



REPUBLIC OF CYPRUS
MINISTRY OF FINANCE



STATISTICAL SERVICE
1444 NICOSIA

Form: E.H.I.S. 1

EUROPEAN HEALTH INTERVIEW SURVEY

STRICTLY CONFIDENTIAL

HOUSEHOLD ROASTER

1. Interviewer's Code (IntervNr):
2. Household Serial Number (Key):
3. Address (GEN.3):
4. Municipality (GEN.4):
5. Quarter (GEN.5):
6. District (GEN.6):
7. Geographic Code (GEN.7):
8. Degree of urbanization (GEN.9):
 Densely-populated area
 Intermediate area
 Thinly-populated area
9. Telephone (GEN.11):
10. Week of the interview (GEN.12):
- | | | | |
|----------------------|----------------|----------------------|-------------|
| <input type="text"/> | 15-21/09/14 | <input type="text"/> | 10-16/11/14 |
| <input type="text"/> | 22-28/09/14 | <input type="text"/> | 17-23/11/14 |
| <input type="text"/> | 29/09-05/10/14 | <input type="text"/> | 24-30/11/14 |
| <input type="text"/> | 06-12/10/14 | <input type="text"/> | 01-07/12/14 |
| <input type="text"/> | 13-19/10/14 | <input type="text"/> | 08-14/12/14 |
| <input type="text"/> | 20-26/10/14 | <input type="text"/> | 15-21/12/14 |
| <input type="text"/> | 27/10-02/11/14 | <input type="text"/> | 22-28/12/14 |
| <input type="text"/> | 03-09/11/14 | | |
11. Date of the interview (GEN.13): / /

EUROPEAN HEALTH INTERVIEW SURVEY 2014

FOR THE HOUSEHOLD REFERENCE PERSON

General questions for the household

NOPERSON	<p>How many persons live in the household?</p> <p><i>The following persons should be considered as household members: Persons usually resident but not related to other household members, resident boarders, lodgers, tenants, visitors, etc. with no private address elsewhere who stay or have the intention to stay one year or more, persons usually resident but temporarily absent (for reasons of holiday travel, work, education or similar) with no private address elsewhere who are absent or intent to be absent less than one year, persons absent for long periods but having household ties (e.g. persons working abroad).</i></p>
	<p>Number of household members:</p>

ROASTER Members of the household:

Person No	Name (only the first name)	SEX 1. Male 2. Female	Date of birth _ / _ / _ _	Spouse's number *	Mother's number *	Father's number *
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Note: To 01 for the Person No always note the household reference person
 * Code "-1" if he/she is not member of the household

EUROPEAN HEALTH INTERVIEW SURVEY 2014

S/N	Questions - answers	Codes	Question flow	H/h Member Number					

FOR ALL AGES

RTH	What is the relationship with the household reference person?								
	Household reference person	1	↓						
	Spouse or cohabitant of the household reference person	2							
	Child of the household reference person or of the household reference person's spouse or cohabitant	3							
	Parents of the household reference person or the household reference person's spouse or cohabitant	4							
	Other relatives (grandchild, brother/sister, brother/sister in law)	5							
	Domestic employee	6							
	Other non-relatives	7							

HHTYPE	Type of household...								
	To be completed from the supervisor based on the information entered on the household roster.								
	One-person household	10	↓						
	Lone parent with child(ren) aged less than 25	21							
	Couple without child(ren) aged less than 25	22							
	Couple with child(ren) aged less than 25	23							
	Couple or lone parent with child(ren) aged less than 25 and other persons living in household	24							
	Other type of household	25							

BIRTHPLACE	You were born in ...								
	Cyprus	1	↓						
	In another EU Member State Please specify	2							
	In a non-EU country Please specify	3							

CITIZEN	Your current citizenship is ...								
	Cypriot	1	↓						
	National of other EU Member State Please specify	2							
	National of non-EU country Please specify	3							

FOR PERSONS AGE 15 AND OVER

MARSTAT1	What is your marital status?						
	Never married	1	HATLEVEL				
	Married	2	HATLEVEL				
	Widowed and not remarried	3	HATLEVEL				
	Divorced and not remarried	4	HATLEVEL				
	Cohabitant	5	↓				

MARSTAT2	What is your legal marital status?						
	Never married	1	↓				
	Married	2					
	Widowed and not remarried	3					
	Divorced and not remarried	4	↓				

HATLEVEL	Which is the highest level of education or training successfully completed so far?						
	<i>Please include any vocational training.</i>						
	No formal education	0	↓				
	Not completed primary education	1					
	Primary school	2					
	Lower Secondary (first 3 grades)	3					
	Upper Secondary, Technical or Vocational education	4					
	Post secondary not tertiary (<2years)	5					
	Tertiary non-university (2-3 years vocational studies, e.g. HTI, HHIC, private college etc)	6					
	University (duration 3-4 years)	7					
	Postgraduate degree - Master's degree	8	↓				
	Doctorate (PhD)	9					

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

MAINSTAT1	Do you usually work?						
	Yes	1	↓				
	No	2					
	Don't know/not sure/don't remember	8					
	Refusal	9	↓				

MAINSTAT2	Did you work last week even for one hour?						
	Yes	1	FT_PT				
	No	2	↓				
	Don't know/not sure/don't remember	8					
	Refusal	9	↓				

MAINSTAT3	What did you do?							
	With a job but happened not to work	1	<div style="text-align: center;">↓</div> <div style="text-align: center;">If RTH=1, then HHINCOME</div>					
	Unemployed, never worked before	2						
	Unemployed, previously in employment	3						
	Pupil/student in Cyprus	4						
	Pupil/student abroad	5						
	In the army	6						
	Housework/care of children	7						
	In retirement	8						
	Income recipient	9						
	Permanently disabled	10						
	Other inactive person	11						
Please describe.....								

FT_PT	Do you work on a full-time or part-time basis?							
	Full time	1	↓					
Part time	2							

JOBSTAT	What is your employment status in the business/service where you work							
	Self-employed with employees	1	↓					
	Self-employed without employees	2						
	Employee with a permanent job or work contract of unlimited duration	3						
	Employee with a temporary job or work contract of limited duration	4						
	Unpaid family worker	5						

JOBISCO	What is your occupation in the business/service where you work?		
	Member 1:		
	Detailed description of main occupation in this job:		
			(ISCO-08 COM, 2 digits)
	Member 2:		
	Detailed description of main occupation in this job:		
			(ISCO-08 COM, 2 digits)
	Member 3:		
	Detailed description of main occupation in this job:		
			(ISCO-08 COM, 2 digits)
Member 4:			
Detailed description of main occupation in this job:			
		(ISCO-08 COM, 2 digits)	
Member 5:			
Detailed description of main occupation in this job:			
		(ISCO-08 COM, 2 digits)	

	Member 6:		
	Detailed description of main occupation in this job:		
			(ISCO-08 COM, 2 digits)

LOCNACE	What is the economic activity of the local unit of the business/service where you work? (e.g. printing office, law firm). Give also the name of the business.	
	Detailed description	NACE Rev.2 2 digits
	Member 1:	
	Member 2:	
	Member 3:	
	Member 4:	
	Member 5:	
	Member 6:	

ONLY FOR THE HOUSEHOLD REFERENCE PERSON

HHINCOME1	What is the NET MONTHLY INCOME of your household last month, if you sum up the net income for all the members of your household?	
	The income includes the salary from work, social benefits, income from capital and any other regular income, also taking into account the regular inter-household cash transfers paid and received, after deducting the Income Tax and contributions to the Social Insurance Fund. Other deductions like loan installments and provident fund should NOT be taken into consideration. Regular overtime, commission and tips, travel allowances and compensation for shift work are included.	
	NET MONTHLY INCOME of the household: €	HS1
	Don't know/not sure/don't remember	8 ↓
	Refusal	9 ↓

Please hand to the respondent the CARD "INCOME" presenting the income categories.

HHINCOME2	Thinking of the net monthly income of your household, i.e summing up the net monthly income of all the members of your households, in which category does it fall?	
	Up to 900€	1
	901€1200€	2
	1201€1500€	3
	1501€1900€	4
	2001€2300€	5
	2301€2800€	6
	2801€3500€	7
	3501€4000€	8
	4001€5500€	9
	More than 5501€	10
	Don't know/not sure/don't remember	88
	Refusal	89

S/N	Questions - answers	Codes	Question flow	H/h Member Number					

FOR PERSONS AGED 15 AND OVER

Self-perceived health status

HS1	How is your health in general? Is it...								
	<i>Interviewer, read out the answers and code the first that applies.</i>								
	Very good	1	↓						
	Good	2							
	Fair	3							
	Bad	4							
	Very bad	5							
	Don't know/not sure/don't remember	8							
	Refusal	9							

HS2 P	Do you have any longstanding illness or longstanding health problem?								
	<i>By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more.</i>								
	Yes	1	↓						
	No	2							
	Don't know/not sure/don't remember	8							
	Refusal	9							

HS3 P	For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?								
	<i>Interviewer, the limitation should have lasted for at least the past 6 months (not expected to last).</i>								
	Severely limited	1	↓						
	Limited but not severely	2							
	Not limited at all	3							
	Don't know/not sure/don't remember	8							
	Refusal	9							

FOR ALL AGES

Diseases and chronic conditions

Interviewer, hand **SHOWCARD 1** with the diseases and ask for all the diseases.

