1 | A steady average pace ☐2 | A fairly brisk pace ☐3 | A fast pace – at least 4 mph ☐4

IPAQ - NIHSWBS/BRFSS

B8 How much time did you usually spend walking on one of those days?

_____/_____ hours and minutes per day Not sure/don't know ☐9999

[INT: AN AVERAGE TIME FOR ONE OF THE DAYS ON WHICH YOU WALK IS BEING SOUGHT. IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: "WHAT IS THE TOTAL AMOUNT OF TIME YOU SPENT WALKING OVER THE LAST 7 DAYS?"__ __ __/_____ HOURS/MIN]

IPAQ - NIHSWBS/BRFSS

Thinking now about regular physical activity, by that I mean: taking part in exercise or sports 2-3 times per week for a minimum of 20 minutes at a time, or more general activities like walking, cycling or dancing 4-5 times per week accumulating to at least 30 minutes per day.

NIHSWBS

B9 [CARD 5] **With this in mind, could you look at this card and tell me which statement best describes how physically active you have been over the last six months?**

I am not regularly physically active and do not intend to be so in the next six months..... ☐1
I am not regularly physically active but am thinking about starting to do so in the next six months..... ☐2
I do some physical activity but not enough to meet the description of regular physical activity ..... ☐3

I am regularly physically active but only began in the last six months..... ☐4 → *Go to B11*
I am regularly physically active and have been so for longer than six months..... ☐5 → *Go to B11*

NEW

B10 What would you say is the main reason why you are not (more) physically active at this time?

Not interested	Interested but not willing to spend the time	No time to do it	No facilities to exercise/be active	Injury/disability/ medical condition	Other, specify
☐1	☐2	☐3	☐4	☐5	_____ ☐6

FILTER

B11 Are you actively trying to manage your weight? Yes … ☐1 No … ☐2 → *Go to B14*

BRFSS (REPHRASED)

B12 Is it to lose, gain or maintain weight?

Lose weight ☐1 Maintain weight ☐2 Gain weight ☐3 → *Go to B14*

BRFSS (REPHRASED)

B13 *[INT: IF TRYING TO LOSE/MAINTAIN WEIGHT],* **Are you using any of the following to lose/maintain weight?**

Eating fewer calories	Yes ..... ☐1	No ..... ☐2
Eating less fat	Yes ..... ☐1	No ..... ☐2
Taking exercise	Yes ..... ☐1	No ..... ☐2

BRFSS (REPHRASED)

B14 In the past 12 months has a doctor, nurse or other health professional advised you to lose, maintain or gain weight?

Yes, lose weight	Yes, maintain current weight	Yes, gain weight	No
☐1	☐2	☐3	☐4

SLÁN-02

B15 Thinking about how active you are in your job, in general would you say you are…?

Very physically active	Not very physically active	Fairly physically active	Not at all physically active	Not applicable
☐1	☐2	☐3	☐4	☐5

NEW

B16 In terms of encouraging people to live healthily, would you say your area …

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
(a) Is safe to walk about and to get exercise in during the day and evening	☐1	☐2	☐3	☐4	☐5
(b) Has footpaths or open public spaces which make it easy to be active	☐1	☐2	☐3	☐4	☐5
(c) Has sporting amenities like a swimming pool or sports field nearby	☐1	☐2	☐3	☐4	☐5

Section C: Diet & Nutrition

SLÁN-02

C1 How often do you eat fried food?

Daily .....☐1 4-6 times a week ..... ☐2 1-3 times a week.....☐3 Less than once a week .....☐4

SLÁN-02 (+ ADDITIONAL RESPONSES)

C2 What type of milk do you use most often?

None ..... ☐1 → *Go to C4*	Skimmed ..... ☐4
Whole milk/Full fat..... ☐2	Super/fortified ..... ☐5
Low fat ..... ☐3	Soya ..... ☐6
Other, please specify_____	..... ☐7

SLÁN-02

C3 How much milk do you drink each day?

None … ☐1 250ml (half pint) … ☐2 568 ml (one pint) … ☐3 One litre … ☐4 More than 1 litre … ☐5

SLÁN-02

C4 How often do you add salt to food while cooking?

Always … ☐1 Usually … ☐2 Sometimes …. ☐3 Rarely …. ☐4 Never …. ☐5 N.A..… ☐6

SLÁN-02

C5 How often do you add salt to food while at the table?

Always … ☐1 Usually … ☐2 Sometimes …. ☐3 Rarely …. ☐4 Never …. ☐5

NEW

The following questions are about the meals you had yesterday.

