

HS.2

CONFIDENTIAL



HELLENIC REPUBLIC  
HELLENIC STATISTICAL AUTHORITY



GENERAL DIRECTORATE OF STATISTICAL  
SURVEYS

DIVISION OF POPULATION AND LABOUR  
MARKET STATISTICS

SPECIAL HOUSEHOLD SURVEYS SECTION

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HOUSEHOLD ID..... |\_|\_|\_|\_|\_|\_|\_|\_|\_|  
REGIONAL UNIT-----

MUNICIPALITY -----

LOCAL UNIT -----

LOCALITY -----

DATE OF INTERVIEW..... |\_|\_|\_| |\_|\_|\_| 2\_|0\_|1\_|4\_|

INTERVIEWER \_\_\_\_\_ |\_|\_|\_|\_|

## HEALTH SURVEY YEAR 2014

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

INDIVIDUAL QUESTIONNAIRE

- The provision of data to ELSTAT is OBLIGATORY.  
- All information provided through the questionnaire is used only for statistical purposes and the answers in the questions are CONFIDENTIAL (3832/2010)

Piraeus, 2014

**BASIC DEMOGRAPHIC DATA OF RESPONDENT**

**DATA OF THE SELECTED MEMBER**

**BIRTHPLACE: What is your country of birth?**

- Greece .....  10
- Other Member - State of EU .....  21  
     Namely : \_\_\_\_\_ | \_ | \_ | \_ | \*
- Non- EU country .....  22  
     Namely : \_\_\_\_\_ | \_ | \_ | \_ | \*

**CITIZEN: What is your citizenship?**

(More than one answer is acceptable)

- Greek .....  10
- Nationals of other EU Member - State .....  21  
     Namely : \_\_\_\_\_ | \_ | \_ | \_ | \*
- Nationals of non EU countries .....  22  
     Namely : \_\_\_\_\_ | \_ | \_ | \_ | \*

**MARSTALEGAL: 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, **skip to** question HATLEVEL

**MARSTADEFACTO: 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

**HATLEVEL: What is the highest educational level you have completed?**

- Never attended any level of education .....  10→MAINSTAT
- Few classes of Primary education .....  12
- Primary education (Demotiko).....  1
- Lower secondary education (Gymnasium) .....  21
- Vocational school, technical school (first cycle ) .....  22
- Vocational school, technical school (second cycle ) .....  31
- Technical and Vocational Upper secondary education.....  32
- Upper secondary education ( Lyceum) .....  33
- Institutions for vocational training (public or private) with duration up to two years  41

\* Be completed by ELSTAT

- College with duration more than two years .....  42
- Higher schools with duration up to three years .....  61
- Technological educational institutes .....  62
- University, Higher military schools – Tertiary education .....  63
- Post - Graduate Studies (Msc, MBA) .....  7
- Doctorate (Ph.D) .....  8

**YEARLEVEL: In which year did you complete the pre- mentioned educational level?**

Year.....

|\_|\_|\_|\_|

**CURRENT LABOUR STATUS**

**MAINSTAT: 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*).....  10
- Unemployed .....  20
- Pupil, student, further training, unpaid work experience .....  31
- In retirement or early retirement or has given up business (*retired due to disability or health problems are excluded*).....  32
- Permanently disabled (*BE INCLUDED: Persons with longstanding illnesses and health problems AND In retirement because of disability*).....  33
- Soldier .....  34
- Domestic tasks .....  35
- Other (e.g. rentier). Please, specify \_\_\_\_\_  36

**INTERVIEWER** : If you answered Permanently disabled (code 33), go to MAINSTAT – DIS 1. All the others **go to** question MAINSTAT – DIS 2

**MAINSTAT – DIS 1: You said that you face permanent disability. In particular, you are:**

- Working person .....  31
  - In retirement due to disability (permanent pension) .....  32
  - In retirement due to disability (temporary pension) .....  33
  - Other (pupil/student/fulfilling domestic tasks etc.) .....  34
- } →HS1

**MAINSTAT – DIS 2: Do you face any permanent disability?**

- Yes .....  1
- No .....  2

**INTERVIEWER** : If you answered in question MAINSTAT “working for pay or profit, namely, Code =10), then **go to** JOBSTAT. All the others go to question HS1.

**JOBSTAT: What are you at your work?**

- Self - employed with employees.....  11
- Self – employed without employees / Family worker .....  12
- Employee ( with permanent job/work contract of unlimited duration).....  21
- Employee ( with temporary job/work contract of limited duration).....  22

**FT- PT: Your main job/work is (as regards its duration):**

- Full - time work.....  1
- Part - time work.....  2

**JOBISCO: 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: \_\_\_\_\_     \*ISCO - 08

**LOCNACE: Please describe in detail what does the business/organization mainly do at the place where you work.**

Economic Sector in Employment: \_\_\_\_\_     \* NACE REV.2

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\* To be completed by ELSTAT

**HEALTH STATUS MODULE**

## 1. GENERAL HEALTH STATUS

### HS1: 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, Refusal.....  -1

### HS2: 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 longer (**with or without medication**).

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

### HS3: For at least the past 6 months, have you been limited because of a health problem in activities people usually do?

- Yes, severely limited .....  1
- Yes, limited but not severely .. .....  2
- Not limited at all.....  3
- Don't know, I am not sure, Refusal.....  -1

## 2. LONGSTANDING HEALTH PROBLEMS / DISEASES

**INTERVIEWER:** Please show or read to respondent the **showcard** with all the longstanding health problems / diseases.

