



Fás Aníos in Éirinn

Growing Up in Ireland

Growing Up in Ireland Cohort 98 at 25 years of age

25-year-old Main Questionnaire

Introduction

Welcome to this survey from the Growing Up in Ireland (GUI) survey. If there is any question you do not wish to answer, you do not have to do so. Please press 'Start' to begin.

Growing Up in Ireland (GUI) is the national longitudinal study of children and young people and will be run by the CSO for the first time in 2023.

The purpose of the main survey will be to gather data that helps us understand the issues facing young adults in Ireland today. This will help policy makers make decisions about services for young people and their families.

You can find more information about the survey, as well as view the transparency notice, with the following link:

<https://www.cso.ie/en/surveys/households-surveys/growingupinirelandsurvey/>

Contact details: Webpage for further information www.cso.ie.

Telephone the CSO head office on 021 453 5110, Email us at growingup@cso.ie

Respon_DOB What is your date of birth?__DDMMYYYY__

Respon_Sex What is your sex? 1.Male 2.Female

email_address Can you please confirm your email address? _____

telephone_number Can you please confirm your telephone number? _____

address_confirmation Is the address below your main residential address?

1.Yes, the address is correct

2.No, the address needs to be amended

Living_ROI Are you living in the Republic of Ireland

1.Yes

2.No Goto Emigration

address_update Can you provide your new address please? _____

If Living_ROI Are you living in the Republic of Ireland = 2.No. Emigration

Emigration

relocate_date When did you move abroad? _____

LIVE_abroad_country What country did you move to? _____ enter first 3 letters.

emigrate_reason What was the main reason for leaving the Republic of Ireland?

1. Employment
2. Family reasons
3. Partner/Spouse
4. Education or training
5. Holiday / Travel
6. Other (_____specify)

LIVPCT_abroad How long do you intend to live abroad in total?

1. Less than 12 months
2. 12 months or more
3. Don't know

emigrate_roi_return Do you intend to emigrate back to the Republic of Ireland?

- 1.Yes 2.No

Exit Questionnaire Thank you.

Housing

No_Pers1 Including you, how many people live in this dwelling? _____

accom_type What kind of property do you live in?

1. Detached house
2. Semi-detached house
3. Terraced house (including end of terrace)
4. Apartment in a converted house
5. Apartment in a custom-built block
6. Other accommodation type (_____specify)
7. No fixed accommodation

no_accom_tenure Since when have you had no fixed accommodation? _____ Go to Relationship_Desc

accom_tenure Since when have you been living here? _____

parents_home Do you still live with our parents/guardians in your parents/guardians home?

1. Yes

live_parents_dep To what extent are you living together with your parent(s) because of financial reasons?

- I. Mostly financial
- II. A little bit to do with finances
- III. Nothing to do with finances

2. No

parent_home_exit_age At what age did you leave your parents home to live independently? _____

3. N/A

Fixed Accommodation

OCCUPY Is the dwelling...?

1. Owner-occupied
2. Being rented (owner not in residence in this household)
total_property_rent How much rent does your HOUSEHOLD pay per MONTH for the property? _____
your_property_rent How much rent do YOU pay per MONTH? _____
3. Not owned by occupant(s) and being occupied rent free
4. Not owned by occupant(s) and rent free to some member(s) of the household only
5. Owner occupied and rented out to some member(s) of the household

own_property Do you own the property?

1.Yes

2.No

T22 How much is the current monthly payment on the mortgage, excluding any payments for mortgage/life insurance or other fees? _____ Go to housing_burden

If own_property ≠ 1 **own_property_other** Is the property owned by?

1. Your partner
2. Your parent(s)
3. Other relation(s)
4. Unrelated person
5. A private letting company
6. A local authority
7. A voluntary/co-operative housing body
8. Your or your partner's employer

If Occupy ≠ 2 **pay_rent** Do you pay rent for this dwelling? A question about other household financial contributions (utilities, groceries, etc...) will follow

1.Yes

2.No

your_property_rent How much rent do YOU pay per MONTH? _____

If H_NoPers.No_Pers1 > 1 and own_property ≠ 1 **house_expenses** Do you make any financial contributions for household expenses (utility bills, groceries, etc...)

1.Yes

2.No

house_expenses_amount On average, how much would you contribute per month? _____

If paying rent or mortgage. **housing_burden** To what extent would you describe your rent/mortgage to be a burden to YOU?

1. A great burden
2. A bit of a burden
3. Not really a burden at all

bedroom_num How many bedrooms are in this accommodation? _____

bathroom_num How many bathrooms are in this accommodation? _____

living_space Is there adequate living space for the number of people who live here – kitchen, dining, sitting room(s)? 1.Yes 2.No

Remote_suitable Is your current work suitable for remote working?

- | | | | |
|-----------------|------------------|------|-------|
| 1. 1.Yes, fully | 2.Yes, partially | 3.No | 4.N/A |
|-----------------|------------------|------|-------|

remote_work_space Is there a suitable space for you to work from home if you need to? 1.Yes 2.No

property_problems Does the property have any problems with: Tick all that apply

1. Dampness
2. Insulation/draughts
3. Noise
4. Infestation, e.g. mice, rats, cockroaches
5. None of the above

internet_connection_type What type of internet connection does your household have?

1. Fixed broadband (e.g. phone/TV cable, internet cable, etc)
2. Mobile broadband (e.g. 3G, 4G, dongle, etc)
3. Satellite broadband (via roof antenna)
4. Other connection (_____specify)
5. No internet connection

Relationship_Desc Which of the following best describes your current relationship status?

1. Single, not dating
2. Casually dating but not exclusive
3. Dating one person
4. Cohabiting

partner_share_income Do you share income with your spouse/partner?

1.Yes 2.No

5. Engaged
6. Married
7. In a civil partnership
8. Separated
9. Divorced
10. Widowed
11. Other

If Relationship_Desc = 3, 5,6 or 7. **Couples_Living** Do you live with this person as a couple?

1.Yes 2.No 3.Prefer not to say

partner_share_income Do you share income with your spouse/partner?

1.Yes 2.No

future_move Are you planning to move in the future?

1.Yes

2.No

future_move_time In how many years?

1. In the next year
2. In 1-2 years time
3. In 3-5 years time
4. In more than 5 years time

future_living_arrangements Who do you expect to be living with after your next move?

1. Alone
2. With partner
3. With partner and others
4. With friends
5. With parent(s)/family/guardian(s)
6. Others

home_buy_expectation Do you expect to buy a home in the future?