C6 [CARD 6] **Where did you eat your breakfast, light meal and main/largest meal yesterday?** *[TICK ONE BOX IN EACH COLUMN.]*

	Breakfast	Light meal (e.g. light lunch, supper, tea)	Main/Large Meal (e.g. dinner or heavy lunch)
Didn't have a…	☐01	☐01	☐01
At home	☐02	☐02	☐02
While travelling, taken from home	☐03	☐03	☐03
While travelling, take away	☐04	☐04	☐04
At work/school/college packed at home	☐05	☐05	☐05
At work/school/college take away	☐06	☐06	☐06
At a work/school/college canteen	☐07	☐07	☐07
At a coffee shop/café	☐08	☐08	☐08
At a restaurant	☐09	☐09	☐09
Take away from a deli	☐10	☐10	☐10
Take away from a fast food restaurant	☐11	☐11	☐11
Somewhere else, (please specify)	☐12	☐12	☐12

NEW

C7 [CARD 7] **What did you eat for your breakfast, light meal, and main meal yesterday?** *[TICK ALL THAT APPLY FOR EACH MEAL]*

	Breakfast	Light meal (e.g. light lunch, supper, tea)	Large Meal (e.g. Dinner or heavy lunch)
Didn't have a…	☐01	☐01	☐01
BREAKFAST FOODS			
Bread/toast/roll/bap/pitta bread (not as a sandwich)	☐02	☐02	☐02
High fibre breakfast cereal (including porridge)	☐03	☐03	☐03
Other breakfast cereal (including cereal bars)	☐04	☐04	☐04
Fruit	☐05	☐05	☐05
Cooked breakfast (including full Irish; eggs-boiled, fried, poached, scrambled)	☐06	☐06	☐06
Filled breakfast roll	☐07	☐07	☐07
Yoghurt	☐08	☐08	☐08
Croissant/Pastry/Scone	☐09	☐09	☐09
Other	☐10	☐10	☐10
LUNCH/DINNER FOODS			
Meat/Fish/Vegetarian sandwich/bap/wrap/pitta	☐11	☐11	☐11
Soup	☐12	☐12	☐12
Pizza	☐13	☐13	☐13
Green salad/vegetables	☐14	☐14	☐14
Coleslaw/potato salad/egg salad	☐15	☐15	☐15
Cheese	☐16	☐16	☐16
Pasta/Rice	☐17	☐17	☐17
Potato-boiled/mashed/roast	☐18	☐18	☐18

Chips/wedges	☐19	☐19	☐19
Red meat/Chicken Fish	☐20	☐20	☐20
Other vegetables (e.g. carrots, cauliflower, corn)	☐21	☐21	☐21
Fast food take away (e.g. burger meal)	☐22	☐22	☐22
Sauce: tomato/curry/vegetable based	☐23	☐23	☐23
Sauce: creamy	☐24	☐24	☐24
Other	☐25	☐25	☐25

NEW

C8 **Did you eat snacks between your meals yesterday?** *[INT: PROMPT RESPONDENT TO INCLUDE ALL SNACKS EATEN BETWEEN MEALS]*

Yes..... ☐1 No ..... ☐2 → *Go to C11*

NEW

C9 [IF YES] **How many** _____

NEW

C10 **If yes, what types of snacks did you eat?** *[TICK ALL THAT APPLY]*

Biscuits/Cake..... ☐1
Crisps/Popcorn/Pretzels ..... ☐3
Fruit..... ☐5
Nuts..... ☐7
Vegetables..... ☐9
Scone..... ☐2
Chocolate..... ☐4
Dried fruit ..... ☐6
Yoghurt ..... ☐8
Other_____.... ☐10

NEW

C11 **What type of spread do you usually use on bread**

Butter or hard margarine..... ☐1
A cholesterol lowering spread ... ☐3
None ..... ☐5
A low fat or polyunsaturated spread..... ☐2
Other_____ ..... ☐4

NEW

C12 **What type of fat/oil would you usually use for cooking?**

Vegetable oil..... ☐1
Olive oil/rapeseed oil..... ☐3
Other_____ ☐5
Sunflower oil ..... ☐2
Lard or dripping ..... ☐4
None..... ☐6

NEW

C13 **Can you afford to buy enough food for your household?**

Always … ☐1 Usually… ☐2 Sometimes … ☐3 Rarely … ☐4 Never … ☐5

Section D: Smoking

NEW

D1 **Which statement best describes the rules about smoking inside your home?**

Smoking is not allowed anywhere inside the house..... ☐1
Smoking is allowed in some places or at some times..... ☐2
Smoking is allowed everywhere inside the house..... ☐3
Don't know..... ☐4

BRFSS

D2 **Have you yourself smoked at least 100 cigarettes in your entire life?** *[5 PACKS = 100 CIGARETTES]*

