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Household ID: .....

Regional Unit \_\_\_\_\_

Municipality \_\_\_\_\_

Local Unit \_\_\_\_\_

Locality \_\_\_\_\_

Date: .....     | 2 | 0 | 1 | 9

Interviewer \_\_\_\_\_

# HEALTH SURVEY

## 2019

### INDIVIDUAL QUESTIONNAIRE

To be completed for persons 15 years old and over

- The survey is being conducted on a sample of households having been defined by ELSTAT in a random way.
- The provision of data is OBLIGATORY.
- Information collected is being used solely for statistical reasons and CONFIDENTIALITY is being kept (Law 3832/10).
- The personal data collected by this questionnaire are used exclusively for purposes related to the conduct of this survey and the production of relevant statistics. The management of this data may include communication with you, but only for reasons of completing this questionnaire correctly. Only ELSTAT has access to your data. Legal framework: Article 6, paragraphs 1 (c) and (e), of the General Regulation on Data Protection (GPA).

# BASIC DEMOGRAPHIC DATA OF THE INDIVIDUAL

## DATA OF THE SELECTED MEMBER

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

- Greece .....  10
- Other EU country .....  21  
     Namely \_\_\_\_\_    \*
- Non-EU country .....  22  
     Namely \_\_\_\_\_    \*

**CITIZEN:** What is your citizenship? (Multiple answers allowed)

- Greece .....  10
- Other EU country .....  21  
     Namely \_\_\_\_\_    \*
- Non-EU country .....  22  
     Namely \_\_\_\_\_    \*

**BIRTHPLACEFATH:** What is the country of birth of your father?

- Greece .....  10
- Other EU country .....  21  
     Namely \_\_\_\_\_    \*
- Non-EU country .....  22  
     Namely \_\_\_\_\_    \*
- Don't know, not sure, refuse to answer .....    \*

**BIRTHPLACEMOT:** What is the country of birth of your mother?

- Greece .....  10
- Other EU country .....  21  
     Namely \_\_\_\_\_    \*
- Non-EU country .....  22  
     Namely \_\_\_\_\_    \*
- Don't know, not sure, refuse to answer .....    \*

**MARSTALEGAL:** What is your marital status?

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

**FOR THE INTERVIEWER:**  
 If the household has only one (1) member, **skip to** question HATLEVEL.

**PARTNERS:** Are you living with someone in this household as a couple?

- Yes, I am married or with registered partnership .....  1
- Yes, I live with someone as a couple without registered partnership .....  2
- No .....  3
- Don't answer .....  -1

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

- Never attended any level of education .....  0
- Few classes of primary education .....  1
- Primary education .....  2
- Lower secondary education (Gymnasium) .....  3
- Vocational school (ΕΠΑΣ), Technical school (ΤΕΣ, ΤΕΕ) etc (1rst cycle) .....  4

- Technical school (ΤΕΣ, ΤΕΕ) etc (2<sup>nd</sup> cycle) .....  5
- Vocational Lyceum (ΕΠΑΛ), ΤΕΛ etc. ....  6
- Upper secondary education (General Lyceum, six years Gymnasium) .....  7
- Public or private Institute for Vocational training (ΙΕΚ, ΙΙΚΕΚ), college of up to 2 years duration .....  8
- College of duration larger than 2 years .....  9
- Higher education of 3 years duration (Ανώτερες Σχολές Τουριστικής Κατάρτισης, Σχολή Ξεναγών κ.λπ.) .....  10
- Technological educational institutes (ΤΕΙ, ΑΤΕΙ, ΚΑΤΕΕ, ΑΣΠΑΙΤΕ) .....  11
- University, Open University, Higher military schools, etc. ....  12
- Post graduate studies (Msc, MBA) .....  13
- Doctorate (Ph.D) .....  14

**EMPLOYMENT STATUS – OCCUPATION**

MAINSTAT: Which is your current employment / occupation status? You are:

- Employed .....  10 ➔ JOBSTAT
- Unemployed .....  20
- In retirement .....  30
- Cannot work due to longstanding health problems .....  40
- Pupil, student, unpaid for work experience ..... 50 ➔ HS1
- Domestic tasks .....  60
- Soldier .....  70
- Other (e.g. rentier) .....  80

JOBSTAT: The status in employment in your job is:

- Self employed with employees .....  10
- Self employed without employees .....  12
- Employee .....  20
- Unpaid family worker .....  30

FT-PT: Your main job is:

- Full time job .....  1
- Part time job .....  2
- Don't know, not sure, refuse to answer .....  -1

JOBISCO: What is your occupation in main job? Please describe in detail what you do in your main job.

Occupation: \_\_\_\_\_

\_\_\_\_\_   \* ISCO-08

LOCNACE: please describe in detail what is your business' / organization's activity.

Economic sector in employment: \_\_\_\_\_

\_\_\_\_\_  \* NACE Rev.2

\* To be completed by ELSTAT.

