

# **EHIS wave 1 guidelines**

**Latest update: 15 January 2010**

## LIST of VARIABLES

**PID**      **Personal identifier**

the identifying key of the person; in general a sequential number but the format is depending on the country

**PWGT** Personal weight

If applicable, the weight to be used for the individual person variables of the survey

Numerical format depending on the country

**PROXY** Was the selected person interviewed or someone of his/her household (proxy interview)

- person himself/herself 1
- other member of the household 2

**INSTIT** If the person is living in an institution

- person living in a private household 1
- person living in an institution 2

**AGE** Age of the person at the moment of interview

**SEX**      **Sex**

- male 1
- female 2

**IP01 Country**

**IP02    Region of residence**

|||

NUTS at 2-digit level

### IP03 Degree of urbanisation

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

**IP04**    **Date of interview**

\_\_\_\_\_ (ddmmyyyy)

**HH03 What is your country of birth?**

- native-born 1
- born in another EU Member State 2
- born in non-EU country 3

#### HH04 What is your citizenship?

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

**HH05 What is your legal marital status?**

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

**HH06 May I just check, are you living with someone in this household as a couple?**

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

**HH07 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

**HH08 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
- unemployed 2
- pupil, student, further training, unpaid work experience 3
- in retirement or early retirement or has given up business 4
- permanently disabled 5
- in compulsory military or community service 6
- fulfilling domestic tasks 7
- other 8

**HH09 Have you ever worked for pay or profit?**

- Yes 1
- No 2

**HH10 Are (Were) you an employee, self-employed or working without payment as a family worker?**

- employee 1
- self-employed 2
- family worker 3

**HH11 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

**HH12 In your (main) job do (did) you work full-time or part-time?**

- full-time 1
- part-time 2

**HH13 What is (was) your occupation in this job?**

\_\_\_ ISCO-88 COM, 2 digits

**HH14 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.)?**

\_\_\_ NACE Rev.2, 2 digits

**HS01 How is your health in general? Is it...**

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

**HS02 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].**

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

**HS03 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 ...**

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

**{HS04A-HS04U} 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

**{HS05A-HS05U} Was this disease/condition diagnosed by a medical doctor?**

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

**{HS06A-HS06U} Have you had this disease/condition in the past 12 months?**

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

	<i>HS04.</i>	<i>HS05.</i>	<i>HS06.</i>
<b>Asthma (allergic asthma included)</b>	<b>HS04A</b>	<b>HS05A</b>	<b>HS06A</b>
<b>Chronic bronchitis, chronic obstructive pulmonary disease, emphysema</b>	<b>HS04B</b>	<b>HS05B</b>	<b>HS06B</b>
<b>Myocardial infarction</b>	<b>HS04C</b>	<b>HS05C</b>	<b>HS06C</b>
<b>Coronary heart disease (angina pectoris)</b>	<b>HS04D</b>	<b>HS05D</b>	<b>HS06D</b>
<b>High blood pressure (hypertension)</b>	<b>HS04E</b>	<b>HS05E</b>	<b>HS06E</b>
<b>Stroke (cerebral haemorrhage, cerebral thrombosis)</b>	<b>HS04F</b>	<b>HS05F</b>	<b>HS06F</b>
<b>Rheumatoid arthritis (inflammation of the joints)</b>	<b>HS04G</b>	<b>HS05G</b>	<b>HS06G</b>
<b>Osteoarthritis (arthrosis, joint degeneration)</b>	<b>HS04H</b>	<b>HS05H</b>	<b>HS06H</b>
<b>Low back disorder or other chronic back defect</b>	<b>HS04I</b>	<b>HS05I</b>	<b>HS06I</b>
<b>Neck disorder or other chronic neck defect</b>	<b>HS04J</b>	<b>HS05J</b>	<b>HS06J</b>
<b>Diabetes</b>	<b>HS04K</b>	<b>HS05K</b>	<b>HS06K</b>
<b>Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)</b>	<b>HS04L</b>	<b>HS05L</b>	<b>HS06L</b>
<b>Stomach ulcer (gastric or duodenal ulcer)</b>	<b>HS04M</b>	<b>HS05M</b>	<b>HS06M</b>
<b>Cirrhosis of the liver, liver dysfunction</b>	<b>HS04N</b>	<b>HS05N</b>	<b>HS06N</b>
<b>Cancer (malignant tumour, also including leukaemia)</b>	<b>HS04O</b>	<b>HS05O</b>	<b>HS06O</b>

