<table>
<thead>
<tr>
<th>Title</th>
<th>An evaluation of the impact of a health and well-being module on selected health outcomes of undergraduate students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Mc Sharry, Patricia</td>
</tr>
<tr>
<td>Publication Date</td>
<td>2013-03-27</td>
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Questionnaire Pack for Research Study Entitled

Physical Activity, Eating Behaviours & Psychological Well Being among Undergraduate Students:

St Angela’s College, Sligo
The following questionnaire is designed to elicit information on a number of key areas related to your Physical activity, Eating behaviours and Psychological well being:

The questionnaire has 4 main sections:

**Section 1** will ask you about biographical/demographic details and general health indicators

**Section 2** will ask questions in relation to your physical activity behaviours

**Section 3** will ask questions in relation to your eating behaviours

**Section 4** will deal with psychological well being.

Please complete each section. The majority of questions only require you to tick a box; however instructions for individual questions will be given as appropriate. It will take you approximately 20 minutes to complete the questionnaire. When you have completed the questionnaire, you return it to either me (the researcher) or another nominated representative, present in the lecture hall.
Section 1

Demographic Details

1.1 In What Country where you born?

1.2 What is your current Marital Status?

- Single
- Separated
- Cohabiting
- Divorced
- Married
- Widowed

1.3 How many dependants do you have?

1.4 What is your monthly income at present?

1.5 Where does this income come from and in what proportion?

<table>
<thead>
<tr>
<th>Source</th>
<th>Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part Time Employment</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>College Grants</td>
<td></td>
</tr>
<tr>
<td>Bank Loan</td>
<td></td>
</tr>
<tr>
<td>Scholarships</td>
<td></td>
</tr>
<tr>
<td>Social welfare</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Hours per week in part time employment  ____________

1.6 What is the actual or former Occupation of your ……..

Mother ________________  Father ________________

1.7 What is the highest level of Education achieved by your parents?

Primary/Group Cert  □

Leaving Cert  □

Third level  □

Post graduate studies  □
Section 1
General Biographical Information

1.8 Sex:
Male: ☐ Female: ☐

1.9 Age: _______ Years: _______

1.10 Course Area:

BNSC Gen: ☐

BNSC ID: ☐

BED: ☐

Intervention ☐
or Comparsion group ☐
Section 1
Physiological Measures of Health

1.11: Resting Pulse: _______

1.12: Blood Pressure: Diastolic:_________
      Systolic:_________

1.13: Height______________cm

Estimated Weight ________KG

1.14: Weight______________KG

1.15: Body Mass Index ________

NB: BMI Ready Reckoner is displayed on Wall, Weighing Scales, Height scales are also available in the room. A clinical skills team will be available to monitor & record your blood pres-
Section 1:

1.16: In general would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

1.17: I think my own health would be better if I had

(Please rank in order of importance with 1 being most important and 5 least important: You are required to number 5 boxes only)

- Change in my weight
- More willpower
- Regular checks from my family doctor
- A different course of Study
- Fewer changes in my life
- Less alcohol
- Less stress
- More Time to exercise
- A part time job
- Someone to talk to
- More money
- Better information about where to go for healthcare
- Better information about how to stay healthy
- Less International/National pollution

Other

Please Specify:____________________
1.18: Which of the following do you think prevents people from improving their general health?
(Please rank in order of importance with 1 being most important and 5 least important: You are required to number 5 boxes only)

Feel no need
Lack of information
Financial problems
Lack of time
Lack of facilities/resources
Lack of support from family/Friends
Not being able to read and understand information
Other

Please specify ____________________

1.19: Do you smoke cigarettes? Yes: ☐ No: ☐

E: How many cigarettes do you smoke per day? ______
F: How many cigarettes do you smoke per week? ______
G: How many units of alcohol do you consume on an average week? ☐

1 Unit equals: __________ Small glass of wine; or
Half pint of Beer
1.5 Units equals: One spirit measure

1.20: In your opinion, which of these descriptions best describes your current level of exercise
(please tick one box only)
I am taking enough exercise ☐
I should be taking a little more exercise ☐
I should be taking a lot more exercise ☐
Not sure

1.21: Which of the following descriptions best describes your current diet or food-eating habits?
(please tick one box only)
Diet is about right ☐
Diet should be a little better ☐
Diet should be a lot better ☐
Not Sure ☐
Section 2
Physical Activity Behaviours

The following questions will ask you about the time you spent being physically active in the last 7 days.
Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and garden maintenance, to get from place to place, and in your spare time for recreation, exercise or sport.

