



EUROPEAN COMMISSION
EUROSTAT



and

PARTNERSHIP ON PUBLIC HEALTH STATISTICS
GROUP HIS

EUROPEAN HEALTH INTERVIEW SURVEY (EHIS) QUESTIONNAIRE

- ENGLISH VERSION -

The questionnaire was adopted on 22 November 2006 by the Eurostat Working Group on Public Health Statistics. It is the final questionnaire to be used for the first round of the EHIS (2007/2008).

Note: Additional documents to the EHIS questionnaire (conceptual cards, guidelines, etc.) will be made available in the following months. These documents have to be used together with the questionnaire in order to have a correct and harmonised EHIS implementation.

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- Project "Development of a household survey module on health status measurement", Euro-REVES, final report, October 2003
- Project "Development of modules for the European Health Interview Survey", Belgium Scientific Institute of Public Health and Hungarian Central Statistical Office, final report, August 2006
- The Core Group on Health Interview Survey (HIS)¹ of the Partnership on public health statistics
- All EU Member States, Candidate Countries and EFTA countries in the framework of the national testings of the above modules and in the annual meetings of the Technical Group HIS (in particular, meeting 2-4/10/2006).

¹ Niels Rasmussen (Denmark, National Institute of Public Health , leader of the Core Group)
Jean Tafforeau (Belgium)
Jean Louis Lanoé and Emmanuelle Salines (France)
Dace Krievkalne (Latvia)
Erszebet Stokker (Hungary)
Renzo Pace Ascjak (Malta)
Aléna Gerhardtová (Slovak Republic)
Arpo Aromaa (Finland)
Gunilla Davidsson (Sweden)

EUROPEAN BACKGROUND VARIABLES MODULE

FIRST PART (THE SECOND PART IS AT THE END OF THE QUESTIONNAIRE)

PART A: INTERVIEW PROTOCOL¹

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 Country

IP.2 Region of residence
NUTS at 2-digit level

IP.3 Degree of urbanisation

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

IP.4 Date of interview (ddmmyyy)

¹ Information not asked to the respondents

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 How many persons live in the household?

□□ persons

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 FATHERS' NUMBERS.

HH.2 Members of the household¹

Person no	Name	Sex 1. Male 2. female	Date of birth _/_/____	Relationship			Current economic status ² 1. employed 2. unemployed or inactive
				Spouse's number*	Mother's number*	Father's number*	
01	_____						
02	_____						
03	_____						
04	_____						
05	_____						
06	_____						
07	_____						
08	_____						
09	_____						
10	_____						

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

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.

INTERVIEWER: NEXT QUESTIONS CONCERN ONLY THE SELECTED PERSONS (I.E. THE SAMPLE).

HH.3 What is your country of birth?

- native-born 1
- born in another EU Member State 2
- born in non-EU country 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>).

HH.4 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>).

INTERVIEWER: NEXT QUESTIONS ARE FOR PERSONS **AGED 15 AND MORE**.

HH.5 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

FILTER 1

INTERVIEWER: IF THE HOUSEHOLD HAS ONLY 1 MEMBER, SKIP QUESTION HH.6 AND ASK QUESTION HH.7. OTHERWISE, ASK QUESTION HH.6.

HH.6 May I just check, are you living with someone in this household as a couple?

ASK OR RECORD

- Yes, on a legal basis 1
- Yes, without a legal basis 2
- No 3

HH.7 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.

Introduction

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

HH.8 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 → GOTO FILTER 2
- unemployed 2
- pupil, student, further training, unpaid work experience 3
- in retirement or early retirement or has given up business¹ 4
- permanently disabled² 5
- in compulsory military or community service 6
- fulfilling domestic tasks 7
- other. Please specify: _____ 8

HH.9 Have you ever worked for pay or profit?

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

FILTER 2

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

¹ Except for disability or health reasons.

² Including longstanding illness or health problem.

HH.10 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

HH.11 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

HH.12 In your (main) job do (did) you work full-time or part-time?

- full-time 1
- part-time 2

HH.13 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)

HH.14 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)

EUROPEAN HEALTH STATUS MODULE

Introduction 1

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

HS.1 How is your health in general? Is it...

RUNNING PROMPT

- very good 1
- good 2
- fair 3
- bad 4
- very bad? 5

- don't know¹ 8
- refusal 9

HS.2 Do you have any longstanding illness or [longstanding]² health problem? [By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more]².