and lymphoma)			
Severe headache such as migraine	HS04P	HS05P	HS06P
Urinary incontinence, problems in controlling the bladder	HS04Q	HS05Q	HS06Q
Chronic anxiety	HS04R	HS05R	HS06R
Chronic depression	HS04S	HS05S	HS06S
Other mental health problems	HS04T	HS05T	HS06T
Permanent injury or defect caused by an accident	HS04U	HS05U	HS06U

**{HS07A-HS07D} In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)?**

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

**{HS08A-HS08D} 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

	<i>HS07.</i>	<i>HS08.</i>
Road traffic accident	HS07A	HS08A
Accident at work	HS07B	HS08B
Accident at school	HS07C	HS08C
Home and leisure accident	HS07D	HS08D

**HS09 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

**HS10 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
- don't know 8
- refusal 9



**PL08 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

**PL09 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

**PL10 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

**PL11 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

**{PC01A-PC01E} 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

<b>Activities</b>	<b>PC01.</b>
<b>Feeding yourself</b>	<b>PC01A</b>
<b>Getting in and out of a bed or chair</b>	<b>PC01B</b>
<b>Dressing and undressing</b>	<b>PC01C</b>
<b>Using toilets</b>	<b>PC01D</b>
<b>Bathing or showering</b>	<b>PC01E</b>

**PC02 and {PC02A-PC02C} Do you usually have help?**

- Yes, at least for one activity 1
- No, I do all these activities by myself 2
- don't know 8

- refusal 9

**If YES: {PC02A-PC02C} What type of help?**

**PC02A Personal assistance**

- Yes 1
- No 2

**PC02B Technical aids**

- Yes 1
- No 2

**PC02C Housing adaptation**

- Yes 1
- No 2

**PC03 and {PC03A-PC03C} Do you have enough help?**

- Yes, 1
- No, for at least one activity 2
- don't know 8
- refusal 9

**If NO {PC03A-PC03C} What type of help you don't have enough?**

**PC03A Personal assistance**

- Yes 1
- No 2

**PC03B Technical aids**

- Yes 1
- No 2

**PC03C Housing adaptation**

- Yes 1
- No 2

**PC04 and {PC04A-PC04C} Would you need help?**

- Yes, at least for one activity 1
- No 2
- don't know 8
- refusal 9

**If YES: {PC04A-PC04C} What type of help you would need?**

**PC04A Personal assistance**

- Yes 1
- No 2

**PC04B Technical aids**

- Yes 1
- No 2

**PC04C Housing adaptation**

- Yes 1
- No 2

**{HA01A-HA01G} 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



**{HA02A-HA02G} 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

<b>Activities</b>	<b>HA01.</b>	<b>HA02.</b>
<b>Preparing meals</b>	<b>HA01A</b>	<b>HA02A</b>
<b>Using the telephone</b>	<b>HA01B</b>	<b>HA02B</b>
<b>Shopping</b>	<b>HA01C</b>	<b>HA02C</b>
<b>Managing medication</b>	<b>HA01D</b>	<b>HA02D</b>
<b>Light housework</b>	<b>HA01E</b>	<b>HA02E</b>
<b>Occasional heavy housework</b>	<b>HA01F</b>	<b>HA02F</b>
<b>Taking care of finances and everyday administrative tasks</b>	<b>HA01G</b>	<b>HA02G</b>

**HA03 and {HA03A-HA03C} Do you usually have help?**

- Yes, at least for one activity 1
- No, I do all these activities by myself 2
- don't know 8
- refusal 9