# HEALTH STATUS

## 1. GENERAL HEALTH STATUS

HS1: How is your health in general, today?

(The answer should be spontaneous)

- Very good .....  1
- Good .....  2
- Fair .....  3
- Bad .....  4
- Very bad .....  5
- Don't know, not sure, refuse to answer .....  -1

HS2: Do you have any longstanding health problem or longstanding illness?

(Longstanding health problem is the problem or illness that lasts or is expected to last for 6 months or longer, with or without medication.)

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

HS3A: Have you been limited or hampered because of a health problem of yours, in activities people usually do?

- Yes, I have been severely limited .....  1
  - Yes, but I have not been severely limited .....  2
  - No, not at all .....  3
  - Don't know, not sure, refuse to answer .....  -1
- } → CD2A

HS3B: Has the limitation you mentioned before lasted, for at least 6 months, as from today?

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

## 2. ORAL HEALTH

CD2A: How would you describe your oral health, in general?

- Very good .....  1
- Good .....  2
- Fair .....  3
- Bad .....  4
- Very bad .....  5
- Don't know, not sure, refuse to answer .....  -1

CD2B: How would you describe the state of your teeth and gums?

- Very good .....  1
- Good .....  2
- Fair .....  3
- Bad .....  4
- Very bad .....  5
- Don't know, not sure, refuse to answer .....  -1

### 3. LONGSTANDING HEALTH PROBLEMS – DISEASES

CD1: During the past 12 months <sup>(1)</sup> do/did you have any of the longstanding health problems / diseases below:

	DISEASES	yes (1)	no (2)	Not sure /refuse to answer (-1)
1.	Asthma (allergic asthma included) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Chronic bronchitis, chronic obstructive pulmonary disease, emphysema .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Myocardial infarction or chronic consequences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Coronary health disease (angina pectoris) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Hearth valve lesion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	High blood pressure (low blood pressure > 9 or high blood pressure >14) with or without medication .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Stroke (cerebral hemorrhage, cerebral thrombosis) or chronic consequences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Arthrosis (arthritis excluded) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Low back disorder or other chronic back defect .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Neck disorder or other chronic neck defect .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Diabetes (blood sugar) Concretely: Type I .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type II .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Allergy (e.g. rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Cirrhosis of the liver, liver dysfunction. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Urinary incontinence, problem in controlling the bladder .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Kidney problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Depression .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Anxiety disorders (e.g. panic attacks. anxiety) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Dementia, Alzheimer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Neoplastic diseases (various forms of cancer). ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Transmitted diseases (tuberculosis, hepatitis, HIV etc.) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Digestive diseases (duodenal ulcer, colitis, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Thyroid diseases .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	High blood lipids. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Human papilloma virus (HPV). ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>(1)</sup> The 12 month period counts from the day previous to the survey conduct.

## 4. ACCIDENTS AND INJURIES

AC1: During the past 12 months<sup>(1)</sup> have you had any accident (road, traffic accident, accident at home, leisure accident) resulting in injury? Excluded are intentional injuries from interpersonal violence – willful acts of other persons and deliberate self-harm.

Event	Yes (1)	No (2)	Don't know, not sure, refuse to answer (-1)
1. Road traffic accident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accident at home . . . . . ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Leisure accident (not at home) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE INTERVIEWER:**  
If the respondent answers yes (1) in at least one type of accidents or AC1, continue with AC2.  
Otherwise, continue with Section 5 (AW1).

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

- Yes, I was admitted to a hospital or other health unit and stayed overnight . . . . .  1→AC3
  - Yes, I was admitted to a hospital or other health unit but did not stay overnight . . . . .  2
  - Yes, I received health care from a doctor or other health professional . . . . .  3
  - Specifically:
  - At the place of accident . . . . .  3α
  - At home . . . . .  3β
  - Elsewhere e.g. at pharmacy, doctor's office, etc. . . . .  3γ
  - No, I did not need medical health care or medical advice . . . . .  4
  - Don't know, not sure, refuse to answer . . . . .  -1
- } → AW1

AC3: The accident for which you admitted at hospital resulted to :

	Yes (1)	No (2)	Refuse to answer (-1)
1. Hip or spine fracture ? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Also admit to a rehabilitation center ? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>(1)</sup> The 12 month period counts from the day previous to the survey conduct.

## 5. ABSENCE FROM WORK DUE TO HEALTH PROBLEMS

### FOR THE INTERVIEWER:

The questions of this section should be asked only for respondents currently working  
MAINSTAT=10.

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

- Yes .....  1
  - No .....  2
  - Don't know, not sure, refuse to answer .....  -1
- } → PL1

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

- Number of days .....
- Don't know, not sure, refuse to answer .....  -1

AW3: Was your absence due to work accident?

(Work accident is defined as the occurrence in the course of work). Commuting accidents, accidents that occur during the normal journey to or from home and place of work are not included. Accidents having been registered as road accidents in AC1 having happened during the course of work should be taken into account).