**CD1:** During the past 12 months do / did you have any of the longstanding health problems / diseases below:



A	LONGSTANDING HEALTH PROBLEMS / DISEASES	YES	NO	DON'T KNOW/ I AM NOT SURE/ REFUSAL
B	Asthma ( <i>allergic asthma included</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
C	Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
D	Myocardial infarction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X1	Coronary heart disease (angina pectoris)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
E	Heart valve lesion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
F	High blood pressure (hypertension) (low blood pressure >9 and high blood pressure >14) with or without medication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
G	Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
H	Arthrosis (arthritis excluded)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
I	Low back disorder or other chronic back defect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
J	Neck disorder or other chronic neck defect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X2	Diabetes ( blood sugar )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
K	Disorder in cholesterol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
L	Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other ( <i>allergic asthma excluded</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
M	Cirrhosis of the liver, liver dysfunction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
N	Urinary incontinence, problem in controlling the bladder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
O	Kidney problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X3	Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X4	Anxiety Disorders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X5	Alzheimer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X6	Other mental health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X7	Neoplastic diseases (cancer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
X8	Transmitted diseases (e.g. Tuberculosis/ Hepatitis/ HIV etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
	Digestive diseases (duodenal ulcer / colitis)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1

### 3. ACCIDENTS AND INJURIES

**AC1: During the past 12 months<sup>1</sup>, have you had any of the following type of accidents (road traffic accident, accident at home, leisure accident) resulting in injury?**

*Cases of acute poisoning (unintentional) are included. Injuries inflicted by animals or insects are included as well. Be excluded intentional injuries (due to interpersonal violence-willful acts of other persons- and deliberate self-harm).*

TYPE OF ACCIDENT	YES	NO	DON'T KNOW/ I AM NOT SURE/REFUSAL
A. Road traffic accident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
B. Accident at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
C. Leisure accident (out of home)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1

**INTERVIEWER:** If the respondent answers Yes=1, at least, in one of the pre mentioned types of accidents in AC1 question, then go to AC2. Otherwise, skip to unit 4 and to AW1 question.

**AC2: If you had more than one accident, think the most serious one. For this accident did you need any medical health care?**

**INTERVIEWER :** Only **one** answer is possible.

- Yes, I was admitted to a hospital or other health unit and stayed overnight .....  11
- Yes, I was admitted to a hospital or other health unit but I did not stayed overnight.....  12
- Yes, it was provided medical health care to me by a doctor or a health professional.....  2  
 If the code 2 was ticked, please mention the place:
  - At the accident place..... 21
  - At my home.....  22
  - At the hospital or other health unit without admission  
(e.g. emergency department/regional clinic )... 23
- No, I did not need medical health care or medical advice.....  3
- Don't know, I'm not sure/ Refusal .....  .1

<sup>1</sup> The past 12 months are taken into consideration from the date of the interview (i.e. accidents between the 15 November 2013 and 14 November 2014 for an interview carried out on 15 November 2014)

**4. ABSENCE FROM WORK DUE TO HEALTH PROBLEMS**

**INTERVIEWER** : The questions of current unit should be asked only for respondents current working (code 10) in MAINSTAT.

**AW1: During the past 12 months, have you been absent from your work due to your own health problems?** (Take into account all kind of diseases, injuries or health problems, which resulted in your absence from your work)

- Yes .....  1
  - No.....  2
  - Don't know, I am not sure, Refusal .....  -1
- } →unit 5  
QUEST. PL1

**AW2: During the past 12 months, how many days in total, were you absent from your work due to your own health problems?** (Be included: working and no working days)

- Number of days..... |\_\_|\_\_|\_\_|
- Don't know, I am not sure, Refusal .....  -1

**AW3: Was your absence due to work accident?**

(**Accident at work** is defined as the occurrence in the course of work which leads to (physical or mental) harm. The phrase "in the course of work" means "while engaged in an occupational activity or during the time spent at work". **Be excluded:** Commuting accidents (accidents that occur during the normal journey to or from home and place of work. Accidents that have registered as road accidents in AC1 and have happened during the course of work should be taken into account as work accidents).

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

**5. PHYSICAL AND SENSORY FUNCTIONAL LIMITATIONS**

The unit concerns questions for the respondent's functioning capacity in basic functions. Don't take into account **temporary** health problems.

**A. VISION**

**INTERVIEWER:** If the respondent is **blind**, code 32 should be answered and then **go to** question **PL3**.

**PL1: Do you wear glasses or contact lenses or use optical or technical aids?**

- Yes .....  1
- No .....  2
- I 'm person with eyesight problems or blindness percentage <95% .....  31
- I'm blind with blindness percentage >=95% .....  32 → PL3
- Don't know, I am not sure, Refusal .....  -1

**PL2: Would you say that you face difficulty in seeing (even if you are wearing glasses or contact lenses or using optical or technical aids, as you mentioned at the previous question)?**

- No difficulty .....  1
- Some difficulty.....  2
- A lot of difficulty.....  3
- I can't see at all .....  4
- Don't know, I am not sure, Refusal .....  -1

**B. HEARING**

**INTERVIEWER:** If the respondent is **deaf** then the code 3 should be answered in the question PL3 and then **skip to** question **PL6**.