**If YES {HA03A-HA03C} What type of help?****HA03A Personal assistance**

- Yes 1
- No 2

**HA03B Technical aids**

- Yes 1
- No 2

**HA03C Housing adaptation**

- Yes 1
- No 2

**HA04 and {H04A-H04C} Do you have enough help?**

- Yes 1
- No, at least for one activity 2
- don't know 8
- refusal 9

**If NO {HA04A-HA04C} What type of help you don't have enough?****HA04A Personal assistance**

- Yes 1
- No 2

**HA04B Technical aids**

- Yes 1
- No 2

**HA04C Housing adaptation**

- Yes 1

- No 2

**HA05 and {H05A-H05C} Would you need help?**

- Yes, at least for one activity 1
- No 2
- don't know 8
- refusal 9

**If YES {HA05A-HA05C} What type of help you would need?**

**HA05A Personal assistance**

- Yes 1
- No 2

**HA05B Technical aids**

- Yes 1
- No 2

**HA05C Housing adaptation**

- Yes 1
- No 2

**SF01 Overall during the past four weeks, how much physical pain or physical discomfort did you have?**

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

**{SF02-SF10} 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
<b>SF02 Did you feel full of life?</b>	1	2	3	4	5	8	9
<b>SF03 Have you been very nervous?</b>	1	2	3	4	5	8	9
<b>SF04 Have you felt so down in the dumps that nothing could cheer you up?</b>	1	2	3	4	5	8	9
<b>SF05 Have you felt calm and peaceful?</b>	1	2	3	4	5	8	9
<b>SF06 Did you have a lot of energy?</b>	1	2	3	4	5	8	9
<b>SF07 Have you felt down-hearted and depressed?</b>	1	2	3	4	5	8	9
<b>SF08 Did you feel worn out?</b>	1	2	3	4	5	8	9
<b>SF09 Have you been happy?</b>	1	2	3	4	5	8	9
<b>SF10 Did you feel tired?</b>	1	2	3	4	5	8	9

- HC01 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
  - don't know 8
  - refusal 9
- HC02 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.**
- number of stays
  - don't know 98
  - refusal 99
- HC03 Thinking of this/these inpatient stay(s), how many nights in total did you spend in hospital?**
- number of nights
  - don't know 998
  - refusal 999
- HC04 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
  - don't know 8
  - refusal 9
- HC05 How many days have you been admitted as a day patient since (date one year ago)?**
- number of days
  - don't know 998
  - refusal 999
- HC06 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
  - don't know 8
  - refusal 9
- HC07 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
- HC08 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
  - Never 3
  - don't know 8
  - refusal 9
- HC09 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?**
- number of times
  - don't know 98
  - refusal 99

**HC10 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
- Never 3
- don't know 8
- refusal 9

**HC11 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?**

- number of times
- don't know 98
- refusal 99

**HC12 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
- Never 3
- don't know 8
- refusal 9

**HC13 During the past four weeks ending yesterday, that is since (date), how many times did you consult a specialist on your own behalf?**

- number of times
- don't know 98
- refusal 99

**HC14 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
- don't know 8
- refusal 9

**HC15 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

**{HC16A-HC16I} 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
<b>HC16A Medical laboratory, radiology centre</b>	1	2	8	9
<b>HC16B Physiotherapist / kinesitherapist</b>	1	2	8	9
<b>HC16C Nurse, midwife (excluding when being hospitalised, for home care services or in a medical laboratory or radiology centre)</b>	1	2	8	9
<b>HC16D Dietician</b>	1	2	8	9
<b>HC16E Speech therapist</b>	1	2	8	9

<b>HC16F</b>	<b>Chiropractor, manual therapist</b>	1	2	8	9
<b>HC16G</b>	<b>Occupational therapist</b>	1	2	8	9
<b>HC16H</b>	<b>Psychologist or psychotherapist</b>	1	2	8	9
<b>HC16I</b>	<b>Other paramedics</b>	1	2	8	9