1.Yes

2.No

home_reasons Why not? Tick all that apply

1. Could not afford deposit
2. Do not qualify for a mortgage
3. Was refused a mortgage
4. Not ready for home ownership at present
5. No interest in home ownership at any time
6. Prefer to rent
7. Satisfied with current living arrangements
8. None of the above

housing_cost Do you save regularly towards future housing costs or needs (e.g. for a mortgage)?

1.Yes

2.No

housing_cost_reason Is this because you cannot afford to or for other reason?

1.Cannot afford to

2.Other reason

locality_scale To what extent do you agree or disagree with these statements about your local area	Strongly agree	Agree	Disagree	Strongly disagree
a. This is a safe area				
b. There is good access to services that I need in this area				
c. There are suitable leisure / sports facilities in this area				
d. I have family/ friends living in this area				

live_abroad Have you always lived in Ireland, or have you lived elsewhere at times? This refers to a continuous stay in another country of more than 6 months.

1. I have always lived in Ireland

2. I lived elsewhere

lived_abroad_num How many other countries have you lived in? ____

PrevCountry_2 What country did you live in previously? ____

emigrate_reason What was the main reason for leaving the Republic of Ireland?

1. Employment
2. Family reasons
3. Partner / spouse
4. Education or training

live_abroad_qual_details Did you attain a qualification in this country?

- i. Course was part of Erasmus
- ii. Yes

live_abroad_course Please provide the full name of the course you completed. _____

live_abroad_course_qual Please provide the qualification attained ____

living_abroad_college Please provide the name and address of the college / institution _____

iii. No

5. Holiday / travel
6. Other (____specify)

Activities, Attitudes and Politics

fun_activities_list Which of these activities do you regularly do for fun or to relax? Tick all that apply

1. Waking/hiking
2. Reading for pleasure
3. Listening to music
4. Watching TV
5. Singing or playing an instrument
6. Craftwork/hobbies
7. Spending time with pets
8. Participating in sport (with others)
9. Participating in individual sports (e.g. horse riding, cycling, going to the gym, running, dancing, etc.)
10. Going to clubs, pubs, parties or other social events /socialising with friends
11. None of the above

	None	Less than 1 hour	1 hour up to 2 hours	2 up to 3 hours	3 up to 5 hours	More than 5 hours
weekday_screen_leisure On a typical WEEKDAY, how much screen time do you spend for LEISURE?						
weekend_screen_leisure On a typical WEEKEND day, how much screen time do you spend for LEISURE?						
weekday_screen_work On a typical WEEKDAY, how much screen time do you spend for WORK / STUDY?						
weekend_screen_work On a typical WEEKEND day, how much screen time do you spend for WORK / STUDY?						

driving_licence_type Do you have a full or provisional driving licence for any of the following vehicle types? Car, van, moped/motorcycle

1. Full

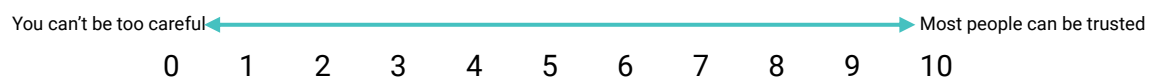
2. Provisional

3. None

motor_veh_access Do you have access to a car, van or moped/motorcycle for your personal use?

1. Yes, I have my own vehicle
2. Yes, I can use a family vehicle whenever I need to
3. I can use a family vehicle sometimes
4. No

trust_general Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 0 to 10, where 0 means that “you can’t be too careful in dealing with people” and 10 means that “most people can be trusted”?



politics_interest Generally speaking, how interested would you say you are in politics? Please give your answer on a scale of 0 to 10, where 0 means “Not at all interested” and 10 means you are “Very interested”?



political_activities Please indicate which activities if any, you were involved in over the last twelve months. Tick all that apply

1. Contacted a politician or councillor
2. Worked (on a voluntary basis or otherwise) in a political party
3. Worked (on a voluntary basis or otherwise) with an environmental group
4. Worn or displayed a campaign badge / sticker
5. Signed a petition (paper, email, on-line) about a political or social issue
6. Took part in a public demonstration
7. Boycotted certain products for political, social or environmental reasons
8. Posted or shared anything about politics online
9. None of the above

voting_reg Are you currently registered to vote?

1.Yes

2.No

social_concerns Please rate how concerned you are about the following issues.	Not concerned	Somewhat concerned	Very concerned
social_concerns_climate Climate change			
social_concern_racism Racism			
soc_concern_gender_ineq Gender inequality			
soc_concern_animal Animal rights			
social_concerns_poverty Poverty in Ireland			
social_concerns_employment Access to decent employment opportunities in Ireland			
social_concerns_housing Access to housing in Ireland			
social_concerns_richpoor Global gap between rich and poor countries			

Health

Respon_Health In general, how would you say your current health is?

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

MedProb Do you have any on-going chronic physical or mental health problems, illness or disability? ☐ 1.Yes ☐ 2.No

MedProb_type What is the nature of this problem, illness or disability? Tick all that apply.

1. Respiratory system (e.g. asthma, chronic disease such as COPD obstructive pulmonary disease, other respiratory diseases)
2. Endocrine diseases (metabolic disorders e.g., diabetes, disorders of thyroid gland, nutritional deficiencies)
3. Nervous system (e.g. Parkinson disease, Alzheimer disease, multiple sclerosis, epilepsy, cerebral palsy)
4. Digestive system (e.g. inflammatory bowel disease, Crohn's disease, diseases of the digestive system including liver and colon)
5. Musculoskeletal (e.g. osteoporosis, osteoarthritis, muscular skeletal disorders)
6. Mental health (e.g. depression, schizophrenia, anxiety, eating disorders)
7. Intellectual disability (significantly reduced ability to understand new or complex information and to learn and apply new skills)

Intellectual_disability Would your intellectual disability be ...

- i. Mild
 - ii. Moderate
 - iii. Severe
 - iv. Don't know
8. Physical or sensory disabilities (e.g., physical impairment, visual impairment, hearing impairment)
 9. Autism spectrum disorders (e.g. autism, Asperger syndrome)
 10. Emotional or behavioural disorders (e.g., attention deficit hyperactivity disorder/ADD)
 11. Other illness (_____specify)

If MedProb_type > 1 **MedProb_type_severe** Which of the following would you consider as the most severe problem, illness or disability? [Choose one of MedProb_type chosen options]

medically_diagnosed Has this problem, illness or disability been diagnosed by a medical professional? Please answer the following in respect of the most severe problem/illness/disability. ☐ 1.Yes ☐ 2.No

MedProb_Severe Are you hampered in your daily activities by this problem, illness or disability? Please answer the following in respect of the most severe problem/illness/disability.

