What is new compared to the first version is highlighted in yellow and underlined (it's on pages 21, 31-33, 42, 43, 46, 47, 54, 58, 62, 72, 74, 76-79, 82, 83, 93, 94, 102, 112-114, 116, 129, 142, 146, 153, 155-157).
This document provides a guide to the translation of the European Health Interview Survey modules. It has been prepared since true comparability between countries requires not simply a direct translation of the English but a full understanding of the format of the questions and the underlying concept of health to be elicited. Brief but important notes are given after the English version of the question. These notes should be read and translated to ensure the nuances are fully understood.
GENERAL RECOMMENDATIONS

In some cases, for some questions, the interviewer has to hand a showcard to the respondent. It might happen that the respondent has seeing problems or finds as difficult to read himself/herself the categories listed in the showcard. In such cases, the interviewer can to read himself/herself the categories to the respondent, making a short pause between them.

The answer categories "don't know" and "refusal" should neither be included in the showcards nor read by the interviewer to the respondents.
EUROPEAN BACKGROUND VARIABLES MODULE
FIRST PART (THE SECOND PART IS AT THE END OF THE QUESTIONNAIRE)

PART A: INTERVIEW PROTOCOL

GEOGRAPHICAL DATA – according to national practices, taking into account that the following information is requested to be reported to Eurostat (for details see the manual):

IP.1

1) Question
Country

2) Guidelines

• General concept: respondent’s country of usual residence at the time of the interview

IP.2

1) Question
Region of residence
NUTS at 2-digit level

2) Guidelines

• General concept: region of usual residence, i.e. the region where the individual/household is living (place of usual residence)

1 Information not asked to the respondents
1) Question

**Degree of urbanisation**

- Densely-populated area □ 1
- Intermediate area □ 2
- Thinly-populated area □ 3

2) Guidelines

- **General concept**: type of locality where the individual/household is living in, namely whether an urban or a rural area (or a borderline case)

**Densely-populated area**: this is a contiguous set of local areas, each of which has a density superior to 500 inhabitants per square kilometre, where the total population for the set is at least 50,000 inhabitants.

**Intermediate area**: this is a contiguous set of local areas, not belonging to a densely-populated area, each of which has a density superior to 100 inhabitants per square kilometre, and either with a total population for the set of at least 50,000 inhabitants or adjacent to a densely-populated area.

**Thinly-populated area**: this is a contiguous set of local areas belonging neither to a densely-populated nor to an intermediate area (a set of local areas totalling less than 100 km², not reaching the required density, but entirely enclosed within a densely-populated or intermediate area, is to be considered to form part of that area. If it is enclosed within a densely-populated area and an intermediate area it is considered to form part of the intermediate area).

A set of local areas totalling less than 100 square kilometres, not reaching the required density, but entirely enclosed within a densely populated or intermediate area, is to be considered to form part of that area. If it is enclosed within a densely populated area and an intermediate area it is considered to form part of the intermediate area. The calculations of the density of population for the “local unit”, the total population of the contiguous area for the densely populated and intermediate areas, and the “situation” (enclosed or not) for the isolated local units have to be made in order to guarantee harmonised application of the definitions. This would normally be available at the National Statistical Institution, since it is needed for the Labour Force Surveys. The information on the urbanisation of the area may be available from the sampling frame, from registers, or the interviewer may record information on the locality (such as the name of the commune/Demos/Gemeinde/ municipio/ward etc.) which would permit it to be classified according to one of the three categories outlined above without any significant burden on the respondents.

An "area" consists of a group of contiguous "local areas" where a "local area" corresponds to the following entities in the respective Member States:

- **Belgium**: Gemeente / Commune
- **Czech Republic**: Obce (6 251 in year 2000)
- **Denmark**: Kommuner
- **Germany**: Gemeinde
- **Estonia**: Vald+Alev+Linn (254)
- **Greece**: Demotiko diamerisma / Koinotiko diamerisma (after the kapodistria reform, ca. 6000 units)
Spain: Municipio  
France: Commune  
Ireland: DED / ward  
Italy: Commune  
Cyprus: Demos/Koinotites  
Latvia: Pagast+ Pilsetas (560)  
Lithuania: Seniunija  
Luxembourg: Commune  
Hungary: Telepules (3 135)  
Malta: Localities  
The Netherlands: Gemeente  
Austria: Gemeinde  
Poland: Gminy+Miasta (2 486)  
Portugal: Freguesias  
Slovenia: Obcina (192 since 1 Jan 1999)  
Slovakia: Obce a Mesta (2 920 in year 1999)  
Finland: Kunnat  
Sweden: Kommune  
United Kingdom: Ward  
Iceland: Sveitarfélag (165 until 1997, 124 from 1998)  
Norway: Kommuner (435)  
Bulgaria: Naseleni miasti  
Croatia: not yet available  
Romania: Comune, Municipii, Orase  
Turkey: not yet available  

Conversion tables to convert municipal codes into the three degrees of urbanisation have been made available by Eurostat to the NSIs. This brings the data collection burden down to recoding the municipal code in the survey database into the degree of urbanisation by a simple look-up in the conversion table.

**IP.4**

1) **Question**

Date of interview   (ddmmyyyy)

2) **Guidelines**

- **General concept**: date when the interview is carried out
**PART B: PERSONAL CHARACTERISTICS**

**Interviewer:** This part will be asked to the household reference person or spouse/partner in case of a sample of households or to the selected person in case of a sample of individuals.

**Introduction**

First, I would like to ask you some questions about your household.

**HH.1**

1) **Question**

How many persons live in the household?

\[ \underline{\text{\(\text{\#\#}\text{ persons}\)}} \]

2) **Guidelines**

- **General concept:** number of persons living in the household (see variable HH.2 for knowing who is considered as member of the household)
**Introduction**

To help us keep track of each member of your household, can you identify each one with a first name or a nickname, a set of initials, or by some other means? It is not necessary to give their full names.

**INTERVIEWER:** After recording the members of the household, identify for each one the spouse’s number, mother’s and father’s numbers.
### HH.2

#### 1) Question

**Members of the household**

<table>
<thead>
<tr>
<th>Person no</th>
<th>Name</th>
<th>Sex</th>
<th>Date of birth</th>
<th>Relationship</th>
<th>Current economic status</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

* Code ‘00’ if he/she is not member of the household

#### 2) Guidelines

- **Use of proxy interview**: allowed

The place of usual residence is recommended to use as the basis of the **household membership**.

The existence of shared expenses in the household (including benefiting from expenses as well as contributing to expenses) shall be used to determine who is regarded as **household members**.

The following persons, if they share in household expenses (including benefiting from expenses as well as contributing to expenses) shall be regarded as household members:

1. persons usually resident and related to other household members;
2. persons usually resident, not related to other household members;
3. resident boarders, lodgers, tenants, etc., with no private address elsewhere, actual/intended stay one year or more;
4. visitors, with no private address elsewhere, actual/intended stay one year or more;

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1 There are also other possibilities for collecting information about all household members and the relationships within the household. These as well as the information that is sought with these questions are presented in annex 1.

2 To be asked only when question HH.8 is not asked to all household members.
5. live-in domestic servants, au-pairs, etc., with no private address elsewhere, actual/intended stay one year or more;

6. persons usually resident but temporarily absent (for reasons of holiday travel, work, education or similar), with no private address elsewhere and actual/intended absence less than one year;

7. children of household members being educated away from home, with no private address elsewhere, continuing to retain close ties with the household;

8. persons absent for long periods but having household ties (e.g., persons working away from home), child or partner of other household member, with no private address elsewhere, continuing to retain close ties with the household;

9. persons temporarily absent but having household ties (e.g., persons in hospital, nursing homes or other institutions), with clear financial ties to the household, actual/prospective absence less than one year;

A person shall be considered 'usually resident' if he/she spends most of his/her daily rest there evaluated over the past one year. Persons forming new households or joining existing households shall normally be considered as members at their new location if there is an intention to stay for more than one year. Similarly, those leaving to live elsewhere shall no longer be considered as members of their original household.

A child who alternates between two households (for instance after his or her parents have divorced) should consider the household where he or she spends the majority of the time as his or her place of usual residence. Where an equal amount of time is spent with both parents the place of usual residence should be the place where the child is found.

PERSON NO.

- General concept: sequence number of the person in the household
- a two-digit sequence number should be allocated to each member of the household.

SEX

- General concept: the biological sex of the respondent.

In order not to embarrass the respondent, the interviewer should decide what the sex of the respondent is instead of asking her/him.

DATE OF BIRTH

- General concept: date of birth as recorded in the ID card of the respondent

In case the exact date of birth (as above) cannot be collected (due to national data protection rules), it should be tried to record the following information:

- year of birth and month of birth, or
- year of birth and the relation of the date of birth to the date of interview
- if none of the above is possible, then age at last birthday should be asked in the questionnaire. Age last birthday: age in completed years (age expressed as the number of birthday anniversaries passed on the date of reference).
RELATIONSHIP

- **General concept:** sequence number of spouse or cohabiting partner, father and mother
- These variable permits the family nucleus to be reconstituted. For each member of the household, his/her spouse or cohabiting partner, father and mother should be identified if they are members of the same household. Sequence number of spouse or cohabiting partner should reflect the “de facto” situation in terms of cohabitation arrangements. It therefore does not necessarily correspond with the “the jure” situation of the household in terms of co-habitation arrangements.

HH.3

1) Question

What is your country of birth?

- native-born
- born in another EU Member State
- born in non-EU country

For national purposes, countries might be interested to use the UN Statistical Division Standard Country or Area Codes for Statistical Use (see http://unstats.un.org/unsd/methods/m49/m49.htm).

2) Guidelines

- **General concept**: country where a person was born, namely the country of usual residence of mother at the time of the birth, determined at the time of data collection.
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- In the field work, classification of country of birth should be done on the basis of the UN Statistical Division, Standard Country or Area Codes for Statistical Use, ST/ESA/STAT/SER.M/49/Rev.4/, the classification developed on the basis of ISO 3166. As proposed by the Conference of European Statisticians Recommendations for the 2010 Censuses of Population and Housing three-digit alphabetical codes should be used.

   - **Native-born** — Person born in the country of residence (country of survey/enumeration).

   - **Foreign-born** — Person born in other country than country of residence (country of survey/enumeration).

- Information on country of birth should be obtained in accordance with the national boundaries existing at the time of data collection.

- In the situations when country has lost a part of territory or the former country was divided between several new countries and also in cases if there is doubt to which country the place of birth currently belongs, it would be useful to collect from the respondent precise information about the locality of birth (settlement) and not only country of birth. Also the name of the country of birth as it existed at the time of birth may be recorded and adjustments made at the time of data entry.
1) Question

**What is your citizenship?**

- nationals ☐ 1
- nationals of other EU Member State ☐ 2
- nationals of non EU countries ☐ 3

For national purposes, countries might be interested to use the UN Statistical Division Standard Country or Area Codes for Statistical Use (see [http://unstats.un.org/unsd/methods/m49/m49.htm](http://unstats.un.org/unsd/methods/m49/m49.htm)).

2) Guidelines

- **General concept:** the particular legal bond between an individual and his/her State, acquired by birth or naturalisation, whether by declaration, option, marriage or other means according to the national legislation

- **Can be used for children below 15 (optional national initiative):** yes

- **Use of proxy interview:** allowed

- **Use for institutionalized persons (optional national initiative):** to be completed

Information on country of citizenship should be coded, based on classification issued by UN Statistical Division, Standard Country or Area Codes for Statistical Use, ST/ESA/STAT/SER.M/49/Rev.4, the classification developed on the basis of ISO 3166. As proposed by the Conference of European Statisticians Recommendations for the 2010 Censuses of Population and Housing three-digit alphabetical codes should be used.

**National** – Resident person having citizenship of the country of residence (= country of survey/enumeration).

**Non-national (foreigners)** – Resident person who does not have citizenship of the country of residence (= country of survey/enumeration).

- The information sought is the country of current citizenship of the person concerned. Information on country of citizenship should be obtained in accordance with the administrative status/legal situation existing at the time of data collection.

- In the case of dual or multiple citizenship, the following approach should be used:
  1. If person has citizenship of the country of usual residence, will normally be recorded in the survey with the first priority.
  2. If no citizenship is that of the country of residence, another EU MS citizenship has priority.
  3. In other cases person may choose which country of citizenship will be recorded in survey.

- When person had previously the citizenship of a country that currently does not exist, and he/she does not know which citizenship he/she has legal right to have, it is preferable to record
the citizenship that person had before the borders were changed. In case when the host country supplies for these persons special temporary status (e.g. non-citizens of Latvia and aliens with undetermined citizenship in Estonia) this should be recorded separately. The further classification of these population groups will be in accordance to the concrete circumstances, (e.g. under EU legislation non-citizens of Latvia and aliens with undetermined citizenship in Estonia are currently considered as non-EU nationals).

- It is important to record the country of citizenship and not just the citizenship of a person in terms of an adjective (for example, Chinese, German, British and so forth) in order to avoid confusion between ethnic background and citizenship.
1) Question

What is your legal marital status?

**CODE FIRST THAT APPLIES**

- single, that is, never married  □ 1
- married (including registered partnership)  □ 2
- widowed and not remarried  □ 3
- or divorced and not remarried (including legally separated and dissolved registered partnership)?  □ 4

2) Guidelines

- **General concept:** the (legal) conjugal status of each individual in relation to the marriage laws (or customs) of the country (i.e. *de jure* status)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- The aim is to obtain the legal marital status, irrespective of any de facto arrangement.
- Persons whose only or latest marriage has been annulled (declared void or invalid) will be classified according to their marital status prior the annulled marriage. For instance, a divorced man married after his divorce with 2 women. If both marriages are declared void, then his marital status is divorced. If only one marriage was declared void, his marital status is married.
- Persons living in consensual unions should be classified as never married, married, widowed or divorced in accordance with their *de jure* (legal) status.
- In case of registered/legal partnership or where the same-sex couples can legally marry, they may be included in the category "married".

HH.6

1) Question

May I just check, are you living with someone in this household as a couple?

ASK OR RECORD

- Yes, on a legal basis ☐
- Yes, without a legal basis ☐
- No ☐

2) Guidelines

- **General concept**: de facto marital status. This is defined as the marital status of each individual in terms of his or her actual living arrangements within the household.
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **In this household**: only the living together in this actual household should be taken into account.
- Two persons are considered as living in a couple when they have usual residence in the same household, are not married to each other, and have a marriage-like relationship to each other.
HH.7

1) Question

What is the highest education leaving certificate, diploma or education degree you have obtained? Please include any vocational training.

- no formal education or below ISCED 1  □ 1
- primary education (ISCED 1)  □ 2
- lower secondary education (ISCED 2)  □ 3
- upper secondary education (ISCED 3)  □ 4
- post-secondary but non-tertiary education (ISCED 4)  □ 5
- first stage of tertiary education (ISCED 5)  □ 6
- second stage of tertiary education (ISCED 6)  □ 7

The response categories should be named according to the educational system of the country.

2) Guidelines

- General concept: the highest level of an educational programme the person has successfully completed
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Highest level of education completed means level successfully completed and must be associated with obtaining a certificate or a diploma. When determining the highest level, both general and vocational education should be taken into consideration. Persons who have not completed their studies should be coded according to the highest level they have completed (not be coded with a blank). Persons still in education have to indicate their last level of education successfully finished.

- Please include any work-based training: any qualification which has been achieved in connection with work should be taken into account regardless of the type of qualification, regardless who payed for the education or whether the education took place in the premises of the company or not.

- The response categories should be named…: each country should prepare its own response categories according to the educational system of the country. The response categories have to be compatible with the ISCED classification.
Introduction

Now I'm going to ask you some questions about your current labour situation.

HH.8

1) Question

How would you define your current labour status?

- working for pay or profit (including unpaid work for a family business or holding, including an apprenticeship or paid traineeship, including currently not at work due to maternity, parental, sick leave or holidays) □ 1→GO TO FILTER 2
- unemployed □ 2
- pupil, student, further training, unpaid work experience □ 3
- in retirement or early retirement or has given up business⁵ □ 4
- permanently disabled² □ 5
- in compulsory military or community service □ 6
- fulfilling domestic tasks □ 7
- other. Please specify: _ _ _ _ _ _ _ _ _ _ □ 8

2) Guidelines

- General concept: person’s own perception of his/her main activity at present (current 'main' labour status as perceived by the respondent). It differs from the ILO⁶ concept to the extent that people’s own perception of their main status differs from the strict definitions used in the ILO definitions. For instance, many people who would regard themselves as full-time students or homemakers may be classified as ILO-employed if they have a part-time job. Similarly, some people who consider themselves ‘unemployed’ may not meet the strict ILO criteria of taking active steps to find work and being immediately available.
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

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⁵ Except for disability or health reasons. ² Including longstanding illness or health problem.
⁶ According to the International Labour Organisation, employed persons are those aged 15 years and over who during the reference week did any work for pay, profit or family gain for at least one hour, or were not at work but had a job or business from which they were temporarily absent because of, e.g., illness, holidays, industrial dispute and education or training. Unemployed persons comprise persons aged 15 to 74 who were without work during the reference week, were currently available for work and were either actively seeking work or who found a job to start within the next three months.
• **Current:** any definitive changes in the activity situation are taken into account. For instance, if a person has lost a job or has retired recently, or the activity status has changed otherwise in a definitive manner, then the situation as of the time of the interview should be reported. In this sense, ‘current’ overrides any concept of averaging over any specific reference period.

• **Currently not at work due to maternity, parental, sick leave or holidays:** absence from workplace (e.g. sick leave, holiday) where the respondent already worked before.