Yes … ☐1 No … ☐2 → *Go to SECTION E*

BRFSS

D3 **Do you now smoke every day, some days, or not at all?**

Every day… ☐1 Some days … ☐2 Not at all …☐3 → *Go to D5*

NEW

D4 **What do you smoke?** *[TICK ALL THAT APPLY]*

Pipe ..... ☐1 → *Go to D6* Cigarettes ..... ☐2 → *Go to D6* Cigars ..... ☐3 → *Go to D6*

NEW

D5 [IF NOT AT ALL ASK] **About how long has it been since you last smoked?**

Within the past month (anytime less than 1 month ago) ..... ☐1
Within the past 3 months (1 month but less than 3 months ago) ..... ☐2
Within the past 6 months (3 months but less than 6 months ago)..... ☐3
Within the past year (6 months but less than 1 year ago) ..... ☐4
Within the past 5 years (1 year but less than 5 years ago) ..... ☐5
Within the past 10 years (5 years but less than 10 years ago) ..... ☐6
10 or more years ago ..... ☐7

} *Go to SECTION E*

NEW

[INT: CURRENT SMOKERS ONLY]

D6 **In the past 12 months did a doctor or health professional discuss ways of giving up smoking with you?**

Yes … ☐1 No …. ☐2 No, didn't see doctor … ☐3

BRFSS

D7 **During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

Yes … ☐1 No … ☐2 → *Go to D9*

NEW

D8 **If yes, during your last attempt to give up, did you use any help such as nicotine patches or gum, or things like acupuncture?** *[TICK ALL THAT APPLY]*

Nicotine patches ..... ☐1
Acupuncture ..... ☐3
Other aid, help, support (please specify)_____ ☐5
No help used ..... ☐6
Nicotine gum, lozenges..... ☐2
Smoking helpline..... ☐4

HARP

D9 **Are you currently?**

Trying to quit	Actively planning to quit	Thinking about quitting but not planning to	Not thinking about quitting
☐1	☐2	☐3	☐4

NEW

D10 **If I gave up smoking …..** *[TICK ALL THAT APPLY]*

	Yes	No	Unsure
My health would improve in the short term	☐1	☐2	☐3
My health would benefit in the long term	☐1	☐2	☐3
I would put on weight	☐1	☐2	☐3
It would be harder to handle stress in my life	☐1	☐2	☐3
I'd feel I had done something worthwhile	☐1	☐2	☐3

Section E: Alcohol & Other Substances

ALCOHOL USE DISORDERS TEST-CONSUMPTION (AUDIT-C)

E1 [CARD 8] **How often do you have a drink containing alcohol?**

Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
☐1	☐2	☐3	☐4	☐5

SLÁN-02

E2a [CARD 9] **How long ago did you last have an alcoholic drink?**

During the last week..... ☐1
During the last month, but not in the last week..... ☐2
Within the last three months, but not in the last month..... ☐3
Within the last 12 months, but not in the last 3 months..... ☐4

More than 12 months ago ..... ☐5 → *Go to E6*
Never had alcohol beyond sips or tastes ..... ☐6 → *Go to E6*

AUDIT-C (MODIFIED)

E2b [CARD 10] **How many drinks containing alcohol do you have on a typical day when you are drinking? _____**

[INT: 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*
- *BOTTLE OF ALCOPOPS (LONG NECK)]*

AUDIT-C; SLÁN-02

E3 **How often do you have 6 or more [standard] drinks on one occasion?**

Every day	5-6 times a week	2-4 times a week	Once a week	1-3 times a month	Less often	Never
☐1	☐2	☐3	☐4	☐5	☐6	☐7

NEW

E4 **During the past 7 days how many standard drinks of any alcoholic beverage did you have each day?**
[Int: Tick box if none]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____
☐0	☐0	☐0	☐0	☐0	☐0	☐0

EUROPEAN COMPARATIVE ALCOHOL STUDY (ECAS); COLLEGE LIFESTYLE AND ATTITUDINAL NATIONAL (CLAN) STUDY

E5 **During the last 12 months, have you?**

	Yes	No
a. Got into a fight when you had been drinking	☐1	☐2
aa. Been in an accident of any kind when you had been drinking	☐1	☐2
b. Ever felt that you should cut down on your drinking	☐1	☐2
c. Regretted something you said or did after drinking	☐1	☐2
d. Felt that your drinking harmed your friendship or social life	☐1	☐2
e. Felt that your drinking harmed your home life or marriage	☐1	☐2
f. Felt that your drinking harmed your work or studies	☐1	☐2
g. Felt that your drinking harmed your health	☐1	☐2

