Survey Respondent ID Number				
W	1			

An Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS - TILDA)

Pre-Interview Questionnaire

Intellectual Disability Supplement to TILDA,
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Office use only

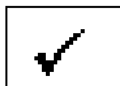
Researcher ID Number: | I | D | S | | |

Date Received (V2): ☐☐ / ☐☐ / ☐☐

Instructions for filling out this questionnaire

Please complete this questionnaire before your interview.

1. How to complete the questionnaire

Tick a box like this 

OR

Write a number in a box like this | 43 |

Sometimes you will find an instruction telling you which question to answer next like this:

Yes	☐ 1	**(Go to Question 13)**
No	☐ 5	**(Go to Question 15)**

If there are no instructions just answer the next question.

2. What to do if you need support

If you need any support filling in the questionnaire ask a family member, key worker or friend **who has known you at least 6 months** to help.

If you need any further support, or if you need the questionnaire in a different format (for example in large print or Braille) or language, please contact the research team by phoning us on 01 - 8963186 or 01 - 8963187 or email us at idstotilda@tcd.ie

3. How to return the questionnaire

Please bring the completed questionnaire to your interview.

All your answers will remain private.

Thank you for taking part in this study.

Section 1: Personal details

Question 1: **Are you male or female?**

Tick <u>one box</u> only

Male	☐ 1
Female	☐ 2

Question 2: **What is your date of birth?**

(e.g. 01/03/66) ☐☐/☐☐/☐☐

Don't know ☐ 98

Question 3: **Are you …?**

Tick <u>one box</u> only

Single (never married)	☐ 1
Living with a partner as if married	☐ 2
With a partner but not living with him/her	☐ 3
Married	☐ 4
Separated	☐ 5
Divorced	☐ 6
Widowed	☐ 7
Don't know	☐ 98

Question 4: Do you have any children?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 5: What is your level of intellectual disability?

Tick one box only

Not verified	☐ 1
Mild	☐ 2
Moderate	☐ 3
Severe	☐ 4
Profound	☐ 5
Don't know	☐ 98

Question 6: What is the cause of your intellectual disability?

Tick one box only

Down syndrome	☐ 1
Cause of intellectual disability unknown	☐ 2

Other (please tell us)

	☐ 95

Don't know	☐ 98

Question 7: What is the highest level of education you have completed?

Tick one box only

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

Other (please tell us)

	☐ 95

Don't know	☐ 98
None	☐ 96

Question 8: How long have you lived in your current place of residence?

☐☐ year(s) ☐☐ month(s)

Don't know ☐ 98

Section 2: Height and weight

Question 9: What is your height without shoes?

Feet [ ] Inches [ ]

(e.g. 5) (e.g. 5)

Or

Inches [ ]

(e.g. 65)

Or

Centimetres (cms) [ ]

(e.g. 165)

Don't know [ ] 98

Question 10: What is your weight without clothes?

Stones [ ] Pounds [ ]

(e.g. 10) (e.g. 2)

Or

Pounds [ ]

(e.g. 142)

Or

Kilos [ ]

(e.g. 64.4)

Don't know [ ] 98

Section 3: Eyesight

Question 11: Has a doctor ever told you that you have age related macular degeneration?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 12: Has a doctor ever told you that you have glaucoma?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 13: Has a doctor ever told you that you have cataracts?

Tick one box only

Yes	☐ 1	**(Go to Question 14)**
No	☐ 5	**(Go to Question 15)**
Don't know	☐ 98	**(Go to Question 15)**

Question 14: Have you had cataract surgery?

Tick one box only

Yes, in one eye	☐ 1
Yes, in both eyes	☐ 2
No	☐ 5
Don't know	☐ 98

Question 15: Has a doctor ever told you that you have any other eye diseases?

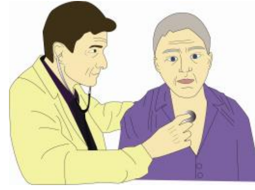
Tick one box only

Yes	☐ 1	**(Go to Question 16)**
No	☐ 5	**(Go to Question 17)**
Don't know	☐ 98	**(Go to Question 17)**

Question 16: What other eye diseases has the doctor told you that you have?

Please tell us

Section 4: Heart disease



Question 17: Has a doctor ever told you that you have any of the following conditions?

Tick all that apply

High cholesterol	☐ 1	**(Go to Question 18)**
A heart murmur	☐ 1	**(Go to Question 19)**
An abnormal heart rhythm	☐ 1	**(Go to Question 19)**
None of these	☐ 1	**(Go to Question 19)**
Don't know	☐ 1	**(Go to Question 19)**

Question 18: Are you taking any tablets or pills for high cholesterol?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

High blood pressure

Question 19: Has a doctor ever told you that you have high blood pressure or hypertension?