**{HC17A-HC17D}** 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
HC17A    Homeopath	1	2	8	9
HC17B    Acupuncturist	1	2	8	9
HC17C    Phytotherapist / herbalist	1	2	8	9
HC17D    Other alternative medicine practitioner	1	2	8	9

**{HC18A-HC18E}** During the past 12 months, have you yourself used any of the following care services?

	Yes	No	Don't know	<i>Refusal</i>
<b>HC18A</b> <b>Home care service provided by a nurse or midwife</b>	1	2	8	9
<b>HC18B</b> <b>Home help for the housework or for elderly people</b>	1	2	8	9
<b>HC18C</b> <b>"Meals on wheels"</b>	1	2	8	9
<b>HC18D</b> <b>Transport service</b>	1	2	8	9
<i><b>HC18E</b></i> <i><b>Other home care services</b></i>	<i>1</i>	<i>2</i>	<i>8</i>	<i>9</i>

**MD01** 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
- don't know 8
- refusal 9

**{MD02A-MD02T}** Were they medicines for...?

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

<b>A.</b>	<b>Asthma</b>	<b>MD02A</b>
<b>B.</b>	<b>Chronic bronchitis, chronic obstructive pulmonary disease, emphysema</b>	<b>MD02B</b>
<b>C.</b>	<b>High blood pressure</b>	<b>MD02C</b>
<b>D.</b>	<b>Lowering the blood cholesterol level</b>	<b>MD02D</b>
<b>E.</b>	<b>Other cardiovascular disease, such as stroke and heart attack</b>	<b>MD02E</b>

<b>F.</b>	<b>Pain in the joints (arthrosis, arthritis)</b>	<b>MD02F</b>
<b>G.</b>	<b>Pain in the neck or back</b>	<b>MD02G</b>
<b>H.</b>	<b>Headache or migraine</b>	<b>MD02H</b>
<b>I.</b>	<b>Other pain</b>	<b>MD02I</b>
<b>J.</b>	<b>Diabetes</b>	<b>MD02J</b>
<b>K.</b>	<b>Allergic symptoms (eczema, rhinitis, hay fever)</b>	<b>MD02K</b>
<b>L.</b>	<b>Stomach troubles</b>	<b>MD02L</b>
<b>M.</b>	<b>Cancer (chemotherapy)</b>	<b>MD02M</b>
<b>N.</b>	<b>Depression</b>	<b>MD02N</b>
<b>O.</b>	<b>Tension or anxiety</b>	<b>MD02O</b>
<b>P.</b>	<b>Sleeping tablets</b>	<b>MD02P</b>
<b>Q.</b>	<b>Antibiotics such as penicillin (or any other national relevant example)</b>	<b>MD02Q</b>
<b>R.</b>	<b>(for women in fertile age – assumed 50 years or younger) contraceptive pills</b>	<b>MD02R</b>
<b>S.</b>	<b>(for women in or after menopausal age – assumed 45 years or older) hormones for menopause</b>	<b>MD02S</b>
<b>T.</b>	<b>Some other medicines prescribed by a doctor</b>	<b>MD02T</b>

**MD03** 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
- don't know 8
- refusal 9

**{MD04A-MD04H}** Were they medicines or supplements for...?

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

<b>A.</b>	<b>Pain in the joints (arthrosis, arthritis)</b>	<b>MD04A</b>
<b>B.</b>	<b>Headache or migraine</b>	<b>MD04B</b>
<b>C.</b>	<b>Other pain</b>	<b>MD04C</b>
<b>D.</b>	<b>Cold, flu or sore throat</b>	<b>MD04D</b>
<b>E.</b>	<b>Allergic symptoms (eczema, rhinitis, hay fever)</b>	<b>MD04E</b>
<b>F.</b>	<b>Stomach trouble</b>	<b>MD04F</b>
<b>G.</b>	<b>Or were they vitamins, minerals or tonics</b>	<b>MD04G</b>
<b>H.</b>	<b>Or some other type or medicine or supplement</b>	<b>MD04H</b>