ECAS; CLAN

E6 **During the last 12 months, have you experienced any of the following problems as a result of someone else's drinking?**

	Yes	*No*
a. Had family problems or marriage difficulties due to someone else's drinking	☐1	☐2
b. Been a passenger with a driver who had too much to drink	☐1	☐2
c. Been pushed or hit or assaulted by someone who had been drinking	☐1	☐2
d. Had financial trouble because of someone else's drinking	☐1	☐2

SLÁN-02

E7 **During the last 12 months have you ever driven a car after consuming 2 or more [standard] alcoholic drinks?**

Yes …. ☐1 No …. ☐2 Do not normally drive … ☐3

NEW

E8 **During the last 12 months have you ever driven a car after taking illicit drugs?**

Yes …. ☐1 No …. ☐2 Do not normally drive … ☐3

SLÁN-02 (MODIFIED)

E9 [CARD 11] ***In the last 12 months,* have you used any of the following drugs?**

	Yes	*No*
a. Marijuana (grass, pot) or cannabis (hash, hash oil)	☐1	☐2
b. Tranquillisers or sedatives (Barbs, Downers, Jellies)		

Without a doctors prescription ☐1 ☐2
With a doctors prescription (e.g. Benzodiazepine) ☐1 ☐2

c. Methadone
Without a doctors prescription ☐1 ☐2
With a doctors prescription ☐1 ☐2

d. Cocaine (Coke, Crack) ☐1 ☐2
e. Heroin (Smack, Skag) ☐1 ☐2
f. Ecstasy (E, XTC), Amphetamine (Speed, Whizz), LSD (Acid, Trips) ☐1 ☐2
g. Other, specify _____ ☐1 ☐2

Section F: Injury

SLÁN-02

F1 [CARD 12] **How often do you wear a helmet when you ride a bicycle?**

Always… ☐1 Nearly always … ☐2 Sometimes … ☐3 Seldom … ☐4 Never … ☐5 NA … ☐6

NEW

F2 **During the past 12 months, how many times were you injured in a way that required you to receive treatment from a health professional?** _____ times *[INT: IF 0 → Go to F7]*

Please answer the following questions in relation to the most serious injury you had in the last 12 months (i.e. the injury which took the most time to get better/recover from)

NEW

F3 **Where did the injury occur?** *[TICK ALL THAT APPLY]*

Home (inside) ☐1
Home (outside) ☐2
Farm ☐3
Industrial/construction area ☐4
Other public building ☐5
Shopping centre, restaurant, shop, bank, petrol station or other trade and service area ☐6
Road or motorway ☐7
Footpath ☐08
Car park ☐09
Sports centre/facility ☐10
Park/recreation area ☐11
River/lake/ocean/stream ☐12
Other, specify ☐13
_____

NEW

F4 **What were you doing when the injury occurred?** *[TICK ALL THAT APPLY]*

Driving or riding a motor vehicle ☐1
Working in paid work ☐2
Working around the house or yard ☐3
Working in unpaid work ☐4
Sport or physical activity ☐5
Leisure activity (excluding sport) ☐6
Resting, eating or drinking ☐7
Cooking ☐8
Walking (as a pedestrian) ☐9
Other, specify_____ ☐10

NEW

F5 **What was the cause of your injury?** *[INT: THIS IS THE PRIMARY MEANS OF INJURY E.G. IF A BROKEN ARM IS A CONSEQUENCE OF BEING HIT BY A CAR, THEN 'MOTOR VEHICLE' IS THE CORRECT RESPONSE OPTION] [TICK 1 ANSWER, MAIN MEANS]*

Motor vehicle ☐1
Pedestrian-vehicle crash ☐2
Motorcycle ☐3
Bicycle ☐4
Fall – from a height e.g. ladder ☐5
Fall – tripped ☐6
Gunshot, firearm related ☐7
Cut/pierce/stab ☐8
Punch or other assault ☐9
Fire/burn ☐10
Smoke inhalation ☐11
Poisoning ☐12
Near drowning/submersion ☐13
Foreign body(e.g. dog/insect bite) ☐14
Other mechanism, explain_____ ☐15
_____

NEW

F6 **As a result of this injury, how many days of work or other daily activity did you miss?**

_____ days None ☐0000

NEW

F7 **In the last 12 months have you deliberately taken an overdose (e.g. of pills or other medication) or tried to harm yourself in some other way (such as cut yourself)?**

Yes, once … ☐1 Yes, more than once … ☐2 No … ☐3 → *Go to SECTION G*

[INT: IF MORE THAN ONE ATTEMPT: **Please think of the most recent such attempt**

NEW

F8 **Did you go to hospital because of this overdose or the attempt to harm yourself?**

Yes … ☐1 No … ☐2

NEW

F9 [ON THAT OCCASION] **Did you receive help from any of the following people or sources, before, immediately afterward or in the weeks and months afterwards?**

[INT: TICK YES OR NO FOR EACH OF A, B AND C BELOW.]