Tick one box only

Yes	☐ 1	**(Go to Question 20)**
No	☐ 5	**(Go to Question 21)**
Don't know	☐ 98	**(Go to Question 21)**

Question 20: About how old were you when you were first told by a doctor that you had high blood pressure?

I was ☐☐ years old

Don't know ☐ 98

Angina

Question 21: Has a doctor ever told you that you have angina?

Tick one box only

Yes	☐ 1	**(Go to Question 22)**
No	☐ 5	**(Go to Question 24)**
Don't know	☐ 98	**(Go to Question 24)**

Question 22: About how old were you when you were first told by a doctor that you had angina?

I was ☐☐ years old

Don't know ☐ 98

Question 23: Are you limiting your usual activities because of your angina?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Heart attack including MI or coronary thrombosis

Question 24: **Has a doctor ever told you that you have had a heart attack (including myocardial infarction {MI} or coronary thrombosis)?**

Tick <u>one box</u> only

Yes	☐ 1	**(Go to Question 25)**
No	☐ 5	**(Go to Question 28)**
Don't know	☐ 98	**(Go to Question 28)**

Question 25: **About how old were you when you were first told by a doctor that you had a heart attack (including myocardial infarction {MI} or coronary thrombosis)?**

I was ☐☐ years old

Don't know ☐ 98

Question 26: **In what month/year was your most recent heart attack?**

(e.g. 03/2008) ☐☐ / ☐☐☐☐

Don't know ☐ 98

Question 27: **About how many heart attacks has the doctor said you have had?**

I have had ☐☐ heart attack(s)

Don't know ☐ 98

Question 28: Have you ever had an angioplasty or stent?

Tick one box only

Yes	☐ 1	**(Go to Question 29)**
No	☐ 5	**(Go to Question 30)**
Don't know	☐ 98	**(Go to Question 30)**

Question 29: What month/year was your last angioplasty or stent?

(e.g. 03/2008) ☐☐ / ☐☐☐☐

Don't know ☐ 98

Question 30: Have you ever had open heart surgery?

Tick one box only

Yes	☐ 1	**(Go to Question 31)**
No	☐ 5	**(Go to Question 32)**
Don't know	☐ 98	**(Go to Question 32)**

Question 31: What month/year was your last open heart surgery?

(e.g. 03/2008) ☐☐ / ☐☐☐☐

Don't know ☐ 98

Congestive heart failure

Question 32: Has a doctor ever told you that you have congestive heart failure?

Tick one box only

Yes	☐ 1	**(Go to Question 33)**
No	☐ 5	**(Go to Question 34)**
Don't know	☐ 98	**(Go to Question 34)**

Question 33: About how old were you when you first told by a doctor that you had congestive heart failure?

I was ☐☐ years old

Don't know ☐ 98

Diabetes or high blood sugar

Question 34: Has a doctor ever told you that you have diabetes or high blood sugar?

Tick one box only

Yes	☐ 1	**(Go to Question 35)**
No	☐ 5	**(Go to Question 40)**
Don't know	☐ 98	**(Go to Question 40)**

Question 35: About how old were you when you were first told by a doctor that you had diabetes or high blood sugar?

I was ☐☐ years old

Don't know ☐ 98

Question 36: What type of diabetes do you have?

Tick one box only

Type 1 (formerly called insulin dependent diabetes)	☐ 1
Type 2 (formerly called non-insulin dependent diabetes)	☐ 2
Don't know	☐ 98

Question 37: Are you currently taking any tablets, pills or other medication that you swallow for diabetes?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 38: Do you currently inject insulin for diabetes?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 39: Has a doctor ever told you that you have any of the following conditions related to your diabetes?

Tick all that apply

Leg ulcers	☐ 1
Protein in your urine	☐ 1
Lack of feeling and tingling in your legs and feet due to nerve damage	☐ 1
Damage to the back of your eye	☐ 1
Damage to your kidneys	☐ 1
No, none of these	☐ 1
Don't know	☐ 1

Stroke

Question 40: Has a doctor ever told you that you have had a stroke?

Tick one box only

Yes	☐ 1	**(Go to Question 41)**
No	☐ 5	**(Go to Question 44)**
Don't know	☐ 98	**(Go to Question 44)**

Question 41: About how old were you when you first told by a doctor that you had a stroke?

I was ☐☐ years old

Don't know ☐ 98

Question 42: How many strokes have you had?

I have had ☐☐ stroke(s)

Don't know ☐ 98

Question 43: In what year was your most recent stroke?

