

# Health Survey - 2024

## Intro & Personal Details

The Irish Health Survey collects information on your health status, your use of health care services, and information on health determinants, such as nutrition and smoking, that can impact your health.

The survey provides reliable data about the health of people in Ireland, which can then be used in public health policies.

The Central Statistics Office wishes to thank the participating households for their co-operation in agreeing to take part in the survey, and for facilitating the collection of the relevant data.

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Soc\_AgeWhat is your age?

If you are answering on behalf of a child or another adult, you can enter their date of birth at a later stage.

Answer\_Dir      Are you answering...

☐ On behalf of yourself

☐ On behalf of a child referenced on the invitation letter

☐ I am an adult providing assistance and answering on behalf of another adult

Sex\_Temp      What is your sex?

☐ Male

☐ Female

**Only answer this question if Answer\_Dir Contains Any 3 I am an adult providing assistance and answering on behalf of another adult**

Adult\_DoB      What is their date of birth?

Note: Please, be aware that the survey should be answered about the adult you are assisting. That is, when asked 'you' or 'your', please understand that the question refers to them.

**Only answer this question if Answer\_Dir Contains Any 3 I am an adult providing assistance and answering on behalf of another adult**

Proxy\_Rel      What is your relationship to the person selected for the survey?

**Only answer this question if Answer\_Dir Contains Any 3 I am an adult providing assistance and answering on behalf of another adult**

Sex\_Proxy      What is their sex?

☐

Male

☐

Female

# Employment Details

PES\_Temp      Which one of the following categories best describes your current situation?

- ☐ Employed
- ☐ Unemployed
- ☐ Retired
- ☐ Unable to work due to long standing health problems
- ☐ Student/Pupil
- ☐ Fulfilling domestic tasks
- ☐ Other
- ☐ Not applicable

**Only answer this question if PES\_Temp Contains None of 1 Employed**

EMP12M      Did you carry out a job or profession at any time during the last 12 months (including unpaid work for a family business or holding an apprenticeship or paid traineeship, etc.)?

- ☐ Yes
- ☐ No

**Only answer this question if PES\_Temp Contains Any 1 Employed**

FTPT\_CSO      Do you work full-time or part-time in your main job?

If the respondent has multiple jobs, the main job is the one where the respondent usually works the most hours.

☐

Full-time

☐

Part-time

**Only answer this question if PES\_Temp Contains Any 1 Employed**

Mainjobprofile      Which of the following best describes your work status?

Note: Main job profile. When in doubt the main job should be the one with the greatest number of hours worked.

☐

Self-employed with employees

☐

Self-employed without employees

☐

Employee with a permanent job or work contract of unlimited duration

☐

Employee with a temporary job or work contract of limited duration

☐

Unpaid family worker

HATLEVEL      What is the highest level of education or training you have (if proxy interview insert: name has) ever successfully completed?

☐

Primary education (or FETAC Certificate at NFQ level 1 or 2)

☐

Secondary 1 (Junior/Inter/Group Certificate, NCVA foundation Certificate, SOLAS/FAS Introductory Skills Certificate, FETAC Certificate at NFQ level 3, Equivalent Qualification at NFQ level 3)

☐

Transition Year programme

☐

Leaving Certificate Applied

☐

Leaving Certificate traditional or vocational

☐

Technical or Vocational Certificate (e.g. Secretarial courses, Certificate in Hotel Operations, PLCs, SOLAS/FAS National Skills/Specific Skills Certificate, FETAC Certificate at NFQ level 4 & 5)

☐

Advanced Certificate (Completed apprenticeships, Teagasc Farming, Horticulture Certificate, National Craft Certificate, FETAC Advanced Certificate at NFQ level 6)

☐

University Access Certificate

☐

National Certificate (NCEA/DIT/IOT), Cadetship (army, air corps or naval service), HETAC or DIT Higher Certificate at NFQ level 6, Higher Certificate Equivalent qualification at NFQ level 6, Nursing (Higher) Certificate (up to 2002), Policing National Diploma (Prior to 2004)

☐

Diploma (e.g. National Diploma (HETAC/NCEA), Bachelor Degree (DIT), 3 year Diploma, Equivalent qualification at NFQ level 7)

☐

New Ordinary Bachelor Degree at NFQ level 7, Policing Ordinary Bachelor Degree, Nursing Honours Bachelor Degree

☐

Honours Bachelor Degree, Graduate Diploma (or Higher Diploma at NFQ level 8)

☐

Professional (Honours Bachelor Degree equivalent or higher)

☐

Post-Graduate (e.g. Post Graduate Diploma at NFQ level 9, Masters Degree (taught or researched) at NFQ level 9)

☐

Doctorate or higher (e.g. Doctoral Degree/higher Doctorate at NFQ level 10)

## Health Status & Minimum European Health Module

The following questions are about your health status, including your physical and mental health, and any limitations you experience in activities of daily living.

HS1 How is your health in general? Is it...

☐

Very good

☐

Good

☐

Fair

☐

Bad

☐

Very bad

HS1M How is your mental health in general? Is it...

☐

Very good

☐

Good

☐

Fair

☐

Bad

☐

Very bad

HS2 Do you have any longstanding illness or longstanding health problem?

Note: Longstanding illnesses are illnesses or health problems which have lasted, or are expected to last, for 6 months or more.

☐

Yes

☐

No

HS3a Are you limited because of a health problem in activities people usually do? Would you say you are....