• **'in compulsory military or community service':** this code might not be relevant any longer in certain countries

• The self-declared labour status is, in principle, determined on the basis of the most time spent, but no criteria are specified explicitly.
HH.9

1) **Question**

Have you ever worked for pay or profit?

- Yes ☐ 1
- No ☐ 2 → GO TO HS.1 (NEXT MODULE)

2) **Guidelines**

- **General concept:** whether a person currently not working for pay or profit has previously been in employment
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **Pay:** includes cash payments or "payment in kind" (payment in goods or services rather than money)
FILTER 2

INTERVIEWER: IF HH.8 = 1 ASK FOR CURRENT MAIN JOB,
               IF HH.9 = 1 ASK FOR PREVIOUS MAIN JOB.

Guidelines

- **A job** is defined as the set of tasks and duties to be performed. Skills are the abilities to carry out the tasks and duties of a job. Skills consist of two dimensions: skill level and domain specialisation. The skill level is related to the level of educational attainment.

- **Main job**: if multiple jobs are / were held, the respondent decides for himself/herself which job is to be considered as the first one. In doubtful cases the first job should be the one with the greatest number of hours usually worked.
HH.10

1) Question

Are (Were) you an employee, self-employed or working without payment as a family worker?

- employee □ 1
- self-employed □ 2 → GO TO HH.12
- family worker □ 3 → GO TO HH.12

2) Guidelines

- General concept: professional status of employed persons
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

Employees are all those workers who hold the type of job defined as "paid employment jobs" – "jobs where the incumbents hold explicit (written or oral) or implicit employment contracts which give them a basic remuneration which is not directly dependent upon the revenue of the unit for which they work (this unit can be a corporation, a non-profit institution, a government unit or a household). Some or all of the tools, capital equipment, information systems and/or premises used by the incumbents may be owned by others, and the incumbents may work under direct supervision of, or according to strict guidelines set by the owner(s) or persons in the owners' employment. (Persons in "paid employment jobs" are typically remunerated by wages and salaries, but may be paid by commission from sales, by piece-rates, bonuses or in-kind payments such as food, housing or training.)"

Employees can be further divided into the following groups:
- Paid employees in a family business or on a family farm
- Other paid employees
- Apprentices or trainees receiving remuneration (i.e. workers who hold explicit or implicit contracts of "paid employment" which specify that all or part of their remuneration should be in the form of training for a trade or profession)
- Those on state employment schemes (workers participating in public or private employment promotion or job training schemes on terms of employment which correspond to "paid employment" jobs)

An employee is usually working for an outside employer, but a son or daughter, for example, who is working in a parent’s firm and receives a regular monetary wage should be classified as an employee. The separate identification of ‘paid employees in a family business’ is not mentioned in ICSE-93. It is important in income or labour force surveys, since the remuneration and working conditions of employees in a family business can differ significantly from that of employees working for others. In many cases the hourly rate of pay is lower than would be
expected, in anticipation of the person eventually taking over or becoming a partner in the business.

- **Self-employment** jobs are those jobs where the remuneration is directly dependent upon the profits (or the potential for profits) derived from the goods and services produced (where own consumption is considered to be part of profits). The self-employed make the operational decisions affecting the enterprise, or delegate such decisions while retaining responsibility for the welfare of the enterprise. (In this context "enterprise" includes one-person operations.)

The self-employed can be further divided into

- employers (who, have engaged one or more persons to work for them on a continuous basis in their business)
- own-account workers (who have not engaged any employees on a continuous basis).
- Members of producers' co-operatives (who hold a self-employment job in a co-operative producing goods and services, in which each member takes part on an equal footing with other members in determining the organisation of production, sales and/or other work of the establishment, the investments and the distribution of the proceeds of the establishment amongst their members.)

In the case co-operative hired workers and these workers have an employment contract that gives them a basic remuneration (which is not directly dependent upon the revenue of the co-operative), these workers are identified as employees of the co-operative.

- **Contributing family workers**: persons who hold a "self-employment" job in a market-oriented establishment operated by a related person living in the same household, who cannot be regarded as a partner, because their degree of commitment to the operation of the establishment, in terms of working time or other factors, is not at a level comparable to that of the head of the establishment. / persons who help another member of the family to run an agricultural holding or other business, provided they are not considered as employees.

- **Border cases**:

  A person who looks after one or more children that are not his/her own on a private basis and receiving a payment for this service should be considered as self-employed. A person looking after children in his/her own home should be classified as an employee if he/she is paid to do this by the local authority (or any other public administration) and if he/she does not take any decision affecting the enterprise (e.g. schedules or number of children) but should be classified as self-employed if he/she does it privately.

  A freelancer should in general be classified as self-employed. However in situations where freelancer works for a single employer and receives employment rights from that employer (e.g. holiday pay) he should be classified as an employee.

  A person who gives private lessons should be considered as self-employed if he/she is directly paid by his/her students.

  Priests (of any kind of religion) are considered employees

  Persons working in a family business or on a family farm without pay should be living in the same household as the owner of the business or farm, or in a slightly broader interpretation, in a house located on the same plot of land and with common household interests. Such people frequently receive remuneration in the form of fringe benefits and payments in kind. However,
this applies only when the business is owned or operated by the individual themselves or by a relative. Thus, unpaid voluntary work done for charity should not be included.

Examples of unpaid family workers:

A son or daughter living inside the household and working in the parents' business or on the parents' farm without pay.

A wife who assists her husband in his business, e.g. a haulage contractor, without receiving any formal pay.

A relative living elsewhere but coming to help with the business, e.g. during the harvesting season, without pay in money or kind should not be included. If the relative receives any remuneration (including benefits in kind) the professional status should be coded as employee.
1) Question

What type of work contract do (did) you have?

- permanent job/work contract of unlimited duration  □ 1
- temporary job/work contract of limited duration  □ 2

2) Guidelines

- **General concept:** permanency of the job. The main issue involved is the actual employment being time-limited under an agreement - not that the person has, for example, considered stopping work in order to travel or attend college.

- **Can be used for children below 15 (optional national initiative):** no

- **Use of proxy interview:** allowed

- **Use for institutionalized persons (optional national initiative):** to be completed

- Employees with a **limited duration job/contract** are employees whose main job will terminate either after a period fixed in advance, or after a period not known in advance, but nevertheless defined by objective criteria, such as the completion of an assignment or the period of absence of an employee temporarily replaced. In the case of a work contract of limited duration the condition for its termination is generally mentioned in the contract.

- This question is addressed only to employees. In most cases a job is based on written work contracts. However in some countries such contracts exist only for specific cases (for example in the public sector, for apprentices, or for other persons undergoing some formal training within an enterprise).

- **Contract duration - border cases:**
  - The category “temporary contracts” include:
    - Persons with a seasonal job
    - Persons engaged by a temporary employment agency or business and hired out to a third party for the carrying out of a "work mission" (unless there is a work contract of unlimited duration with the employment agency or business)
    - Persons with specific training contracts.

  - Respondents who have a contract to do their job, which is expected to be renewed, for example, once a year, should be coded according to whether or not the respondents themselves consider their job to be of an unlimited duration.

  - A person having a contract for a probationary period should be considered having a temporary contract.

  - In case of secondment from a permanent job, the person should be considered as having a contract of unlimited duration, if the person has an assurance to go back to his previous job.
HH.12

1) Question

In your (main) job do (did) you work full-time or part-time?

- full-time □ 1
- part-time □ 2

2) Guidelines

- **General concept**: full-time/part-time distinction
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- A **part-time worker** is “an employed person whose normal hours of work are less than those of comparable full-time workers” (International Labour Conference, 81st session, 1994).

- The distinction between full-time and part-time work should be made on the basis of a spontaneous answer given by the respondent. It is impossible to establish a more exact distinction between part-time and full-time work, due to variations in working hours between Member States and also between branches of industry.

- The variable refers to the main job.
HH.13

1) Question

What is (was) your occupation in this job?

Job title: ________________

Describe what do (did) you mainly do in your job:

__________________________

(ISCO-88 COM, 2 digits)

2) Guidelines

- **General concept**: the person’s occupation in their main job
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Describe…:** description of the tasks and duties
- **The ISCO-88 (COM) is the standard occupational classification used at the EU level. It is based on ISCO-88: International Standard Classification of Occupations’ published by ILO (Geneva 1990).**
- **The basis for the classification in the ISCO-88 scheme is the nature of the job itself and the level of skill required.**
HH.14

1) Question

What does (did) the business/organisation mainly produce or do at the place where you work (worked) (e.g. chemical, fishing, hotel/restaurant, health and social work, etc.)?

DESCRIBE FULLY - PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

________________________________________________________

________________________________________________________

(NACE Rev.2, 2 digits)

2) Guidelines

- **General concept**: economic activity of the local unit where the person carries/carried out his/her main professional activity. Economic activities are characterised by the input of goods or services, a production process and the output of products. These characteristics should be described in the response.

- **Can be used for children below 15 (optional national initiative)**: no

- **Use of proxy interview**: allowed

- **Use for institutionalized persons (optional national initiative)**: to be completed

- Where information for the ‘local unit’ is not available, the ‘enterprise’ can serve as a proxy. This approximation can be relevant for countries where the information can be derived from registers (for instance, by linking the respondent via a national register number to an enterprise by using a social security register).

- Where the local unit or enterprise has more than one ‘economic activity’, the dominant should be retained. The ideal measure for determining the dominant activity would be the number of employees for the different activities, rather than more economical concepts like added value or turnover.

- The "local unit" to be considered is the geographical location where the job is mainly carried out or, in the case of itinerant occupations, can be said to be based; normally it consists of a single building, part of a building, or, at the largest, a self-contained group of buildings. The "local unit" is therefore the group of employees of the enterprise who are geographically located at the same site.
EUROPEAN HEALTH STATUS MODULE
HS.1

1) Question

Introduction 1
I would now like to talk to you about your health.

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

RUNNING PROMPT

• very good ☐ 1
• good ☐ 2
• fair ☐ 3
• bad ☐ 4
• very bad? ☐ 5
• don't know ☐ 8
• refusal ☐ 9

2) Guidelines

• General concept: self-perceived health
• Can be used for children below 15 (optional national initiative): yes
• Use of proxy interview: not allowed
• Use for institutionalized persons (optional national initiative): to be completed

• The concept is restricted to an assessment coming from the individual and not from anyone outside that individual, whether an interviewer, health care worker or relative. Self-perceived health is influenced by impressions or opinions from others, but is the result after these impressions have been processed by the individual relative to their own beliefs and attitudes.

• The reference is to health in general rather than the present state of health, as the question is not intended to measure temporary health problems.

• It is expected to include the different dimensions of health, i.e. physical, social and emotional function and biomedical signs and symptoms. It omits any reference to an age as respondents are not specifically asked to compare their health with others of the same age or with their own previous or future health state. It is not time limited.

• Fair: this intermediate category should be translated into an appropriately neutral term, as far as possible keeping in mind cultural interpretations, in the various languages;

7 In all questions, answers such as "don't remember" and "not sure" are covered by the response category "don't know".
HS.2

1) Question

Do you have any longstanding illness or longstanding health problem? [By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more]³.

- Yes
- No
- don't know
- refusal

2) Guidelines

- General concept: self-reported longstanding illnesses and longstanding health problems
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

It is necessary to keep in mind that the recommended wording contains ‘alternatives’. For instance:

- ‘chronic’ or ‘longstanding’ should be chosen according to what is ‘best understood’ in a country/language
- it is intended to ask if people ‘have’ a chronic condition, not if they really suffer from it. But it seems that in some countries/languages it would be strange to use the word ‘have’ and that they ‘suffer’ means the same as ‘have’
- ‘health problem’ seems not to be understood in some countries/languages and therefore ‘illness or condition’ is the alternative

The main characteristics of a chronic condition are that it is permanent and may be expected to require a long period of supervision, observation or care

- Longstanding (or chronic): illnesses or health problems should have lasted or are expected to last for 6 months or more; therefore, temporary problems are not of interest
- Illness or health problem (or condition): only problems of ill-health but not solely diseases (e.g. pain).
- The words “disability, handicap, impairment” should not be included in the question.

However, for consequences of injuries/accidents, consequences of congenital conditions, birth defects, etc. code 1 should be used.

- If needed, the interviewer can stress that the questions refer to all longstanding health problems and illnesses, not only those diagnosed by a doctor
- In case the respondent has/had a longstanding disease that doesn’t bother him/her or it is/was kept under control with medication, the interviewer should mark with code 1. For instance, for a person with a high blood pressure, code 1 has to be marked
- Problems that are seasonal or intermittent, even where they ‘flare up’ for less than six months at a time are also included

³ According to the remarks that were received, it may be useful to test the effect of this addition to the question and, depending on results, to make any adaptation such as moving it to the instructions for the interviewers, etc. However, this has to be done very soon, as the coordination with SILC shall be ensured within a very short time.
1) Question

For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

Would you say you have been …

**RUNNING PROMPT**

- severely limited □ 1
- limited but not severely or □ 2
- not limited at all? □ 3
- don't know □ 8
- refusal □ 9

2) Guidelines

- **General concept**: The person’s self-assessment of whether he/she is hampered in his/her daily activity by any ongoing physical or mental health problem, illness or disability
- **Can be used for children below 15 (optional national initiative)**: yes (above 2 years old)
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- An activity is defined as: ‘the performance of a task or action by an individual’ and thus activity limitations are defined as ‘the difficulties the individual experience in performing an activity’.

- **For at least the past 6 months**: the question aims to measure longstanding limitations. The time period refers to the duration of the activity limitation and not of the health problem; So, the limitation must span at least during the past 6 months. New limitations which have not yet lasted 6 months but are expected to continue for more than 6 months shall not be taken into consideration. The reason is that for long-standing diseases or health problems it is in general established from medical knowledge about diseases/illness whether they are longstanding or not. If you are diagnosed having, e.g., diabetes, you know from the first day that it is not curable, so long-standing. At this stage you also know that it may be controlled or not so it might have consequences or not but you don't know yet about it. Consequently for the consequences it is a matter of experience from the individual, whether his or her diabetes will have disabling consequences. Only past experience can provide the answer.

- **To what extent (how much) have you been limited because of a health problem**: refers only to health-related problems or accidents as the cause of the limitations and is not meant to measure limitations due to financial, cultural or other none health-related causes. Consequences of injuries/accidents, congenital conditions and birth defects, etc., shall be covered.

- **in activities people usually do**: The question should clearly show that the reference is to the activities people usually do and not to the own activities. People with longstanding limitations due to health problems have passed through a process of adaptation which may have resulted in
a reduction of their activities. To identify existing limitations a reference is necessary and therefore the activity limitations are assessed against a generally accepted population standard, relative to cultural and social expectations by referring only to activities people usually do. Neither a list with examples of activities nor a reference to the age group of the subject is included in the question. This is a self-perceived health question and gives no restrictions by culture, age, gender or the subjects own ambition.

- **Severely limited...**: the response categories include 3 levels to better differentiate severity. 'Severely' describes an extremely difficult situation to perform or accomplish a activities that people usually do.

- Specification of health concepts (e.g. physical and mental health) should be avoided.

- The purpose of the instrument is to measure the presence of long-standing limitations, as the consequences of these limitations (e.g. care, dependency) are more serious. A 6 months period is often used to define chronic or long-standing diseases in surveys.

- The answer to this question is yes (1 or 2) if the person is currently limited and has been limited in activities for at least the last 6 months.

- In the response categories, a distinction is made in three levels of severity (yes strongly limited, yes limited, no not limited).

- If the problem is seasonal or recurring the interviewee has to think in general over the at least the last six months, would you say it has limited you severely, somewhat or not at all.
1) Question

Introduction 2
Here is a list of diseases or conditions.

Do you have or have you ever had any of the following diseases or conditions?

- Yes □ 1
- No □ 2
- don't know □ 8
- refusal □ 9

**INTERVIEWER: HAND SHOWCARD 1. RESPONDENT TO READ OUT ONLY THE CATEGORIES THAT APPLY TO HIM/HER, CODE ALL CATEGORIES AND FOR EACH DISEASE / HEALTH PROBLEM REPORTED ASK HS.5 AND HS.6. IF NO DISEASE / HEALTH PROBLEM IS REPORTED (CODES 2, 8 OR 9) GO TO QUESTION HS.7.**

2) Guidelines

- **General concept**: whether the persons has or ever had the specific disease or condition
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Disease** is a term for any condition that impairs the normal functioning of an organism or body⁹.

⁹ [www.answers.com/topic](http://www.answers.com/topic)
1) Question

Was this disease/condition diagnosed by a medical doctor?

- Yes
- No
- don’t know
- refusal

2) Guidelines

- General concept: whether the diagnosis was established by a medical doctor
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Doctor: any physician who conducts medical examination and makes diagnosis, prescribes medication and gives treatment for diagnosed illnesses, disorders or injuries, gives specialized medical or surgical treatment for particular types of illnesses, disorders or injuries, gives advice on and applies preventive medicine methods and treatments
1) Question

Have you had this disease/condition in the past 12 months?

- Yes ☐ 1
- No ☐ 2
- don't know ☐ 8
- refusal ☐ 9

2) Guidelines

- **General concept**: whether the respondent has the underlying condition, regardless of the current presence of symptoms or whether is controlled or not by medication
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **The past 12 months** are taken into consideration from the date of the interview (ex: the time between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).