	(a) Before		(b) Immediately afterwards		(c) In the weeks and months afterwards	
	Yes	No	Yes	No	Yes	No
a. Hospital staff	☐1	☐2	☐1	☐2	☐1	☐2
b. Someone in your family	☐1	☐2	☐1	☐2	☐1	☐2
c. A friend	☐1	☐2	☐1	☐2	☐1	☐2
d. A GP (family doctor)	☐1	☐2	☐1	☐2	☐1	☐2
e. A social worker	☐1	☐2	☐1	☐2	☐1	☐2
f. A psychologist or psychiatrist	☐1	☐2	☐1	☐2	☐1	☐2
g. A drop-in/advice centre	☐1	☐2	☐1	☐2	☐1	☐2
h. Other source (e.g. internet, book, magazine, other person etc.) specify, _____	☐1	☐2	☐1	☐2	☐1	☐2

Section G: Family, Social Networks & Neighbours

SLÁN-02

G1 [CARD 13] **Do you regularly join in the activities of any of the following types of organisation?**

	Yes	No
a. Sports clubs (Parish, GAA, Golf, Other), gym, exercise classes	☐1	☐2
b. Political parties, trade unions, environmental groups	☐1	☐2
c. Parent-teacher associations, tenants groups, residents groups, neighbourhood watch, youth groups, other community action groups	☐1	☐2
d. Church or other religious/parish groups, charitable or voluntary organisations (e.g. collecting for charity, helping the sick, elderly)	☐1	☐2
e. Evening classes, arts or music groups, education activities	☐1	☐2
f. Social clubs (e.g. mother & toddler group, rotary club, women's groups, elderly group)	☐1	☐2
g. Other, please specify: _____	☐1	☐2

SLÁN-02 (MODIFIED)

G2 [CARD 14] **How much of a problem are each of the following in your neighbourhood/area?**

	A big problem	A bit of a problem	Not a problem
a. Rubbish or litter lying around	☐1	☐2	☐3
b. Vandalism and deliberate damage to property	☐1	☐2	☐3
c. Insults or attacks to do with someone's race or colour	☐1	☐2	☐3
d. House break ins	☐1	☐2	☐3
e. Poor public transport	☐1	☐2	☐3
f. Lack of food shops/supermarkets that are easy to get to	☐1	☐2	☐3
g. Graffiti on walls or buildings	☐1	☐2	☐3
h. People being drunk in public	☐1	☐2	☐3
i. Lack of open public places	☐1	☐2	☐3

NEW - OSLO SOCIAL SUPPORT SCALE

G3 **How many people are so close to you that can count on them if you have serious personal problems?**

None … ☐1 1 or 2 … ☐2 3 to 5 … ☐3 More than 5 … ☐4

NEW - OSLO SOCIAL SUPPORT SCALE

G4 How much friendly interest do people take in what you are doing? *[CHOOSE ONE OPTION]*

A lot … ☐1 Some … ☐2 Uncertain … ☐3 Little … ☐4 None … ☐5

NEW - OSLO SOCIAL SUPPORT SCALE

G5 How easy is it to get practical help from neighbours if you should need it? *[TICK ONE BOX]*

Very easy … ☐1 Easy … ☐2 Possible … ☐3 Difficult … ☐4 Very difficult … ☐5

NEW

G6 Can you to tell me how much you agree or disagree with this statement: "If I was experiencing mental health problems I wouldn't want people knowing about it"

Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly
☐1	☐2	☐3	☐4	☐5

Section H: General Household Information

The following are some questions about you and your household. The information is needed so that we can look at the health situation of people in different situations. I would like to repeat that the information you provide will be treated in the strictest confidence.

NEW

H1 What is the highest level of education you have completed to date?

Some primary (not complete) ..... ☐1
Primary or equivalent ..... ☐2
Intermediate/ junior/ Group Certificate or equivalent ..... ☐3
Leaving Certificate or equivalent ..... ☐4
Diploma/ Certificate ..... ☐5
Primary degree ..... ☐6
Postgraduate/ Higher degree ..... ☐7
Refusal ..... ☐8

NEW

H2 What is your <u>current</u> marital status? *[TICK ONE ONLY]*

Single (never married) ..... ☐1
Cohabiting ..... ☐2
Married ..... ☐3
Separated ..... ☐4
Divorced ..... ☐5
Widowed ..... ☐6

NEW

H3 How many individuals, in each of the following age categories, live in your household?