☐

Severely limited

☐

Limited but not severely

☐

Not limited at all

**Only answer this question if HS3a Contains Any 1 Severely or 2 Limited but not severely**

HS3b Have you been limited for at least the past 6 months?

☐

Yes

☐

No

## Diseases and chronic conditions

CD2 How would you describe the state of your teeth and gums? Would you say it is.....

Note: Read response categories

☐

Very good

☐

Good

☐

Fair

☐

Bad

☐

Very bad

CD1 During the past 12 months, have you had any of the following diseases or conditions?

Select all that apply

Please include any disease or condition that might have occurred for any shorter periods over the last 12 months.

Select all that apply

- ☐ Asthma (allergic asthma included)
- ☐ Chronic bronchitis, chronic obstructive pulmonary disease, emphysema
- ☐ A myocardial infarction (heart attack) or chronic consequences of myocardial infarction
- ☐ A coronary heart disease or angina pectoris
- ☐ High blood pressure
- ☐ A stroke (cerebral haemorrhage, cerebral ischaemia) or chronic consequences
- ☐ Arthrosis (arthritis excluded)
- ☐ A low back disorder or other chronic back defect (conditions such as dorsalgia, lumbago and sciatica should be included here)
- ☐ A neck disorder or other chronic neck defect
- ☐ Diabetes
- ☐ An allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy
- ☐ Urinary incontinence, problems in controlling the bladder
- ☐ Kidney problems
- ☐ Depression
- ☐ High blood lipids (including high cholesterol, high triglycerides or high blood lipids)
- ☐ Cancer (i.e., received cancer diagnosis, cancer treatment, living with cancer)
- ☐ None of the above

## Neurodiversity



The following questions ask questions about neurodiversity. Someone may consider themselves to be, or be diagnosed as, neurodiverse, if they are autistic; have Attention Deficit Hyperactivity Disorder (ADHD); have dyspraxia (difficulty in physical coordination); have differences in social preferences; have differences in ways of learning; communicate or perceive the world around themselves differently; or are particularly sensitive to noise or lighting.

**CD1N** Have you ever been diagnosed with any of the following neurodiverse conditions? Please tick any that may apply.

Select all that apply

☐

Autism

☐

Attention Deficit Hyperactivity Disorder (ADHD)

☐

Other neurodivergent condition

☐

None of the above

**Only answer this question if CD1N Contains Any 4 None of the above**

**CD2N** Do you think you may be autistic, may have ADHD, or may be neurodivergent (even if not formally diagnosed)? Please tick any that may apply.

Select all that apply

☐

Autism

☐

Attention Deficit Hyperactivity Disorder (ADHD)

☐

Other neurodivergent condition

☐

None of the above

**Only answer this question if CD1N Contains Any 1 Autism or 2 Attention Deficit Hyperactivity Disorder (ADHD) or 3 Other neurodivergent condition**

CD3N Have you received services or supports, or had adjustments or accommodations (e.g., quiet spaces, softer lighting, special needs assistant, occupational therapy or other professional support), to help you live with neurodivergence such as autism, Asperger's, ADHD?

☐

Yes, a lot of support or adjustments

☐

Yes, some support or adjustments

☐

No, support or adjustments needed but not received

☐

No, support or adjustments not needed

## Accident or Injury

AC1 In the past 12 months, have you had any of the following type of accidents resulting in injury?

Note: Injuries resulting from poisoning or inflicted by animals or insects are also included. Injuries caused by wilful acts of other persons are excluded.

Select all that apply

☐

Road traffic accident

☐

Home accident

☐

Leisure accident

☐

No, I have not had any accidents that resulted in an injury

## Absence from work (due to health problems)

**Only answer this question if PES\_Temp Contains Any 1 Employed**

AW1 In the past 12 months, have you been absent from work for reasons of health problems? Take into account all kind of diseases, injuries and other health problems that you had and which resulted in your absence from work.

Note: Only full absense from work should be included

☐

Yes

☐

No

**Only answer this question if AW1 Contains Any 1 Yes and PES\_Temp Contains Any 1 Employed**

AW2 In the past 12 months, how many days in total were you absent from work for reasons of health problems?

Note: Only include absences from normal working days (i.e. do not include weekends / public holidays).

## Functional limitations

The following questions are about your general physical and sensory health. These questions deal with your ability to do different basic activities. Please ignore any temporary problems.

PL1 Do you wear glasses or contact lenses?

☐

Yes

☐

No

☐

I am blind or cannot see at all

**Only answer this question if PL1 Contains Any 1 Yes**

PL2a Do you have difficulty seeing even when wearing your glasses or contact lenses? Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

**Only answer this question if PL1 Contains Any 2 No**

PL2b Do you have difficulty seeing? Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

PL3 Do you use a hearing aid?

Note: This question relates to your predominant method of hearing. If you have a hearing aid, but wear it only rarely, then you do not use a hearing aid for the purposes of this question.

☐

Yes

☐

No

☐

I am profoundly deaf

**Only answer this question if PL3 Contains Any 1 Yes**

PL4a Do you have difficulty hearing what is said in a conversation with one other person in a quiet room, even when using your hearing aid? Would you say.....

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

**Only answer this question if PL3 Contains Any 2 No**

PL4b Do you have difficulty hearing what is said in a conversation with one other person in a quiet room? Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

**Only answer this question if PL3 Contains Any 1 Yes**

PL5a Do you have difficulty hearing what is said in a conversation with one other person in a noisier room, even when using your hearing aid? Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

**Only answer this question if PL3 Contains Any 2 No**

PL5b Do you have difficulty hearing what is said in a conversation with one other person in a noisier room?  
Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

PL6 Do you have difficulty walking half a kilometre (500 metres) on level ground that would be without the use of any aid?