You are holding a list with several diseases. I will read out all the diseases and I would like to know:

CD1	During the past 12 months, have you had any of the following diseases or conditions?				
P	Member 1:	YES	NO	DON'T KNOW/NOT SURE/DON'T REMEMBER	REFUSAL
	a. Asthma (allergic asthma included)	1	2	8	9
	b. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	1	2	8	9
	c. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	1	2	8	9
	d. Coronary heart disease or angina pectoris	1	2	8	9
	e. High blood pressure (hypertension)	1	2	8	9
	f. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	1	2	8	9
	g. Arthrosis (arthritis excluded)	1	2	8	9
	h. Rheumatoid arthritis	1	2	8	9
	i. Lupus erythematosus	1	2	8	9
	j. Osteoarthritis	1	2	8	9
	k. Osteoporosis	1	2	8	9
	l. Low back disorder or other chronic back defect	1	2	8	9
	m. Neck disorder or other chronic neck defect	1	2	8	9
	n. Spinal cord injury	1	2	8	9
	o. Diabetes (gestational diabetes excluded)	1	2	8	9
	p. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	q. Cirrhosis of the liver	1	2	8	9
	r. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	s. Kidney problems	1	2	8	9
	t. Cancer (malignant tumour, also including leukaemia and lymphoma)	1	2	8	9
	u. Depression	1	2	8	9
	v. Autism	1	2	8	9
	w. Down syndrome	1	2	8	9
	x. Alzheimers disease	1	2	8	9
	y. Anorexia nervosa	1	2	8	9

CD1	During the past 12 months, have you had any of the following diseases or conditions?				
	Member 2:	YES	NO	DON'T KNOW/NOT SURE/DON'T REMEMBER	REFUSAL
P	a. Asthma (allergic asthma included)	1	2	8	9
	b. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	1	2	8	9
	c. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	1	2	8	9
	d. Coronary heart disease or angina pectoris	1	2	8	9
	e. High blood pressure (hypertension)	1	2	8	9
	f. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	1	2	8	9
	g. Arthrosis (arthritis excluded)	1	2	8	9
	h. Rheumatoid arthritis	1	2	8	9
	i. Lupus erythematosus	1	2	8	9
	j. Osteoarthritis	1	2	8	9
	k. Osteoporosis	1	2	8	9
	l. Low back disorder or other chronic back defect	1	2	8	9
	m. Neck disorder or other chronic neck defect	1	2	8	9
	n. Spinal cord injury	1	2	8	9
	o. Diabetes (gestational diabetes excluded)	1	2	8	9
	p. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	q. Cirrhosis of the liver	1	2	8	9
	r. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	s. Kidney problems	1	2	8	9
	t. Cancer (malignant tumour, also including leukaemia and lymphoma)	1	2	8	9
	u. Depression	1	2	8	9
	v. Autism	1	2	8	9
	w. Down syndrome	1	2	8	9
	x. Alzheimers disease	1	2	8	9
	y. Anorexia nervosa	1	2	8	9

CD1	During the past 12 months, have you had any of the following diseases or conditions?				
	Member 3:	YES	NO	DON'T KNOW/NOT SURE/DON'T REMEMBER	REFUSAL
P	a. Asthma (allergic asthma included)	1	2	8	9
	b. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	1	2	8	9
	c. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	1	2	8	9
	d. Coronary heart disease or angina pectoris	1	2	8	9
	e. High blood pressure (hypertension)	1	2	8	9
	f. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	1	2	8	9
	g. Arthrosis (arthritis excluded)	1	2	8	9
	h. Rheumatoid arthritis	1	2	8	9
	i. Lupus erythematosus	1	2	8	9
	j. Osteoarthritis	1	2	8	9
	k. Osteoporosis	1	2	8	9
	l. Low back disorder or other chronic back defect	1	2	8	9
	m. Neck disorder or other chronic neck defect	1	2	8	9
	n. Spinal cord injury	1	2	8	9
	o. Diabetes (gestational diabetes excluded)	1	2	8	9
	p. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	q. Cirrhosis of the liver	1	2	8	9
	r. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	s. Kidney problems	1	2	8	9
	t. Cancer (malignant tumour, also including leukaemia and lymphoma)	1	2	8	9
	u. Depression	1	2	8	9
	v. Autism	1	2	8	9
	w. Down syndrome	1	2	8	9
	x. Alzheimers disease	1	2	8	9
	y. Anorexia nervosa	1	2	8	9

CD1	During the past 12 months, have you had any of the following diseases or conditions?				
P	Member 4:	YES	NO	DON'T KNOW/NOT SURE/DON'T REMEMBER	REFUSAL
	a. Asthma (allergic asthma included)	1	2	8	9
	b. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	1	2	8	9
	c. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	1	2	8	9
	d. Coronary heart disease or angina pectoris	1	2	8	9
	e. High blood pressure (hypertension)	1	2	8	9
	f. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	1	2	8	9
	g. Arthrosis (arthritis excluded)	1	2	8	9
	h. Rheumatoid arthritis	1	2	8	9
	i. Lupus erythematosus	1	2	8	9
	j. Osteoarthritis	1	2	8	9
	k. Osteoporosis	1	2	8	9
	l. Low back disorder or other chronic back defect	1	2	8	9
	m. Neck disorder or other chronic neck defect	1	2	8	9
	n. Spinal cord injury	1	2	8	9
	o. Diabetes (gestational diabetes excluded)	1	2	8	9
	p. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	q. Cirrhosis of the liver	1	2	8	9
	r. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	s. Kidney problems	1	2	8	9
	t. Cancer (malignant tumour, also including leukaemia and lymphoma)	1	2	8	9
	u. Depression	1	2	8	9
	v. Autism	1	2	8	9
	w. Down syndrome	1	2	8	9
	x. Alzheimers disease	1	2	8	9
	y. Anorexia nervosa	1	2	8	9

CD1	During the past 12 months, have you had any of the following diseases or conditions?				
P	Member 5:	YES	NO	DON'T KNOW/NOT SURE/DON'T REMEMBER	REFUSAL
	a. Asthma (allergic asthma included)	1	2	8	9
	b. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	1	2	8	9
	c. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	1	2	8	9
	d. Coronary heart disease or angina pectoris	1	2	8	9
	e. High blood pressure (hypertension)	1	2	8	9
	f. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	1	2	8	9
	g. Arthrosis (arthritis excluded)	1	2	8	9
	h. Rheumatoid arthritis	1	2	8	9
	i. Lupus erythematosus	1	2	8	9
	j. Osteoarthritis	1	2	8	9
	k. Osteoporosis	1	2	8	9
	l. Low back disorder or other chronic back defect	1	2	8	9
	m. Neck disorder or other chronic neck defect	1	2	8	9
	n. Spinal cord injury	1	2	8	9
	o. Diabetes (gestational diabetes excluded)	1	2	8	9
	p. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	q. Cirrhosis of the liver	1	2	8	9
	r. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	s. Kidney problems	1	2	8	9
	t. Cancer (malignant tumour, also including leukaemia and lymphoma)	1	2	8	9
	u. Depression	1	2	8	9
	v. Autism	1	2	8	9
	w. Down syndrome	1	2	8	9
	x. Alzheimers disease	1	2	8	9
	y. Anorexia nervosa	1	2	8	9

CD1	During the past 12 months, have you had any of the following diseases or conditions?				
P	Member 6:	YES	NO	DON'T KNOW/NOT SURE/DON'T REMEMBER	REFUSAL
	a. Asthma (allergic asthma included)	1	2	8	9
	b. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	1	2	8	9
	c. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	1	2	8	9
	d. Coronary heart disease or angina pectoris	1	2	8	9
	e. High blood pressure (hypertension)	1	2	8	9
	f. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	1	2	8	9
	g. Arthrosis (arthritis excluded)	1	2	8	9
	h. Rheumatoid arthritis	1	2	8	9
	i. Lupus erythematosus	1	2	8	9
	j. Osteoarthritis	1	2	8	9
	k. Osteoporosis	1	2	8	9
	l. Low back disorder or other chronic back defect	1	2	8	9
	m. Neck disorder or other chronic neck defect	1	2	8	9
	n. Spinal cord injury	1	2	8	9
	o. Diabetes (gestational diabetes excluded)	1	2	8	9
	p. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	q. Cirrhosis of the liver	1	2	8	9
	r. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	s. Kidney problems	1	2	8	9
	t. Cancer (malignant tumour, also including leukaemia and lymphoma)	1	2	8	9
	u. Depression	1	2	8	9
	v. Autism	1	2	8	9
	w. Down syndrome	1	2	8	9
	x. Alzheimers disease	1	2	8	9
	y. Anorexia nervosa	1	2	8	9

FOR ALL AGES

Accidents and injuries

Interviewer, for questions AC1-AC2 please hand SHOWCARD 2 with the types of accidents under study.

AC1 P	In the past 12 months, have you had any of the following type of accidents (road traffic accident, home accident or leisure accident) resulting in injury?									
	<i>Injuries resulting from poisoning or inflicted by animals or insects are also included.</i>									
	<i>Injuries caused by wilful acts of other persons are excluded.</i>									
		Yes	No	Don't know	Refusal					
	A. Road traffic accident	1	2	8	9					
	B. Home accident	1	2	8	9					
	C. Leisure accident	1	2	8	9					

AC2 P	If you had more than one accidents, think of the most serious one. Did you need medical care as a result of this accident? And if yes, what type of medical care?									
	<i>This question should be asked only to persons who in question AC1 reported an accident.</i>									
	Yes, I was admitted to a hospital or any other health facility and stayed overnight	1	↓							
	Yes, I was admitted to a hospital or any other health facility but didn't stay overnight	2								
									
	Yes, I got medical care from a doctor or nurse, but not on a hospital level (outpatient level)	3								
	No consultation or intervention was necessary	4								
	Don't know/not sure/don't remember	8								
Refusal	9									

Next question is to be asked for respondents working.

That is, if MAINSTAT2=1 or MAINSTAT3=1 then go to question AW1. Else go to question PL1.

AW1 P	In the past 12 months, have you been absent from work for reasons of health problems?									
	<i>All kind of diseases, injuries and other health problems that have resulted absence from work should be taken into account.</i>									
	Yes	1	↓							
	No	2	PL1							
	Don't know/not sure/don't remember	8	PL1							
	Refusal	9	PL1							

AW2	In the past 12 months, how many days in total were you absent from work for reasons of health									
	<i>The question refers to calendar days, i.e. weekends or formal holidays should be taken into account.</i>									
	<i>Interviewer, prompt only if necessary "an estimate is acceptable".</i>									
	Number of days	<input type="text"/> <input type="text"/> <input type="text"/>	↓							
	Don't know/not sure/don't remember	998								
	Refusal	999								

FOR PERSONS AGED 15 AND OVER

Vision

Interviewer, if the respondent is completely blind do not ask question PL1. Mark with code "3" and then go to PL3.