- Yes 1
- No 2

- don't know 8
- refusal 9

¹ In all questions, answers such as "don't remember" and "not sure" are covered by the response category "don't know".

² This word / sentence is not part of the MEHM and shall not be considered as included in this question. However, according to the remarks that were received, in some languages it may be necessary to include them. In these languages, it would be useful to test first the effect of this addition to the question. Depending on results, the word / sentence may be added to the national question or only included in 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.

HS.3 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

Introduction 2

Here is a list of diseases or conditions.

HS.4 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.

HS.5 Was this disease/condition diagnosed by a medical doctor?

- Yes 1
- No 2

- don't know 8
- refusal 9

HS.6 Have you had this disease/condition in the past 12 months?

- Yes 1
- No 2

- don't know 8
- refusal 9

	HS.4	HS.5	HS.6
Asthma (allergic asthma included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease (angina pectoris)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke (cerebral haemorrhage, cerebral thrombosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis (inflammation of the joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis (arthrosis, joint degeneration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low back disorder or other chronic back defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck disorder or other chronic neck defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ulcer (gastric or duodenal ulcer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis of the liver, liver dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (malignant tumour, also including leukaemia and lymphoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe headache such as migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary incontinence, problems in controlling the bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent injury or defect caused by an accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

HS.7 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

HS.8 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.

Type of accident	HS.7	HS.8
Road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>
Accident at work	<input type="checkbox"/>	<input type="checkbox"/>
Accident at school	<input type="checkbox"/>	<input type="checkbox"/>
Home and leisure accident	<input type="checkbox"/>	<input type="checkbox"/>

FILTER 3

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 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

FILTER 4

INTERVIEWER: NEXT QUESTION (HS.10) IS TO BE ASKED ONLY FOR RESPONDENTS CURRENTLY WORKING (CODE 1 IN H.8 IN THE BACKGROUND MODULE).

HS.10 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

HS.11 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

Introduction 3

Now I would like you to think about situations you may face in everyday life. Please ignore any temporary problems.

INTERVIEWER: IF THE RESPONDENT IS BLIND MARK WITH CODE 3 IN PL.1 AND THEN GO TO PL.4. FOR THE OTHERS, ASK PL.1.

PL.1 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

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 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

PL.3 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

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 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

Statement 2

INTERVIEWER: READ: "**PLEASE ANSWER THE FOLLOWING QUESTION ACCORDING TO YOUR NORMAL USE OF YOUR HEARING AID**".

PL.5 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

PL.6 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

PL.7 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

PL.8 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

PL.9 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

PL.10 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

PL.11 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

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 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

Activities	PC.1
Feeding yourself	<input type="checkbox"/>
Getting in and out of a bed or chair	<input type="checkbox"/>
Dressing and undressing	<input type="checkbox"/>
Using toilets	<input type="checkbox"/>
Bathing or showering	<input type="checkbox"/>

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 Do you usually have help?

- Yes, at least for one activity

If YES ask: PC 2.1 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

PC.3 Do you have enough help?

- Yes 1 → GO TO INTRODUCTION 5
- No, for at least one activity

If NO ask: PC.3.1 What type of help you don't have enough?

Multiple answers are possible

- Personal assistance 2 → GO TO INTRODUCTION 5
- Technical aids 3 → GO TO INTRODUCTION 5
- Housing adaptation 4 → GO TO INTRODUCTION 5
- don't know 8 → GO TO INTRODUCTION 5
- refusal 9 → GO TO INTRODUCTION 5

PC.4 Would you need help?

- Yes, at least for one activity

If YES ask: PC.4.1 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

Introduction 5

Now I would like you to think about some household activities. Please ignore any temporary problems.

Here is a list of activities.

INTERVIEWER: HAND SHOWCARD 5 AND CODE ALL ACTIVITIES.

HA.1 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

INTERVIEWER: FOR EACH ACTIVITY FOR WHICH A DEGREE OF DIFFICULTY IS REPORTED (HA.1 = 2, 3, 4 OR 8) ASK HA.2.
IF NO DIFFCULTY IS REPORTED (HA.1 = 1 OR 9) FOR ALL ACTIVITIES THEN GO TO INTRODUCTION 6.