**PL3: Do you use a hearing aid or other aids because of hearing problems?**

- Yes.....  1
- No.....  2
- I am profoundly deaf .....  3 → PL6
- Don't know, I am not sure, Refusal .....  -1

**PL4: When you are in a quiet room, do you have difficulty in hearing what is said in a conversation with another person (even if you use a hearing aid)?**

- No difficulty .....  1
- Some difficulty.....  2
- A lot of difficulty.....  3
- I can't hear at all .....  4 → PL6
- Don't know, I am not sure, Refusal .....  -1

**PL5: When you are in a noiser room, do you have difficulty in hearing what is said in a conversation with another person (even if you use hearing aid)?**

- No difficulty .....  1
- Some difficulty.....  2
- A lot of difficulty.....  3
- I can't hear at all .....  4
- Don't know, I am not sure, Refusal .....  -1

**C. MOBILITY**

**PL6: Do you have difficulty in walking 500 meters (to cycle walking, about 2 medium sized urban blocks) on level ground without using any aid or support?**

- No difficulty .....  1
- Some difficulty.....  2
- A lot of difficulty.....  3
- I can't walk at all .....  4
- Don't know, I am not sure, Refusal .....  -1

**PL7: Would you say that you face difficulty in walking up or down a flight of stairs (12 steps)?**

- No difficulty .....  1
- Some difficulty.....  2
- A lot of difficulty.....  3
- I can't walk up or down steps at all .....  4
- Don't know, I am not sure, Refusal .....  -1

**PL8: Would you say that, due to upper limbs problems, you have difficulty grasping and holding things or supporting yourself, or difficulty in other daily activities?**

- No difficulty .....  1
- Some difficulty.....  2
- A lot of difficulty.....  3
- I can't support myself or grasp and hold things.....  4
- Don't know, I am not sure, Refusal .....  -1

**6. PERSONAL CARE ACTIVITIES**

Think about the personal daily care activities you perform. A list of personal care activities is given below. Don't take into account **temporary** health problems.

**INTERVIEWER:** The next questions (PC1 – PC3) will be answered by respondents **aged 65+** and by respondents, regardless their age, having answered being **permanently disabled** (code 33 in MAINSTAT question).

**PC1: Do you, usually, face difficulties in doing any of the following activities without help?**

ACTIVITIES	No difficulty	Some difficulty	A lot of difficulty	I can't do it at all by myself	Don't know/ I am not sure/ Refusal
A. Feeding yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
B. Getting in and out of bed or chair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
C. Dressing and undressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
D. Using toilets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
E. Bathing or showering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1

**INTERVIEWER:** If **PC1** = 2, 3 or 4 for at least one activity then go to **PC2** and **PC3**. Otherwise go to unit 7 (question **HA1**).

**PC2: Do you usually receive help in any of the activities you mentioned that you face any degree of difficulty?** (The help could be from another person, technical aid or housing adaptation in accordance with the special needs of the respondent).

- Yes, at least in one activity .....  1  
 If the help comes from another person, that is:  
 (More than one answers are acceptable)
  - o Help from relatives .....  1a
  - o Help from non – relatives without payment .....  1b
  - o Help from non - relatives with payment .....  1c
  - o Help within the framework of an organized program.....  1d
- No, I don't receive any help, I do everything by myself.....  2
- Don't know, I am not sure, Refusal .....  -1 → unit 7 Quest.HA1

**PC3: Do you need help, or help more than that you have already received, in some of the pre-mentioned activities?**

- Yes, at least in one of the (pre- mentioned) activities .....  1
- No, I don't need help.....  2
- Don't know, I am not sure, Refusal .....  -1

**7. HOUSEHOLD ACTIVITIES**

Think about your daily household care activities you perform. A list of household care activities is given below. Don't take into account **temporary** health problems that affect these activities.

**HA1: Do you usually face, difficulties in doing any of the following activities without help ?**

**INTERVIEWER:** Answer must be given in all the following activities. Persons who spontaneously answer "No difficulty " (code 1) in the below activities, the answer must be confirmed i.e. the respondent's health status really permits to them either to perform the concrete activity or never tried / never needed to do it. The next questions (HA1 – HA3) will be answered by respondents **aged 65+** and by respondents, regardless their age, who answered that are **permanently disabled** (code 33 in MAINSTAT ).

ACTIVITIES	No difficulty	Some difficulty	A lot of difficulty	I can't do it at all by myself	Never tried/ Never needed do it	Don't know/ I am not sure/Refusal
A. Preparing meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> -1
B. Using the telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> -1
C. Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> -1
D. Managing medication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> -1
E. Light housework (wash dishes/ ironing/ making bed /child care etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> -1
F. Occasional heavy housework (vacuum - cleaning, cleaning windows etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> -1
G. Taking care of finances and everyday administrative tasks(e.g. paying bills etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> -1

**INTERVIEWER:** If **HA1** =2, 3, 4 for at least one activity then go to **HA2** question.  
Otherwise, go to unit 8 (question **PN1**).

**HA2: Do you usually receive help in any of the activities you mentioned that you face any degree of difficulty?** (The help could be from another person, technical aid or housing adaptation in accordance with the special needs of the respondent).