PL1 P	Do you wear glasses or contact lenses?								
	Yes	1	↓						
	No	2							
	I am blind or cannot see at all	3		PL3					
	Don't know/not sure/don't remember	8		PL3					
	Refusal	9		PL3					

For questions PL2, PL4-PL7, hand SHOWCARD 3, with the answer categories.

PL2 P	Do you have difficulty seeing even wearing your glasses or contact lenses?								
	No difficulty	1	↓						
	Some difficulty	2							
	A lot of difficulty	3							
	Cannot do at all/ Unable to do	4							
	Don't know/not sure/don't remember	8							
Refusal	9								

Hearing

Interviewer, if the respondent is completely deaf do not ask question PL3. Mark with code "3" and then go to PL6.

PL3 P	Do you use a hearing aid?								
	Yes	1	↓						
	No	2							
	I am profoundly deaf	3		PL6					
	Don't know/not sure/don't remember	8		PL6					
	Refusal	9		PL6					

PL4 P	Do you have difficulty hearing what is said in a conversation with one other person in a quite room, even when using your hearing aid?								
	No difficulty	1	↓						
	Some difficulty	2							
	A lot of difficulty	3							
	Cannot do at all/ Unable to do	4		PL6					
	Don't know/not sure/don't remember	8		PL6					
Refusal	9	PL6							

PL5 P	Do you have difficulty hearing what it is said in a conversation with one other person in a noisier room, even when using your hearing aid?								
	No difficulty	1	↓						
	Some difficulty	2							
	A lot of difficulty	3							
	Cannot do at all/ Unable to do	4							
	Don't know/not sure/don't remember	8							
Refusal	9								

Mobility

PL6 P	Do you have difficulty walking 500 meters on level ground without the use of any aid or any help from another person?							
	No difficulty	1	PL7					
	Some difficulty	2	↓					
	A lot of difficulty	3						
	Cannot do at all/ Unable to do	4	↓					
	Don't know/not sure/don't remember	8	PL7					
Refusal	9	PL7						

PL6.1 P	Do you use a wheelchair?							
	Yes, all the time	1	↓					
	Yes, occasionally	2						
	Not at all	3						
	Don't know/not sure/don't remember	8						
	Refusal	9	↓					

PL7 P	Do you have difficulty walking up or down 12 steps?							
	No difficulty	1	↓					
	Some difficulty	2						
	A lot of difficulty	3						
	Cannot do at all/ Unable to do	4						
	Don't know/not sure/don't remember	8						
Refusal	9	↓						

FOR PERSONS AGED 65 AND OVER

Personal care

Interviewer, for question PC1 please hand SHOWCARD 4 with the activities under study and the answer categories. Any temporary problems should not be taken into account.

PC1 P	Do you usually have difficulty doing any of these activities without help?						
	Member 1:						
	ACTIVITY	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Don't know/ not sure/ don't remember	Refusal
	A. Feeding yourself?	1	2	3	4	8	9
	B. Getting in and out of a bed or chair?	1	2	3	4	8	9
	C. Dressing and undressing?	1	2	3	4	8	9
	D. Using toilet?	1	2	3	4	8	9
	E. Bathing or showering?	1	2	3	4	8	9
	Member 2:						
	ACTIVITY	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Don't know/ not sure/ don't remember	Refusal
	A. Feeding yourself?	1	2	3	4	8	9
	B. Getting in and out of a bed or chair?	1	2	3	4	8	9
	C. Dressing and undressing?	1	2	3	4	8	9
	D. Using toilet?	1	2	3	4	8	9
	E. Bathing or showering?	1	2	3	4	8	9
	Member 3:						
	ACTIVITY	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Don't know/ not sure/ don't remember	Refusal
	A. Feeding yourself?	1	2	3	4	8	9
	B. Getting in and out of a bed or chair?	1	2	3	4	8	9
	C. Dressing and undressing?	1	2	3	4	8	9
	D. Using toilet?	1	2	3	4	8	9
E. Bathing or showering?	1	2	3	4	8	9	

Member 4:						
ACTIVITY	No difficultly	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Don't know/ not sure/ don't remember	Refusal
A. Feeding yourself?	1	2	3	4	8	9
B. Getting in and out of a bed or chair?	1	2	3	4	8	9
C. Dressing and undressing?	1	2	3	4	8	9
D. Using toilet?	1	2	3	4	8	9
E. Bathing or showering?	1	2	3	4	8	9
Member 5:						
ACTIVITY	No difficultly	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Don't know/ not sure/ don't remember	Refusal
A. Feeding yourself?	1	2	3	4	8	9
B. Getting in and out of a bed or chair?	1	2	3	4	8	9
C. Dressing and undressing?	1	2	3	4	8	9
D. Using toilet?	1	2	3	4	8	9
E. Bathing or showering?	1	2	3	4	8	9
Member 6:						
ACTIVITY	No difficultly	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Don't know/ not sure/ don't remember	Refusal
A. Feeding yourself?	1	2	3	4	8	9
B. Getting in and out of a bed or chair?	1	2	3	4	8	9
C. Dressing and undressing?	1	2	3	4	8	9
D. Using toilet?	1	2	3	4	8	9
E. Bathing or showering?	1	2	3	4	8	9
<p><i>Interviewer, if the answer to question PC1 is 2, 3 or 4 for at least 1 activity go to question PC2.</i></p> <p><i>If all the answers are 1, 8 or 9 go to question HA1.</i></p>						

FOR PERSONS AGED 65 AND OVER

Personal care

The following questions PC2-PC3, refer to those activities you have difficulties.

PC2 P	Do you usually have help for any of these activities?						
	Yes, with at least one activity	1	<div style="text-align: center;"> ↓ HA1 ↓ HA1 </div>				
	No	2					
	Don't know/not sure/don't remember	8					
	Refusal	9					

PC3	Would you need (more) help?						
	Yes, with at least one activity	1	<div style="text-align: center;"> ↓ </div>				
	No	2					
	Don't know/not sure/don't remember	8					
	Refusal	9					

FOR PERSONS AGED 65 AND OVER

Other household activities

Interviewer, for question HA1 hand SHOWCARD 5 with the activities under study and the answer categories. Any temporary problems should not be taken into account.

HA1 P	Do you usually have difficulty doing any of these activities without help?							
	Member 1:							
		No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Never tried it/ Do not need to do it	Don't know/ not sure/ don't remember	Refusal
	A. Preparing meals?	1	2	3	4	5	8	9
	B. Using the telephone?	1	2	3	4	5	8	9
	C. Shopping?	1	2	3	4	5	8	9
	D. Managing medication?	1	2	3	4	5	8	9
	E. Light housework?	1	2	3	4	5	8	9
	F. Occasional heavy housework?	1	2	3	4	5	8	9
	G. Taking care of finances and everyday administrative tasks(e.g.bill payments, bank)	1	2	3	4	5	8	9
	Member 2:							
		No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Never tried it/ Do not need to do it	Don't know/ not sure/ don't remember	Refusal
	A. Preparing meals?	1	2	3	4	5	8	9
	B. Using the telephone?	1	2	3	4	5	8	9
	C. Shopping?	1	2	3	4	5	8	9
	D. Managing medication?	1	2	3	4	5	8	9
	E. Light housework?	1	2	3	4	5	8	9
	F. Occasional heavy housework?	1	2	3	4	5	8	9
	G. Taking care of finances and everyday administrative tasks(e.g.bill payments, bank)	1	2	3	4	5	8	9

Member 3:							
	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Never tried it/ Do not need to do it	Don't know/ not sure/ don't remember	Refusal
A. Preparing meals?	1	2	3	4	5	8	9
B. Using the telephone?	1	2	3	4	5	8	9
C. Shopping?	1	2	3	4	5	8	9
D. Managing medication?	1	2	3	4	5	8	9
E. Light housework?	1	2	3	4	5	8	9
F. Occasional heavy housework?	1	2	3	4	5	8	9
G. Taking care of finances and everyday administrative tasks(e.g.bill payments, bank)	1	2	3	4	5	8	9
Member 4:							
	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Never tried it/ Do not need to do it	Don't know/ not sure/ don't remember	Refusal
A. Preparing meals?	1	2	3	4	5	8	9
B. Using the telephone?	1	2	3	4	5	8	9
C. Shopping?	1	2	3	4	5	8	9
D. Managing medication?	1	2	3	4	5	8	9
E. Light housework?	1	2	3	4	5	8	9
F. Occasional heavy housework?	1	2	3	4	5	8	9
G. Taking care of finances and everyday administrative tasks(e.g.bill payments, bank)	1	2	3	4	5	8	9


Member 5:							
	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Never tried it/ Do not need to do it	Don't know/ not sure/ don't remember	Refusal
A. Preparing meals?	1	2	3	4	5	8	9
B. Using the telephone?	1	2	3	4	5	8	9
C. Shopping?	1	2	3	4	5	8	9
D. Managing medication?	1	2	3	4	5	8	9
E. Light housework?	1	2	3	4	5	8	9
F. Occasional heavy housework?	1	2	3	4	5	8	9
G. Taking care of finances and everyday administrative tasks(e.g.bill payments, bank)	1	2	3	4	5	8	9
Member 6:							
	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all/ Unable to do	Never tried it/ Do not need to do it	Don't know/ not sure/ don't remember	Refusal
A. Preparing meals?	1	2	3	4	5	8	9
B. Using the telephone?	1	2	3	4	5	8	9
C. Shopping?	1	2	3	4	5	8	9
D. Managing medication?	1	2	3	4	5	8	9
E. Light housework?	1	2	3	4	5	8	9
F. Occasional heavy housework?	1	2	3	4	5	8	9
G. Taking care of finances and everyday administrative tasks(e.g.bill payments, bank)	1	2	3	4	5	8	9


*Interviewer, if the answer to question HA1 is 2, 3, or 4 for at least one activity, continue with question HA2.
If the answers to all questions are 1, 5, 8 or 9 continue with question PN1.*

FOR PERSONS AGED 65 AND OVER

Other household activities

The following questions, HA2-HA3, refer to those household activities you have difficulties.