**PA01 Have you ever been vaccinated against flu?**

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

**PA02 When were you last time vaccinated against flu?**

- Since the beginning of this year 1
- Last year 2
- Before last year 3
- don't know 8
- refusal 9

**PA03 Can I just check, what month was that?**

- Month (01 ...12;
- Don't know 99

**PA04 Has your blood pressure ever been measured by a health professional?**

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

**PA05 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

**PA06 Has your blood cholesterol ever been measured?**

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

**PA07 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

**PA08 Has your blood sugar ever been measured?**

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

**PA09 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

**PA10 Have you ever had a mammography, which is an X-ray of one or both of your breasts?**

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

**PA11 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

**PA12 and {PA12A-PA12E} What was the reason for this last mammography?**

- Reasons specified 1
- Don't know 8
- Refusal 9

if PA12=1 ("reasons specified") then {PA12A-PA12E}

**PA12A Myself or my GP/family doctor or a specialist noticed something not quite right in my breast (e.g. a lump)**

- Yes 1
- no 2

**PA12B My GP/family doctor or a specialist advised me to have it without there being something wrong**

- Yes 1
- no 2

**PA12C Because of breast cancer in my family**

- Yes 1
- no 2

**PA12D Invitation from a national or local screening programme**

- Yes 1
- no 2

**PA12E Other reason**

- Yes 1
- no 2

If PA12 equals 1 (reasons specified) and {PA12A-PA12I} is not ticked, we consider the answer for {PA12A-PA12I} as a "No".

**PA13 Have you ever had a cervical smear test?**

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

**PA14 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

**PA15 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

**PA16 Have you ever had a faecal occult blood test?**

- Yes 1



- No 2
- don't know 8
- refusal 9

**PA17 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

**{SA01A-SA01E} In general in your country, concerning the services provided by the following health care providers, would you say you are...**

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Refusal
<b>SA01A Hospitals (including emergency departments)</b>	1	2	3	4	5	8	9
<b>SA01B Dentists, orthodontists and other dental care specialists</b>	1	2	3	4	5	8	9
<b>SA01C Medical or surgical specialists</b>	1	2	3	4	5	8	9
<b>SA01D Family doctors or GPs</b>	1	2	3	4	5	8	9
<b>SA01E Home care services</b>	1	2	3	4	5	8	9

**OP01A-OP01B 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?**

- **OP01A:** Amount       (national currency)
- **OP01B:** Answer
  - don't apply 1
  - refusal 9

This is a question of the self-completion form. If the amount and the "don't apply" are not filled in, we consider the answer as a refusal. In that case OP01B is coded '9'.

**OP02A-OP02B 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?**

- **OP02A:** Amount       (national currency)
- **OP02B:** Answer
  - don't apply 1
  - refusal 9

This is a question of the self-completion form. If the amount and the "don't apply" are not filled in, we consider the answer as a refusal. In that case OP02B is coded '9'.

**OP03A-OP03B 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?**

- **OP03A:** Amount       (national currency)
- **OP03B:** Answer

- don't apply 1
- refusal 9

This is a question of the self-completion form. If the amount and the "don't apply" are not filled in, we consider the answer as a refusal. In that case OP03B is coded '9'.

**BMI01 How tall are you without shoes?**

- cm \_ \_ \_ \_
- don't know 998
- refusal 999

**BMI02 How much do you weigh without clothes and shoes?**

- kg \_ \_ \_ \_
- don't know 998
- refusal 999

**PE01 During the past 7 days, on how many days did you do vigorous physical activities?**

- Days per week \_
- don't know 8
- refusal 9

**PE02 During the past 7 days, how much time did you spend doing vigorous physical activities?**

- minutes \_ \_ \_ \_
- don't know 9998
- refusal 9999

The questionnaire foresees hours and minutes to be filled in separately; please convert the total time into minutes.

**PE03 During the past 7 days, on how many days did you do moderate physical activities?**

- Days per week \_
- don't know 8
- refusal 9

**PE04 During the past 7 days, how much time did you spend doing moderate physical activities?**

- minutes \_ \_ \_ \_
- don't know 9998
- refusal 9999

The questionnaire foresees hours and minutes to be filled in separately; please convert the total time into minutes.