- Yes, at least in one activity .....  1  
If the help comes from another person, that is:  
(More than one answers are acceptable)
  - o Help from relatives .....  1a
  - o Help from non – relatives without payment .....  1b
  - o Help from non - relatives with payment .....  1c
  - o Help within the framework of an organized program.....  1d
- No, I don't receive any help, I do everything by myself.....  2
- Don't know, I am not sure, Refusal .....  -1→unit 8 Ques.PN1

**HA3: Do you need help, or help more than that you have already received, in some of the pre mentioned activities?**

- Yes, at least in one of the (pre- mentioned) activities .....  1
- No, I don't need help.....  2
- Don't know, I am not sure, Refusal .....  -1

## 8. PAIN

**PN1: During the past four weeks, did you feel, and if yes, to what extent any physical pain?**

- No, I did not feel any pain.....  1→unit 9 ques.MH1
- Yes, very mild.....  2
- Yes, mild.....  3
- Yes, moderate .....  4
- Yes, severe .....  5
- Yes, very severe.....  6
- Don't know, I am not sure, Refusal .....  -1

**PN2: In which extent, during the past four weeks, the pain you felt interfered with your usual activities (at work, at home, at school, at leisure time etc)?**

- Not at all .....  1
- A little bit.....  2
- Moderately .....  3
- Quite a bit .....  4
- Extremely .....  5
- Don't know, I am not sure, Refusal .....  -1

**9. MENTAL HEALTH**

**MH1 : During the past two weeks, how often did you feel/ have?**

Problem	Not at all	Several days	More than half the days	Nearly every day	Don't know/ I am not sure/ Refusal
<b>MH1A:</b> Lack of interest or pleasure for everything.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1B:</b> Melancholia/ depression/hopelessness.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1C:</b> Trouble sleeping (sleepiness, somnolence, excessive sleeping hours).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1D:</b> Tiredness / exhaustion / loss of energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1E:</b> Overeating or poor appetite.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1F:</b> Disappointment for yourself or sense of guilt that have let yourself or your family down.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1G:</b> Trouble concentrating on things (e.g. reading the newspaper or watching television) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1H:</b> Speaking or moving so slowly that other people could have noticed/or the opposite being so nervous and fidgety that you have been moving around a lot more than usual.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
<b>MH1I:</b> Thoughts that would be better off dead or of hurting yourself.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1



***USE OF HEALTH SERVICES MODULE***

## 10. HOSPITAL CARE (Inpatients - Day patients)

The unit concerns admission in hospitals (public or private), nursing homes, *clinics and gynecological clinics (in Greece and abroad)*. In particular, for women, time spent in hospital for giving birth should not be included.

**HO1: During the past 12 months, namely, since ....../...../2013, have you been admitted in hospital as an inpatient that is overnight or longer?** (Visits to emergency departments or visits as outpatient should not be included)

- Yes.....  1  
- No .....  2  
- Don't know, I am not sure, Refusal .....  -1 } → HO3

**HO2: Totally, how many nights did you spend in hospital within the past 12 months?**

- Nights ..... | \_ | \_ | \_ |  
- Don't know, I am not sure, Refusal .....  -1

**HO3: During the past 12 months, namely, since ....../...../2013, have you been admitted to a hospital as a day patient, that is, admitted to a hospital for some hours and then you discharged at the same day?**

- Yes.....  1  
- No.....  2  
- Don't know, I am not sure, Refusal .....  -1 } → unit 11 Quest.AM1

**HO4: During the past 12 months, how many times have you been admitted as a day patient?**

- Admission number / number of times. .... | \_ | \_ | \_ |  
- Don't know, I am not sure, Refusal .....  -1

## 11. OUTPATIENTS AND HOME CARE SERVICES

The unit concerns outpatient health care provision, namely:

- Provision of medical health care coming from general practitioners- pathologists, medical or surgical specialists, psychiatrists, dentists or orthodontists etc. to :
  1. Doctor's practice (office of the physician)
  2. Outpatient departments of hospitals, clinics, nursing homes, institutes etc.
  3. Emergency departments of hospitals, clinics, nursing homes, institutes etc.
  4. Health centers or regional centers
  5. Health care units of Primary National Health Network (ΠΕΔΥ /ex ΕΟΠΥΥ)
  6. Afternoon appointments of National Health System (ΕΣΥ)
  7. Mobile health care units (ambulances, doctors of the world etc.)
  8. Medical laboratories/radiology centers
  9. Patient's home

but do **not include** contacts while in hospital as an in-patient or day – patient.

- Provision of medical health care coming from a physiotherapist, kinesitherapist, psychologist
- Provision of nursing health care **at home** from health professionals as nurses, midwives –except from doctors– within the framework of health care programs providing to elderly people and people having chronic health problems. Any kind of social help provision at home is included.

### A. DENTISTS, ORTHODONTISTS

**AM1: When was the last time you visited a dentist/ orthodontist on your own behalf?**

- During the past 6 months.....  1
- 6 up to 12 months .....  2
- 12 months or longer.....  3
- Never .....  4
- Don't know, I am not sure, Refusal.....  -1

### B. GENERAL PRACTITIONERS – PATHOLOGISTS

The unit concerns visits or consultations with general practitioners / pathologists. The contacts include visits to doctor's office or consultations face to face, by telephone or e-mail.

**AM2: When was the last time you visited or consulted a 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
  - 12 months ago or longer.....  2
  - Never .....  3
  - Don't know, I am not sure, Refusal .....  -1
- } → AM4

**AM3: During the past four weeks, how many times did you visit or consult a general practitioner or pathologist on your own behalf?**

Number of consultations/visits ..... |\_\_|\_\_|  
 (If you did not visit or consult general practitioner/pathologist put 00 in the grid)

- Don't know, I am not sure, Refusal .....  -1

**C. OTHER MEDICAL OR SURGICAL SPECIALISTS**

The unit concerns visits or consultations with doctors all the other specializations (except from general practitioners / pathologists). Surgical specialists are included. The contacts include visits to doctor's office or consultations face to face, by telephone or e-mail.

**ATTENTION: Excluded are:** Provision of health care services from general practitioners – pathologists/dentists and orthodontists in order to avoid overlaps. Psychiatrists are included both in C- Other medical or surgical specialists, and D (question AM6B) concerning visits to psychologists or psychiatrists.

