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NATIONAL STATISTICAL SERVICE OF GREECE

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EEY.2

CONFIDENTIAL

HOUSEHOLD ID………………. |_|_|_|_|_|_| |_|_|

PREFECTURE ___________________________

MUNICIPALITY/COMMUNE _______________

DATE OF INTERVIEW………… |_|_| |_|_| |_|_|_|_|

INTERVIEWER ___________________ |_|_|_|

NATIONAL HEALTH INTERVIEW SURVEY
YEAR 2009

(To be completed for persons 15 years old and up)

M E M B E R Q U E S T I O N N A I R E

The survey is being conducted on a sample of households having been defined by the N.S.S.G in a random way. The provision of data is OBLIGATORY and information is CONFIDENTIAL (Law 3627/1956, Law 2392/1996 and Law 3470/2006, §14).

Piraeus, 2009

EUROPEAN BACKGROUND VARIABLES MODULE

DATA OF THE SELECTED MEMBER

HH.3 What is your country of birth?

- Greece .... ☐1
- Other Member - State of EU .... ☐2
  Namely : ____ |__|__|__|*
- Non- EU country .... ☐3
  Namely : ____ |__|__|__|*

HH.4 What is your citizenship?
(More than one answer is acceptable)

- Greek .... ☐1
- Nationals of other EU Member - State .... ☐2
  Namely : ____ |__|__|__|*
- Nationals of non EU countries .... ☐3
  Namely : ____ |__|__|__|*

HH.5 What is your marital status?

- Single .... ☐1
- Married or with registered partnership.. ☐2
- Widowed .... ☐3
- Divorced .... ☐4
- Separated .... ☐5

INTERVIEWER : If the household has only one (1) member**,** ask question HH.7

HH.6 Are you living with someone in this household as a couple?

- Yes, I am married or with registered partnership .... ☐1
- Yes, I live with him/her as a couple without registered partnership .... ☐2
- No .... ☐3

HH.7 What is the highest educational level you have completed?

- No formal education or below ISCED 1.. ☐1
- Primary education (Demotiko) .... ☐2
- Lower secondary education (Gymnasium- Lower technical schools) .... ☐3
- Upper secondary education (Lyceum, Vocational Lyceum- Vocational School) ..... ☐4
- Post secondary but non-tertiary education (Vocational Training Institutes/Centers).... ☐5
- Technological Educational Institutes (TEI, ATEI).. ☐6
- Tertiary education (Universities, Military Schools)... ☐7
- Post - Graduate Studies (MSC, MBA, MA, MLITT, MPHILL) .... ☐8
- Doctorate (Ph.D) .... ☐9

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* Be completed by the N.S.S.G

CURRENT LABOUR STATUS

HH.8 What is your current labour status?

- Working for pay or profit *(Including unpaid work for a family business or holding, including an apprenticeship or paid traineeship, including currently not at work due to maternity, parental, sick leave or holidays)*………………………………………………………………… □1→HH.10
- Unemployed ……………………………………………………………………….. □2
- Pupil, student, further training, unpaid work experience ……………………………………. □3
- In retirement or early retirement or has given up business *(retired due to disability or health problems are excluded)*…………………………………………………………………... □4
- Permanently disabled *(persons with longstanding illnesses and health problems are included)*. In retirement because of disability …………………………………………………………… □5
- Soldier ……………………………………………………………… □6
- Domestic tasks ……………………………………………………………… □7
- Other (e.g. reactive). Please, specify __________________________________ □8

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

- Yes ……………………………………………………………………….. □1
- No ……………………………………………………………………….. □2→HS.1

HH.10 What are (were) at your work?

INTERVIEWER : IF HH.8 =1 ASK FOR CURRENT MAIN JOB. IF HH.8 = 2-8 **and** HH.9 =1 ASK FOR RESPONDENT'S LAST MAIN JOB.

- Employee ……………………………………………………………… □1
- Self – employed with or without employees……………………………… □2→HH.12
- Family worker ……………………………………………………………… □3→HH.12

HH.11 What type of work contract do (did) you have?

- Permanent job/ work contract of unlimited duration ……………………………… □1
- Temporary job/ work contract of limited duration ……………………………… □2

HH.12 Your main job/work is /was (as regards the duration):

- Full - time ……………………………………………………………… □1
- Part - time ……………………………………………………………… □2

HH.13 What is /was your occupation in this job? Please describe as much detailed as you can what you do/did mainly in this job.

Occupation: ______________________________ |__|__|*

HH.14 Please describe in detail what does/did the business/organization mainly do at the place where you work (worked).

Main Economic Activity: ______________________________

______________________________ |__|__|*

* To be completed by the N.S.S.G

EUROPEAN HEALTH STATUS MODULE

GENERAL HEALTH CONDITION

HS.1 How is your health in general?
The answer must be spontaneous.

- Very good .... ☐ 1
- Good .... ☐ 2
- Fair .... ☐ 3
- Bad .... ☐ 4
- Very bad.. ☐ 5
- Don't know, I am not sure .... ☐ 98
- Refusal .... ☐ 99

HS.2 Do you have any longstanding health problem or longstanding illness?
*By **longstanding** we mean illnesses or health problems, which have lasted, or are expected to last, for 6 months or more (e.g. blood cholesterol, blood sugar, high blood pressure, allergy etc.).The congenital abnormalities are included.*

- Yes .... ☐ 1
- No.. ☐ 2
- Don't know, I am not sure .... ☐ 98
- Refusal.. ☐ 99

HS.3 During the past 6 months or more, to what extent have you been limited because of a health problem in your usual activities?

- Severely limited .... ☐ 1
- Limited, but not severely .. .. ☐ 2
- Not limited at all.. ☐ 3
- Don't know, I am not sure .... ☐ 98
- Refusal.. ☐ 99

HEALTH PROBLEMS

INTERVIEWER**:** Show or read to respondent the **showcard** with all the health problems categories. Compulsory answer must be given to the question HS.4 for all the health problems and must be coded. If HS.4 is Yes (code 1) ask HS.5 and HS.6. If no health problem is reported (codes 2,98,99), go to question HS.7.

	HEALTH PROBLEMS	HS.4 Do you have or have you ever had any of the following health problems?				HS.5 Was the health problem diagnosed by a medical doctor?				HS.6 Have you had one or more of the pre-mentioned health problems in the past 12 months?			
		YES	NO	DON'T KNOW/ I AM NOT SURE	REFUSAL	YES	NO	DON'T KNOW/ I AM NOT SURE	REFUSAL	YES	NO	DON'T KNOW/ I AM NOT SURE	REFUSAL
1	Asthma *(allergic asthma included)*	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
2	Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
3	Coronary heart disease (angina pectoris)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
4	Myocardiac infarction	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
5	Cardiac decompensation	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
6	Heart valve lesion	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
7	Bypass	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
8	Vascular plastic surgery (balloon)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
9	Arrhythmia (palpitation, auricular fibrillation, irregularity of the pulse, retarded heart pulse)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
10	High blood pressure (hypertension) (low blood pressure >8 and high blood pressure >14)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
11	Stroke (cerebral haemorrhage, cerebral thrombosis)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
12	Disseminated multiple sclerosis	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
13	Rheumatoid arthritis (inflammation of the joints *)*	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
14	Osteoarthritis (*arthrosis, joint degeneration)*	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
15	Low back disorder or other chronic back defect	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
16	Neck disorder or other chronic neck defect	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
17	Diabetes (blood sugar)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
18	Disorder in cholesterol, lipids and triglycerides	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
19	Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99

	HEALTH PROBLEMS	HS.4 Do you have or have you ever had any of the following health problems?				HS.5 Was the health problem diagnosed by a medical doctor?				HS.6 Have you had one or more of the pre-mentioned health problems in the past 12 months?			
		YES	NO	DON'T KNOW/ I AM NOT SURE	REFUSAL	YES	NO	DON'T KNOW/ I AM NOT SURE	REFUSAL	YES	NO	DON'T KNOW/ I AM NOT SURE	REFUSAL
20	Stomach ulcer (gastric or duodenal ulcer)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
21	Cirrhosis of the liver, liver dysfunction	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
22	Cancer(malignant tumour, also including leukaemia and lymphoma)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
23	Severe headache such as migraine	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
24	Urainary incontinence, problem in controlling the bladder	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
25	Chronic anxiety	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
26	Chronic depression	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
27	Schizofreneia	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
28	Other mental health problem	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
29	Permanent injury or defect caused by an accident	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
30	Thyroid disease	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
31	Osteoporosis	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
32	Parkinson	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
33	Multiple marrow disease	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
34	Muscle disease (blepharoptosis)	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
35	Haemorrhoids	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
36	Hepatitis	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
37	Alzheimer	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99
38	Other, namely………………………………..	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99	☐1	☐2	☐98	☐99

HS.7 In the past 12 months, have you had any of the following type of accidents (road traffic accident, accident at work, accident at school, at home and leisure accident) resulting in injury (external or internal)?