Adults (18-65) _____
Adults (65+) _____
Children (14-17) _____
Children (5-13) _____
Children (<5) _____
Total _____ *[INT: TOTAL SHOULD EQUAL SUM OF PEOPLE IN EACH AGE GROUP]*

NEW

H4 How many in your household are currently working, please include all household members who work 15 or more hours per week? _____

NEW

H5 [CARD 15] **Using this card, which of these descriptions BEST describes your usual situation in regard to work?** ***[TICK ONE ONLY]***

Employee (incl. apprenticeship or Community Employment) ..... ☐1 → *Go to H7*
Self employed outside farming ..... ☐2 → *Go to H6*
Farmer ..... ☐3 → *Go to H6*
Student full-time ..... ☐4 → *Go to H9*

On State training scheme (FÁS, Failte Ireland etc.)..... ☐5 → *Go to H9*
Unemployed, actively looking for a job ..... ☐6 → *Go to H9*
Long-term sickness or disability ..... ☐7 → *Go to H9*
Home duties / looking after the home or family ..... ☐8 → *Go to H9*
Retired ..... ☐9 → *Go to H10*
Other (specify) _____..... ☐10 → *Go to H9*

Current Work

NEW
H6 *[IF, 'SELF EMPLOYED' OR FARMER (CODE 2 OR 3 ABOVE)]*
How many employees (if any) do you have? _____ employees

NEW
H7 *[IF 'WORKING' AS EMPLOYEE, SELF-EMPLOYED OR FARMER (CODES 1, 2, OR 3 ABOVE)]*
How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. _____hours

NEW
H7b What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible. *[INT: IF FARMER, PROBE TYPE/SIZE]*

NEW
H8 *[IF 'WORKING' AS EMPLOYEE]* **Do you supervise or manage any personnel in your job?**
Yes … ☐1 → **How many?** _____ → *Go to H15* No … ☐2 → *Go to H15*

NEW
H9 *[IF ON A STATE TRAINING SCHEME, UNEMPLOYED OR ON HOME DUTIES, STUDENT, ILL/DISABLED, OTHER]:*
Apart from holiday or casual work, have you ever had a job?
Yes … ☐1 No … ☐2 → *Go to H15*

Worked in Past

NEW
H10 In what year did you last work? _____

NEW
H10b When you last worked were you?
Employee (incl. apprenticeship or Community Employment) ..... ☐1 → *Go to H12*
Self employed outside farming ..... ☐2 → *Go to H11*
Farmer ..... ☐3 → *Go to H12*

NEW
H11 If 'self employed', how many employees (if any) did you have? _____ employees

NEW
H12 If 'working' as employee or self-employed, in your most recent job, how many hours did you normally work per week, including any regular overtime work? If you worked at more than one job, please include the hours in all jobs.
_____ hours

NEW
H13 What was your occupation in your most recent job? (What did you mainly do in your job?) Please describe as fully as possible. *[INT: IF FARMER, PROBE TYPE/SIZE]*

NEW
H14 Did you supervise or manage any personnel in your job?
Yes … ☐1 → **How many?** _____ No … ☐2

All

NEW

H15 Is your home…?

Owned with mortgage ..... ☐1
Rented from Local Authority ..... ☐2
Rented privately ..... ☐3
Owned outright ..... ☐4
Other (specify)..... ☐5

NEW

H16 Are you the person in whose name the accommodation is owned or rented?

Yes, solely … ☐1 → *Go to H20* Yes, jointly … ☐2 No … ☐3

Work – (other) Person responsible for accommodation

NEW

H17 [CARD 15] **Which of these BEST describes the employment status of the *[other]* person in whose name the accommodation is owned or rented?** *[TICK ONE ONLY]*

Employee (incl. apprenticeship or Community Employment) ..... ☐1
Self employed outside farming ..... ☐2
Farmer ..... ☐3
Student full-time ..... ☐4
On State training scheme (FÁS, Failte Ireland etc.)..... ☐5
Unemployed, actively looking for a job ..... ☐6
Long-term sickness or disability ..... ☐7
Home duties / looking after the home or family ..... ☐8
Retired ..... ☐9
Other (specify) _____ ..... ☐10

NEW

H18 Please describe as fully as possible his/her present (or most recent) occupation?
[INT: IF FARMER, PROBE TYPE/SIZE]

NEW

H19 Does [Did] he or she supervise or manage any personnel in his or her job?

Yes … ☐1 → **How many?** _____ No … ☐2

All

NEW

H20 Would you describe the place where your household is situated as being…..?

