



REPUBLIC OF CYPRUS  
MINISTRY OF FINANCE



STATISTICAL SERVICE  
1444 NICOSIA

Form: E.H.I.S. 1

# EUROPEAN HEALTH INTERVIEW SURVEY 2019

## 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. Date of the interview (GEN.12):   /   /

### General Information about the Survey:

1. The survey is conducted in accordance with the Commission Regulation (EU) No 2018/255 for the implementation of the Regulation (EC) No 1338/2008 of the European Parliament and the Council. The main objective of the survey is to study the health status of the population in Cyprus and the use of health services. The particular survey will constitute the basis for policy making in the health sector, at national and European level.
2. The Statistical Service is kindly requesting all households to cooperate when visited by the interviewer and supply the necessary information as accurate as possible.
3. The Statistical Service is obliged in accordance with the statistics Law no. 15(1)2000 to treat all the information collected as **CONFIDENTIAL**. The compiled information will be used solely for general statistical purposes. The individual data of the household will not be disclosed to any person, organisation or other Government Departments.

September, 2019

**PART A: GENERAL QUESTIONS FOR THE HOUSEHOLD**

**FOR THE HOUSEHOLD REFERENCE PERSON**

<b>NOPERSON</b>	<b>A1. How many persons live in the household?</b>
	Number of household members: .....

**ROASTER A2. Members of the household:**

Person No	Name (only the first name)	SEX 1. Male 2. Female	Date of birth -- / / --	Spouse's/ cohabitant'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

**PART A: GENERAL QUESTIONS FOR THE HOUSEHOLD**

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

**FOR ALL AGES**

<b>RTH</b>	<b>A3. What is the relationship with the household reference person?</b>						
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						

<b>HHTYPE</b>	<b>A4. Type of household...</b>						
To be completed from the supervisor based on the information entered on the household roster.							
One-person household	10	↓					
Lone parent with at least one child aged less than 25	21						
Lone parent with all children aged 25 or more	22						
Couple without any children	31						
Couple with at least one child aged less than 25	32						
Couple with all children aged 25 or more	33						
Other type of household	40						

<b>BIRTHPLACE</b>	<b>A5. You were born in ...</b>						
Cyprus	1	↓					
In another EU Member State Please specify .....	2						
In a non-EU country Please specify .....	3						

<b>CITIZEN</b>	<b>A6. Your main citizenship is ...</b>						
Cypriot	1	↓					
National of other EU Member State Please specify .....	2						
National of non-EU country Please specify .....	3						

<b>FBIRTHPLACE</b>	<b>A7. Your father was born in ...</b>						
	Cyprus	1	↓				
	In another EU Member State Please specify .....	2					
	In a non-EU country Please specify .....	3					

<b>MBIRTHPLACE</b>	<b>A8. Your mother was born in ...</b>						
	Cyprus	1	↓				
	In another EU Member State Please specify .....	2					
	In a non-EU country Please specify .....	3					

**FOR PERSONS AGE 15 AND OVER**

<b>MARSTAT1</b>	<b>A9. What is your marital status?</b>						
	Never married	1	HATLEVEL				
	Married or in a registered partnership	2	HATLEVEL				
	Widowed and not remarried	3	HATLEVEL				
	Divorced and not remarried	4	HATLEVEL				
	Cohabitant	5	↓				

<b>MARSTAT2</b>	<b>A10. What is your legal marital status?</b> Included are ecclesiastical marriages, civil marriages and registered partnership.						
	Never married	1	↓				
	Married or in a registered partnership	2					
	Widowed and not remarried	3					
	Divorced and not remarried	4					

<b>HATLEVEL</b>	<b>A11. Which is the highest level of education or training successfully completed so far?</b> <i>Please include any vocational training.</i>						
	Never attended school	1	↓				
	Not completed primary education	2					
	Primary school	3					
	Lower Secondary (first 3 grades)	4					
	Upper Secondary, Technical or Vocational education	5					
	Post secondary not tertiary (<2years)	6					
	Tertiary non-university (2-3 years vocational studies, e.g. HTI, HHIC, private college etc)	7					
	University (duration 3-4 years)	8					
	Postgraduate degree - Master's degree	9					
	Doctorate (PhD)	10					

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

<b>MAINSTAT</b>	<b>A12. What is your current labour status?</b>							
	Employed (including unpaid work for a family business, apprenticeship or paid traineeship)	1	↓					
	Unemployed	2	If RTH=1, then HHINCOME					
	In retirement	3						
	Permanently disabled	4						
	Pupil/student in Cyprus	5						
	Pupil/student abroad	6						
	Housework/care of children	7						
	In the army	8						
Other inactive person	9							
Please describe.....								