(e.g. 2008) [ ][ ][ ][ ]

Don't know [ ] 98

Ministroke or TIA (Transient Ischemic Attack)

Question 44: Has a doctor ever told you that you have had a ministroke or TIA?

Tick one box only

Yes	[ ] 1	**(Go to Question 45)**
No	[ ] 5	**(Go to Question 48)**
Don't know	[ ] 98	**(Go to Question 48)**

Question 45: About how old were you when you were first told by a doctor that you had a TIA or ministroke?

I was [ ][ ] years old

Don't know [ ] 98

Question 46: How many TIAs or ministrokes have you had?

I have had [ ][ ] TIA(s) or ministroke(s)

Don't know [ ] 98

Question 47: In what year was your most recent TIA or ministroke?

(e.g. 2008) [ ][ ][ ][ ]

Don't know [ ] 98

Any other heart trouble

Question 48: Has a doctor ever told you that you have any other heart trouble?

Tick one box only

Yes	☐ 1	**(Go to Question 49)**
No	☐ 5	**(Go to Question 51)**
Don't know	☐ 98	**(Go to Question 51)**

Question 49: What other heart trouble has the doctor told you that you have?

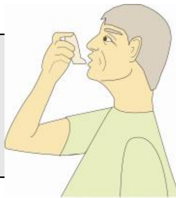
Please tell us

Question 50: About how old were you when you first told by a doctor that you had any other heart trouble?

I was ☐☐ years old

Don't know ☐ 98

Section 5: Other chronic conditions



Question 51: Has a doctor ever told you that you have any of the following conditions?

Tick all that apply

Condition	
Asthma	☐ 1
Stomach ulcers	☐ 1
Varicose ulcers (an ulcer due to varicose veins)	☐ 1
Cirrhosis, or serious liver damage	☐ 1
Chronic constipation	☐ 1
Coeliac disease	☐ 1
Phenylketonuria (PKU)	☐ 1
Thyroid disease (Hypo/Hyperthyroidism)	☐ 1
Gastroesophageal reflux disease	☐ 1
Osteoporosis, sometimes called thin or brittle bones	☐ 1
Multiple sclerosis	☐ 1
Cerebral palsy	☐ 1
Scoliosis	☐ 1
Muscular dystrophy	☐ 1
Spina bifida	☐ 1
None of these	☐ 1
Don't know	☐ 1

Question 52: Has a doctor ever told you that you have any other chronic conditions?

Tick one box only

Answer		
Yes	☐ 1	**(Go to Question 53)**
No	☐ 5	**(Go to Question 54)**
Don't know	☐ 98	**(Go to Question 54)**

Question 53: What other chronic conditions has the doctor told you that you have?

Please tell us

Chronic lung disease

Question 54: Has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

Tick one box only

Yes	☐ 1	**(Go to Question 55)**
No	☐ 5	**(Go to Question 57)**
Don't know	☐ 98	**(Go to Question 57)**

Question 55: Are you receiving oxygen for your lung condition?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 56: Does your lung condition (breathing difficulty) limit your usual activities, such as household chores, work, social or leisure activities?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Arthritis

Question 57: Has a doctor ever told you that you have arthritis (including osteoarthritis, or rheumatism)?

Tick one box only

Yes	☐ 1	**(Go to Question 58)**
No	☐ 5	**(Go to Question 62)**
Don't know	☐ 98	**(Go to Question 62)**

Question 58: Which type or types of arthritis do you have?

Tick all that apply

Osteoarthritis	☐ 1
Rheumatoid arthritis	☐ 1
Some other kind of arthritis	☐ 1
Don't know	☐ 1

Question 59: About how old were you when you were first told by a doctor that you had arthritis?

I was ☐☐ years old

Don't know ☐ 98

Question 60: Does your arthritis make it difficult for you to do your usual activities, such as household chores, work, social or leisure activities?

Tick one box only

Often/Always	☐ 1
Sometimes	☐ 2
Never	☐ 3
Don't know	☐ 98

Question 61: Does your arthritis make it difficult for you to sleep at night?

Tick one box only

Often/Always	☐ 1
Sometimes	☐ 2
Never	☐ 3
Don't know	☐ 98

Cancer

Question 62: Has a doctor ever told you that you have cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers)?

Tick one box only

Yes	☐ 1	**(Go to Question 63)**
No	☐ 5	**(Go to Question 70)**
Don't know	☐ 98	**(Go to Question 70)**

Question 63: About how old were you when you were first told by a doctor that you had cancer or a malignant tumour?

I was ☐☐ years old

Don't know ☐ 98

Question 64: In which organ or part of the body have you/had you cancer?