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

## 6. PHYSICAL AND SENSORY FUNCTIONAL LIMITATIONS

This section includes questions form the respondents functioning capacity in basic functions.  
Temporary health problems are not included. .

PL1: Do you wear glasses or contact lenses?

- Yes .....  1
- No .....  2
- I have eyesight problems and disability due to blindness < 95% and wear glasses. .  3A
- I have eyesight problems and disability due to blindness < 95% and do not wear . .  
glasses. . . . .  3B
- I have disability due to blindness ≥95% .....  3F
- Refuse to answer .....  -1

PL1A: Do you use optical or technical aids, other than glasses or contact lenses?

- Yes .....  1
- No .....  2
- Refuse to answer .....  -1

FOR THE RESPONDENT:  
If PL1 = 3 $\alpha$  or 3 $\beta$ , continue with PL3.

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

- No difficulty .....  1
- Some difficulty .....  2
- A lot of difficulty .....  3
- Can't see at all .....  4
- Don't know, not sure, refuse to answer .....  -1

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

- Yes .....  1
- No .....  2
- I am profoundly deaf .....  3 → PL6
- Refuse to answer .....  -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 hearing aid)?

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

PL5: When you are in a noisier 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, not sure, refuse to answer .....  -1



PL6: Do you have difficulty in walking 500 meters 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, not sure, refuse to answer .....  -1

PL7: Would you say that you have 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, not sure, refuse to answer .....  -1

PL7A: 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, not sure, refuse to answer .....  -1

PL8: Would you say you have difficulty with your :

	No difficulty (1)	Some difficulty (2)	A lot of difficulty (3)	Don't remember anything / cannot concentrate at all(4)	Don't know, not sure, refuse to answer (-1)
1. Memory .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Concentration .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PL9: Would you say you have difficulty biting or chewing on hard food such as a firm apple?

- No difficulty .....  1
- Some difficulty .....  2
- A lot of difficulty .....  3
- Cannot bite or chew on hard food at all .....  4
- Don't know, not sure, refuse to answer .....  -1

## 7. PERSONAL CARE ACTIVITIES

Think about your personal daily needs. A list of personal care activities for these needs is given below. Don't take into account temporary health problems.

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

Activity	No difficulty (1)	Some difficulty (2)	A lot of difficulty (3)	I can't do it at all by myself (4)	Don't know, not sure, refuse to answer (-1)
1. Feeding yourself . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Getting in and out of bed or chair . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dressing and undressing . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Using the toilet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing or showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE INTERVIEWER:**

If PC1 = 2, 3 or 4 for at least one activity, continue with PC2 and PC3. Otherwise, continue with section 8. HOUSEHOLD ACTIVITIES / HA1.

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

– Yes, at least in one activity.....  1

If help comes from another person, that is:  
(More than one answers are acceptable.)

– Help from relatives .....  1α

– Help from non-relatives without payment .....  1β

– Help from non-relatives with payment .....  1γ

– Help within the framework of an organized program .....  1δ

– No, I don't receive any help, I do everything by myself .....  2

– Don't know, not sure, refuse to answer .....  -1

PC3 Do you need help, or more help than that you already receive, in any of the prementioned activities?

– Yes, at least in one of the (prementioned activities) .....  1

– No, I don't need help .....  2

– Don't know, not sure, refuse to answer .....  -1

## 8. HOUSEHOLD ACTIVITIES

Think about your daily household care activities you perform, being necessary for everyday living. A list of household care activities is provided below. Don't take into account temporary health problems that affect these activities.

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

Activity	No difficulty (1)	Some difficulty (2)	A lot of difficulty (3)	I can't do it at all by myself (4)	Never tried / never needed to do it (5)	Don't know, not sure, refuse to answer (-1)
1. Preparing meals. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Using the phone. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shopping ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Managing medication. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Light housework (wash dishes, ironing, making the bed, child care etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Occasional heavy housework (vacuum, cleaning, cleaning windows, walking with heavy bags for at least 5 minutes, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Taking care of finances and every day administrative tasks (e.g. paying the bills) πληρωμή λογαριασμών) contacting with public services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE INTERVIEWER:**

If HA1 = 2, 3 or 4 for at least one activity, continue with HA2 and HA3. Otherwise, continue with section 9. PAIN / PN 1.

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

– Yes, at least in one activity.....  1

If help comes from another person, that is:  
(More than one answers are acceptable.)

– Help from relatives .....  1α

– Help from non-relatives without payment .....  1β

– Help from non-relatives with payment .....  1γ

– Help within the framework of an organized program .....  1δ

– No, I don't receive any help, I do everything by myself .....  2

– Don't know, not sure, refuse to answer .....  -1

HA3: Do you need help, or more help than that you already receive, in any of the prementioned activities?

– Yes, at least in one of the (prementioned activities) .....  1

– No, I don't need help .....  2

– Don't know, not sure, refuse to answer .....  -1

**9. PAIN**

PN1: During the past 4 weeks<sup>(2)</sup> did you feel and if yes to what extend any physical pain?