Injuries resulting from poisoning and wilful acts of other persons are also included.

- Yes………...……….. ☐1→HS. 8
- No…...…..................... ☐2
- Don't know, I am not sure ……………………........................……….........…….. ☐98 →To interviewer (Quest.HS.9)
- Refusal ……... ☐99

HS.8 Because of this accident did you visit a private doctor providing his/her services to (his/her's practice, Health Care Center including its Regional units, Outpatient Primary Department of Public Hospitals, National Insurance Funds Polyclinics) or visits to the Emergency Care Department of a hospital/or a private clinic?

Multiple answers are possible

	Yes, I visited a doctor		**Yes, I visited the Emergency Care Department (of a hospital /or a private clinic)**		**No consultation or intervention was necessary**	**Don't know / I αm not sure**	**Refusal**
	Yes	**No**	**Yes**	**No**			
1. Road traffic accident	☐1.1	☐1.2	☐2.1	☐2.2	☐3	☐98	☐99
2. Accident at work	☐1.1	☐1.2	☐2.1	☐2.2	☐3	☐98	☐99
3. Accident at school	☐1.1	☐1.2	☐2.1	☐2.2	☐3	☐98	☐99
4. Home and leisure accident	☐1.1	☐1.2	☐2.1	☐2.2	☐3	☐98	☐99

INTERVIEWER : If **HH.8** or **HH.9** have the code 1 (respondent currently working or having worked in the past) then go to **HS.9**.Otherwise skip to **PL.1**.

HS.9 Is any of the diseases you had in the past 12 months that is caused or made worse by your job or by work you have done in the past?*(If the respondent doesn't suffer from anyone disease then tick the code 1)*

- No, I had no disease in the past 12 months …….........……………………….. ☐1
- No, I had one or more diseases in the past 12 months but they were not caused or made worse by my job ……………...............……………………………….. ☐2
- Yes, I had at least one disease in the past 12 months which was caused or made worse by my job……………………………………………………………………………… ☐3
- Don't know, I am not sure …………………… ……………...................................... ☐98
- Refusal ….. ☐99

INTERVIEWER : If **HH.8** has the code 1 (respondent currently working) go to **HS.10**. Otherwise skip to **PL.1**.

HS.10 In the past 12 months, have you been absent from work for reasons of health problems?
Your absence from work may be caused because of health problem (disease, injury etc.).

- Yes ………..……….. ☐1→HS.11
- No…... ☐2 }
- Don't know, I am not sure ……………………….. ☐98 } →PL.1
- Refusal …….. ☐99 }

HS.11 In the past 12 months, how many days in total, were you absent from work for reasons of health problems? (Be included:** working and no working days**)

- Number of days...…………… |__|__|__|
- Don't know, I am not sure ……………………….. ☐98
- Refusal ….. ☐99

PHYSICAL CONDITION
1. VISION

PL.1 Do you wear glasses or contact lenses because of eyesight problems?

- Yes ………..……….. ☐1
- No .... ☐2
- I'm blind or cannot see at all……... ☐3→ PL.4
- Don't know, I am not sure ………………………...… ☐98
- Refusal …….. ☐99

PL.2 By wearing your glasses or contact lenses can you read newspaper?

- Yes, with no difficulty ………...…………….. ☐1
- With some difficulty...……… ☐2
- With a lot of difficulty………..……... ☐3
- Not at all ……………………………..…… ☐4
- Don't know, I am not sure ……………………......................….....................……… ☐98
-. Refusal...………............…...................……… ☐99

PL.3 By wearing your glasses or contact lenses can you distinctly see the face of someone?

	Yes. with no difficulty	With some difficulty	With a lot of difficulty	Not at all	Don't know/ I am not sure	Refusal
1. In a four metres away distance *(e.g. at the other side of the street)*	☐1	☐2	☐3	☐4	☐98	☐99
2. In the other side of the room distance	☐1	☐2	☐3	☐4	☐98	☐99

2. HEARING

PL.4 Do you wear a hearing aid because of hearing problems?

- Yes………..……….. ☐1
- No….. ☐2
- I face serious hearing problem, I can't hear anything ……..…............................... ☐3→ WALK.1
- Don't know, I am not sure..………………...............……………..….…….......…... ☐98
- Refusal ….. ☐99

PL.5 By using your hearing aid, can you hear what is said?

	Yes. with no difficulty	With some difficulty	With a lot of difficulty	Not at all	Don't know/ I am not sure	Refusal
1. In a conversation with several people (in a quiet place)	☐1	☐2	☐3	☐4	☐98	☐99
2. In a face to face conversation with one other person in a noisy place and in which other conversations take place at the same time	☐1	☐2	☐3	☐4	☐98	☐99
3. In a face to face conversation with one other person within a quiet place	☐1	☐2	☐3	☐4	☐98	☐99

3. MOBILITY

WALK.1 Do you use any aid or equipment for walking or moving around?

- Yes………..……….. ☐1 → WALK.1.a
- No…...….. ☐2 → PL.6
- Don't know, I am not sure …………………………………….................................. ☐98 → PL.6
- Refusal ….. ☐99 → PL.6

WALK 1α. Which of the following types of aid or equipment do you use?

	Yes	*No*
1. Cane or walking stick	☐1	☐2
2. Walker	☐1	☐2
3. Crutches	☐1	☐2
4. Wheelchair	☐1	☐2
5. Someone's assistance	☐1	☐2
6.Other (specify:…………..)	☐1	☐2

PL.6 Can you - without using a stick or other walking aid or assistance - walk?

	Yes. with no difficulty	**With some difficulty**	**With a lot of difficulty**	**Not at all**	**Don't know/ I am not sure**	**Refusal**
1. For 100 metres on a level ground or a flat terrain	☐1	☐2	☐3	☐4	☐98	☐99
2. For 500 metres on a level ground or a flat terrain	☐1	☐2	☐3	☐4	☐98	☐99

PL.7 Can you walk up and down a flight of stairs without a stick, other walking aid, assistance or without using the banister?

- Yes, with no difficulty..……….. ☐1
-. With some difficulty..…….. ☐2
- With a lot of difficulty ……………………………………………………............................ ☐3
- Not at all ……………………..........…………...… ☐4
- Don't know, I am not sure ………………….............……..… ☐98
- Refusal…….. ☐99

PL.8 Can you bend and kneel down without any aid or assistance?

- Yes, with no difficulty..……….. ☐1
- With some difficulty...…….. ☐2
- With a lot of difficulty. …………………………………………………............................ ☐3
- Not at all ……………………..............………...… ☐4
- Don't know, I am not sure …………………......……... ☐98
- Refusal.....................................………….. ☐99

PL.9 Using your arms, can you carry shopping bags weighing 5 kilos for at least 10 metres distance without any aid or assistance (e.g without using a shopping trolley or without assistance from somebody else)?

- Yes, with no difficulty.. ☐1
- With some difficulty.. ☐2
- With a lot of difficulty .... ☐3
- Not at all .... ☐4
- Don't know, I am not sure .... ☐98
- Refusal.. ☐99

PL.10 Can you use your fingers to grasp or handle a small object like a pen without any aids?

- Yes, with no difficulty.. ☐1
- With some difficulty.. ☐2
- With a lot of difficulty .... ☐3
- Not at all .... ☐4
- Don't know, I am not sure .... ☐98
- Refusal.. ☐99

PL.11 Can you bite and chew on hard foods such as a firm apple without any aid (e.g. denture etc.)?

