INSTRUCTIONS

This questionnaire is a part of The Irish Longitudinal Study on Ageing (TILDA). We greatly value your participation in our study, and we hope that you will find this questionnaire interesting to complete. Your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this ☑

Or circling an answer like this 1 2 (3) 4 5

Or writing a number in a box like this 3

Sometimes you will find an instruction telling you which questions to answer next, like this

YES ☐

NO ☑ IF 'NO' GO TO QUESTION 1

HOW TO RETURN THIS QUESTIONNAIRE

Please post the questionnaire back in the prepaid envelope provided. Once we receive the questionnaire, we will remove the label with your name and address and replace this with a unique study ID.

If you have any questions about the questionnaire, please feel free to call us at 01 896 2509.

PLEASE ANSWER ALL QUESTIONS BASED ON THE PRESENT MOMENT IN TIME, UNLESS A SPECIFIC TIMEFRAME IS GIVEN.

1. WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PARTICIPATION IN SOCIAL ACTIVITIES. HOW OFTEN, IF AT ALL, DO YOU DO ANY OF THE FOLLOWING ACTIVITIES?

PLEASE TICK ONE BOX PER LINE	DAILY/ ALMOST DAILY	ONCE A WEEK OR MORE	TWICE A MONTH OR MORE	ABOUT ONCE A MONTH	EVERY FEW MONTHS	ABOUT ONCE OR TWICE A YEAR	LESS THAN ONCE A YEAR	NEVER
Watch television.	☐	☐	☐	☐	☐	☐	☐	☐
Go out to films, plays and concerts.	☐	☐	☐	☐	☐	☐	☐	☐
Attend classes and lectures.	☐	☐	☐	☐	☐	☐	☐	☐
Travel for pleasure.	☐	☐	☐	☐	☐	☐	☐	☐
Work in the garden, or your home, or on a car.	☐	☐	☐	☐	☐	☐	☐	☐
Read books or magazines for pleasure.	☐	☐	☐	☐	☐	☐	☐	☐
Listen to music, radio.	☐	☐	☐	☐	☐	☐	☐	☐
Spend time on hobbies or creative activities.	☐	☐	☐	☐	☐	☐	☐	☐
Play cards, bingo, games in general.	☐	☐	☐	☐	☐	☐	☐	☐
Go to the pub.	☐	☐	☐	☐	☐	☐	☐	☐
Eat out of the house.	☐	☐	☐	☐	☐	☐	☐	☐
Participate in sport activities or exercise.	☐	☐	☐	☐	☐	☐	☐	☐
Visit to or from family or friends, either in person or talking on the phone.	☐	☐	☐	☐	☐	☐	☐	☐
Do voluntary work.	☐	☐	☐	☐	☐	☐	☐	☐

2. ARE YOU A MEMBER OF ANY OF THESE ORGANISATIONS, CLUBS OR SOCIETIES?

PLEASE TICK ALL THAT APPLY

Political Party, trade union or environmental groups	☐
Tenants groups, resident groups, neighbourhood watch	☐
Church or other religious groups	☐
Charitable associations	☐
Education, arts or music groups or evening classes	☐
Social clubs	☐
Sports clubs, GAA or gym exercise classes	☐
Any other organisations, clubs or societies	☐
None of the above	☐

3. WHICH, IF ANY, CLUBS/GROUPS ARE YOU A MEMBER OF?

PLEASE TICK ALL THAT APPLY

GAA	☐	Bridge	☐
Soccer	☐	Dance	☐
Rugby	☐	Art	☐
Golf	☐	Gym	☐
Tennis	☐	Singing (Choir)	☐
Other (please specify)	☐		

Specify:

IN THIS SECTION, WE ARE INTERESTED IN ACTIVE AND PASSIVE PARTICIPATION IN ARTS, CREATIVE AND CULTURAL ACTIVITIES. THESE INCLUDE MUSIC, VISUAL ART, PHOTOGRAPHY, CREATIVE WRITING, POETRY, DANCE, FILM, DRAMA, CRAFTWORK, SINGING, POTTERY, VISITS TO MUSEUMS/GALLERYS/HERITAGE SITES, ETC.

ACTIVE PARTICIPATION CAN INVOLVE MAKING, DOING, CREATING, PLAYING, DANCING, WRITING. PASSIVE PARTICIPATION CAN INVOLVE WATCHING, LOOKING AT, LISTENING TO.

4. DO YOU PARTICIPATE IN ANY ARTS, CREATIVE OR CULTURAL ACTIVITIES?

PLEASE TICK ONE BOX

- NO, I HAVE NEVER PARTICIPATED ☐
- NO, BUT I HAVE PREVIOUSLY PARTICIPATED ☐
- YES ☐

IF 'NO' GO TO QUESTION 5

IF 'YES' GO TO QUESTION 6

5. IF YOU STATED THAT YOU NEVER OR PREVIOUSLY PARTICIPATED IN ARTS, CREATIVE OR CULTURAL ACTIVITIES, WHAT WERE YOUR REASONS FOR NOT PARTICIPATING OR STOPPING YOUR PARTICIPATION?

PLEASE TICK ALL THAT APPLY

Accessibility issue	☐	Cognitive issue	☐
Cost	☐	Lack of transport to venues	☐
Lack of experience	☐	Lack of confidence	☐
Time/day/duration didn't suit	☐	I'm not interested	☐
Not enough time	☐	Nothing available in my area	☐
Other, please specify	☐		

Specify:

PLEASE GO TO QUESTION 14

6. IF YOU CURRENTLY PARTICIPATE IN ARTS, CREATIVE OR CULTURAL ACTIVITIES, WHAT KIND OF PARTICIPATION IS THIS?

PLEASE TICK ALL THAT APPLY

PASSIVE (I.E. WATCHING, LOOKING AT, LISTENING) ☐

ACTIVE (I.E. MAKING, DOING, CREATING, PLAYING, MOVING/DANCING, WRITING) ☐

7. WHICH ARTS, CREATIVE OR CULTURAL ACTIVITIES DO YOU PARTICIPATE IN?

PLEASE TICK ALL THAT APPLY

Playing / listening to / teaching music	☐	Visual Art (painting, drawing, collage, textile, etc)	☐
Photography	☐	Literature / Creative Writing / Reading	☐
Writing / reading poetry	☐	Dance	☐
Film	☐	Craftwork (needlework, knitting, crochet, embroidery, cross-stitch, etc)	☐
Drama / Theatre	☐	Visiting museums, gallerys, or heritage sites	☐
Singing	☐	Pottery	☐
Other (please specify)	☐		