– No, I did not feel any pain .....  1 →

Ενότητα 10  
ερωτ. MH1

– Yes, very mild .....  2

– Yes, mild .....  3

– Yes, moderate .....  4

– Yes, severe .....  5

– Yes, very severe .....  6

– Don't know, not sure, refuse to answer .....  -1

PN2: To what extend, during the past 4 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, not sure, refuse to answer .....  -1

<sup>(2)</sup> The 4 past weeks count from the day before the survey conduct.

## 10. MENTAL HEALTH

MH1: During the past 2 weeks, how often did you feel / have?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)	Don't know, not sure, refuse to answer  (-1)
1. Lack of interest or pleasure for everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Melancholia, depression, hopelessness . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble sleeping (sleepiness, somnolence, excessive sleeping hours) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tiredness, exhaustion, loss of energy. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overeating or poor appetite (other than usual) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Disappointment for yourself or sense of guilt that you let yourself or your family down . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things (eg. Reading the newspaper or watching television) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts to of hearing yourself . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# USE OF HEALTH CARE SERVICES

## 11. HOSPITAL CARE (INPATIENTS – DAY PATIENTS)

The section concerns admission in hospitals (public or private), nursing homes, clinics or gynecological clinics (in Greece or abroad). In particular, for women time spent in hospital for giving birth should be excluded.

HO1A: During the past 12 months, have you been admitted in a hospital as an inpatient, that is overnight or longer? (Visits to emergency departments or visits as outpatient should be excluded).

- Yes .....  1
  - No .....  2
  - Don't know, not sure, refuse to answer .....  -1
- } HO2A

HO1B: Totally, how many nights did you spend in hospital within the past 12 months?

- Nights .....
- Don't know, not sure, refuse to answer .....  -1

HO2A: During the past 12 months 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, not sure, refuse to answer .....  -1
- } AM1

HO2B: During the past 12 months, how many times have you been admitted as a day patient?

- Admission number .....
- Don't know, not sure, refuse to answer .....  -1

## 12. OUTPATIENT AND HOME CARE SERVICES

This section concerns outpatient health care provision, namely:

- Provision of medical health care coming from general practitioners-pathologists, surgical specialists, psychiatrists, dentists or orthodontists etc. at:
  - Doctor's practice (office of a physician),
  - Outpatient Departments of hospitals, clinics, therapeutic institutions and other health units,
  - Emergency Departments of hospitals, clinics, therapeutic institutions and other health units,
  - Health Centers or Regional health units , in multiclinics of social security funds,
  - Afternoon out-patient clinics of the National Health System,
  - Diagnostic/ screening centres,
  - Patients' home.

AND

- Provision of medical services or other care services at home from doctors and other health practitioners (nurses, midwives, etc.) in the framework of programs for persons of the third age and persons with chronic health problems and chronic diseases.

A. DENTISTS – ORTHODONTISTS

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

- During the last 6 months .....  1
- 6 up to 12 months .....  2
- One year or longer .....  3
- Never .....  4
- Don't know, not sure, refuse to answer .....  -1

B. GENERAL PRACTITIONERS – PATHOLOGISTS – FAMILY DOCTORS

This section concerns visits or consultations with general practitioners, pathologists or family doctors. The contact could have been done via visit at doctor's office, (either private office or out-patient care office of a hospital, health care centre), via visit of the doctor at patients' home, but also by phone or e-mail.

AM2: When was the last time you visited or consulted a general practitioner, pathologist, family doctor on your own behalf?

- During the last 12 months .....  1
  - One year ago or longer .....  2
  - Never .....  3
  - Don't know, not sure, refuse to answer .....  -1
- } AM4

AM3: During the past 4 weeks, how many times did you visit or consult a general practitioner, pathologist, family doctor on your own behalf?

- Number of visits / consultations .....
- (If you did not visit/consult a GP/pathologist/family doctor enter 00 in the grid)
- Don't know, not sure, refuse to answer .....  -1

Γ. OTHER MEDICAL SPECIALISTS – SURGEONS

This section concerns visits or consultations with doctors of all the specializations, except from GPs, pathologists, family doctors, including surgeons. The contact could have been via visit at doctor's office, (either private office or out-patient care office of a hospital, health care centre), via visit of the doctor at patients' home, but also by phone or e-mail.

**Attention!** In order not to overlap with previous questions, the services provided by GPs, pathologists, dentists/orthodontists will not be included here, while psychiatrists will be included both here and in AM6B.

AM4: When was the last time you visited or consulted (by phone or e-mail) other medical specialists or surgeon on your own behalf?

- During the past 12 months .....  1
  - One year ago or longer .....  2
  - Never .....  3
  - Don't know, not sure, refuse to answer .....  -1
- } AM6A

AM5: During the past 4 weeks how many times did you visit or consult a medical or surgical specialist on your own behalf?