- Yes, with no difficulty.. ☐1
- With some difficulty.. ☐2
- With a lot of difficulty .... ☐3
- Not at all..,,,,,,,,,...... ☐4
-. Don't know, I am not sure .... ☐98
- Refusal.. ☐99

SELF SERVICED ACTIVITIES FOR EVERYDAY PERSONAL CARE

PC.1 Do you usually have difficulties doing any of these activities by yourself ?
Temporary health problems must be ignored.

ACTIVITIES	No difficulty	Some difficulty	A lot of difficulty	I can't achieve it by myself	Don't know/ I am not sure	Refusal
1. Feeding yourself	☐1	☐2	☐3	☐4	☐98	☐99
2. Getting in and out of a bed or chair	☐1	☐2	☐3	☐4	☐98	☐99
3. Dressing and undressing	☐1	☐2	☐3	☐4	☐98	☐99
4. Using toilets	☐1	☐2	☐3	☐4	☐98	☐99
5. Bathing or showering	☐1	☐2	☐3	☐4	☐98	☐99

INTERVIEWER: If **PC.1** = 2, 3 ή 4 for at least one activity then ask **PC.2**, **PC.3** and **PC.4**.
If **PC.1** = 1, 98 ή 99 for all activities then skip to **HA.1**.

PC.2 Thinking about all the above-mentioned activities where you have difficulty in doing them by yourself, do you usually have help?

- Yes, at least for one activity ………..……….. ☐1→PC2.1

PC2.1 If **YES,** ask what type of help is it?
Multiple answers are possible

- Personal assistance …..…… ☐1.1 →PC.3
- Technical aids……………………………………………………........ ☐1.2 →PC.3
- Housing adaptation ………………………………………………… ☐1.3 →PC.3

- No, I do all these activities by myself ……………………………….......................… ☐2 →PC.4
-. Don't know, I am not sure …………………....…….. ☐98 →PC.4
- Refusal……...….. ☐99 →PC.4

PC.3 Do you think that the help given to you is enough?

- Yes………………...……….. ☐1→HA.1
- No, I need more help than the given one, for, at least, one activity………….......... ☐2 →PC3.1

PC3.1 What type of help do you need ?

Multiple answers are possible

- Personal assistance ..….. ☐1.1 →HA.1
- Technical aids …………………………………………….…....... ☐1.2 →HA.1
- Housing adaptation ……………………………………….….. ☐1.3 →HA.1

- Don't know, I am not sure …………………...…. ☐98 →HA.1
- Refusal.. ☐99 →HA.1

PC.4 Would you need help?

- Yes, at least for one activity given to question PC.1 ....…………....……….. ☐1→PC4.1

PC4.1 If **YES** ask **What type of help would you need?**

Multiple answers are possible

- Personal assistance .... ☐1.1
- Technical aids………………………………………......….. ☐1.2
- Housing adaptation ……………………………….………. ☐1.3

- No, I don't need any help ……………………………………………….........….. ☐2
- Don't know, I am not sure ……………………..............................……..........…. ☐98
- Refusal……...................................…... ☐99

SELF- SERVICED HOUSEHOLD ACTIVITIES

HA.1 Do you usually have difficulty in doing any of the following activities by yourself?
Temporary health problems must be ignored.

ACTIVITIES	No difficulty	Some difficulty	A lot of difficulty	I can't achieve it by myself	Don't know/ I am not sure	Refusal
1. Preparing meals	☐1	☐2	☐3	☐4	☐98	☐99
2. Using the telephone	☐1	☐2	☐3	☐4	☐98	☐99
3. Shopping	☐1	☐2	☐3	☐4	☐98	☐99
4. Managing medication	☐1	☐2	☐3	☐4	☐98	☐99
5. Light housework (wash dishes/ ironing/ making bed etc.)	☐1	☐2	☐3	☐4	☐98	☐99
6. Occasional heavy housework (moving heavy furniture, scrubbing floors/ bath, cleaning windows, carrying boxes etc.)	☐1	☐2	☐3	☐4	☐98	☐99
7. Taking care of finances and everyday administrative tasks	☐1	☐2	☐3	☐4	☐98	☐99

INTERVIEWER: If **HA.1** =2, 3, 4 or 98 for at least one activity then go to **HA.2 to the specific activities given answer 2, 3 or 4.**
If **HA.1** = 1, or 99 for all the activities then skip to **SF.1**

HA.2 In the previous question was reported that you usually face difficulties in doing specific household activities or that you are not sure. Please report the main reason you have difficulty in doing them by yourself.

ACTIVITIES	MAIN REASON				
	Because of health problems/disability /ageing	**Other reason (I have never before tried)**	**Don't face problem with the specific activity**	**Don't know/ I am not sure**	**Refusal**
1. Preparing meals	☐1	☐2	☐3	☐98	☐99
2. Using the telephone	☐1	☐2	☐3	☐98	☐99
3. Shopping	☐1	☐2	☐3	☐98	☐99
4. Managing medication	☐1	☐2	☐3	☐98	☐99
5. Light housework (wash dishes/ ironing/ making bed etc.)	☐1	☐2	☐3	☐98	☐99
6. Occasional heavy housework (moving heavy furniture, scrubbing floors/ bath, cleaning windows, carrying boxes etc.)	☐1	☐2	☐3	☐98	☐99
7. Taking care of finances and everyday administrative tasks	☐1	☐2	☐3	☐98	☐99

INTERVIEWER: If **HA.2 =** 1 for **at least one activity** then go to **HA.3, HA.4, HA.5**.

If **HA.2** = 2, 3, 98 ή 99 for all activities then skip to **SF.1**.

HA.3 For the above mentioned activities where you have difficulty in doing them by yourself because of health problem, disability or ageing, do you usually have help?

- Yes, at least for one activity ………..……….. ☐1→HA3.1

HA3.1 If YES, ask what type of help is it?
Multiple answers are possible

o Personal assistance….. ☐1.1 →HA.4
o Technical aids……………………………………….…........ ☐1.2 →HA.4
o Housing adaptation …………………………………………. ☐1.3 →HA.4

- No, I do all these activities by myself…………………………………........................… ☐2 →HA.5
- Don't know, I am not sure ………………….......................………............................… ☐98 →HA.5
- Refusal....……….. ☐99 →HA.5

HA.4 Do you think that the help given to you is enough?

- Yes…………………..……….. ☐1→SF.1
- No, I need more help than the given one, for at least one activity ……….............… ☐2→ HA4.1

HA4.1 What type of help do you need?

Multiple answers are possible

- o Personal assistance …………... ☐1.1 →SF.1
- o Technical aids ……………………………………………....... ☐1.2 →SF.1
- o Housing adaptation …………………………………….……. ☐1.3 →SF.1

- Don't know, I am not sure …………………..…. ☐98 →SF.1
- Refusal...……...... ☐99 →SF.1

HA.5 Would you need help?

- Yes, at least for one activity given to question HA.2……………...............……….. ☐1→HA5.1

HA5.1 If YES ask **What type of help would you need?**

Multiple answers are possible

- o Personal assistance... ☐1.1
- o Technical aids ………………..……………………......... ☐1.2
- o Housing adaptation ……………….……………….……….. ☐1.3

- No, I don't need any help ………………………………………………………........... ☐2
- Don't know, I am not sure ………………........……...…. ☐98
- Refusal…….. ☐99

PHYSICAL PAIN - PHYSICAL DISCOMFORT

SF.1 Did you feel any physical pain or physical discomfort and, if yes, to what extent did you feel it?

	No	**Yes, mild physical pain /mild discomfort**	**Yes, moderate physical pain/ moderate discomfort**	**Yes, severe physical pain/ severe discomfort**	**Yes, extreme physical pain/ extreme discomfort**	**Don't know/ I am not sure**	**Refusal**
1. *During the past four weeks*	☐1	☐2	☐3	☐4	☐5	☐98	☐99
2. *During the past week*	☐1	☐2	☐3	☐4	☐5	☐98	☐99

MOOD

During the past four weeks and for how long?