**AM4: When was the last time you visited or consulted other medical or surgical specialist on your own behalf as out - patient?**

- During the past 12 months .....  1
  - 12 months ago or longer.....  2
  - Never .....  3
  - Don't know, I am not sure, Refusal .....  -1
- } →AM6A

**AM5: During the past four weeks, how many times did you visit or consult a medical or surgical specialist (except for general practitioner, pathologist and dentists) on your own behalf as out - patient?**

- Number of consultations/visits..... |\_\_|\_\_|  
(If you did not visit/ or consult medical or surgical specialist then put 00 in the grid)
- Don't know, I am not sure, Refusal .....  -1

**D. REHABILITATIVE CARE SERVICES – PSYCHOLOGISTS AND OTHER MENTAL HEALTH CARE PROFESSIONALS – HOME CARE SERVICES**

The unit concerns use of rehabilitative care services coming from physiotherapists or kinesitherapists etc. Also are included visits to psychiatrists and other mental health care professionals and on the other hand, provision of health care services at home to elderly people and people with chronic health problems.

**AM6A: During the past 12 months, have you visited a physiotherapist or kinesitherapist on your own behalf?**

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

**AM6B: During the past 12 months, have you visited a psychologist or psychiatrist on your own behalf?**

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

The next question concerns provision of health care services **at home** (nursing care or social services) to elderly persons or persons having chronic health problems. **BE INCLUDED:** home care services provided by a nurse or midwife, help for housework for elderly people, meals on wheels or transport services. Only services provided by health professionals or social workers should be included.

**EXCLUDED ARE:** Health care services provided at patient's home from doctors.

**AM7: During the past 12 months, have you used any kind of health care services (nursing or other) at home on your own behalf?**

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

**12. CONSUMPTION OF MEDICINES (with or without prescription of doctor or dentist)**

The next unit concerns consumption of medicines prescribed or not, which have been written on a prescription by a doctor or after doctor's oral suggestion or finally were taken at the initiative of the respondent.

**MD1: During the past two weeks, have you consumed any medicines that were written on a prescription by a doctor for you?** (For women, contraceptive pills or hormones used solely for contraception must be excluded. Positive answer must also be recorded either for not prescribed medicines which were suggested with written prescription or for medicines which were used by the respondent during the past 2 weeks but having been prescribed in the past by a doctor and recently, the respondent has not visited the doctor to renew the prescription).

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

**MD2: During the past two weeks, have you consumed any medicines or herbal medicines or vitamins not prescribed by a doctor for you?** (Not prescribed: it means that you have consumed medicines, herbal medicines or vitamins on your own initiative or after doctor's oral recommendation regardless if they are prescribed or not.)

- Yes .....  1

In particular:

(More than 1 answers are acceptable)

- Medicines .....  1.1

Especially:

- Antibiotics..... 1.1.1

- Herbal medicines, vitamins or other .....  1.2

- No .....  2
- Don't know, I am not sure, Refusal .....  -1

### 13. PREVENTIVE SERVICES

#### FLU VACCINATION

**PA1: When was the last time you have been vaccinated against flu?**

- During 2014 ..... Month |\_\_|\_\_|
- During 2013..... Month |\_\_|\_\_|
- Too long ago (before 31/12/2012) .....  1
- Never.....  2
- Don't know, I am not sure. Refusal .....  -1

#### BLOOD PRESSURE

**PA2: When was the last time that your blood pressure was measured by a health professional (doctors, nurses, pharmacists, dieticians, physiotherapists etc.) ?**

- Within the past 12 months .....  1
- 1 to less than 3 years ago.....  2
- 3 to less than 5 years ago.....  3
- At least 5 years ago .....  4
- Never.....  5
- Don't know, I am not sure, Refusal.....  -1

#### BLOOD CHOLESTEROL

**PA3: When was the last time that your blood cholesterol was measured by a health professional?**

- Within the past 12 months .....  1
- 1 to less than 3 years ago.....  2
- 3 to less than 5 years ago.....  3
- At least 5 years ago .....  4
- Never.....  5
- Don't know, I am not sure, Refusal.....  -1

#### BLOOD SUGAR

**PA4: When was the last time that your blood sugar was measured by a health professional?**

- Within the past 12 months .....  1
- 1 to less than 3 years ago.....  2
- 3 to less than 5 years ago.....  3
- At least 5 years ago .....  4
- Never.....  5
- Don't know, I am not sure, Refusal.....  -1

**FAECAL OCCULT BLOOD TEST (MAYER EXAMINATION)**

**PA5: When was the last time you had a faecal occult blood test (Mayer exam)?**

- Within the past 12 months .....  1
- 1 to less than 2 years ago.....  2
- 2 to less than 3 years ago.....  3
- At least 3 years ago .....  4
- Never.....  5
- Don't know, I am not sure, Refusal.....  -1

**COLONOSCOPY EXAMINATION**

**PA6: When was the last time you had a colonoscopy examination?**

- Within the past 12 months .....  1
- 1 to less than 5 years ago.....  2
- 5 to less than 10 years ago.....  3
- At least 10 years ago .....  4
- Never.....  5
- Don't know, I am not sure, Refusal.....  -1

**INTERVIEWER:** Next questions are for women. If the interviewee is a man **go to PA9.**

**MAMMOGRAPHY**

**PA7: When was the last time you had a mammography?**

- Within the past 12 months .....  1
- 1 to less than 2 years.....  2
- 2 to less than 3 years .....  3
- At least 3 years ago .....  4
- Never.....  5
- Don't know, I am not sure, Refusal .....  -1