- If a person had a disease/condition for few months and this happened within the past 12 months then code 1 should be used. Problems that are seasonal or intermittent, even where they ‘flare up’ for less than six months at a time are included, as they occurred during the past 12 months. If a person had an episode of a disease/condition more than 12 month ago, then code 2 should be used.
<table>
<thead>
<tr>
<th>Disease</th>
<th>HS.4</th>
<th>HS.5</th>
<th>HS.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma (allergic asthma included)</td>
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<tr>
<td>Chronic bronchitis, chronic obstructive pulmonary disease, emphysema</td>
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<tr>
<td>Myocardial infarction</td>
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<tr>
<td>Coronary heart disease (angina pectoris)</td>
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<tr>
<td>High blood pressure (hypertension)</td>
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<tr>
<td>Stroke (cerebral haemorrhage, cerebral thrombosis)</td>
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<tr>
<td>Rheumatoid arthritis (inflammation of the joints)</td>
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<tr>
<td>Osteoarthritis (arthrosis, joint degeneration)</td>
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<tr>
<td>Low back disorder or other chronic back defect</td>
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<tr>
<td>Neck disorder or other chronic neck defect</td>
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<td></td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)</td>
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<td></td>
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<tr>
<td>Stomach ulcer (gastric or duodenal ulcer)</td>
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<tr>
<td>Cirrhosis of the liver, liver dysfunction</td>
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<tr>
<td>Cancer (malignant tumour, also including leukaemia and lymphoma)</td>
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<tr>
<td>Severe headache such as migraine</td>
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<tr>
<td>Urinary incontinence, problems in controlling the bladder</td>
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<tr>
<td>Chronic anxiety</td>
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<tr>
<td>Chronic depression</td>
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<td></td>
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<tr>
<td>Other mental health problems</td>
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<td></td>
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<tr>
<td>Permanent injury or defect caused by an accident</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Countries, which for national purposes, might be interested to add new diseases or conditions should include them at the end of the list above.
Guidelines

- Familiar (popular) names of the diseases/conditions to be indicated by each country in the interviewer's manual.

- **High blood pressure (hypertension)** occurs when the systolic blood pressure is consistently over 140 mm Hg or the diastolic blood pressure is consistently over 90 mm Hg.

- In case the respondent has doubts on the answer he/she should give because the symptoms of a disease/condition are not present due to a medical treatment or the use of medicines, the interviewer should mark with code 1 (YES).
1) Question

In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)?

**Interviewer:** Hand showcard 2. Respondent to read out only the categories that apply to him/her, and code all categories. For each positive answer, ask HS.8. If no accident is reported (codes 2, 8 or 9) then go to filter 3.

**Interviewer clarification:** Injuries resulting from poisoning and wilful acts of other persons are also included.

- Yes □ 1
- No □ 2
- don’t know □ 8
- refusal □ 9

2) Guidelines

- **General concept:** whether within the past 12 months, the respondent was victim of an accident resulting in injury
- **Can be used for children below 15 (optional national initiative):** yes (except for accident at work)
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **The past 12 months** are taken into consideration from the date of the interview (ex: accidents between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- An **accident** is any unintentional event characterized a rapid force or impact which can manifest itself as body injury. The concept of an accident includes also cases of acute poisoning and wilful acts of other persons. However, deliberate self-inflicted injuries are excluded. Injuries inflicted by animals or insects are considered as accidents.
- An **injury** is a bodily lesion resulting from acute exposure to energy (mechanical, thermal, electrical, chemical or radiant) or from an insufficiency of a vital element (drowning, strangulation or freezing). The time between exposure and the appearance of the injury needs to be short. Injuries are unintentional (accidents) and intentional (due to self harm or interpersonal violence).\(^{10}\)
- Diseases or illnesses are excluded.

\(^{10}\) [http://ec.europa.eu/health/ph_determinants/environment/IPP/ipp_en.htm](http://ec.europa.eu/health/ph_determinants/environment/IPP/ipp_en.htm)
1) Question

Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident?

- Yes, I visited a doctor or nurse □ 1
- Yes, I went to an emergency department □ 2
- No consultation or intervention was necessary □ 3
- don't know □ 8
- refusal □ 9

INTERVIEWER: MULTIPLE ANSWERS ARE POSSIBLE.

<table>
<thead>
<tr>
<th>Type of accident</th>
<th>HS.7</th>
<th>HS.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road traffic accident</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Accident at work</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Accident at school</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Home and leisure accident</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

2) Guidelines

- General concept: whether because of the accident, the respondent had to visit a doctor, nurse or an emergency department of a hospital
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Doctor: any physician who conducts medical examination and makes diagnosis, prescribes medication and gives treatment for diagnosed illnesses, disorders or injuries, gives specialized medical or surgical treatment for particular types of illnesses, disorders or injuries, gives advice on and applies preventive medicine methods and treatments
- A nurse is a person who has completed a programme of basic nursing education and is qualified and authorised in his/her country to practice nursing in all settings.
- Emergency department: ward at hospital for emergency care.
• **Road traffic accident**: all accidents occurred in public roads, public or private car parks provided that the accident didn't happen in the course of work. The victim may be either on board of a means of transport (driver or passenger) or a pedestrian.

• **Accident at work**: all accidents occurred at work or in the course of work. The term "in the course of work" means “whilst engaged in an occupational activity or during the time spent at work”.

• **Accident at school**: all accidents occurred on the premises of an educational institution (school, high-school, university, etc.), including those occurred during the physical activity/sport classes.

• **Home and leisure accident**: all accidents which are not considered as road traffic accidents, accidents at work or school. A home or leisure accident occurs in a house (own house or other's), around the house (garage, garden, alley) or in a public place while performing leisure activities.

• **Leisure**: time spent out of work and basic household activities;

• Examples of leisure activities: walking, jogging, playing a ball game, dancing, climbing a mountain, woodworking, engaging in hobbies, etc.

• **Accidents at work**

Any accident occurred during working time, even if it has not occurred during the usual work or in the usual workplace of the person, has to be taken into consideration. From this follows that, during work, all types of accidents in a public place or means of transport, either if it is the usual workplace or during a journey in the course of work, should be considered as an accident at work.

The following accidents are considered as occurred at work (and therefore not road traffic accidents):

- accidents at lunch time, or any other break, inside the premises of the enterprise; if the person leaves the premises of the company to go for a lunch at home or other outside location, the accident happening during this journey should be considered as a road traffic accident
- road traffic accidents in the course of work; slips, falls, aggressions, etc., in public places (pavement, staircases, etc.) or in the arrival and starting points (station, port, airport, etc.) of any means of transport occurred in the course of work
- accidents on board of any means of transport used in the course of work (underground railway, tram, train, boat, plane, etc.)
- accidents occurring during a mission done for work and accidents occurred in the course of work within the premises of another company than the one which employs the victim, or in a private individual in the course of work; if the person goes for a mission directly from home (without going first to his usual workplace), he/she is on mission already when leaving home and consequently any accidents occurring should be considered as accident at work
- accidents that are related to machines which are used outside of the public roads (e.g. forklift trucks, bulldozers, tractors in farming fields, forestry-related machines in forests, etc.)
- accidents that happen inside the premises of the company on non-public roads within the factory area

Accidents occurred in the course of travelling between home (usual place of meals also) and the work place are considered as **road traffic accidents**.
- In case of more accidents of the same type (for instance road accidents), the most serious of them has to be considered.

- If a person has reported that he/she had an accident at work (i.e. HS.7=1) and he/she visited an emergency department firstly and another doctor for a second consultation, then the person should refer to the first contact with a medical service.

- In case an ambulance arrives at the place of accident and gives the first aid without being necessary to go to the emergency department or to see a doctor, code 2 "Yes, I went to an emergency department" should be used.

Examples:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person eats at home poisoned mushrooms.</td>
<td>Home and leisure accident</td>
</tr>
<tr>
<td>A person is bitten by a snake while walking in the mountains.</td>
<td>Home and leisure accident</td>
</tr>
<tr>
<td>A person riding a bicycle in his free time falls without having a collision with another vehicle or person.</td>
<td>Home and leisure accident</td>
</tr>
<tr>
<td>A bicyclist on his way home is hit by a car.</td>
<td>Road traffic accident</td>
</tr>
<tr>
<td>A person has a back pain while carrying heavy loads.</td>
<td>Health problem (it is not an accident)</td>
</tr>
<tr>
<td>A person injures his back as a result of a sudden movement.</td>
<td>Accident at work (if occurs in the course of work)</td>
</tr>
<tr>
<td></td>
<td>Accident at school (if occurs at school)</td>
</tr>
<tr>
<td></td>
<td>Home and leisure accident in all other situations</td>
</tr>
</tbody>
</table>

*To be continued with other examples*
INTERVIEWER: NEXT QUESTION (HS.9) IS TO BE ASKED ONLY FOR RESPONDENTS CURRENTLY WORKING OR HAVING WORKED IN THE PAST (CODE 1 IN EITHER H.8 OR H.9 IN THE BACKGROUND MODULE).

HS.9

1) Question

Are any of the diseases you had in the past 12 months caused or made worse by your job or by work you have done in the past?

- No, I had no disease in the past 12 months ☐ 1
- No, I had one or more disease in the past 12 months but they were not caused or made worse by my job ☐ 2
- Yes, I had at least one disease in the past 12 months which was caused or made worse by my job ☐ 3
- don't know ☐ 8
- refusal ☐ 9

2) Guidelines

- General concept: whether the person has a disease caused or made worse by work (current or past) and from which he/she had suffered during the past 12 months
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Disease is a term for any condition that impairs the normal functioning of an organism or body.¹¹
- The past 12 months are taken into consideration from the date of the interview (ex: diseases suffered at any moment between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- Any disease which the person had during the 12 months reference period has to be included if the person considers himself/herself that this complaint is caused or made worse by work (past or current). This means that the work-related diseases asked for should not be restricted to cases reported or recognised by the authorities, but all cases even those without time off work should be included provided the above criteria are satisfied. In infectious diseases, like a common cold or flu, it is difficult for the person to identify where and when exactly (work, home, elsewhere) occurred the transmission of the causative infectious agent (virus, bacteria etc.). In such diseases the advice to the person interviewed is to think whether the nature of his/her work is

¹¹ www.answers.com/topic
such that it would have caused the disease (i.e. that in this work it would be more probable to have such a disease in comparison to the everyday life environment or other types of work).

- Any work at any time, even years back in time, has to be taken into consideration. In the latter case, the onset of the disease could have been more than a year before the interview, but if the victim still suffered from this disease during the 12 months reference period, it should be taken into consideration. But, if the victim has not suffered from the work-related disease during the 12 months reference period the case should not be included.

- Examples: Breathing or lung problem, hearing problem, back pain, stress, depression or anxiety, heart disease or attack, infectious disease (virus, bacteria or other type of infection), etc.
HS.10

1) Question

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

- Yes □ 1
- No □ 2 → GO TO INTRODUCTION 3
- don't know □ 8 → GO TO INTRODUCTION 3
- refusal □ 9 → GO TO INTRODUCTION 3

2) Guidelines

- General concept: absence from work for reasons of health problems
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Reasons of health problems: all kind of physical or mental diseases (temporary, chronic, occupational), injuries, other health problems.
- Only full absence from work should be counted (i.e. the person does not continue with minor activities).
- The time period refers to the absences and not to the time when the respondent got sick (it could happen that the health problem started more than 12 months ago).
- Absences from work for regular check ups, not related to a specific health problem affecting the person, should not be included. Also, those absences for taking care of a sick person (for instance, a child) should not be considered.
- The past 12 months are taken into consideration from the date of the interview (ex: absences between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
**1) Question**

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

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

________ days

- don't know □ 998
- refusal □ 999

---

**2) Guidelines**

- **General concept**: total number of calendar days of absence from work for reasons of health problems in the past 12 months
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- All days when the person was absent from work for reasons of health problems (i.e. from the day he was considered as unable to work until the day he/she is able to work, even partly) have to be taken into consideration (normal working days or not, including Sundays, bank holidays, etc.). If the respondent, at the day of the interview, is still absent from work for reasons of health problems, he/she should report only the days of absence occurred before the day of the interview.

- Only days lost strictly related to the inability to work because of a health problem have to be counted. Consequently, when the respondent has already recovered from a health problem but has not started to work immediately, the days when he/she was able to work but did not do it due to other reasons should not be taken into consideration. The absence from work does not necessarily be certified by a doctor

- If the person didn’t work for a certain period of time and then started to be integrated back to work gradually, for example working part-time, only the days when he/she was not working at all are counted.

- It doesn't matter whether the person had or not sick leave for the absence.

- **The days of absence for taking care of somebody else (a family member, for instance a sick child) should not be counted.**

- **The past 12 months** are taken into consideration from the date of the interview (ex: days of absence from work between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
Now I would like you to think about situations you may face in everyday life. Please ignore any temporary problems.

**Guidelines**

- **Think about situations**: a physical or sensory functional limitation can be measured through reference to many actions/situations; the action/situation is there only to help the respondent, and investigator, to assess the level of functioning. For this reason the distances (4 metres, 500 metres), number of steps and weight of shopping bag should not be taken literally but to describe the scale we are interested in;

- **May face in everyday life**: respondents do not necessarily face the situation proposed and so the functional limitation is measured in terms of capacity to undertake the task (can you/could you if you had to) rather than performance (do you);

- **Ignore any temporary problems**: the aim is to measure long-term (chronic) limitations. This wording is used so that a time limit is not required;

- The aim of the following questions is to assess the person’s own capacity (**Can you...**). The actions/situations are there only to help the respondent, and interviewer, to assess the level of functioning. In some cases technical devices/aids are considered while in others not.

- **without aids**: the aim is to ensure that the limitation is not due to financial reasons for not owning the most commonly available types of technical aids for people with functional limitations (such as walking sticks).

- **assistance** means help from another person (for instance, the help of someone who helps a disabled person to wash himself/herself). It could be from a person not living in the household.
PL.1

1) Question

Do you wear glasses or contact lenses?

- Yes  □ 1 → GO TO STATEMENT 1
- No  □ 2 → GO TO PL.2
- I'm blind or cannot see at all  □ 3 → GO TO PL.4
- don't know  □ 8 → GO TO PL.2
- refusal  □ 9 → GO TO PL.2

2) Guidelines

- General concept: whether the person uses or not glasses or contact lenses for improving his/her seeing
- Can be used for children below 15 (optional national initiative): yes (above 1 year old)
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed
Statement 1

INTERVIEWER: READ “PLEASE ANSWER THE FOLLOWING QUESTIONS ACCORDING TO YOUR NORMAL USE OF GLASSES OR CONTACT LENSES”.

INTERVIEWER: FOR QUESTIONS PL.2 TO PL.11 (EXCEPT PL.4) HAND SHOWCARD 3.

PL.2

1) Question

Can you see newspaper print?

- Yes, with no difficulty  □ 1
- With some difficulty  □ 2
- With a lot of difficulty  □ 3
- Not at all  □ 4

- don’t know  □ 8
- refusal  □ 9

2) Guidelines

- **General concept**: assessment of the extent of difficulty which a person has in seeing the letters in a newspaper
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- The aim of the question is to assess the person’s own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids is considered.
- "Read" can replace "see" if it is better understood.
- If asked, the interviewer should mention that good lightening conditions are foreseen.
- In case the respondent says that he/she can read only by using a magnifying glass, then he should answer taking into account the use of the magnifying glass.
1) Question

Can you see the face of someone 4 metres away (across a road)?

- Yes, with no difficulty □ 1
- With some difficulty □ 2
- With a lot of difficulty □ 3
- Not at all □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- General concept: assessment of the extent of difficulty which a person has in seeing the face of a person 4 meters away
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

The aim of the question is to assess the person’s own capacity (Can you…). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids is considered.
INTERVIEWER: IF THE RESPONDENT IS DEAF MARK WITH CODE 3 IN PL.4 AND THEN GO TO PL.6. FOR THE OTHERS, ASK PL.4.

PL.4

1) Question

Do you wear a hearing aid?

- Yes ☐ 1 → GO TO STATEMENT 2
- No ☐ 2 → GO TO PL.5
- I am profoundly deaf ☐ 3 → GO TO PL.6
- don't know ☐ 8 → GO TO PL.5
- refusal ☐ 9 → GO TO PL.5

2) Guidelines

- General concept: whether the person uses or not a hearing aid
- Can be used for children below 15 (optional national initiative): yes (above 1 year old)
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed
INTERVIEWER: READ: "PLEASE ANSWER THE FOLLOWING QUESTION ACCORDING TO YOUR NORMAL USE OF YOUR HEARING AID".

PL.5

1) Question

Can you hear what is said in a conversation with several people?

- Yes, with no difficulty □ 1
- With some difficulty □ 2
- With a lot of difficulty □ 3
- Not at all □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- General concept: assessment of the extent of difficulty which a person has in hearing what is said in a conversation with several people
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- The aim of the question is to assess the person's own capacity (Can you...). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids is considered.
- The question implies a normal situation where there is no background noise or at a very low level, so that there is no background noise that could make difficult to hear what another person says.
- In case a person is deaf in one ear, his/her answer should reflect an average situation.
1) Question

Can you walk 500 metres on a flat terrain without a stick or other walking aid or assistance?

- Yes, with no difficulty □ 1
- With some difficulty □ 2
- With a lot of difficulty □ 3
- Not at all □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- **General concept**: assessment of the extent of difficulty which a person has in walking 500 meters on a flat terrain without any aid or support
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- The aim of the question is to assess the person’s own capacity (**Can you…**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- The question investigates for limitations in the physical act of walking, and not for limitations in walking due to other functioning problems. For example, for a blind person, the guide dog should not be seen as an aid.
- **Walking aids** includes: surgical footwear, walking sticks, zimmer frames, calipers, splints, crutches, prostheses. Holding someone’s arm is considered as receiving **assistance**.
- **A blind person, when answering the question, might consider the use of a stick or other walking aid or assistance.**
- **Even the respondent seems to be permanently confined to bed, it's preferable that the interviewer ask this question as well as the following ones**
1) Question

Can you walk up and down a flight of stairs without a stick, other walking aid, assistance or using the banister?