	All the time	Most of the time	Enough of the time	Little of the time	Not at all	Don't know/ I am not sure	Refusal
SF.2 Did you feel full of life?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF.3 Have you been very nervous?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF.4 Have you felt so down in the dumps that nothing could cheer you up?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF.5 Have you felt calm and peaceful?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF.6 Did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF.7 Have you felt down-hearted and depressed?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF. 8 Did you feel worn out?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF. 9 Have you been happy?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
SF.10 Did you feel tired?	☐1	☐2	☐3	☐4	☐5	☐98	☐99

Interviewer:
If the question **SF.3** = **5 (**Not at all) then automatically the question **AFF.1** will have the answer **1** (Not at all)

AFFECT

During the past week, to what extent did you feel?

	Not at all	Slight	Moderate	A lot	Extremely	Don't know/ I am not sure	Refusal
AFF.1 Worried or nervous?	☐1	☐2	☐3	☐4	☐5	☐98	☐99
AFF.2 Sad , low or depressed ?	☐1	☐2	☐3	☐4	☐5	☐98	☐99

COGNITION

COGN.1 How much difficulty do you have in remembering important things? (e.g. taking medication , the telephone number of a close friend, to switch off the plate of the electric-stove)

- No difficulty..………………….. ☐ 1
- A little difficulty...……..........…….. ☐ 2
- A lot of difficulty. …………………………………………….................…….......... ☐ 3
- Not at all / Can’t remember at all ……….....………...… ☐ 4
- Don’t know, I am not sure ……………………......……... ☐ 98
- Refusal.....................................……….. ☐ 99

EUROPEAN HEALTH CARE MODULE

1. HOSPITAL CARE (Inpatients - daily nursing)

HC.1 During the past 12 months[1], have you been in hospital[2] as an inpatient that is overnight or longer?

> **INTERVIEWER :** The time spent in hospital for giving birth should not be included.

- -Yes.. ☐ 1
- - No .... ☐ 2 → HC.4
- - Don't know, I am not sure .... ☐ 98 → HC.4
- - Refusal .... ☐ 99 → HC.4

HC.2 Totally, how many separate stays in hospital as an inpatient have you had since (date one year ago)? Count all the stays made within the past 12 months.

- -Stays .... |__|__|
- - Don't know, I am not sure .... ☐ 98
- - Refusal .... ☐ 99

HC.3 Thinking of this/these inpatient stay(s), how many nights in total did you spend in hospital within this period (past 12 months)?

- -Nights .... |__|__|__|
- - Don't know, I am not sure .... ☐ 98
- - Refusal .... ☐ 99

HC.4 During the past 12 months, that is since (date one year ago), have you been admitted to hospital for daily nursing, that is, admitted to a hospital bed, but not required to remain overnight?

- - Yes.. ☐ 1
- - No.. ☐ 2 → HC.6
- - Don't know, I am not sure .... ☐ 98 → HC.6
- - Refusal .... ☐ 99 → HC.6

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

- - Admission number / Day number. .... |__|__|__|
- - Don't know, I am not sure .... ☐ 98
- - Refusal .... ☐ 99

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(1) The past 12 months are estimated calendar, starting with 12 months before the survey conduct day. That is, if the survey takes place in the 20th of October 2009 the reference period that concerns us is from **20 of October 2008 up to 19 of October 2009**.

(2) *Be included public and private: hospitals, nursing homes, clinics and gynecological clinics (standing in Greece and abroad).*

HC.6 During the past 12 months, was there any time when you really needed to be hospitalized following a recommendation from a doctor, either as an inpatient or a day patient, but did not?

- Yes, there was at least one occasion………………………………………………… ☐ 1
- No, there was no occasion………………………………………………………… ☐ 2 } → HC.8.1
-. Don't know, I am not sure ……………………………………………………… ☐ 98 } → HC.8.1
- Refusal ………………………………………………………………………… ☐ 99 } → HC.8.1

HC.7 What was the main reason for not being hospitalized?

- Could not afford to (too expensive or not covered by the insurance fund) …………… ☐ 1
- Waiting list, other reasons due to the hospital ……………………………………… ☐ 2
- Lack of time because of work, care for children or for others………………………… ☐ 3
- Too far to travel / no means of transportation……………………………………… ☐ 4
- Fear of surgery, treatment………………………………………………………… ☐ 5
- Other reason. Please, specify______________________________________ ☐ 6
- Don't know, I am not sure ……………………………………………………… ☐ 98
- Refusal ………………………………………………………………………… ☐ 99

2. PRIMARY MEDICAL CARE (Outpatients)

A. DENTISTS, ORTHODONTISTS

HC.8.1 When was the last time you visited a dentist on your own behalf (that is, not while only accompanying a child, spouse, etc.)?

- During the past 12 months………………………………………………………… ☐ 1
  If yes, the visit has done:
  - ❖ Precautionary ………………………………… ☐ 1.1
  - ❖ To face specific problem ………………… ☐ 1.2
- Longer than 12 months ago………………………………………………………… ☐ 2 } →HC.8.2
  If yes, the visit has done:
  - ❖ Precautionary ………………………………… ☐ 2.1 } →HC.8.2
  - ❖ To face specific problem ………………… ☐ 2.2 } →HC.8.2
- Never……………………………………………………………………………… ☐ 3 } →HC.8.2
- Don't know, I am not sure ……………………………………………………… ☐ 98 } →HC.8.2
- Refusal ………………………………………………………………………… ☐ 99 } →HC.8.2

HC.9.1 During the past four weeks ending yesterday, that is since (date), how many times did you visit a dentist on your own behalf?

- Number of visits to dentist ……………………………………………… |__|__|
  (If number of visits to a dentist = 0 then put 00 in the grid)
- Don't know, I am not sure ……………………………………………… ☐ 98
- Refusal ………………………………………………………………… ☐ 99

HC.8.2 When was the last time you visited an orthodontist on your own behalf (that is not while only accompanying a child, spouse, etc.)?

- During the past 12 months …………………………………………………………………… ☐ 1
- Longer than 12 months ago.…………………………………………………………………… ☐ 2 →HC.10
- Never ………………………………………………………………………………………… ☐ 3 →HC.10
- Don't know, I am not sure………………………………………………………………… ☐ 98 →HC.10
- Refusal ………………………………………………………………………………………… ☐ 99 →HC.10

HC.9.2 1 During the past four weeks ending yesterday, that is since (date), how many times did you visit an orthodontist on your own behalf?

- Number of visits to an orthodontist………………………………………………………… |__|__|
  ((If number of visits to an orthodontist = 0 then put 00 in the grid)
- Don't know, I am not sure ……………………………………………………………… ☐ 98
- Refusal …………………………………………………………………………………… ☐ 99

B. GENERAL PRACTITIONERS – PATHOLOGISTS

HC.10 When was the last time you consulted the doctor who usually treats you (general practitioner or pathologist) on your own behalf? Consultations must be given either in doctor's office or in the respondent's home or by phone / e-mail / via internet).

- During the past 12 months …………………………………………………………………… ☐ 1
- Longer than 12 months ago.…………………………………………………………………… ☐ 2 →HC.12
- Never ………………………………………………………………………………………… ☐ 3 →HC.12
- Don't know, I am not sure ………………………………………………………………… ☐ 98 →HC.12
- Refusal ………………………………………………………………………………………… ☐ 99 →HC.12

HC.11 During the past four weeks ending yesterday, that is since (date), how many times did you consult your own doctor (general practitioner or pathologist) on your own behalf?

Number of consultations/visits ………………………………………………………… |__|__|
(If number of consultations/visits =0 then put 00 in the grid)

- Don't know, I am not sure ……………………………………………………………… ☐ 98
- Refusal …………………………………………………………………………………… ☐ 99

C. OTHER MEDICAL OR SURGICAL SPECIALISTS

HC.12 When was the last time you consulted other medical or surgical specialist (*except for general practitioner, pathologist and bacteriologist****) on your own behalf as out - patient? (Dental surgeons or other surgeons are included. General dentists are excluded).*** Consultations during the hospitalization are not included. Consultations must be given either in doctor's office or in the respondent's home or by phone / e-mail / via internet).