1. Yes, severely
2. Yes, to some extent
3. No

hospital_nights How many nights have you spent in hospital in total in the last 12 months, from illness or injury? _____

medicare_type_1C In the last 12 months, how many times have you seen or consulted, or talked on the phone with ...	N times	Don't know	Refused
a. A general practitioner (GP)	_____		
b. A practice nurse	_____		
c. Another medical doctor e.g. in a hospital	_____		
d. Physiotherapist	_____		
e. Psychologist, counsellor	_____		
f. Psychiatrist	_____		
g. Accident & Emergency	_____		
h. Private emergency clinic	_____		
i. Out-of-hours GP service	_____		
j. Social Worker	_____		
k. Alternative therapists	_____		
l. Health helplines	_____		
m. Dentist	_____		
n. Other	_____		

GP_consultation Was there any time during the past 12 months when you really needed to consult a GP but did not?

1. Yes, there was at least one occasion

2. No, there was no such occasion

GP_avoid_reason What were your main reasons for not consulting a GP? Tick all that apply.

1. You couldn't afford to pay
2. No GP service available
3. You were afraid/embarrassed to visit the doctor
4. The premises was not accessible
5. Too far to travel/no means of transport
6. None of the above

medical_insurance Are you covered by private medical insurance (not just travel insurance)?

1.Yes

2.No

medical_insurance_policy Is this your own policy, as part of your parents'/ family policy or provided by work?

1. Own policy
2. Parents' policy
3. Work
4. Other

Medcard Do you have a GP visit card or medical card? A medical card is a card that entitles the owner/bearer to receive free or reduced-rate medical treatment in the Republic of Ireland. Tick all that apply

1. Yes, medical card
2. Yes, GP visit card
3. Does not have a GP visit or medical card

covid_yn Have you tested positive for COVID-19?

1.Yes

2.No

covid_frequency How many times have you tested positive for COVID-19

1. Once
2. Twice
3. More than twice

dental_health How would you rate your dental health?

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

dentist_visit_freq Which of the following best describes how regularly you visit the dentist?

1. Twice a year or more often
2. Once a year
3. Once every two years
4. Once every three years
5. Only when there is a problem
6. Never / almost never

dentist_consultation Was there any time during the past 12 months when you really needed to consult a dentist but did not?

1.Yes

2.No

dentist_avoid_reason What were your main reasons for not consulting a dentist?

1. You couldn't afford to pay
2. No dental service available
3. You were afraid/embarrassed to visit the dentist
4. The premises was not accessible
5. Too far to travel / no means of transport
6. None of the above

sleep_diff Do you have any difficulty with sleep?

1. Yes, a lot of difficulty
2. Yes, some difficulty
3. No

sleep_length_hours / minutes On a normal week-night, how long do you usually sleep?__

exercised_yn In the last year, have you exercised to lose (or avoid gaining) weight?

1.Yes

2.No

dieted_yn In the last year, have you dieted to lose (or avoid gaining) weight?

1.Yes

2.No

moderate_exercise How many times in the last 7 days have you done at least 30 mins of moderate-intensity activity (that is, activity that causes a small increase in your heart rate and breathing e.g., brisk walking, cycling, swimming and active e travel/transport)?

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Everyday

vigorous_exercise How many times in the last 7 days have you done at least 30 mins of vigorous-intensity activity (that is, activity that causes a large increase in your heart rate and breathing e.g. running, playing football, GAA or similar team sports and gym classes)?

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Everyday

C98w5_weightkg What is your weight? Please enter 'stones & lbs' or kgs. _____

C98w5_heightcm What is your height? Please enter 'feet & inches' or 'centimetres'. ____

Labour Market

activities_history For the last five years, please indicate the total time you have spent in each of the following six activities {{in months}}?

Activity	Time in Months
1. In employment (full-time/part-time)	
2. Self-employment or farming	
3. Unemployed (and seeking work)	
4. Ill/disabled and outside labour force	
5. On home duties	
6. In full/part time education	

Labour Force Details

D_EMPSTAT is a derived variable of employment status (1=Employed, 2=Not employed, 9=Not applicable)

Wstator_PaidLFS Did you do any work for payment or profit in the seven days ending Sunday {{refweek}}, even if it was just for one hour? 1.Yes 2.No

Wstator_UnpaidLFS Did you do any unpaid work, for at least one hour, for a business owned by a member of your family in the seven days ending Sunday {{refweek}}? 1.Yes 2.No

Wstator_AwayLFS Did you have a job or business that you were away from that week but expect to go back to? 1.Yes 2.No

NoWkReasLFS What was the main reason that you were away from work that week?

1. Holidays
2. Working time arrangements or compensation of overtime
3. Ill, injured or had a temporary disability
4. Maternity or paternity leave

If Respon_Sex = 2 Female. **maternity_return_work** How long do you expect to be away from work for?

- i. Three months or less
- ii. More than three months but less than 12 months
- iii. More than 12 months
- iv. Do not intend on returning to work
- v. Don't know

5. Job related training
6. Parental leave

Signisal_SalaryLFS During the time that you have been absent from work, did you continue to receive or are you entitled to any job related income or benefit? 1.Yes 2.No 3.Don't know

7. Off-season

Signisal_TaskLFS Do you continue to regularly perform some tasks or duties for the job or business during the off-season?

1.Yes 2.No 3.Don't know

8. Been laid off temporarily
9. Other reason 11.Don't know

Also ask if Signisal_SalaryLFS = 2 or 3. **Signisal_durationLFS**

How long do you expect to be away from work for in total?

- i. Three months or less
- ii. More than three months
- iii. Don't know

Signisal_DurDKLFS Can you remember the date that you last worked? _____

- iv. Already back at work

10. Waiting to start a new job

Questions asked if D_EMPSTAT = 1 Employed

Num_JobsLFS Besides the job or work that you just mentioned, do you have any other job as employee, self-employed or unpaid family worker?

1. No, only one job
2. Yes, one other job
3. Yes, several other jobs

WISHMORELFS Would you like to work more hours {{for more pay}}?

1.Yes

2.No

AVAILABLE_WORKLFS In the two weeks following {{Ref date}} would you be available to work more hours either in your current job, or in a new job? 1.Yes 2.No

Job Characteristics

If Num_JobsLFS = 2 or 3 **Intro_MainJob** We will now talk about the job or work which you usually spend the most time on. 1.Continue

job_start_date When did you take up this job? _____

job_status In relation to your current job/last job you held, how would you describe it?