**CERVICAL SMEAR TEST ( PAP - TEST)**

**PA8: When was the last time you had a cervical smear test?**

- Within the past 12 months .....  1
- 1 to less than 2 years .....  2
- 2 to less than 3 years .....  3
- At least 3 years ago .....  4
- Never .....  5
- Don't know, I am not sure, Refusal .....  -1

**INTERVIEWER** : Next question is for men. If the interviewee is a woman **go to** PA10.

**SCREENING FOR PROSTATE AND BLOOD TEST PSA**

**PA9: When was the last time you had a clinical examination or other (PSA, ultrasound, biopsy) for your prostate?**

- Within the past 12 months.....  1
- 1 to less than 2 years.....  2
- 2 to less than 3 years. ....  3
- At least 3 years ago.....  4
- Never .....  5
- Don't know, I am not sure, Refusal .....  -1

**PREVENTIVE EXAMS – GENERALLY**

**PA10: Was any of the pre-mentioned examinations in questions PA1 – PA9 done preventively?**

- Yes .....  1
- (if yes, mention which one/ones):
  - Vaccination against flu.....  1.1
  - Blood pressure measurement .....  1.2
  - Cholesterol measurement .....  1.3
  - Blood sugar measurement .....  1.4
  - Mayer.....  1.5
  - Colonoscopy .....  1.6
  - Mammography test .....  1.7
  - Cervical smear test .....  1.8
  - Prostate test .....  1.9
- No.....  2
- Don't know, I'm not sure/ Refusal .....  -1



**14. UNMET NEEDS FOR HEALTH CARE**

**UN1: During the past 12 months have you experienced delay in getting health care or you never get it, due to:**

Delay reason	Yes	No	No need for health care	Don't know/ I am not sure / Refusal
UN1A: Long waiting list	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -1
UN1B: Distance or transportation problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -1
UN1C: Lack of doctors' and health professionals' specializations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -1

**UN2: During the past 12 months, was there any time you needed the following kinds of health care but could not afford it?**

Type of health care services	Yes	No	No need for usage of health care services	Don't know/ I am not sure / Refusal
UN2A: Medical care or treatment...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -1
UN2B: Dental care or treatment...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -1
UN2C: Prescribed medicines suggested by a doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -1
UN2D: Mental health care (by a psychologist or psychiatrist).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -1

**UN3: During the past 12 months, when you visited health care services, did you face access problems in buildings and services?**

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

**UN4: Do you have health insurance coverage?**

- Yes .....  1
- In particular:  
(More than 1 answers accepted)
  - Public insurance fund (ЕОППΥ or other) .....  1.1
  - Private insurance fund.....  1.2
- No .....  2
- Don't know, I am not sure, Refusal .....  -1

**HEALTH DETERMINANTS' MODULE**

## 15. PHYSIQUE

**BM1: Which is your height ? (without shoes)**

-Height .....cm | \_ | \_ | \_ |

- Don't know, I am not sure, Refusal .....  -1

**BM2: Which is your weight? (without clothes and shoes)**

-Weight .....Kgrs | \_ | \_ | \_ |

- Don't know, I am not sure, Refusal .....  -1

## 16. PHYSICAL ACTIVITY/EXERCISE

The concrete unit includes questions concerning the time spent in your daily activities within a typical week. Respondents currently working should answer about their main work.

**PE1: Think about your " main work ", or if you don't work, your daily activities. Which of the following best describes what you do?**

- Mostly sitting or standing.....  1

- Mostly walking or performing tasks demanding moderate physical effort .....  2

- Mostly heavy labour or physically severe demanding work.....  3

- No performing anything (e.g. disabled/patient/unemployed).....  4

- Don't know, I am not sure, Refusal .....  -1

**PE2: In a typical week, on how many days do you walk for at least 10 minutes continuously in order to get to and from places?**

- Number of days ..... | \_ |

- Never walk for 10 continuous minutes.....  0 } → PE4

- Don't know, I am not sure, Refusal.....  -1

**PE3: During a typical day, how much time do you spend walking in order to get to and from places?**

- 10 up to 29 minutes per day .....  1

- 30 up to 59 minutes per day .....  2

- 1 hour to less than 2 hours per day.....  3

- 2 hours to less than 3 hours per day.....  4

- 3 hours or more per day.....  5

- Don't know, I am not sure, Refusal... .....  -1

**PE4: In a typical week, on how many days do you bicycle for at least 10 minutes continuously in order to get to and from places?**

- Number of days ..... |\_\_|
- Never bicycle for 10 continuous minutes.....  0
- Don't know, I am not sure, Refusal.....  -1 } → PE6

**PE5: During a typical day, how much time do you spend bicycling in order to get to and from places?**

- 10 up to 29 minutes per day .....  1
- 30 – 59 minutes per day .....  2
- 1 hour to less than 2 hours per day.....  3
- 2 hours to less than 3 hours per day.....  4
- 3 hours or more per day.....  5
- Don't know, I am not sure, Refusal... .....  -1

**PE6: In a typical week, on how many days do you carry out sports, fitness or recreational (leisure) physical activities for at least 10 minutes continuously that cause at least a small increase in breathing or heart rate? (For example: brisk walking, cycling, ball games, jogging, swimming, rowing etc.)**

- Number of days ..... |\_\_|
- Never do such physical activities for 10 minutes continuously..... |\_\_| 0
- Don't know, I am not sure, Refusal..... |\_\_| -1 } → PE8

**PE7: In a typical week, how much time do you spend on sports, fitness or recreational (leisure) physical activities totally?**

- Time per week ..... hours |\_\_|\_\_| minutes |\_\_|\_\_|
- Don't know, I am not sure, Refusal.....  -1

**PE8: In a typical week, on how many days do you carry out physical activities specifically designed to strengthen your muscles such as doing resistance training or strength exercises?**

- Number of days ..... |\_\_|
- Never do such physical activities .....  0
- Don't know, I am not sure, Refusal..... |\_\_| -1

**17. CONSUMPTION OF FRUIT – VEGETABLES – RED MEAT**

**FV1: How often do you consume fruits or fresh fruit juices?** (Be excluded: Juices prepared from concentrated or processed fruits or juices artificially sweetened).