- During the past 12 months ………………………………………………………............….. ☐ 1
- Longer than 12 months ago………..…………………………….................................. ☐ 2 → HC.14
- Never ………………………………………………………………….……………………. ☐ 3 → HC.14
- Don't know, I am not sure ……………………...…......…………………………………….. ☐ 98 → HC.14
- Refusal ………………...….............................…………………………………………… ☐ 99 → HC.14

HC.13 During the past four weeks ending yesterday, that is since (date), how many times did you consult a medical or surgical specialist (*except for general practitioner, pathologist and bacteriologist****) on your own behalf as out - patient? (Dental surgeons or other surgeons are included. General dentists are excluded).***

- Number of consultations/visits……………………………………………………………….. |__|__|
  (If number of consultations/visits =0 then put 00 in the grid)
- Don't know, I am not sure …………………...…......…………………………………… ☐ 98
- Refusal ………………...….............................………………………………….. ☐ 99

HC.14 Was there any time during the past 12 months when you really needed to consult/visit a medical or surgical specialist (*except for general practitioner, pathologist and bacteriologist****), but did not?***

- Yes, there was at least one occasion……..………………….. ☐ 1
- No…………………...……………………. ☐ 2 → HC.16
- Don't know, I am not sure ………………………….......……………………………… ☐ 98 → HC.16
- Refusal ………………...…..................…………..........………………………………… ☐ 99 → HC.16

HC.15 What was the main reason for not consulting a specialist on your own behalf?

- Could not afford to (too expensive or not covered by the insurance fund)…………………………………………………………………………….............. ☐ 1
- Waiting list ……………………………..…………………………………………………. ☐ 2
- Lack of time because of work, care for children or for others………..………………. ☐ 3
- Too far to travel / no means of transportation……………….……………………… ☐ 4
- Fear of doctor, hospitals, examinations, treatment ………………....….……………… ☐ 5
- Wanted to wait and see if problem got better on its own …………………………… ☐ 6
- Didn't know any good specialist………………………………………………………….. ☐ 7
- Other reason. Please, specify ____ ☐ 8
- Don't know, I am not sure ………………………......……………….…………… ☐ 98
- Refusal ………………...….............................……………………………………… ☐ 99

D. BACTERIOLOGISTS - OTHER PARAMEDICAL SPECIALIZATIONS AND SERVICES - HEALTH CARE SERVICES

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

	Yes	No	Don't know/ I am not sure	*Refusal*
1.Bacteriological laboratory/Medical laboratory, radiology centre	☐1	☐2	☐98	☐99
2.Physiotherapist/ kinesitherapist	☐1	☐2	☐98	☐99
3.Nurse / midwife (excluding when being hospitalized, for home care services or in a medical laboratory or radiology center)	☐1	☐2	☐98	☐99
4. Dietician	☐1	☐2	☐98	☐99
5. Speech therapist	☐1	☐2	☐98	☐99
6.Chiropractor	☐1	☐2	☐98	☐99
7. Occupational therapist	☐1	☐2	☐98	☐99
8. Psychologist or psychotherapist	☐1	☐2	☐98	☐99
9. Other paramedics. Specify ____________________	☐1	☐2	☐98	☐99

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

	Yes	No	Don't know/ I am not sure	*Refusal*
1. Homeopath	☐1	☐2	☐98	☐99
2. Acupuncturist	☐1	☐2	☐98	☐99
3. Phytotherapist/ herbalist	☐1	☐2	☐98	☐99
4. Other alternative medicine practitioner.Specify…………..	☐1	☐2	☐98	☐99

HC.18 During the past 12 months, have you used any of the following care services on your own behalf such as…?

	Yes	No	Don't know/ I am not sure	*Refusal*
1. Home care medical or nursing services	☐1	☐2	☐98	☐99
2. Home help for the housework or for elderly people	☐1	☐2	☐98	☐99
3. "Meals on wheels"	☐1	☐2	☐98	☐99
4. Transport service	☐1	☐2	☐98	☐99
5. Other home care services. Specify…………………..	☐1	☐2	☐98	☐99

3. USE OF MEDICINES – DIETARY SUPPLEMENTS

MD.1 During the past two weeks, have you used any medicines (including dietary supplements such as herbal medicines or vitamins) that were prescribed or recommended to you by a doctor- dentist?(For women, contraceptive pills or other hormones must be included).

- Yes .... ☐ 1
- No .... ☐ 2
- Don't know, I am not sure .... ☐ 98
- Refusal .... ☐ 99

(2, 98, 99) → MD.2.2

MD.2.1 The medicines used, were for?

	Yes	No	Don't know/ I am not sure	*Refusal*
1. Asthma	☐1	☐2	☐98	☐99
2. Chronic bronchitis, chronic obstructive pulmonary disease ,emphysema	☐1	☐2	☐98	☐99
3. High blood pressure	☐1	☐2	☐98	☐99
4. Lowering the blood cholesterol level	☐1	☐2	☐98	☐99
5. Other cardiovascular disease, such as arrhythmia ,stroke and heart attack	☐1	☐2	☐98	☐99
6. Pain in the joints (arthrosis, arthritis)	☐1	☐2	☐98	☐99
7. Pain in the neck or back	☐1	☐2	☐98	☐99
8. Headache or migraine	☐1	☐2	☐98	☐99
9. Other pain	☐1	☐2	☐98	☐99
10. Diabetes	☐1	☐2	☐98	☐99
11. Allergic symptoms (eczema,rhinitis, hay fever),	☐1	☐2	☐98	☐99
12. Stomach troubles	☐1	☐2	☐98	☐99
13. Cancer (chemotherapy)	☐1	☐2	☐98	☐99
14. Depression	☐1	☐2	☐98	☐99
15. Tension or anxiety	☐1	☐2	☐98	☐99
16. Schizophrenia or any other mental or cognitive disease	☐1	☐2	☐98	☐99
17. Urinary incontinence, problem in controlling the bladder	☐1	☐2	☐98	☐99
18. Osteoporosis	☐1	☐2	☐98	☐99
19. Thyroid or other endocrinology problem	☐1	☐2	☐98	☐99
20.Other. Please specify…………... …………………………………………	☐1	☐2	☐98	☐99

MD.2.2 Have you used other types of medicines that were prescribed / recommended to you by a doctor or a dentist , such as...?

	Yes	No	Don't know/ I am not sure	*Refusal*
21. Sleeping tablets	☐1	☐2	☐98	☐99
22. Antibiotics such as penicillin (or any other antibiotic)	☐1	☐2	☐98	☐99
23. Contraceptive pills (for women in fertile age – assumed 50 years or younger)	☐1	☐2	☐98	☐99
24. Hormones for menopause (for women in or after menopausal age – assumed 45 years or older)	☐1	☐2	☐98	☐99
25. Other. Specify: --------------------------	☐1	☐2	☐98	☐99

MD.3 During the past two weeks, have you used any medicines (including dietary supplements such as herbal medicines or vitamins) that weren't prescribed or recommended for you by a doctor - dentist?

- Yes .... ☐ 1
- No .... ☐ 2
- Don't know, I am not sure .... ☐ 98
- Refusal .... ☐ 99

(2, 98, 99) → PA.1

MD.4 The medicines used, were for/were:

	Yes	No	Don't know/ I am not sure	Refusal
1. Pain in the joints (arthrosis, arthritis)	☐1	☐2	☐98	☐99
2. Headache or migraine	☐1	☐2	☐98	☐99
3. Other pain	☐1	☐2	☐98	☐99
4. Cold, flu or sore throat	☐1	☐2	☐98	☐99
5. Allergic symptoms (eczema, rhinitis, hay fever),	☐1	☐2	☐98	☐99
6. Stomach troubles	☐1	☐2	☐98	☐99
7. Vitamins, minerals or tonics	☐1	☐2	☐98	☐99
8. Other. Specify: ____________	☐1	☐2	☐98	☐99

FLU VACCINATION

PA.1 Have you ever been vaccinated against flu?

- Yes .... ☐ 1→ PA.2
- No .... ☐ 2 } → PA.4
- Don't know, I am not sure .... ☐ 98 } → PA.4
- Refusal .... ☐ 99 } → PA.4

PA.2 When were you last time vaccinated against flu?

- Within 2009 .... ☐ 1→PA.3
- During 2008 .... ☐ 2 } →PA.4
- Before 2008 .... ☐ 3 } →PA.4
- Don't know, I am not sure .... ☐ 98 } →PA.4
- Refusal .... ☐ 99 } →PA.4

PA.3 Can you identify, what month was that?