- Yes, with no difficulty □ 1
- With some difficulty □ 2
- With a lot of difficulty □ 3
- Not at all □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- **General concept**: assessment of the extent of difficulty which a person has in walking up and down a flight of stairs without any aid or assistance (both activities of walking up and down are implied by the question)
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

The aim of the question is to assess the person’s own capacity (**Can you…**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.

- **Flight of stairs**: A set of stairs between 2 floors.
1) Question

Can you bend and kneel down without any aid or assistance?

- Yes, with no difficulty     □ 1
- With some difficulty       □ 2
- With a lot of difficulty   □ 3
- Not at all                 □ 4
- don't know                □ 8
- refusal                   □ 9

2) Guidelines

- **General concept**: assessment of the extent of difficulty which a person has in bending and kneeling down without any aid or assistance
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- The aim of the question is to assess the person’s own capacity (**Can you...**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.
- Both activities (bend and kneel down) are considered. As it is a physical function rather than an activity, it means just the bend and kneel bit
1) Question

Using your arms, can you carry a shopping bag weighing 5 kilos for at least 10 metres without any aid or assistance?

- Yes, with no difficulty  □ 1
- With some difficulty  □ 2
- With a lot of difficulty  □ 3
- Not at all  □ 4
- don't know  □ 8
- refusal  □ 9

2) Guidelines

- **General concept**: assessment of the extent of difficulty which a person has in carrying a shopping bag weighing 5 kilos for at least 10 meters without any aid or assistance
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

The aim of the question is to assess the person’s own capacity (Can you…). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.

- **Using your arms**: the use of a trolley to carry the shopping bag is excluded. Also, the help from another person is excluded.
- If asked about the type of terrain, the interviewer should say that a flat terrain is considered.
- Persons without an arm should refer to the arm they have.
PL.10

1) Question

Can you use your fingers to grasp or handle a small object like a pen without any aids?

- Yes, with no difficulty □ 1
- With some difficulty □ 2
- With a lot of difficulty □ 3
- Not at all □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- **General concept**: assessment of the extent of difficulty which a person has in using his fingers to grasp or handle a small object without any aids
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- The aim of the question is to assess the person’s own capacity (**Can you…**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered. **To grasp means to take firmly with the hand and maintain a hold on.**
- In case the respondent has a different level of difficulty in performing these 2 activities, the interviewer should record the answer corresponding to the activity which is easier for the respondent.
- Persons without an arm should refer to the arm they have.
1) Question

Can you bite and chew on hard foods such as a firm apple without any aid (for example, denture)?

- Yes, with no difficulty □ 1
- With some difficulty □ 2
- With a lot of difficulty □ 3
- Not at all □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- **General concept**: assessment of the extent of difficulty which a person has in biting and chewing hard foods without any aids
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

The aim of the question is to assess the person’s own capacity (**Can you…**). The situation is there only to help the respondent, and interviewer, to assess the level of functioning. The use of technical devices/aids or assistance is not considered.

The term **denture** refers in the context of the question to a complete set of artificial teeth for either the upper or lower jaw (dental plate).
Introduction 4

Now I would like you to think about everyday personal care. Again, please ignore temporary problems.

Here is a list of activities.

**INTERVIEWER: HAND SHOWCARD 4 AND CODE ALL ACTIVITIES.**

PC.1

1) Question

Do you usually have difficulty doing any of these activities by yourself?

- No difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- I can't achieve it by myself
- don't know
- refusal

2) Guidelines

- **General concept:** measure the degree of independence in doing activities of personal care
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **Do you:** the activities are the most essential for self-care in daily life and that respondents have to perform. Independence corresponds to what respondents do (not what they think they can do) and we therefore ask about reported performance (do you...) rather than self-assessed capacity (can you...), thus closer to actual performance.
- **Usually** is included to exclude temporary problems. This wording is used so that a time limit is not required.
- **Have difficulty:** without any difficulty
- **By yourself:** help from another person, the use of technical aids and housing adaptation are excluded. The aim is to ensure that any restriction is not due to financial or other reasons (such as unavailability of personal help).
### Activities

<table>
<thead>
<tr>
<th>Activities</th>
<th>PC.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding yourself</td>
<td>□□</td>
</tr>
<tr>
<td>Getting in and out of a bed or chair</td>
<td>□□</td>
</tr>
<tr>
<td>Dressing and undressing</td>
<td>□□</td>
</tr>
<tr>
<td>Using toilets</td>
<td>□□</td>
</tr>
<tr>
<td>Bathing or showering</td>
<td>□□</td>
</tr>
</tbody>
</table>

### Guidelines

**Feeding** – the respondent is able to get the food from the plate to his/her mouth, lift a full glass to his/her mouth, cut up food, use the fork, spoon, spread butter and/or jam on a slice of bread, add salt. This activity excludes shopping for food or food preparation and cooking.

**Getting in and out of a bed or chair** – the respondent does not need help to get in and out of the bed or chair; coming to a standing position is implied. In case the respondent has a different level of difficulty in performing these 2 activities, the interviewer should record the answer corresponding to the activity which is more difficult for the respondent.

**Dressing and undressing** – getting clothes from closets and drawers, putting them on, removing and fastening all clothing and tie shoe laces, doing buttons. In case the respondent has a different level of difficulty in performing the 2 activities, the interviewer should record the answer corresponding to the activity which is more difficult for the respondent.

**Using toilets** – the following activities are concerned: use toilet paper / cleaning himself/herself after elimination, arranging clothes before and after toilet use

**Bathing or showering** – the following activities are concerned: washing and drying the whole body; get in and out of the bathtub. In case the respondent has a different level of difficulty in performing these 2 activities, the interviewer should record the answer corresponding to the activity which is easier for the respondent.
INTerviewer: - if PC.1 = 2, 3 or 4 for at least one activity then read statement 3 and ask PC.2 to PC.4,
- if PC.1 = 1, 8 or 9 for all activities then go to introduction 5.

Statement 3
INTerviewer: REad: "THinking about all personal care activities where you have difficulty in doing them by yourself...".

PC.2

1) Question

Do you usually have help?
- Yes, at least for one activity
  If YES ask: What type of help?
  Multiple answers are possible
  - Personal assistance  □ 1
  - Technical aids  □ 2
  - Housing adaptation  □ 3
- No, I do all these activities by myself  □ 4 → GO TO PC.4
- don't know  □ 8 → GO TO PC.4
- refusal  □ 9 → GO TO PC.4

2) Guidelines

- General concept: assessing whether the person has help in performing an activity and identifying the type of help needed
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Personal assistance means help from another person (for instance, the help of someone who helps a disabled person to wash himself/herself). It could be from a person not living in the household.
- Technical aids include a wide range of items, devices, pieces of equipment for personal care activities. They are used to increase, maintain or improve functioning of individuals (independence in personal care activities). Can be for example a wheelchair, a stick, etc.
- The term housing adaptation refers to the architectural adaptations of the place where the disabled person lives. Examples: ramps, lifts, adapted toilets, adapted kitchen, bathroom adaptations, large doors (for people in wheelchair), lightning system.
PC.3

1) Question

Do you have enough help?

- Yes

- No, for at least one activity
  
  *If NO ask: What type of help you don’t have enough?*

  *Multiple answers are possible*

  - Personal assistance

  - Technical aids

  - Housing adaptation

- don’t know

- refusal


2) Guidelines

- **General concept**: assessing whether the help is enough and identifying the type of help which is not enough

- **Can be used for children below 15 (optional national initiative)**: no

- **Use of proxy interview**: not allowed

- **Use for institutionalized persons (optional national initiative)**: to be completed
1) Question

Would you need help?

- Yes, at least for one activity
  
  *If YES ask:* **What type of help you would need?**

  **Multiple answers are possible**
  - Personal assistance
  - Technical aids
  - Housing adaptation

- No
- don't know
- refusal

2) Guidelines

- **General concept:** assessing whether the person needs help and identifying the type of help which is needed (unmet needs)
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
Introduction 5

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

Guidelines

Think about some household activities: activities required to live independently in and maintain an ordinary/usual household, household care activities
INTERVIEWER: HAND SHOWCARD 5 AND CODE ALL ACTIVITIES.

HA.1

1) Question

Do you usually have difficulty doing any of these activities by yourself?

- No difficulty □ 1
- Yes, some difficulty □ 2
- Yes, a lot of difficulty □ 3
- I can't achieve it by myself □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- General concept: measure the degree of independence in doing activities of household care
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed
- Do you: as for personal care activities (6) we ask about reported performance (do you...) rather than self-assessed capacity (can you...), to be closer to the actual performance. However respondents may have the capacity but choose to have the activity performed by someone else, for instance employment of a cleaner. This is addressed later in the question.
- Usually is included to exclude temporary problems. This wording is used so that a time limit is not required.
- Have difficulty: without any difficulty
- By yourself: help from another person, the use of technical aids and housing adaptation are excluded. The aim is to ensure that any restriction is not due to financial or other reasons (such as unavailability of personal help).
Interviewer: For each activity for which a degree of difficulty is reported (HA.1 = 2, 3, 4 or 8) ask HA.2. If no difficulty is reported (HA.1 = 1 or 9) for all activities then go to Introduction 6.

HA.2

1) Question

Why?

- Mainly, because of health state, disability or old age ☐ 1
- Mainly, because of other reasons (never tried to do it, etc.) ☐ 2
- don't know ☐ 8
- refusal ☐ 9

2) Guidelines

- General concept: cause of having difficulty in performing household activities
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- This question ensures the identification of those who do not perform the activity though having no restrictions from those which have restrictions.
- Some activities might not be performed by a household member due to the division of the activities within the household.
<table>
<thead>
<tr>
<th>Activities</th>
<th>HA.1</th>
<th>HA.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing meals</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Using the telephone</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Shopping</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Managing medication</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Light housework</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Occasional heavy housework</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Taking care of finances and everyday administrative tasks</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Guidelines**

**Preparing meals** – the person is able to cook meals for himself/herself

**Using the telephone** – the person can make calls and answer the telephone

**Shopping** – the person is able to go for shopping without help from another person

**Managing medication** – the person does not need help from another person to take his/her medication. This activity concerns only the fact that the person is able to take his/her medication and not the one of being able to go to the pharmacy in order to take the pills home

**Light housework** – the person is able to do the following activities: cooking, washing dishes, ironing, child care.

**Occasional heavy housework** – the person is able to do the following activities: walking with heavy shopping for more than 5 minutes, moving heavy furniture, spring cleaning, scrubbing floors with a scrubbing brush, cleaning windows, or other similar heavy housework.

**Taking care of finances and everyday administrative tasks** – paying bills, …
INTERVIEWER: - IF HA.2 = 1 FOR AT LEAST ONE ACTIVITY THEN READ STATEMENT 4 AND ASK HA.3 TO HA.5.

- IF HA.2 = 2, 8 OR 9 FOR ALL ACTIVITIES THEN GO TO INTRODUCTION 6.

Statement 4

INTERVIEWER: READ: "THINKING ABOUT ALL HOUSEHOLD ACTIVITIES WHERE YOU HAVE DIFFICULTY IN DOING THEM BY YOURSELF".

HA.3

1) Question

Do you usually have help?

- Yes, at least for one activity
  
  If YES ask: What type of help?

  Multiple answers are possible
  - Personal assistance ☐ 1
  - Technical aids ☐ 2
  - Housing adaptation ☐ 3

- No, I do all these activities by myself ☐ 4 → GO TO HA.5

- don't know ☐ 8 → GO TO HA.5
- refusal ☐ 9 → GO TO HA.5

2) Guidelines

- General concept: assessing whether the person has help in performing an activity and identifying the type of help needed
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed
1) Question

Do you have enough help?

- Yes ☐ 1 → GO TO INTRODUCTION 6
- No, at least for one activity
  
  *If NO ask: What type of help you don't have enough?*

  *Multiple answers are possible*
  
  - Personal assistance ☐ 1 → GO TO INTRODUCTION 6
  - Technical aids ☐ 2 → GO TO INTRODUCTION 6
  - Housing adaptation ☐ 3 → GO TO INTRODUCTION 6
- don't know ☐ 8 → GO TO INTRODUCTION 6
- refusal ☐ 9 → GO TO INTRODUCTION 6

2) Guidelines

- **General concept**: assessing whether the help is enough and identifying the type of help which is not enough
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
1) Question

Would you need help?

- Yes, at least for one activity
  
  *If YES ask: What type of help you would need?*
  
  *Multiple answers are possible*
  
  - Personal assistance □ 1
  - Technical aids □ 2
  - Housing adaptation □ 3

- No □ 4

- don’t know □ 8

- refusal □ 9

2) Guidelines

- **General concept**: assessing whether the person needs help and identifying the type of help which is needed (unmet needs)
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
1) Question

Introduction 6
Next question is about any physical pain you have had during the past 4 weeks.

**Overall during the past four weeks, how much physical pain or physical discomfort did you have?**

<table>
<thead>
<tr>
<th>INTERVIEWER: Hand showcard 6 with the possible responses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• None □ 1</td>
</tr>
<tr>
<td>• Mild □ 2</td>
</tr>
<tr>
<td>• Moderate □ 3</td>
</tr>
<tr>
<td>• Severe □ 4</td>
</tr>
<tr>
<td>• Extreme □ 5</td>
</tr>
<tr>
<td>• don’t know □ 8</td>
</tr>
<tr>
<td>• refusal □ 9</td>
</tr>
</tbody>
</table>

2) Guidelines

- **General concept**: physical pain or physical discomfort experienced by the respondent in the past 4 weeks, on average
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
- **Overall during the past 4 weeks...** the respondent is asked to think to all range of sensations of physical pain or physical discomfort that he/she had, including their length and come out with an answer that describes the average sensation.
- **during the past 4 weeks**: the preceding period of 4 weeks (from yesterday).
- **Pain** is an unpleasant sensation that can range from mild, localized discomfort to agony. Pain may be contained to a discrete area, as in an injury, or it can be more diffuse. It can be a minor inconvenience or completely disabling¹². **Headaches, toothaches, migraines, throat-aches, etc. are included.**
- **Discomfort** means physical distress caused by disease or injury; physical unpleasantness
- Respondents who experienced more than one pain have to consider all of them.

¹² [http://www.emedicinehealth.com](http://www.emedicinehealth.com)
1) Questions

Introduction

Next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the answer that come closest to the way you have been feeling.

**INTERVIEWER: HAND SHOWCARD 7 WITH THE POSSIBLE RESPONSES AND CODE THEM.**

How much of the time, during the past 4 weeks...

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
<th>Don't know</th>
<th>Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel full of life?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Have you been very nervous?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Have you felt so down in the dumps that nothing could cheer you up?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Have you felt calm and peaceful?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Did you have a lot of energy?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Have you felt down-hearted and depressed?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Did you feel worn out?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Have you been happy?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Did you feel tired?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
</tbody>
</table>

2) Guidelines

- **General concept:** physical pain or physical discomfort experienced by the respondent in the past 4 weeks, on average
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

These questions are the mental health score of SF36 which is a universal quality of life measure which has been translated into most of the languages which render comparisons pertinent across countries. The questions selected correspond to the mental health dimension which is made up of four subscales: the emotional impact on roles, the Mental Health Inventory (MHI-5) which measures psychological distress, the vitality which measures positive well being and social
functioning. Since the SF36 has been translated into many languages, the official translation should be sought mainly in the IQOLA project (see http://www.iqola.org/) or at the SF36 website. The instrument has been revised by the author (Ware) in 1996 in order to ameliorate the translation facilities (the version 2 is named "international version") however some translations may correspond to the initial version; differences are not so many and concern one item: full of pep has became full of life plus the codification has been reduced to 5 instead of 6 propositions and harmonised between subscales. These translations have to express nuances for example "tired" versus "worn out " the latter being an extreme degree of tiredness (thoroughly exhausted).

**during the past 4 weeks:** the preceding period of 4 weeks (from yesterday).

**Nervous:** characterized by or showing emotional tension, restlessness, agitation, etc. *(Have you felt particularly tense?)*
EUROPEAN HEALTH CARE MODULE
**Introduction 8**

The next set of questions is about time spent in hospital. All types of hospitals are included. Visits to emergency departments or as outpatient only should not be included.

**INTERVIEWER:** FOR WOMEN UP TO AGE 50 YEARS, ADD:
Also, the time spent in hospital for giving birth should not be included.

---

**Guidelines**

- **Hospitals** comprises licensed establishments primarily engaged in providing medical, diagnostic, and treatment services that include physician, nursing, and other health services to in-patients and the specialised accommodation services required by in-patients.

- Hospitals provide in-patient health services, many of which can only be provided using the specialised facilities and equipment that form a significant and integral part of the production process. In some countries, health facilities need in addition a minimum size (such as number of beds) in order to be registered as a hospital (SHA definition).

- Hospitals may also provide out-patient services (i.e. a patient has contact with an ambulatory care physician in hospital) as a secondary activity, but such cases are not considered with this question.

- All types of hospitals are included: the general term hospital is preferred. When necessary due to local singularities, the interviewer should explain that all kinds of hospitals as well as psychiatric hospitals are included; only nursing homes and institutes providing care for those with learning disabilities are excluded.

- Hospitalisation abroad is also included.

- **The time spent for reasons related to antenatal and postnatal period (e.g. complications during pregnancy, abortions, and complications after giving birth) should be included.**
HC.1

1) Question

During the past 12 months, that is since (date one year ago), have you been in hospital as an inpatient, that is overnight or longer?