Note: an example of half a km would be the length of 5 soccer fields.

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

PL7 Do you have difficulty walking up or down 12 steps? Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

PL8 Do you have difficulty remembering or concentrating? Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

PL8A Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? Would you say...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

**Only answer this question if Soc\_Age Greater than or Equal to 55**

PL9 Do you have difficulty biting and chewing on hard foods such as a firm apple? Would you say ...

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

ND1 Do you have any difficulty managing changes in routine?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

ND2 Do you have any difficulty with sensory overload, e.g., do certain noises, light, smells, textures or other features of everyday places cause you distress (e.g., house alarms, fluorescent lights, certain clothing textures, strong perfumes)?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do

ND3 Do you often find it difficult to be in situations where there are a number of other people there (like a busy shop, workplace, or social occasion, on public transport, or sharing a home with people outside your family)?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all/ Unable to do



ND4 Do you ever get very distressed during a normal day with risk of a meltdown?

☐

Never

☐

Rarely

☐

Sometimes

☐

Often

## Difficulties in Personal Care Activities

**Only answer this question if (Soc\_Age Greater than or Equal to 55) Or (HS3a Contains Any 1 Severely or 2 Limited but not severely)**

Introduction\_PC1 Now I would like you to think about some everyday personal care activities. Please ignore temporary problems.

☐

Continue

Do you usually have difficulty doing any of these activities without help?

Note: For the purpose of this survey "without help" means without help from other people and without the use of aids and housing adaptations.

**Only answer this question if Introduction\_PC1 Contains Any 1 Continue**

PC1\_feed Feeding yourself ?

Note: "Feeding yourself" does not include activities such as shopping for food or food preparation.

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

**Only answer this question if Introduction\_PC1 Contains Any 1 Continue**

PC1\_get Getting in and out of a bed or chair?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

**Only answer this question if Introduction\_PC1 Contains Any 1 Continue**

PC1\_dress      Dressing and undressing?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

**Only answer this question if Introduction\_PC1 Contains Any 1 Continue**

PC1\_toil Using toilets?

Note: this activity should include the activity of nappy changing if relevant

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

**Only answer this question if Introduction\_PC1 Contains Any 1 Continue**

PC1\_bath      Bathing or showering?

Note: This activity includes getting in and out of a bath/shower.

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

**Only answer this question if (PC1\_feed Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (PC1\_get Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (PC1\_dress Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (PC1\_toil Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (PC1\_bath Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do)**

PC2      Thinking about all personal care activities where you have difficulty in doing them without help, do you usually have help for any of these activities?

Note: Unlike the previous questions, any kind of help should be considered, including help from another person, the use of technical aids and housing adaptations.

☐

Yes, with at least one activity

☐

No

**Only answer this question if PC2 Contains Any 1 Yes, with at least one activity**

PC3a      Would you need more help?

Note: Unlike the previous questions, any kind of help should be considered, including help from another person, the use of technical aids and housing adaptations.

☐

Yes, with at least one activity

☐

No

**Only answer this question if PC2 Contains Any 2 No**

PC3b Would you need help?

Note: Any kind of help should be considered, including help from another person, the use of technical aids and housing adaptations.

☐

Yes, with at least one activity

☐

No

## Difficulties in Household Activities

**Only answer this question if (HS3a Contains Any 1 Severely or 2 Limited but not severely) Or (Soc\_Age Greater than or Equal to 55)**

Introduction\_HA1 Now I would like you to think about some household activities. Here is a list of activities. Please ignore any temporary problems.

Note: Showcard of household activities

Note: Press 1 to continue

☐

Continue

Do you usually have difficulty doing any of these activities without help?

**Only answer this question if Introduction\_HA1 Contains Any 1 Continue**

HA1A Preparing meals?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

☐

Not applicable (never tried it or do not need to do it)

**Only answer this question if Introduction\_HA1 Contains Any 1 Continue**

HA1B Using the telephone?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

☐

Not applicable (never tried it or do not need to do it)

**Only answer this question if Introduction\_HA1 Contains Any 1 Continue**

HA1C Shopping?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

☐

Not applicable (never tried it or do not need to do it)

**Only answer this question if Introduction\_HA1 Contains Any 1 Continue**

HA1D Managing medication?

Note: For the purpose of this survey this means being able to remember and take medicine but excludes any travel needed to get medicine (e.g. visiting pharmacy)

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

☐

Not applicable (never tried it or do not need to do it)

**Only answer this question if Introduction\_HA1 Contains Any 1 Continue**

HA1E Light housework?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

☐

Not applicable (never tried it or do not need to do it)

**Only answer this question if Introduction\_HA1 Contains Any 1 Continue**

HA1F Occasional heavy housework?

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

☐

Not applicable (never tried it or do not need to do it)

**Only answer this question if Introduction\_HA1 Contains Any 1 Continue**

HA1G Taking care of finances and everyday administrative tasks?

Note: For example paying bills, completing forms, going to the bank or post office etc.

☐

No difficulty

☐

Some difficulty

☐

A lot of difficulty

☐

Cannot do at all / Unable to do

☐

Not applicable (never tried it or do not need to do it)

**Only answer this question if (HA1A Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (HA1B Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (HA1C Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (HA1D Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (HA1E Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (HA1F Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do) Or (HA1G Contains Any 2 Some difficulty or 3 A lot of difficulty or 4 Cannot do at all / Unable to do)**

HA2 Do you usually have help with any of these activities?