- Number of consultations / visits .....
- (If you did not visit/consult a medical or surgical specialist enter 00 in the grid)
- Don't know, not sure, refuse to answer .....  -1

Δ. REHAVILITATIVE CARE SERVICES– ΥΠΗΡΕΣΙΕΣ–  
PSYCHOLOGISTS AND OTHER MENTAL HEALTH CARE  
PROFESSIONALS – HOME CARE SERVICES

This section concerns the use of rehabilitative care services provided by physiotherpists, kinesitherapists, chiropractors, osteopaths, etc., the visits to mental health professionals (psychiatrists, psychologists, ertc.) as well as the use of home care services provided for the elderly and persons with chronic health problems/diseases.

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

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

AM6B: During the past 12 months, have you visited a psychologist, psychiatrist or psychotherapist pon your one behalf?

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

Next question concerns provision of health care services (medical or other) at home to elderly or persons having chronic health problems. The services are provided by health specialists or social workers.

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

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1



### 13. USE OF MEDICINE (with or without prescription of a doctor/dentist)

This section concerns the use of medicine, prescribed or not, used either after doctors written prescription or at the initiative of the respondent.

MD1: During the past 2 weeks, have you used any medicines prescribed by a doctor? For wome, contraceptive pills or hormones used solely for contraception must be excluded. Positive answer will be recorded also for medicine that cannot be prescribed, as well as for medicine used during the past 2 weeks having been prescribed before.

- Yes .....  1
- In particular:
  - Sedatives or hypnotics .....  1.1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

MD2: During the past 2 weeks, have you used any medicines, herbal preparations, dietary supplements or vitamins, without doctor's written prescription? (Without doctor's written prescription means that you used the above at your own initiative or after oral consultation by a doctor, whether they can be prescribed in written or not).

- Yes .....  1
- In particular:
  - Medicines .....  1.1
    - Specifically :
      - Sedatives or hypnotics ...  1.1.1
      - Antibiotics .....  1.1.2
  - Herbal preparations, dietary supplements, vitamins or other .....  1.2
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

## 14. PREVENTIVE SERVICES

### FLU VACCINATION

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

- During 2019..... μήνας
- During 2018..... μήνας
- Too long ago (before 31/12/2017) .....  1
- Never .....  2
- Don't know, not sure, refuse to answer .....  -1

### VACCINATION FOR HUMAN PAPILOMA VIRUS (HPV)

PA1A: Have you ever been vaccinated for human papilloma virus?

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

### BLOOD PRESSURE MEASUREMENT

PA2: When was the last time that your blood pressure was measured by a health professional (doctor, nurse, pharmacist, dietician, physiotherapist, 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, not sure, refuse to answer .....  -1

### BLOOD CHOLESTEROL MEASUREMENT

PA3: When was the last time that your blood cholesterol was measured?

- 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, not sure, refuse to answer .....  -1

### BLOOD SUGAR MEASUREMENT

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, not sure, refuse to answer .....  -1

FAECAL OCCULT BLOOD TEST (Mayer)

PA5: When was the last time you had a faecal occult blood test?

- Within the past 12 months. ....  1
- 1 to less than 2 years ago .....  2
- 2 to less than 3 years ago. ....  3
- Τουλάχιστον 3 έτη πριν .....  4
- Never .....  5
- Don't know, not sure, refuse to answer .....  -1

COLONOSCOPY

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

- 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, not sure, refuse to answer .....  -1

FOR THE INTERVIEWER:

Following questions PA7 and PA8 are for women. Men continue with PA9.

MAMMOGRAPHY

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

- 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, not sure, refuse to answer .....  -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 ago .....  2
- 2 to less than 3 years ago. ....  3
- At least 3 years ago .....  4
- Never .....  5
- Don't know, not sure, refuse to answer .....  -1

FOR THE INTERVIEWER:

Nest question is for men, only. Women continue with section 15 - UN1.

**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 ago .....  2
- 2 to less than 3 years ago.....  3
- At least 3 years ago .....  4
- Never .....  5
- Don't know, not sure, refuse to answer .....  -1

**15. UNMENT NEEDS FOR HEALTH CARE**

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

Reasons for delay or for not receiving the care at all	Yes, I delayed (1)	Yes, I didn't receive it at all (2)	No (3)	No need for health care (4)	Don't know, not sure, refuse to answer (-1)
1. Long waiting list.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Distance or transportation problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Lack of availability of the specific doctor specialization or service needed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Financial reasons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Health care	Yes (1)	No (2)	No need for health care (3)	Don't know, not sure, refuse to answer (-1)
1. Medical care <sup>(3)</sup> or treatment (included are services from homeopaths, acupuncturists, etc.) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dental care or treatment ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medicines prescribed by a doctor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mental health care (by psychologist or phychiatrist) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical aids or technical equipment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>(3)</sup> Medical care: includes hospitalization, laboratory and clinical examinations.