1. Regular, full-time
2. Temporary, full-time
3. Regular, part-time
4. Temporary, part-time
5. Paid work placement / internship
6. Unpaid work placement /internship

job_contract_type Is your job contract a permanent one or is it temporary in some way? A permanent job is one that is expected to last as long as the employee wants it, given that business conditions permit. There is no predetermined termination date. A zero-hours contract is one where the employer is not obliged to provide any minimum number of working hours to the employee.

1. Fixed term written contract
2. Fixed term verbal contract
3. Permanent written contract
4. Permanent verbal contract
5. Zero-hours contract

Questions asked if D_EMPSTAT = 1 Employed

work_typical Does your work involve any of the following? Tick all that apply

1. Working evenings, after usual office hours
2. Working weekends
3. Nights
4. Rotating shift work (e.g., days one week, nights the next)
5. Having to work unpaid overtime at short notice
6. Having to work paid overtime at short notice
7. None of the above

work_locations_per_1C What percentage of your working week do you typically spend in the following locations?

Location	Percentage
1. Office	
2. Home	
3. Hub or co-working space	
4. Travelling for work (exclude commute time)	

Stapro_Empstat In this job were you...?

1. Self-employed with paid employees
2. Self-employed without paid employees
3. An employee
4. On a state-sponsored employment scheme (not Community Employment Scheme)
5. On a Community Employment Scheme
6. Unpaid family worker

NACE3D What is the main activity of the business or organisation where you work? "What does the business mainly make or do?" It is extremely important to enter a detailed description for this question. Not enough detail: Cars, Food, Software, Local Authority. Possible correct response: Repairing cars, Bread wholesaler, Software development and support, Local authority library service. _____

SOC4D What is your occupation in that job? "What did you mainly do in the business/organisation?" Please describe the occupation fully using the full job title. Not enough detail: Teacher, Manager, Engineer. Possible correct response: Secondary school teacher, Retail store manager, Electrical engineer. _____

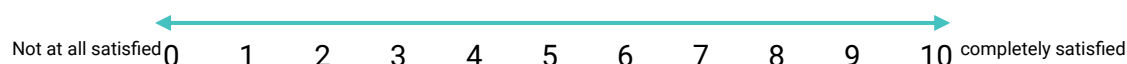
Job_stop_gap Do you see your current job as a stop gap or as a start to a long-term career?

1. Stop gap
2. Start to a long-term career

Questions asked if D_EMPSTAT = 1 Employed

pathway_satisfaction Looking back if you were free to choose again would you take the same pathway (education, training or job)? 1.Yes 2.No 3.Maybe

Job_Satisfaction_2 Generally speaking, on a scale of 0 to 10, how well do/did you like your job, where a '0' indicates 'not at all' and '10' indicates 'completely satisfied.'



If Num_JobsLFS = 2 or 3. **Stapro_2** You indicated that you had more than one job during the week ending Sunday {{Ref date}}. We will now ask you a few questions about your second job, the one you spent the most hours on other than your main job. In this job were you...?

1. Self-employed with paid employees
2. Self-employed without paid employees
3. An employee
4. On a state-sponsored employment scheme (not Community Employment Scheme)
5. On a Community Employment Scheme
6. Unpaid family worker

NACE2J2D What is the main activity of the business or organisation where you work "What does the business mainly make or do?" It is extremely important to enter a detailed description for this question. Not enough detail: Cars, Food, Software, Local Authority. Possible correct response: Repairing cars, Bread wholesaler, Software development and support, Local authority library service. _____

SOC2J4D What is your occupation in that job? "What did you mainly do in the business/organisation?" Please describe the occupation fully using the full job title. Not enough detail: Teacher, Manager, Engineer. Possible correct response: Secondary school teacher, Retail store manager, Electrical engineer. _____

sec_job_start_date When did you take up this second job? _____

hours_worked How many hours do you usually work per week in all jobs? Please do not include the time you spend on lunch breaks but do include any regular overtime that you are expected to work. _____

Questions asked if D_EMPSTAT = 2 Not Employed

LOOKWORKLFS In the four weeks prior to Sunday {{refweek}}, have you done anything to find work? This includes looking for a job of only a few hours or any activity to start a business.

1.Yes

2.No

LOOKWK2 Have you perhaps already found a job? {{or are you returning to your current job}}

1. Yes but not started yet

SEEKWORK_NEWJOB Do you expect to start this job before the week ending {{refweek + 13 weeks}}? 1.Yes 2.No

2. Yes. Started working after reference week

3. No

If derived variable D_SEEKWORK = 5 not searching employment and has not found any job to start later. **WANTWORKLFS** Even though you were not looking for work in the last four weeks, would you like to work? Please consider any kind of work, including work of only a few hours. 1.Yes 2.No

If derived variable D_WANTWORK = 1 (Person is not searching for employment but would nevertheless like to have work). **SEEKREASLFS** What is the main reason you were not looking for work during this time?

1. No suitable job is available
2. Currently in education or training
3. Own illness or disability
4. Care responsibilities for own children or adult relatives
5. Other family reasons
6. Other personal reasons including caring for non-relatives or friends
7. Laid off and waiting to be called back to work
8. Any other reason

If derived variable D_WANTWORK = 2 (Person is not searching for employment and does not want to have work). **SEEKREASNO** What is the main reason you do not want work?

1. Currently in education or training
2. Own illness or disability
3. Care responsibilities for own children or adult relatives
4. Other family reasons
5. Other personal reasons including caring for non-relatives or friends
6. Retired
7. Any other reason

D_WANTWORK is a derived variable for willingness to work even if not searching for employment where 1 = Person is not searching for employment but would nevertheless like to have work and 2 = Person is not searching for employment and does not want to have work.

If derived variable D_EMPSTAT =2 & D_SEEKWORK = 1 Person is searching for employment.

QM1 to QM9 In the 4 weeks ending Sunday {{Refdate}}, in order to find a job have you ...

		Yes	No
QM1	replied to / placed ads Online or in newspapers?		
QM2	applied directly to employers?		
QM3	asked friends, relatives, contact trade unions etc.?		
QM4	Attended graduate recruitment / jobs fair?		
QM5	contacted the public employment service Intreo or local social welfare office? [Intreo provides the public employment services previously provided by Fás.]		
QM6	placed or updated a CV online? (e.g. LinkedIn profile/online recruitment agency)		
QM7	contacted a private employment agency?		
QM8	did a test, interview or exam?		
QM9	made preparations to set up your own business?		

If D_SEEKWORK = 1, 2 or 3 or D_WANTWORK = 1 or (D_EMPSTAT=1 & D_WISHMORE = 2).