<b>FT_PT</b>	<b>A13. Do you work on a full-time or part-time basis?</b>							
	Full time	1	↓					
	Part time	2	↓					

<b>JOBSTAT</b>	<b>A14. What is your employment status in the business/service where you work?</b>							
	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	↓						

<b>JOBISCO</b>	<b>A15. What is your occupation in the business/service where you work?</b>								
	<b>Member 1:</b>								
	Detailed description of main occupation in this job:								
	.....								
							<input type="text"/>	<input type="text"/>	(ISCO-08 COM, 2 digits)
	<b>Member 2:</b>								
	Detailed description of main occupation in this job:								
	.....								
							<input type="text"/>	<input type="text"/>	(ISCO-08 COM, 2 digits)
	<b>Member 3:</b>								
	Detailed description of main occupation in this job:								
	.....								
							<input type="text"/>	<input type="text"/>	(ISCO-08 COM, 2 digits)
	<b>Member 4:</b>								
	Detailed description of main occupation in this job:								
	.....								
							<input type="text"/>	<input type="text"/>	(ISCO-08 COM, 2 digits)
	<b>Member 5:</b>								
	Detailed description of main occupation in this job:								
	.....								
						<input type="text"/>	<input type="text"/>	(ISCO-08 COM, 2 digits)	



**PART B: HEALTH STATUS**

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

**FOR PERSONS AGED 15 AND OVER**

*Self-perceived health status*

<b>HS1</b>	<b>B1. How is your health in general? Is it...</b>								
	<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								

<b>HS2 P</b>	<b>B2. Do you have any longstanding illness or longstanding health problem?</b>								
	<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								

<b>HS3A</b>	<b>B3. Are you limited because of a health problem in activities people usually do and if yes, to which degree?</b>								
	Severely limited	1	↓						
	Limited but not severely	2							
	Not limited at all	3		CD2					
	Don't know/not sure/don't remember	8		CD2					
	Refusal	9		CD2					

<b>HS3B P</b>	<b>B4. Have you been limited for at least the past 6 months?</b>								
	Yes	1	↓						
	No	2							
	Don't know/not sure/don't remember	8							
	Refusal	9							

<b>CD2</b>	<b>B5. How would you describe the state of your teeth and gums? Would you say it is ...</b>								
	<i>Interviewer, you should read out all the answer categories and tick 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								

**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	<b>B6. During the past 12 months, have you had any of the following diseases or conditions?</b>				
	<b><u>Member 1:</u></b>	YES	NO	DONT KNOW/NOT SURE/DONT REMEMBER	REFUSAL
<b>P</b>	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. Osteoporosis	1	2	8	9
	i. Low back disorder or other chronic back defect	1	2	8	9
	j. Neck disorder or other chronic neck defect	1	2	8	9
	k. Diabetes (gestational diabetes excluded)	1	2	8	9
	l. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	m. Cirrhosis of the liver	1	2	8	9
	n. Hepatitis B' (acute or chronic)	1	2	8	9
	o. Hepatitis C' (acute or chronic)	1	2	8	9
	p. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	q. Kidney problems	1	2	8	9
	r. Depression	1	2	8	9
	s. Dementia	1	2	8	9
	t. High blood lipids (high cholesterol and triglycerides)	1	2	8	9

CD1	B6. During the past 12 months, have you had any of the following diseases or conditions?				
	<u>Member 2:</u>	YES	NO	DONT KNOW/NOT SURE/DONT 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. Osteoporosis	1	2	8	9
	i. Low back disorder or other chronic back defect	1	2	8	9
	j. Neck disorder or other chronic neck defect	1	2	8	9
	k. Diabetes (gestational diabetes excluded)	1	2	8	9
	l. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	m. Cirrhosis of the liver	1	2	8	9
	n. Hepatitis B' (acute or chronic)	1	2	8	9
	o. Hepatitis C' (acute or chronic)	1	2	8	9
	p. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	q. Kidney problems	1	2	8	9
r. Depression	1	2	8	9	
s. Dementia	1	2	8	9	
t. High blood lipids (high cholesterol and triglycerides)	1	2	8	9	

CD1	B6. During the past 12 months, have you had any of the following diseases or conditions?				
	<u>Member 3:</u>	YES	NO	DONT KNOW/NOT SURE/DONT 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. Osteoporosis	1	2	8	9
	i. Low back disorder or other chronic back defect	1	2	8	9
	j. Neck disorder or other chronic neck defect	1	2	8	9
	k. Diabetes (gestational diabetes excluded)	1	2	8	9
	l. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	m. Cirrhosis of the liver	1	2	8	9
	n. Hepatitis B' (acute or chronic)	1	2	8	9
	o. Hepatitis C' (acute or chronic)	1	2	8	9
	p. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	q. Kidney problems	1	2	8	9
r. Depression	1	2	8	9	
s. Dementia	1	2	8	9	
t. High blood lipids (high cholesterol and triglycerides)	1	2	8	9	

CD1	B6. During the past 12 months, have you had any of the following diseases or conditions?				
	<u>Member 4:</u>	YES	NO	DONT KNOW/NOT SURE/DONT 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. Osteoporosis	1	2	8	9
	i. Low back disorder or other chronic back defect	1	2	8	9
	j. Neck disorder or other chronic neck defect	1	2	8	9
	k. Diabetes (gestational diabetes excluded)	1	2	8	9
	l. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	m. Cirrhosis of the liver	1	2	8	9
	n. Hepatitis B' (acute or chronic)	1	2	8	9
	o. Hepatitis C' (acute or chronic)	1	2	8	9
	p. Urinary incontinence, problems in controlling the bladder	1	2	8	9
q. Kidney problems	1	2	8	9	
r. Depression	1	2	8	9	
s. Dementia	1	2	8	9	
t. High blood lipids (high cholesterol and triglycerides)	1	2	8	9	