In open country ..... ☐1
In a city (other than Dublin)..... ☐4
In a village ..... ☐2
In Dublin City or County..... ☐5
In a town (1,500+)..... ☐3

NEW

H21 Do you have the use of a car (including vans, minibuses, etc)? Yes … ☐1 No … ☐2

NEW

H22 Could I just check - Do you have a telephone at home?

No … ☐ Yes, Landline only … ☐ Yes, Mobile only … ☐ Yes, both … ☐

NEW

H23 Which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own income. *[INT. TICK YES OR NO FOR EACH]* **And of these sources of income which is the largest source of income at present?** *[INT. TICK 1 BOX IN COL. B]*

A. Receive? B. Largest?

	Yes	No	
Wages or Salaries	☐1	☐2	☐1
Income from Self-Employment	☐1	☐2	☐2
Income from Farming	☐1	☐2	☐3
Social Welfare Income (incl. Child Benefit)	☐1	☐2	☐4
Pension from (own or spouse's) previous job	☐1	☐2	☐5
Other Income (incl. income from private pensions, investments, savings, dividends, property, maintenance payments)	☐1	☐2	☐6

NEW

H24 [CARDS 16] **Could I ask about the approximate level of net household income? This means the total income, after tax and PRSI, of *ALL MEMBERS* of the household. It includes *ALL TYPES* of income: income from employment, social welfare payments, child benefit, rents, interest, pensions etc. We would just like to know into which broad group the total income of your household falls. I'd like to assure you once again that all information you give me is entirely confidential. Perhaps you could look at this card *[CARD 16]* and tell me the letter corresponding to the total income range of your household. You can choose from the amounts per week, per month or per year – whichever is most convenient for you.**

	Per week	Per month	Per year	[Tick one box]
A	Under € 193	Under € 834	Under €10,000	☐1
B	€193 - €384	€834 – €1,667	€10,000 – €19,999	☐2
C	€385 - €575	€1,668 – €2,500	€20,000 – €29,999	☐3
D	€576 - €767	€2,501 – €3,333	€30,000 – €39,999	☐4
E	€ 768 - €959	€3,334 – €4,167	€40,000 – €49,999	☐5
F	€960 or more	€4,168 or more	€50,000 or more	☐6

H25 **Perhaps you could look at this card now** *[INT: SHOW CARD 17A, 17B, 17C, 17D, 17E OR 17F, AS APPROPRIATE],* **and tell me in a little more detail where the total income of your household would fall?** [Tick ONE Box only below]. Please tell me the number on the card.

	Per week	*Per month*	*Per year*	
H25 A	€86 or less	€375 or less	€4,499 or less	☐1
	€87 - €109	€376 - €475	€4,500 - €5,699	☐2
[FURTHER BREAKDOWN OF	€110 - €153	€476 - €667	€5,700 - €7,999	☐3
CATEGORY A ABOVE]	€154 - €192	€668 - €833	€8,000 - €9,999	☐4
H25 B	€193 - €240	€ 834 - € 1,042	€10,000 - €12,499	☐1
[FURTHER BREAKDOWN OF	€241 - €288	€1,043 - €1,250	€12,500 - €14,999	☐2
CATEGORY B ABOVE]	€289 - €336	€1,251 - €1,458	€15,000 - €17,499	☐3
	€337 - €384	€1,459 - €1,667	€17,500 - €19,999	☐4
H25 C	€385 - €432	€1,668 - €1,875	€20,000 - €22,499	☐1
	€433 - €479	€1,876 - €2,083	€22,500 - €24,999	☐2
[FURTHER BREAKDOWN OF	€480 - €527	€2,084 - €2,292	€25,000 - €27,499	☐3
CATEGORY C ABOVE]	€528 - €575	€2,293 - €2,500	€27,500 - €29,999	☐4
H25 D	€576 - €623	€2,501 - €2,708	€30,000 - €32,499	☐1
	€624 - €671	€2,709 - €2,917	€32,500 - €34,999	☐2
[FURTHER BREAKDOWN OF	€672 - €719	€2,918 - €3,125	€35,000 - €37,499	☐3
CATEGORY D ABOVE]	€720 - €767	€3,126 - €3,333	€37,500 - €39,999	☐4
H25 E	€768 - €815	€3,334 - €3,542	€40,000 - €42,499	☐1
	€816 - €863	€3,543 - €3,750	€42,500 - €44,999	☐2
[FURTHER BREAKDOWN OF	€864 - €911	€3,751 - €3,958	€45,000 - €47,499	☐3
CATEGORY E ABOVE]	€912 - €959	€3,959 - €4,167	€47,500 - €49,999	☐4
H25 F	€960 - €1,151	€4,168 - €5,000	€50,000 - €59,999	☐1
	€1,152 - €1,343	€5,001 - €5,833	€60,000 - €69,999	☐2
[FURTHER BREAKDOWN OF	€1,344 - €1,534	€5,834 - €6,667	€70,000 - €79,999	☐3
CATEGORY F ABOVE]	€1,535 or more	€6,668 or more	€80,000 or more	☐4

NEW

H26 Are you covered by a medical card?