Within this questionnaire, Physical activity is classified into different intensity levels, e.g., vigorous, moderate etc.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

2.1: During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, running or fast bicycling for at least 10 minutes at a time?

Days per week: _____________

No vigorous physical activities ☐  
Skip to question 3

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

Hours per day: _____________
Minutes per day: _____________
Don't know/Not sure ☐

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal

2.4: During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis for at least 10 minutes at a time?

NB: Do not include walking.

Days per week: _____________
No Moderate physical activities ☐  
Skip to question 5

Vigorous minutes weekly total

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

Hours per day: _____________
Minutes per day: _____________

Moderate minutes weekly total

Don't know/Not sure ☐
Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

2.5: During the last 7 days, on how many days did you walk for at least 10 minutes at a time?
Days per week: ____________
No Walking □ Skip to question 7

2.6: How much time did you usually spend walking on one of those days?
Hours per day: ____________
Minutes per day: ____________
Don't know/Not sure □
Walking Minutes weekly total ____________

Total IPAQ Met /Mins per week ____________
Total PA Mins per week ____________

2.7: During the last 7 days, on how many days did you engage in any Strength/Resistance/Weight training activities e.g. using weights machines or using free weights for at least 10 minutes at a time?
Days per week: ____________
No Strength/Resistance Work □ Skip to question 9

2.8: How much time did you usually spend engaged in Strength/Resistance training on one of those days?
Hours per day: ____________
Minutes per day: ____________

2.9: During the last 7 days, on how many days did you engage in any Toning, Relaxation or Stretching activities e.g. Yoga, Pilates, Calenetics for at least 10 minutes at a time?
Days per week: ____________
No Toning, Relaxation or stretching activities □ Skip to question 11

2.10: How much time did you usually spend engaged in Toning, Relaxation or stretching activities on one of those days?
Hours per day: ____________
Minutes per day: ____________

The last question is about the time you spent sitting during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

2.11: During the last 7 days, how much time did you spend sitting on a typical day?
Hours per day: ____________
Minutes per day: ____________
Section 2: Physical Activity Stages of Change

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

2.12: With this in mind, could you indicate which statement best describes how physically active you have been over the last six months?

I am not regularly physically active and do not intend to be so in the next six months: ..........................

I am not regularly physically active but am thinking about starting to do so in the next six months: ..............

I do some physical activity but not enough to meet the description of regular physical activity: ........................................

I am regularly physically active but only began in the last six months: ............

I am regularly physically active and have been so for longer than six months: ................................................

2.13: Confidence (Self-Efficacy)

“Regular physical activity” means taking part in exercise or sports 2-3 times per week for a minimum of 20 minutes at a time, or engaging in more general activities like walking, cycling or dancing 4-5 times per week accumulating at least 30 minutes per day.

Circle the number that indicates how confident you are that you could maintain regular physical activity in each of the following situations (NB: see below for coding scale)

a) When I am tired 1 2 3 4 5
b) When I am in a bad mood 1 2 3 4 5
c) When I feel I don’t have time 1 2 3 4 5
d) When I am on holiday 1 2 3 4 5
e) When it is raining or snowing 1 2 3 4 5

Scale
1 = not at all confident
2 = slightly confident
3 = moderately confident
4 = very confident
5 = extremely confident
The following questions refer to social support for your physical activity. The following is a list of things people might do or say to someone who is trying to be physically active regularly. Please read and answer every question. If you are not physically active, then some of the questions may not apply to you.

Please rate each question two times. Under “Family”, rate how often any family member has said or done what is described during the past three months. Under “Friend”, acquaintances, or co-workers, rate how often anyone has said or done what is described during the past three months.

Please write one number from the following rating scale in each space.

1 = none
2 = rarely
3 = a few times
4 = often
5 = very often
0 = does not apply

Please Turn Over to View Table
1. Did Physical Activities with me

2. Offered to do Physical Activities with me

3. Gave me helpful reminders to be physically active (ie, “Are you going to do your activity tonight?”)

4. Gave me encouragement to stick with my activity programme.

5. Changed their schedule so we could do some form of physical activity together.

6. Discussed physical activity with me.

7. Complained about the time I spent doing physical activity.

8. Criticized me or made fun of me for doing physical activity

9. Gave me rewards for being physically active (ie, gave me something I liked)

10. Planned for physical activities on recreational outings.

11. Helped plan events around my physical activities.

12. Asked me for ideas on how they can be more physically active.

13. Talked about how much they like to be physically active.

Please Total Both Column’s
3.1: Dietary Intake:

Overleaf, please find attached the food pyramid dietary schedule as recommended by the Department of Health and Children, (DOH&C, 2005).