Specify:

8. HOW OFTEN DO YOU PARTICIPATE IN ARTS, CREATIVE OR CULTURAL ACTIVITIES?

PLEASE TICK ONE BOX	DAILY/ ALMOST DAILY	ONCE A WEEK OR MORE	TWICE A MONTH OR MORE	ABOUT ONCE A MONTH	EVERY FEW MONTHS	ABOUT ONCE OR TWICE A YEAR	LESS THAN ONCE A YEAR
	☐	☐	☐	☐	☐	☐	☐

9. WHERE DO YOU PARTICIPATE IN ARTS, CREATIVE OR CULTURAL ACTIVITIES?

PLEASE TICK ALL THAT APPLY

Arts Centre	☐	Community Centre	☐
Theatre	☐	Cinema	☐
Hotel	☐	Library	☐
Museum	☐	Gallery	☐
Heritage Site	☐	Private home (own or other)	☐
Online	☐	Other, please specify	☐

Specify:

10. IF YOU DO NOT CURRENTLY PARTICIPATE IN ARTS, CREATIVE OR CULTURAL ACTIVITIES ONLINE, WOULD YOU PARTICIPATE IF YOU WERE RESOURCED TO DO SO (E.G. PROVIDED WITH MATERIALS, EQUIPMENT, TRAINING)?

PLEASE TICK ONE BOX

Yes ☐

No ☐

11. WHO DO YOU PARTICIPATE WITH IN ARTS, CREATIVE OR CULTURAL ACTIVITIES?

PLEASE TICK ALL THAT APPLY

On my own	☐	With family / friends on a casual basis	☐
As part of an organised group	☐	Other, please specify	☐

Specify:

12. PLEASE CIRCLE A NUMBER FROM 1 TO 10 TO RATE HOW IMPORTANT EACH OF THE FOLLOWING ITEMS ARE IN MOTIVATING YOU TO PARTICIPATE IN ARTS, CREATIVE OR CULTURAL ACTIVITIES.

PLEASE CIRCLE ONE NUMBER PER LINE	Not important									Very important
Enjoyment / Fun	1	2	3	4	5	6	7	8	9	10
Social aspects / benefits	1	2	3	4	5	6	7	8	9	10
Discovery / to learn a new skill	1	2	3	4	5	6	7	8	9	10
Autonomy / feeling of independence	1	2	3	4	5	6	7	8	9	10
Interest in the activity	1	2	3	4	5	6	7	8	9	10
Passion for the arts, creative or cultural activities	1	2	3	4	5	6	7	8	9	10
Venue familiarity (accustomed to attending / feel welcome)	1	2	3	4	5	6	7	8	9	10
Word of mouth - activity was recommended to you	1	2	3	4	5	6	7	8	9	10
Having a routine / structured activity to engage in	1	2	3	4	5	6	7	8	9	10
Employment opportunities	1	2	3	4	5	6	7	8	9	10

13. DURING WHICH PERIODS IN YOUR LIFE HAVE YOU PARTICIPATED IN ARTS, CREATIVE OR CULTURAL ACTIVITIES?

PLEASE TICK ALL THAT APPLY

Young (up to 14 years)	☐
Young adult (15-24 years)	☐
Adult (25-44 years)	☐
Mid-life (45-64 years)	☐
Older adult (65+ years)	☐

14. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR USE OF INFORMATION TECHNOLOGY. WHICH OF THE FOLLOWING DEVICES DO YOU HAVE ACCESS TO IN YOUR HOME?

PLEASE TICK ALL THAT APPLY

- Desktop computer ☐
- Laptop computer ☐
- Tablet computer (e.g. iPad, Samsung Galaxy Tab) ☐
- Smartphone (e.g. iPhone, Blackberry) ☐
- TV (e.g. games console or set top box) ☐
- Other mobile devices (that you have access to in the home) ☐

Specify: ☐

15. DO YOU HAVE ACCESS TO THE INTERNET?

PLEASE TICK ALL THAT APPLY

- I can access it at home ☐
- I can access it elsewhere (friend/relative's house, library, community centre, etc.) ☐
- I have no access to the internet ☐

IF YOU HAVE 'NO ACCESS' TO THE INTERNET, PLEASE GO TO QUESTION 19

16. ON WHICH OF THE FOLLOWING DEVICES DO YOU ACCESS THE INTERNET?

PLEASE TICK ALL THAT APPLY

- Desktop computer ☐
- Laptop computer ☐
- Tablet computer (e.g. iPad, Samsung Galaxy Tab) ☐
- Smartphone (e.g. iPhone, Blackberry) ☐
- TV (e.g. games console or set top box) ☐
- Other mobile devices (please specify) ☐

Specify:

17. ON AVERAGE, HOW OFTEN DO YOU USE THE INTERNET OR EMAIL?

PLEASE TICK ONE BOX

- Every day, or almost every day ☐
- At least once a week (but not every day) ☐
- At least once a month (but not every week) ☐
- At least once every 3 months ☐
- Never ☐

IF YOU 'NEVER' ACCESS THE INTERNET OR EMAIL, PLEASE GO TO QUESTION 19

18. FOR WHICH OF THE FOLLOWING ACTIVITIES DID YOU USE THE INTERNET IN THE LAST 3 MONTHS?

PLEASE TICK ALL THAT APPLY

Sending / receiving e-mails	☐
Telephoning or using video calls (via webcam) over the internet to stay in contact with family or friends (e.g. Skype, Zoom)	☐
Searching for information for learning, research, fact finding	☐
Financial transactions (e.g. online shopping, buying or selling goods or services, banking, paying bills, booking flights)	☐
Using social networking sites (e.g. Facebook, Twitter, Instagram)	☐
News / newspaper / blog websites	☐
Gaming / Gaming apps (e.g. PlayStation, Xbox, CandyCrush)	☐
Instant messaging (e.g. WhatsApp, Signal)	☐
Listening to music (e.g. Spotify, YouTube, Apple Music)	☐
Watching films / TV shows (e.g. Netflix, YouTube, Apple TV, Disney+)	☐
Other (please specify)	☐

Specify:

19. DO YOU SOMETIMES FEEL AS IF YOU ARE OUTSIDE SOCIETY?

PLEASE TICK ONE BOX

- Very often ☐
- Often ☐
- Sometimes ☐
- Hardly ever ☐
- Never ☐

20. THE NEXT QUESTIONS ARE ABOUT HOW YOU FEEL ABOUT DIFFERENT ASPECTS OF YOUR LIFE. FOR EACH ONE, PLEASE SAY HOW OFTEN YOU FELT THAT WAY RECENTLY.