# HEALTH DETERMINANTS

## 16. PHYSIQUE

BM1: Which is your height (without shoes)?

- Height ..... cm
- Don't know, not sure, refuse to answer. ....  -1

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

- Weight..... kgrs
- Don't know, not sure, refuse to answer. ....  -1

## 17. PHYSICAL ACTIVITY – EXERCISE

This section concerns time spent in daily activities, within a typical week.  
 Respondents currently working should answer about their main job, paid or not. Employed with more than one jobs should consider all their jobs.

PE1: Think about your main job 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 .....  4
- Don't know, not sure, refuse to answer .....  -1

Questions PE2 – PE5 concern ways used for transportation, in order to go somewhere, for example, to work, educational place, supermarket, shopping, etc.

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 minutes continuously .....  0
  - Don't know, not sure, refuse to answer .....  -1
- } PE4

PE3: During the day / days you prementioned, 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, not sure, refuse to answer. ....  -1

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

- Number of days. . . . .
  - Never bike for 10 minutes continuously . . . . .  0
  - Don't know, not sure, refuse to answer . . . . .  -1
- } PE6

PE5: During the day / days you prementioned, how much time do you spend bicycling 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, not sure, refuse to answer. . . . .  -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? (Examples are: brisk walking, cycling, football, basketball, jogging, swimming, rowing, etc.)

- Number of days. . . . .
  - Never do such physical activities . . . . .  0
  - Don't know, not sure, refuse to answer . . . . .  -1
- } PE8

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

- Time per week . . . . . hours - minutes
- Don't know, not sure, refuse to answer . . . . .  -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 strengthening exercises?

- Number of days . . . . .
- Never do such physical activities . . . . .  0
- Don't know, not sure, refuse to answer . . . . .  -1

PE9: In a typical week, how much time do you spend sitting and reclining?  
(Time spent sleeping is not included)

- Less than 4 hours per day . . . . .  1
- 4 to less than 6 hours per day . . . . .  2
- 6 to less than 8 hours per day . . . . .  3
- 8 to less than 10 hours per day . . . . .  4
- 10 to less than 12 hours per day . . . . .  5
- 12 or more hours per day . . . . .  6
- Don't know, not sure, refuse to answer . . . . .  -1

## 18. DIETARY HABITS

DH1: How often do you consume fruits? Excluded are fruit juices of any kind, natural or not.

- Once or more a day .....  1
  - 4 to 6 times per week .....  2
  - 1 to 3 times per week .....  3
  - Less than once a week .....  4
  - Never .....  5
  - Don't know, not sure, refuse to answer .....  -1
- } DH3

DH2: How many portions of fruit do you consume daily? Excluded are fruit juices of any kind, natural or not. One portion of fruit is approximately the content of a handful.

- Number of portions .....
- Don't know, not sure, refuse to answer .....  -1

DH3: How often do you consume:

	Once or more a day (1)	4 – 6 times per week (2)	1 – 3 times per week (3)	Less than once a week (4)	Never (5)	Don't know, not sure, refuse to answer (-1)
1. Vegetables or salads? Excluded are vegetable juices, juices of potatoes and legumes. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Legumes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..						

### FOR THE INTERVIEWER:

DH4 is answered only by persons consuming once or more a day vegetables or salads OR legumes. The rest continue with DH5.

DH4: How many portions of (1) vegetables or salads and (2) legumes do you consume daily?

One portion of vegetables is: one medium sized tomato, 7 cherry tomatoes, two broccoli stalks, four full spoons of cabbage or spinach, four full spoons of cooked green beans or zucchini, 2 carrots.

One portion of legumes is: three full spoons of chickpeas or dried beans or a cup of cooked drained pulses, etc

	Number of portions	Don't know, not sure, refuse to answer (-1)
1. Vegetables or salads Excluded are vegetable fruits, potatoes and legumes .....	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input type="checkbox"/>
2. Legumes .....	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input type="checkbox"/>

DH5: How often do you drink 100% pure fruit or vegetable juice? Excluded are concentrated or sweetened juices.

- Once or more a day .....  1
- 4 to 6 times a week .....  2
- 1 to 3 times a week .....  3
- Less than once a week .....  4
- Never .....  5
- Don't know, not sure, refuse to answer. ....  -1

DH6: How often do you drink sugared soft drinks (for example lemonade, orange or cola etc.)? Exclude diet, light or artificially sweetened soft drinks.

- Once or more a day .....  1
- 4 to 6 times a week .....  2
- 1 to 3 times a week .....  3
- Less than once a week .....  4
- Never .....  5
- Don't know, not sure, refuse to answer. ....  -1

DH7: How often do you consume:

	Once or more a day (1)	4 – 6 Times a week (2)	1 – 3 Times a week (3)	Less than once a week (4)	Never (5)	Don't know, not sure, refuse to answer (-1)
1. Unprocessed cereals, such as whole wheat bread, pasta, brown rice, etc. Excluded are processed and white cereals. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Full-fat dairy products (cheese, yoghurt, milk) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Red meat and its products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Poultry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fish and seafood .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Olive oil .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Potatoes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE INTERVIEWER:**  
 DH8 is answered only by persons consuming once or more a day, at least from one category among categories 1 to 4. The rest continue with DH9, if children of age less than 3 years live in the household OR with section 19. USE OF TOBACCO AND RELATED PRODUCTS.