- Daily .....  1
  - 4 – 6 times per week.....  2
  - 1 – 3 times per week.....  3
  - Less than once a week and up to 3 times per month.....  4
  - Never.....  5
  - Don't know, I am not sure, Refusal .....  -1
- } → FV3

**FV2: How many portions of fruit, of any sort, do you consume daily?** (A portion of fruit is approximately the content of a handful. A glass (150ml) of unsweetened freshly squeezed 100% juice is included in the definition of portion).

- Number of portions ..... | \_ | \_ |
- Don't know, I am not sure, Refusal.....  -1

**FV3: How often do you consume vegetables, salads or fresh vegetable juices?** (Included are vegetable soups and legume. Be excluded: juices prepared from concentrate or processed vegetables and potatoes).

- Daily .....  1
  - 4 – 6 times per week .....  2
  - 1 – 3 times per week .....  3
  - Less than once a week and up to 3 times per month.....  4
  - Never.....  5
  - Don't know, I am not sure, Refusal .....  -1
- } → FV5

**FV4: How many portions of vegetables or salads, do you consume daily?** . A glass (150ml) of unsweetened freshly squeezed 100% vegetable juice is included in the definition of portion).

- Number of portions ..... | \_ | \_ |
- Don't know, I am not sure, Refusal.....  -1

**FV5: In a typical week, how many times do you consume red meat?**

- Once per week .....  1
- Twice per week .....  2
- 3 or more times per week.....  3
- Don't know, I am not sure, Refusal.....  -1

**INTERVIEWER** : Next question is only for women having children aged 2 years old and below. All the rest **go to unit 18**.

**FV6: Did you breastfeed your children?**

- Yes .....  1
- In particular :
  - Mixed way (breast milk and breast milk substitute).....  1.1
  - Exclusively breastfed .....  1.2
  - How long for?
    - Less than 2 months.....  121
    - 2 up to 4 months .....  122
    - 4 up to 6 months.....  123
    - Six and more months and less than 12 months.....  124
    - 12 and more than 12 months .....  125
- No .....  2
- Don't know, I am not sure, Refusal.....  -1

**18. SMOKING**

**INTERVIEWER** : The concrete unit concerns respondent's smoking habits and his/her exposure to tobacco smoke.

**SK1: Do you smoke?**

- Yes, daily.....  1
- Yes, occasionally.....  2
- I was smoking in the past but I have interrupted for more than 6 months .....  3a→ SK3.1
- Not at all .....  3b } →SK4
- Don't know, I am not sure, Refusal.....  -1 }

**SK2: What kind of tobacco product do you mainly smoke?**

(Only one answer is acceptable)

- Manufactured and /or hand - rolled cigarettes .....  1
  - Cigars.....  2
  - Pipefuls of tobacco .....  3
  - Other.....  4
  - Don't know, I am not sure, Refusal.....  -1
- } → SK3.1

**INTERVIEWER** : Next question **SK3** concerns respondents who smoke daily either manufactured or hand rolled cigarettes. The rest should **go** to question SK3.1.

**SK3: On average, how many cigarettes manufactured or hand rolled, do you smoke daily?**

- Number of cigarettes (manufactured or hand rolled)..... |\_\_|\_\_|
- Don't know, I am not sure, Refusal.....  -1

**SK3.1: In which age did you start smoke, at least once per week?**

- Below 10 years old .....  1
- 10 up to 14 years old.....  2
- 15 up to 18 years old.....  3
- 19 up to 25 years old .....  4
- 25 years old and above.....  5
- I have not smoked, at least, once per week/I did not smoke in my whole life..  6
- Don't know, I am not sure, Refusal.....  -1

**SK4: How often do you expose to tobacco smoke (passive smoking) indoors (at work, at home, at public places, at restaurants etc)? (all tobacco products are included)**

	Never or almost never	Less than 1 hour daily	1-5 hours daily	5 hours or more daily	Don't know/ I am not sure/ refusal
1. At work .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
2. At home .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1
3. At public places, restaurants, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1

**SK5: During the past 6 months, if you visited café/bar (indoors), did you see people around you to smoke?**

- Yes .....  1
- No.....  2
- I did not visit café/ bar during the past six months .....  3
- Don't know, I am not sure, Refusal.....  -1

**SK6: During the past 6 months, if you visited restaurant/taverna, did you see people around you to smoke?**

- Yes .....  1
- No.....  2
- I did not visit restaurant/ tavern during the past six months .....  3
- Don't know, I am not sure, Refusal.....  -1

**19. CONSUMPTION OF ALCOHOL**

**AL1: During the past 12 months, how often have you consumed an alcoholic drink of any kind (that is beer, wine, spirits, whisky, liqueur, ouzo, tsipouro, raki, homemade drinks or other alcoholic beverages)?**