- Yes □ 1
- No □ 2 → GO TO HC.4
- don't know □ 8 → GO TO HC.4
- refusal □ 9 → GO TO HC.4

2) Guidelines

- **General concept:** occurrence of hospitalisation as inpatient
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- An **in-patient** is a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital or other institution providing in-patient care.
- **During the past 12 months, that is since (date one year ago):** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **The day of interview should not be considered as part of the reference period.**
- **have you been in hospital as an inpatient, that is overnight or longer:** measures whether the person stayed in hospital for at least one night.
- **For a respondent who at the time of the interview is hospitalised, code 1 should be used.**
- Day cases (patients formally admitted for a medical procedure or surgery in the morning and released before the evening) are excluded.
HC.2

1) Question

How many separate stays in hospital as an inpatient have you had since (date one year ago)? Count all the stays that ended in this period.

(__) stays

- don't know  □ 98
- refusal  □ 99

2) Guidelines

- **General concept**: number of hospitalisations as inpatient
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **How many separate stays in hospital as an inpatient have you had**: measures the number of separate stays as an inpatient; the number of days is of no interest here.

- **Count all stays that ended in this period**: hospitalisation at the time of the interview should not be counted.
1) **Question**

Thinking of this/these inpatient stay(s), how many nights in total did you spend in hospital?

- ___ nights
  - don't know  □ 998
  - refusal  □ 999

2) **Guidelines**

- **General concept**: number of nights hospitalised as inpatients
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- Thinking of this/these inpatient stay(s), how many nights in total did you spend in hospital: aims to measure the total number of nights during the given period.

- In case the respondent is currently hospitalised, the number of nights **corresponding to the current hospitalisation should not be counted**.
HC.4

1) Question

During the past 12 months, that is since (date one year ago), have you been admitted to hospital as a day patient, that is admitted to a hospital bed, but not required to remain overnight?

- Yes □ 1
- No □ 2 → GO TO HC.6
- don't know □ 8 → GO TO HC.6
- refusal □ 9 → GO TO HC.6

2) Guidelines

- General concept: occurrence of hospitalisation as day patient
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Day case: day care comprises medical and paramedical services delivered to patients that are formally admitted for diagnosis, treatment or other types of health care with the intention of discharging the patient on the same day. For example, a patient visits a hospital to receive a surgery, and after that he stays there for a few hours for monitoring. An episode of care for a patient who is admitted as a day-care patient and subsequently stays overnight is classified as an overnight stay or other in-patient case (Eurostat definition).

- During the past 12 months, that is since (date one year ago): a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).

- have you been admitted to hospital as a day patient, that is admitted to a hospital bed, but not required to remain overnight: measures whether respondent has checked into a hospital as a day patient, which implies that respondent did not stay during the night.
1) Question

How many days have you been admitted as a day patient since (date one year ago)?

[ ] _______ days

- [ ] don’t know
- [ ] refusal

2) Guidelines

- **General concept**: number of hospitalisations as day patient
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **How many times have you been admitted as a day patient**: measures the number of separate stays as a day patient.
HC.6

1) Question

During the past 12 months, was there any time when you really needed to be hospitalised following a recommendation from a doctor, either as an inpatient or a day patient, but did not?

- Yes, there was at least one occasion □ 1
- No, there was no occasion □ 2 → GO TO INTRODUCTION 9
- don't know □ 8 → GO TO INTRODUCTION 9
- refusal □ 9 → GO TO INTRODUCTION 9

2) Guidelines

- **General concept**: person’s own assessment of whether he/she needed to be hospitalised, but was not
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **When you really needed to be hospitalised**: only the real needs of hospitalisation are taken into account; the hospitalisation was on the person’s own behalf rather than on behalf of children, spouse, etc. This should be clear for the respondent, otherwise any comparison between men and women or between parents and non-parents might be misleading.
**HC.7**

1) **Question**

*What was the main reason for not being hospitalised?*

- Could not afford to (too expensive or not covered by the insurance fund) □ 1
- Waiting list, other reasons due to the hospital □ 2
- Could not take time because of work, care for children or for others □ 3
- Too far to travel / no means of transportation □ 4
- Fear of surgery / treatment □ 5
- Other reason □ 6
- don’t know □ 8
- refusal □ 9

---

2) **Guidelines**

- **General concept**: main reason for not being hospitalised while really needed
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- This question aims to capture the dimension of restricted access to health care by including not only formal health care coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.
- ‘Not covered by the insurance fund’ should be coded as ‘could not afford to’ if the respondent could not afford to pay for the hospitalisation himself or herself.
- In the answer categories that are proposed, code 2 (waiting list) should be used for people who were actually on a waiting list and were not helped, for respondents who were discouraged from seeking care because of perceptions of the long waiting lists, as well as people who have ‘applied’ and are still waiting to be hospitalised.
Introduction 9
The next set of questions is about visits to dentists, orthodontists or other dental care specialist.

Guidelines

• **Dentist**: professional who provides comprehensive care regarding teeth and oral cavity, including prevention, diagnosis and treatment of aberrations and diseases.

• Dentist's tasks include: making diagnosis, advising on and giving necessary dental treatment, giving surgical, medical and other forms of treatment for particular types of dental and oral diseases and disorders.

• **Orthodontist**: dental specialist who diagnoses, prevents and corrects irregularities of the teeth and jaw problems (for example, correcting misaligned teeth through the use of braces).

• **Other dental care specialists** (dental hygienists or dental hygiene practitioner). Their tasks can differ from one country to another. Also, in some cases they practice under the supervision of a dentist. They do less complex dental and oral care, such as advice patients to develop and maintain good oral health, examine patients’ teeth and gums, remove deposits and plaque from teeth, make fillings, dental X-rays or local anesthesia, etc.
1) **Question**

*When was the last time you visited a dentist or orthodontist on your own behalf (that is, not while only accompanying a child, spouse, etc.)?*

- Less than 12 months ago  □ 1
- 12 months ago or longer □ 2 → GO TO INTRODUCTION 10
- Never □ 3 → GO TO INTRODUCTION 10
- don't know □ 8 → GO TO INTRODUCTION 10
- refusal □ 9 → GO TO INTRODUCTION 10

---

2) **Guidelines**

- **General concept**: moment of last visit to a dentist
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **on your own behalf**: refers to visits that focus on respondent’s health.
1) Question

During the past four weeks ending yesterday, that is since (date), how many times did you visit a dentist or orthodontist on your own behalf?

\[ \text{times} \quad [\text{NOT AT ALL} = 0] \]

- don't know \[ \square 98 \]
- refusal \[ \square 99 \]

2) Guidelines

- **General concept**: number of visits to a dentist, orthodontist or hygienist
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **During the past four weeks ending yesterday, that is since (date)**: a period that started 4 weeks from yesterday.
- **on your own behalf (that is, not while only accompanying a child, spouse, etc.)**: refers to visits that focus on respondent’s health.
Introduction 10

The next set of questions is about consultations with your general practitioner or family doctor. Please include visits to your doctor’s practice as well as home visits and consultations by telephone.

Guidelines

• **consultations with your general practitioner or family doctor:** all types of consultations are considered (face-to-face, by telephone or e-mail)
• **your doctor’s practice:** the office of the physician
• **home visits:** consultations at your place/ at home.
• **General practitioner (GP)/ family doctor** is a physician (medical doctor) who does not limit his/her practice to certain disease categories and assumes the responsibility for the provision of continuing and comprehensive medical care or referring to another health care professional. In some countries, GP is treated as a specialisation.
HC.10

1) Question

When was the last time you consulted a GP (general practitioner) or family doctor on your own behalf?

- Less than 12 months ago   □ 1
- 12 months ago or longer   □ 2 → GO TO INTRODUCTION 11
- Never                    □ 3 → GO TO INTRODUCTION 11
- don't know               □ 8 → GO TO INTRODUCTION 11
- refusal                  □ 9 → GO TO INTRODUCTION 11

2) Guidelines

- General concept: moment of last consultation of a general practitioner or family doctor
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- When was the last time you consulted: refers to the moment of the last consultation
- On your behalf: refers to visits that focus on respondent’s health.
- Contacts with a nurse on behalf of the GP, for instance for receiving a receipt shall not be considered.
HC.11

1) Question

During the past four weeks ending yesterday, that is since (date), how many times did you consult a GP (general practitioner) or family doctor on your own behalf?

□ □ □ times [NOT AT ALL = 0]

- don't know □ 98
- refusal □ 99

2) Guidelines

- **General concept**: number of consultations of general practitioner or family doctor within the past 4 weeks
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **During the past four weeks ending yesterday, that is since (date)**: a period that started 4 weeks from yesterday.
- **how many times did you consult**: number of consultations
- **on your behalf**: refers to visits that focus on respondent’s health.
Introduction 11

Next questions are about consultations with medical or surgical specialists. Include visits to doctors as outpatient or emergency departments only, but do not include contact while in hospital as an in-patient or day-patient. Also include visits to doctors at the workplace or school.

Guidelines

- **Medical or surgical specialists**: refers to physicians that are medical specialists, including dental and other surgeons, but not general dentists. Their tasks include: conducting medical examination and making diagnosis, prescribing medication and giving treatment for diagnosed illnesses, disorders or injuries, giving specialized medical or surgical treatment for particular types of illnesses, disorders or injuries, giving advice on and applying preventive medicine methods and treatments.

- **outpatient departments**: ward at hospital for ambulatory care. It refers to visits/consultations of patients at the specialist's office in a hospital.

- **emergency departments**: ward at hospital for emergency care.
HC.12

1) Question

When was the last time you consulted a medical or surgical specialist on your own behalf?

- Less than 12 months ago ◯ 1
- 12 months ago or longer ◯ 2 → GO TO HC.14
- Never ◯ 3 → GO TO HC.14
- don't know ◯ 8 → GO TO HC.14
- refusal ◯ 9 → GO TO HC.14

2) Guidelines

- General concept: moment of last consultation of (medical or surgical) specialist
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

When was the last time you consulted a medical or surgical specialist: refers to the moment of the last consultation.

a medical or surgical specialist: refers to physicians that are medical specialists, including dental and other surgeons, but not general dentists.

On your behalf: refers to visits that focus on respondent’s health.

Also visits to a physician in foreign countries are to be included.
1) Question

During the past four weeks ending yesterday, that is since (date), how many times did you consult a specialist on your own behalf?

ONLY FOR COUNTRIES WHERE THIS MAY CAUSE CONFUSION, ADD:
“Visits to dental surgeons should be included. Do not include visits to general dentists”

____ times [NOT AT ALL = 0]

• don’t know □ 98
• refusal □ 99

2) Guidelines

• General concept: number of consultations with (medical or surgical) specialist
• Can be used for children below 15 (optional national initiative): yes
• Use of proxy interview: allowed
• Use for institutionalized persons (optional national initiative): to be completed

• During the past four weeks ending yesterday, that is since (date): a period that started 4 weeks from yesterday.
• how many times did you consult: number of consultations.
• a specialist: refers to physicians that are medical specialists, including dental and other surgeons, but not general dentists.
• On your behalf: refers to visits that focus on respondent’s health.
HC.14

1) Question

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

- Yes, there was at least one occasion  ☐ 1
- No, there was no occasion  ☐ 2 → GO TO HC.16
- don't know  ☐ 8 → GO TO HC.16
- refusal  ☐ 9 → GO TO HC.16

2) Guidelines

- General concept: person’s own assessment of whether he/she needed to consult a specialist but was not able to
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- when you really needed to consult a specialist: only the real needs to consult a specialist are taken into account; the consultation should have been on the person’s own behalf rather than on behalf of children, spouse, etc. This should be clear for the respondent, otherwise any comparison between men and women or between parents and non-parents might be misleading.
1) Question

What was the main reason for not consulting a specialist?

- Could not afford to (too expensive or not covered by the insurance fund) □ 01
- Waiting list, don't have the referral letter □ 02
- Could not take time because of work, care for children or for others □ 03
- Too far to travel / no means of transportation □ 04
- Fear of doctor / hospitals / examination / treatment □ 05
- Wanted to wait and see if problem got better on its own □ 06
- Didn’t know any good specialist □ 07
- Other reason □ 08

- don't know □ 98
- refusal □ 99

2) Guidelines

- **General concept**: main reason for not consulting a specialist while needed
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- This question aims to capture the dimension of restricted access to health care by including not only formal health care coverage (by insurance or universal coverage), but also restrictions due to rationing, waiting lists, the ability to afford care, and other reasons.
- ‘Not covered by the insurance fund’ should be coded as ‘could not afford to’ if the respondent could not afford to pay for the consultation himself or herself.
- The issue on the perception of "Could not afford to (too expensive)" should be tackled in order to not include reaction about "too expensive" which are relative (more expensive than before, etc.) but relate only to the fact that the person could not pay the price, not having money enough for this. The fact that the price is not covered by an insurance fund is in particular an important element to be taken into account.
- In the answer categories that are proposed, code 2 (length of the waiting list) should be used for people who were actually on a waiting list and were not helped, for respondents who were discouraged from seeking care because of perceptions of the long waiting lists, as well as people who have ‘applied’ and are still waiting to see a specialist.
1) **Question**

**During the past 12 months, that is since (date on year ago), have you visited on your own behalf a...?**

<table>
<thead>
<tr>
<th>Medical laboratory, radiology centre</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapist / kinesitherapist</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Nurse, midwife (excluding when being hospitalised, for home care services or in a medical laboratory or radiology centre)</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Dietician</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Speech therapist</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Chiropractor, manual therapist</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Psychologist or psychotherapist</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Other paramedics</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
</tbody>
</table>

2) **Guidelines**

- **General concept**: whether the respondent visited a medical laboratory and different types of paramedics
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **During the past 12 months, that is since (date one year ago)**: a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **Medical laboratory, radiology centre**: medical establishment where tests, analyses or radiological exams are done in order to get information about the patient's health.
- A radiology centre provides a range of imaging services and procedures to diagnose diseases and health problems (abdominal imaging, neuroradiology, interventional and vascular radiology, musculoskeletal radiology, tomography, ultrasound, etc.
- **Physiotherapist** is a health care professional who applies one or more of the following therapies for the improvement or restoration of motor functions: movement therapy, massage therapy and physical therapy in a strict sense, i.e. the application of physical stimuli, electrotherapy, ultra-sound therapy, thermotherapy, hydrotherapy, balneotherapy and electro-
diagnostics, with the exclusion of the application of ionising beams. The therapies are provided in a variety of settings, such as hospitals, private practices, outpatient medical units, home care services establishment, schools, fitness centres, etc.

Physiotherapists and related associate professionals treat disorders of bones, muscles and parts of the circulatory or the nervous system by manipulative methods, and ultrasound, heating, laser or similar techniques, or apply physiotherapy and related therapies as part of the treatment for the (temporarily) physically disabled, mentally ill or unbalanced.

- A nurse is a person who has completed a programme of basic nursing education and is qualified and authorised in his/her country to practice nursing in all settings.

- A midwife is a person who has completed a midwifery educational programme duly recognized in the country in which he/she is located and who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

- Nursing and midwifery professionals assist medical doctors in their tasks, deal with emergencies in their absence, and provide professional nursing care for the sick, injured, physically and mentally disabled, and others in need of such care, or they deliver or assist in the delivery of babies, provide antenatal and post-natal care and instruct parents in baby care.

- Dietician is an expert in food and nutrition who make recommendations concerning the eating habits. By recommending specific diets/changes in the eating habits they help in preventing and treating specific illnesses.

- Speech therapist is a professional who "assess, diagnose, treat, and help to prevent speech, language, cognitive-communication, voice, swallowing, fluency, and other related disorders. A speech therapist works with people who cannot produce speech sounds, or cannot produce them clearly; those with speech rhythm and fluency problems, such as stuttering; people with voice disorders, such as inappropriate pitch or harsh voice; those with problems understanding and producing language; those who wish to improve their communication skills by modifying an accent; and those with cognitive communication impairments, such as attention, memory, and problem solving disorders. They also work with people who have swallowing difficulties".

- Chiropractor is a health care professional who diagnoses and treats anomalies of the body believed to be caused by interference with the nervous system. The treatment usually involves manipulation of the spine and other body structures, including the musculoskeletal system.

- Manual therapist is a physiotherapist who is specialized in manual therapy interventions and uses techniques to treat body movement problems that generate pain. It is used in cases of back and neck pain, muscle-tension headaches, hip and knee osteoarthritis, and shoulder pain.

- Occupational therapist "helps people to improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, or emotionally disabling. They also help them to develop, recover, or maintain daily living and work skills.

Occupational therapists assist patients in performing activities of all types, ranging from using a computer to caring for daily needs such as dressing, cooking, and eating. Physical exercises may be used to increase strength and dexterity, while other activities may be chosen to improve visual acuity and the ability to discern patterns. For example, a patient with short-term memory loss might be encouraged to make lists to aid recall, and a person with coordination problems might be assigned exercises to improve hand-eye coordination.

\[http://www.speechtherapist.com/\]

\[http://www.occupationaltherapist.com/\]
Therapists instruct those with permanent disabilities, such as spinal cord injuries, cerebral palsy, or muscular dystrophy, in the use of adaptive equipment, including wheelchairs, orthotics, and aids for eating and dressing. They also design or make special equipment needed at home or at work. Therapists develop computer-aided adaptive equipment and teach patients with severe limitations how to use that equipment in order to communicate better and control various aspects of their environment.

Some occupational therapists treat individuals whose ability to function in a work environment has been impaired. These practitioners arrange employment, evaluate the work environment, plan work activities, and assess the patient's progress. Therapists also may collaborate with the patient and the employer to modify the work environment so that the work can be successfully completed.

Therapists help the elderly lead more productive, active, and independent lives through a variety of methods, including the use of adaptive equipment.

Occupational therapists also treat individuals who are mentally ill, mentally retarded, or emotionally disturbed. To treat these problems, therapists choose activities that help people learn to engage in and cope with daily life. Activities include time management skills, budgeting, shopping, homemaking, and the use of public transportation. Occupational therapists also may work with individuals who are dealing with alcoholism, drug abuse, depression, eating disorders, or stress-related disorders."