AVAILABLE_WORKLFS If you had found a job in the week ending Sunday {{refdate}} could you start work immediately, within the following two weeks? 1. Yes 2.No

D_SEEKWORK is a derived variable for searching for employment during the 4 weeks ending in the reference week. Categorised as:

1. Person is searching for employment.
2. Person is not searching employment and has already found a job which has not yet started but will start within a period of at most 3 months after the end of the reference week.
3. Person is not searching for employment and has already found a job which has not yet started but will start in more than 3 months after the end of reference week.
4. Person is not searching employment and has already found a job which has started between the end of the reference week and the interview date.
5. Person is not searching employment and has not found any job to start later.
9. Not applicable

D_WISHMORE is a derived variable for the wish to work more than the current number of usual hours (1 = No, 2 = Yes)

Income

Income_sources What is the average MONTHLY amount AT YOUR DISPOSAL from the following sources currently (after tax, USC and other statutory deductions are taken)?

Income Source	Monthly Amount (in Euros)
1. Income from your job	
2. From parents	
3. From other family	
4. Student grant	
5. Social Welfare Payment	
6. From other sources	

employment_status Which of the following categories best describes your current situation?

1. Employed (including self-employed)
2. Unemployed
3. Retired
4. Unable to work due to long-standing health problems
5. Student, pupil
6. Fulfilling domestic tasks
7. Other

save_regularly Are you able to save on a regular basis? 1.Yes 2.No

pension_YN Are you a member of a pension scheme? This could be a scheme run by your employer, or one you have started privately. 1.Yes 2.No

parent_money_out Do you currently give any of the following payments to your parent(s)? Include money given to parents to meet the needs of other household members. Tick all that apply.

1. You give them money on a regular basis (i.e. a set amount per week or month)
2. You give them some money towards your 'keep' now and then
3. You give them money if they ask for it because they need it
4. You pay for particular household bills (e.g. a utility bill or for petrol in the car)
5. You loan them money and they pay you back
6. Other financial support
7. Not applicable

Hh_abilty_depr A household may have different sources of income. Concerning your total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?

1. Very easily
2. Easily
3. Fairly easily
4. With some difficulty
5. With difficulty
6. With great difficulty
7. Cannot make ends meet

D12 In your opinion what is the very lowest net monthly income you would need to make ends meet? €_____

food_insecurity In the last 12 months, have you ever cut the size of your meals or skipped meals because there wasn't enough money for food? 1.Yes 2.No

If accom_type ≠ 7 **D8** Do you keep the home adequately warm? If no, is it because the household cannot afford to or is there another reason?

1. Yes
2. No, because cannot afford
3. No, other reason (_____ specify)

D10a At the end of a typical month, do you

1. Put money aside
2. Need to draw on savings
3. Need to borrow money
4. Neither put money aside nor need to draw on savings or borrow

living_cost_type For each of the following living costs can you please tell me if you {{and your spouse/partner}} pay for them personally, in full or part. Tick all that apply.

1. Rent / mortgage
2. Utility bills
3. Food
4. Transportation
5. Communication (telephone, internet etc.)
6. Health costs (e.g. medical insurance)
7. Childcare
8. Debt payment (e.g. credit card, car loan, excluding mortgage)
9. Social and leisure activities
10. Other regular living costs (clothing, toiletries, tobacco, pets, insurance [except medical insurance])
11. Study related costs
12. None of the above

living_cost_parent_type For each of the following living costs can you please tell me if your parents pay for them for you, in full or part. Tick all that apply

1. Rent / mortgage
2. Utility bills
3. Food
4. Transportation
5. Communication (telephone, internet etc.)
6. Health costs (e.g. medical insurance)
7. Childcare
8. Debt payment (e.g. credit card, car load, excluding mortgage)
9. Social and Leisure activities
10. Other regular living costs (clothing, toiletries, tobacco, pets, insurance [expect medical insurance])
11. Study related costs
12. None of the above

loan_repayments Are you {{and your spouse/partner}} currently having difficulty meeting any loan or debt repayments (from any source)?

1. A lot
2. A little
3. No difficulty
4. No loans

If activities_history option 6 not empty. **study_funding** How do/did you fund your studies/training? Tick all that apply.

1. Money from your family
2. A bank loan
3. Indirect support from your family (e.g. food, accommodation)
4. Savings
5. Earnings from employment
6. Employer assistance
7. A state grant (e.g. SUSI)
8. Social welfare payment (e.g. Back to Education Allowance)
9. Scholarship / research bursary
10. Other assistance (_____ specify)

If partner_share_income = 1 **partner_emp_status** Which of the following categories best describes your spouse / partners current situation?

1. Employed
2. Unemployed
3. Retired
4. Unable to work due to long-standing health problems
5. Student, pupil
6. Fulfilling domestic tasks
7. Other

If Relationship_Desc = 3, 4, 5 or 6 **NACE3DP** What is the main activity of the business or organisation where your spouse / partner works? It is extremely important to enter a detailed description for this question. Not enough detail: Cars, Food, Software, Local Authority. Possible correct response: Repairing cars, Bread wholesaler, Software development and support, Local authority library service. _____

SOC4DP What is your spouse / partner's occupation in that job? Please describe the occupation fully using the full job title. Not enough detail: Teacher, Manager, Engineer. Possible correct response: Secondary school teacher, Retail store manager, Electrical engineer. _____

If No_Pers1 > 1 [Household_grid](#) Please tell me about the OTHER people you share the accommodation with at this address.

hh_comp_name		hh_comp_sex		hh_comp_age	hh_comp_relationship		hh_comp_PES Current situation								hh_comp_income	
No.	First name/ Initial.	Sex		Age	Relationship of each member to young adult		Employed (including self employed)	Unemployed	Retired	Unable to work due to long-standing health problems	Student, pupil	Fulfilling domestic tasks	Not yet at school	Other	Do you share income with this person (excluding shared bills)?	
Person No.		M	F	Years (if less than 1 year put 0)	Person No.	R'Ship to: Young Adult									Yes	No
1		<input type="checkbox"/> 1	<input type="checkbox"/> 2		1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2		<input type="checkbox"/> 1	<input type="checkbox"/> 2		2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3		<input type="checkbox"/> 1	<input type="checkbox"/> 2		3		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4		<input type="checkbox"/> 1	<input type="checkbox"/> 2		4		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5		<input type="checkbox"/> 1	<input type="checkbox"/> 2		5		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6		<input type="checkbox"/> 1	<input type="checkbox"/> 2		6		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7		<input type="checkbox"/> 1	<input type="checkbox"/> 2		7		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8		<input type="checkbox"/> 1	<input type="checkbox"/> 2		8		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9		<input type="checkbox"/> 1	<input type="checkbox"/> 2		9		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10		<input type="checkbox"/> 1	<input type="checkbox"/> 2		10		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2

hh_comp_relationship

Their relationship to you

1. Spouse
2. Cohabitee
3. Son /daughter (inc. adopted)
4. Step-son /daughter
5. Foster child
6. Son-in-law /daughter-in-law
7. Parent / guardian
8. Step-parent
9. Foster parent
10. Parent-in-law
11. Brother /sister (inc. adopted)
12. Step-brother /sister
13. Foster brother / sister
14. Brother / sister-in-law
15. Grand-child
16. Grand-parent
17. Other relative
18. Other non-relative