Note: Any kind of help should be considered, including help from another person, the use of technical aids and housing adaptations.

☐

Yes, with at least one activity

☐

No

**Only answer this question if HA2 Contains Any 1 Yes, with at least one activity**

HA3a Would you need more help?

☐

Yes, with at least one activity

☐

No

**Only answer this question if HA2 Contains Any 2 No**

HA3b Would you need help?

☐

Yes, with at least one activity

☐

No

## Pain

The next questions are about any physical pain you have had during the past 4 weeks.



PN1 How much bodily pain have you had during the past 4 weeks?

Note: Answer according to whatever medication you were taking.

☐

None

☐

Very mild

☐

Mild

☐

Moderate

☐

Severe

☐

Very severe

**Only answer this question if PN1 Contains Any 2 Very mild or 3 Mild or 4 Moderate or 5 Severe or 6 Very severe**

PN2 During the past 4 weeks, how much did pain interfere with your normal life (including work, home and leisure activities)?

☐

Not at all

☐

A little bit

☐

Moderately

☐

Quite a bit

☐

Extremely

## Mental Health

The next questions are about how you feel and how things have been with you during the past 2 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

MH1A Little interest or pleasure in doing things?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

MH1B Feeling down, depressed or hopeless?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

MH1C Trouble falling or staying asleep, or sleeping too much?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

MH1D Feeling tired or having little energy?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

MH1E Poor appetite or overeating?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

MH1F Feeling negative about yourself or that you are a failure or have let yourself or your family down?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

MH1G Trouble concentrating on things, such as reading the newspaper or watching television?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

MH1H Moving or speaking so slowly that other people could have noticed; or being so fidgety or restless that you have been moving around a lot more than usual?

☐

Not at all

☐

Several days

☐

More than half the days

☐

Nearly every day

How much of the time over the last 2 weeks have you been?

MH2A Feeling cheerful and in good spirits

☐

All of the time

☐

Most of the time

☐

More than half of the time

☐

Less than half of the time

☐

Some of the time

☐

At no time

MH2B Feeling calm and relaxed

☐

All of the time

☐

Most of the time

☐

More than half of the time

☐

Less than half of the time

☐

Some of the time

☐

At no time

MH2C Feeling active and vigorous

☐

All of the time

☐

Most of the time

☐

More than half of the time

☐

Less than half of the time

☐

Some of the time

☐

At no time

MH2D Waking up feeling fresh and rested

☐

All of the time

☐

Most of the time

☐

More than half of the time

☐

Less than half of the time

☐

Some of the time

☐

At no time

MH2E Feeling that daily life has been filled with things that interest

☐

All of the time

☐

Most of the time

☐

More than half of the time

☐

Less than half of the time

☐

Some of the time

☐

At no time

## Use of Inpatient and Day Care

The next set of questions ask about use of formal health care services and the unmet needs for formal health care.

The first questions are about time spent in hospital. All types of hospitals are included.

Note: This excludes time spent in hospital giving birth for women under the age of 50.

HO1A In the past 12 months have you been in hospital as an inpatient, that is overnight or longer?

Note: Visits to emergency departments only (without an overnight stay) or as outpatient only should not be included.

☐

Yes

☐

No

HO1B Thinking of all these occasions you have been an inpatient, how many nights in total did you spend in hospital?

HO2A In the past 12 months have you been admitted to hospital as a day patient, that is admitted to a hospital for diagnostic, treatment or other types of health care, but not required to remain overnight?

☐

Yes

☐

No

**Only answer this question if HO2A Contains Any 1 Yes**

HO2B In the past 12 months how many times have you been admitted to hospital as a day patient?

## Use of Ambulatory and Home Care

The next set of questions are about visits to the GP, medical or surgical specialists, dentist, orthodontist or other dental care specialist. It also includes questions on different homecare services.

AM1 When was the last time you visited a dentist or orthodontist for the purpose of addressing your own dental care?

☐

Less than 6 months

☐

6 to less than 12 months

☐

12 months or longer

☐

Never

AM2 When was the last time you consulted a GP (general practitioner) or family doctor for your own care?

Note: Please include visits to your doctor's office as well as home visits and consultations by telephone or online.

☐

Less than 12 months ago

☐

12 months ago or longer

☐

Never

**Only answer this question if AM2 Contains Any 1 Less than 12 months ago**

AM3 During the past 4 weeks ending yesterday, how many times did you consult a GP (general practitioner) or family doctor for your own care?

Note: Please include visits to your doctor's office as well as home visits and consultations by telephone or online.



AM4 When was the last time you consulted a medical or surgical specialist for your own care?

Note: Exclude visits to GPs and general dentists. Visits to dental surgeons are included.

☐

Less than 12 months ago

☐

12 months ago or longer

☐

Never

**Only answer this question if AM4 Contains Any 1 Less than 12 months ago**

AM5 During the past 4 weeks, how many times did you consult a specialist for your own care?

AM6a In the past 12 months have you visited for your own care any of the following:

Note: Select all that apply

Select all that apply

☐

Physiotherapist

☐

Kinesiologist

☐

Chiropractor

☐

Osteopath

☐

None of the above

AM6b In the past 12 months have you visited for your own care any of the following:

Note: Select all that apply

Select all that apply

☐

Psychologist

☐

Psychotherapist

☐

Psychiatrist

☐

None of the above

## Use of Long Term Services

The next questions are about regularly receiving any unpaid care or assistance for personal care or household care activities due to a long-standing health problem or old age.