Tick all that apply

Lung	☐ 1
Breast	☐ 1
Colon or rectum	☐ 1
Stomach	☐ 1
Oesophagus	☐ 1
Prostate	☐ 1
Bladder	☐ 1
Liver	☐ 1
Brain	☐ 1
Ovary	☐ 1
Cervix	☐ 1
Endometrium	☐ 1
Thyroid	☐ 1
Kidney	☐ 1
Testicle	☐ 1
Pancreas	☐ 1
Malignant melanoma (skin)	☐ 1
Non-malignant melanoma	☐ 1
Oral cavity	☐ 1
Larynx	☐ 1
Other pharynx	☐ 1
Non-Hodgkin Lymphoma	☐ 1
Leukaemia	☐ 1
Other organ	☐ 1
Don’t know	☐ 1

Question 65: Have you received any treatment for your cancer?

Tick one box only

Yes	☐ 1	**(Go to Question 66)**
No	☐ 5	**(Go to Question 70)**
Don't know	☐ 98	**(Go to Question 70)**

Question 66: What sort of treatments have you received for your cancer?

Tick all that apply

Chemotherapy	☐ 1
Medication	☐ 1
Surgery	☐ 1
Radiotherapy/X-Ray	☐ 1
Treatment of symptoms (pain, nausea, rashes)	☐ 1
None of these	☐ 1
Don't know	☐ 1

Question 67: Have you had other sorts of treatment for your cancer?

Tick one box only

Yes	☐ 1	**(Go to Question 68)**
No	☐ 5	**(Go to Question 70)**
Don't know	☐ 98	**(Go to Question 70)**

Question 68: What other sort of treatments have you received for your cancer?

Please tell us

Question 69: Since treatment has the cancer gotten better, or is it about the same or worse?

Tick <u>one box</u> only

Better	☐ 1
About the same	☐ 2
Worse	☐ 3
Don't know	☐ 98

Parkinson's disease

Question 70: Has a doctor ever told you that you have Parkinson's disease?

Tick <u>one box</u> only

Yes	☐ 1	**(Go to Question 71)**
No	☐ 5	**(Go to Question 72)**
Don't know	☐ 98	**(Go to Question 72)**

Question 71: About how old were you when you were first told by a doctor that you had Parkinson's disease?

I was ☐☐ years old

Don't know ☐ 98

Emotional, nervous or psychiatric conditions

Question 72: Has a doctor ever told you that you have an emotional, nervous or psychiatric condition?

Tick one box only

Yes	☐ 1	**(Go to Question 73)**
No	☐ 5	**(Go to Question 81)**
Don't know	☐ 98	**(Go to Question 81)**

Question 73: About how old were you when you were first told by a doctor that you have an emotional, nervous or psychiatric condition?

I was ☐☐ years old

Don't know ☐ 98

Question 74: What type of emotional, nervous or psychiatric condition(s) do you have?

Tick all that apply

Hallucinations	☐ 1
Anxiety	☐ 1
Depression	☐ 1
Emotional problems	☐ 1
Schizophrenia	☐ 1
Psychosis	☐ 1
Mood swings	☐ 1
Manic depression	☐ 1
None of these	☐ 1
Don't know	☐ 1

Question 75: Do you have other emotional, nervous or psychiatric condition(s)?

Tick one box only

Yes	☐ 1	**(Go to Question 76)**
No	☐ 5	**(Go to Question 77)**
Don't know	☐ 98	**(Go to Question 77)**

Question 76: What emotional, nervous or psychiatric condition(s) do you have?

Please tell us

Don't know ☐ 98

Question 77: Do you now get psychiatric treatment for your condition(s), such as attending a psychiatrist?

Tick one box only

Yes	☐ 1	**(Go to Question 78)**
No	☐ 5	**(Go to Question 79)**
Don't know	☐ 98	**(Go to Question 79)**

Question 78: Who gives you psychiatric treatment for your condition(s)?

Tick all that apply		**Please tell us the address where you see this person (this is required to calculate the distance you have to travel)**
Psychiatrist	☐ 1	
General Practitioner	☐ 1	
Other (please tell us)	☐ 1	

Don't know ☐ 1

Question 79: Do you now get psychological treatment for your condition(s), such as counselling or behaviour support?

Tick one box only

Yes	☐ 1	**(Go to Question 80)**
No	☐ 5	**(Go to Question 81)**
Don't know	☐ 98	**(Go to Question 81)**

Question 80: Who gives you psychological treatment for your condition(s)?