PLEASE TICK ONE BOX PER LINE	OFTEN	SOME OF THE TIME	HARDLY EVER OR NEVER
How often do you feel you lack companionship?	☐	☐	☐
How often do you feel left out?	☐	☐	☐
How often do you feel isolated from others?	☐	☐	☐
How often do you feel in tune with the people around you?	☐	☐	☐
How often do you feel lonely?	☐	☐	☐

21. HAVE YOU EXPERIENCED LONELINESS IN OTHER PHASES OF YOUR LIFE?

PLEASE TICK ONE BOX

- Yes ☐
- No ☐ IF 'NO' GO TO QUESTION 24

22. WHEN HAVE YOU EXPERIENCED LONELINESS?

PLEASE TICK ALL THAT APPLY

- Young (5-14 years) ☐
- Young adult (15-24 years) ☐
- Adult (25-44 years) ☐
- Mid-life (45-64 years) ☐
- Older adult (65+ years) ☐

23. IF YOU HAVE EVER EXPERIENCED LONELINESS, HAVE YOU EVER SPOKEN TO ANY OF THE FOLLOWING ABOUT IT?

PLEASE TICK ALL THAT APPLY

- GP ☐
- Social Worker ☐
- Psychiatrist ☐
- Nurse ☐
- Counsellor/Psychotherapist ☐
- Other healthcare professional ☐
- Never spoke to a healthcare professional about loneliness ☐

24. THE FOLLOWING ARE WAYS IN WHICH PEOPLE REACT TO DIFFICULT, STRESSFUL, OR UPSETTING SITUATIONS. FOR EACH ITEM, PLEASE CIRCLE A NUMBER FROM 1 TO 5 TO INDICATE HOW MUCH YOU ENGAGE IN THESE TYPES OF ACTIVITIES WHEN YOU ENCOUNTER A DIFFICULT, STRESSFUL, OR UPSETTING SITUATION.

PLEASE CIRCLE ONE NUMBER PER LINE	NOT AT ALL				VERY MUCH
Take some time off and get away from the situation.	1	2	3	4	5
Focus on the problem and see how I can solve it.	1	2	3	4	5
Blame myself for having gotten into this situation.	1	2	3	4	5
Treat myself to a favorite food or snack.	1	2	3	4	5
Feel anxious about not being able to cope.	1	2	3	4	5
Think about how I solved similar problems.	1	2	3	4	5
Visit a friend.	1	2	3	4	5
Determine a course of action and follow it.	1	2	3	4	5
Buy myself something.	1	2	3	4	5
Blame myself for being too emotional about the situation.	1	2	3	4	5
Work to understand the situation.	1	2	3	4	5
Become very upset.	1	2	3	4	5
Take corrective action immediately.	1	2	3	4	5
Blame myself for not knowing what to do.	1	2	3	4	5
Spend time with a special person.	1	2	3	4	5
Think about the event and learn from my mistakes.	1	2	3	4	5
Wish that I could change what had happened or how I felt.	1	2	3	4	5
Go out for a snack or meal.	1	2	3	4	5
Analyze my problem before reacting.	1	2	3	4	5
Focus on my general inadequacies.	1	2	3	4	5
Phone a friend.	1	2	3	4	5

25. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR SPOUSE OR PARTNER WITH WHOM YOU LIVE.

IF YOU DO NOT HAVE A HUSBAND, WIFE OR PARTNER WITH WHOM YOU LIVE, PLEASE GO TO QUESTION 27

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH QUESTION	A LOT	SOME	A LITTLE	NOT AT ALL
How much does he/she really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on him/her if you have a serious problem?	☐	☐	☐	☐
How much can you open up to him/her if you need to talk about your worries?	☐	☐	☐	☐
How much does he/she make too many demands on you?	☐	☐	☐	☐
How much does he/she criticise you?	☐	☐	☐	☐
How much does he/she let you down when you are counting on him/her?	☐	☐	☐	☐
How much does he/she get on your nerves?	☐	☐	☐	☐

26. HOW CLOSE IS YOUR RELATIONSHIP WITH YOUR SPOUSE OR PARTNER WITH WHOM YOU LIVE?

PLEASE TICK ONE BOX

- Very close ☐
- Quite close ☐
- Not very close ☐
- Not at all close ☐

27. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR CHILDREN.

IF YOU DO NOT HAVE CHILDREN, PLEASE GO TO QUESTION 28

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH QUESTION	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

28. APART FROM YOUR SPOUSE/PARTNER AND CHILDREN (IF ANY), DO YOU HAVE ANY OTHER FAMILY MEMBERS (SUCH AS BROTHERS, SISTERS, PARENTS, COUSINS, ETC.)?

PLEASE TICK ONE BOX

Yes ☐

No ☐ IF 'NO' GO TO QUESTION 30

29. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THESE FAMILY MEMBERS.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH QUESTION	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

30. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR FRIENDS.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH QUESTION	A LOT	SOME	A LITTLE	NOT AT ALL
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How much do they make too many demands on you?	☐	☐	☐	☐
How much do they criticise you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

31. WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW CONCERNED YOU ARE ABOUT THE POSSIBILITY OF FALLING. FOR EACH OF THE FOLLOWING ACTIVITIES, PLEASE INDICATE HOW CONCERNED YOU ARE THAT YOU MIGHT FALL IF YOU DID THIS ACTIVITY.