LT1 In the past 12 months, have you received any unpaid care or assistance from a family member (within or outside your household), partner, friend or neighbour because of a long-standing health problem or old age, at least once a week?

Note: Please include any help or assistance with personal care and household activities, as well as companionship and emotional support.

☐

Yes, mainly from a family member

☐

Yes, mainly from a non-family member

☐

No

LT2 In the past 12 months, have you used or received for yourself any home care services provided by professional health or care workers, at least once a week?

☐

Yes

☐

No

**Only answer this question if LT2 Contains Any 1 Yes**

LT3      How many hours per week do you receive care or assistance from professional health or care workers?

☐

Less than 5 hours per week

☐

5 hours to less than 10 hours per week

☐

10 hours to less than 20 hours per week

☐

20 hours to less than 30 hours per week

☐

30 hours to less than 40 hours per week

☐

40 hours or more per week

## Medicine Use

I'd now like to ask about your use of medicines in the past 2 weeks.

MD1      During the past 2 weeks, have you used any medicines that were prescribed for you by a doctor?

Note: Exclude contraceptive pills or hormones used solely for contraception.

☐

Yes

☐

No

MD2      During the past 2 weeks, have you used any medicines or herbal medicines or vitamins not prescribed by a doctor?

☐

Yes

☐

No

## Unmet Needs for Health Care

There are many reasons why people experience some delay in getting health care or do not get it at all. The next set of questions ask about unmet health care.

UN1A Have you experienced delay in getting health care in the past 12 months because the time needed to obtain an appointment was too long?

☐

Yes

☐

No

☐

No need for health care

UN2A Was there any time in the past 12 months when you needed a mental health consultation or treatment (by a psychologist, psychotherapist or a psychiatrist, for example) for yourself?

☐

Yes (I really needed at least on one occasion mental health consultation or treatment)

☐

No (I did not need any mental health consultation or treatment)

**Only answer this question if UN2A Contains Any 1 Yes (I really needed at least on one occasion mental health consultation or treatment)**

UN2AA Did you have a mental health consultation or treatment each time you really needed?

☐

Yes (I had a mental health consultation or treatment each time I needed)

☐

No (there was at least one occasion when I did not have a mental health consultation or treatment)

**Only answer this question if UN2AA Contains Any 2 No (there was at least one occasion when I did not have a mental health consultation or treatment)**

UN2B What was the main reason for not having a mental health consultation or treatment?

- ☐ Could not afford to (too expensive or not covered by the insurance fund)
- ☐ Waiting list, don't have the referral letter
- ☐ Could not take time because of work, care for children or for others
- ☐ Too far to travel/no means of transportation
- ☐ Having concerns about confidentiality and trust
- ☐ Being afraid of negative reaction or comments from family, friends or colleagues
- ☐ Fear about the consultation or treatment (for instance, fear of negative outcome or fear of side effects of medication)
- ☐ Not knowing where to seek help
- ☐ Other reason

HI1 In the past 12 months, have you had private health insurance cover?

- ☐ Yes
- ☐ No

## Weight and Height & Social Media Use

The following questions measure some aspects in lifestyles or health-related behaviours that may have a positive or negative impact on your health.

Firstly, we would like to know about your height and weight.

24 How tall are you without shoes?

Feet and Inches OR Metres and Centimeters

BM2 How much do you weigh without clothes and shoes?

Kg's OR Stones and Pounds

SM1 How much time do you spend on social media each day?

☐

Less than 1 hour a day

☐

1-2 hours a day

☐

Over 2 hours a day

☐

I don't use social media

SM2 Do you think the time you spend on social media has an impact on your mental health?

☐

No, it has no impact

☐

Yes, it has a positive impact

☐

Yes, it has a negative impact

☐

Don't know

## Physical Activity

The next questions are about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

PE1 When you are WORKING, which of the following best describes what you do? Would you say ...

Note: Work includes paid and unpaid work, work around your home, taking care of family, studying or training.

- ☐ Mostly sitting or standing
- ☐ Mostly walking or tasks of moderate physical effort
- ☐ Mostly heavy labour or physically demanding work
- ☐ Not performing any working tasks

The next questions EXCLUDE the WORK-RELATED PHYSICAL ACTIVITIES that you have already mentioned. Now I would like to ask you about the way you usually GET TO AND FROM PLACES; for example to work, to school, for shopping, or to market.

PE2 In a typical week, on how many days do you WALK for at least 10 minutes continuously in order to get to and from places?

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ I never carry out such physical activity

**Only answer this question if PE2 Contains Any 1 1 day or 2 2 days or 3 3 days or 4 4 days or 5 5 days or 6 6 days or 7 7 days**

PE3 How much time do you spend walking in order to get to and from places on a typical day?

Note: Showcard on Getting to and from places

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

PE4 In a typical week, on how many days do you BICYCLE for at least 10 minutes continuously to get to and from places?

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ I never carry out such physical activities



**Only answer this question if PE4 Contains Any 1 1 day or 2 2 days or 3 3 days or 4 4 days or 5 5 days or 6 6 days or 7 7 days**

PE5 How much time do you spend bicycling in order to get to and from places on a typical day?

☐

10 - 29 minutes per day

☐

30 - 59 minutes per day

☐

1 hour to less than 2 hours per day

☐

2 hours to less than 3 hours per day

☐

3 hours or more per day

The next questions EXCLUDE the WORK and TRANSPORTATION ACTIVITIES that you have already mentioned. Now I would like to ask you about SPORTS, FITNESS and RECREATIONAL (LEISURE) PHYSICAL ACTIVITIES that cause AT LEAST a small increase in breathing or heart rate. For example brisk walking, ball games, jogging, cycling or swimming.