Tick all that apply		**Please tell us the address where you see this person (this is required to calculate the distance you have to travel)**
Psychologist	☐ 1	
Counsellor	☐ 1	
Clinical Nurse Specialist	☐ 1	
Other (please tell us)	☐ 1	

Don't know ☐ 1

Alzheimer's disease

Question 81: Has a doctor ever told you that you have Alzheimer's disease?

Tick one box only

Yes	☐ 1	**(Go to Question 82)**
No	☐ 5	**(Go to Question 83)**
Don't know	☐ 98	**(Go to Question 83)**

Question 82: About how old were you when you were first told by a doctor that you had Alzheimer's disease?

I was ☐☐ years old

Don't know ☐ 98

Dementia, organic brain syndrome or senility

Question 83: Has a doctor ever told you that you have dementia, organic brain syndrome or senility?

Tick one box only

Yes	☐ 1	**(Go to Question 84)**
No	☐ 5	**(Go to Question 85)**
Don't know	☐ 98	**(Go to Question 85)**

Question 84: About how old were you when you first told by a doctor that you had dementia, organic brain injury or senility?

I was ☐☐ years old

Don't know ☐ 98

Serious memory impairment

Question 85: Has a doctor ever told you that you have serious memory impairment?

Tick one box only

Yes	☐ 1	**(Go to Question 86)**
No	☐ 5	**(Go to Question 87)**
Don't know	☐ 98	**(Go to Question 87)**

Question 86: About how old were you when you were first told by a doctor that you had serious memory impairment?

I was ☐☐ years old

Don't know ☐ 98

Epilepsy

Question 87: Has a doctor ever told you that you have epilepsy?

Tick <u>one box</u> only

Yes	☐ 1	**(Go to Question 88)**
No	☐ 5	**(Go to Question 96)**
Don't know	☐ 98	**(Go to Question 96)**

Question 88: What type of epilepsy do you have?

Tick <u>all that apply</u>

Tonic-clonic seizures	☐ 1
Tonic seizures	☐ 1
Atonic seizures	☐ 1
Clonic seizures	☐ 1
Myoclonic seizures	☐ 1
Absence seizures	☐ 1
Simple partial seizures	☐ 1
Complex partial seizures	☐ 1
Don't know	☐ 1

Question 89: Do/Did you attend an Epilepsy clinic or see a specialist?

Tick <u>one box</u> only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 90: When did you last have your epilepsy reviewed (e.g. medication, seizure activity)?

Tick one box only

Last 12 months	☐ 1	**(Go to Question 91)**
Last 2 years	☐ 2	**(Go to Question 91)**
More than 2 years ago	☐ 3	**(Go to Question 91)**
Never	☐ 4	**(Go to Question 96)**
I used to have epilepsy, I don't have seizures or take medication anymore	☐ 94	**(Go to Question 96)**
Don't know	☐ 98	**(Go to Question 96)**

Question 91: Who reviewed your epilepsy?

Tick all that apply

General Practitioner	☐ 1
Psychiatrist	☐ 1
Neurologist	☐ 1
None of these	☐ 1
Don't know	☐ 1

Question 92: Has anyone else reviewed your epilepsy?

Tick one box only

Yes	☐ 1	**(Go to Question 93)**
No	☐ 5	**(Go to Question 94)**
Don't know	☐ 98	**(Go to Question 94)**

Question 93: Who else has reviewed your epilepsy?

Please tell us

Don't know ☐ 98

Question 94: Do you keep a record of your seizures?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 95: How often have you had a seizure in the past two years?

Tick one box only

Have not had a seizure in 2 years	☐ 1
Daily	☐ 2
Weekly (but not daily)	☐ 3
More than once a month (but not weekly)	☐ 4
Less than once a month	☐ 5
Don't know	☐ 98

Section 6: Medical tests

Question 96: Have you had a flu injection?

Tick one box only

Yes, within the last 2 years	☐	1
Yes, over 2 years ago	☐	2
No	☐	5
Don't know	☐	98

Question 97: Have you had the Hepatitis B vaccine?

Tick one box only

Yes	☐	1
No	☐	5
Don't know	☐	98

Question 98: Have you ever had a blood test for cholesterol?

Tick one box only

Yes, within the last 2 years	☐	1
Yes, over 2 years ago	☐	2
No	☐	5
Don't know	☐	98

Question 99: Have you ever had your blood pressure measured?

Tick one box only

Yes, within the last 2 years	☐	1
Yes, over 2 years ago	☐	2
No	☐	5
Don't know	☐	98

Question 100: Have you ever had a thyroid function test?

Tick one box only

Yes, within the last 2 years	☐ 1
Yes, over 2 years ago	☐ 2
No	☐ 5
Don't know	☐ 98

Question 101: Have you ever had a blood glucose test (sugar test)?