The left hand side of this diagram usually indicates recommended numbers of portions of each of the various food stuffs.

On the right of the Diagram, please indicate by number what number of these portions you consume on a daily basis.

With regard to the top shelf you are required to indicate whether you consume, a very small amount, small and so on.
3.2 How often do you eat fried food?

- Daily: δ
- 4-6 Times a week: δ
- 1-3 Times a week: δ
- Less than once a week: δ

3.3 What type of milk do you use most often?

- None: δ
- Whole milk/Full fat: δ
- Low fat: δ
- Go to C4 Skimmed: δ
- Super/fortified: δ
- Soya: δ
- Other, please specify: ______________________________________

3.4 How much milk do you drink each day?

- None: δ
- 250ml (half pint): δ
- 568 ml (one pint): δ
- One litre: δ
- More than 1 litre: δ

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

- Always: δ
- Usually: δ
- Sometimes: δ
- Rarely: δ
- Never: δ
- N.A.: δ

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

- Always: δ
- Usually: δ
- Sometimes: δ
- Rarely: δ
- Never: δ
The following questions are about the meals you had yesterday.

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

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Light Meal (eg. Light Lunch, supper, tea)</th>
<th>Main/Large Meal (eg. Dinner or heavy lunch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t have a…</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>At home</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>While travelling, taken from home</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>While travelling, take away</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>At work/school/college packed at home</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>At work/school/college take away</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>At a work/school/college canteen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>At a coffee shop/cafè</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>At a restaurant</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Take away from a deli</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Take away from a fast food restaurant</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Somewhere else, (please specify)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
3.8: What did you eat for your breakfast, light meal, and main meal yesterday?  

[TICK ALL THAT APPLY FOR EACH MEAL]

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Light Meal (eg. Light Lunch, supper, tea)</th>
<th>Main/Large Meal (eg. Dinner or heavy lunch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn't have a…</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**BREAKFAST FOODS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Breakfast</th>
<th>Light Meal</th>
<th>Main/Large Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread/toast/roll/bap/pitta bread (not as a sandwich)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>High fibre breakfast cereal (including porridge)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other breakfast cereal (including cereal bars)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fruit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cooked breakfast (including full Irish; eggs-boiled, fried, poached, scrambled)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Filled breakfast roll</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yoghurt</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Croissant/Pastry/Scone</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Lunch / Dinner Foods**

<table>
<thead>
<tr>
<th>Item</th>
<th>Breakfast</th>
<th>Light Meal</th>
<th>Main/Large Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat/Fish/Vegetarian sandwich/bap/wrap/pitta</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Soup</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pizza</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Green salad/vegetables</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Coleslaw/potato salad/egg salad</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cheese</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pasta/rice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Potato/boiled/mashed/roast</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chips /wedges</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Red meat/Chicken/Fish</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other vegetables (e.g. carrots, cauliflower, corn)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fast Food take away (e.g. Burger meal)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sauce: Tomato/curry/vegetable based</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sauce: Creamy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
3.9: Did you eat snacks between your meals yesterday? 
[PROMPT RESPONDENT TO INCLUDE ALL SNACKS EATEN BETWEEN MEALS]
Yes  ☐  No  ☐  Go to C11

3.10: [IF YES] How many _________

3.11: If yes, what types of snacks did you eat? 
[TICK ALL THAT APPLY]
Biscuits/Cake  ☐  Scone  ☐
Crisps/Popcorn/Pretzels  ☐  Chocolate  ☐
Fruit  ☐  Dried fruit  ☐
Nuts  ☐  Yoghurt  ☐
Vegetables  ☐
Other __________________________  ☐

3.12: What type of spread do you usually use on bread

Butter or hard margarine  ☐
A low fat or polyunsaturated spread  ☐
A cholesterol lowering spread  ☐
Other __________________________  ☐
None  ☐

3.13: What type of fat/oil would you usually use for cooking?
Vegetable oil  ☐
Sunflower oil  ☐
Olive oil/rapeseed oil  ☐
Lard or dripping  ☐
Other __________________________  ☐
None  ☐