**PE05 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

**PE06 During the past 7 days, how much time did you spend walking?**

- minutes \_ \_ \_ \_
- don't know 9998
- refusal 9999

The questionnaire foresees hours and minutes to be filled in separately; please convert the total time into minutes.

**FV01 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

**FV02 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

**FV03 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

**{EN01A-EN01C} Thinking about the past 12 months, when you were at home, to what extent were you exposed to any of the following conditions?**

	Severely exposed	Some-what exposed	Not exposed	Don't know	Refusal
<b>EN01A Noise (as road traffic, train traffic, airplane traffic, factories, neighbours, animals, restaurant / bars /disco)</b>	1	2	3	8	9
<b>EN01B Air pollution (fine dust, grime, dust, fume, ozone)</b>	1	2	3	8	9
<b>EN01C Bad smells (from the industry, from the agriculture, sewer, waste)</b>	1	2	3	8	9

**EN02 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?**

- Severely exposed 1
- Somewhat exposed 2
- Not exposed 3
- Don't know 8
- Refusal 9

**{EN03A-EN03H} At your workplace, to what extent are you exposed to ...?**

	Severely exposed	Somewhat exposed	Not exposed	Don't know	<i>Refusal</i>
<b>EN03A Harassment or bullying</b>	1	2	3	8	9
<b>EN03B Discrimination</b>	1	2	3	8	9
<b>EN03C Violence or threat of violence</b>	1	2	3	8	9
<b>EN03D Time pressure or overload of work</b>	1	2	3	8	9

<b>EN03E Chemicals, dust, fumes, smoke or gases</b>	1	2	3	8	9
<b>EN03F Noise or vibration</b>	1	2	3	8	9
<b>EN03G Difficult work postures, work movements or handling of heavy loads</b>	1	2	3	8	9
<b>EN03H Risk of accident</b>	1	2	3	8	9

**EN04 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

**SK01 Do you smoke at all nowadays?**

- Yes, daily 1
- Yes, occasionally 2
- Not at all 3

**{SK02A-SK02E} What tobacco product do you smoke each day?**

**SK02A Manufactured cigarettes**

- Yes 1
- No 2

**SK02B Hand-rolled cigarettes**

- Yes 1
- No 2

**SK02C Cigars**

- Yes 1
- No 2

**SK02D Pipefuls of tobacco**

- Yes 1
- No 2

**SK02E Other**

- Yes 1

This is a question of the self-completion form. If SK01 equals 1 (smoker) and none of {SK02A-SK02E} is ticked, we consider those as a refusal to be coded 9.

- No 2

**{SK03A-SK03E} On average, how many cigarettes, cigars or pipefuls do you smoke each day?**

**SK03A Manufactured cigarettes**     

**SK03B Hand-rolled cigarettes**     

**SK03C Cigars**     

**SK03D Pipefuls of tobacco**     

**SK03E Other**

This is a question of the self-completion form. If SK01 equals 1 (smoker) and none of {SK03A-SK03E} is ticked, we consider those as a refusal to be coded 9.

**SK04 Have you ever smoked (cigarettes, cigars, pipes) daily, or almost daily, for at least one year?**

- Yes 1
- No 2

**SK05 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.**

- number of years

**SK06 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

**SK07 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

**SK08 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

**AL01 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
- Monthly or less 2
- 2 to 4 times a month 3
- 2 to 3 times a week 4
- 4 to 6 times a week 5
- Every day 6
- refusal 9

This is a question of the self-completion form. If no answer is ticked we consider it as a refusal to be coded 9.

**{AL02A-AL02G} How many drinks containing alcohol do you have each day in a typical week when you are drinking?**

- AL02A Monday**
- AL02B Tuesday**
- AL02C Wednesday**
- AL02D Thursday**
- AL02E Friday**
- AL02F Saturday**
- AL02G Sunday**

This is a question of the self-completion form. If no answer is given and variable AL01 equals 2, 3, 4, 5 or 6 we consider it as a refusal to be coded 99.