HA.2 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

Activities	HA.1	HA.2
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Managing medication	<input type="checkbox"/>	<input type="checkbox"/>
Light housework	<input type="checkbox"/>	<input type="checkbox"/>
Occasional heavy housework	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of finances and everyday administrative tasks	<input type="checkbox"/>	<input type="checkbox"/>

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 Do you usually have help?

- Yes, at least for one activity

If YES ask: HA.3.1 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

HA.4 Do you have enough help?

- Yes 1 → GO TO INTRODUCTION 6
- No, at least for one activity

If NO ask: HA.4.1 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

HA.5 Would you need help?

- Yes, at least for one activity

If YES ask: HA.5.1 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

Introduction 6

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

SF.1 Overall during the past four weeks, how much physical pain or physical discomfort did you have?

INTERVIEWER: HAND SHOWCARD 6 WITH THE POSSIBLE RESPONSES.

- None 1
- Mild 2
- Moderate 3
- Severe 4
- Extreme 5
- don't know 8
- refusal 9

Introduction 7

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...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know	Refusal
SF.2 Did you feel full of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.3 Have you been very nervous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.4 Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.5 Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.6 Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.7 Have you felt down-hearted and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.8 Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.9 Have you been happy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
SF.10 Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9

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.

HC.1 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

HC.2 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

HC.3 Thinking of this/these inpatient stay(s), how many nights in total did you spend in hospital?

___ nights

- don't know 998
- refusal 999

HC.4 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

HC.5 How many days have you been admitted as a day patient since (date one year ago)?

□□□□ days

- don't know 998
- refusal 999

HC.6 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

HC.7 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

Introduction 9

The next set of questions is about visits to dentists, orthodontists or other dental care specialist.

HC.8 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

HC.9 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?

___ times [NOT AT ALL = 0]

- don't know 98
- refusal 99

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.

HC.10 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

HC.11 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

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.

HC.12 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

HC.13 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

HC.14 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

HC.15 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

HC.16 During the past 12 months, that is since (date on year ago), have you visited on your own behalf a...?

	Yes	No	Don't know	Refusal
Medical laboratory, radiology centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Physiotherapist / kinesitherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Nurse, midwife (excluding when being hospitalised, for home care services or in a medical laboratory or radiology centre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Dietician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Speech therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Chiropractor, manual therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Occupational therapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Psychologist or psychotherapist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other paramedics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9

HC.17 During the past 12 months, that is since (date on year ago), have you visited on your own behalf a ...?

	Yes	No	Don't know	Refusal
Homeopath	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Acupuncturist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Phytotherapist / herbalist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other alternative medicine practitioner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9

HC.18 During the past 12 months, have you yourself used any of the following care services?

	Yes	No	Don't know	Refusal
Home care service provided by a nurse or midwife	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Home help for the housework or for elderly people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
"Meals on wheels"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Transport service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Other home care services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Introduction 12

I'd now like to ask about your use of medicines or dietary supplements in the past 2 weeks.

MD.1 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

MD.2 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

A. Asthma	<input type="checkbox"/>
B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	<input type="checkbox"/>
C. High blood pressure	<input type="checkbox"/>
D. Lowering the blood cholesterol level	<input type="checkbox"/>
E. Other cardiovascular disease, such as stroke and heart attack	<input type="checkbox"/>
F. Pain in the joints (arthrosis, arthritis)	<input type="checkbox"/>
G. Pain in the neck or back	<input type="checkbox"/>
H. Headache or migraine	<input type="checkbox"/>
I. Other pain	<input type="checkbox"/>
J. Diabetes	<input type="checkbox"/>

K. Allergic symptoms (eczema, rhinitis, hay fever)	<input type="checkbox"/>
L. Stomach troubles	<input type="checkbox"/>
M. Cancer (chemotherapy)	<input type="checkbox"/>
N. Depression	<input type="checkbox"/>
O. Tension or anxiety	<input type="checkbox"/>

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. Sleeping tablets	<input type="checkbox"/>
Q. Antibiotics such as penicillin (or any other national relevant example)	<input type="checkbox"/>
R. (for women in fertile age – assumed 50 years or younger) contraceptive pills	<input type="checkbox"/>
S. (for women in or after menopausal age – assumed 45 years or older) hormones for menopause	<input type="checkbox"/>
T. Some other medicines prescribed by a doctor. (If yes): What type of medicines? _____	<input type="checkbox"/>

MD.3 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

MD.4 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

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

Introduction 13

Now I would like to ask you some questions about flu vaccination.