HA2 P	Do you usually have help with any of these activities?						
	Yes, with at least one activity	1	 PN1				
	No	2					
	Don't know/not sure/don't remember	8					
	Refusal	9					

HA3	Would you need (more) help?						
	Yes, with at least one activity	1					
	No	2					
	Don't know/not sure/don't remember	8					
	Refusal	9					


FOR PERSONS AGED 15 AND OVER

Pain

Interviewer, for question PN1 you should hand SHOWCARD 6 with the intensity of bodily pain. The question is about any physical pain you have had during the past 4 weeks.

PN1	How much bodily pain have you had during the past 4 weeks?						
	None	1	 MH1A				
	Very mild	2					
	Mild	3					
	Moderate	4					
	Severe	5					
	Very severe	6					
	Don't know/not sure/don't remember	8					
	Refusal	9					

Interviewer, for question PN2 hand SHOWCARD 7 with the possible answers.

PN2	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?						
	Not at all	1					
	A little bit	2					
	Moderately	3					
	Quite a bit	4					
	Extremely	5					
	Don't know/not sure/don't remember	8					
	Refusal	9					

FOR PERSONS AGED 15 AND OVER

Mental Health

Interviewer, for questions MH1A-MH1H you should hand SHOWCARD 8 with the questions and the possible answer categories.

MH1A-MH1H	Over the last 2 weeks, how often have you been bothered by any of the following problems?						
	Member 1:						
	Over the last 2 weeks, how often did you feel	Not at all	Several days	More than half the days	Nearly every day	Don't know/ not sure/ don't remember	Refusal
	MH1A Little interest or pleasure in doing things?	1	2	3	4	8	9
	MH1B Feeling down, depressed or hopeless?	1	2	3	4	8	9
	MH1C Trouble falling or staying asleep, or sleeping too much?	1	2	3	4	8	9
	MH1D Feeling tired or having little energy?	1	2	3	4	8	9
	MH1E Poor appetite or overeating?	1	2	3	4	8	9
	MH1F Feeling bad about yourself or that you are a failure or have let yourself or your family down?	1	2	3	4	8	9
	MH1G Trouble concentrating on things, such as reading the newspaper or watching television?	1	2	3	4	8	9
MH1H Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fridgety or restless that you have been moving around a lot more than usual?	1	2	3	4	8	9	

	Member 2:						
	Over the last 2 weeks, how often did you feel	Not at all	Several days	More than half the days	Nearly every day	Don't know/ not sure/ don't remember	Refusal
	MH1A Little interest or pleasure in doing things?	1	2	3	4	8	9
	MH1B Feeling down, depressed or hopeless?	1	2	3	4	8	9
	MH1C Trouble falling or staying asleep, or sleeping too much?	1	2	3	4	8	9
	MH1D Feeling tired or having little energy?	1	2	3	4	8	9
	MH1E Poor appetite or overeating?	1	2	3	4	8	9
	MH1F Feeling bad about yourself or that you are a failure or have let yourself or your family down?	1	2	3	4	8	9
	MH1G Trouble concentrating on things, such as reading the newspaper or watching television?	1	2	3	4	8	9
	MH1H Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fridgety or restless that you have been moving around a lot more than usual?	1	2	3	4	8	9

	Member 3:						
	Over the last 2 weeks, how often did you feel	Not at all	Several days	More than half the days	Nearly every day	Don't know/ not sure/ don't remember	Refusal
	MH1A Little interest or pleasure in doing things?	1	2	3	4	8	9
	MH1B Feeling down, depressed or hopeless?	1	2	3	4	8	9
	MH1C Trouble falling or staying asleep, or sleeping too much?	1	2	3	4	8	9
	MH1D Feeling tired or having little energy?	1	2	3	4	8	9
	MH1E Poor appetite or overeating?	1	2	3	4	8	9
	MH1F Feeling bad about yourself or that you are a failure or have let yourself or your family down?	1	2	3	4	8	9
	MH1G Trouble concentrating on things, such as reading the newspaper or watching television?	1	2	3	4	8	9
	MH1H Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fridgety or restless that you have been moving around a lot more than usual?	1	2	3	4	8	9

	Member 4:						
	Over the last 2 weeks, how often did you feel	Not at all	Several days	More than half the days	Nearly every day	Don't know/ not sure/ don't remember	Refusal
	MH1A Little interest or pleasure in doing things?	1	2	3	4	8	9
	MH1B Feeling down, depressed or hopeless?	1	2	3	4	8	9
	MH1C Trouble falling or staying asleep, or sleeping too much?	1	2	3	4	8	9
	MH1D Feeling tired or having little energy?	1	2	3	4	8	9
	MH1E Poor appetite or overeating?	1	2	3	4	8	9
	MH1F Feeling bad about yourself or that you are a failure or have let yourself or your family down?	1	2	3	4	8	9
	MH1G Trouble concentrating on things, such as reading the newspaper or watching television?	1	2	3	4	8	9
	MH1H Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fridgety or restless that you have been moving around a lot more than usual?	1	2	3	4	8	9

	Member 5:						
	Over the last 2 weeks, how often did you feel	Not at all	Several days	More than half the days	Nearly every day	Don't know/ not sure/ don't remember	Refusal
	MH1A Little interest or pleasure in doing things?	1	2	3	4	8	9
	MH1B Feeling down, depressed or hopeless?	1	2	3	4	8	9
	MH1C Trouble falling or staying asleep, or sleeping too much?	1	2	3	4	8	9
	MH1D Feeling tired or having little energy?	1	2	3	4	8	9
	MH1E Poor appetite or overeating?	1	2	3	4	8	9
	MH1F Feeling bad about yourself or that you are a failure or have let yourself or your family down?	1	2	3	4	8	9
	MH1G Trouble concentrating on things, such as reading the newspaper or watching television?	1	2	3	4	8	9
	MH1H Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fridgety or restless that you have been moving around a lot more than usual?	1	2	3	4	8	9

	Member 6:						
	Over the last 2 weeks, how often did you feel	Not at all	Several days	More than half the days	Nearly every day	Don't know/ not sure/ don't remember	Refusal
	MH1A Little interest or pleasure in doing things?	1	2	3	4	8	9
	MH1B Feeling down, depressed or hopeless?	1	2	3	4	8	9
	MH1C Trouble falling or staying asleep, or sleeping too much?	1	2	3	4	8	9
	MH1D Feeling tired or having little energy?	1	2	3	4	8	9
	MH1E Poor appetite or overeating?	1	2	3	4	8	9
	MH1F Feeling bad about yourself or that you are a failure or have let yourself or your family down?	1	2	3	4	8	9
	MH1G Trouble concentrating on things, such as reading the newspaper or watching television?	1	2	3	4	8	9
	MH1H Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fridgety or restless that you have been moving around a lot more than usual?	1	2	3	4	8	9

FOR ALL AGES

FOR PERSONS YOUNGER THAN 18 YEARS, THE HOUSEHOLD REFERENCE PERSON SHOULD BE INTERVIEWED

Health care utilization

Inpatient care

- Next questions HO1.1-HO2COST3, are about time spent in hospital as an **inpatient**, as well as the corresponding cost for that hospitalization. Only out-of-pocket payments that will not be reimbursed through health insurance scheme should be reported.
- inpatient is a patient who is formally admitted to a hospital/clinic for treatment and/or care and stays for a minimum of one night or more than 24 hours.
- All types of hospitals/ clinics are included.
- Hospitalisation abroad is also included.
- Visits as a day-care or to emergency departments or outpatient visits should not be included.

Interviewer, for women up to age 50 years mention that the time spent in hospital for childbearing should not be included.

HO1.1 P	In the past 12 months, have you been in hospital/clinic as an inpatient, that is overnight or longer?							
Yes	1	↓						
No	2	HO3						
Don't know/not sure/don't remember	8	HO3						
Refusal	9	HO3						

HO1.2 P	How many times in total have you been in a hospital/clinic in the public or private sector or abroad as an inpatient? (in case the respondent is in the hospital/clinic at the time of the interview and this is the only							
No of hospitalizations:	↓						
Still in the hospital/clinic for the first time this year	-2	HO3						
Don't know/not sure/don't remember	998	HO3						
Refusal	999	HO3						

HO1.3 P	Having in mind each separate hospitalisation, was it a hospital of the; (do not include any hospitalisation that is not completed)							
			1η	2η	3η	4η	5η	6η
Public Sector	↓	1	1	1	1	1	1	1
Private Sector		2	2	2	2	2	2	2
Abroad		3	3	3	3	3	3	3
Don't know/not sure/don't remember		8	8	8	8	8	8	8
Refusal		9	9	9	9	9	9	9

HO2 P	How many nights did you spend in hospital each time?						
		1η	2η	3η	4η	5η	6η
No of nights:	↓
Don't know/not sure/don't remember		998	998	998	998	998	998
Refusal		999	999	999	999	999	999

HO2COST1 P	Did you pay for your stay in hospital? <i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No". For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>						
		1η	2η	3η	4η	5η	6η
Yes, I paid all expenses	HO2COST3	1	1	1	1	1	1
Yes, I paid part of the expenses	↓	2	2	2	2	2	2
No		3	3	3	3	3	3
Don't know/not sure/don't remember		8	8	8	8	8	8
Refusal		9	9	9	9	9	9

HO2COST2 P	Who covered the expenses (all or part)?							
		1η	2η	3η	4η	5η	6η	
	Entitled to healthcare benefits in public sector	1	1	1	1	1	1	
	Health Fund from employer (i.e. CYTA, EAC)	2	2	2	2	2	2	
	Private insurance (from employer or personal)	3	3	3	3	3	3	
	Don't know/not sure/don't remember	8	8	8	8	8	8	
	Refusal	9	9	9	9	9	9	

Interviewer, if the answer to question HO2COST1 is 1 or 2 continue with question HO2COST3.

If the answer is 3, 8 or 9 continue with question HO3.

HO2COST3 P	How much did you pay?						
<i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i>							
<i>For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
Amount (€)	↓	1η	2η	3η	4η	5η	6η
		€	€	€	€	€	€
Don't know/not sure/don't remember		-8	-8	-8	-8	-8	-8
Refusal		-9	-9	-9	-9	-9	-9

Day Care Patients

Next questions HO3-HO4COST6, are about time spent in hospital as a **daycare patient**, as well as the corresponding expenses for that admission. Only out-of-pocket payments that will not be reimbursed through health insurance scheme should be reported.