CD1	B6. During the past 12 months, have you had any of the following diseases or conditions?				
	<u>Member 5:</u>	YES	NO	DONT KNOW/NOT SURE/DONT 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. Osteoporosis	1	2	8	9
	i. Low back disorder or other chronic back defect	1	2	8	9
	j. Neck disorder or other chronic neck defect	1	2	8	9
	k. Diabetes (gestational diabetes excluded)	1	2	8	9
	l. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	m. Cirrhosis of the liver	1	2	8	9
	n. Hepatitis B' (acute or chronic)	1	2	8	9
	o. Hepatitis C' (acute or chronic)	1	2	8	9
	p. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	q. Kidney problems	1	2	8	9
	r. Depression	1	2	8	9
	s. Dementia	1	2	8	9
	t. High blood lipids (high cholesterol and triglycerides)	1	2	8	9

CD1	B6. During the past 12 months, have you had any of the following diseases or conditions?				
	<u>Member 6:</u>	YES	NO	DONT KNOW/NOT SURE/DONT 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. Osteoporosis	1	2	8	9
	i. Low back disorder or other chronic back defect	1	2	8	9
	j. Neck disorder or other chronic neck defect	1	2	8	9
	k. Diabetes (gestational diabetes excluded)	1	2	8	9
	l. Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.	1	2	8	9
	m. Cirrhosis of the liver	1	2	8	9
	n. Hepatitis B' (acute or chronic)	1	2	8	9
	o. Hepatitis C' (acute or chronic)	1	2	8	9
	p. Urinary incontinence, problems in controlling the bladder	1	2	8	9
	q. Kidney problems	1	2	8	9
	r. Depression	1	2	8	9
	s. Dementia	1	2	8	9
	t. High blood lipids (high cholesterol and triglycerides)	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.

<b>AC1 P</b>	<b>B7. 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?</b> <i>Injuries resulting from poisoning or inflicted by animals or insects are also included. 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						

**Next question is to be asked for respondents who reported having at least one accident.  
If AC1A=1 / AC1B=1 / AC1C=1 proceed with question AC2. Else go to the next filter.**

<b>AC2 P</b>	<b>B8. 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?</b>									
	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 MAINSTAT=1 then go to question AW1. Else go to question PL1.**

<b>AW1 P</b>	<b>B9. In the past 12 months, have you been absent from work for reasons of health problems?</b> <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							

<b>AW2</b>	<b>B10. In the past 12 months, how many days in total were you absent from work for reasons of health</b> <i>The question refers to calendar days, i.e. weekends or formal holidays should be taken into account. Interviewer, prompt only if necessary "an estimate is acceptable".</i>									
	Number of days .....	<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.*

<b>PL1</b> <b>P</b>	<b>B11. Do you wear glasses or contact lenses?</b>								
	Yes	1	PL2A						
	No	2	PL2B						
	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 PL2A, PL2B, PL4A, PL4B, PL5A, PL5B, PL6-PL9, hand SHOWCARD 3, with the answer categories.*

<b>PL2A</b> <b>P</b>	<b>B12a. Do you have difficulty seeing even wearing your glasses or contact lenses?</b>								
	No difficulty	1	} PL3						
	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								

<b>PL2B</b> <b>P</b>	<b>B12b. Do you have difficulty seeing?</b>								
	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.*

<b>PL3 P</b>	<b>B13. Do you use a hearing aid?</b>								
	Yes	1	PL4A						
	No	2	PL4B						
	I am profoundly deaf	3	PL6						
	Don't know/not sure/don't remember	8	PL6						
	Refusal	9	PL6						

<b>PL4A P</b>	<b>B14a. 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?</b>								
	No difficulty	1	PL5A						
	Some difficulty	2	PL5A						
	A lot of difficulty	3	PL5A						
	Cannot do at all/ Unable to do	4	PL6						
	Don't know/not sure/don't remember	8	PL6						
Refusal	9	PL6							

<b>PL4B P</b>	<b>B14b. Do you have difficulty hearing what is said in a conversation with one other person in a quite room?</b>								
	No difficulty	1	PL5B						
	Some difficulty	2	PL5B						
	A lot of difficulty	3	PL5B						
	Cannot do at all/ Unable to do	4	PL6						
	Don't know/not sure/don't remember	8	PL6						
Refusal	9	PL6							

<b>PL5A P</b>	<b>B15a. 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?</b>								
	No difficulty	1	} PL6						
	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								

<b>PL5B P</b>	<b>B15b. Do you have difficulty hearing what it is said in a conversation with one other person in a noisier room?</b>								
	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**

<b>PL6 P</b>	<b>B16. Do you have difficulty walking 500 meters on level ground without the use of any aid or any help from another person?</b>							
	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						

<b>PL7 P</b>	<b>B17. Do you have difficulty walking up or down 12 steps?</b>							
	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						

<b>PL8 P</b>	<b>B18. Do you have difficulty remembering or concentrating?</b>							
	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 55 AND OVER**

<b>PL9 P</b>	<b>B19. Do you have difficulty biting and chewing on hard foods such as a firm apple?</b>							
	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 15 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.