Tick one box only

Yes, within the last 2 years	☐ 1
Yes, over 2 years ago	☐ 2
No	☐ 5
Don't know	☐ 98

Other Screening Tests

Question 101a: Have you ever been screened or assessed for memory impairment/dementia?

Tick one box only

Yes, within the last 2 years	☐ 1
Yes, over 2 years ago	☐ 2
No	☐ 5
Don't know	☐ 98

Question 101b: Have you had a bone density test? (e.g. DEXA Scan)

Tick one box only

Yes, within the last 2 years	☐ 1
Yes, over 2 years ago	☐ 2
No	☐ 5
Don't know	☐ 98

Women only (Question 102 – Question 109)

Question 102: Have you gone through the menopause? If you are going through the menopause please tick ‘Yes’.

Tick one box only

Yes	☐ 1	**(Go to Question 103)**
No	☐ 5	**(Go to Question 107)**
Don’t know	☐ 98	**(Go to Question 107)**

Question 103: About how old were you when you it started?

I was ☐☐ years old

Don’t know ☐ 98

Question 104: Since menopause, have you used prescription hormones (e.g. HRT, estrogen etc.)

Tick one box only

Yes, currently taking hormones	☐ 1	**(Go to Question 105)**
Yes, but no longer taking hormones	☐ 2	**(Go to Question 106)**
No	☐ 5	**(Go to Question 107)**
Don’t know	☐ 98	**(Go to Question 107)**

Question 105: For how many years have you been taking prescription hormones?

(e.g. 01 years) ☐☐ year(s)

Don’t know ☐ 98

Question 106: For how many years did you take prescription hormones?

(e.g. 01 years) ☐☐ year(s)

Don't know ☐ 98

Question 107: Do you check your breasts for lumps regularly?

Tick <u>one box</u> only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 108: Has your GP checked your breasts for lumps?

Tick <u>one box</u> only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 109: Have you had a mammogram or x-ray of the breast, to search for cancer?

Tick <u>one box</u> only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Men only (Question 110 – Question 113)

Question 110: Do you check your testicles for lumps regularly?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 111: Has your GP checked your testicles for lumps?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 112: Have you had an examination of your prostate to screen for cancer?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 113: Have you had a blood test to screen for prostate cancer?

Tick one box only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Section 7: Healthcare utilisation

Question 114: Are you covered by any of the following?

Tick one box only

Full Medical Card or equivalent	☐ 1
GP Visit Card	☐ 2
Neither of these	☐ 96
Don't know	☐ 98

Question 115: Do you have private medical insurance cover (VHI etc) in your own name or through another family member?

Tick one box only

Yes, in own name	☐ 1
Yes, as the spouse of a subscriber	☐ 2
Yes, as the relative of a subscriber	☐ 3
No	☐ 5
Don't know	☐ 98

Question 116: In the last year, about how often did you visit your GP or did your GP visit you?

(e.g. 01) Number of visit(s) ☐☐

Don't know ☐ 98

Question 118: In the last year, how many times did you visit a hospital Emergency Department (sometimes called A&E or Accident and Emergency) as a patient?

(e.g. 01) Number of visit(s) ☐☐

Don't know ☐ 98

Question 119: If you attended A & E for treatment in the last year, what was the reason?

I haven't visited A & E in the last year	☐ 1

Tick all that apply

Reason	
Multiple injuries	☐ 1
Broken or fractured bone(s)	☐ 1
Burn(s)	☐ 1
Dislocation(s)	☐ 1
Sprain or strain(s)	☐ 1
Cut(s) (open wound)	☐ 1
Scrape, bruise, blister(s)	☐ 1
Concussion or other brain injury	☐ 1
Poisoning	☐ 1
Internal injury(s)	☐ 1
Pneumonia	☐ 1
None of these	☐ 1
Don't know	☐ 1

Question 120: **Did you attend A & E in the last year for treatment for other reasons?**

Tick one box only

Yes	☐ 1	**(Go to Question 121)**
No	☐ 5	**(Go to Question 122)**
Don't know	☐ 98	**(Go to Question 122)**

Question 121: **For what other reasons did you attend A & E for treatment in the last year?**

Please tell us

☐

Question 122: **In the last year, about how many visits did you make to a hospital out-patient? (Include all types of consultations, tests, operations, procedures or treatments)**

(e.g. 01) Number of visit(s) ☐☐

Don't know ☐ 98

Question 123: **In the last year, how many nights did you spend in a general hospital?**

(e.g. 01) Total number of night(s) ☐☐

Don't know ☐ 98

Question 124: In the last year, how many nights did you spend in an acute/psychiatric hospital due to mental health problems?