IF YOU CURRENTLY DON'T DO THE ACTIVITY (E.G. IF SOMEONE DOES YOUR SHOPPING FOR YOU), PLEASE ANSWER TO SHOW WHETHER YOU THINK YOU WOULD BE CONCERNED ABOUT FALLING IF YOU DID THE ACTIVITY

PLEASE TICK ONE BOX PER LINE	NOT AT ALL CONCERNED 1	SOMEWHAT CONCERNED 2	FAIRLY CONCERNED 3	VERY CONCERNED 4
Cleaning the house (e.g. sweep, vacuum, dust).	☐	☐	☐	☐
Getting dressed or undressed.	☐	☐	☐	☐
Preparing simple meals.	☐	☐	☐	☐
Taking a bath or shower.	☐	☐	☐	☐
Going to the shop.	☐	☐	☐	☐
Getting in or out of a chair.	☐	☐	☐	☐
Going up or down stairs.	☐	☐	☐	☐
Walking around in the neighbourhood.	☐	☐	☐	☐
Reaching for something above your head or on the ground.	☐	☐	☐	☐
Going to answer the telephone before it stops ringing.	☐	☐	☐	☐
Walking on a slippery surface (e.g. wet or icy).	☐	☐	☐	☐
Visiting a friend or relative.	☐	☐	☐	☐
Walking in a place with crowds.	☐	☐	☐	☐
Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement).	☐	☐	☐	☐
Walking up or down a slope.	☐	☐	☐	☐
Going out to a social event (e.g. religious service, family gathering, or club meeting).	☐	☐	☐	☐

32. THE NEXT FOUR QUESTIONS ARE ABOUT HOW YOU HAVE FELT IN THE PAST MONTH.

PLEASE TICK ONE BOX PER LINE	HARDLY EVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN
In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

33. WE ARE INTERESTED IN YOUR OWN PERSONAL VIEWS AND EXPERIENCES ABOUT GETTING OLDER. PLEASE INDICATE HOW STRONGLY YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS.

PLEASE TICK ONE BOX PER LINE	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
As I get older, I expect to become more lonely.	☐	☐	☐	☐	☐
Old age is a time of loneliness.	☐	☐	☐	☐	☐

34. HERE IS A LIST OF STATEMENTS THAT PEOPLE HAVE USED TO DESCRIBE THEIR LIVES OR HOW THEY FEEL. HOW OFTEN DO YOU FEEL LIKE THIS?

PLEASE TICK ONE BOX PER LINE	OFTEN	SOMETIMES	RARELY	NEVER
My age prevents me from doing the things I would like to.	☐	☐	☐	☐
I feel that what happens to me is out of my control.	☐	☐	☐	☐
I feel free to plan for the future.	☐	☐	☐	☐
I feel left out of things.	☐	☐	☐	☐
I feel that I can please myself in what I can do.	☐	☐	☐	☐
My health stops me from doing the things I want to do.	☐	☐	☐	☐
Shortage of money stops me from doing the things that I want to do.	☐	☐	☐	☐
I look forward to each day.	☐	☐	☐	☐
I feel that my life has meaning.	☐	☐	☐	☐
I enjoy being in the company of others.	☐	☐	☐	☐
I feel satisfied with the way my life has turned out.	☐	☐	☐	☐
I feel that life is full of opportunities.	☐	☐	☐	☐

35. HOW MANY PORTIONS OF FRUIT – OF ANY KIND – DO YOU EAT ON A TYPICAL DAY? IF NONE, PLEASE ENTER '0'.

A PORTION OF FRUIT IS AN APPLE OR BANANA, A SMALL BOWL OF GRAPES, OR THREE TABLESPOONS OF TINNED OR STEWED FRUIT. IF YOU DRINK FRUIT JUICE, YOU CAN COUNT ONE GLASS PER DAY, BUT ADDITIONAL GLASSES OF FRUIT JUICE DO NOT COUNT AS ADDITIONAL PORTIONS

_____ PORTIONS

36. HOW MANY PORTIONS OF VEGETABLES – EXCLUDING POTATOES – DO YOU EAT ON A TYPICAL DAY? IF NONE, PLEASE ENTER '0'.

A SERVING OR PORTION OF VEGETABLES MEANS THREE HEAPED TABLESPOONS OF GREEN OR ROOT VEGETABLES SUCH AS CARROTS, PARSNIPS, SPINACH, SMALL VEGETABLES LIKE PEAS, BAKED BEANS OR SWEET CORN, OR A MEDIUM BOWL OF SALAD (LETTUCE, TOMATOES, ETC.)

_____ PORTIONS

37. HAVE YOU EVER HAD DRINKS CONTAINING ALCOHOL, E.G. GLASS OF WINE, GLASS OF BEER, ETC.?

PLEASE TICK ONE BOX

Yes ☐

No ☐ IF 'NO' GO TO QUESTION 51

38. HAVE YOU HAD DRINKS CONTAINING ALCOHOL OF ANY KIND IN THE LAST 6 MONTHS?

PLEASE TICK ONE BOX

Yes ☐

No ☐ IF 'NO' GO TO QUESTION 51

39. DURING THE LAST 6 MONTHS, HOW OFTEN HAVE YOU HAD DRINKS CONTAINING ALCOHOL, LIKE BEER, CIDER, WINE, SPIRITS OR COCKTAILS?

PLEASE TICK ONE BOX

Daily ☐

4-6 days a week ☐

2-3 days a week ☐

Once a week ☐

2-3 days a month ☐

Once a month ☐

One or a couple of days per year ☐ IF 'ONE OR A COUPLE OF DAYS PER YEAR', GO TO QUESTION 41

40. MORE RECENTLY (I.E. IN THE LAST MONTH), WOULD YOU DESCRIBE YOUR CURRENT ALCOHOL INTAKE AS:

PLEASE TICK ONE BOX

- Daily ☐
- 4-6 days a week ☐
- 2-3 days a week ☐
- Once a week ☐
- 2-3 days a month ☐
- Once a month ☐

41. FROM THE PICTURES BELOW, PLEASE TICK THE BOX THAT REPRESENTS THE DRINK YOU WOULD BE MOST LIKELY TO DRINK.

PLEASE TICK ONE BOX

Full pint of beer/ cider/lager	Full pint of stout	1/2 pint or glass of stout/beer/ cider/lager	Large glass of wine	Measure of spirit	Pre-mixed spirit drink (e.g. Smirnoff Ice)
					
☐	☐	☐	☐	☐	☐

42. THINKING ABOUT YOUR DRINK OF CHOICE, ON AVERAGE, IN THE LAST 6 MONTHS ON THE DAYS THAT YOU DRANK, ABOUT HOW MANY DID YOU HAVE?