**AL03 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
- refusal 9

This is a question of the self-completion form. If no answer is ticked we consider it as a refusal to be coded 9.

**CN01 Do you personally know people who take cannabis (or term best understood by respondent)?**

- Yes 1
- No 2
- refusal 9

This is a question of the self-completion form. If no answer is ticked we consider it as a refusal to be coded 9.

**CN02 During the past 12 months, have you taken any cannabis?**

- Yes 1
- No 2
- refusal 9

This is a question of the self-completion form. If no answer is ticked we consider it as a refusal to be coded 9.

**CN03 Do you personally know people who take other drugs, such as cocaine, amphetamines, ecstasy or other similar substances?**

- Yes 1
- No 2
- refusal 9

This is a question of the self-completion form. If no answer is ticked we consider it as a refusal to be coded 9.

**CN04 During the past 12 months, have you taken any other drug, such as cocaine, amphetamines, ecstasy or other similar substances?**

- Yes 1
- No 2
- refusal 9

This is a question of the self-completion form. If no answer is ticked we consider it as a refusal to be coded 9.

## HOUSEHOLD VARIABLES

**HHID Household identifier**

the identifying key of the household; in general a sequential number but the format is depending on the country

**HHWGT Household weight**

If applicable, the weight to be used for household variables of the survey  
Numerical format depending on the country

**IN01 and {IN01A-IN01I} 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?**

- sources specified 1
- Don't know 8
- Refusal 9

if IN01=1 ("sources specified") then {IN01A-IN01I}

**IN01A Income from work (as employee or self-employed)**

- Yes 1
- No 2

**IN01B Unemployment benefits**

- Yes 1
- No 2

**IN01C Old-age or survivor's benefits**

- ☐ Yes 1
- ☐ No 2

**IN01D Sickness or disability benefits**

- ☐ Yes 1
- ☐ No 2

**IN01E Family/children related allowances**

- ☐ Yes 1
- ☐ No 2

**IN01F Housing allowances**

- ☐ Yes 1
- ☐ No 2

**IN01G Education-related allowance**

- ☐ Yes 1
- ☐ No 2

**IN01H Other regular benefits**

- ☐ Yes 1
- ☐ No 2

**IN01I No source of income**

- ☐ Yes 1
- ☐ No 2

If IN01 equals 1 (sources specified) and IN01A....I is not ticked, we consider the answer for IN01A...I as a "No".

**IN04 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 ...**

- 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

Remark: The question **IN.3** asks for the household's total net income per month. We prefer not to receive this variable (which will probably be often refused to give) and ask you to specify the appropriate income decile for those cases where IN.3 is answered and IN.4 not.

**IN05 Midpoint of the income interval indicated in IN04**

**HHSIZE0 Total number of persons in household**

- Number

**HHSIZE1 Number of children aged less than or equal to 4**

- Number

**HHSIZE2 Number of children aged from 5 to 13**

- Number

**HHSIZE3 Number of children aged from 14 to 15**

- Number
- HHSIZE4      Number of dependent children aged from 16 to 24**
  - Number
- HHSIZE5      Number of other members aged 16 to 24**
  - Number
- HHSIZE6      Number of persons aged from 25 to 64**
  - Number
- HHSIZE7      Number of persons aged more than or equal to 65**
  - Number
- HHTYPE      Household type**
  - One-person households                      10
  - Lone parent with dependent children      21
  - Couple without dependent children        22
  - Couple with dependent children           23
  - Other without dependent children          24
  - Other with dependent children            25
- HHACT      Number of persons aged 16-64 in household who are at work**
  - Number
- HHINACT      Number of persons aged 16-64 in household who are unemployed or are inactive**
  - Number

## Budapest Initiative Mark 1 questions

(only for those countries which have included the BI-M1 questions in their questionnaire)

### BI01 [Do/Does] [you/he/she] wear glasses or contact lenses?

- Yes                      1
- No                        2
- Don't know            8
- Refused                9

### BI02 How much difficulty [do/does] [you/he/she] have in clearly seeing someone's face across a room? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?