Daycare patient, is the patient who is admitted to a hospital/clinic for diagnostic, treatment or other types of health care, but **not required to remain overnight**.

HO3 P	In the past 12 months, have you been admitted to hospital as a day patient, that is admitted to a hospital/clinic for diagnostic, treatment or other types of health care, but not required to remain overnight?						
	Yes	1	↓				
	No	2	AM1.1				
	Don't know/not sure/don't remember	8	AM1.1				
	Refusal	9	AM1.1				

HO4 P	In the past 12 months, how many times have you been admitted to hospital/clinic as a day patient?						
	No of times/days in the public sector	↓				
	No of times/days in the private sector					
	Don't know/not sure/don't remember	998					
	Refusal	999					

Interviewer, if the no of times in the public sector > 0 in question HO4, continue with question HO4COST1, otherwise continue with question HO4COST4

HO4COST1 P	Did you pay for these day care hospitalisation in the public sector ?						
	Did you pay for these day care hospitalisation in the public sector? <i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No".</i> <i>For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>						
	Yes, I paid all expenses	1	HO4COST3				
	Yes, I paid part of the expenses	2	↓				
	No	3					
	Don't know/not sure/don't remember	8					
	Refusal	9					

HO4COST2	Who covered the expenses for these daycare hospitalisations in the <u>public sector</u> (all or part)?							
P	Entitled to healthcare benefits in public sector	1						
	Health Fund from employer (i.e. CYTA, EAC)	2						
	Private insurance (from employer or personal)	3						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Interviewer, if the answer to question HO4COST1 is 1 or 2 continue with question HO4COST3.
If the answer is 3, 8 or 9 continue with question HO4COST4.

HO4COST3	How much in total did you pay in the <u>public sector</u>?							
P	<i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i>							
	<i>For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Amount (€)€	↓					
	Don't know/not sure/don't remember	-8						
	Refusal	-9						

Interviewer, if the no of times in the private sector>0 to question HO4, continue with question HO4COST4, otherwise continue with question AM1.1

HO4COST4	Did you pay for these day care hospitalisation in the <u>private sector</u>?							
P	<i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No".</i>							
	Yes, I paid all expenses	1	HO4COST6 ↓					
	Yes, I paid part of the expenses	2						
	No	3						
	Don't know/not sure/don't remember	8						
	Refusal	9						

HO4COST5	Who covered the expenses for these daycare hospitalisations in the <u>private sector</u> (all or part)?							
P	Entitled to healthcare benefits in public sector	1						
	Health Fund from employer (i.e. CYTA, EAC)	2						
	Private insurance (from employer or personal)	3						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Interviewer, if the answer to question HO4COST1 is 1 or 2, continue with question HO4COST6.
If the answer is 3, 8 or 9, continue with question AM1.1.

HO4COST6	How much in total did you pay in the <u>private sector</u>?							
P	<i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i>							
	Amount (€)€	↓					
	Don't know/not sure/don't remember	-8						
	Refusal	-9						

Ambulatory and home care

Dentists or orthodontists

Next set of questions (AM1.1-AM1COST7) is about visits to dentists and orthodontists.

AM1.1 P	When was the last time you visited a dentist or orthodontist on your own behalf (that is, not while accompanying a child, spouse, etc.)?							
	Less than 6 months ago	1	↓ AM2					
	6 - 12 months ago	2						
	12 months ago or longer	3						
	Never	4						
	Don't know/not sure/don't remember	8						
	Refusal	9						

AM1.2 P	Did you visit a dentist in the public or private sector?							
	<i>Multiple answers are acceptable.</i>							
	Public sector	1	↓					
	Private sector	2						
	Don't know/not sure/don't remember	8						
Refusal	9							

AM1COST1 P	Has the treatment you had been completed?							
	Yes	1	↓					
	No	2						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Interviewer, if the answer to question AM1.2 is public sector continue with question AM1COST2, otherwise continue with question AM1COST5

AM1COST2 P	Did you pay for the treatments you had in the public sector?							
	<i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No". For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Yes, I paid all expenses	1	AM1COST4 ↓					
	Yes, I paid part of the expenses	2						
	No	3						
	Don't know/not sure/don't remember	8						
Refusal	9							

AM1COST3 P	Who covered the expenses for these treatments in the public sector (all or part)?							
	Entitled to healthcare benefits in public sector	1						
	Health Fund from employer (i.e. CYTA, EAC)	2						
	Private insurance (from employer or personal)	3						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Interviewer, if the answer to question AM1COST2 is 1 or 2 continue with question AM1COST4.
If the answer is 3, 8 or 9 continue with question AM1COST5.

AM1COST4		How much did you pay in the <u>public sector</u>?					
P	<i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i>						
	<i>For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>						
	Amount (€)€	↓				
	Don't know/not sure/don't remember	-8					
Refusal	-9						

Interviewer, if the answer to question AM1.2 is private sector, continue with question AM1COST5, otherwise continue with question AM2

AM1COST5		Did you pay for the treatments you had in the <u>private sector</u>?					
P	<i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No".</i>						
	Yes, I paid all expenses	1	AM1COST7 ↓				
	Yes, I paid part of the expenses	2					
	No	3					
	Don't know/not sure/don't remember	8					
	Refusal	9					

AM1COST6		Who covered the expenses for these treatments in the <u>private sector</u> (all or part)?					
P	Entitled to healthcare benefits in public sector	1					
	Health Fund from employer (i.e. CYTA, EAC)	2					
	Private insurance (from employer or personal)	3					
	Don't know/not sure/don't remember	8					
	Refusal	9					

Interviewer, if the answer to question AM1COST5 is 1 or 2, continue with question AM1COST7.
If the answer is 3, 8 or 9, continue with question AM2.

AM1COST7		How much did you pay in the <u>private sector</u>?					
P	<i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i>						
	Amount (€)€	↓				
	Don't know/not sure/don't remember	-8					
	Refusal	-9					

General Practitioner or Family Doctor

The next set of questions (AM2-AM3COST3) is about consultations with your **general practitioner or family doctor**. Please include visits to your doctor's office as well as home visits and consultations by telephone or via e-mail.

AM2 P	When was the last time you consulted a general practitioner or family doctor on your own behalf? (even telephone consultation)							
	Less than 12 months ago	1	↓ AM4 AM4 AM4 AM4					
	12 months ago or longer	2						
	Never	3						
	Don't know/not sure/don't remember	8						
	Refusal	9						

AM3.1 P	During the past <u>four weeks</u> ending yesterday, how many times did you consult a general practitioner or family doctor on your own behalf?							
	Number of consultations	IF AM3.1=0 then AM4					
	Don't know/not sure/don't remember	98						
	Refusal	99						

AM3.2 P	If you think each consultation separately, did you visit the doctor to his office or did you talk to him on the phone or via email;							
	Visit to the doctor's office Consultation on the phone or via email Don't know/not sure/don't remember Refusal	↓	1η	2η	3η	4η	5η	6η
			1	1	1	1	1	1
			2	2	2	2	2	2
			8	8	8	8	8	8
			9	9	9	9	9	9

AM3.3 P	Having in mind each separate visit/consultation, was it a doctor in the public or private sector or abroad?							
	Public sector Private sector Abroad Don't know/not sure/don't remember Refusal	↓	1η	2η	3η	4η	5η	6η
			1	1	1	1	1	1
			2	2	2	2	2	2
			3	3	3	3	3	3
			8	8	8	8	8	8
9	9	9	9	9	9			

Interviewer, if the answer to question AM3.2 is 1 continue with question AM3COST1.
If the answer is 2, 8 or 9, continue with question AM4.

AM3COST1 P	Did you pay for this consultation? <i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No". For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Yes, I paid all expenses Yes, I paid part of the expenses No Don't know/not sure/don't remember Refusal	AM3COST3 ↓	1η	2η	3η	4η	5η	6η
			1	1	1	1	1	1
			2	2	2	2	2	2
			3	3	3	3	3	3
			8	8	8	8	8	8
9	9	9	9	9	9			

AM3COST2	Who covered the expenses of the consultation/visit (all or part)?							
P			1η	2η	3η	4η	5η	6η
	Entitled to healthcare benefits in public sector		1	1	1	1	1	1
	Health Fund from employer (i.e. CYTA, EAC)		2	2	2	2	2	2
	Private insurance (from employer or personal)		3	3	3	3	3	3
	Don't know/not sure/don't remember		8	8	8	8	8	8
	Refusal		9	9	9	9	9	9

Interviewer, if the answer to question AM3COST1 is 1 or 2, continue with question AM3COST3.
If the answer is 3, 8 or 9, continue with question AM4.


AM3COST3		How much did you pay?						
P	<i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i> <i>For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Amount (€)		1η	2η	3η	4η	5η	6η
	Don't know/not sure/don't remember		€ -8	€ -8	€ -8	€ -8	€ -8	€ -8
	Refusal		-9	-9	-9	-9	-9	-9

Medical or surgical specialists

Next set of questions (AM4-AM5COST3) is about consultations with **medical or surgical specialists**.
Include visits to doctors as outpatient or emergency departments, as well as home visits and consultations by telephone or via e-mail.
Do not include contacts while in hospital as an inpatient or daycare patient.