PLEASE TICK ONE BOX

1	☐	5	☐	9	☐
2	☐	6	☐	10	☐
3	☐	7	☐	11 or more	☐
4	☐	8	☐		

43. THINKING ABOUT YOUR DRINK OF CHOICE, DURING THE LAST 6 MONTHS, APPROXIMATELY WHAT WAS THE LARGEST NUMBER OF DRINKS YOU HAD ON ANY ONE DAY?

PLEASE TICK ONE BOX

1	☐	5	☐	9	☐
2	☐	6	☐	10	☐
3	☐	7	☐	11 or more	☐
4	☐	8	☐		

44. HOW OFTEN IN THE LAST 6 MONTHS WOULD YOU SAY YOU DRANK THE MAXIMUM NUMBER OF DRINKS YOU INDICATED IN THE LAST QUESTION?

PLEASE TICK ONE BOX

- Daily or almost daily ☐
- Weekly ☐
- Monthly ☐
- Less than monthly ☐

45. HAVE YOU EVER FELT THAT YOU SHOULD CUT DOWN ON DRINKING?

PLEASE TICK ONE BOX

- Yes ☐
- No ☐

46. HAVE YOU REDUCED YOUR ALCOHOL INTAKE IN THE LAST 2 YEARS?

PLEASE TICK ONE BOX

- Yes ☐
- No ☐ IF 'NO' GO TO QUESTION 48

47. WHY DID YOU REDUCE YOUR ALCOHOL INTAKE?

PLEASE TICK ALL THAT APPLY

Personal choice ☐

Doctor's advice ☐

Medication ☐

Illness or ill health ☐

Other reasons (please specify) ☐

48. HAVE PEOPLE EVER ANNOYED YOU BY CRITICISING YOUR DRINKING?

PLEASE TICK ONE BOX

Yes ☐

No ☐

49. HAVE YOU EVER FELT BAD OR GUILTY ABOUT DRINKING?

PLEASE TICK ONE BOX

Yes ☐

No ☐

50. HAVE YOU EVER TAKEN A DRINK FIRST THING IN THE MORNING TO STEADY YOUR NERVES OR GET RID OF A HANGOVER?

PLEASE TICK ONE BOX

Yes ☐

No ☐

51. OVER THE PAST 12 MONTHS, HOW OFTEN HAVE YOU DONE ANY OF THE ACTIVITIES LISTED BELOW?

PLEASE TICK ONE BOX PER LINE	Daily	2-6 times per week	Once a week	Less than once a week, more than once a month	Monthly	6 to 11 times per year	2 to 5 times per year	Once in the last 12 months	Never	Don't know
Bought a lottery ticket or scratchcard in person (Includes all National Lottery draws and scratchcards, Lotto/ Euromillions, charity/GAA lotteries etc. played in person).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Played lottery games online (Includes all National Lottery draws and scratchcards, Euromillions, charity/GAA lotteries etc. played online).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gambled in a bookmaker's shop (Includes all activities undertaken in person in a bookmaker's shop).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gambled online or by telephone (Includes all online gambling sites, betting exchanges and online casinos, as well as telephone betting facilities or mobile phone betting apps offered by bookmakers).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Placed a bet at a horse or dog racing meeting (Includes all on-course betting with bookmakers and Tote (including point-to-point racing and greyhound coursing events)).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Played games at a casino (Includes table games such as cards, roulette etc. played in a Casino)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Played a gaming/slot machine (Played in a casino, gaming arcade or other places).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Played a card game for money with friends/family.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Played bingo in person (Not including bingo played online or on scratchcards).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (please specify).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Specify:										

THINK ABOUT THE DIFFERENT FACILITIES IN AND AROUND YOUR NEIGHBOURHOOD. BY THIS, WE MEAN THE AREA ALL AROUND YOUR HOME THAT YOU COULD WALK TO IN 10-15 MINUTES.

52. WHAT IS THE MAIN TYPE OF HOUSING IN YOUR NEIGHBOURHOOD?

PLEASE TICK ONE BOX

- Detached single-family housing ☐
- Townhouses, terraced houses or apartments of 2-3 stories ☐
- Mix of single-family residences and townhouses, terraced houses or apartments ☐
- Apartments of 4-12 stories ☐
- Apartments of more than 12 stories ☐

THE NEXT ITEMS ARE STATEMENTS ABOUT YOUR NEIGHBOURHOOD RELATED TO WALKING AND BICYCLING.

53. MANY SHOPS, STORES, MARKETS OR OTHER PLACES TO BUY THINGS I NEED ARE WITHIN EASY WALKING DISTANCE OF MY HOME. WOULD YOU SAY THAT YOU…

PLEASE TICK ONE BOX

- Strongly Disagree ☐
- Somewhat Disagree ☐
- Somewhat Agree ☐
- Strongly Agree ☐
- Don’t Know/Not Sure ☐

54. IT IS WITHIN A 10-15 MINUTE WALK TO A TRANSIT STOP (SUCH AS BUS, TRAIN, OR TRAM (LUAS) FROM MY HOME. WOULD YOU SAY THAT YOU…

PLEASE TICK ONE BOX

- Strongly Disagree ☐
- Somewhat Disagree ☐
- Somewhat Agree ☐
- Strongly Agree ☐
- Don’t Know/Not Sure ☐

55. THERE ARE FOOTPATHS ON MOST OF THE STREETS IN MY NEIGHBORHOOD. WOULD YOU SAY THAT YOU…

PLEASE TICK ONE BOX

- Strongly Disagree ☐
- Somewhat Disagree ☐
- Somewhat Agree ☐
- Strongly Agree ☐
- Don't Know/Not Sure ☐

56. THERE ARE FACILITIES TO BICYCLE IN OR NEAR MY NEIGHBORHOOD, SUCH AS SPECIAL LANES, SEPARATE PATHS OR TRAILS, SHARED USE PATHS FOR CYCLISTS AND PEDESTRIANS. WOULD YOU SAY THAT YOU…