<b>PC1 P</b>	<b>B20. Do you usually have difficulty doing any of these activities without help?</b>						
	<b>Member 1:</b>						
	<b>ACTIVITY</b>	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
	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
	<b>Member 2:</b>						
	<b>ACTIVITY</b>	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
	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
	<b>Member 3:</b>						
	<b>ACTIVITY</b>	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
	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	

<b>Member 4:</b>						
<b>ACTIVITY</b>	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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
<b>Member 5:</b>						
<b>ACTIVITY</b>	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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
<b>Member 6:</b>						
<b>ACTIVITY</b>	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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

*Interviewer, if the answer to question PC1 is 2, 3 or 4 for at least 1 activity go to question PC2.  
If all the answers are 1, 8 or 9 go to question HA1.*

**FOR PERSONS AGED 15 AND OVER WHO REPORTED DIFFICULTIES IN AT LEAST ONE ACTIVITY  
(PC1A/PC1B/PC1C/PC1D/PC1E = 2 OR 3 OR 4)**

*Personal care*

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

<b>PC2 P</b>	<b>B21. Do you usually have help for any of these activities?</b>							
	Yes, with at least one activity	1	↓ PC3A HA1 HA1					
	No	2						
	Don't know/not sure/don't remember	8						
	Refusal	9						

<b>PC2A P</b>	<b>B22. From whom do you receive help?</b>							
	<i>Multiple answers could be selected.</i>							
	Family member	1	} PC3B					
	Domestic worker paid by me	2						
	Caretaker or other professional paid by me	3						
	Don't know/not sure/don't remember	8						
Refusal	9							

<b>PC3A</b>	<b>B23a. Would you need help?</b>							
	Yes, with at least one activity	1	} HA1					
	No	2						
	Don't know/not sure/don't remember	8						
	Refusal	9						

<b>PC3B</b>	<b>B23b. Would you need more help?</b>							
	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**

*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	<b>B24. Do you usually have difficulty doing any of these activities without help?</b>							
	<b>Member 1:</b>							
	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 (eg. washing dishes, ironing, bed making)?	1	2	3	4	5	8	9	
F. Occasional heavy housework (eg. Vacuum cleaning, cleaning windows)?	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	
	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	
<b>Member 2:</b>								
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 (eg. washing dishes, ironing, bed making)?	1	2	3	4	5	8	9	
F. Occasional heavy housework (eg. Vacuum cleaning, cleaning windows)?	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	

<b>Member 3:</b>							
	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Never tried it/ Do not need to do it</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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 (eg. washing dishes, ironing, bed making)?	1	2	3	4	5	8	9
F. Occasional heavy housework (eg. Vacuum cleaning, cleaning windows)?	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
<b>Member 4:</b>							
	<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Cannot do at all/ Unable to do</b>	<b>Never tried it/ Do not need to do it</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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 (eg. washing dishes, ironing, bed making)?	1	2	3	4	5	8	9
F. Occasional heavy housework (eg. Vacuum cleaning, cleaning windows)?	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

<b>Member 5:</b>							
	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 (eg. washing dishes, ironing, bed making)?	1	2	3	4	5	8	9
F. Occasional heavy housework (eg. Vacuum cleaning, cleaning windows)?	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
<b>Member 6:</b>							
	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 (eg. washing dishes, ironing, bed making)?	1	2	3	4	5	8	9
F. Occasional heavy housework (eg. Vacuum cleaning, cleaning windows)?	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 15 AND OVER WHO REPORTED DIFFICULTIES IN AT LEAST ONE ACTIVITY  
(HA1A/HA1B/HA1C/HA1D/HA1E/HA1F/HA1G = 2 OR 3 OR 4)**

*Other household activities*

The following questions, HA2-HA3B, refer to those household activities you have difficulties.

<b>HA2 P</b>	<b>B25. Do you usually have help with any of these activities?</b>								
	Yes, with at least one activity	1	↓ HA3A PN1 PN1						
	No	2							
	Don't know/not sure/don't remember	8							
	Refusal	9							

<b>HA2A P</b>	<b>B26. From whom do you receive help?</b>								
	<i>Multiple answers could be selected.</i>								
	Family member	1	} HA3B						
	Domestic worker paid by me	2							
	Caretaker or other professional paid by me	3							
Don't know/not sure/don't remember	8								
Refusal	9								

<b>HA3A</b>	<b>B27a. Would you need help?</b>								
	Yes, with at least one activity	1	} PN1						
	No	2							
	Don't know/not sure/don't remember	8							
	Refusal	9							

<b>HA3B</b>	<b>B27b. Would you need more help?</b>								
	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.

<b>PN1</b>	<b>B28. How much bodily pain have you had during the past 4 weeks?</b>								
	None	1	MH1A ↓ MH1A 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.