PE6 In a typical week, on how many days do you carry out sports, fitness or recreational physical activities for at least 10 minutes continuously?

☐

1 day

☐

2 days

☐

3 days

☐

4 days

☐

5 days

☐

6 days

☐

7 days

☐

I never carry out such physical activities

**Only answer this question if PE6 Contains None of 0 I never carry out such physical activities**

PE7 How much time in total do you spend on sports, fitness or recreational physical activities in a typical week?

Note: Answer in hours and minutes HH:MM

PE8 In a typical week, on how many days do you carry out physical activities specifically designed to STRENGTHEN your muscles such as doing resistance training or strength exercises?

☐

1 day

☐

2 days

☐

3 days

☐

4 days

☐

5 days

☐

6 days

☐

7 days

☐

I never carry out such physical activities

The last question in this module is about sitting at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television on a typical day; but time spent sleeping should not be included here.

PE9 How much time do you spend sitting and reclining on a typical day?

☐

Less than 4 hours

☐

4 hours to less than 6 hours

☐

6 hours to less than 8 hours

☐

8 hours to less than 10 hours

☐

10 hours to less than 12 hours

☐

12 hours or more

## Nutritional Habits

The following questions are about your consumption of fruits and vegetables.

DH1 How often do you eat fruit, excluding juice squeezed from fresh fruit or made from concentrate?

Note: Frozen, dried, canned, etc. fruits should be included. But any fruit juices should be excluded.

☐

Once or more a day

☐

4 to 6 times a week

☐

1 to 3 times a week

☐

Less than once a week

☐

Never

**Only answer this question if DH1 Contains Any 1 Once or more a day**

DH2 How many portions of fruit, of any sort, excluding juice, do you eat each day?

Note: One portion of fresh fruit is: One medium-sized fruit, such as one apple or banana a number of small-sized fruits: for example two plums or satsumas, a handful of blueberries or a piece of a large-sized fruit.

DH3 How often do you eat vegetables or salad, excluding potatoes and fresh juice or juice made from concentrate?

Note: Frozen, dried or canned vegetables should be included but any kind of vegetable juices or soups (warm and cold) should be excluded.

☐

Once or more a day

☐

4 to 6 times a week

☐

1 to 3 times a week

☐

Less than once a week

☐

Never

**Only answer this question if DH3 Contains Any 1 Once or more a day**

DH4 How many portions of vegetables or salad do you eat each day?

Note: One portion of vegetables is:

Green vegetables: Two broccoli spears or four heaped tablespoons of cabbage, or green beans.

Cooked vegetables: Three heaped tablespoons of cooked courgettes, carrots, or swede.

Salad vegetables: Three sticks of celery, two-inch piece of cucumber or one medium tomato.

Pulses and beans: Three heaped tablespoons of beans or chick peas.

Remember that beans or pulses only count as one of the five day portions.

DH5 How often do you drink 100% pure fruit or vegetable juice, excluding juice made from concentrate or sweetened juice?

Note: "100% pure fruit or vegetable juice" means juice from fresh or frozen fruits or vegetables. It also includes smoothies with no other ingredients.

☐

Once or more a day

☐

4 to 6 times a week

☐

1 to 3 times a week

☐

Less than once a week

☐

Never

DH6 How often do you drink sugared soft drinks, for example lemonade or cola?

Note: Light, diet or artificially sweetened soft drinks are excluded

☐

Once or more a day

☐

4 to 6 times a week

☐

1 to 3 times a week

☐

Less than once a week

☐

Never

DH7 How often do you eat fresh and frozen meat such as beef, pork, lamb etc.?

☐

Once or more a day

☐

4 to 6 times a week

☐

1 to 3 times a week

☐

Less than once a week

☐

Never

DH8 How often do you eat processed meat products, such as salami, sausages, hot dogs etc.?

☐

Once or more a day

☐

4 to 6 times a week

☐

1 to 3 times a week

☐

Less than once a week

☐

Never

## Smoking

The following questions are about your smoking habits and exposure to tobacco smoke.

SK1 Do you smoke any tobacco products (excluding heated tobacco products, electronic cigarettes or similar electronic devices)?

☐

Yes, daily

☐

Yes, occasionally

☐

Not at all

**Only answer this question if SK1 Contains Any 1 Yes, daily**

SK2A Do you smoke manufactured or hand-rolled cigarettes each day?

☐

Hand-rolled

☐

Manufactured

☐

Other tobacco products

**Only answer this question if SK2A Contains Any 1 Hand-rolled or 2 Manufactured**

SK2B On average, how many cigarettes do you smoke each day?

**Only answer this question if SK1 Contains Any 2 Yes, occasionally or 3 Not at all**

SK3 Have you ever smoked tobacco (cigarettes, cigars, pipes) daily, or almost daily, for at least one year? This does not include heated tobacco products, electronic cigarettes or similar electronic devices.

☐

Yes

☐

No

**Only answer this question if (SK1 Contains Any 1 Yes, daily) Or (SK3 Contains Any 1 Yes)**

SK4 For how many years have you smoked daily? Count all separate periods of smoking daily. If you don't remember the exact number of years, please give an estimate. This does not include heated tobacco products, electronic cigarettes or similar electronic devices.

SK5 How often are you exposed to tobacco smoke indoors?