- No difficulty                      1
- Little difficulty                    2
- A lot of difficulty                  3
- Unable                               4
- Don't know                        8
- Refusal                              9

### BI03 How much difficulty [do/does] [you/he/she] have clearly seeing printed text in a newspaper? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?

- No difficulty                      1
- Little difficulty                    2
- A lot of difficulty                  3
- Unable                               4
- Don't know                        8
- Refusal                              9

### BI04 [Do/Does] [you/he/she] wear a hearing aid?

- Yes                        1
- No                          2
- Don't know            8



- Refused 9

**BI05 How much difficulty [do/does] [you/he/she] have hearing what is said in a conversation with one other person in a noisy room where there are several other conversations going on? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?**

- No difficulty 1
- Little difficulty 2
- A lot of difficulty 3
- Unable 4
- Don't know 8
- Refusal 9

**BI06 How much difficulty [do/does] [you/he/she] have hearing what is said in a conversation with one other person in a quiet room? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?**

- No difficulty 1
- Little difficulty 2
- A lot of difficulty 3
- Unable 4
- Don't know 8
- Refusal 9

**BI07 [Do/Does] [you/he/she] use any aids or equipment for walking or moving around?**

- Yes 1
- No 2
- Don't know 8
- Refused 9

**{BI08A-BI08F} Which of the following types of aids or equipment [do/does] [you/he/she] use?**

- Yes 1
- No 2
- Don't know 8
- Refused 9

**BI08A cane or walking stick?**

**BI08B walker?**

**BI08C crutches?**

**BI08D wheelchair?**

**BI08E someone's assistance?**

**BI08F other (specify: \_\_\_\_\_ )**

**BI09 How much difficulty [do/does] [you/he/she] have walking 500 metres on level ground that would be about \_\_\_\_\_ (insert country-specific example)? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?**

- No difficulty 1
- Little difficulty 2
- A lot of difficulty 3
- Unable 4
- Don't know 8
- Refusal 9

**BI10 How much difficulty [do/does] [you/he/she] have walking 100 metres on level ground that would be about \_\_\_\_\_ (insert country-specific example)? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?**

- No difficulty 1
- Little difficulty 2
- A lot of difficulty 3
- Unable 4
- Don't know 8
- Refusal 9

**BI11 How much difficulty [do/does] [you/he/she] have walking up and down a flight of stairs, (if yes above) without using [your/his/her] [your/his/her] \_\_\_\_\_ [mention the aid from 1b]? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?**

- No difficulty 1
- Little difficulty 2
- A lot of difficulty 3
- Unable 4
- Don't know 8
- Refusal 9

**BI12 Overall, during the past week, how much physical pain or physical discomfort did you have? Would you say: none at all, a little, moderate, a lot, or extreme physical pain or physical discomfort?**

- Not at all 1
- A little 2
- Moderate 3
- A lot 4
- Extreme 5
- Don't know 8
- Refusal 9

**BI13 How much difficulty [do/does] you have remembering important things? Would you say: no difficulty, a little difficulty, a lot of difficulty, or are you unable to do this?**

- No difficulty 1
- Little difficulty 2
- A lot of difficulty 3
- Unable 4
- Don't know 8
- Refusal 9

**BI14 Overall, during the past week, how worried, nervous, or anxious did you [he/she] feel? Would you say: not at all, slightly, moderately, a lot, or extremely worried, nervous, or anxious?**

- Not at all 1
- Slightly 2
- Moderately 3
- A lot 4
- Extremely 5
- Don't know 8
- Refusal 9

**BI15 Overall, during the past week, how sad, low, or depressed did you [he/she] feel? Would you say: not at all, slightly, moderately, a lot, or extremely worried, nervous, or anxious?**

- Not at all 1
- Slightly 2
- Moderately 3
- A lot 4
- Extremely 5
- Don't know 8
- Refusal 9