<b>PN2</b>	<b>B29. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</b>								
	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	B30. Over the last 2 weeks, how often did you feel.....?						
	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

<b>Member 2:</b>						
<b>Over the last 2 weeks, how often did you feel .....</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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

<b>Member 3:</b>						
<b>Over the last 2 weeks, how often did you feel .....</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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

<b>Member 4:</b>						
<b>Over the last 2 weeks, how often did you feel .....</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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

<b>Member 5:</b>						
<b>Over the last 2 weeks, how often did you feel .....</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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

<b>Member 6:</b>						
<b>Over the last 2 weeks, how often did you feel .....</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Don't know/ not sure/ don't remember</b>	<b>Refusal</b>
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

**PART C: HEALTH CARE**

**FOR ALL AGES**

***Inpatient care***

- Next questions HO1A-HO1B, are about time spent in hospital as an **inpatient**.
- 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.*

<b>HO1A P</b>	<b>C1. In the past 12 months, have you been in hospital/clinic as an inpatient, that is overnight or longer?</b>							
	Yes	1	↓					
	No	2	HO2A					
	Don't know/not sure/don't remember	8	HO2A					
	Refusal	9	HO2A					

<b>HO1B P</b>	<b>C2. Thinking of all the times you were hospitalised, how many nights in total did you spend in hospital/clinic as an inpatient?</b>							
	<i>In case the respondent is in the hospital/clinic at the time of the interview, the number of nights for the current hospitalisation should not be taken into consideration.</i>							
	No nights hospitalised:	.....	↓					
	Don't know/not sure/don't remember	998						
	Refusal	999	↓					

**Day Care Patients**

*Next questions HO2A-HO2B, are about time spent in hospital as a **daycare patient**. **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**.*

<b>HO2A P</b>	<b>C3. 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?</b>							
	Yes	1	↓					
	No	2	AM1					
	Don't know/not sure/don't remember	8	AM1					
	Refusal	9	AM1					

<b>HO2B P</b>	<b>C4. In the past 12 months, how many times have you been admitted to hospital/clinic as a day patient?</b>							
	No of times/days	.....	↓					
	Don't know/not sure/don't remember	998						
	Refusal	999	↓					

**Ambulatory and home care**

**Dentists or orthodontists**

Next question AM1 is about visits to dentists and orthodontists.

<b>AM1 P</b>	<b>C5. When was the last time you visited a dentist or orthodontist on your own behalf (that is, not while accompanying a child, spouse, etc.)?</b>							
	Less than 6 months ago	1	↓					
	6 - 12 months ago	2						
	12 months ago or longer	3						
	Never	4						
	Don't know/not sure/don't remember	8						
Refusal	9							

**General Practitioner or Family Doctor**

The next set of questions AM2-AM3 is about consultations with your general practitioner or family doctor. Visits to paedricians should be included under visits to medixal specialists.  
Please include visits to your doctor's office as well as home visits and consultations by telephone or via e-mail.

<b>AM2 P</b>	<b>C6. When was the last time you consulted a general practitioner or family doctor on your own behalf? (even telephone consultation)</b>							
	Less than 12 months ago	1	↓					
	12 months ago or longer	2	AM4					
	Never	3	AM4					
	Don't know/not sure/don't remember	8	AM4					
	Refusal	9	AM4					

<b>AM3 P</b>	<b>C7. 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?</b>							
	Number of consultations	.....	↓					
	Don't know/not sure/don't remember	98						
	Refusal	99						

**Medical or surgical specialists**

Next set of questions (AM4-AM5) 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.

<b>AM4 P</b>	<b>C8. When was the last time you consulted a medical or surgical specialist on your own behalf?</b>							
	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					

<b>AM5 P</b>	<b>C9. During the <u>past four weeks</u> ending yesterday, how many times did you consult a medical or surgical specialist on your own behalf?</b>							
	Number of consultations	.....	↓					
	Don't know/not sure/don't remember	98						
	Refusal	99						

**Other health professionals**

AM6  P	<b>C10. In the past 12 months, have you visited on your own behalf a .....?</b>									
		Yes	No	Don't know	Refusal					
	A. Physiotherapist/kinesitherapist?	1	2	8	9					
	B. Occupational therapist?	1	2	8	9					
	C. Psychologist, psychotherapist?	1	2	8	9					
	D. Psychiatrist?	1	2	8	9					

**Home Care**

AM7  P	<b>C11. In the past 12 months, have you yourself used or received any home care services?</b>								
	Yes	1		↓					
	No	2		MD1					
	Don't know/not sure/don't remember	8		MD1					
	Refusal	9		MD1					

AM7.1  P	<b>C12. The home care was provided by the public sector or private sector?</b> <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**

*Use of medicines*

*Next questions, MD1-MD2, are about the use of medicines within the past 2 weeks.*

MD1  P	<b>C13. During the past 2 weeks, have you used any medicines that were prescribed to you by a doctor?</b> <i>Interviewer for women, contraceptive pills or hormones used solely for contraception should be excluded.</i>								
	Yes	1		↓					
	No	2							
	Don't know/not sure/don't remember	8							
	Refusal	9							

MD2  P	<b>C14. During the past 2 weeks, have you used any medicines or herbal medicines or vitamins that were not prescribed to you by a doctor?</b> <i>Interviewer for women, contraceptive pills or hormones used solely for contraception should be excluded.</i>								
	Yes	1		↓					
	No	2							
	Don't know/not sure/don't remember	8							
	Refusal	9							

**Prevention**

**Vaccination against Hepatitis and Flu vaccination**

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

<b>PA</b>	<b>C15. Have you ever been vaccinated against Hepatitis?</b>					
	Yes	1	↓			
	No	2				
	Don't know/not sure/don't remember	8				
	Refusal	9				