Note: You can specify that "by indoors we mean at home, at work, at public places, at restaurants, etc."

- ☐ Every day, 1 hour or more a day
- ☐ Every day, less than 1 hour per day
- ☐ At least once a week (but not every day)
- ☐ Less than once a week
- ☐ Never or almost never

SK6 Do you currently use heated tobacco products, for example tobacco sticks or products that use loose-leaf tobacco?

- ☐ Yes, daily
- ☐ Yes, occasionally
- ☐ No, but I have used them in the past
- ☐ Never used them

SK6B Do you currently use electronic cigarettes or similar electronic devices (e.g. e-shisha, e-pipe)?

- ☐ Yes, daily vaping
- ☐ Yes, occasionally vaping
- ☐ No, but former vaping
- ☐ Never vaped

## Alcohol Consumption

The following questions are about your use of alcoholic beverages during the past 12 months.



AL1 In the past 12 months, how often have you had an alcoholic drink of any kind [beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol...]?

- ☐ Every day or almost
- ☐ 5 - 6 days a week
- ☐ 3 - 4 days a week
- ☐ 1 - 2 days a week
- ☐ 2 - 3 days in a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Not in the past 12 months, as I no longer drink alcohol
- ☐ Never, or only a few sips or tries, in my whole life

**Only answer this question if AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week**

AL2 Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?

- ☐ On all 4 days
- ☐ On 3 of the 4 days
- ☐ On 2 of the 4 days
- ☐ On 1 of the 4 days
- ☐ On none of the 4 days

**Only answer this question if AL2 Contains Any 1 On all 4 days or 2 On 3 of the 4 days or 3 On 2 of the 4 days or 4 On 1 of the 4 days**

AL3 From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?

- ☐ 16 or more drinks a day
- ☐ 10 - 15 drinks a day
- ☐ 6 - 9 drinks a day
- ☐ 4 - 5 drinks a day
- ☐ 3 drinks a day
- ☐ 2 drinks a day
- ☐ 1 drink a day
- ☐ 0 drink a day

**Only answer this question if AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week or 5 2 - 3 days in a month or 6 Once a month or 7 Less than once a month**

AL4 Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?

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

**Only answer this question if (AL4 Contains Any 1 On all 3 days or 2 On 2 of the 3 days or 3 On 1 of the 3 days)  
And (AL1 Contains Any 1 Every day or almost or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week)**

AL5 From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?

- ☐ 16 or more drinks a day
- ☐ 10-15 drinks a day
- ☐ 6 - 9 drinks a day
- ☐ 4 - 5 drinks a day
- ☐ 3 drinks a day
- ☐ 2 drinks a day
- ☐ 1 drink a day
- ☐ 0 drink a day

**Only answer this question if AL1 Contains Any 1 Every day or almost every day or 2 5 - 6 days a week or 3 3 - 4 days a week or 4 1 - 2 days a week or 5 2 - 3 days in a month or 6 Once a month or 7 Less than once a month**

AL6 In the past 12 months, how often have you had [6 or more] drinks containing alcohol on one occasion? For instance, during a party, a meal, an evening out with friends, alone at home, ...

- ☐ Every day or almost every day
- ☐ 5 - 6 days a week
- ☐ 3 - 4 days a week
- ☐ 1 - 2 days a week
- ☐ 2 - 3 days in a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Not in the past 12 months
- ☐ Never in my whole life

## Social Support

The following questions are about your social relationships.

SS1 How many people are so close to you that you can count on them if you have serious personal problems?

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

SS2 How much concern do people show in what you are doing?

☐

A lot of concern and interest

☐

Some concern and interest

☐

Uncertain

☐

Little concern and interest

☐

No concern and interest

SS3 How easy is it to get practical help from neighbours if you should need it?

☐

Very easy

☐

Easy

☐

Possible

☐

Difficult

☐

Very difficult

## Provision of Informal Care or Assistance

The next questions are about the provision of care or assistance to other people with health problems.

IC1 Do you provide care or assistance to one or more persons suffering from some age problem, chronic health condition or infirmity, at least once a week?

Note: Exclude any care you provide as part of your profession

☐

Yes

☐

No

**Only answer this question if IC1 Contains Any 1 Yes**

IC2 Is this person or are these persons:

Note: Only one answer allowed. At times where multiple persons are involved, select the one to whom you are providing the most care.

☐

Member(s) of your family

☐

Non-member(s) of your family (someone else)

IC3 For how many hours per week do you provide care or assistance?

Care provided on a 24 hour basis, 7 days a week is equal to 168 hours.

## Cannabis Use

Next questions are about your personal experiences with cannabis use.

Please note that you can skip these questions if you don't want to answer.

If you would like to talk with someone about this issue, you could use the phone numbers or emails available provided below.

HSE Drugs and Alcohol helpline

Provides a free confidential place where you can talk through your concerns about drugs or alcohol, get information about services and consider the options available to you to improve your situation.  
Call their confidential freephone helpline on 1800 459 459 from Monday to Friday between 9:30 am and 5:30 pm.  
Email at any time on [helpline@hse.ie](mailto:helpline@hse.ie)

Drugs.ie

Website that provides information on drugs and alcohol with sections for both teens and parents. It lists services such as treatment and rehabilitation available in each county.

[www.drugs.ie](http://www.drugs.ie)

CU1 Have you used cannabis in the last 12 months?

☐

Yes

☐

No

**Only answer this question if CU1 Contains Any 1 Yes**

CU2 As a result of your cannabis use in the last 12 months, did you experience significant problems at work, at school or when taking care of the household?