DH8: How many portions do you consume daily:

	Number of portions	Don't know, not sure, refuse to answer (-1)
1. Unprocessed cereals, such as whole wheat bread, pasta, brown rice, etc. Excluded are processed and white cereals ? 1 portion equals 1 slice of bread, 2 φρυγανιές, half cup of rice / pasta. ....	_ _	<input type="checkbox"/>
2. Full-fat dairy products (cheese, yoghurt, milk) ? 1 portion equals 1 cup of milk, one yogurt, 30gr of cheese (the size of 1 matchbox) . ....	_ _	<input type="checkbox"/>
3. Red meat and its products? 1 portion equals 120 - 150 gr of cooked meat .....	_ _	<input type="checkbox"/>
4. Poultry? 1 portion equals 120 -150 gr of cooked poultry .....	_ _	<input type="checkbox"/>

**FOR THE INTERVIEWER:**  
DH9 is for parents with children less than 3 years old. If more than one children live in the household answer question for the older child.

DH9: Did your child/children breastfeed?

- No, he/she had, from the beginning only breast milk substitute .....  1
- He/she breastfed from the beginning but also had breast milk substitute (mixed)  2
- Exclusively breastfed for :
- less than 2 months .....  3
- 2 - 3 months .....  4
- 4 - 5 months .....  5
- 6 months or more .....  6
- Don't know, not sure, refuse to answer. ....  -1

## 19. USE OF TOBACCO AND RELATED PRODUCTS

SK1: Do you use any of the following products and if yes which is the frequency of consumption?

Multiple positive answers are accepted

	Yes, daily (1)	Yes, occasionally and in the past I used it daily for at least one year (2)	Yes, occasionally and in the past I didn't use it daily for at least one year (3)	I used (smoked) in the past daily for at least one year (4)	I used (smoked) in the past daily for less than one year (5)	No, never used (6)	Don't know, not sure, refuse to answer (-1)
1. Manufactured cigarettes (from packet) or tobacco for hand-rolled cigarettes . . . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If «Yes, daily»: – Number of cigarettes per day . . . <input type="checkbox"/> – Don't know, not sure, refuse to answer . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tobacco for pipe . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cigars . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. New tobacco products (e.g. heated tobacco -iqos) . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Chewing tobacco / tobacco received from the nose, herb products for smoking (without tobacco), hookah, etc. That is: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE INTERVIEWER:**

- Persons using any of the above tobacco products with frequency/answer (1) or (2) or (4) continue with SK2.
- For all the rest combinations for tobacco products 1 – 5 continue with SK3.

SK2: For how many years do/did you smoke daily or almost daily? If you don't remember the exact number of years provide a number approximately.

- Number of years . . . . .
- Don't know, not sure, refuse to answer. . . . .  -1

SK3: Do you use electronic cigarettes or similar electronic device?

- Yes, daily vaping . . . . .  1
- Yes, occasionally vaping and in the past I vaped daily for at least one year . . . . .  2
- Yes, occasionally vaping and in the past I didn't vape daily for at least one year . . . . .  3
- Vaped in the past for at least one year . . . . .  4
- Vaped in the past for less than one year . . . . .  5
- No, never . . . . .  6
- Don't know, not sure, refuse to answer . . . . .  -1

**FOR THE INTERVIEWER:**

Persons with answer 6 “no, never” in all products of SK1 and in SK3 continue with SK5. All the rest continue with questions SK4, SK4A, SK4B.

SK4: At which age did you start using tobacco and related products (including electronic cigarettes)?

- 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
- Don't know, not sure, refuse to answer .....  -1

SK4A: Have you tried any of the following me cessation methods?

Multiple answers accepted

- Smoking cessation office/clinic. ....  1
  - Counseling / professional psychological support .....  2
  - Pharmaceutical products (chewing gums, nicotine patches, etc.) .....  3
  - Individual support .....  4
  - Other method, specify: \_\_\_\_\_  5
- } SK5
- I haven't tried any cessation method .....  6 → SK4B
  - Refuse to answer .....  -1 → SK5

SK4B: Do you intend to try any cessation method?

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

SK5: How often are you exposed to tobacco smoke (passive smoking) indoors (at work, at home, at public places, at restaurants, etc.)?

	Daily, at least 1 hour per day (1)	Daily, less than 1 hour per day (2)	At least once a week, but not everyday (3)	Less than once a week (4)	Never, or almost never (5)	Don't know, not sure, refuse to answer (-1)
1. At work place (only for employed) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At another place (café/bar, restaurant, public services, public indoor places, car, public means of transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SK5A: During the past 6 months, if you visited indoor café/bar did you notice people around smoking (including electronic cigarette)?