Yes – full medical card … ☐1 → *Go to H29* Yes – GP only medical card … ☐2 → *Go to H29* No … ☐3

FILTER

H27 *[INT: CHECK THE RESPONSE CATEGORY AT H23 - INCOME]*

A,B,C or D … ☐1 → *Go to H28* E, F, G or missing … ☐2 → *Go to H29*

NEW

H28 Have you ever thought of applying for a GP-only medical card? *[INT: READ RESPONSES, TICK ONE]*

No, haven't heard of it..... ☐1 Yes, but unsure if I would qualify..... ☐4
No, don't need to visit a GP..... ☐2 Yes, but applying is too difficult..... ☐5
No, would prefer to pay for GP..... ☐3 Yes, applied, but was not eligible..... ☐6
Other response (please specify) ..... ☐5 _____

NEW

H29 Do you have private health insurance that covers the cost of private medical treatment (e.g. VHI, BUPA, VIVAS)?

Yes..... ☐1 No..... ☐2

NEW

H30 In what country were you born? Ireland (Republic)..... ☐1 → *Go to H32*

Ireland (NI)..... ☐2 Other UK..... ☐3 Other, specify_____..... ☐4

NEW

H31 *[INT: IF NOT BORN IN REPUBLIC OF IRELAND, ASK]* **When did you first move to Ireland?**

_____ (year)

NEW - CENSUS

H32 What is your ethnic or cultural background?

(a) White or White Irish
Irish… ☐1 Irish Traveller … ☐2 Any other white background …☐3
(b) Black or Black Irish
African … ☐4 Any other black background … ☐5
(c) Asian or Asian Irish
Chinese … ☐6 Any other Asian background … ☐7
(d) Other including mixed background … ☐8
Insert own description _____

Section I: Height, Weight and Waist Measurement

NEW SECTION

I1 *[INT: IS THE RESPONDENT UNDER AGE 45?]*

Yes..... ☐1 No..... ☐2 → *Go to I4*

I2 *[INT: IS THE RESPONDENT ADDRESS IDENTIFIED ON THE ASSIGNMENT SHEET AS 'FOR MEASUREMENT?]*

Yes..... ☐1 No..... ☐2 → *Go to Section J*

I3 We are nearly finished. One final thing – we would like to record your height, weight and waist circumference. I have the necessary equipment and this will take about 5 minutes. Is that OK with you?

Yes [participant agrees] ..... ☐1 →Go to *Measurement Record Sheet*
No- participant is not willing..... ☐2 →*Go to SECTION J*
No - other reason, (e.g. unable to stand; - specify)..... ☐3 →*Go to SECTION J*

I4 As part of this study, a small number of people age 45 and over will be invited to participate in a full physical exam conducted by trained medical personnel. Would you be willing to be contacted about this, if your name was selected? If you agree, and your name is selected, you

will be contacted by the staff working on that part of the study who will explain in more detail what is involved. You would of course be free to take part or not at that time.

Yes..... ☐1 No ..... ☐2

Section J: Consent for Check & Follow-up

J1 A few interviews in any survey are checked by Head Office to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number and name. Your contact details are also needed in case you are a prize-winner in the draw we will hold after the end of the survey. These contact details will be recorded separately from the questionnaire.

[INT: CHECK THE RESPONDENT CONTACT DETAILS – NAME AND TELEPHONE NUMBER – AT B ON THE CONTACT SHEET]

J2 If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again? You would of course be free to take part or not at that time.

Yes..... ☐1 No ..... ☐2

End Date of Interview: ____ / ____ / _____ **Time Ended** (24 hour clock): ____: ____

FOOD FREQUENCY QUESTIONNAIRE TO BE COMPLETED NOW

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.

K. THESE QUESTIONS ARE FOR THE INTERVIEWER TO ANSWER

K1 How was the Food Frequency Questionnaire administered?

Completed by the respondent with no help from you (self completion) ..... ☐1
Completed by the respondent but with some help from you..... ☐2
Face to face interview ..... ☐3

K2 Was the Food Frequency questionnaire...

Completed while you were present..... ☐1 → Number minutes to complete _____
Collected by you at a later date ..... ☐2
Going to be returned by post ..... ☐3