AM4	When was the last time you consulted a medical or surgical specialist on your own behalf?						
P							
	Less than 12 months ago	1	↓				
	12 months ago or longer	2	AM6				
	Never	3	AM6				
	Don't know/not sure/don't remember	8	AM6				
	Refusal	9	AM6				

AM5.1	During the <u>past four weeks</u> ending yesterday, how many times did you consult a medical or surgical specialist on your own behalf?						
P							
	Number of consultations	IF AM5.1=0 then AM6				
	Don't know/not sure/don't remember	98					
	Refusal	99					

AM5.2 P	If you think each consultation separately, did you visit the doctor to his office or did you talk to him on the phone or via email;							
			1η	2η	3η	4η	5η	6η
	Visit to the doctor's office		1	1	1	1	1	1
	Consultation on the phone or via email		2	2	2	2	2	2
	Don't know/not sure/don't remember		8	8	8	8	8	8
	Refusal		9	9	9	9	9	9

AM5.3 P	Having in mind each separate visit/consultation, was it a doctor in the public or private sector or abroad?							
			1η	2η	3η	4η	5η	6η
	Public sector	↓	1	1	1	1	1	1
	Private sector		2	2	2	2	2	2
	Abroad		3	3	3	3	3	3
	Don't know/not sure/don't remember		8	8	8	8	8	8
	Refusal	↓	9	9	9	9	9	9

AM5COST1 P	Did you pay for this consultation? <i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No". For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Yes, I paid all expenses	AM5COST3 ↓	1η	2η	3η	4η	5η	6η
	Yes, I paid part of the expenses		1	1	1	1	1	1
	No		2	2	2	2	2	2
	Don't know/not sure/don't remember		3	3	3	3	3	3
	Refusal		8	8	8	8	8	8
		9	9	9	9	9	9	

AM5COST2 P	Who covered the expenses of the consultation/visit (all or part)?							
	Entitled to healthcare benefits in public sector		1η	2η	3η	4η	5η	6η
	Health Fund from employer (i.e. CYTA, EAC)		1	1	1	1	1	1
	Private insurance (from employer or personal)		2	2	2	2	2	2
	Don't know/not sure/don't remember		3	3	3	3	3	3
	Refusal		8	8	8	8	8	8
		9	9	9	9	9	9	

Interviewer, if the answer to question AM5COST1 is 1 or 2, continue with question AM5COST3.
If the answer is 3, 8 or 9, continue with question AM6.

AM5COST3 P	How much did you pay? <i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed. For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Amount (€)	↓	1η	2η	3η	4η	5η	6η
	Don't know/not sure/don't remember		€	€	€	€	€	€
	Refusal		-8	-8	-8	-8	-8	-8
			-9	-9	-9	-9	-9	-9

Other health professionals

AM6 P	In the past 12 months, have you visited on your own behalf a?										
		Yes	No	Don't know	Refusal						
	A. Physiotherapist/kinesitherapist?	1	2	8	9						
	B. Occupational therapist?	1	2	8	9						
	C. Podiatrist?	1	2	8	9						
	D. Psychologist, psychotherapist or psychiatrist?	1	2	8	9						

Home Care

AM7 P	In the past 12 months, have you yourself used or received any home care services?							
	Yes	1	↓ MD1					
	No	2						
	Don't know/not sure/don't remember	8						
	Refusal	9						

AM7.1 P	The home care was provided by the public sector or private sector? <i>Multiple choice question</i>							
	Public sector	1	↓					
	Private sector	2						
	Don't know/not sure/don't remember	8						
	Refusal	9						

FOR ALL AGES

FOR PERSONS YOUNGER THAN 18 YEARS, THE HOUSEHOLD REFERENCE PERSON SHOULD BE INTERVIEWED

Use of medicines

Next questions, MD1-MD2COST2, are about the use of medicines within the past 2 weeks, as well as the corresponding out-of-pocket expenditure for these medicine. Only out-of-pocket payments that will not be reimbursed through health insurance scheme should be reported.

MD1 P	During the past 2 weeks, have you used any medicines that were prescribed to you by a doctor? <i>Interviewer for women, contraceptive pills or hormones used solely for contraception should be excluded.</i>							
	Yes	1	↓ MD2					
	No	2						
	Don't know/not sure/don't remember	8						
	Refusal	9						

MD1COST1 P	During the past 2 weeks, did you pay for these prescribed medication? <i>If you paid but the whole amount will be reimbursed by a health insurance scheme, please answer "No". For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Yes, I paid all expenses	1	↓ MD1COST3					
	Yes, I paid part of the expenses	2						
	No, the cost was covered	3						
	No, I had them at home	4						
	Don't know/not sure/don't remember	8						
	Refusal	9						

MD1COST2 P	Who covered the expenses for the medication (all or part)?							
	Entitled to healthcare benefits in public sector	1						
	Health Fund from employer (i.e. CYTA, EAC)	2						
	Private insurance (from employer or personal)	3						
	Be purchased before the past 2 weeks	4						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Interviewer, if the answer to question MD1COST1 is 1 or 2, then continue with question MD1COST3.
If the answer is 3, 8 or 9, go to question MD2.

MD1COST3 P	How much did you pay in <u>governmental</u> pharmacies? <i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed. For the public sector, even registration fees, "health stamps" or any other expense should be reported.</i>							
	Amount (€)	€	↓					
	Don't know/not sure/don't remember	-8						
	Refusal	-9						

MD1COST4 P	How much did you pay in <u>private</u> pharmacies? <i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i>							
	Amount (€)	€	↓					
	Don't know/not sure/don't remember	-8						
	Refusal	-9						

MD2 P	During the past 2 weeks, have you used any medicines or herbal medicines or vitamins that were not prescribed to you by a doctor?							
	<i>Interviewer for women, contraceptive pills or hormones used solely for contraception should be excluded.</i>							
	Yes	1	↓ PA1A PA1A PA1A					
	No	2						
	Don't know/not sure/don't remember	8						
Refusal	9							

MD2COST1 P	How much did you pay during the past 2 weeks in <u>private</u> pharmacies?							
	<i>If you paid but part of the amount will be reimbursed, please give only the amount that will not be reimbursed.</i>							
	Amount (€)	€	↓					
	Don't know/not sure/don't remember	-8						
Refusal	-9							

Prevention

Flu vaccination

Questions PA1A-PA1C, are about preventive vaccination against flu.

PA1A	Have you ever been vaccinated against flu?							
	Yes	1	↓ PA2 PA2 PA2					
	No	2						
	Don't know/not sure/don't remember	8						
	Refusal	9						

PA1B	When was the last time you've been vaccinated against flu?							
	During 2014	1	↓ PA2 PA2 PA2					
	During 2013	2						
	Before 2013	3						
	Don't know/not sure/don't remember	8						
	Refusal	9						

PA1C	Can you define during which month was that?							
	Month (01, 02, ..., 12, 99)		↓					

FOR PERSONS AGED 15 AND OVER

Blood pressure

PA2	When was the last time that your blood pressure was measured by a health professional?							
	Within the past 12 months	1	↓					
	1-3 years ago	2						
	3-5 years ago	3						
	5 years ago or more	4						
	Never	5						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Blood cholesterol

PA3	When was the last time that your blood cholesterol was measured by a health professional?							
	Within the past 12 months	1	↓					
	1-3 years ago	2						
	3-5 years ago	3						
	5 years ago or more	4						
	Never	5						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Blood sugar

PA4	When was the last time that your blood sugar was measured by a health professional?							
	Within the past 12 months	1	↓					
	1-3 years ago	2						
	3-5 years ago	3						
	5 years ago or more	4						
	Never	5						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Test for Intestinal organ cancer

Questions PA5.1-PA6.2 refer to examinations for the prevention of intestinal organ cancer.

PA5.1	Have you ever had a faecal occult blood test?							
	<i>The aim of the test is to detect subtle blood loss in the gastrointestinal tract, anywhere from the mouth to the colon.</i>							
	Yes	1	↓					
	No	2		PA6.1				
	Don't know/not sure/don't remember	8		PA6.1				
Refusal	9	PA6.1						

PA5.2	When was the last time you had a faecal occult blood test?							
	Within the past 12 months	1	↓					
	1-2 years ago	2						
	2-3 years ago	3						
	3 years ago or more	4						
	Don't know/not sure/don't remember	8						
Refusal	9							

PA6.1	Have you ever had a colonoscopy?							
	Yes	1	↓					
	No	2		PA7.1				
	Don't know/not sure/don't remember	8		PA7.1				
	Refusal	9		PA7.1				

PA6.2	When was the last time you had a colonoscopy?							
	Within the past 12 months	1	↓					
	1-5 years ago	2						
	5-10 years ago	3						
	10 years ago or more	4						
	Don't know/not sure/don't remember	8						
	Refusal	9						

The following questions PA7.1-PA8.2 refer to women aged 15 and over.
If the respondent is male aged 15+ you should continue with question UN1A1.

Mammography

Questions PA7.1-PA7.2 are about mammography.

PA7.1	Have you ever had a mammography (breast X-ray)?						
	Yes	1	↓				
	No	2	PA8.1				
	Don't know/not sure/don't remember	8	PA8.1				
	Refusal	9	PA8.1				

PA7.2	When was the last time you had a mammography (breast X-ray)?						
	Within the past 12 months	1	↓				
	1-2 years ago	2					
	2-3 years ago	3					
	3 years ago or more	4					
	Don't know/not sure/don't remember	8					
	Refusal	9					

Cervical smear test

Questions PA8.1-PA8.2 are about cervical smear test.

PA8.1	Have you ever had a cervical smear test (Pap smear test)?						
	Yes	1	↓				
	No	2	UN1A1				
	Don't know/not sure/don't remember	8	UN1A1				
	Refusal	9	UN1A1				

PA8.2	When was the last time you had a cervical smear test (Pap smear test)?						
	Within the past 12 months	1	↓				
	1-2 years ago	2					
	2-3 years ago	3					
	3 years ago or more	4					
	Don't know/not sure/don't remember	8					
	Refusal	9					

FOR PERSONS AGED 15 AND OVER

Unmet needs for health care

Next questions, UN1-UN2, are about any unmet needs for health care due to long waiting lists or cost or distance from a health care institution.

UN1	In the past 12 months, have you experienced delay in getting health care, because						
			Yes	No, I didn't face any delay	No need for health care	Don't know	Refusal
	A. The time needed to obtain an appointment was too long?	↓	1	2	3	8	9
	B. Of distance or transport problems?	↓	1	2	3	8	9

UN2	In the past 12 months, was there any time when you needed the following kinds of health care, but could not afford it?						
			Yes	No, I could afford it	No need for...	Don't know	Refusal
	A. Medical care	↓	1	2	3	8	9
	B. Dental care	↓	1	2	3	8	9
	C. Prescribed medicines	↓	1	2	3	8	9
	D. Mental Health Care	↓	1	2	3	8	9

FOR ALL AGES

Body mass index

Questions BM1-BM2, refer to weight and height.