Month *(In case you can't identify, put 99 in the grid)* .... |__|__|

BLOOD PRESSURE

PA.4 Has your blood pressure ever been measured by a health professional? *(doctor, nurse, chemist etc.)*

-Yes.. ☐ 1→ PA.5
- No .... ☐ 2 } → PA.6
- Don't know, I am not sure .... ☐ 98 } → PA.6
- Refusal .... ☐ 99 } → PA.6

PA.5 When was the last time that your blood pressure was measured by a health professional? *(doctor, nurse, chemist etc.)*

- Within the past 12 months .... ☐ 1
- 1–5 years ago.. ☐ 2
- More than 5 years ago.. ☐ 3
- Don't know, I am not sure .... ☐ 98
- Refusal .... ☐ 99

BLOOD CHOLESTEROL

PA.6 Has your blood cholesterol ever been measured (in a laboratory) before?

- Yes	☐ 1	→ PA.7
- No	☐ 2	→ PA.8
- Don't know, I am not sure	☐ 98	→ PA.8
- Refusal	☐ 99	→ PA.8

PA.7 When was the last time that your blood cholesterol was measured?

- Within the past 12 months...	☐ 1
- 1–5 years ago	☐ 2
- More than 5 years ago	☐ 3
- Don't know, I am not sure	☐ 98
- Refusal	☐ 99

BLOOD SUGAR

PA.8 Has your blood sugar ever been measured (in a laboratory) before?

- Yes...	☐ 1	→ PA.9
- No...	☐ 2	→To interviewer **(q. PA.10)**
- Don't know, I am not sure	☐ 98	→To interviewer **(q. PA.10)**
- Refusal	☐ 99	→To interviewer **(q. PA.10)**

PA.9 When was the last time that your blood sugar was measured ?

- Within the past 12 months...	☐ 1
- 1–5 years ago	☐ 2
- More than 5 years ago	☐ 3
- Don't know, I am not sure	☐ 98
- Refusal	☐ 99

INTERVIEWER : Next questions are for women**.** If the interviewee is a man **skip to** PA.16.

MAMMOGRAPHY

PA.10 Have you ever had a mammography?

-Yes..	☐ 1→ PA.11
- No..	☐ 2 } → PA.13
- Don't know, I am not sure..	☐ 98 } → PA.13
- Refusal	☐ 99 } → PA.13

PA.11 When was the last time you had a mammography (breast X-ray)?

- Within the past 12 months	☐ 1
- More than 1 year, but not more than 2 years...	☐ 2
- More than 2 years, but not more than 3 years	☐ 3
- Not within the past 3 years	☐ 4
- Don't know, I am not sure	☐ 98
- Refusal	☐ 99

PA.12 What was the reason for this last mammography?
Multiple answers are possible

- Myself or my doctor noticed something not quite right in my breast (e.g. a lump)	☐ 1
- My doctor advised me to have it without there being something wrong	☐ 2
- Because of breast cancer in my family	☐ 3
- Invitation from a national or local screening programme	☐ 4
- Other reason (medical or not)..	☐ 5
- Precautionary (on my own initiative)	☐ 6
- Don't know, I am not sure	☐ 98
- Refusal	☐ 99

9. CERVICAL SMEAR TEST (PAP - TEST)

PA.13 Have you ever had a cervical smear test?

- Yes..	☐ 1→ PA.14
- No..	☐ 2 } → PA.16
- Don't know, I am not sure	☐ 98 } → PA.16
- Refusal	☐ 99 } → PA.16

PA.14 When was the last time you had a cervical smear test?

- Within the past 12 months …… ☐ 1
- More than 1 year, but not more than 2 years …… ☐ 2
- More than 2 years, but not more than 3 years …… ☐ 3
- Not within the past 3 years …… ☐ 4
- Don't know, I am not sure …… ☐ 98
- Refusal …… ☐ 99

PA.15 What was the reason for this last cervical smear test?
Multiple answers are possible

- Because of symptoms …… ☐ 1
- Because I visited a gynecologist …… ☐ 2
- Invitation from a national or local screening programme …… ☐ 3
- Other medical reason…… ☐ 4
- Other no medical reason …… ☐ 5
- Precautionary (on my own initiative) …… ☐ 6
- Don't know, I am not sure …… ☐ 98
- Refusal …… ☐ 99

FAECAL OCCULT BLOOD TEST (Mayer test)

Next questions are for men and women

PA.16 Have you ever had a faecal occult blood test ?

- Yes…… ☐ 1→ PA.17
- No…… ☐ 2 } → SA.1
- Don't know, I am not sure …… ☐ 98 } → SA.1
- Refusal …… ☐ 99 } → SA.1

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

- Within the past 12 months …… ☐ 1
- More than 1 year, but not more than 2 years …… ☐ 2
- More than 2 years, but not more than 3 years …… ☐ 3
- Not within the past 3 years …… ☐ 4
- Don't know, I am not sure …… ☐ 98
- Refusal …… ☐ 99

11. SATISFACTION EXTENT RESULTED FROM THE PROVIDED NATIONAL HEALTH SERVICES

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

BODY	**Very satisfied**	**Fairly satisfied**	**Neither satisfied nor dissatisfied**	**Fairly dissatisfied**	**Very dissatisfied**	**Don't know/ I am not sure**	***Refusal***
1.1. Public Hospitals	☐1	☐2	☐3	☐4	☐5	☐98	☐99
1.2. Private Clinics	☐1	☐2	☐3	☐4	☐5	☐98	☐99
2. General Practitioners or pathologists:							
a) In Health Centers and in their Regional Units	☐1	☐2	☐3	☐4	☐5	☐98	☐99
b) In Units contracted with patients' Insurance Funds	☐1	☐2	☐3	☐4	☐5	☐98	☐99
c) To their private practice (having or not having contract with the patients' insurance Funds)	☐1	☐2	☐3	☐4	☐5	☐98	☐99
d) Surgeries in public hospitals during afternoon							
3. Other medical or surgical specialists:							
a) In Health Centers and in their Regional Units	☐1	☐2	☐3	☐4	☐5	☐98	☐99
b) In Units contracted with patients' Insurance Funds	☐1	☐2	☐3	☐4	☐5	☐98	☐99
c) To their private practice (having or not having contract with the patients' insurance Funds)	☐1	☐2	☐3	☐4	☐5	☐98	☐99
d) Surgeries in public hospitals during afternoon							
4. Dentists, orthodontists	☐1	☐2	☐3	☐4	☐5	☐98	☐99
5. Home care services provided by social bodies	☐1	☐2	☐3	☐4	☐5	☐98	☐99

OUT- OF POCKET EXPENSES

Questions intend to write down all the amounts paid for provided health care services, e.g. visits of the respondent to doctors/ dentists / orthodontists, payments for hospitalization in public or private hospitals/clinics as well as money spent for medicine purchase (prescribed or not) on his/her own behalf. In addition are included visits for medical exams and money paid for provision of any other paramedical service (Physiotherapy, purchase for aids and equipment - such as cane/ walking stick / walker/ crutches / wheelchair etc. -) In particular, are considered as out-of-pocket expenses the costs of any provision of care that is not free of charge and is not reimbursed by the social security or insurance company (the term "insurance" covers both compulsory and voluntary insurance).That means that, for the health care services used must be written down how much money the respondent finally had to pay out-of-pocket. Bribes, under the table/envelope payments are included as well. *Finally, questions of the above mentioned table are directly linked with the questions of the European Health Care Module.*

HEALTH CARE SERVICES (1-7: These categories concern the past four (4) weeks 8-9: These categories concern the past two (2) weeks)	Did you use some of the Health Care Services? 1: Yes 2: No, I did not use any one of the particular services	IF yes, did you pay any amount for the provided Health care services? 1: Yes 2: No	If yes, what amount did you pay?	Was the particular amount paid officially or non officially? 1: Officially 2: Non officially 3: Officially <u>and</u> non officially	If the amount was paid officially –that means by taking a receipt - the insurance fund or your private insurance covered or will cover the amount or a part of it? 1: Yes 2: No	If yes,what amount? If you don't know the exact amount, write down in the grids 999999.	If the column E=3 (officially and non officially) which was the non officially paid amount
(A)	(B)	(Γ)	(Δ)	(E)	(Z)	(H)	(ΣT)
1. Dental care			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
2. Orthodontist care			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
3. Visits to doctors			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
4. Health care provided in Public hospitals			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
5. Health care provided in Private clinics			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
6. Medical exams			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
7. Other paramedical services (Physiotherapies, purchase for aids-equipment etc.)			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
8 Purchase of prescribed medicines			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|
9. Purchase of non prescribed medicines			|_|_|_|_|_|_|			|_|_|_|_|_|_|	|_|_|_|_|_|_|