<b>PA1A</b>	<b>C16. Have you ever been vaccinated against flu?</b>					
	Yes	1	↓			
	No	2	PA2			
	Don't know/not sure/don't remember	8	PA2			
	Refusal	9	PA2			

<b>PA1B</b>	<b>C17. When was the last time you've been vaccinated against flu?</b>					
	During 2019	1	↓			
	During 2018	2				
	Before 2018	3		PA2		
	Don't know/not sure/don't remember	8		PA2		
Refusal	9	PA2				

<b>PA1C</b>	<b>C18. Can you define during which month was that?</b>					
	Month (01, 02, ..., 12, 99)		↓			

**FOR PERSONS AGED 15 AND OVER**

**Blood pressure**

<b>PA2</b>	<b>C19. When was the last time that your blood pressure was measured by a health professional?</b>					
	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**

<b>PA3</b>	<b>C20. When was the last time that your blood cholesterol was measured by a health professional?</b>					
	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**

<b>PA4</b>	<b>C21. When was the last time that your blood sugar was measured by a health professional?</b>							
	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.

<b>PA5.1</b>	<b>C22. Have you ever had a faecal occult blood test, i.e. Mayer test?</b>							
	<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						

<b>PA5.2</b>	<b>C23. When was the last time you had a faecal occult blood test?</b>							
	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							

<b>PA6.1</b>	<b>C24. Have you ever had a colonoscopy?</b>							
	Yes	1	↓					
	No	2		PA7.1				
	Don't know/not sure/don't remember	8		PA7.1				
	Refusal	9		PA7.1				

<b>PA6.2</b>	<b>C25. When was the last time you had a colonoscopy?</b>							
	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.

<b>PA7.1</b>	<b>C26. Have you ever had a mammography (breast X-ray)?</b>					
	Yes	1	↓			
	No	2	PA8.1			
	Don't know/not sure/don't remember	8	PA8.1			
	Refusal	9	PA8.1			

<b>PA7.2</b>	<b>C27. When was the last time you had a mammography (breast X-ray)?</b>					
	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.

<b>PA8.1</b>	<b>C28. Have you ever had a cervical smear test (Pap smear test)?</b>					
	Yes	1	↓			
	No	2	UN1A1			
	Don't know/not sure/don't remember	8	UN1A1			
	Refusal	9	UN1A1			

<b>PA8.2</b>	<b>C29. When was the last time you had a cervical smear test (Pap smear test)?</b>					
	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.

<b>UN1</b>	<b>C30. In the past 12 months, have you experienced delay in getting health care, because .....?</b>						
			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	

<b>UN2</b>	<b>C31. In the past 12 months, was there any time when you needed the following kinds of health care, but could not afford it?</b>						
			Yes	No, I didn't face any delay	No need for health care	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	

**PART D: HEALTH DETERMINANTS**

**FOR ALL AGES**

*Body mass index*

*Questions BM1-BM2, refer to weight and height.*

<b>BM1</b>	<b>D1. How tall are you without shoes?</b>							
	Height	.... cm	↓					
	Don't know/not sure/don't remember	8						
	Refusal	9						

<b>BM2</b>	<b>D2. How much do you weigh without clothes and shoes?</b>							
	<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.

<b>PE1</b>	<b>D3. When you are WORKING, which of the following best describes what you do? Would you say ...</b>							
	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.

<b>PE2</b>	<b>D4. 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?</b>							
	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.

<b>PE3</b>	<b>D5. 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?</b>							
	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						

<b>PE4</b>	<b>D6. In a typical week, on how many days do you BICYCLE for at least 10 minutes continuously to get to and from places?</b>							
	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				

<b>PE5</b>	<b>D7. 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?</b>							
	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".

<b>PE6</b>	<b>D8. 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?</b>							
	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				

<b>PE7</b>	<b>D9. How much time in total do you spend on sports, fitness or recreational (leisure) physical activities in a typical <u>week</u>?</b>							
	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".

<b>PE8</b>	<b>D10. 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?</b>							
	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						

Interviewer, for question PE9 please hand SHOWCARD 13 presenting the possible answers.

For the next question you have to think of the time you spend sitting or reclining on a typical day, at home, at work, getting to and from places while travelling in car, bus, train, when you are with friends, while reading, playing cards or watching television. The time spend reclining while sleeping should not be considered.

<b>PE9</b>	<b>D11. On a typical day, how much time do you spend sitting or reclining?</b>							
	<i>The time spent reclining while sleeping should not be considered.</i>							
	Less than 4 hours	1	↓					
	4-6 hours	2						
	6-8 hours	3						
	8-10 hours	4						
	10-12 hours	5						
	12 hours or more	6						
	Don't know/not sure/don't remember	8						
	Refusal	9						

**FOR ALL AGES**

*Consumption of fruit and vegetables*

*Questions DH1-DH5 concern the consumption of fruits and vegetable and fresh juices only.*

<b>DH1</b>	<b>D12. How often do you eat fruits?</b>							
	<i>Exclude all kinds of juice, either fresh or concentrated.</i>							
	Every day	1	↓					
	4-6 times a week	2		DH3				
	1-3 times a week	3		DH3				
	Less than once a week	4		DH3				
	Never	5		DH3				
	Don't know/not sure/don't remember	8		DH3				
	Refusal	9		DH3				