BM1	How tall are you without shoes?					
	Height cm	↓			
	Don't know/not sure/don't remember	8				
	Refusal	9				

BM2	How much do you weigh without clothes and shoes?					
	<i>Interviewer, for pregnant women, ask the weight before the pregnancy.</i>					
	Weight kg	↓			
	Don't know/not sure/don't remember	8				
	Refusal	9				

FOR PERSONS AGED 15 AND OVER

Physical activity/ exercise

The following questions, PE1-PE8, are about the time spent doing different types of physical activity/ exercise in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Work-related physical activity

Think about the TIME you spend doing work, e.g. paid and unpaid work, work around your home, taking care of family, studying or training.

Interviewer, for question PE1 please hand SHOWCARD 9 presenting the answer categories and examples of the activities included under each category.

PE1	When you are WORKING, which of the following best describes what you do? Would you say ...							
Mostly sitting or standing	1	↓						
Mostly walking or tasks of moderate physical effort	2							
Mostly heavy labour or physically demanding work	3							
Not performing any working tasks	4							
Don't know/not sure/don't remember	8							
Refusal	9							

Commuting activities (getting to and from places)

For the next questions EXCLUDE the WORK-RELATED PHYSICAL ACTIVITIES that you have already mentioned. Now I would like to ask you about the way you usually GET TO AND FROM PLACES, e.g. to work, to school, for shopping, or to market.

PE2	In a typical week, on how many days do you WALK for at least 10 minutes continuously in order to get to and from places?							
Number of days (1-7 days)	--	↓						
I never carry out such physical activities	0		PE4					
Don't know/not sure/don't remember	8		PE4					
Refusal	9		PE4					

Interviewer, for questions PE3 and PE5 please hand SHOWCARD 10 presenting the answer categories.

PE3	How much time do you spend walking in order to get to and from places on a typical <u>day</u> on which you walk?							
10-29 minutes	1	↓						
30-59 minutes	2							
1-2 hours	3							
2-3 hours	4							
3 hours or more	5							
Don't know/not sure/don't remember	8							
Refusal	9							

PE4	In a typical week, on how many days do you BICYCLE for at least 10 minutes continuously to get to and from places?							
	Number of days (1-7 days)	--	↓					
	I never carry out such physical activities	0	PE6					
	Don't know/not sure/don't remember	8	PE6					
	Refusal	9	PE6					

PE5	How much time do you spend bicycling in order to get to and from places on a typical <u>day</u> on which you bicycle?							
	10-29 minutes	1	↓					
	30-59 minutes	2						
	1-2 hours	3						
	2-3 hours	4						
	3 hours or more	5						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Sports, fitness and recreational (leisure) physical activities

For the next questions EXCLUDE the WORK and TRANSPORT ACTIVITIES that you have already mentioned. Now I would like to ask you about SPORTS, FITNESS and RECREATIONAL (LEISURE) PHYSICAL ACTIVITIES that cause AT LEAST a small increase in breathing or heart rate, e.g. brisk walking, ball games, jogging, cycling or swimming.

Interviewer, for questions PE6 and PE7 please hand SHOWCARD 11 presenting examples of the activities included under the category "sports, fitness or recreational (leisure) physical activities".

PE6	In a typical week, on how many days do you carry out sports, fitness or recreational (leisure) physical activities for at least 10 minutes continuously?							
	Number of days (1-7 days)	--	↓					
	I never carry out such physical activities	0	PE8					
	Don't know/not sure/don't remember	8	PE8					
	Refusal	9	PE8					

PE7	How much time in total do you spend on sports, fitness or recreational (leisure) physical activities in a typical week?							
	Hours : Minutes	-- : --	↓					
	Don't know/not sure/don't remember	98						
	Refusal	99						

Interviewer, for question PE8 please hand SHOWCARD 12 presenting examples of the activities included under the category "physical activities to strengthen muscles".

PE8	In a typical week, on how many days do you carry out physical activities specifically designed to STRENGTHEN your muscles such as doing resistance training or strengthen exercises, e.g. using weights, elastic band, own body weight?							
	Number of days (1-7 days)	--	↓					
	I never carry out such physical activities	0						
	Don't know/not sure/don't remember	8						
	Refusal	9						

FOR PERSONS AGED 15 AND OVER

Consumption of fruit and vegetables

Questions FV1-FV4 concern the consumption of fruits and vegetable and fresh juices only.

FV1	How often do you eat fruits, excluding juice made from concentrate?							
	Every day	1	↓					
	4-6 times a week	2	FV3					
	1-3 times a week	3	FV3					
	Less than once a week	4	FV3					
	Never	5	FV3					
	Don't know/not sure/don't remember	8	FV3					
	Refusal	9	FV3					

For question FV2, please hand SHOWCARD 13 with the examples of the fruit included in each portion.

FV2	How many portions of fruit do you eat each day?							
	Number of portions	--	↓					
	Don't know/not sure/don't remember	8						
	Refusal	9						

FV3	How often do you eat vegetables or salad, excluding potatoes and juice made from concentrate?							
	Every day	1	↓					
	4-6 times a week	2	SK1					
	1-3 times a week	3	SK1					
	Less than once a week	4	SK1					
	Never	6	SK1					
	Don't know/not sure/don't remember	8	SK1					
	Refusal	9	SK1					

For question FV4, please hand SHOWCARD 14 with the examples of the vegetables included in each portion.

FV4	How many portions of vegetables or salad do you eat each day?							
	Number of portions	--	↓					
	Don't know/not sure/don't remember	8						
	Refusal	9						

FOR PERSONS AGED 15 AND OVER

Smoking

Questions SK1-SK4 are about your smoking habits and exposure to tobacco smoke.

SK1 P	Do you smoke?					
	Yes, daily	1	↓ SK4			
	Yes, occasionally	2				
	Not at all	3				
	Don't know/not sure/don't remember	8				
Refusal	9					

SK2 P	What type of tobacco product do you mostly consume?					
	Cigarettes (manufactured and/or hand-rolled)	1				
	Cigars	2				
	Pipe tobacco	3				
	Other	4				
	Don't know/not sure/don't remember	8				
Refusal	9					

Interviewer, if the answers to questions SK1 and SK2 are 1, then continue with question SK3.
If the answers to questions SK1 and SK2 are 2, 3, 4, 8 or 9, go to question SK4.

SK3 P	On average, how many cigarettes, do you smoke each day?					
	Number of cigarettes (manufactured or hand-rolled)	--	↓			
	Don't know/not sure/don't remember	8				
	Refusal	9				

SK4	How often are you exposed to tobacco smoke indoors, e.g. at home, at work, at public places, at restaurants, in buses, etc.?					
	Never or almost never	1	↓			
	Less than 1 hour per day	2				
	1 hour or more a day	3				
	Don't know/not sure/don't remember	8				
	Refusal	9				

Alcohol consumption

Questions AL1-AL6, are about your use of alcoholic beverages during the past 12 months. For question AL1 please hand SHOWCARD 15, with the possible answers.

AL1	In the past 12 months, how often have you had an alcoholic drink of any kind (beer, wine, brandy, zivania, whiskey, ouzo, liquor, alcoholic cocktails, breezers or other)?							
	Every day or almost every day	1	↓					
	5-6 days a week	2						
	3-4 days a week	3						
	1-2 days a week	4						
	2-3 days in a month	5	AL6					
	Once a month	6	AL6					
	Less than once a month	7	AL6					
	Not in the past 12 months, as I no longer drink alcohol	8	SS1					
	Never, or only a few sips or trials, in my whole life	9	SS1					
	Don't know/not sure/don't remember	98	SS1					
	Refusal	99	SS1					

For question AL2 please hand SHOWCARD 16, with the possible answer categories.

AL2	Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?							
	Number of days (1-4 days)	--	↓					
	On none of the 4 days	0		AL4				
	Don't know/not sure/don't remember	8		AL4				
	Refusal	9		AL4				

For question AL3 please hand SHOWCARD 17 and the additional card, presenting what a standard drink is.

AL3	From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?							
	16 or more drinks a day	1	↓					
	10-15 drinks a day	2						
	6-9 drinks a day	3						
	4-5 drinks a day	4						
	3 drinks a day	5						
	2 drinks a day	6						
	1 drink a day	7						
	0 drink a day	8						
	Don't know/not sure/don't remember	98						
	Refusal	99						

For question AL4 please hand SHOWCARD 18, with the possible answer categories.

AL4	Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?							
	Number of days (1-3 days)	--	↓					
	On none of the 3 days	0		AL6				
	Don't know/not sure/don't remember	8		AL6				
	Refusal	9		AL6				

For question AL5 please hand SHOWCARD 17 and the additional card, presenting what a standard drink is.