PA.1 Have you ever been vaccinated against flu?

- Yes 1
- No 2 → GO TO INTRODUCTION 14

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

PA.2 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

PA.3 Can I just check, what month was that?

Month (01 ...12; Don't know = 99).

Introduction 14

Now I would like to ask you some questions about your blood pressure.

PA.4 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

PA.5 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

Introduction 15

Now I would like to ask you some questions about your blood cholesterol.

PA.6 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

PA.7 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

Introduction 16

Now I would like to ask you some questions about your blood sugar (glycaemia).

PA.8 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

PA.9 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

FILTER 5

NEXT QUESTIONS ARE FOR **WOMEN**. FOR MEN GO TO INTRODUCTION 19.

Introduction 17

The next questions are about mammography.

PA.10 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

PA.11 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

PA.12 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

Introduction 18

Now I would like to ask you some questions about cervical smear tests.

PA.13 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

PA.14 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

PA.15 What was the reason for this last cervical smear test?

- Because of symptoms 1
- Because I visited a gynaecologist 2
- Invitation from a national or local screening programme 3
- Other medical reason 4
- For another reason (not especially medical) 5

- don't know 8
- refusal 9

Introduction 19

The next questions are about faecal occult blood test.

PA.16 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

PA.17 When was the last time you had a faecal occult blood 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

Introduction 20

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

SA.1 In general in your country, concerning the services provided by the following health care providers, would you say you are...

INTERVIEWER: HAND SHOWCARD 9.

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Refusal
Hospitals (including emergency departments)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Dentists, orthodontists and other dental care specialists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Medical or surgical specialists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Family doctors or GPs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Home care services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 9

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

SELF-COMPLETION FORM "OUT-OF-POCKET EXPENSES"

During the interview you indicated that in recent periods you have used health care services on your own behalf (that is, not while only accompanying a child, spouse, etc.). For these health care services you used recently, please indicate how much you finally had to pay out-of-pocket. Please read the questions attentively and use any element (such as bills, etc.) that can help you in providing the amount.

By out-of-pocket expenses we mean

Each Member State shall give an explanation according to the situation of its national, local or specific health care and social protection systems¹.

For the care services you didn't use during the periods indicated, please tick the answer "DON'T APPLY".

Your answers will remain confidential.

OP.1 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

OP.2 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

OP.3 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)
- Don't apply

¹ 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.

EUROPEAN HEALTH DETERMINANTS MODULE

Introduction 21

Now I'm going to ask you about your height and weight.

BMI.1 How tall are you without shoes?

□□□□ cm

- don't know 998
- refusal 999

BMI.2 How much do you weigh without clothes and shoes?

□□□□ kg

- don't know 998
- refusal 999

Introduction 22

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.

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.

PE.1 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.

PE.2 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 98
- refusal 99 99

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.

PE.3 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.

PE.4 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

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.

PE.5 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

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.

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

Introduction 23

Next questions concern the consumption of fruits and vegetables

FV.1 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

FV.2 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

FV.3 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

Introduction 24

Next questions concern the environment where you live and work and social support.

EN.1 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.

	Severely exposed	Somewhat exposed	Not exposed	Don't know	Refusal
• Noise (as road traffic, train traffic, airplane traffic, factories, neighbours, animals, restaurant/bars/disco)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Air pollution (fine dust, grime, dust, fume, ozone)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Bad smells (from the industry, from the agriculture, sewer, waste)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

EN.2 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.

- | | Severely exposed | Somewhat exposed | Not exposed | Don't know | Refusal |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| • Crime violence or vandalism in the area | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

INTERVIEWER: QUESTION EN.3 IS TO BE ASKED ONLY FOR RESPONDENTS WORKING (CODE 1 IN HH.8 IN THE BACKGROUND MODULE). FOR THE OTHERS, GO TO QUESTION EN.4.

EN.3 At your workplace, to what extent are you exposed to ...?

INTERVIEWER: HAND SHOWCARD 10 WITH THE RESPONSE CATEGORIES.