- Yes .....  1
- No .....  2
- Didn't visit indoor café/bar .....  3
- Don't know, not sure, refuse to answer .....  -1

SK5B During the past 6 months, if you visited indoor restaurant/taverna did you notice people around smoking (including electronic cigarette)?

- Yes .....  1
- No .....  2
- Didn't visit indoor restaurant / taverna .....  3
- Don't know, not sure, refuse to answer .....  -1

SK5C: During the past 6 months, if you a public service office did you notice people around smoking (including electronic cigarette)?

- Yes .....  1
- No .....  2
- Didn't visit a public service .....  3
- Don't know, not sure, refuse to answer .....  -1

**20. ALCOHOL CONSUMPTION**

This section concerns alcohol consumption during the past 12 months.

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

- Daily or almost daily .....  1
  - 5 to 6 days per week .....  2
  - 3 to 4 days per week .....  3
  - 1 to 2 days per week .....  4
  - 2 to 3 days per month .....  5
  - Once per month .....  6
  - Less than 12 times in a year .....  7
  - Neve 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, not sure, refuse to answer .....  -1
- } AL6  
} SECTION 21  
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, not sure, refuse to answer .....  -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 drinks per day .....  8
- Don't know, not sure, refuse to answer.....  -1

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, not sure, refuse to answer .....  -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 drinks per day .....  8
- Don't know, not sure, refuse to answer.....  -1

AL6: During the past 12 months, how often have you consumed 6 or more alcoholic drinks in 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 a month .....  6
  - Less than 12 times per year .....  7
  - Never during the past 12 months .....  8
  - Never in my whole life .....  9
  - Don't know, not sure, refuse to answer .....  -1
- } SECTION 21  
SS1

AL7: You mentioned that you consumed 6 or more alcoholic drinks in one occasion. Did you then have to drive a car, motorcycle, bicycle or other vehicle that could cause injury (to you or others) or operate a machine?

- Yes, I drove / operated a machine .....  1
- Yes, but I didn't drive / operated a machine ...  2
- No, I didn't need to drive .....  3
- Don't know, not sure, refuse to answer .....  -1

## 21. SOCIAL SUPPORT AND HELP

This section concerns social relationships.

### A. RECEIPT OF SUPPORT AND HELP

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

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

SS2: How much concern do people -close to your- show in what you do?

- A lot of concern / interest .....  1
- Some 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, not sure, refuse to answer .....  -1

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

- Very easy .....  1
- Easy .....  2
- Possible .....  3
- Difficult .....  4
- Very difficult .....  5
- Don't know, not sure, refuse to answer .....  -1

### B. PROVISION OF SUPPORT AND CARE

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? Exclude care provided as part of your profession.

- Yes, and I am paid for that (cash or in kind) .....  1
- Yes, voluntarily and I an not getting paid for that .....  2
- No .....  3
- Don't know, not sure, refuse to answer .....  -1

ENOTHTA 22  
Ερωτ.  
HHINCOME1

IC2: The person/persons to whom you provide the most care / assistance is /are :

(Only one answer permitted)

- Member of your family .....  1
- Someone else (not members of your family) .....  2
- Don't know, not sure, refuse to answer .....  -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, per week, must be totally estimated, and not only those provided to the person with 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, not sure, refuse to answer .....  -1

IC4: For the care / assistance you provide have you been trained / educated?

- Yes .....  1
- No .....  2
- Don't know, not sure, refuse to answer .....  -1

IC5: The care /assistance you provide prevents you from working as much as you would like, for any paid job?

- Yes, it prevents me to work ... .....  1
- Yes, it prevents me to work as much as I like .....  2
- No .....  3
- Don't know, not sure, refuse to answer .....  -1

# HOUSEHOLD INCOME

## 22. INCOME

### FOR THE INTERVIEWER:

The following questions are being answered by the selected respondent and concern total monthly income of the whole household.

HHINCOME1: What is your household's total net income per month?

- Amount in euros .....       → END SURVEY
- Don't know the exact amount .....  1 → HHINCOME2

HHINCOME2: Please indicate which group represents your household's total net monthly income in euros:

- Up to 140 euros .....  1
- 141 – 380 euros .....  2
- 381 – 510 » .....  3
- 511 – 610 » .....  4
- 611 – 710 » .....  5
- 711 – 820 » .....  6
- 821 – 930 » .....  7
- 931 – 1,050 » .....  8
- 1,051 – 1,200 » .....  9
- 1,201 – 1,350 » .....  10
- 1,351 – 1,600 » .....  11
- 1,601 – 1,850 » .....  12
- 1,851 – 2,200 » .....  13
- 2,201 – 3,750 » .....  14
- More than 3,750 » .....  15

FOR THE INTERVIEWER: Please record :

End time of the interview: .....   :