AL5	From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?							
	16 or more drinks a day	1	↓					
	10-15 drinks a day	2						
	6-9 drinks a day	3						
	4-5 drinks a day	4						
	3 drinks a day	5						
	2 drinks a day	6						
	1 drink a day	7						
	0 drink a day	8						
	Don't know/not sure/don't remember	98						
Refusal	99							

AL6	In the past 12 months, how often have you had 6 or more drinks containing alcohol on one occasion e.g. during a party, a wedding party, an evening out with friends, a dinner, alone at home, etc.?							
	Every day or almost every day	1	↓					
	5-6 days a week	2						
	3-4 days a week	3						
	1-2 days a week	4						
	2-3 days in a month	5						
	Once a month	6						
	Less than once a month	7						
	Not in the past 12 months	8						
	Never in my whole life	9						
Don't know/not sure/don't remember	98							
Refusal	99							

FOR PERSONS AGED 15 AND OVER

Social support

SS1	How many people are so close to you that you can count on them if you have serious personal problems?							
	None	1	↓					
	1 or 2	2						
	3 to 5	3						
	6 or more	4						
	Don't know/not sure/don't remember	8						
Refusal	9							

SS2	How much concern do people show in what you are doing? (Five-point Likert scale, 1 is the most)							
	A lot of concern and interest	1	↓					
	Some concern and interest	2						
	Uncertain	3						
	Little concern and interest	4						
	No concern and interest	5						
	Don't know/not sure/don't remember	8						
	Refusal	9						

SS3	How easy is it to get practical help from neighbours if you should need it? (i.e. personal support, advice, money, Five-point Likert scale, 1 is the easiest)							
	Very easy	1	↓					
	Easy	2						
	Possible	3						
	Difficult	4						
	Very difficult	5						
	Don't know/not sure/don't remember	8						
	Refusal	9						

Provision of informal care or assistance

IC1	Do you provide care or assistance to one or more persons suffering from some age problem, chronic health condition or infirmity, at least once a week?						
	<i>Exclude any care provided as part of your profession.</i>						
	Yes	1	↓ END				
	No	2					
	Don't know/not sure/don't remember	8					
Refusal	9						

IC2	What is your relationship with that person?						
	<i>In case multiple persons are involved, an answer should be given for the one to whom the most care is provided.</i>						
	He/she is a member of my family	1	↓				
	Not member of my family	2					
	Don't know/not sure/don't remember	8					
Refusal	9						

IC3	For how many hours per week do you provide care or assistance?						
	Less than 10 hours per week	1	END				
	10-20 hours per week	2					
	20 or more hours per week	3					
	Don't know/not sure/don't remember	8					
Refusal	9						

Συμπλήρωση από τον απογραφέα

PROXY	Η συνέντευξη έγινε στο ίδιο το άτομο που επιλέχθηκε ή κάποιο άλλο μέλος του νοικοκυριού απάντησε στη θέση του;						
	Στο ίδιο το άτομο	1	ΤΕΛΟΣ				
	Άλλο μέλος του νοικοκυριού	2					
	Παρακαλώ καθορίστε.....						



SHOWCARD INCOME (HHINCOME2)

HHINCOME2. Thinking of the net monthly income of your household, i.e summing up the net monthly income of all the mebmbers of your househols, in which category does it fall?
Up to 900€
901€1200€
1201€1500€
1501€1900€
2001€2300€
2301€2800€
2801€3500€
3501€4000€
4001€5500€
More than 5501€

SHOWCARD 1 (CD)

CD1. During the past 12 months, have you had any of the following diseases or conditions?	
a	Asthma (allergic asthma included)
b	Chronic bronchitis, chronic obstructive pulmonary disease, emphysema
c	Myocardial infarction (heart attack) or chronic consequences of myocardial infarction
d	Coronary heart disease or angina pectoris
e	High blood pressure (hypertension)
f	Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke
g	Arthrosis (arthritis excluded)
h	Rheumatoid arthritis
i	Lupus erythematosus
j	Osteoarthritis
k	Osteoporosis
l	Low back disorder or other chronic back defect
m	Neck disorder or other chronic neck defect
n	Spinal cord injury
o	Diabetes (gestational diabetes excluded)
p	Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.
q	Cirrhosis of the liver
r	Urinary incontinence, problems in controlling the bladder
s	Kidney problems
t	Cancer (malignant tumour, also including leukaemia and lymphoma)
u	Depression
v	Autism
w	Down syndrome
x	Alzheimers disease
y	Anorexia nervosa

SHOWCARD 2 (AC)

AC1 In the past 12 months, have you had any accident (road traffic accident, home accident or leisure accident) resulting in injury?

Injuries resulting from poisoning or inflicted by animals or insects are also included.

Injuries caused by wilful acts of other persons are excluded.

A. Road traffic accident

B. Home accident

C. Leisure accident

SHOWCARD 3 (PL)

Answer categories for questions PL2, PL4, PL5, PL6, PL7
No difficulty
Some difficulty
A lot of difficulty
Cannot do at all / Unable to do

SHOWCARD 4 (PC)

Activities for question PC1
A. Feeding yourself
B. Getting in and out of a bed or chair
C. Dressing and undressing
D. Using toilets
E. Bathing or showering

Answers for question PC1
No difficulty
Some difficulty
A lot of difficulty
Cannot do at all / Unable to do

SHOWCARD 5 (HA)

Activities for question HA1
A. Preparing meals
B. Using the telephone
C. Shopping
D. Managing medication
E. Light housework
F. Occasional heavy housework
G. Taking care of finances and everyday administrative tasks (e.g. bill payments, bank)

Answers for question HA1
No difficulty
Some difficulty
A lot of difficulty
Cannot do at all / Unable to do
Never tried it/ Do not need to do it

SHOWCARD 6 (PN1)

Intensity of bodily pain for question PN1
No pain
Very mild
Mild
Moderate
Severe
Very severe

SHOWCARD 7 (PN2)

Answer categories for question PN2
Not at all
A little bit
Moderately
Quite a bit
Extremely

SHOWCARD 8 (MH1)

MH1 Over the last 2 weeks, how often have you been bothered by any of the following problems?
MH1A Little interest or pleasure in doing things?
MH1B Feeling down, depressed or hopeless?
MH1C Trouble falling or staying asleep, or sleeping too much?
MH1D Feeling tired or having little energy?
MH1E Poor appetite or overeating?
MH1F Feeling bad about yourself or that you are a failure or have let yourself or your family down?
MH1G Trouble concentrating on things, such as reading the newspaper or watching television?
MH1H Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fridgety or restless that you have been moving around a lot more than usual?

Answer categories for question MH1
Not at all
Several days
More than half the days
Nearly every day

SHOWCARD 9 (PE1)

PE1 When you are working, which of the following best describes what you do? Would you say...

Mostly sitting or standing

- Light office work (reading, writing, drawing, using the computer, talking, talking on the phone)
- Driving a car or truck
- Teaching
- Sewing
- Selling products in a supermarket or bakery
- Hair styling
- Directing traffic
- ...

Mostly walking or doing tasks of moderate physical effort

- Delivering letters
- Carrying light loads
- Watering the lawn or garden
- Electrical work
- Plumbing
- Automotive repairs
- Painting the house
- Nursing
- Multiple household chores of moderate effort such as cleaning the house, vacuuming, etc
- Shopping
- Playing with children
- ...

Mostly heavy labour or physically demanding work

- Using heavy power tools
- Heavy construction work
- Mining
- Carrying heavy loads
- Loading or unloading of heavy loads
- ...

SHOWCARD 10 (PE3&PE5)

<p>PE3, PE5</p> <p>Time consumed on walking or bicycling in order to get to and from places:</p>
10-29 minutes
30-59 minutes
1-2 hours
2-3 hours
3 hours or more

SHOWCARD 11 (PE6-PE7)

Sports, fitness and recreational (leisure) physical activities ACTIVITIES that cause AT LEAST a small increase in breathing or heart rate	
- Brisk walking	
- Ball games	
- Jogging	
- Bicycling	
- Swimming	
- Aerobics	
- Rowing	
- Badminton	
- ...	

SHOWCARD 12 (PE8)

Muscle-strengthening activities
- Resistance training
- Weights
- Elastic band
- Knee bends (squats)
- Push-ups
- Sit-ups
- ...

SHOWCARD 13 (FV1)

1 portion of fruit could be:
- 1 apple
- 1 pear
- 1 peach
- 1 orange
- 2 mandarins
- 1 slice of water melon/ melon (restaurant portion)
- 7 small strawberries
- 14 cherries
- 2 plums
- 2 kiwi
- 3 spoons of fruit salad (not containing canned fruit or sugar)
- 1 small glass (150ml) fresh fruit juice

SHOWCARD 14 (FV4)

1 portion of vegetables could be:
- 2 pieces of broccoli
- 2 large pieces of cauliflower
- 4 spoons of cabbage, spinach, spring beans, green beans
- 1 medium sized tomato
- 1 cucumber
- 1 carrot
- 3 spoons of Brussels sprouts
- 3 spoons of fresh salad
- 1 small glass (150ml) fresh vegetable juice

SHOWCARD 15 (AL1)

Kinds of alcoholic drinks
Beer
Wine
Brandy
Zivania
Koumantaria (national liquor)
Whiskey
Ouzo
Liquor
Alcoholic cocktails
Breezers
Beer with fruit flavour
...

Frequency of consumption of an alcoholic drink
Every day or almost every day
5-6 days a week
3-4 days a week
1-2 days a week
2-3 days in a month
Once a month
Less than once a month
Not in the past 12 months, as I no longer drink alcohol
Never, or only a few sips or trials, in my whole life

SHOWCARD 16 (AL2)

Frequency of consumption of an alcoholic drink for Monday-Thursday
On all 4 days
On 3 of the 4 days
On 2 of the 4 days
On 1 of the 4 days
On none of the 4 days

SHOWCARD 17 (AL3, AL5)

1 alcoholic beverage could be... (see relevant card)
1 tin of beer (330ml)
1 glass of wine (0,125ml)
1 shot of zivania (20ml)
1 shot of liquor (20ml)
1 brandy (30 ml, the standard amount served in bars)
1 whiskey (40ml, the standard amount served in bars)
1 breezer (330ml)

Number of alcoholic drinks
16 or more drinks a day
10-15 drinks a day
6-9 drinks a day
4-5 drinks a day
3 drinks a day
2 drinks a day
1 drink a day
0 drink a day

SHOWCARD 18 (AL4)

Frequency of consumption of an alcoholic drink for Friday-Sunday
On all 3 days
On 2 of the 3 days
On 1 of the 3 days
On none of the 3 days



1 small glass of beer (5%) = 330ml =
1 small tin
(less than a 500ml pint served in pubs)



1 glass of wine (12%) = 125ml
(less than the 180ml contained in a small
bottle of wine served in restaurants)



1 glass of champagne (12%) = 100ml
(i.e. 1 glass of champagne served in the
“narrow” glass)



1 glass of whisky (40%) = 40ml
(i.e 1 portion as served in bars)



1 glass of vodka (40%) = 40ml
(i.e 1 portion as served in bars)
1 σφηνάκι βότκα = 20ml



1 glass of martini/campari (40%) = 25ml
(i.e 1 portion as served in bars)



1 glass of liquor (40%) = 35ml
(i.e 1 portion as served in bars)



1 glass of ouzo (40%) = 40ml
(i.e 1 portion as served in bars)



1 glass of brandy/ koumantaria (40%) = 30ml
(i.e 1 portion as served in bars)



1 breezer/ smirnof ice/ beer with fruit flavor
(5%) = 330ml