	Severely exposed	Somewhat exposed	Not exposed	Don't know	Refusal
• Harassment or bullying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Discrimination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Violence or threat of violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Time pressure or overload of work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Chemicals, dust, fumes, smoke or gases	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Noise or vibration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Difficult work postures, work movements or handling of heavy loads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9
• Risk of accident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 9

EN.4 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

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.

Questions on smoking

SK.1 Do you smoke at all nowadays?

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

SK.2 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

SK.3 On average, how many cigarettes, cigars or pipefuls do you smoke each day?

Manufactured cigarettes	<input type="text"/>	→ GO TO SK.5
Hand-rolled cigarettes	<input type="text"/>	
Cigars	<input type="text"/>	
Pipefuls of tobacco	<input type="text"/>	
Other	<input type="text"/>	

SK.4 Have you ever smoked (cigarettes, cigars, pipes) daily, or almost daily, for at least one year?

- Yes 1
- No 2 → GO TO SK.6

SK.5 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

SK.6 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

SK.7 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

SK.8 How often are you exposed to tobacco smoke indoors at your workplace?

- 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
- Not relevant (don't work or don't work indoors) 5

Questions on drinking alcohol

Introduction

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

AL.1 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 to 6 times a week 5
- Every day 6

AL.2 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.

	No. of drinks	No. of drinks	No. of drinks	No. of drinks	No. of drinks
Monday	Beer <input type="text"/>	Wine <input type="text"/>	Liqueur <input type="text"/>	Spirits <input type="text"/>	Other local alcoholic beverage ¹ <input type="text"/>
Tuesday	Beer <input type="text"/>	Wine <input type="text"/>	Liqueur <input type="text"/>	Spirits <input type="text"/>	Other local alcoholic beverage <input type="text"/>
Wednesday	Beer <input type="text"/>	Wine <input type="text"/>	Liqueur <input type="text"/>	Spirits <input type="text"/>	Other local alcoholic beverage <input type="text"/>
Thursday	Beer <input type="text"/>	Wine <input type="text"/>	Liqueur <input type="text"/>	Spirits <input type="text"/>	Other local alcoholic beverage <input type="text"/>
Friday	Beer <input type="text"/>	Wine <input type="text"/>	Liqueur <input type="text"/>	Spirits <input type="text"/>	Other local alcoholic beverage <input type="text"/>
Saturday	Beer <input type="text"/>	Wine <input type="text"/>	Liqueur <input type="text"/>	Spirits <input type="text"/>	Other local alcoholic beverage <input type="text"/>
Sunday	Beer <input type="text"/>	Wine <input type="text"/>	Liqueur <input type="text"/>	Spirits <input type="text"/>	Other local alcoholic beverage <input type="text"/>

Each country has to indicate the meaning of drink² for each type of alcoholic beverage, knowing that 1 drink contains 10 g of pure alcohol

¹ Shall be replaced by the name of a specific local alcoholic beverage.

² 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,

AL.3 During the past 12 months, how often did you have 6 or more drinks on one occasion?

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

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 Do you personally know people who take cannabis (or term best understood by respondent¹)?

- Yes 1
- No 2

CN.2 During the past 12 months, have you taken any cannabis?

- Yes 1
- No 2

CN.3 Do you personally know people who take other drugs, such as cocaine, amphetamines, ecstasy or other similar substances?

- Yes 1
- No 2

CN.4 During the past 12 months, have you taken any other drug, such as cocaine, amphetamines, ecstasy or other similar substances?

- Yes 1
- No 2

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>

¹ Countries might suggest specific terms to the interviewers to be used in this question - local and temporary slang – hash, weed.

EUROPEAN BACKGROUND VARIABLES MODULE

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 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 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

IN.2 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

IN.3 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".

IN.4 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 ...

INTERVIEWER: HAND SHOWCARD 12

(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 01
- between 1st decile and 2nd decile 02
- between 2nd decile and 3rd decile 03
- between 3rd decile and 4th decile 04
- between 4th decile and 5th decile 05
- between 5th decile and 6th decile 06
- between 6th decile and 7th decile 07
- between 7th decile and 8th decile 08
- between 8th decile and 9th decile 09
- above 9th decile 10
- Refuse to answer 99