*For question DH2, please hand SHOWCARD 14 with the examples of the fruit included in each portion.*

<b>DH2</b>	<b>D13. How many portions of fruit do you eat each day?</b>							
	<i>Exclude all kinds of juice, either fresh or concentrated.</i>							
	Number of portions	--	↓					
	Don't know/not sure/don't remember	8						
Refusal	9							

<b>DH3</b>	<b>D14. How often do you eat vegetables or salad?</b>							
	<i>Exclude consumption of potatoes and all kinds of juice.</i>							
	Every day	1	↓					
	4-6 times a week	2	DH5					
	1-3 times a week	3	DH5					
	Less than once a week	4	DH5					
	Never	5	DH5					
	Don't know/not sure/don't remember	8	DH5					
Refusal	9	DH5						

*For question DH4, please hand SHOWCARD 15 with the examples of the vegetables included in each portion.*

<b>DH4</b>	<b>D15. How many portions of vegetables or salad do you eat each day?</b>							
	<i>Exclude consumption of potatoes and all kinds of juice.</i>							
	Number of portions	--	↓					
	Don't know/not sure/don't remember	8						
Refusal	9	↓						

<b>DH5</b>	<b>D16. How often do you drink 100% pure fruit or vegetable juice?</b>							
	<i>Exclude consumption of concentrated juice or sweetened juice.</i>							
	Every day	1	↓					
	4-6 times a week	2						
	1-3 times a week	3						
	Less than once a week	4						
	Never	5						
	Don't know/not sure/don't remember	8						
Refusal	9	↓						

<b>DH6</b>	<b>D17. How often do you consume sugared drinks, i.e. soft drinks and concentrated squash drinks, e.g. lemon, orange, rose, etc?</b>							
	<i>Exclude soft drinks and squash not containing sugar but only other sweeteners, i.e. light soft drinks, with stevia, etc.</i>							
	Every day	1	↓					
	4-6 times a week	2						
	1-3 times a week	3						
	Less than once a week	4						
	Never	5						
	Don't know/not sure/don't remember	8						
Refusal	9	↓						

**FOR PERSONS AGED 15 AND OVER**

*Smoking*

*Questions SK1-SK5 are about your smoking habits and exposure to tobacco smoke.*

<b>SK1</b>  <b>P</b>	<b>D18. Do you smoke?</b> <i>Heated tobacco products should be included. Exclude electronic cigarettes or similar electronic devices.</i>							
	Yes, daily	1	↓					
	Yes, occasionally	2	SK3					
	Not at all	3	SK3					
	Don't know/not sure/don't remember	8	SK5					
	Refusal	9	SK5					

<b>SK2A</b>  <b>P</b>	<b>D19. What type of tobacco product do you mostly consume?</b>							
	Cigarettes (manufactured and/or hand-rolled)	1	↓					
	Cigars	2	SK4A					
	Pipe tobacco	3	SK4A					
	Other	4	SK4A					
	Don't know/not sure/don't remember	8	SK4A					
Refusal	9	SK4A						

<b>SK2B</b>  <b>P</b>	<b>D20. On average, how many cigarettes, do you smoke each day?</b>							
	Number of cigarettes (manufactured or hand-rolled)	--	SK4A					
	Don't know/not sure/don't remember	8	SK4A					
	Refusal	9	SK4A					

<b>SK3</b>  <b>P</b>	<b>D21. In the past, have you ever smoked tobacco daily, or almost daily, for at least one year?</b> <i>Include cigarettes, cigars, pipes, etc.</i>							
	Yes	1	SK4B					
	No	2	SK5					
	Don't know/not sure/don't remember	8	SK5					
	Refusal	9	SK5					

<b>SK4A</b>  <b>P</b>	<b>D22a. For how many years have you been smoking daily?</b> <i>In case you quit smoking and then started again, you should count all the different periods of daily smoking. If you don't remember the exact number of years, please give an estimate.</i>							
	Number of years	--	SK5					
	Don't know/not sure/don't remember	8	SK5					
	Refusal	9	SK5					

<b>SK4B</b>  <b>P</b>	<b>D22b. For how many years have you smoked daily?</b> <i>In case you quit smoking and then started again, you should count all the different periods of daily smoking. If you don't remember the exact number of years, please give an estimate.</i>							
	Number of years	--	↓					
	Don't know/not sure/don't remember	8						
	Refusal	9	↓					

<b>SK5</b> <b>P</b>	<b>D23. How often are you exposed to tobacco smoke indoors, e.g. at home, at work, at public places, at restaurants, in buses, etc.?</b>							
	Every day, 1 hour or more a day	1	↓					
	Every day, less than 1 hour per day	2						
	At least once a week (but not every day)	3						
	Less than once a week	4						
	Never or almost never	5						
	Don't know/not sure/don't remember	8						
Refusal	9							

<b>SK6</b> <b>P</b>	<b>D24. Do you currently use electronic cigarettes (e-cigarette) or similar electronic devices (e-shisha, e-pipe)?</b>							
	Yes, daily use	1	↓					
	Yes, occasionally use	2						
	Not currently, but used in the past	3						
	No, I never used such products	4						
	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 16, with the possible answers.*

<b>AL1</b>	<b>D25. 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)?</b>							
	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 17, with the possible answer categories.*

<b>AL2</b>	<b>D26. Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?</b>							
	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 18 and the additional card, presenting what a standard drink is.