PLEASE TICK ONE BOX

- Strongly Disagree ☐
- Somewhat Disagree ☐
- Somewhat Agree ☐
- Strongly Agree ☐
- Don't Know/Not Sure ☐

57. MY NEIGHBORHOOD HAS SEVERAL FREE OR LOW COST RECREATION FACILITIES, SUCH AS PARKS, WALKING TRAILS, BIKE PATHS, RECREATION CENTERS, PLAYGROUNDS, PUBLIC SWIMMING POOLS, ETC. WOULD YOU SAY THAT YOU…

PLEASE TICK ONE BOX

- Strongly Disagree ☐
- Somewhat Disagree ☐
- Somewhat Agree ☐
- Strongly Agree ☐
- Don't Know/Not Sure ☐

58. THE CRIME RATE IN MY NEIGHBORHOOD MAKES IT UNSAFE TO GO ON WALKS AT NIGHT. WOULD YOU SAY THAT YOU…

PLEASE TICK ONE BOX

- Strongly Disagree ☐
- Somewhat Disagree ☐
- Somewhat Agree ☐
- Strongly Agree ☐
- Don't Know/Not Sure ☐

59. IN THE PAST TWO YEARS, HAVE YOU PERSONALLY FELT DISCRIMINATED AGAINST BECAUSE OF YOUR AGE IN ANY OF THE FOLLOWING SITUATIONS:

PLEASE TICK ONE BOX PER LINE	YES	NO	NOT APPLICABLE	DON'T KNOW
The workplace?	☐	☐	☐	☐
While looking for work?	☐	☐	☐	☐
In places such as shops, pubs or restaurants?	☐	☐	☐	☐
Using services of banks, insurance companies or other financial institutes?	☐	☐	☐	☐
In relation to education?	☐	☐	☐	☐
While you were looking for housing or accommodation?	☐	☐	☐	☐
While accessing health services (e.g. getting access to a GP, access to hospital, access to specialist treatment)?	☐	☐	☐	☐
Using transport services?	☐	☐	☐	☐
Accessing other public services either at a local or national level?	☐	☐	☐	☐

60. WE WOULD NOW LIKE TO ASK SOME QUESTIONS ABOUT HOW MUCH YOU WORRY ABOUT THINGS. PLEASE INDICATE HOW TYPICAL OR CHARACTERISTIC EACH STATEMENT IS OF YOU.

PLEASE TICK ONE BOX PER LINE	NOT AT ALL TYPICAL		SOMEWHAT TYPICAL		VERY TYPICAL
My worries overwhelm me.	☐	☐	☐	☐	☐
Many situations make me worry.	☐	☐	☐	☐	☐
I know I should not worry about things, but I just cannot help it.	☐	☐	☐	☐	☐
When I am under pressure, I worry a lot.	☐	☐	☐	☐	☐
I am always worrying about something.	☐	☐	☐	☐	☐
As soon as I finish one task, I start to worry about everything else I must do.	☐	☐	☐	☐	☐
I have been a worrier all my life.	☐	☐	☐	☐	☐
I have been worrying about things.	☐	☐	☐	☐	☐

61. HAVE ANY OF YOUR CLOSE FRIENDS DIED IN THE PAST TWO YEARS?

PLEASE TICK ONE BOX

Yes ☐ If yes, we are sorry to hear that.

No ☐

THE NEXT QUESTIONS ASK ABOUT HEATING.

62. WHAT IS THE MAIN WAY IN WHICH YOU HEAT YOUR ACCOMMODATION IN THE WINTER?

PLEASE TICK ONE BOX

- Central heating ☐
- Open fire only ☐
- Portable heaters only ☐
- Open fire and portable heaters ☐
- Closed solid fuel appliance only ☐
- Closed solid fuel appliance and portable heaters ☐

63. HAVE YOU EVER HAD TO GO WITHOUT HEATING DURING THE LAST 12 MONTHS THROUGH LACK OF MONEY? (I.E. HAVE YOU HAD TO GO WITHOUT A FIRE ON A COLD DAY, OR GO TO BED TO KEEP WARM OR LIGHT THE FIRE LATE BECAUSE OF LACK OF COAL/FUEL?

PLEASE TICK ONE BOX

- No ☐
- Yes - Financial reason ☐
- Yes - Home is too big ☐
- Yes - Other reason (please specify) ☐

THE NEXT SECTION ASKS YOU ABOUT YOUR EXPERIENCES OF THE COVID-19 PANDEMIC AND HOW THIS HAS AFFECTED YOUR LIFE.

64. IN THE LAST WEEK, HOW OFTEN DID YOU DO THE FOLLOWING ACTIVITIES, AS COMPARED TO BEFORE THE OUTBREAK - NOT AT ALL, LESS OFTEN, ABOUT THE SAME, OR MORE OFTEN?

PLEASE TICK ONE BOX PER LINE	Not at all	Less often	About the same	More often
Leave your home	☐	☐	☐	☐
Go grocery shopping	☐	☐	☐	☐
Travel to visit family members	☐	☐	☐	☐
Travel to visit friends	☐	☐	☐	☐
Attend religious services outside your home	☐	☐	☐	☐
Exercise at home	☐	☐	☐	☐
Walk outside your home for more than 20 minutes	☐	☐	☐	☐

65. PEOPLE HAVE BEEN ASKED TO SOCIALLY DISTANCE WHEN OUTSIDE MEANING THAT THEY STAY AT LEAST TWO METRES APART FROM OTHERS.

PLEASE TICK ONE BOX	Always	Often	Sometimes	Never
Do you keep distance from others when you go outside your home?	☐	☐	☐	☐

66. WE ARE STILL INTERESTED IN LEARNING ABOUT PEOPLE'S BEHAVIOURS DURING THE COVID-19 PANDEMIC. CAN YOU PLEASE TELL US IF YOU DO THE FOLLOWING:

PLEASE TICK ONE BOX PER LINE	YES	NO
Wash your hands more frequently than usual?	☐	☐
Use special hand sanitizer or disinfection fluids?	☐	☐
Pay special attention to covering coughs and sneezes?	☐	☐
Take any drugs or medicine as a prevention against COVID-19?	☐	☐
Wear a protective face mask when outside the home, around other people?	☐	☐

67. IN THE LAST MONTH, HOW OFTEN DID YOU HAVE CONTACT BY PHONE, EMAIL OR ANY OTHER ELECTRONIC MEANS WITH THE FOLLOWING PEOPLE FROM OUTSIDE YOUR HOME?