Main Questionnaire Exit

[selfcomplete_statement](#) This completes the main part of the questionnaire. There are some final questions which we would like you to answer. As some of these may be considered slightly sensitive, we have included them in a separate section

1.Continue



25-year-old Self-complete Questionnaire

Ethnic What is your ethnic group/background?

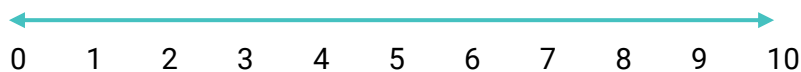
1. White – Irish
2. White – Irish traveller
3. White – Roma
4. White – Any other white background
5. Black or Black Irish - African
6. Black or Black Irish – Any other Black background
7. Asian or Asian Irish – Chinese
8. Asian or Asian Irish – Indian / Pakistani / Bangladeshi
9. Asian or Asian Irish – Any other Asian background
10. Other, including mixed group/ background – Arab
11. Other, including mixed group / background – Mixed
12. Other, including mixed group / background – Other

Rosenberg_scale				
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]				
[REDACTED]				
[REDACTED] [REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				

WeightType_Dec How would you describe yourself?

1. Very underweight
2. A bit underweight
3. Just the right size
4. A bit overweight
5. Very overweight

Life_satisfaction_Scale If you were to describe how satisfied you are with your own life in general, how would you rate it on a scale of 0 to 10, 0 meaning you are not at all satisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.



optimistic_outlook To what extent do you agree or disagree with the following statement: "I am optimistic about the future"?

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

Friends, Family and Children

Friends

Friends_Type How many of your friends would you describe as CLOSE friends?

1. None
2. Some
3. All or nearly all

Friends_Close_Type Would you say that you can count on your close friends when you need them?

1. Always / most of the time
2. Some of the time
3. Rarely / never

Discrimination Scale

Discrimination_Scale	1	2	3	4	5	6	7
<div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> </div>
<div> <div></div> <div></div> <div></div> </div>							
<div> <div></div> <div></div> <div></div> </div>							
<div> <div></div> <div></div> <div></div> </div>							
<div> <div></div> <div></div> </div>							
<div> <div></div> <div></div> </div>							
<div> <div></div> <div></div> </div>							

Family Relationships

Contact_Mother_YN Are you in regular contact with your mother (or mother figure)?

- 1.Yes 2.No 3.Mother deceased 4.Prefer not to say

mother_relationship_change Since you were 20 years old has your relationship with your mother...

1. improved?
2. remained the same?
3. disimproved?

Contact_Father_YN Are you in regular contact with your father (or father figure)?

- 1.Yes 2.No 3.Father deceased 4.Prefer not to say

father_relationship_change Since you were 20 years old has your relationship with your father ...

1. improved?
2. remained the same?
3. disimproved?

Mentor_Present Is there someone in your life you can usually turn to for help and advice?

- 1.Yes 2.No

Provide_Family_Care Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home. If you have children, don't include them unless they need extra help.

- 1.Yes 2.No

Family_Care_Relation How is this person related to you?

1. Grandparent or other elderly relative
2. A parent or step-parent
3. A younger sibling
4. A sibling of the same age or older than you
5. Someone else

Family_Care_Freq Would you describe this care you provide as taking up ...

1. A large amount of my time
2. Quite a lot of my time
3. Some of my time
4. Not very much of my time

Children

If Respon_Sex = 2 Female. **Preg_Current** Are you currently pregnant?

1.Yes 2.No 3.Prefer not to say

Have_Children_YN Do you have any children?

1.Yes 2.No 3.Prefer not to say

children_quantity How many children do you have? _____

child_DOB What is the child's date of birth? _____

↓
If child_DOB empty. **Child_age** How old is the child? If child is under one year, enter 0. _____

BB_Breastfed Was this child ever breastfed (including colostrum's – the milk produced during the first few days after the birth)?

1.Yes 2.No 3.Still being breastfed

BB_AgeStopExcl How old was this child when breastfeeding stopped?	Insert number of
1. BB_Days Days	
2. BB_Weeks Or Weeks	
3. BB_Months Or Months	

How You Feel About Things

covid_concerns How do you think the COVID-19 pandemic affected you in the following areas of life, if at all?	Very negative	Somewhat negative	No effect / not sure	Somewhat positive	Very positive
a. Physical health					
b. Mental health					
c. Relationships with others					
d. Career path					
e. General outlook on life					

Depression Scale

[illegible]

DASS Stress Scale

class_stress_scale	1	2	3	4	5
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1
5	1	1	1	1	1
6	1	1	1	1	1
7	1	1	1	1	1
8	1	1	1	1	1
9	1	1	1	1	1
10	1	1	1	1	1
11	1	1	1	1	1
12	1	1	1	1	1
13	1	1	1	1	1
14	1	1	1	1	1
15	1	1	1	1	1
16	1	1	1	1	1
17	1	1	1	1	1
18	1	1	1	1	1
19	1	1	1	1	1
20	1	1	1	1	1
21	1	1	1	1	1
22	1	1	1	1	1
23	1	1	1	1	1
24	1	1	1	1	1
25	1	1	1	1	1
26	1	1	1	1	1
27	1	1	1	1	1
28	1	1	1	1	1
29	1	1	1	1	1
30	1	1	1	1	1
31	1	1	1	1	1
32	1	1	1	1	1
33	1	1	1	1	1
34	1	1	1	1	1
35	1	1	1	1	1
36	1	1	1	1	1
37	1	1	1	1	1
38	1	1	1	1	1
39	1	1	1	1	1
40	1	1	1	1	1
41	1	1	1	1	1
42	1	1	1	1	1
43	1	1	1	1	1
44	1	1	1	1	1
45	1	1	1	1	1
46	1	1	1	1	1
47	1	1	1	1	1
48	1	1	1	1	1
49	1	1	1	1	1
50	1	1	1	1	1
51	1	1	1	1	1
52	1	1	1	1	1
53	1	1	1	1	1
54	1	1	1	1	1
55	1	1	1	1	1
56	1	1	1	1	1
57	1	1	1	1	1
58	1	1	1	1	1
59	1	1	1	1	1
60	1	1	1	1	1
61	1	1	1	1	1
62	1	1	1	1	1
63	1	1	1	1	1
64	1	1	1	1	1
65	1	1	1	1	1
66	1	1	1	1	1
67	1	1	1	1	1
68	1	1	1	1	1
69	1	1	1	1	1
70	1	1	1	1	1
71	1	1	1	1	1
72	1	1	1	1	1
73	1	1	1	1	1
74	1	1	1	1	1
75	1	1	1	1	1
76	1	1	1	1	1
77	1	1	1	1	1
78	1	1	1	1	1
79	1	1	1	1	1
80	1	1	1	1	1
81	1	1	1	1	