- **Psychologist or psychotherapist**
- **Other paramedics:** respiratory therapist (respiratory care practitioner), audiologist, orthoptist, orthesist, podiatrist, orthotist, prosthethist, etc.
- A **respiratory therapist** evaluates, treats, and cares for patients with breathing or other cardiopulmonary (lungs and heart) disorders.
- An **audiologist** is a licensed health care professional who diagnoses, evaluates, and treats hearing disorders and communication problems.
- "Orthoptics involves the evaluation and treatment of disorders of vision, eye movements, and eye alignment in children and adults. The **orthoptist** performs a series of diagnostic tests and measurements on patients with visual disorders, including lazy eye, strabismus (misaligned eyes), and double vision. Through interpretation of testing procedures and clinical evaluation, the orthoptist helps the ophthalmologist design a treatment plan, which may involve treatment by the orthoptist, surgical treatment by the ophthalmologist, or some combination of the two."\(^{15}\)

- "The **orthesist** is a professional whose knowledge and training are essential for making a good evaluation of the problems originating from a foot anomaly. He asks for information on the patients' life habits, he examines the foot and its alignment as well as the footwear he or she uses. Following the evaluation, the specialist may propose personal advice, exercises or foot orthotics, according to needs."\(^{16}\)
- The **podiatrist** is a practitioner specialized in the medical care of the foot, ankle, and lower leg. diagnose, treat, and perform the full scope of surgery for disorders of the foot and ankle.

- "An **orthotist** is a healthcare professional who makes and fits braces and splints (orthoses) for patients who need added support for body parts that have been weakened by injury, disease, or disorders of the nerves, muscles, or bones. They work under a physician's orders to adapt

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purchased braces or create custom-designed braces. Braces are often named for the body part they support.17

- "A prosthetist is a healthcare professional that makes and fits artificial limbs (prostheses) for patients with disabilities. This includes artificial legs and arms for patients who have had amputations due to conditions such as cancer, diabetes, or injury."18

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18 Idem
### 1) Question

During the past 12 months, that is since (date on year ago), have you visited on your own behalf a …?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeopath</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Phytotherapist / herbalist</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Other alternative medicine practitioner</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

### 2) Guidelines

- **General concept**: whether the respondent visited an alternative medicine practitioner
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Homeopath**: practitioner who for curing purposes gives very small doses of substances which in a higher or more concentrated doses would provoke the same or similar symptoms of illness to a healthy person. The homeopath selects the doses of substances according to a total picture of the patient, including not only symptoms but lifestyle, emotional and mental states, and other factors.

- **Acupuncturist**: practitioner who treats diseases by inserting thin metallic needles in the skin, at specific points corresponding to the different body organs.

- **Phytotherapist/herbalist**: practitioner who uses plant materials and extracts in order to treat an illness and promote health.

- **Other alternative medicine practitioner**: other practitioner that uses medical and health care practices and products that are not considered to be part of the traditional medicine, excluding the homeopath, acupuncturist and phytotherapist/herbalist. Examples: aromatherapist, energy healer, Chinese medicine practitioner, hypnotherapist, art therapist, music therapist, etc.

- An art therapist "helps people understand their problems and guides them to solutions through the creative process. An art therapist is concerned with the treatment and rehabilitation of persons with mental, emotional, medical, or physical disabilities“[^19].

- A music therapist "provides treatment for physical, psychological, cognitive, and social needs of individuals through the structured and specialized use of music. Music therapists assess

emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses”\(^{20}\).

- **During the past 12 months, that is since (date one year ago):** a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).

### HC.18

#### 1) Question

During the past 12 months, have you yourself used any of the following care services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home care service provided by a nurse or midwife</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Home help for the housework or for elderly people</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>&quot;Meals on wheels&quot;</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Transport service</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Other home care services</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
</tbody>
</table>

#### 2) Guidelines

- **General concept**: whether the respondent has used any type of home care services
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Home care services** refers to the provision of medical and non-medical in-home supporting care services for persons who due to the physical or mental illness or disability or because of old age cannot perform specific personal or household care activities or are confined to their own houses. It includes home-offered services provided by a visiting nurse or midwife from a health institute, agency or association, or by a community organisation using professional or non-professional (volunteer) staff for care delivery.

- **Home care services provided by a nurse or midwife**: medical and non-medical services performed by nurses or midwives for the benefit of persons in need for personal care because of physical or mental illness or disability or because of impairment due to old age. Examples of medical services: extra assistance after a stay in the hospital, assistance to persons with chronic illnesses who need help caring for themselves long term, home dialysis, provision of antenatal and post-natal care instructions to parents, etc. Examples of non-medical services: assistance for personal hygiene, eating, dressing, bathing, etc. The services are provided at the person in need own house.
• **Home help for the housework or for elderly people**: these services include tasks such as assistance in performing domestic chores (preparing meals, housecleaning, doing laundry, ironing, medication reminder, taking care of finances and administrative tasks, shopping for different items, etc.). These services are offered by the municipality or private organisations in order to allow to the person in need to continue living in his own house.

• **"Meals on wheels"**: care service aiming at delivering a meal to persons who cannot go out to shop for food or have difficulty in preparing meals for themselves because of physical or mental illness or disability or because of impairment due to old age.

• **Transport service**: door-to-door and sometimes specially adapted service who allows to the ones who are confined to their own houses because of a disability and/or old age to travel for different purposes, such as to medical appointments, to shop, for recreational activities, etc.

• **Other home care services** include support in the personal development to persons with a physical or mental disability and/or who are in a social isolation (in order to overcome the barriers in accessing employment, education and leisure opportunities). Also moral support, general and family support are included. [Help with interpreting for the deaf and reading for the blind](#).
I’d now like to ask about your use of medicines or dietary supplements in the past 2 weeks.

Guidelines

• **Your use of medicines or dietary supplements:** measures use of products that can be understood under the general terms “medicines” and “dietary supplements”.
• **in the past 2 weeks:** the preceding period of 2 weeks (from yesterday).
MD.1

1) Question

During the past two weeks, have you used any medicines (including dietary supplements such as herbal medicines or vitamins) that were prescribed or recommended for you by a doctor – (for women, please also state: include also contraceptive pills or other hormones)?

- Yes □ 1
- No □ 2 → GO TO MD.3
- don't know □ 8 → GO TO MD.3
- refusal □ 9 → GO TO MD.3

2) Guidelines

- General concept: use of medicines prescribed or recommended by a doctor
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Have you used any medicines: aims to measure actual use of all medicines and dietary supplements (herbal/vitamin) used on a doctor’s initiative or recommendation, whether they are over the counter or off the shelf medicines.
- Medicine: product that is used to alleviate symptoms, to prevent illness, or to improve poor health, and which is ordinarily purchased from a pharmacy (EUROHIS definition).
- A doctor: refers to a medical doctor (physician) or dentist.
- during the past two weeks: the preceding period of 2 weeks (from yesterday).
- Prescribed: medicines which were written on a prescription by a doctor. Here are also included the medicines which were prescribed in the past by a doctor and recently, the respondent has not visited the doctor to renew the prescription.
- Recommended: medicines which were not written on a prescription by a doctor but whose use is advised by the doctor who the respondent had visited.
- Medicines taken following the recommendation of a pharmacist should not be considered as medicines recommended by a doctor.
1) Question

Were they medicines for...?

**INTERVIEWER: ASK THE QUESTION AND CODE IT FOR EACH ITEM A TO O.**

- Yes ☐ 1
- No ☐ 2
- don't know ☐ 8
- refusal ☐ 9

**INDIVIDUAL PROMPT**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Asthma</td>
<td>☐</td>
</tr>
<tr>
<td>B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema</td>
<td>☐</td>
</tr>
<tr>
<td>C. High blood pressure</td>
<td>☐</td>
</tr>
<tr>
<td>D. Lowering the blood cholesterol level</td>
<td>☐</td>
</tr>
<tr>
<td>E. Other cardiovascular disease, such as stroke and heart attack</td>
<td>☐</td>
</tr>
<tr>
<td>F. Pain in the joints (arthrosis, arthritis)</td>
<td>☐</td>
</tr>
<tr>
<td>G. Pain in the neck or back</td>
<td>☐</td>
</tr>
<tr>
<td>H. Headache or migraine</td>
<td>☐</td>
</tr>
<tr>
<td>I. Other pain</td>
<td>☐</td>
</tr>
<tr>
<td>J. Diabetes</td>
<td>☐</td>
</tr>
<tr>
<td>K. Allergic symptoms (eczema, rhinitis, hay fever)</td>
<td>☐</td>
</tr>
<tr>
<td>L. Stomach troubles</td>
<td>☐</td>
</tr>
<tr>
<td>M. Cancer (chemotherapy)</td>
<td>☐</td>
</tr>
<tr>
<td>N. Depression</td>
<td>☐</td>
</tr>
<tr>
<td>O. Tension or anxiety</td>
<td>☐</td>
</tr>
</tbody>
</table>
2) Guidelines

- **General concept**: use of medicine for specific health conditions
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
  - The respondent is asked to indicate the health condition for which he/she took the medicine(s).

**Have you used other types of medicines that were prescribed to you, such as …?**

**INTERVIEWER: ASK THE QUESTION AND CODE IT FOR EACH ITEM P TO T.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P.</strong> Sleeping tablets</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>Q.</strong> Antibiotics such as penicillin (or any other national relevant example)</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>R.</strong> (for women in fertile age – assumed 50 years or younger) contraceptive pills</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>S.</strong> (for women in or after menopausal age – assumed 45 years or older) hormones for menopause</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>T.</strong> Some other medicines prescribed by a doctor. (If yes): What type of medicines?</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
MD.3

1) Question

During the past two weeks, have you used any medicines or dietary supplement or herbal medicines or vitamins not prescribed or recommended by a doctor?

- Yes □ 1
- No □ 2 → GO TO INTRODUCTION 13
- don't know □ 8 → GO TO INTRODUCTION 13
- refusal □ 9 → GO TO INTRODUCTION 13

2) Guidelines

- General concept: use of medicines or dietary supplements not prescribed or recommended by a doctor
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed
- during the past two weeks: the preceding period of 2 weeks (from yesterday).
- Not prescribed or recommended by a doctor: medicines used at the respondent's own initiative, without consulting a doctor.
1) Question

Were they medicines or supplements for...?

**INTERVIEWER: HAND SHOWCARD 8 AND CODE FOR EACH ITEM A TO H.**

- Yes [1]
- No [2]
- don't know [8]
- refusal [9]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Pain in the joints (arthrosis, arthritis)</td>
<td></td>
</tr>
<tr>
<td>B. Headache or migraine</td>
<td></td>
</tr>
<tr>
<td>C. Other pain</td>
<td></td>
</tr>
<tr>
<td>D. Cold, flu or sore throat</td>
<td></td>
</tr>
<tr>
<td>E. Allergic symptoms (eczema, rhinitis, hay fever)</td>
<td></td>
</tr>
<tr>
<td>F. Stomach trouble</td>
<td></td>
</tr>
<tr>
<td>G. Or were they vitamins, minerals or tonics</td>
<td></td>
</tr>
<tr>
<td>H. Or some other type of medicine or supplement? (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

2) Guidelines

- **General concept**: use of medicine and supplements for specific health conditions
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
Now I would like to ask you some questions about flu vaccination.

**PA.1**

1) **Question**

**Have you ever been vaccinated against flu?**

- Yes
- No
- don’t know
- refusal

2) **Guidelines**

- **General concept:** occurrence of lifetime flu vaccination
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed
1) Question

When were you last time vaccinated against flu?

- Since the beginning of this year ☐ 1
- Last year ☐ 2
- Before last year ☐ 3 → GO TO INTRODUCTION 14

- don't know ☐ 8 → GO TO INTRODUCTION 14
- refusal ☐ 9 → GO TO INTRODUCTION 14

2) Guidelines

- General concept: moment of last flu vaccination
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed
1) Question

Can I just check, what month was that?

Month (01 …12; Don’t know = 99).

2) Guidelines

• General concept: month of the last flu vaccination
• Can be used for children below 15 (optional national initiative): yes
• Use of proxy interview: not allowed
• Use for institutionalized persons (optional national initiative): to be completed
Introduction 14
Now I would like to ask you some questions about your blood pressure.

PA.4

1) Question

Has your blood pressure ever been measured by a health professional?

- Yes ★ 1
- No ★ 2 → GO TO INTRODUCTION 15
- don’t know ★ 8 → GO TO INTRODUCTION 15
- refusal ★ 9 → GO TO INTRODUCTION 15

2) Guidelines

- **General concept**: occurrence of blood pressure measurement by a health professional
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- The answer should refer to blood pressure measured by a physician or nurse and not by the respondent himself/herself.
1) Question

When was the last time that your blood pressure was measured by a health professional?

- Within the past 12 months □ 1
- 1-5 years ago □ 2
- More than 5 years ago □ 3
- don't know □ 8
- refusal □ 9

2) Guidelines

- General concept: moment of last blood pressure measurement by a health professional
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- The answer should refer to blood pressure measured by a physician or nurse and not by the respondent himself/herself.
Introduction 15
Now I would like to ask you some questions about your blood cholesterol.

PA.6

1) Question

Has your blood cholesterol ever been measured?

- Yes ☐ 1
- No ☐ 2 → GO TO INTRODUCTION 16
- don’t know ☐ 8 → GO TO INTRODUCTION 16
- refusal ☐ 9 → GO TO INTRODUCTION 16

2) Guidelines

- General concept: occurrence of blood cholesterol measurement
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- The answer should refer to blood cholesterol measured by a physician or nurse and not by the respondent himself/herself.
1) Question

When was the last time that your blood cholesterol was measured?

- Within the past 12 months  □ 1
- 1-5 years ago  □ 2
- More than 5 years ago  □ 3
- don't know  □ 8
- refusal  □ 9

2) Guidelines

- General concept: moment of last blood cholesterol measurement
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed
Introduction 16
Now I would like to ask you some questions about your blood sugar (glycaemia).

PA.8

1) Question

Has your blood sugar ever been measured?

- Yes □ 1
- No □ 2 → GO TO FILTER 5
- don't know □ 8 → GO TO FILTER 5
- refusal □ 9 → GO TO FILTER 5

2) Guidelines

- General concept: occurrence of blood sugar measurement
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- The answer should refer to blood sugar measured by a physician or nurse and not by the respondent himself/herself.
1) Question

When was the last time that your blood sugar was measured?

- Within the past 12 months  □ 1
- 1-5 years ago               □ 2
- More than 5 years ago      □ 3
- don't know                 □ 8
- refusal                    □ 9

2) Guidelines

- **General concept**: moment of last blood sugar measurement
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
The next questions are about mammography.

PA.10

1) Question

Have you ever had a mammography, which is an X-ray of one or both of your breasts?

- Yes ☐ 1
- No ☐ 2 → GO TO INTRODUCTION 18
- don't know ☐ 8 → GO TO INTRODUCTION 18
- refusal ☐ 9 → GO TO INTRODUCTION 18

2) Guidelines

- General concept: lifetime occurrence of mammography
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed
- Mammography is a procedure used to generate a mammogram, an X-ray image of the breast.
1) Question

When was the last time you had a mammography (breast X-ray)?

- Within the past 12 months □ 1
- More than 1 year, but not more than 2 years □ 2
- More than 2 years, but not more than 3 years □ 3
- Not within the past 3 years □ 4
- don't know □ 8
- refusal □ 9

2) Guidelines

- General concept: moment of last mammography
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed
1) Question

What was the reason for this last mammography?

**INTERVIEWER: MULTIPLE ANSWERS ARE POSSIBLE.**

- Myself or my GP/family doctor or a specialist noticed something not quite right in my breast (e.g. a lump) □ 1
- My GP/family doctor or a specialist advised me to have it without there being something wrong □ 2
- Because of breast cancer in my family □ 3
- Invitation from a national or local screening programme □ 4
- Other reason □ 5
- don't know □ 8
- refusal □ 9

2) Guidelines

- **General concept**: reason of last mammography
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
Introduction 18
Now I would like to ask you some questions about cervical smear tests.

PA.13

1) Question

Have you ever had a cervical smear test?

- Yes □ 1
- No □ 2 → GO TO INTRODUCTION 19
- don’t know □ 8 → GO TO INTRODUCTION 19
- refusal □ 9 → GO TO INTRODUCTION 19

2) Guidelines

- General concept: lifetime occurrence of a cervical smear test (Pap smear)
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- a cervical smear test: test to screen for uterus cancer.
1) Question

When was the last time you had a cervical smear test?

- Within the past 12 months ☐ 1
- More than 1 year, but not more than 2 years ☐ 2
- More than 2 years, but not more than 3 years ☐ 3
- Not within the past 3 years ☐ 4
- don't know ☐ 8
- refusal ☐ 9

2) Guidelines

- General concept: moment of last cervical smear test (Pap smear)
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed
1) Question

What was the reason for this last cervical smear test?

- Because of symptoms
- Because I visited a gynaecologist
- Invitation from a national or local screening programme
- Other medical reason
- For another reason (not especially medical)
- don't know
- refusal

2) Guidelines

- General concept: reason of last cervical smear test (Pap smear)
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed
Introduction 19
The next questions are about faecal occult blood test.

PA.16

1) Question

Have you ever had a faecal occult blood test?

