



HELLENIC REPUBLIC



HELLENIC STATISTICAL AUTHORITY

QS.IN. 6

CONFIDENTIAL

GENERAL DIRECTORATE OF STATISTICAL
SURVEYS DIVISION OF POPULATION AND
LABOUR MARKET
STATISTICS

Unit :SPECIAL HOUSEHOLD SURVEYS

Address :Pireos 46 & Eponiton Str.,
18510 Piraeus

Telephone : 2131352897

Fax : 2131352906

HHID

|||||

MemberS/n

||

Last/first name

Interviewer

_____ ||||

SURVEY ON INCOME AND LIVING CONDITIONS FOR HOUSEHOLDS

2017

**Ad hoc – HEALTH STATUS OF
HOUSEHOLD MEMBERS**

To be completed for each household member aged 16 years old and more, that is for members
having been born up to 2000

- Data provision to ELSTAT is OBLIGATORY
- The content of the questionnaire is being used solely for statistical reasons and data are CONFIDENTIAL
(N.3832/2010).

Piraeus, 2017

Following questions concern respondent's health status and should be asked right after UNIT C. HEALTH of the Individual Questionnaire.

Next questions Y1-Y6 concern respondent's capability to perform basic functions.
Any temporary health problems should not be taken into consideration.

Y1. Do you wear glasses or contact lenses?

- Yes ☐ 1
- No ☐ 2
- I am blind /cannot see at all..... ☐ 3 → Y3

Y2. Would you say, you have difficulty seeing? (Even when wearing your glasses or contact lenses if you mentioned it in the previous question)

- No difficulty ☐ 1
- Some difficulty ☐ 2
- A lot of difficulty ☐ 3
- Cannot do at all ☐ 4

FOR THE INTERVIEWER: Questions Y3 and Y4, following, concern hearing.
If the respondent is deaf record answer 3 without asking question Y3 and then continue with Question Y5.

Y3. Do you use a hearing aid or other hearing auxiliary devices (e.g. hearing implants) due to hearing problems?

- Yes ☐ 1
- No.. ☐ 2
- I am deaf / hard of hearing ☐ 3 → Y5

Y4. Would you say, you have difficulty hearing? (Even with the hearing aid if you mentioned it in the previous question)

- No difficulty ☐ 1
- Some difficulty ☐ 2
- A lot of difficulty ☐ 3
- Cannot do at all ☐ 4

Y5. Would you say you have difficulty walking or walking up or down stairs in order to move from one place to another, without assistance of any device or other person?

- No difficulty ☐ 1
- Some difficulty ☐ 2
- A lot of difficulty ☐ 3
- Cannot walk or walk up or down stairs at all ☐ 4

Y6. Would you say you have difficulty remembering things or concentrating in something that you do?

- No difficulty ☐ 1
- Some difficulty ☐ 2
- A lot of difficulty ☐ 3
- Cannot remember or concentrate at all ☐ 4

Next questions concern use of health care services, health care services at home and medicine use.

Y7. In the past 12 months, have you been admitted in hospital as an in-patient that is overnight or longer? (Visits to emergency/outpatient departments or for giving birth or for day care etc. should not be included).

- Yes ☐ 1
- No ☐ 2 → Y9

Y8. In total, how many nights did you spend in hospital, during the past 12 months?

- Number of nights |_|_|_|

The next questions concern 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 health professionals (nurse, pharmacists, nutritionist, physiotherapist, etc.) or social / community workers. **BE EXCLUDED:** Doctor visits at patients' home.
As regards non medical services they can be provided by non professionals working or voluntarily working, while home care services provided by family or friends are not included.

Y9. During the past 12 months, have you used any home care services (medical or other) because of your health problem?

- Yes ☐ 1 → Y11
- No ☐ 2

Y10. What was the main reason for not using or receiving home care services?

- I didn't need such service ☐ 1
- Needed care has been provided by family or friend ☐ 2
- Could not afford / care too expensive ☐ 3
- Suitable home care services not being available ☐ 4
- Other reason, that is: ☐ 5

Y11. During the past 2 weeks, have you used any medicine, medicinal herbs or vitamins prescribed (with written prescription) for you by a doctor? *For women, excluded are contraceptive pills or hormones used solely for contraception. Positive answer will be recorded also for non refundable medicine having been prescribed by a doctor, as well as for medicine used during the past 2 weeks having been prescribed a while ago.*

- Yes ☐ 1
- No ☐ 2

Next questions concern smoking habits and alcohol consumption.
--

Y12. Do you smoke?

- Yes, daily ☐ 1
- Yes, occasionally ☐ 2
- Used to smoke in the past, but I have quit smoking ☐ 3 → Y15
- No, I have never smoked ☐ 4

Y13. Do you smoke cigarettes (manufactured or hand-rolled)?

- Yes ☐ 1
- No ☐ 2 → Y15

Y14. On average, how many cigarettes – manufactured or hand-rolled – do you smoke each day?

Number of cigarettes |_|_|

Y15. During the past 2 weeks, how often have you had an alcoholic drink of any kind (beer, wine, whiskey, liquor, ouzo, tsipouro, raki, homemade alcohol or other)?

- Every day or almost every day ☐ 1
- 5 - 6 days a week ☐ 2
- 3 - 4 days a week ☐ 3
- 1 - 2 days a week ☐ 4
- 2 - 3 days a month ☐ 5
- Once a month ☐ 6
- Less than once a month ☐ 7
- Never in the past 12 months, as I no longer drink alcohol ☐ 8
- Never / I have only had a few sips or trials in my whole life ☐ 9