Tick one box only

Did not spend any nights	☐ 1
1 to 5 nights	☐ 2
6 to 10 nights	☐ 3
11 to 20 nights	☐ 4
More than 20 nights	☐ 5
Don't know	☐ 98

Question 125: In the last year, how much time did you spend in a nursing/convalescent home?

Tick one box only

Did not spend any time	☐ 1
One week or less	☐ 2
Up to 1 month	☐ 3
Up to 2 months	☐ 4
Up to 3 months	☐ 5
More than 3 months	☐ 6
Don't know	☐ 98

Question 126: During the last year, was there ever a time when you felt you needed healthcare but you didn't receive it?

Tick one box only

Yes	☐ 1	**(Go to Question 127)**
No	☐ 5	**(Go to Question 133)**
Don't know	☐ 98	**(Go to Question 133)**

Question 127: Thinking of the most recent time, why did you not get healthcare?

Tick all that apply

Healthcare was not offered	☐ 1
Not available in the area	☐ 1
Not available at the time required (e.g., doctor on holidays, inconvenient hours, difficult to get an appointment)	☐ 1
Waiting time too long	☐ 1
Felt that the service would not be good	☐ 1
Too costly	☐ 1
Too busy	☐ 1
Didn't get around to it / didn't bother	☐ 1
Didn't know where to go	☐ 1
Problems with transport	☐ 1
Communication/language problems	☐ 1
Personal or family responsibilities	☐ 1
Fear of healthcare services and/or of treatment.	☐ 1
Decided not to seek care	☐ 1
Information material not accessible/inadequate communication aids	☐ 1
Complaint was not taken seriously enough	☐ 1
Negative attitudes of the staff	☐ 1
Too embarrassing	☐ 1
I was in too much pain	☐ 1
I forgot about my appointments	☐ 1
None of these	☐ 1
Don't know	☐ 1

Question 128: Are there other reasons why you did not get healthcare?

Tick one box only

Yes	☐ 1	**(Go to Question 129)**
No	☐ 5	**(Go to Question 133)**
Don't know	☐ 98	**(Go to Question 133)**

Question 129: For what other reasons did you not get healthcare?

Please tell us

Question 130: Again, thinking of the most recent time, what was the type of care that was needed?

Tick all that apply

Treatment of a physical health problem (e.g. cancer, cataract surgery)	☐ 1
Treatment of an emotional or mental health problem	☐ 1
A regular check-up	☐ 1
Care of an injury	☐ 1
None of these	☐ 1
Don't know	☐ 1

Question 131: Was another type of care needed?

Tick one box only

Yes	☐ 1	**(Go to Question 132)**
No	☐ 5	**(Go to Question 133)**
Don't know	☐ 98	**(Go to Question 133)**

Question 132: What other type of care was needed?

Please tell us

Question 133: In the last year, did you receive any of the following services (exclude any service that you paid for yourself)?

Tick all that apply

General practitioner	☐ 1
Public health or community nurse	☐ 1
Occupational therapy	☐ 1
Chiropody services	☐ 1
Physiotherapy services	☐ 1
Social work services	☐ 1
Psychological/counselling services	☐ 1
Home help	☐ 1
Personal care attendant	☐ 1
Meals-on-Wheels	☐ 1
Optician services	☐ 1
Dental services	☐ 1
Hearing services	☐ 1
Dietician services	☐ 1
Speech & Language services	☐ 1
Day centre services	☐ 1
Respite services	☐ 1
Residential services	☐ 1
Psychiatry services	☐ 1
Neurological services	☐ 1
Geriatrician services	☐ 1
Endocrinology services	☐ 1
Dermatological services	☐ 1
Palliative care services	☐ 1
None of these	☐ 1
Don’t know	☐ 1

Question 134: Are there other services (exclude any service that you paid for yourself) that you received in the last year?

Tick one box only

Yes	☐ 1	**(Go to Question 135)**
No	☐ 5	**(Go to Question 136)**
Don't know	☐ 98	**(Go to Question 136)**

Question 135: What other services (exclude any service that you paid for yourself) did you receive in the last year?

Please tell us

Question 136: Which services were you most satisfied with?

Please tell us

Don't know	☐ 98

Question 137: Which services were you least satisfied with?

Please tell us

Don't know	98

Question 138: Are there any services that you think you would benefit from that you are not receiving at present?

Tick one box only

Yes	1	**(Go to Question 139)**
No	5	**(Go to Question 142)**
Don't know	98	**(Go to Question 142)**

Question 139: What are these services?

Please tell us

Question 140: Could you tell us the main thing that stops/prevents you from receiving this service or services?

Please tell us

Don’t know	☐ 98

Question 141: How would you find out about this service or services?