The respondent has/ is : Compulsory Health Insurance ………………… ☐ 1 Voluntary Health Insurance ☐ 2

Compulsory **and** Voluntary Health Insurance ……….. ☐ 3 Not having any kind of Health Insurance (uninsured) ☐ 4

The respondent is : Directly Insured ………………………………. ☐ 1 Indirectly insured ……………….. ☐ 2

EUROPEAN HEALTH DETERMINANTS MODULE

PHYSIQUE

BMI.1 Which is your height ? *(without wearing shoes)*

-Height ....cm |__|__|__|

- Don't know, I am not sure .... ☐ 98
-Refusal .... ☐ 99

BMI.2 Which is your weight? *(without clothes and shoes)*

-Weight ....Kgrs |__|__|__|

- Don't know, I am not sure .... ☐ 98
- Refusal... ☐ 99

PHYSICAL ACTIVITY

PE.1 During the past 7 days, on how many days did you do vigorous physical activities (such as constructional or agricultural works, home cleanliness, furniture movement, aerobics, fast bicycling, running, tennis etc.) for at least 10 minutes at a time? (*Walking is not included).*

- Days *(If none day you did vigorous physical activity, then put 0 in the grid)* |__|

- Don't know, I am not sure .... ☐ 98 } → PE.3
- Refusal... ☐ 99 }

INTERVIEWER : If respondent answers «0» skip to question PE.3. Otherwise go to PE.2

PE.2 Totally, during the past 7 days, how much time did you spend for doing vigorous physical activities?

- Hours…………… |__|__| Minutes …………… |__|__|

- Don't know, I am not sure .... ☐ 98
- Refusal... ☐ 99

PE.3 During the past 7 days ,on how many days did you do moderate physical activities (such as carrying light loads, sweeping, cleaning windows, playing volleyball, bicycling or swimming at a regular pace, dancing, packages etc.) for at least 10 minutes at a time? (*Walking is not included****).***

- Days *(If none day you did moderate physical activity, then put 0 in the grid)* ……………… |__|

- Don't know, I am not sure .... ☐ 98 } → PE.5
- Refusal... ☐ 99 }

INTERVIEWER : If respondent answers «0» skip to question PE.5. Otherwise go to PE.4

PE.4 Totally ,during the past 7 days , how much time did you spend for doing moderate physical activities ?

- Hours…………… |__|__| Minutes …………… |__|__|
- Don't know, I am not sure ……………………………………………………………… ☐ 98
- Refusal………………………………………………………………………………… ☐ 99

PE.5 During the past 7 days, on how many days did you walk for at least 10 minutes at a time ?*(Be included walking for recreation, sport, exercise, or leisure, walking at work and at home, walking to travel from place to place etc.)*

- Days *(If none day you walked for at least 10 minutes, at the time, put 0 in the grid)* |__|
- Don't know, I am not sure ……………………………………………………………… ☐ 98 } → FV.1
- Refusal………………………………………………………………………………… ☐ 99 } → FV.1

INTERVIEWER: If respondent answers «0» skip to question FV.1. Otherwise go to PE.6

PE.6 Totally, during the past 7 days ,how much time did you spend walking ?

- Hours…………… |__|__| Minutes …………… |__|__|
- Don't know, I am not sure ……………………………………………………………… ☐ 98
- Refusal………………………………………………………………………………… ☐ 99

HEALTHY FOOD CONSUMPTION

FV.1 How often do you eat fruits? *(Excluding juice).*

- Twice or more a day……………………………………………………………………… ☐ 1
- Once a day………………………………………………………………………………… ☐ 2
- 4 – 6 times per week……………………………………………………………………… ☐ 3
- 1 – 3 times per week……………………………………………………………………… ☐ 4
- Less than once a week and up to 3 times per month………………………………… ☐ 5
- Never………………………………………………………………………………………… ☐ 6
- Don't know, I am not sure ……………………………………………………………… ☐ 98
- Refusal ……………………………………………………………………………………… ☐ 99

FV.2 How often do you eat vegetables or salad? *(Excluding juice and potatoes).*

- Twice or more a day ………………………………………………………………………… ☐ 1
- Once a day ………………………………………………………………………………… ☐ 2
- 4 – 6 times per week ……………………………………………………………………... ☐ 3
- 1 – 3 times per week ………………………………………………………………..…. ☐ 4
- Less than once a week and up to 3 times per month..……………………………………. ☐ 5
- Never……………………………………………………………………………………….. ☐ 6
- Don't know, I am not sure ………………….. ……………………………………………….. ☐ 98
- Refusal ……………………………………………………………………………………….. ☐ 99

FV.3 How often do you drink fruit or vegetable juice?

- Twice or more a day ……………………..………………………………………………. ☐ 1
- Once a day …………..……………………………………………………………………. ☐ 2
- 4 – 6 times per week …………………………………………….……………………….. ☐ 3
- 1 – 3 times per week ………………………………………………………..………. ☐ 4
- Less than once a week and up to 3 times per month …………………………………… ☐ 5
- Never………………………………………………………………………………………….. ☐ 6
- Don't know, I am not sure……………………..………………………………………….. ☐ 98
- Refusal …..……………………………………………………………………………….. ☐ 99

ENVIRONMENT

EN.1 Thinking about the past 12 months, when you were at home to what extent were you exposed to any of the following conditions?

CONDITIONS	**Severely exposed**	**Somewhat exposed**	**Not exposed**	**Don't know/ I am not sure**	***Refusal***
1. Noise coming from (cars, motorcycles, trains, airplanes, factories, neighbors, animals, restaurants/bars/disco)	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
2. Air pollution from (dust, fume, ozone)	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
3. Bad smells from (industry, agriculture, sewer, waste)	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99

EN.2 Thinking about the past 12 months, to what extent were you exposed to crime ,violence or vandalism at home or generally in the area you live?

- Severely exposed…………… ……………………………………………………………………….. ☐ 1
- Somewhat exposed……………………………………………………………………… ☐ 2
- Not exposed………………………………………………………………………………….. ☐ 3
- Don't know, I am not sure ……………………………………………………………… ☐ 98
- Refusal …………………………………………………………………………………… ☐ 99

INTERVIEWER : If the **HH.8 =1** (the respondent is working) go to the **EN.3**. Otherwise skip to **EN.4**

EN.3 At your workplace, to what extent are you or your colleagues exposed to?
Multiple answers are possible.

PROBLEMS	Severely exposed	Somewhat exposed	Not exposed	Don't know/ I am not sure	*Refusal*
1. Harassment or bullying	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
2. Discrimination	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
3. Violence or threat of violence	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
4. Time pressure or overload of work	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
5. Chemicals, dust, fumes, smoke or gases	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
6. Noise or vibration	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
7. Difficult work postures, work movements or handling of heavy loads	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99
8. Risk of accident	☐ 1	☐ 2	☐ 3	☐ 98	☐ 99

EN.4 How many people are so close to you that you can count on them if you have serious personal problem?

- None ……………………………………………………………………………………….. ☐ 1
- 1 or 2 ……………… ………………………………………………………………………. ☐ 2
- 3 up to 5 ………………………………………………………………………………………. ☐ 3
- More than 5 …….. ………………………………………………………………………… ☐ 4
- Don't know, I am not sure………………………………………………………………… ☐ 98
- Refusal…………………………………………………………………………………….. ☐ 99

SMOKING

SK.1 Do you smoke at all nowadays?

- Yes , daily……………………………………………………………………………………… ☐ 1
- Yes, occasionally……………………………………………………………………………… ☐ 2 → SK.4
- Not at all ………………………………………………………………………………………… ☐ 3 → SK.4

SK.2 What tobacco product do you smoke each day?