- Yes [ ] 1
- No [ ] 2 → GO TO INTRODUCTION 20
- don't know [ ] 8 → GO TO INTRODUCTION 20
- refusal [ ] 9 → GO TO INTRODUCTION 20

2) Guidelines

- General concept: lifetime occurrence of a faecal occult blood test
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- This test is used for colorectal cancer screening.
1) **Question**

**When was the last time you had a faecal occult blood test?**

- Within the past 12 months  
  -  
- More than 1 year, but not more than 2 years  
  -  
- More than 2 years, but not more than 3 years  
  -  
- Not within the past 3 years  
  -  
- don't know  
  -  
- refusal  
  - 

2) **Guidelines**

- **General concept**: moment of last faecal occult blood test
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed
Introduction 20

Now I would like to ask you some questions about your satisfaction with the health care system in your country.

SA.1

1) Question

In general in your country, concerning the services provided by the following health care providers, would you say you are...

INTERVIEWER: HAND SHOWCARD 9.

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Very satisfied</th>
<th>Fairly satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Fairly dissatisfied</th>
<th>Very dissatisfied</th>
<th>Don’t know</th>
<th>Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (including emergency departments)</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Dentists, orthodontists and other dental care specialists</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
<td>☐ 9</td>
</tr>
<tr>
<td>Medical or surgical specialists</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
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<tr>
<td>Family doctors or GPs</td>
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<tr>
<td>Home care services</td>
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2) Guidelines

- **General concept**: overall level of satisfaction with the services provided by specific health care providers (both in public and private sector)
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- The respondent is asked to make an overall judgement according to his/her knowledge, even he/she has personally not used the services of the health care providers mentioned by the question. Moreover, he/she should not think only to the health care services to which he/she is entitled to according to his/her medical insurance.
• Definitions and explanations concerning the health care providers mentioned by the question can be found in the previous questions.

• In your country…: it refers to the country of residence

IF EITHER HC9>0 OR HC11>01 OR HC13>0 OR MD1 = 1 THEN PROVIDE THE SELF-COMPLETION QUESTIONNAIRE "OUT-OF-POCKET EXPENSES". OTHERWISE GO TO INTRODUCTION 21
1) Questions

For the dental care on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?

- Amount |___|___|___|___|___|___| (national currency)
- Don't apply □

For the visits to GPs, family doctors or medical or surgical specialists on your own behalf during the past four weeks at the date of the interview, about how much did you pay out-of-pocket?

- Amount |___|___|___|___|___|___| (national currency)
- Don't apply □

For the medicines prescribed to you by a doctor, that you used during the past two weeks at the date of the interview, about how much did you pay out-of-pocket?

- Amount |___|___|___|___|___|___| (national currency)

21 Are considered as out-of-pocket expenses the costs of any provision of care that is not free of charge and is not reimbursed by the social security or insurance company. If the access to care is mainly free of charge, only the additional costs the person may have to pay (including bribes, under-the-table/envelope payments, if the case arises) are out-of-pocket expenses. If the person has to pay first but later gets it fully or partly reimbursed, only the part not reimbursed is out-of-pocket expenses. Also, if the social security or insurance company pays first, but later charges the person a part of the expenses, this part is out-of-pocket expenses (the term “insurance” covers both compulsory and voluntary insurance). In the case of insurance systems, for reimbursements not yet paid to the person, the out-of-pocket expenses shall be estimated according to the total expenses paid and the usual reimbursement rate.
2) Guidelines

• **General concept**: payments borne directly by a patient without the benefit of insurance. They include cost-sharing and informal payments to health care providers

• **Can be used for children below 15 (optional national initiative)**: yes

• **Use of proxy interview**: not allowed

• **Use for institutionalized persons (optional national initiative)**: to be completed

• **During the past four (respectively two) weeks at the date of the interview**: a period that started 4 (respectively, 2) weeks from yesterday.

• **How much did you pay out-of-pocket**: this includes also the situation when the medicines are paid by another member of the household (e.g., a man living together with his mother pays for her medicines). If the medicines are paid by a person who is not member of the household, no amount is reported. If a person bought a package of pills that cost 5 euros and consisted of 20 pills during the reference period but has used only 4 pills during the reference period, the amount paid for the whole package (20 pills) should be reported. On the other hand, if a person used pills which were already available at home – he/she didn’t buy the pills within the reference period, the amount reported in this case is 0.
EUROPEAN HEALTH DETERMINANTS MODULE
Now I'm going to ask you about your height and weight.

**BMI.1**

1) **Question**

**How tall are you without shoes?**

\[ \text{cm} \]

- don't know \[ \square 998 \]
- refusal \[ \square 999 \]

2) **Guidelines**

- **General concept:** body height
- **Can be used for children below 15 (optional national initiative):** yes
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **How tall are you without shoes:** body length measured without wearing shoes.
1) Question

How much do you weigh without clothes and shoes?

______ kg

• don't know  □ 998
• refusal     □ 999

2) Guidelines

• General concept: body weight
• Can be used for children below 15 (optional national initiative): yes
• Use of proxy interview: not allowed
• Use for institutionalized persons (optional national initiative): to be completed

• weigh without clothes and shoes: bodyweight measured when the person is naked. Respondent is allowed to answer in kilograms, stones and pounds or pounds.

• Check whether women …: women aged 50 or younger should be checked whether they are pregnant and weight before pregnancy should be noted.

• Ask for an estimate: an estimate should only be asked when respondent indicates that she/he doesn’t know the exact answer.
Now I am going to ask you about the time you spent being physically active in the past 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

**Guidelines**

- **in the past seven days**: refers to a period, namely the previous seven days until today. It is not equal to a week, as this can be understood as a period that starts on a Monday.

- **Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time**: all physical activities should be included in different domains, which could be leisure (recreation and competition), domestic and gardening (household), work or transportation.

- **moderate activities, vigorous activities and walking**: Activities are ordered in 2 groups, according to their energy requirements. Examples are given. Walking is a separate kind of activity that should not be included with moderate or vigorous activities.
PE.1

1) Question

Think about all the vigorous activities which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time.

During the past 7 days, on how many days did you do vigorous physical activities?

☐ Days per week

• don't know ☐ 8
• refusal ☐ 9

**INTERVIEWER CLARIFICATION:** THINK ONLY ABOUT THOSE PHYSICAL ACTIVITIES THAT YOU DO FOR AT LEAST 10 MINUTES AT A TIME.

**INTERVIEWER NOTE:** IF RESPONDENT ANSWERS ZERO, REFUSES OR DOES NOT KNOW, SKIP TO QUESTION PE.3. OTHERWISE ASK PE.2.

2) Guidelines

- **General concept:** number of days with vigorous physical activity during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.

- **Vigorous activities:** activities that take hard physical effort and make the person to breathe much harder than normal. If better understood, "breathe much harder" could be replaced by "breath much more frequent".

- Examples of vigorous activities:
  - Job-related: heavy lifting, digging, heavy construction, climbing up stairs as part of work
  - Household: heavy lifting, chopping woods, shovelling snow, digging in the garden or yard
  - Leisure: aerobics, running, fast bicycling, fast swimming

- These examples of activities could be replaced by national relevant examples with the same level of physical effort.
1) Question

During the past 7 days, how much time did you spend doing vigorous physical activities?

INTERVIEWER PROMPT ONLY IF NECESSARY “AN ESTIMATE IS ACCEPTABLE”.

____ hours  ____ minutes

- don't know  ☐ 98
- refusal  ☐ 99

2) Guidelines

- General concept: duration of performing vigorous physical activity during the past 7 days
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- During the past 7 days how much time did you spend: the total amount of time during the period, namely the previous seven days until today.
1) Question

Now think about activities which take moderate physical effort that you did in the past 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.

During the past 7 days, on how many days did you do moderate physical activities?

☐ Days per week

• don't know ☐ 8
• refusal ☐ 9

**INTERVIEWER CLARIFICATION:** Think only about those physical activities that you do for at least 10 minutes at a time.

**INTERVIEWER NOTE:** If respondent answers zero, refuses or does not know, skip to Question PE.5. Otherwise ask PE.4.

2) Guidelines

- **General concept:** number of days with moderate physical activity during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.
- **Moderate activities:** activities that take moderate physical effort and make the person to breath somewhat harder than normal.
- Examples of moderate activities: carrying light loads, washing windows, ranking in the garden or yard, sweeping, bicycling or swimming at a regular pace, double tennis.
- The examples of activities could be replaced by national relevant examples with the same level of physical effort.
1) Question

During the past 7 days, how much time did you spend doing moderate physical activities?

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

[ ] hours [ ] minutes

- don't know [ ] 98 [ ] 98
- refusal [ ] 99 [ ] 99

2) Guidelines

- General concept: duration of performing moderate physical activity during the past 7 days
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- During the past 7 days how much time did you spend: the total amount of time during the period, namely the previous seven days until today.
1) Question

Now think about the time you spent walking in the past 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.

During the past 7 days, on how many days did you walk for at least 10 minutes at a time?

☐ Days per week

- don't know ☐ 8
- refusal ☐ 9

2) Guidelines

- General concept: number of days walking for at least 10 minutes at a time during the past 7 days
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- During the past 7 days how much time did you spend: the total amount of time during the period, namely the previous seven days until today.
- Walk for at least 10 minutes at a time: explanation of the meaning to be added
1) Question

**INTERVIEWER CLARIFICATION:** THINK ONLY ABOUT THE WALKING THAT YOU DO FOR AT LEAST 10 MINUTES AT A TIME.

**INTERVIEWER NOTE:** IF RESPONDENT ANSWERS ZERO, REFUSES OR DOES NOT KNOW, SKIP TO INTRODUCTION 23. OTHERWISE ASK PE.6.

**During the past 7 days, how much time did you spend walking?**

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

___ hours  ___ minutes

- don't know □ 98  □ 98
- refusal  □ 99  □ 99

2) Guidelines

- **General concept:** duration of walking for at least 10 minutes at a time during the past 7 days
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **During the past 7 days how much time did you spend:** the total amount of time during the period, namely the previous seven days until today.
Introduction 23
Next questions concern the consumption of fruits and vegetables

FV.1

1) Question

How often do you eat fruits (excluding juice)?

- Twice or more a day □ 1
- Once a day □ 2
- Less than once a day but at least 4 times a week □ 3
- Less than 4 times a week, but at least once a week □ 4
- Less than once a week □ 5
- Never □ 6
- don't know □ 8
- refusal □ 9

2) Guidelines

- General concept: frequency of eating fruits (juice excluded)
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- The fruits can be fresh, frozen, canned or dried. Also, they can be cut in small pieces or mashed (puréed).
- In case the respondent eats regularly, in one occasion, a considerable quantity of fruits (for instance, more than 2 handfuls of fruits) it should be considered as several times consumption.
1) Question

How often do you eat vegetables or salad (excluding juice and potatoes)?

- Twice or more a day □ 1
- Once a day □ 2
- Less than once a day but at least 4 times a week □ 3
- Less than 4 times a week, but at least once a week □ 4
- Less than once a week □ 5
- Never □ 6
- don't know □ 8
- refusal □ 9

2) Guidelines

- General concept: frequency of eating vegetables or salad (juice and potatoes excluded)
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- The vegetables can be fresh, frozen, canned or cooked.
1) Question

How often do you drink fruit- or vegetable - juice?

- Twice or more a day ☐ 1
- Once a day ☐ 2
- Less than once a day but at least 4 times a week ☐ 3
- Less than 4 times a week, but at least once a week ☐ 4
- Less than once a week ☐ 5
- Never ☐ 6
- don't know ☐ 8
- refusal ☐ 9

2) Guidelines

- General concept: frequency of drinking fruit- or vegetable- juice
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Only the 100% fruit- or vegetable- juice is considered. It could be home-made juice or bought from supermarkets.
Next questions concern the environment where you live and work and social support.

Social support needs to be explained

EN.1

1) Question

Thinking about the past 12 months, when you were at home, to what extent were you exposed to any of the following conditions?

INTERVIEWER: HAND SHOWCARD 10 WITH THE RESPONSE CATEGORIES.

- Noise (as road traffic, train traffic, airplane traffic, factories, neighbours, animals, restaurant/bars/disco)
  - Severely exposed
  - Somewhat exposed
  - Not exposed
  - Don't know
  - Refusal

- Air pollution (fine dust, grime, dust, fume, ozone)
  - Severely exposed
  - Somewhat exposed
  - Not exposed
  - Don't know
  - Refusal

- Bad smells (from the industry, from the agriculture, sewer, waste)
  - Severely exposed
  - Somewhat exposed
  - Not exposed
  - Don't know
  - Refusal

2) Guidelines

- General concept: whether the respondent feels as being exposed at home to any of the mentioned factors
- Can be used for children below 15 (optional national initiative): yes
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Thinking about the past 12 months: a period of 12 months that started one year from the month of the interview.
- Exposed means the existence of the mentioned conditions.
- Only the noise from factors external to the household premises have to be considered (i.e. the noise produced by the household or one member of the household is excluded).
- Air pollution means that the breathing air is contaminated by agents such as fine dust, grime, dust, fume, ozone.
1) Question

Thinking about the past 12 months, to what extent were you exposed to crime, violence or vandalism at home or in the area where you live?

INTERVIEWER: HAND SHOWCARD 10 WITH THE RESPONSE CATEGORIES.

<table>
<thead>
<tr>
<th></th>
<th>Severely exposed</th>
<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime, violence or vandalism in the area</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 8</td>
<td>☐ 9</td>
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</table>

2) Guidelines

- **General concept**: whether the respondent feels as being exposed to ‘crime, violence or vandalism at home or in the area’
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Thinking about the past 12 months**: a period of 12 months that started one year from the month of the interview.
- **Area** refers to the place situated close to the place of residence.
- **Violence** refers to the use of physical force against another person or group that results in physical, sexual or psychological harm. Both real experiences of such actions and a feeling of the threat of such actions are covered.
**EN.3**

1) **Question**

At your workplace, to what extent are you exposed to …?

---

**INTERVIEWER: HAND SHOWCARD 10 WITH THE RESPONSE CATEGORIES.**

<table>
<thead>
<tr>
<th>Harassment or bullying</th>
<th>Severely exposed</th>
<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
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<tr>
<th>Discrimination</th>
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<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
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<thead>
<tr>
<th>Violence or threat of violence</th>
<th>Severely exposed</th>
<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
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<thead>
<tr>
<th>Time pressure or overload of work</th>
<th>Severely exposed</th>
<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
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<thead>
<tr>
<th>Chemicals, dust, fumes, smoke or gases</th>
<th>Severely exposed</th>
<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
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<table>
<thead>
<tr>
<th>Noise or vibration</th>
<th>Severely exposed</th>
<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
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<th>Difficult work postures, work movements or handling of heavy loads</th>
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<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
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<table>
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<th>Risk of accident</th>
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<th>Somewhat exposed</th>
<th>Not exposed</th>
<th>Don't know</th>
<th>Refusal</th>
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2) **Guidelines**

- **General concept**: whether at the workplace the person has particular exposure to any of the mentioned factors. So the question refers to a personal exposure, not to the existence of such situations, but affecting other persons/colleagues at the workplace
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Workplace** refers to the usual geographical environment of work, usually it is the local unit or establishment where the respondent carries out his/her work activities, but for certain workers (e.g. forestry workers, firemen) it should be taken as the general environment where the work is usually carried out.
• **Exposed** refers to existence of the mentioned factors (harassment or bullying, violence or threat of violence, etc.). These factors may be due to either other people working in the same workplace or clients etc. not working but visiting the workplace. The following definitions apply to the exposures mentioned:

  - **Harassment and bullying** refer to an intentional behaviour against another person or group that can result in harm to physical, mental, spiritual, moral or social development (a term psychological violence is also sometimes used and is included in this category).

    Psychological harassment covers all forms of sustained, intentional, abusive behaviour, whether this is repetitive or systematic conduct, words, acts, gestures or writing which may undermine the personality, dignity or physical or psychological well being of a person. It comes in many different guises: bullying, antagonism, pressure, offensive behaviour, even refusal to communicate - all examples of unacceptable behaviour which may, in isolation, appear of little consequence. When occurring on a regular basis, however, these kinds of behaviour can cause serious harm to the person towards whom they are directed.

    Sexual harassment means unwanted conduct of a sexual nature, or other conduct based on sex, affecting the dignity of men and women at work. This can include any unwelcome verbal, non-verbal or physical behaviour. The essential characteristic is that it is unwanted by the recipient.

  - **Discrimination** refers to a special treatment or consideration given to a person because of his/her personal characteristics or the category of persons to which he/she belongs to.

  - **Violence or threat of violence** refers to the use of physical force against another person or group that results in physical, sexual or psychological harm. Both real experiences of such actions and a feeling of the threat of such actions are covered. Violence is not necessarily from a colleague, superior or subordinated person, but also from another person interacting with the respondent while he is at work (for instance, a client or a supplier).

  - **Time pressure and overload of work** refer to demands concerning either the time during which the work needs to be executed or demands concerning the amount of work to be executed and these demands going beyond the abilities and resources of the person.

  - **Chemicals, dust, fumes, smoke or gases** refer to handling, touching, inhaling etc. of agents (chemicals, dusts, fumes etc.)

  - **Noise or vibration**: the noise is not necessarily from the place where the person works. The source of noise can be outside the premises where the person works (e.g. street noise).

• Factors such as radiation, magnetic fields, thermal discomfort (extremely high or low temperatures or radical changes in temperature) and visual discomfort (reflected glare, bright sunlight, unshaded lamps and etc) are not counted.

• A person with more than one job should consider all of them when answering.

• A person who was absent from work for a long period (maternity leave, parental leave, sick leave, etc.) should consider the situation at his/her workplace before the absence period started.
1) Question

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

- None ☐ 1
- 1 or 2 ☐ 2
- 3 to 5 ☐ 3
- More than 5 ☐ 4
- don't know ☐ 8
- refusal ☐ 9

2) Guidelines

- General concept: number of persons on whom the respondent can rely on when help is needed
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- How many people: both family and non-family members (neighbours, colleagues, friends) are considered.
- Serious personal problems: the respondent can count on for help, advice, money
SELF-COMPLETION FORM

The questions have to be answered personally. Before giving an answer, read attentively the question and its response categories. Place an X in one box that best describes your answer to each question or write figures in the open boxes.