3.14: Are you actively trying to manage your weight?
Yes ☐  No ☐

3.15: If you have answered yes to 3.14 is your aim to ............
Loose weight  ☐  Maintain Weight  ☐  Gain Weight  ☐

3.16: If you are trying to maintain or loose weight, Are you using any of the following to loose or maintain weight?
Eat Fewer Calories  ☐  Eat Less Fat  ☐  Taking Exercise  ☐
Section 3

3.17: Healthy Eating Stages of Change

*Thinking now, about “Regular Healthy Eating”, by that I mean simply eating a wide variety of food, in correct amounts, as outlined within the food pyramid recommendations (DOH&C, 2005). It also involves using the food pyramid as a guide to plan types and amounts of food you eat on most dining occasions.

With this in mind, could you indicate which statement best describes your healthy eating practices over the last six months?

I currently do not practice healthy eating and do not intend to do so in the next six months.............. ......

I currently do not practice healthy eating but am thinking about starting to do so in the next six months........

I practice healthy eating sometimes but not enough to meet the description of regular healthy eating.............

I currently practice healthy eating but only began in the last six months.............................................

I currently practice healthy eating regularly and have been doing so for longer than six months......................
Section 3
3.18: Healthy Eating Self efficacy

Confidence (Self-Efficacy)

Healthy Eating simply means eating a wide variety of food, in correct amounts, as outlined within the food pyramid recommendations (DOH&C, 2005). It also involves using the food pyramid as a guide to plan types and amounts of food you eat on most dining occasions.

NB: On a scale of 1-5 (see below for scaling code) please, circle the number that indicates how confident you are that you could maintain a healthy eating regime in the following situations.

a) When I am tired 1 2 3 4 5
b) When I am in a bad mood 1 2 3 4 5
c) When I feel I don’t have time 1 2 3 4 5
d) When I am on holiday 1 2 3 4 5
e) When it is raining or snowing 1 2 3 4 5

Scale

1 = not at all confident
2 = slightly confident
3 = moderately confident
4 = very confident
5 = extremely confident
Section 3
3.19: Social Support for Healthy Eating

The following questions refer to Social Support for your Healthy eating

The following is a list of things people might do or say to someone who is trying to engage in healthy eating regularly. Please read and answer each question. NB if you are not engaged in healthy eating, then some of the questions may not apply to you. Please rate each question two times. Under “Family”, rate how often any family member has said or done what is described during the past three months. Under “Friend”, acquaintances, or co-workers, rate how often anyone has said or done what is described during the past three months.

Please write one number for the following rating scale in each space.

1 = none
2 = rarely
3 = a few times
4 = often
5 = very often
0 = does not apply
1. Engaged in Healthy Eating with me

2. Offered to engage in Healthy Eating with me

3. Gave me helpful reminders to eat healthily (ie. “suggested that I should order salad as a side dish as opposed to chips”)

4. Gave me encouragement to stick to my healthy eating regime.

5. Changed their schedule so we could practice Healthy Eating together.

6. Discussed Healthy Eating with me.

7. Complained about the time I spend preparing to engage in Healthy Eating.

8. Criticized me or made fun of me for maintaining my healthy eating regime.

9. Gave me rewards for maintaining Healthy Eating (ie. Gave me something I liked)

10. Planned for Healthy Eating on recreational outings.

11. Helped plan events around my Healthy Eating.

12. Asked me for ideas on how they can eat more Healthily.

13. Talked about how much they like to engage in Healthy Eating.

<table>
<thead>
<tr>
<th>Family</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Please Total Both Column’s**
## Section 4

### 4.1: Psychological Well Being

**WHO (Five) Well-Being Index**

Please read each of the statements in the left hand column of the following table and indicate by placing a tick in the box under the label that best represents how you have been feeling over the past two weeks with regard to each statement.

**Example:** If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the bottom row.

<table>
<thead>
<tr>
<th>Over the last two weeks</th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>More than half of the Time</th>
<th>Less than half of the Time:</th>
<th>Some of the Time</th>
<th>At no Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I have felt cheerful and in good spirits</td>
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<tr>
<td>I have felt calm and relaxed</td>
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<tr>
<td>I have felt active and vigorous</td>
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<tr>
<td>I woke up feeling fresh and rested</td>
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<tr>
<td>My daily life has been filled with things that interest me</td>
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</tbody>
</table>
Finally I would like to thank you for participating in my study!
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