- Daily or almost daily.....  1
  - 5 to 6 days per week.....  2
  - 3 to 4 days per week.....  3
  - 1 up to 2 days per week.....  4
  - 2 up to 3 days per month.....  5
  - Once per month.....  6
  - Less than once per month .....  7
  - Never during the past 12 months, as I no longer drink alcohol.....  8
  - Never or only a few sips or trials, in my whole life.....  9
  - Don't know, I am not sure, Refusal .....  -1
- } →AL6
- } → UNIT 20  
quest.SS1

**AL2: Thinking of Monday to Thursday. On how many of these 4 days do you usually consume alcohol ?**

- On all 4 days.....  1
  - On 3 of the 4 days.....  2
  - On 2 of the 4 days.....  3
  - On 1 of the 4 days .....  4
  - On none of the 4 days .....  5
  - Don't know, I am not sure Refusal .....  -1
- } → AL4

**AL3: From Monday to Thursday, how many alcoholic drinks do you consume, on average, for every day of these?**

- 16 or more drinks per day .....  1
- 10 - 15 drinks per day.....  2
- 6 – 9 drinks per day .....  3
- 4 – 5 drinks per day.....  4
- 3 drinks per day .....  5
- 2 drinks per day.....  6
- 1 drink per day .....  7
- 0 drink per day .....  8
- Don't know, I am not sure, Refusal .....  9



**AL4: Thinking of Friday to Sunday. On how many of these 3 days do you usually consume alcohol?**

- On all 3 days.....  1
- On 2 of the 3 days.....  2
- On 1 of the 3 days.....  3
- On none of the 3 days.....  4
- Don't know, I am not sure, Refusal .....  -1 } →AL6

**AL5: From Friday to Sunday, how many alcoholic drinks do you consume, on average, for every day of these?**

- 16 or more drinks per day .....  1
- 10 - 15 drinks per day.....  2
- 6 – 9 drinks per day .....  3
- 4 – 5 drinks per day.....  4
- 3 drinks per day .....  5
- 2 drinks per day.....  6
- 1 drink per day .....  7
- 0 drink per day .....  8
- Don't know, I am not sure, Refusal .....  -1

**AL6: During the past 12 months, how often have you consumed 6 or more alcoholic drinks on one occasion (for example during a party, a meal, an evening out with friends, alone at home)?**

- Daily or almost daily .....  1
- 5 – 6 days per week.....  2
- 3 – 4 days per week .....  3
- 1 – 2 days per week.....  4
- 2 - 3 days per month .....  5
- Once per month.....  6
- Less than once per month .....  7
- Never during the past 12 months.....  8
- Never in my whole life .....  9
- Don't know, I am not sure, Refusal .....  -1

**20. SOCIAL SUPPORT AND HELP**

A. RECEIPT OF SUPPORT AND HELP

**INTERVIEWER:** The unit concerns receipt of support and help from others next to you.

**SS1: If you face serious personal problems, on how many people of them you feel too close to you, you could count on them?**

- None .....  1
- 1 or 2.....  2
- 3 up to 5 .....  3
- 6 or more.....  4
- Don't know, I am not sure, Refusal .....  -1

**SS2: How much concern do people- close to you- show in what you are daily doing?**

- A lot of concern / interest.....  1
- Some of concern/interest.....  2
- Neither little nor much concern/interest. Depends on the case.....  3
- Little concern/interest.....  4
- No concern /interest.....  5
- Don't know, I am not sure, Refusal .....  -1

**SS3: How easy is to get help, on personal level, (piece of advice, care, provision in kind, financial support etc) from neighbours if you should need it?**

- Very easy .....  1
- Easy.....  2
- Possible .....  3
- Difficult.....  4
- Very difficult.....  5
- Don't know, I am not sure, Refusal .....  -1

B. PROVISION OF SUPPORT AND CARE

**INTERVIEWER:** The unit concerns provision of care and support on behalf of you to other people having health problems.

**IC1: Do you provide care or assistance, at least once per week, to one or more persons who face health problems due to age, chronic health condition or disability? (Excluded is: Care provided as part of your profession)**

- Yes .....  1
- No.....  2 } Unit 21
- Don't know, I am not sure, Refusal. ....  -1 } Quest.HHIncome

**IC2: The person/ persons to whom you provide the most care / assistance is/ are :**  
(Only one answer is acceptable)

- Member/members of your family.....  1
- Someone else (not members of your family).....  2
- Don't know, I am not sure, Refusal .....  -1

**IC3: For how many hours per week do you provide care or assistance to people suffering from health problems due to their age, chronic health condition or disability? (The hours of care provision or assistance provided to **all persons** during **a week** must be estimated **totally** and not only to a person whom the respondent provides the most care).**

- Less than 10 hours per week.....  1
- At least 10 but less than 20 hours per week.....  2
- 20 hours per week or more .....  3
- Don't know, I am not sure, Refusal .....  -1

## HOUSEHOLD INCOME

### 21. INCOME

**INTERVIEWER** : Next questions must be answered from the selected person but concern the net monthly income of the household.

**HHINCOME:** What is your household's total net income per month?

- Amount in euros ..... | \_ | \_ | \_ | \_ | \_ | \_ | \_ | → End of survey

- I don't know the exact amount .....  -1 → HHINCOME1

**HHINCOME1:** Please indicate which group represents your household's total net monthly income in euros:

- Up to 390€ .....  1
- 391€ - 771€ .....  2
- 772€ - 1094€ .....  3
- 1095€ - 1561€ .....  4
- 1562€ - 2919€ .....  5
- Above 2919€ .....  6