END OF INTERVIEW

Showcard 1

Asthma (allergic asthma included)
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema
Myocardial infarction
Coronary heart disease (angina pectoris)
High blood pressure (hypertension)
Stroke (cerebral haemorrhage, cerebral thrombosis)
Rheumatoid arthritis (inflammation of the joints)
Osteoarthritis (arthrosis, joint degeneration)
Low back disorder or other chronic back defect
Neck disorder or other chronic neck defect
Diabetes
Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)
Stomach ulcer (gastric or duodenal ulcer)
Cirrhosis of the liver, liver dysfunction
Cancer (malignant tumour, also including leukaemia and lymphoma)
Severe headache such as migraine
Urinary incontinence, problems in controlling the bladder
Chronic anxiety
Chronic depression
Other mental health problems
Permanent injury or defect caused by an accident

Showcard 2

Type of accident
Road traffic accident
Accident at work
Accident at school
Home and leisure accident

Showcard 3

Answers
Yes, with no difficulty
With some difficulty
With a lot of difficulty
Not at all

Showcard 4

Activities
Feeding yourself
Getting in and out of a bed or chair
Dressing and undressing
Using toilets
Bathing or showering

Showcard 5

Activities
Preparing meals
Using the telephone
Shopping
Managing medication
Light housework
Occasional heavy housework
Taking care of finances and everyday administrative tasks

Showcard 6

Answers
None
Mild
Moderate
Severe
Extreme

Showcard 7

Answers
All of the time
Most of the time
Some of the time
A little of the time
None of the time

Showcard 8

I. Pain in the joints (arthrosis, arthritis)
J. Headache or migraine
K. Other pain
L. Cold, flu or sore throat
M. Allergic symptoms (eczema, rhinitis, hay fever)
N. Stomach trouble
O. Or were they vitamins, minerals or tonics
P. Or some other type of medicine or supplement? (Please specify)

Showcard 9

Answers
Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied

Showcard 10

Answers
Severely exposed
Somewhat exposed
Not exposed

Showcard 11

- Income from work (as employee or self-employed)
- Unemployment benefits
- Old-age and survivor's benefits
- Sickness and disability benefits
- Family/children related allowances
- Housing allowances
- Education-related allowance
- Other regular benefits
- No source of income

Showcard 12

- below 1st decile 01
- between 1st decile and 2nd decile 02
- between 2nd decile and 3rd decile 03
- between 3rd decile and 4th decile 04
- between 4th decile and 5th decile 05
- between 5th decile and 6th decile 06
- between 6th decile and 7th decile 07
- between 7th decile and 8th decile 08
- between 8th decile and 9th decile 09
- above 9th decile 10

Annex 1

Information should be collected about all persons living in private households on their relationship to other members of the household. Proxy answers are recommended, when not all the household members are interviewed.

A most elaborative method developed for identifying household type is household relationship matrix method. The household relationship matrix allows for the collection of all relationships between all household members.

A second alternative is to record the relationship between each member and one 'key' individual in the household (the household reference person). When the household's reference person is chosen carefully, this method gives accurate information for most household types and family types. In certain cases, however, for instance in multiple family households, this method will not always give the information that is required.

Coding

○ #1 Household size

Total number of persons in household
Number of children aged less than or equal to 4
Number of children aged from 5 to 13 *
Number of children aged from 14 to 15 *
Number of dependent children aged from 16 to 24
Number of other members aged 16 to 24
Number of persons aged from 25 to 64
Number of persons aged more than or equal to 65

* Information on the numbers of persons aged above/below 14 is required in order to apply the standard (OECD-modified) equivalence scale to adjust values collected for the separate core variable "total household net monthly income".

○ #2 Transmission codes for household type

Codes	Labels
1	One-person households
2	Multi-person households
2.1.	Lone parent with dependent children
2.2.	Couple without dependent children
2.3.	Couple with dependent children
2.4.	Other * without dependent children
2.5	Other * with dependent children

* Category "other" includes all households with any person other than outside a nuclear family unit (married or consensual partners), such as other than a parent-child or partner

relationship in the household (e.g. unrelated persons including dependent children living not with a parent/parents).

o #3 Activity

Number of persons aged 16-64 in household who are at work
Number of persons aged 16-64 in household who are unemployed or are inactive**

** includes dependent children.

A "dependent child" is a person aged below 16 or a person aged between 16-24 who is economically inactive and living with at least one of his/her parents.

"Couple" refers to married couples, registered couples, and couples who live in a consensual union – with or without children.