AL3	<b>D27. From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?</b>							
	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 19, with the possible answer categories.

AL4	<b>D28. Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?</b>							
	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 18 and the additional card, presenting what a standard drink is.

AL5	<b>D29. From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?</b>							
	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	<b>D30. 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.?</b>							
	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*

<b>SS1</b>	<b>D31. How many people are so close to you that you can count on them if you have serious personal problems?</b>							
	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							

<b>SS2</b>	<b>D32. How much concern do people show in what you are doing?</b> ( 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							

<b>SS3</b>	<b>D33. How easy is it to get practical help from neighbours if you should need it?</b> (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*

<b>IC1</b>	<b>D34. 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?</b> <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							

<b>IC2</b>	<b>D35. What is your relationship with that person?</b> <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							

<b>IC3</b>	<b>D36. For how many hours per week do you provide care or assistance?</b>						
	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

<b>PROXY1</b>	<b>Η συνέντευξη έγινε στο ίδιο το άτομο ή κάποιο άλλο μέλος του νοικοκυριού απάντησε στη θέση του;</b>	
	Στο ίδιο το άτομο	1
	Άλλο μέλος του νοικοκυριού Παρακαλώ καθορίστε σε ποιο άτομο.....	2

ΤΕΛΟΣ  
↓

<b>PROXY2</b>	<b>Για ποιο λόγο απάντησε άλλο μέλος του νοικοκυριού; Το άτομο παρουσιάζει...</b>	
	Διανοητικό πρόβλημα	1
	Είναι σοβαρά εξασθενημένο/ άρρωστο	2
	Αισθητηριακές διαταραχές που δεν επιτρέπουν την αλληλεπίδραση (όραση, ακοή, ομιλία, κλπ)	3
	Σε νοσοκομείο/ ίδρυμα/ κέντρο αποκατάστασης	4
Εκτός οικίας για σπουδές/ δουλειά/ στρατό	5	

**ΤΕΛΟΣ**

**SHOWCARD INCOME (HHINCOME2)**

<b>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?</b>
Up to 850€
851€-1100€
1101€-1400€
1401€-1700€
1701€-2000€
2001€-2400€
2401€-2900€
2901€-3500€
3501€-4600€
4601€ and more

**SHOWCARD 1 (CD)**

<b>CD1. During the past 12 months, have you had any of the following diseases or conditions?</b>	
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	Osteoporosis
i	Low back disorder or other chronic back defect
j	Neck disorder or other chronic neck defect
k	Diabetes (gestational diabetes excluded)
l	Allergy (e.g. rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy). Allergic asthma excluded.
m	Cirrhosis of the liver
n	Hepatitis B' (acute or chronic)
o	Hepatitis C' (acute or chronic)
p	Urinary incontinence, problems in controlling the bladder
q	Kidney problems
r	Depression
s	Dementia
t	High blood lipids

**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)**

<b>Answer categories for questions: PL2A, PL2B, PL4A, PL4B, PL5A, PL5B, PL6, PL7, PL8, PL9</b>
No difficulty
Some difficulty
A lot of difficulty
Cannot do at all / Unable to do

**SHOWCARD 4 (PC)**

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

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

**SHOWCARD 5 (HA)**

<b>Activities for question HA1</b>
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)

<b>Answers for question HA1</b>
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)**

<b>Intensity of bodily pain for question PN1</b>
No pain
Very mild
Mild
Moderate
Severe
Very severe

**SHOWCARD 7 (PN2)**

<b>Answer categories for question PN2</b>
Not at all
A little bit
Moderately
Quite a bit
Extremely

## SHOWCARD 8 (MH1)

<b>MH1 Over the last 2 weeks, how often have you been bothered by any of the following problems?</b>
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 fidgety or restless that you have been moving around a lot more than usual?

<b>Answer categories for question MH1</b>
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)**

**PE3, PE5**

Time consumed on walking or bicycling in order to get to and from places:

10-29 minutes

30-59 minutes

1-2 hours

2-3 hours

3 hours or more

## SHOWCARD 11 (PE6-PE7)

<b>Sports, fitness and recreational (leisure) physical activities</b> 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)

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

**SHOWCARD 13 (PE9)**

**PE9**

**On a typical day, how much time do you spend sitting or reclining?**

The time spent reclining while sleeping should not be considered.

Less than 4 hours

4-6 hours

6-8 hours

8-10 hours

10-12 hours

12 hours or more

### SHOWCARD 14 (DH2)

<b>1 portion of fruit could be:</b>
- 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 15 (DH4)

<b>1 portion of vegetables could be:</b>
- 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)

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

<b>Frequency of consumption of an alcoholic drink</b>
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 17 (AL2)**

<b>Frequency of consumption of an alcoholic drink for Monday-Thursday</b>
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 18 (AL3, AL5)

<b>1 alcoholic beverage could be... (see relevant card)</b>
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)

<b>Number of alcoholic drinks</b>
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 19 (AL4)**

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