☐

Yes

☐

No

If you would like to talk with someone about alcohol or drugs use, you could use the phone numbers or emails available provided below.

HSE Drugs and Alcohol helpline provides a free confidential place where you can talk through your concerns about drugs or alcohol, get information about services and consider the options available to you to improve your situation.

Call their confidential freephone helpline on 1800 459 459 from Monday to Friday between 9:30 am and 5:30 pm. Email at any time on [helpline@hse.ie](mailto:helpline@hse.ie).

Drugs.ie - Website that provides information on drugs and alcohol with sections for both teens and parents. It lists services such as treatment and rehabilitation available in each county. [www.drugs.ie](http://www.drugs.ie).

## Child Block

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

AgeC How old is your child?

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

SexChild What is your child's sex?

☐

Male

☐

Female

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

HD120 Can you tell me whether your child has fruits and vegetables once a day?

☐

Yes, at least once a day

☐

No

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

HD140 Can you tell me whether your child has a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?

☐

Yes, at least once a day

☐

No

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

HD180 Can you tell me whether your child participates in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)?

☐

Yes

☐

No



**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

MD1a During the past two weeks, has your child used any medicines that were prescribed for them by a doctor?

Note: For the purpose of this survey, if female, exclude contraceptive pills or hormones used solely for contraception.

☐

Yes

☐

No

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

MD2a During the past two weeks, has your child used any medicines or herbal medicines or vitamins not prescribed by a doctor?

Note: For the purpose of this survey, if female, exclude contraceptive pills or hormones used solely for contraception.

☐

Yes

☐

No

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

RCH010 How would you describe your child health in general? Is it...

☐

Very good

☐

Good

☐

Fair (Neither good nor bad)

☐

Bad

☐

Very bad

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

CHS2 Does your child have any longstanding illness or longstanding health problem?

Note: By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more.

☐

Yes

☐

No

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

RCH020a Is your child limited because of a health problem in activities most children of the same age usually do?

Would you say he/she is ...

☐

Severely limited

☐

Limited but not severely

☐

Not limited at all

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

RCH020b Has your child been limited for at least the past 6 months?

☐

Yes

☐

No

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PL1A Does your child wear glasses or contact lenses?

☐

Yes

☐

No

☐

They are blind or cannot see at all

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PL3A Does your child use a hearing aid?

☐

Yes

☐

No

☐

They are profoundly deaf

The next questions are about the health care related services for your child used or wanted to use during the last 12 months.

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PH040\_BD1C Was there any time during the last 12 months when your child personally really needed a medical examination or treatment (excluding dental) for a health problem?

☐

Yes (really needed a medical examination or treatment on at least on one occasion)

☐

No (did not really need a medical examination or treatment)

**Only answer this question if PH040\_BD1C Contains Any 1 Yes (really needed a medical examination or treatment on at least on one occasion) and Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PH040\_BD2C Did your child have a medical examination or treatment each time he/she really needed it?

☐

Yes (had a medical examination or treatment each time it was needed)

☐

No (there was at least one occasion when a medical examination or treatment was not received)

**Only answer this question if PH040\_BD2C Contains Any 2 No (there was at least one occasion when a medical examination or treatment was not received) and Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PH050\_BD What was the main reason for not having a medical examination or treatment?

☐

Could not afford to (too expensive)

☐

Waiting list

☐

Could not take time off work (or could not take time off from caring for children or others)

☐

Too far to travel or no means of transport

☐

Fear of doctor/hospitals/examination/treatment

☐

Wanted to wait and see if problem got better on its own

☐

Didn't know any good doctor or specialist

☐

Other reason

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

CD2A How would you describe the state of [child's name]'s teeth and gums? Would you say it is ...

☐

Very good

☐

Good

☐

Fair

☐

Bad

☐

Very bad

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PH060\_BD1C Was there any time during the last 12 months when your child personally really needed a dental examination or treatment?

☐

Yes (really needed a dental examination or treatment on at least on one occasion)

☐

No (did not really need a dental examination or treatment)

**Only answer this question if PH060\_BD1C Contains Any 1 Yes (really needed a dental examination or treatment on at least on one occasion) and Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PH040\_BD2C1 Did your child have a dental examination or treatment each time he/she really needed it?

☐

Yes (had a medical examination or treatment each time it was needed)

☐

No (there was at least one occasion when a medical examination or treatment was not received)

**Only answer this question if PH040\_BD2C1 Contains Any 2 No (there was at least one occasion when a medical examination or treatment was not received) and Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

PH070\_BDC      What was the main reason for not having a dental examination or treatment?

☐

Could not afford to (too expensive)

☐

Waiting list

☐

Could not take time off work (or could not take time off from caring for children or others)

☐

Too far to travel or no means of transport

☐

Fear of doctor/hospitals/examination/treatment

☐

Wanted to wait and see if problem got better on its own

☐

Didn't know any good dentist or specialist

☐

Other reason

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

HO1AA In the past 12 months has your child been in hospital as an inpatient, that is overnight or longer?

Note: Visits to emergency departments only (without overnight stay) or as outpatient only should not be included.

☐

Yes

☐

No

**Only answer this question if Answer\_Dir Contains Any 2 On behalf of a child referenced on the invitation letter**

HO2AA In the past 12 months has your child been admitted to hospital as a day patient, that is admitted to a hospital for diagnostic, treatment or other types of health care, but not required to remain overnight?

☐

Yes

☐

No