Depression_Anxiety_Diagnosed Have you ever been diagnosed with depression or anxiety by a doctor / psychologist / psychiatrist? ☐ 1.Yes ☐ 2.No

Diagnosed_Type What were you diagnosed with?

1. Depression

2. Anxiety

3. Depression and anxiety

Depression_Anxiety_Treatment Are you currently on or have you ever received any treatment? 1.Yes, currently 2.Yes, in the past 3.No

Waiting_List_YN Are you currently on a waiting list for any form of treatment?

1.Yes

2.No

MH_No_Consult Was there any time during the past 12 months when you really needed to consult a psychologist, psychiatrist, counsellor or other mental health specialist but did not?

1. Yes, there was at least one occasion

2. No, there was no such occasion

MH_No_Consult_Reason What were the main reasons for not consulting a specialist in this area? Tick all that apply.

1. You couldn't afford to pay
2. No specialist service available
3. You were afraid / embarrassed to visit a specialist
4. The premises was not accessible
5. Too far to travel / no means of transport
6. None of the above

Confide_Feelings With whom do you talk about personal thoughts and feelings, or about things you wouldn't tell just anyone? Tick all that apply

1. My mother
2. My father
3. Step-parent
4. Boyfriend / girlfriend / partner / spouse
5. Brother / sister
6. Grandparent / other relative
7. Friend
8. Counsellor or other professional
9. Someone else (e.g. work/college, neighbour etc.)
10. No one

eating_disorder Do you currently suffer with or have you ever suffered in the past with an eating disorder?

1. Yes, currently
2. Yes, in the past
3. No

eating_disorder_spec Please specify the eating disorder. _____

Criminal Justice System and Bullying

Victims of Crime and Bullying

Crime_Victim_YN Have you been a victim of any crime in the last two years?

1.Yes

2.No

Crime_Experience_Type What type of crime did you experience? Tick all that apply

1. Your home was broken into
2. Your car was broken into
3. Your car/motorbike/bicycle was stolen
4. You had something stolen from your person
5. You were assaulted or threatened with assault by someone you knew
6. You were assaulted or threatened with assault by a stranger
7. You were the victim of fraud or a cybercrime such as having your bank details stolen
8. Someone posted/threatened to post upsetting or very personal information about you online
9. Something else

bullying_yn Have you experienced bullying / harassment in the last 3 months?

1.Yes

2.No

bullying_freq How often would this / these have occurred?

1. Daily
2. Weekly
3. Monthly
4. Rarely

bullying_place In what setting would this / these have occurred? Tick all that apply

1. Home
2. Workplace
3. Place of Education / training
4. Leisure /sport
5. Public space
6. Online

Contact with the Criminal Justice System

criminal_behaviour_list Since you were 20 years of age, have you ever been... Tick all that apply

1. Stopped and questioned by the Gardaí
2. Given a formal caution by a Garda
3. Arrested by a Garda and taken to a Garda station

criminal_behaviour_D Since you were 20 years of age have you appeared in court because you were accused of a crime? 1.Yes 2.No

criminal_behaviour_E Since you were 20 years of age, have you been found guilty of a crime? 1.Yes 2.No

criminal_act_type What was that for? Tick all that apply

- I. Public order issue
- II. Assault or other offence against the person
- III. Damage to property
- IV. Robbery, burglary or theft
- V. Road traffic offence

4. None of the above

Your Identity

1. Heterosexual / straight (sexually attracted to the opposite sex)
2. Gay or Lesbian (attracted to the same sex)
3. Bisexual (attracted to both men and women)
4. Questioning – not sure
5. Asexual (not attracted to either sex)
6. Other(s) (_____ specify)

7. Don't know

8. Prefer not to say

1. Yes 2. No 3. Prefer not to say

Relationship Inventory Scale

If Relationship_Desc = 3, 4, 5, 6 or 7.					
relationship_scale	3	4	5	6	7
1	1	1	2	1	1
2					
3					
4					
5					
6					

Sexual Experiences

Condom_Freq In general, do you usually use a condom every time you have sexual intercourse?

1. Yes, on every occasion
2. Yes, on most occasions ($\frac{3}{4}$ of the time)
3. Yes, roughly half the time
4. Yes, on some occasions ($\frac{1}{4}$ of the time)
5. No, never
6. Not currently sexually active
7. Not applicable
8. Don't know
9. Prefer not to say

Contraception_Freq Do you (or your partner) usually use some form of contraception?

1. Always
2. Nearly Always
3. Sometimes
4. Never / hardly ever
5. Not currently sexually active
6. Not applicable
7. No, as trying to conceive
8. No, as currently pregnant
9. Don't know
10. Prefer not to say

STD_Freq Have you ever had a sexually transmitted disease?

1. Never
2. Once
3. More than once
4. Don't know
5. Prefer not to say

Smoking, Alcohol, Drugs and Gambling

Smoking_Type Which of the following best describes how often do you smoke? Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes.

1. Have never tried smoking
2. Only ever tried smoking once or twice
3. Used to smoke but not now
4. Smoke occasionally
5. Smoke daily

smoking_qty_week About how many cigarettes do you smoke in a week? __

vaping_yn Have you ever tried an e-cigarette or "vaping"?

1.Yes

2.No

vaping_qty How often, if at all, do you currently use an electronic cigarette?

1. Daily
2. Less than daily, but at least once a week
3. Less than weekly, but at least once a month
4. Less than monthly
5. Not at all

alcohol_freq How often do you have a drink containing alcohol?