PLEASE TICK ONE BOX PER LINE	Daily	Several times a week	About once a week	Less often	Never	
Children	☐	☐	☐	☐	☐	☐ No children
Parents	☐	☐	☐	☐	☐	☐ No parents
Other relatives	☐	☐	☐	☐	☐	☐ No other relatives
Neighbours / friends	☐	☐	☐	☐	☐	☐ No one else

68. OVERALL, HOW SATISFIED ARE YOU WITH YOUR LIFE NOWADAYS?

PLEASE CIRCLE ONE NUMBER	Not at all satisfied									Completely satisfied
	1	2	3	4	5	6	7	8	9	10

69. HERE IS A LIST OF STATEMENTS THAT PEOPLE HAVE USED TO DESCRIBE THEIR LIVES OR HOW THEY FEEL. PLEASE INDICATE HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS.

PLEASE TICK ONE BOX PER LINE	Strongly disagree	Disagree	Disagree slightly	Agree slightly	Agree	Strongly agree
I enjoy making plans for the future and working to make them a reality.	☐	☐	☐	☐	☐	☐
My daily activities often seem trivial and unimportant to me.	☐	☐	☐	☐	☐	☐
I am an active person in carrying out the plans I set for myself.	☐	☐	☐	☐	☐	☐
I don't have a good sense of what it is I'm trying to accomplish in life.	☐	☐	☐	☐	☐	☐
I sometimes feel as if I've done all there is to do in life.	☐	☐	☐	☐	☐	☐
I live life one day at a time and don't really think about the future.	☐	☐	☐	☐	☐	☐
I have a sense of direction and purpose in my life.	☐	☐	☐	☐	☐	☐

70. OVER THE LAST WEEK, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

PLEASE TICK ONE BOX PER LINE	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐
Worrying too much about different things	☐	☐	☐	☐
Trouble relaxing	☐	☐	☐	☐
Being so restless that it is hard to sit still	☐	☐	☐	☐
Becoming easily annoyed or irritable	☐	☐	☐	☐
Feeling afraid as if something awful might happen	☐	☐	☐	☐

71. SINCE THE OUTBREAK OF THE COVID-19 PANDEMIC IN MARCH 2020, WAS THERE ANY TIME WHEN YOU NEEDED MEDICAL (INCLUDING DENTAL) CARE, BUT DELAYED GETTING IT, OR DID NOT GET IT AT ALL?

PLEASE TICK ONE BOX

Yes ☐

No ☐ IF 'NO' GO TO QUESTION 74

72. WHY DID YOU DELAY OR NOT GET THAT CARE?

PLEASE TICK ONE BOX

I could not afford it ☐

I could not get an appointment ☐

The clinic/hospital/doctor's office cancelled ☐

I decided it could wait ☐

I was afraid to go ☐

73. WHAT TYPE(S) OF CARE OR HEALTH SERVICES DID YOU DELAY?

PLEASE TICK ALL THAT APPLY

Major Surgery (requiring a hospital stay of one or more nights)	☐	Public health or Community Nurse	☐
Minor Surgery as an outpatient or day case	☐	Occupational therapy	☐
Seeing your General Practitioner	☐	Physiotherapy services	☐
Getting a prescription filled	☐	Psychological/counselling services	☐
Getting medications	☐	Hearing services	☐
Dental care	☐	Respite services	☐
Optician	☐	Other	☐

74. DID YOU AVAIL OF A TELEPHONE OR ONLINE APPOINTMENT FROM ANY OF THE FOLLOWING?

PLEASE TICK ALL THAT APPLY

- General practitioner ☐
- Pharmacist ☐
- Hospital doctor ☐
- Any other health professional ☐
- Other, please specify: _____

75. SINCE THE OUTBREAK OF THE COVID-19 PANDEMIC IN MARCH 2020, HAVE YOU STARTED TAKING A VITAMIN D SUPPLEMENT AND IF SO, WHAT DOSAGE (PER DAY)?

NOTE: THIS ALSO INCLUDES ANY MULTIVITAMIN OR SUPPLEMENT THAT INCLUDES VITAMIN D THAT YOU MAY HAVE STARTED TAKING SINCE THE START OF THE PANDEMIC

PLEASE TICK ONE BOX

- Yes, 400IU (10ug) ☐
- Yes, 800IU (20ug) ☐
- Yes, 1000IU (25ug) ☐
- Yes, other dosage (please specify) ☐
- Specify: ☐
- Yes, but don't know dosage ☐
- No ☐

76. DO YOU FIND THE OFFICIAL IRISH GOVERNMENT GUIDANCE ON COVID-19 EASY TO UNDERSTAND?

PLEASE TICK ONE BOX	Extremely easy	Somewhat easy	Somewhat difficult	Extremely difficult
	☐	☐	☐	☐

77. HOW WOULD YOU RATE YOUR KNOWLEDGE ABOUT COVID-19?

PLEASE TICK ONE BOX	Extremely good	Somewhat good	Neither good nor bad	Somewhat bad	Extremely bad
	☐	☐	☐	☐	☐

78. OVERALL, ON A SCALE FROM 1 TO 10, HOW CONCERNED ARE YOU ABOUT THE COVID-19 PANDEMIC?

PLEASE CIRCLE ONE NUMBER	Least concerned									Most concerned
	1	2	3	4	5	6	7	8	9	10

79. DO YOU THINK THAT YOU HAVE OR HAVE HAD COVID-19?

PLEASE TICK ONE BOX

- Yes, confirmed by a positive test ☐
- Yes, suspected by a doctor but not tested ☐
- Yes, my own suspicions ☐
- No, confirmed by a negative test ☐
- No, not to my knowledge ☐

IF 'YES' GO TO QUESTION 80

IF 'NO' GO TO QUESTION 90

80. IN WHICH MONTH AND YEAR DID YOU FIRST GET DIAGNOSED WITH OR FEEL THAT YOU HAD COVID-19?

Month: _____ Year: 2020 ☐ 2021 ☐

81. DID YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS AT THIS TIME?

PLEASE TICK ALL THAT APPLY

Shortness of breath	☐
Cough	☐
Fever	☐
Sore throat	☐
Diarrhoea	☐
Loss of sense of smell or taste	☐
Nausea or vomiting	☐
Muscle or joint pain	☐
Fatigue	☐
Increased falls	☐
Confusion	☐
None of these	☐

82. DID YOU GET COVID-19 DURING OR IMMEDIATELY AFTER A NON-COVID-19 RELATED STAY IN HOSPITAL?

PLEASE TICK ONE BOX

Yes ☐

No ☐

83. DID YOU MAKE A FULL RECOVERY FROM COVID-19? BY FULL RECOVERY, WE MEAN THAT ALL OF YOUR SYMPTOMS HAVE NOW RESOLVED AND YOU FEEL THAT YOU HAVE RETURNED TO YOUR HEALTH STATUS PRIOR TO HAVING COVID-19?