Please tell us

Don’t know	☐ 98

Question 142: In the last year, how many nights did you spend in respite (excluding nights spent in a nursing home)?

Tick one box only

None	☐ 1
1 to 5 nights	☐ 2
6 to 10 nights	☐ 3
11 to 20 nights	☐ 4
More than 20 nights	☐ 5
Don’t know	☐ 98

Question 143: In the last year, did you receive support from any of the following organisations?

Tick all that apply

The Society of St. Vincent's de Paul	☐ 1
The Senior Helpline	☐ 1
The Samaritans	☐ 1
No support from these organisations	☐ 1
Don't know	☐ 1

Question 144: In the last year, did you receive support from any other organisations?

Tick one box only

Yes	☐ 1	**(Go to Question 145)**
No	☐ 5	**(Go to Question 146)**
Don't know	☐ 98	**(Go to Question 146)**

Question 145: From what organisations did you receive support from?

Please tell us

Question 146: Have you ever received any easy to read information leaflets on keeping healthy e.g. diet and exercise?

Tick <u>one box</u> only

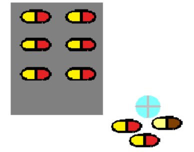
Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Question 147: Have you ever received any easy to read information leaflets on healthcare services?

Tick <u>one box</u> only

Yes	☐ 1
No	☐ 5
Don't know	☐ 98

Section 8: Medication



We would like to record all medications that you take on a regular basis, like every day or every week. This will include prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines.

Question 148: Please write down all medications you take and how often you take them.

Don't know what medication I am on	☐ 1
Don't take any medication	☐ 1

Please tick one box only on each line

Name of medication	Daily	Weekly	When required	Don't know
1.	☐ 1	☐ 2	☐ 3	☐ 98
2.	☐ 1	☐ 2	☐ 3	☐ 98
3.	☐ 1	☐ 2	☐ 3	☐ 98
4.	☐ 1	☐ 2	☐ 3	☐ 98
5.	☐ 1	☐ 2	☐ 3	☐ 98
6.	☐ 1	☐ 2	☐ 3	☐ 98
7.	☐ 1	☐ 2	☐ 3	☐ 98
8.	☐ 1	☐ 2	☐ 3	☐ 98
9.	☐ 1	☐ 2	☐ 3	☐ 98
10.	☐ 1	☐ 2	☐ 3	☐ 98
11.	☐ 1	☐ 2	☐ 3	☐ 98
12.	☐ 1	☐ 2	☐ 3	☐ 98
13.	☐ 1	☐ 2	☐ 3	☐ 98
14.	☐ 1	☐ 2	☐ 3	☐ 98
15.	☐ 1	☐ 2	☐ 3	☐ 98
16.	☐ 1	☐ 2	☐ 3	☐ 98
17.	☐ 1	☐ 2	☐ 3	☐ 98
18.	☐ 1	☐ 2	☐ 3	☐ 98

Section 9: Filling out this questionnaire

Question 149: How long did it take you to fill out this questionnaire?

Tick one box only

Less than 30 minutes	☐	1
30 minutes – 1 hour	☐	2
1 – 2 hours	☐	3
2 – 3 hours	☐	4
More than 3 hours	☐	5
Don't know	☐	98

Question 150: In general, did you find it easy to understand the questions?

Tick one box only

Yes	☐	1	**(Go to Question 152)**
No	☐	5	**(Go to Question 151)**
Don't know	☐	98	**(Go to Question 152)**

Question 151: Which questions did you find most difficult to understand?

Example: Question number	**1**	d) Question number	
a) Question number		e) Question number	
b) Question number		f) Question number	
c) Question number		g) Question number	

Question 152: Do you have other comments about the questionnaire?

Section 10: Support with filling out this questionnaire

Question 153: Has anyone supported you to fill out this questionnaire?

Tick one box only

Yes	☐ 1	**(Go to Question 154)**
No	☐ 5	**You are now finished. Thank you for your time.**

Question 154: Name of the person supporting you:

First name ☐ **Surname** ☐

Question 155: What is their relationship to you?

Tick one box only

Boyfriend/Girlfriend/Partner	☐ 1
Parent	☐ 2
Sibling	☐ 3
Key worker/Support worker	☐ 4
Friend	☐ 5

Other (please tell us)

	☐ 95

Don't know	☐ 98

Question 156: How long have you known the person supporting you?

Tick one box only

Less than 6 months	☐ 1
Between 6 months and a year	☐ 2
More than a year	☐ 3
Don't know	☐ 98

Thank you very much for taking the time to fill in this questionnaire.

Please bring the completed questionnaire to your interview.