1. Never
2. Monthly or less
3. 2 – 4 times per month
4. 2 – 3 times per week
5. 4+ times per week

alcohol_units How many units of alcohol do you have on a typical day when you are drinking? Note: 6 units is 2 pints of 5% strength beer or 2 large (250ml) glasses of 12% wine. 8 units is 5 bottles (330ml) of 5% strength beer or 5 small (125ml) glasses of 13% wine.

1. 0 to 2
2. 3 or 4
3. 5 or 6
4. 7, 8 or 9
5. 10 or more

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
alcohol_consumption How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? Note: 6 units is 2 pints of 5% strength beer or 2 large (250ml) glasses of 12% wine. 8 units is 5 bottles (330ml) of 5% beer or 5 small (125ml) glasses of 13% wine.					
alcohol_refrain How often during the last year have you found that you were not able to stop drinking once you had started?					
alcohol_behaviour How often during the last year have you failed to do what was normally expected from you because of your drinking?					
alcohol_dependence How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?					
alcohol_remorse How often during the last year have you had a feeling of guilt or remorse after drinking?					
alcohol_memory How often during the last year have you been unable to remember what happened the night before because you had been drinking?					

alcohol_injury Have you or somebody else been injured as a result of your drinking?

1.No 2.Yes, but not in the last year 3. Yes, during the last year

alcohol_concern Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

1.No 2.Yes, but not in the last year 3. Yes, during the last year

DrugUse_YN Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

1.Yes

2.No

3.Prefer not to say

Cannabis_Freq Which statement describes you the best?

1. Only ever tried cannabis once or twice
2. Used to take cannabis but not now
3. Take cannabis occasionally
4. Take cannabis more than once a week
5. Don't take cannabis

NonPresc_Drugs Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine etc?

1.No

2.Yes, less than 5 times

3.Yes, 5 or more times

drug_use_list Which of the following have you taken in the last year? Tick all that apply	a. Not taken	b. Taken less than 5 times	c. Taken 5 or more times	d. Taken in the last year, frequency unknown
1. Cocaine (also called coke, charlie, snow)				
2. Ketamine (also called 'K', special K, vitamin K, super K)				
3. Ecstasy (also called 'E', xtc, yokes, mitsubishis, rolexs)				
4. Acid / LSD (also called trips, dot, microdots, flash)				
5. Magic mushrooms (also called liberties, mushies)				
6. Speed / Amphetamines (also called phet, billy, wizz, base, dexedrine)				
7. Heroin (also called gear, skag, smack, brown, horse)				
8. Crack (also called base, freebase, wash, pebbles)				
9. Synthetic cannabinoids / Mephedrone (also called meow meow, mcat)				
10. Painkillers (for recreational use, not for pain, e.g. oxycodone, oxy, fentanyl, tramadol)				
11. Other				

gambling_online Have you ever taken part in any of the following kinds of gambling ONLINE for money? Tick all that apply

1. Lottery tickets such as scratch cards or lotto
2. Casino tables / cards / bingo
3. Video games
4. Bet on horse races /sporting events
5. None of the above

gambling_in_person Have you ever taken part in any of the following kinds of gambling IN PERSON for money? Tick all that apply

1. Lottery tickets such as scratch cards or lotto
2. Casino tables /cards/ bingo
3. Video games
4. Bet on horse races / sporting events
5. None of the above

If gambling_online ≠ 5 and gambling_in_person ≠ 5. **gambling_refrain** Have you ever felt the need to bet more and more money? 1.Yes 2.No

If gambling_online ≠ 5 and gambling_in_person ≠ 5. **gambling_lie** Have you ever had to lie to people important to you about how much you gambled? 1.Yes 2.No

List of Helplines and Websites

The following are a list of helplines and websites available to you if you have been affected by any of the issues raised in the questionnaire.

Citizens Information provides free information and advice on a range of issues. 0818 07 4000, www.citizensinformation.ie/en/

The Samaritans is a 24 hour a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. 116 123, jo@samaritans.org, <https://www.samaritans.org/ireland/samaritans-ireland/>

Aware is the national mental health organisation providing free support, education and information to those impacted by depression, bipolar disorder and related mood conditions. 1800 80 48 48, supportmail@aware.ie, www.aware.ie

The following websites also provide a lot of advice and support about mental health: www.yourmentalhealth.ie, www.pieta.ie

The HSE Drugs and Alcohol Helpline provides support, information, guidance and referral to anyone with a question or concern related to drug and alcohol use and/or HIV and sexual health. 1800 459 459, helpline@hse.ie, www.drugs.ie

Al-Anon offers understanding and support for families and friends of problem drinkers in an anonymous environment, whether the alcoholic is still drinking or not. 01 8732699, info@alanon.ie, www.al-anon-ireland.org/

Alcoholics Anonymous (AA) is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. 01 842 0700, gso@alcoholicsanonymous.ie, www.alcoholicsanonymous.ie

Gamblers Anonymous (G.A.) is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from a gambling problem. 01 8721133, info@gamblersanonymous.ie, www.gamblersanonymous.ie

MABS (Money Advice and Budgeting Service) is the State's money advice service, guiding people through dealing with problem debt for more than 20 years. MABS is free, confidential and independent. 0818 07 2000, helpline@mabs.ie, www.mabs.ie

Threshold, a national housing charity provides free, independent, and confidential advice and support to individuals and families who are renting their homes. 1800 454 454, advice@threshold.ie, www.threshold.ie

One Family is a helpline for people parenting alone, sharing parenting and for those separating. 0818 662 212, helpline@onefamily.ie, onefamily.ie/

My Options is a HSE freephone line that provides free and confidential information and counselling to people experiencing an unplanned pregnancy. 1800 828 010, www2.hse.ie/services/unplanned-pregnancy-support-services/my-options-freephone-line.html

Bodywhys is the national voluntary organisation supporting people affected by eating disorders. 1890 200 444, alex@bodywhys.ie, www.bodywhys.ie

LGBT Helpline is a national support service for Lesbian, Gay, Bisexual and Transgender people, their families and friends 1890 929 539, info@lgbt.ie, www.lgbt.ie

Women's Aid provides support services for female victims of domestic abuse, such as a helpline, refuge referral and court accompaniment. 1800 341 900, helpline@womensaid.ie, www.womensaid.ie

Men's Aid provides support services for male victims of domestic abuse, such as a helpline, counselling and court accompaniment. 01-5543811, hello@mensaid.ie, www.mensaid.ie

The Dublin Rape Crisis Centre works to prevent the harm and heal the trauma of sexual violence. They work with people who have experienced sexual assault, rape or childhood sexual abuse. National Helpline: 1800 77 88 88, info@rcc.ie, www.drcc.ie