PLEASE TICK ONE BOX

Yes ☐

No ☐

IF 'YES' GO TO QUESTION 84

IF 'NO' GO TO QUESTION 85

84. HOW MANY WEEKS WERE YOU SICK BEFORE YOU FELT THAT YOU MADE A FULL RECOVERY FROM COVID-19?

_____ WEEKS

GO TO QUESTION 86

85. HOW MANY WEEKS HAVE YOU NOW HAD SYMPTOMS OF COVID-19?

_____ WEEKS

86. DID YOU REQUIRE HOSPITAL TREATMENT FOR COVID-19?

PLEASE TICK ONE BOX

Yes ☐

No ☐

IF 'YES' GO TO QUESTION 87

IF 'NO' GO TO QUESTION 90

87. IN WHICH MONTH AND YEAR WAS THIS?

Month: _____ Year: 2020 ☐ 2021 ☐

88. HOW MANY NIGHTS DID YOU SPEND IN HOSPITAL?

_____ NIGHTS

89. WERE YOU ON OXYGEN TO HELP YOU BREATHE WHILE YOU WERE IN HOSPITAL?

PLEASE TICK ONE BOX

Yes ☐

No ☐

90. EXCLUDING YOURSELF, HAS ANYONE IN YOUR HOUSEHOLD BEEN DIAGNOSED WITH COVID-19?

PLEASE TICK ONE BOX

Yes ☐

No ☐

IF 'YES' GO TO QUESTION 91

IF 'NO' GO TO QUESTION 93

91. WHAT IS THEIR RELATIONSHIP TO YOU?

PLEASE TICK ALL THAT APPLY

Spouse / partner	☐
Son(s) or daughter(s)	☐
Parent(s)	☐
Grandchild(ren)	☐
Sibling(s)	☐
Carer	☐
Other, (please specify):	

92. DID THE MEMBERS OF YOUR HOUSEHOLD WHO WERE DIAGNOSED WITH COVID-19 EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS AT THAT TIME?

PLEASE TICK ALL THAT APPLY

- Shortness of breath ☐
- Cough ☐
- Fever ☐
- Sore throat ☐
- Diarrhoea ☐
- Loss of sense of smell or taste ☐
- Nausea or vomiting ☐
- Muscle or joint pain ☐
- Fatigue ☐
- Increased falls ☐
- Confusion ☐
- None of these ☐

93. HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE WITH COVID-19?

PLEASE TICK ALL THAT APPLY

- Yes, I was in contact with a confirmed COVID-19 case ☐
- Yes, I was in contact with a suspected COVID-19 case ☐
- No, not to my knowledge ☐

94. TRAGICALLY, MANY PEOPLE HAVE LOST LOVED ONES DUE TO COVID-19. HAS ANYONE CLOSE TO YOU, SUCH AS A FAMILY MEMBER OR FRIEND, DIED WITH COVID-19?

PLEASE TICK ONE BOX

Yes ☐

No ☐

95. IF, SADLY, SOMEONE YOU KNOW HAS DIED WITH COVID-19, WHAT WAS THEIR RELATIONSHIP TO YOU?

PLEASE TICK ALL THAT APPLY

Spouse / partner	☐	Son(s) or daughter(s)	☐	Friend(s) / neighbour(s)	☐
Parent(s)	☐	Grandchild(ren)	☐	Carer	☐
Sibling(s)	☐	Other relative(s)	☐	Other, specify: _____	

96. PLEASE FILL IN THE DATE ON WHICH YOU COMPLETED YOUR BOOKLET.

D	D	/	M	M	/	Y	Y

97. WHAT IS IT THAT YOU ARE MOST LOOKING FORWARD TO DOING ONCE THE COVID-19 PANDEMIC ENDS?

98. IF THERE IS ANYTHING YOU WOULD LIKE TO TELL US, PLEASE WRITE IN THE SPACE BELOW. FEEL FREE TO ADD A PAGE IF THIS SPACE IS INSUFFICIENT. WE SHALL BE VERY INTERESTED TO READ WHAT YOU HAVE TO SAY.

If you are affected by any of the issues raised in this questionnaire or are looking for information on COVID-19 (coronavirus) please contact:

ALONE COVID-19 support line (Monday to Friday, 8am - 8pm). Tel: 0818 222 024.

Age Action Information Service (Monday to Friday, 9.30am - 5pm).
Tel: (01) 475 6989.

COVID Community Response is a national support helpline for individuals and organisations seeking assistance from their local community. Tel: (021) 237 7809, Text: (086) 180 0256.

Family Carers Ireland will answer carers' specific queries. Tel: 1800 240 724.

Health Service Executive (HSE) helpline (Monday to Friday, 8am - 8pm, Saturday and Sunday, 9am - 5pm). Tel: 1850 241 850 or (041) 685 0300.

The Irish Hospice Foundation has a Bereavement Support Line that aims to provide connection, comfort and support in these exceptional times (Monday to Friday, 10am - 1pm). Freephone: 1800 807 077.

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS. PLEASE POST THE QUESTIONNAIRE BACK IN THE PREPAID ENVELOPE PROVIDED. ONCE WE RECEIVE THE QUESTIONNAIRE, WE WILL REMOVE THE LABEL WITH YOUR NAME AND ADDRESS AND REPLACE THIS WITH A UNIQUE STUDY ID. ALL OF YOUR ANSWERS WILL REMAIN CONFIDENTIAL.