Multiple answers are possible.

- Manufactured cigarettes ………………………………………………………………… ☐ 1
- Hand – rolled cigarettes………………………………………………………………… ☐ 2
- Cigars ………………………………………………………………………………………… ☐ 3
- Pipefuls of tobacco……………………………………………………………………… ☐ 4
- Other ………………………………………………………………………………………… ☐ 5

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

- Manufactured cigarettes ……………………………………………………………… |__|__| 1 →SK.5
- Hand – rolled cigarettes ……………………………………………………………… |__|__| 2 →SK.5
- Cigars ………………………………………………………………………………………… |__|__| 3 →SK.5
- Pipefuls of tobacco …….. ……………………………………………………………… |__|__| 4 →SK.5
- . Other ………………………………………………………………………………………… |__|__| 5 →SK.5

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

- Yes…………………………………………………………………………………………… ☐ 1
- No……………………………………………………………………………………………… ☐ 2 →SK.6

SK.5 For how many years have you smoked daily? Count all separate periods of smoking daily.

Years ……………………………………………………………………………………………… |__|__|

SK.6 How often are you exposed to tobacco smoke indoors? (All smoke products are included)

- Never…………………………………………………………………………………………… ☐ 1
- Less than 1 hour daily…………………………………………………………………… ☐ 2
- 1-5 hours daily……………………………………………………………………………… ☐ 3
- More than 5 hours daily………………………………………………………………… ☐ 4

SK.7 How often are you exposed to tobacco smoke indoors in public places and transportation means (bars, restaurants, shopping malls, athletic areas, bowling alleys, trains, metro, buses)?

- -Never………………………………………………………………………………………. ☐ 1
- -Less than 1 hour daily……………………………………………………………………. ☐ 2
- -1-5 hours daily………………………………………………………………………………. ☐ 3
- -More than 5 hours daily…………………………………………………………………. ☐ 4

INTERVIEWER :
If the **HH.8 =1** (the respondent is working) go to **SK.8.** Otherwise skip to **AL.1**

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

- - Never ……………………………………………………………………………………. ☐ 1
- - Less than 1 hour daily ………………………………………………………………. ☐ 2
- - 1-5 hours daily………………………………………………………………………………. ☐ 3
- - More than 5 hours daily ……………………………………………………………. ☐ 4
- -Not relevant (don’t work /don’t work indoors)………………………………………... ☐ 5

CONSUMPTION OF ALCOHOLIC BEVERAGES

AL.1 During the past 12 months, how often have you had an alcoholic drink of any kind (that is beer, wine, spirits, liqueurs or other alcoholic beverages)?

- - Never………………………………………………………………………………………. ☐ 1→CN.1
- - Once a month or less………………………………………………………………… ☐ 2→CN.1
- - 2 to 4 times monthly………………………………………………………………… ☐ 3→AL.3
- - 2 to 3 times weekly………………………………………………………………… ☐ 4
- - 4 to 6 times weekly………………………………………………………………… ☐ 5
- - Daily……………………………………………………………………………………… ☐ 6

AL.2 How many drinks containing alcohol do you have each day in a typical week when you are drinking? Start with Monday and take one day at a time.

Consumption is counted in glasses.

	Number of drinks	*Number of drinks*	*Number of drinks*	*Number of drinks*	*Number of drinks*
Monday	**Beer** |__|__|	**Wine** |__|__|	**Liqueur** |__|__|	**Spirits** |__|__|	**Other local alcoholic beverages**[1] |__|__|
Tuesday	**Beer** |__|__|	**Wine** |__|__|	**Liqueur** |__|__|	**Spirits** |__|__|	**Other local alcoholic beverages**[1] |__|__|
Wednesday	**Beer** |__|__|	**Wine** |__|__|	**Liqueur** |__|__|	**Spirits** |__|__|	**Other local alcoholic beverages**[1] |__|__|
Thursday	**Beer** |__|__|	**Wine** |__|__|	**Liqueur** |__|__|	**Spirits** |__|__|	**Other local alcoholic beverages**[1] |__|__|
Friday	**Beer** |__|__|	**Wine** |__|__|	**Liqueur** |__|__|	**Spirits** |__|__|	**Other local alcoholic beverages**[1] |__|__|
Saturday	**Beer** |__|__|	**Wine** |__|__|	**Liqueur** |__|__|	**Spirits** |__|__|	**Other local alcoholic beverages**[1] |__|__|
Sunday	**Beer** |__|__|	**Wine** |__|__|	**Liqueur** |__|__|	**Spirits** |__|__|	**Other local alcoholic beverages**[1] |__|__|

(1) ,Tsipouro, tsikoudia, raki, ouzo etc.

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

- Never………………………………………………………………………………………. ☐ 1
-Less than 12 times…………………………………………………………………….. ☐ 2
-Monthly …………………………………………………………………………..………… ☐ 3
-Weekly ……..…………………………………………………….……………..……………. ☐ 4
- Daily or almost daily………..…………..………………………………………………… ☐ 5

USE OF DRUGS

CN.1 Do you personally know people who take cannabis *(hashish / marijuana)?*

-Yes……………………………………………………………………………………………. ☐ 1

-No ………………………………………………………………………………..…………. ☐ 2

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

-Yes……………………………………………………………………………………………. ☐ 1

-No …………………………………………………………………………………..……. ☐ 2

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

-Yes……………………………………………………………………………………………. ☐ 1

- No ……………………………………………………………………………………………. ☐ 2

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

-Yes……………………………………………………………………………………………. ☐ 1

-No ……………………………………………………………………………..……………. ☐ 2

HOUSEHOLD INCOME

INTERVIEWER: Next questions must be replied by the selected member and concern the total **net** monthly income of the household, separately reported for each household member.

IN.1 Please tell me which kinds of income you and the other members of your household receive.
Multiple answers are possible.

INCOME SOURCES	***S/N of Person taken from "Household Register and for their members"and part C. «Household Data»***									
	01	*02*	*03*	*04*	*05*	*06*	*07*	*08*	*09*	*10*
1.1 Income from work as employee										
1.2 Income from work as self-employed										
2. Unemployment benefits (e.g. allowance for young persons aged 20-29 years/ seasonal unemployment benefit for persons seasonally working as actresses, building workers, hotel staff,etc)										
3. Old – age or survivor's benefits										
4. Sickness or disability benefits										
5. Family/children related allowances										
6. Housing allowances										
7. Education- related allowance										
8. Social Assistance payments (e.g. Social solidarity allowance / Allowance to long - standings unemployed aged 45-65 / drug-addicts, alcoholics etc.)										
9. Real estate Income/income from investments (e.g. interest,dividents etc.)										
10. Regular transfers received from other private households										
11. No source of income										
98. Don't know/ I am not sure										
99. Refusal										

To interviewer: *If for all the household members the answer is* ***11 (No source of income) then → End of survey.***

IN.2 Approximately, do you know what is your household's total net monthly income (that is after deductions for tax, national insurance etc.)?

- Yes…………………………………………………………………………………………… ☐ 1
- No …………………………………………………………………………………………… ☐ 2 } → IN.4
- Don't know, I am not sure ……………………………………………………………… ☐ 98 } → IN.4

IN.3 What is your household's total net income per month?

-Amount ……………………………………………………|__|__|__|__|__|__|__| → End of survey

IN.4 If you don't know the exact income for your household, please specify which group represents your household's total net monthly income from all these sources after deductions for income tax, National Insurance etc.

- Up to 350€ ……………………………………………………………………… ☐ 1
- 351€ - 700€ ……………………………………………………………………… ☐ 2
- 701€ - 900€ ……………………………………………………………………… ☐ 3
- 901€ - 1150€ ……………………………………………………………………… ☐ 4
- 1051€ - 1400€ ……………………………………………………………………… ☐ 5
- 1401€ - 1700€……………………………………………………………………… ☐ 6
- 1701€ - 2100€ ……………………………………………………………………… ☐ 7
- 2101€ - 2800€ ……………………………………………………………………… ☐ 8
- 2801€ - 4700€ ……………………………………………………………………… ☐ 9
- Above 4700€ ……………………………………………………………………… ☐ 10
- Refusal ……………………………………………………………………… ☐ 99