Instructions following the sign "→" near a box indicate the question to which you should go after marking the answer into that box. In case that the marked box is not followed by the sign "→", you should go to the next question.
Mark one box per question, unless suggested otherwise (i.e. ‘more answers are possible’).
Your answers will remain confidential so please be honest.

Note
The indication of allowing or not a proxy interview for the questions included in this part should be considered only in those cases where the questions are not included in a self-completion form.
Questions on smoking

SK.1

1) Question

Do you smoke at all nowadays?

- Yes, daily
  - [ ] 1
- Yes, occasionally
  - [ ] 2 → GO TO SK.4
- Not at all
  - [ ] 3 → GO TO SK.4

2) Guidelines

- **General concept**: occurrence of current smoking
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Do you smoke at all nowadays**: asks whether respondent currently/actual smokes, regardless of the amount.
- **smoke**: breathing in and out of the smoke of tobacco products (manufactured cigarettes, hand-rolled cigarettes, cigars, pipes, etc.)
1) Question

What tobacco product do you smoke each day?

More answers are possible

- Manufactured cigarettes  □ 1
- Hand-rolled cigarettes □ 2
- Cigars □ 3
- Pipefuls of tobacco □ 4
- Other □ 5

2) Guidelines

- **General concept**: the tobacco product(s) that is (are) smoked every day
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- The term “pipeful” refers to the content of a full pipe.
- Other - water-pipe, other national specific products
1) Question

On average, how many cigarettes, cigars or pipefuls do you smoke each day?

- Manufactured cigarettes
- Hand-rolled cigarettes
- Cigars → GO TO SK.5
- Pipefuls of tobacco
- Other

2) Guidelines

- **General concept**: amount of tobacco smoked per day
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **On average**: Prefer the mathematical term average above terms such as “generally” or “usually”.

- **Pipefuls of tobacco**: the full content of a pipe, regardless of smoking intervals.

- **Per day**: during a complete day that ends when the person goes to bed again, regardless of the time (even after midnight).
1) Question

Have you ever smoked (cigarettes, cigars, pipes) daily, or almost daily, for at least one year?

- Yes [☐ 1]
- No [☐ 2 → GO TO SK.6]

2) Guidelines

- General concept: occurrence of 1 year daily smoking during lifetime
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- ever smoked daily, or almost daily, for at least one year: refers to a period of at least one year while smoking daily or almost daily, regardless of the daily amount.
SK.5

1) Question

For how many years have you smoked daily? Count all separate periods of smoking daily. If you don’t remember the exact number of years, please give an estimate.

years

2) Guidelines

- **General concept**: number of years of daily smoking
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- If a person smoked daily for 10 years then he/she stopped smoking for 2 years after which he/she started to smoke occasionally for another 5 years followed by 2 years of daily smoking then the number of years of daily smoking is 12.
- If a person started smoking daily few months before the interview (i.e. less than 12 months), the interviewer should put ‘0’ as the number of years.
1) Question

How often are you exposed to tobacco smoke indoors at home?

- Never or almost never □ 1
- Less than 1 hour per day □ 2
- 1-5 hours a day □ 3
- More than 5 hours a day □ 4

2) Guidelines

- **General concept**: frequency of exposure to indoor smoke at home
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **How often are you exposed to tobacco smoke**: aims to measure whether respondent is (more or less) frequently in rooms where other people smoke or have smoked.
- **indoors at home**: refers to inside the house where the person lives.
1) Question

How often are you exposed to tobacco smoke indoors in public places and transport (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys, trains, metro, bus)?

- Never or almost never [ ] 1
- Less than 1 hour per day [ ] 2
- 1-5 hours a day [ ] 3
- More than 5 hours a day [ ] 4

2) Guidelines

- **General concept**: frequency of exposure to indoor smoke at home
- **Can be used for children below 15 (optional national initiative)**: yes
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **How often are you exposed to tobacco smoke**: aims to measure whether respondent is (more or less) frequently in rooms where other people smoke or have smoked.
- **indoors in public places and transport**: refers to inside the public places or transport where the person stays.

- **If a person is not exposed to smoke indoors in public places during the working days, however he is exposed to smoke once weekly (for 7 hours) or even every 2 weeks (for 7 hours) then code 1 "never or almost never" should be used.**
1) Question

**How often are you exposed to tobacco smoke indoors at your workplace?**

- Never or almost never [ ]
- Less than 1 hour per day [ ]
- 1-5 hours a day [ ]
- More than 5 hours a day [ ]
- Not relevant (don't work or don't work indoors) [ ]

2) Guidelines

- **General concept:** frequency of exposure to indoor smoke at the workplace
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **How often are you exposed to tobacco smoke:** aims to measure whether respondent is (more or less) frequently in indoor areas where other people smoke or have smoked.
- **indoors at your workplace:** refers to inside the building where the person works.

**Remark:** there is no filter for this question because it is in the self-completion form (i.e., the question is not asked only to the employed persons). Therefore, for the unemployed or inactive persons code 5 has to be used.
Questions on drinking alcohol

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

AL.1

1) Question

During the past 12 months, how often have you had an alcoholic drink of any kind (that is beer, wine, spirits, liqueurs or other alcoholic beverages)?

- Never □ 1 → GO TO QUESTIONS ON USE OF DRUGS
- Monthly or less □ 2 → GO TO QUESTIONS ON USE OF DRUGS
- 2 to 4 times a month □ 3 → GO TO AL.3
- 2 to 3 times a week □ 4
- 4 or 6 times a week □ 5
- Every day □ 6

2) Guidelines

- General concept: frequency of alcohol use during the past 12 months
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- During the past 12 months: a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- How often have you had an alcoholic drink of any kind: aims to measure frequency of use (the number of drinking days) of all drinks that contain alcohol, regardless of the kind of drink or the quantity.
- That is, beer, lager, shandy, wine, spirits, liqueurs or other alcoholic beverages: a list of kinds of alcoholic drinks that are more popular in a specific country. Should be adapted accordingly.
- “never” to “every day”: 6 response categories that are mutual exclusive and that describe the continuum from never to daily. "4 or 6 times a week" should be interpreted as "4 to 6 times a week".
1) Question

How many drinks containing alcohol do you have each day in a typical week when you are drinking? Start with Monday and take one day at a time.

<table>
<thead>
<tr>
<th>No. of drinks</th>
<th>No. of drinks</th>
<th>No. of drinks</th>
<th>No. of drinks</th>
<th>No. of drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Beer</td>
<td>Wine</td>
<td>Liqueur</td>
<td>Spirits</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Beer</td>
<td>Wine</td>
<td>Liqueur</td>
<td>Spirits</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Beer</td>
<td>Wine</td>
<td>Liqueur</td>
<td>Spirits</td>
</tr>
<tr>
<td>Thursday</td>
<td>Beer</td>
<td>Wine</td>
<td>Liqueur</td>
<td>Spirits</td>
</tr>
<tr>
<td>Friday</td>
<td>Beer</td>
<td>Wine</td>
<td>Liqueur</td>
<td>Spirits</td>
</tr>
<tr>
<td>Saturday</td>
<td>Beer</td>
<td>Wine</td>
<td>Liqueur</td>
<td>Spirits</td>
</tr>
<tr>
<td>Sunday</td>
<td>Beer</td>
<td>Wine</td>
<td>Liqueur</td>
<td>Spirits</td>
</tr>
</tbody>
</table>

2) Guidelines

- **General concept:** amount of alcohol on a drinking day
- **Can be used for children below 15 (optional national initiative):** no
- **Use of proxy interview:** not allowed
- **Use for institutionalized persons (optional national initiative):** to be completed

- **How many drinks:** specific units of alcohol are measured
- "drinks" could be replaced by "glasses" in case there is no national term for it. The drinks or the glasses have to be indicated by the countries for each type of alcoholic beverages.
- **Typical week when you are drinking:** refers to a week when respondent drinks any alcohol, regardless of dose or kind.

---

22 Shall be replaced by the name of a specific local alcoholic beverage.
Each country has to indicate the meaning of drink\textsuperscript{23} for each type of alcoholic beverage, knowing that 1 drink contains 10 g of pure alcohol

AL.3

1) Question

During the past 12 months, how often did you have 6 or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

2) Guidelines

- **General concept**: frequency of binge drinking
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **During the past 12 months, how often**: refers to the frequency during the period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **6 or more drinks**: specific units of alcohol are measured
- "drinks" could be replaced by "glasses" in case there is no national term for it. The drinks or the glasses have to be indicated by the countries for each type of alcoholic beverages.
- **on one occasion**: this refers to a situation when the person had 6 or more drinks (in a bar, party, etc.). It doesn't necessarily refer to a full day.
- "monthly" means approximately one time per month.

\textsuperscript{23} Serve sizes or container sizes, as well as the strength of the beverages might differ from a country to another. Therefore, it is proposed that each country defines a 'drink' on the basis of typical servings of beer, wine, liqueurs, spirits and other local alcoholic beverages and their strength, knowing that 1 drink is equivalent to 10 grams of pure alcohol (chemically known as ethanol). Information on how to calculate the content of pure alcohol in a drink can be found in the WHO paper "AUDIT. The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care" (http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf). Useful information might provide also the WHO paper "International guide for monitoring alcohol consumption and related harm" (http://whqlibdoc.who.int/hq/2000/WHO_MSD_MSB_00.4.pdf).

Illustrative examples of 1 drink could be found at (in French): http://www.irdes.fr/Publications/Bulletins/QuestEco/pdf/qesnum97.pdf
Questions on use of drugs

Introduction
I would now like to ask about the use of drugs, such as hashish/ marijuana (also known as cannabis), cocaine, etc.

CN.1

1) Question

Do you personally know people who take cannabis (or term best understood by respondent)\(^{24}\)?

- Yes \[\square 1\]
- No \[\square 2\]

2) Guidelines

- General concept: occurrence of cannabis use among relatives, friends or acquaintances
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- hashish and marijuana, also known as cannabis: hashish and marijuana are the 2 kinds of cannabis.
- (or term best understood by respondent): Local groups know hashish, marijuana and cannabis also by other names (such as, hash, weed). These names should be written here.
- Do you personally know people who take cannabis: aims to measure whether respondent herself/himself knows at least one person who takes cannabis.
- In many countries, herbal cannabis and cannabis resin are formally known as marijuana and hashish (or just ‘hash’) respectively. Cannabis cigarettes may be termed reefers, joints or spliffs. Street terms for cannabis/cannabis resin include bhang, charas, pot, dope, ganja, hemp, weed, blow, grass and many others (source: EMCDDA).

\(^{24}\) Countries might suggest specific terms to the interviewers to be used in this question - local and temporary slang – hash, weed.
1) Question

During the past 12 months, have you taken any cannabis?

- Yes □ 1
- No □ 2

2) Guidelines

- **General concept**: occurrence of a cannabis use
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **During the past 12 months**: a period of 12 months that started one year from the date of the interview (ex: the time period between the 15 April N-1 and the 14 April N for an interview carried out on 15 April N).
- **have you taken any ...**: refers to use of a specific illicit drug, regardless of the amount.
1) Question

Do you personally know people who take other drugs, such as cocaine, amphetamines, ecstasy or other similar substances?

- Yes ☐ 1
- No ☐ 2

2) Guidelines

- General concept: occurrence of other drugs use user among relatives, friends or acquaintances
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: not allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Do you personally know people who take cannabis: aims to measure whether respondent herself/himself knows at least one person who takes other drugs.
- Cocaine, ecstasy, amphetamines, opioids (largely heroin), LSD, hallucinogenic mushrooms
1) **Question**

During the past 12 months, have you taken any other drug, such as cocaine, amphetamines, ecstasy or other similar substances?

- Yes □ 1
- No □ 2

2) **Guidelines**

- **General concept**: occurrence of other drugs use
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: not allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **During the last 12 months**: a period of 12 months ending today.
- **have you taken any …**: refers to use of a other illicit drugs, regardless of the amount.
- In illicit use, cocaine is typically snorted (insufflated), following which it is absorbed through the nasal mucosa. Crack is a smokable form of cocaine. Injection of cocaine is less common. Street terms include coke, snow, charlie and a wide variety of others in use depending on location and setting. (source: EMCDDA web site).
- Amphetamine is a synthetic substance that may be ingested, snorted and, less commonly, injected.
- Ecstasy: is almost always used orally (ingested), but the powdered form could also be snorted, inhaled or injected. Street terms include Adam and XTC.
- Heroine: A large number of street terms are in use, including horse, smack, shit and brown
- Other similar substances: A substance that produces as a main effect perceptual distortions, especially visual and auditory. The effects can also extend beyond perceptions to changes of thought, mood and personality integration (self-awareness).
SECOND PART

Interviewer: Next questions will be asked to the:
- Household reference person or spouse/partner in the case of a sample of households
- Interviewed person in the case of a sample of individuals

Introduction

I would like to ask some questions about the income of your household.

IN.1

1) Question

This card shows various possible sources of income. Can you please tell me which kinds of income you and the other members of your household receive?

Interviewer: Hand showcard 11; The sources of income for all household members have to be reported. Multiple answers are possible.

- Income from work (as employee or self-employed) □ 01
- Unemployment benefits □ 02
- Old-age or survivor’s benefits □ 03
- Sickness or disability benefits □ 04
- Family/children related allowances □ 05
- Housing allowances □ 06
- Education-related allowance □ 07
- Other regular benefits □ 08
- No source of income □ 09
- Don’t know □ 98
- Refusal □ 99
2) Guidelines

- **General concept**: sources of income of the household
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- **Household income**: The income of all persons who are currently members of the household at the date of the interview as well as the income received by the household as a whole are to be taken into account.

- **Sources of income**:
  
  (a) **Income from work**:

  - Wages and salary earnings (including bonuses regularly paid at the time of each payment – such as regular overtime hours, bonuses for team, night or weekend work, tips and commissions) for the most recent month before the interview (or the monthly average for a recent period if this is easier to collect or estimate); net of amounts deducted at source for tax and contributions to social insurance and pensions;

  - For income from self-employment, the respondents can be asked for an estimate of their (usual) monthly disposable income, taking into account drawings from their own business. Alternatively, monthly trading profit estimates could be supplied, together with an estimate for income tax payable. Negative income (e.g. trading losses) should be treated as zero amounts.

  PLUS

  (b) **Income from social benefits** (unemployment benefits, old age and survivors’ benefits, sickness and disability benefits, family/children related allowances, social exclusion allowances not classified elsewhere, housing allowances and education-related allowances).

- For practical reasons, the following income sources are not considered: Income from capital and investments (property, assets, savings, stocks, shares, etc); Imputed rent for owner-occupied accommodation; Value of goods produced for own consumption; Income transfers from other households (for example alimony payments); Employment bonuses that are not paid at each pay period (for instance annual profit shares); End-of-year adjustment(s) for under-/over-deduction of tax and contributions to social insurance and pensions.
1) Question

Thinking of the sources you have mentioned before for you and the other members of your household, do you know what is your household's total net monthly income (that is after deductions for tax, National Insurance etc.)?

- Yes  ☐ 1
- No   ☐ 2 → GO TO IN.4
- refusal ☐ 9

2) Guidelines

- General concept: whether the respondent knows the household's total net monthly income
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- Household's total net monthly income: income received by the household from different sources
- Net income means amounts as the household receives them, which is normally after deduction of tax and contributions to social insurance and pensions, and thus represents the amount available for consumption expenditure.
- Monthly income should refer to the monthly average for a recent period or the last monthly payment received before the interview (if this is easier to report); net of any amounts deducted at source for tax and contributions to social insurance and pensions.
IN.3

1) Question

What is your household's total net income per month?

- Amount |___|___|___|___|___|___|___| (national currency) → END OF INTERVIEW
- Refuse to answer  □ 9999999

INTERVIEWER PROMPT ONLY IF NECESSARY "AN ESTIMATE IS ACCEPTABLE".

2) Guidelines

- **General concept**: net monthly income of the household
- **Can be used for children below 15 (optional national initiative)**: no
- **Use of proxy interview**: allowed
- **Use for institutionalized persons (optional national initiative)**: to be completed

- In reporting the total net monthly income of the household, the respondent should be consider only the sources indicated in question IN.1
- The exact amount should be asked in a first stage. Only in case the respondent doesn't know or doesn't want to say the exact amount for his household, an approximate amount should be requested instead.
1) Question

Perhaps you can provide the approximate range instead. Would you (please look at this card and) tell me which group represents your household's total net monthly income from all these sources after deductions for income tax, National Insurance etc. Is it ...

(N.B. THE VALUES OF THE DECILES' LIMITS FOR EACH MEMBER STATE COULD BE TAKEN FROM A NATIONAL SURVEY ON INCOME, SUCH AS EU-SILC SURVEY)

- below 1st decile
- between 1st decile and 2nd decile
- between 2nd decile and 3rd decile
- between 3rd decile and 4th decile
- between 4th decile and 5th decile
- between 5th decile and 6th decile
- between 6th decile and 7th decile
- between 7th decile and 8th decile
- between 8th decile and 9th decile
- above 9th decile
- Refuse to answer

2) Guidelines

- General concept: the group representing the net monthly income of the household
- Can be used for children below 15 (optional national initiative): no
- Use of proxy interview: allowed
- Use for institutionalized persons (optional national initiative): to be completed

- If the respondent doesn’t know the exact or approximate amount for their household, he/she should be requested to indicate the income range (decile) corresponding to the total household net income per month.